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Making Culture-Centered Music Therapists: Resources for Working with Latinx Young Adults

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Making Culture-Centered Music Therapists: Resources for Working with Latinx Young Adults



Honors Thesis

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Department: Music

Advisor: Samuel Dorf, Ph.D.

April 2021

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Abstract

This thesis investigates the lack of music therapy literature related to this topic and identifies considerations music therapists should take when working with Latinx communities. I illustrate how social justice and culture-centeredness can be integrated into music therapy practice with the identified communities. I use interviews collected from Latinx university students to learn about the diverse musical preferences and cultures that different members of Latinx communities hold. I describe necessary changes in the American Music Therapy Association's Competencies for Music Therapists to equip music therapy students to better work with diverse populations. Finally, I provide examples of music experiences and hypothetical case studies to demonstrate what music therapy could look like in a culture-centered context with this young adult population. The purpose of this thesis is to make music therapy a more equitable, accessible, and culturally sensitive treatment option for Latinx communities.

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Introduction

I remember scrolling through Twitter in April 2018 and reading about the Trump administration's family separation policy at the United States-Mexican border. I was immediately outraged. How could a government that promises liberty and justice for all separate families seeking asylum? How could anyone sleep at night while thinking about the children locked in detention centers, alone and scared? The thought made me feel sick, and I began to wonder what I could do about it.

As a sophomore music therapy student at the time, I knew that music therapy, the use of music experiences to accomplish goals (American Music Therapy Association, 2019c), could help clients to cope with trauma and may be a potentially less threatening option¹ for those who have not benefited from, or wanted to participate in traditional talk therapy. I started researching music therapy and immigration in Latinx communities, which led me to recognize music therapy's lack of resources in terms of diverse musical information, literature, and education. What followed is my thesis project of two years, "Making Culture-Centered Music Therapists: Resources for Working with Latinx Young Adults."

¹ In "Music Therapy as Noninvasive Treatment: Who Says?" (2008), Susan Gardstrom writes about the validity of the claim that music therapy is a noninvasive treatment modality. She argues that this is not necessarily true, because if music can help, it can also harm. Music therapy could feel threatening and invasive to a client: it could trigger difficult memories and/or it may penetrate the psyche. Only the client can determine what is non-threatening or noninvasive based on their perceptions and experiences. See Gardstrom, 2008 for further reading.

Research Goals

When I began this project, my primary research goal was to provide musical resources for music therapists working with Latinx clients. 84% of music therapists are white (American Music Therapy Association, 2020, p. 10), and this staggeringly high demographic demonstrates that clients of color are unlikely to have a therapist who matches their own identities and musical traditions, thus displaying the importance of investigating these musical resources. I aimed to identify popular songs and help therapists with Spanish pronunciations of lyrics; however, as I continued to investigate my idea, I realized that I was only scratching the surface. Anyone could discover popular Spanish music and pronunciations through a quick Google search. What music therapists *really* needed was further information and training on various Latinx cultural aspects, the significance of Latin American musics, and input from Latinx community members. The field also lacked guidance on cultural humility with these communities. I remember posing these questions to myself: “Why should a music therapist ever use music of which they do not know the meaning? Should music therapists use Spanish music (which is a misnomer, because the phrase “Spanish music” is about as specific as the phrase “English music”) if they do not understand how it connects to wider Latin American culture?” Thus, the purpose of my project shifted. I aimed to discuss cultural norms in Latinx communities, identify the sociopolitical contexts of Latin American musics, and include contributions from members of these communities for the field of music therapy. I believed, and still believe, that these goals are necessary to contribute to music therapists’ knowledge about and ability to work with clients of Latinx backgrounds.

Main Argument

From the beginning of this project, I have operated under the idea that music therapy as a profession can lead to social change. Music therapy can change practitioners' lives, the lives of the clients they serve, and together they can positively impact their larger communities. I fully believe that music therapists can help clients to change the contexts in which they are situated, on both a personal level, but also can help to empower clients to advocate for themselves (i.e., asking their primary care provider for mental health care access) and for their communities (i.e., for more just immigration policies). However, music therapists can only bring about change in the profession and within our wider society through treating clients with cultural humility, realizing and dismantling therapists' internal biases, and accepting that the client is the expert on their life and culture. Change in our curriculum in university and in continuing education is necessary for therapists to experience and understand how to work with clients of diverse backgrounds. If we can change the way we teach music therapists about cultural humility, dismantle biases, and center the client as the expert, we can cause a ripple effect to change how music therapists work with clients of all backgrounds for the better. Being culturally humble and appropriate is not just about understanding and learning new repertoire, but about changing how we think about our music therapy competencies and expectations of clients and music.

In discussions with music therapists at a conference I presented at as an undergraduate student, I experienced therapists asking me, a student without any professional experience and years away from board certification, what they should do in various situations with Latinx clients and what these clients felt and experienced. It was

then that I realized that we cannot fall into the trap of assuming that music therapists have the answer to these questions. Many do not; however, the client often does, and my thesis argues that we have to continuously ask the client about their culture and musical preferences to truly apply our therapeutic skills in a way that will be helpful to them.

Outline and Methodology

I first began my research by investigating literature around my topic. Much to my surprise, I found a dearth of information relating to music therapy and Latinx communities and even less information on immigration and music therapy. I pored over texts in counseling, musicology, law, music theory, history, nursing, music education, linguistics, and music therapy literature to find as much information as I could to write a literature review to display the need for more research on the subject.

Next, I began my interview process for research participants. I wanted to interview members of Latinx communities to report their direct experiences and perceptions of music therapy as a resource for Latinx immigrants and others affected by discrimination and racism. After submitting the required Institutional Review Board (IRB) forms and obtaining approval from the University of Dayton, I constructed a website to recruit participants and explained my project in both Spanish and English². I shared this website on social media and asked for participants via word of mouth. I offered interviewees a \$10 Visa gift card for their participation, recognizing that some of the interview questions might reveal sensitive information. My original plan was to interview members of the Dayton, Ohio Latinx communities, but due to COVID-19

² Website URL located here: <https://millermthesis.wordpress.com/>

restrictions and lack of Internet accessibility, I changed course and instead interviewed Latinx young adults, most of whom attended college during the project.

I obtained ten research participants throughout Fall 2020 and asked them questions about the significance of music to them, musical preferences, experiences of immigration and moving to the continental United States (many participants were Puerto Rican), and their perceptions of music therapy. (Interview questions are located in Spanish and English in Appendix A.) I interviewed them on Zoom and coded their responses into their music preferences, their families' music preferences, perceptions of their identities, the immigration process, emotions associated with living in the United States, their impressions of music therapy, and how music therapists can improve their skills with these communities. I incorporated quotes and experiences from the research participants throughout my writing and refer to them with pseudonyms to protect their identities. Out of the information and stories they disclosed to me, I identified three Latin American musical genres and decided to discuss these genres: reggaetón, bachata, and corrido.

Although my main goal for my thesis switched from primarily identifying musical resources to cultural ones, I still thought it was important to highlight and explore Latinx genres of music popular with young adults. After all, music and culture are inherently intertwined. I chose these three genres because they were the ones my interviewees mentioned in conversation the most. I wrote descriptions of each genre's musical and cultural characteristics and included hypothetical case studies to illustrate how these musics could be used in music therapy. I invented these case studies but wove in various aspects of my interviews to identify real-world problems. Each case study also includes

questions for music therapists prompting them to consider these situations and provided possible solutions. I illustrated what music therapy can look like in those case studies and described examples of method-variations music therapists could implement in those scenarios.

To conclude, I analyzed the American Music Therapy Association's (AMTA) entry-level competencies that related to cultural competence. In my analysis, I concluded that the competencies were not clearly defined enough to indicate to a music therapist how they can practice with cultural sensitivity and humility. I suggested wording changes in these competencies to update them to fit the needs of the diverse clients we serve.

Chapter One

Literature Review

Music therapy is a health profession established to improve clients' lives and accomplish goals through music experiences. These music experiences include listening to music (receptive method), re-creating music that already exists (re-creative method), creating music on the spot (improvisation method), and to produce music that does not already exist (composition method) (Bruscia, 2014, p. 127). Music therapy can be applied to virtually any group of clientele³, such as people with intellectual and developmental disabilities, physical disabilities, mental illness, and more.

However, like many other healthcare professionals, music therapists often lack training in diverse communities. The American Music Therapy Association (AMTA), the governing body for music therapists practicing within the United States, has a list of professional competencies that a music therapist must meet in order to be a board-certified music therapist. Competencies 17.9 and 17.11 under “17. Professional Role/Ethics” state, respectively, “17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds” and “17.11 Demonstrate skill in working with culturally diverse populations” (American Music Therapy Association, 2019b). These competencies show that having knowledge of diverse communities is necessary for a music therapist, yet,

³ I use the terms “clientele” and “communities” rather than “population” throughout my writing to refer to groups of clients with specific clinical profiles because I agree with the idea that the word “population” could potentially reductively describe clients by implying that all clients under a certain label are homogenous. I acknowledge that within one group of clientele, there can be a vast array of characteristics between individuals and do not want to relegate clients to a “one-size-fits-all” view or treatment process. See more on this perspective in: *Music Therapy with Women with Addictions* by Susan C. Gardstrom and Joy Willenbrink-Conte (Gardstrom & Willenbrink-Conte, 2020).

most undergraduate music therapy curricula lack cultural training. It is critically important to have this training in order to produce more culturally relevant music therapy.

Latinx communities within the United States may benefit from music therapy. As with any other ethnic group, they experience mental health issues, disabilities, and difficulties relating to the process of aging that music therapy could address; however, music therapy is often inaccessible to these communities due to issues of socioeconomic class, lack of transportation, inadequate childcare, knowledge of music therapy, and other societal and environmental barriers. Additionally, many music therapists do not feel that they received adequate education in how to work with Latinx clients and may feel uncomfortable accepting clientele from this cultural background. In a survey done by Vandervoort in “Hispanic Populations in the Southwestern United States” (2017), 67% of the music therapists surveyed at least somewhat agreed that they had received some training on culturally relevant music therapy in general, but only 33% felt that their training related to Hispanic clients (Vandervoort, 2017, p. 33). Latinx and Hispanic communities face unique challenges that some music therapists may not be equipped to encounter. They often face issues of racism, immigration, language barriers, stigma of mental health treatment, and statistically lower educational status and socioeconomic class. Latinx communities are less likely to seek out healthcare in general because they may feel that services are culturally incompetent to their needs (Vandervoort, 2017, p. 2). As a result of this, Latinx clientele might feel uncomfortable requesting music therapy services if the therapist does not know enough about Latinx culture or languages spoken by Latinx people. Another aspect to consider is the current political context and feelings towards Latin American migrants within the United States. Because of the discrimination

and racism many Latinx communities may experience, they may feel distrustful of white American music therapists⁴ and other healthcare workers. American music therapists must be aware of this to prevent and solve conflicts of power and race that could arise in therapy.

In order to set up conditions to potentially create comfort for clients in music therapy, music therapists need to consider familial roles, the role of culture, and traditional music styles and instruments when structuring sessions in order to provide the best care possible. The non-Latinx music therapist may also want to issue a disclaimer expressing that they cannot speak for the client's experiences and will understand any distrust they may have towards them. Not every person within Latinx communities will experience their culture in the same way, so music therapists must consider the client's musical and cultural preferences. They should ask about the role of culture that the client wants to see in therapy. In order to try and correct the lack of literature on culturally relevant music therapy for Latinx populations, I will outline how music therapists can define and practice music therapy differently in order to meet the needs of these diverse communities.

Labels: Latinx, Latino, or Hispanic?

In this thesis, I have referred to the communities I am speaking of as Latinx. The reason why I use this term as opposed to other popular labels, such as Latino and Hispanic, is

⁴ As previously mentioned, the AMTA's 2020 Workforce Analysis stated that 84% of music therapists identified as white (American Music Therapy Association, 2020, p. 10). This large demographic discrepancy between music therapists and clientele causes clients to often not have therapists who represent their racial and/or ethnic identity.

because Latinx is the most inclusive term for Latin American communities within the United States. Hispanic, as a noun, refers to “a Spanish-speaking person living in the U.S., especially one of Latin American descent” (Oxford English Dictionary, n.d.a). The problem with this term is that it does not include those of Latin American descent who may not speak Spanish. This term has more to do with language rather than culture. The term Latino, defined as “a person of Latin American origin or descent, especially a man or a boy” (Oxford English Dictionary, n.d.b), encapsulates the culture and geography of the community more than the definition of Hispanic does. However, in Spanish, the ends of words dictate gender: “-a” denoting a woman and “-o” denoting a man. In an effort to be more inclusive of LGBTQ+ people and their experiences within the Latin American community, many have adopted the term Latinx to refer to those of Latin American origin or descent in a gender-neutral way. Since the suffix “-x” does not denote gender, the term does not assume the gender of a person and is more inclusive of all identities within the Latinx community. Because of the inclusivity of this word, I will use the term “Latinx” when describing the communities in this thesis. I have decided to use the term “Latinx” because it is what I have most often encountered in research literature and in my interviews with members of these communities⁵. Some clients may identify themselves as Hispanic, Latino/a, Latinx, or Latine. It is up to the therapist to ensure the client is referred to by the term they prefer.

⁵ Some people prefer the term “Latine.” “Latinx” has been criticized for its anglicization (Gutierrez, 2020). It does not follow grammatical rules in Spanish and is difficult to pronounce with the typical standards of pronunciation within the language. Because of this, many have moved in the direction of “Latine” because it more closely resembles the rules of Spanish and is also a gender-neutral term. For example, the word “estudiante” [student] is an example of this rule. The “-e” ending denotes a male, female, or other gendered student. Yet, like I have previously mentioned, the best option to approach situations like these is to always ask the client what term they prefer.

Comparing Definitions

A large part of my work centered around identifying how and why music therapy is not currently accessible to a majority of Latinx communities. I concluded that one of these reasons could be how we define music therapy. Because of the lack of accessibility for diverse communities within the music therapy profession, music therapists need to learn how to define music therapy in a way that pays attention to both cultural and communal themes. Considering that music therapy began in the United States and Europe, other countries and potential clients outside the Eurocentric worldview may not understand how music therapy can relate to their cultures. Definitions of music therapy vary among music therapists and international organizations. Accordingly, not all of these definitions are appropriate for specific clientele, especially for Latinx communities.

As reported by the Substance Abuse and Mental Health Services Administration, 15% of the Latinx population in the United States had a diagnosable mental illness in 2018, which is equivalent to 8.9 million people (Substance Abuse and Mental Health Services Administration, 2019). Latinx communities do tend to face lesser rates of mental illness than non-Latinx whites but are less likely to seek and be able to afford treatment (Alegria, 2008, Table 3). Additionally, the statistic of lesser rates of mental illness could be due to a lack of diagnosis. Due to staggering statistics and the lack of accessibility, the need for greater mental health treatment within Latinx communities is clear. Part of this treatment can and should include music therapy. However, because of the lack of a standard definition of music therapy that is culture-centered, many Latinx people do not know about these resources. Many current definitions of the field fail to identify the needs and aspects of music therapy that may apply to Latinx communities, such as factors

of community, spiritual needs, and the overall promotion of health and well-being. I am comparing three definitions from the American Music Therapy Association, World Federation of Music Therapy, and Dr. Kenneth Bruscia to discover how definitions may encumber or advance knowledge and accessibility of music therapy treatment.

Definitions: The American Music Therapy Association

The American Music Therapy Association's (AMTA) definition tends to focus more on the individual rather than the community. The existing definition found on their website reads:

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for

clients and their families, and providing an outlet for expression of feelings (American Music Therapy Association, 2019c).

This definition, though quite lengthy, is one of the most widely accepted definitions of music therapy in America most likely due to the fact that the AMTA is the only governing body of music therapy within the United States. With only one association to unite all music therapists, the definition that the AMTA advances is espoused by many music therapists and impacts music therapy training, as training is regulated by the AMTA. However, each university that has a music therapy degree program may or may not follow the philosophies of the AMTA directly. How closely an institution follows the AMTA influences how its faculty and students define music therapy.

This definition effectively explains that music therapy is done by a professional who has completed a music therapy program and identifies how music therapy can help to serve the various needs clients have, however, it does not address community needs or diverse clientele. This may be attributed to the typical Western aims of therapy. Christine M. Sloss (1996) in “Cross-Cultural Music Therapy in Canada” notes that Western therapies tend to focus on autonomy, individual choice, fulfillment of individual needs, and nonconformity. However, therapies outside of the United States and Western Europe tend to focus on group cohesion, harmony within a group, conformity, and spiritualism (Sloss, 1996, p. 3). Although Latin America is considered to be Western geographically, it differs greatly in culture and individualism from the United States. Because of this, I will use Sloss’s definition of Western therapies to refer to therapies used in the United States and her definition of non-Western therapies to include those of Latin America, while recognizing the inherent issues in such designations.

Sloss refers to Western and non-Western, but in the context of these communities, a better term is non-Eurocentric therapies. Other terms may fall under differences in socioeconomic class, race, etc. There are many difficulties with trying to define the types of typical cultural therapies these communities may have because of intersecting identities within a culture. However, the main difference in these treatment modalities influences how clients of music therapy experience music therapy. Because of the differences within individualism and collectivism between these cultures, therapies in the United States focus on the individual as opposed to Latin American culture where they focus on the community and family. Rather than medicine, many Latinx communities depend on their family for medical care because they believe that family is all that is necessary for good health and that family can help anyone through anything (Giralt, 2021, p. 52-53). These differences can inform music therapists to adjust their practice to better fit the modality best suited for their client or clients.

Definitions: The World Federation of Music Therapy

The World Federation of Music Therapy (WFMT), which serves as the primary organization for music therapists in Africa, the Americas, Asia, Australia, and Europe defines music therapy in a more communal sense and appeals to spiritual needs. Their working definition is the following:

Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health

and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts (WFMT, 2020).

This definition is not only more succinct, but includes more information about the different environments, types of clients, and wider variety of needs than the AMTA's definition. Additionally, the lack of the word "needs" is refreshing – I like that the definition includes health and wellbeing rather than identifying needs, which can have a connotation of a problem that needs to be fixed. With that being said, however, the word "intervention" comes from a medical, problem-based model.

Identifying music therapy as promoting wellbeing and health may be better for communities like Latinx immigrants that may have a bias against therapy (Aguilar-Gaxiola vii). If music therapy is explained to a client as promoting health rather than fixing a problem, they may be more receptive to services. Additionally, spirituality is a large component of healing in Latin American cultures. In a telephone survey done with Latinx people residing in the United States, 60% of those surveyed prayed for healing and 69% considered spiritual healing very important (Reyes-Ortiz 1). The study indicated that many Latinx people turn to spiritual healing and alternative therapies rather than conventional medical care because of barriers to obtaining care, dissatisfaction with medical care, physician-patient conflicts, and a holistic view of life rather than a medical one (Reyes-Ortiz 1). Because music therapy can be considered a holistic, alternative therapy, the definition of music therapy should identify spirituality as a part of health for the Latinx population. Including spirituality within the definition may help Latinx

communities to relate to music therapy and understand how it could help them and their larger communities.

The WFMT definition also differs from the AMTA's definition in that it includes "cultural, social, and political contexts." Including this phrase in the definition of music therapy is highly relevant to the Latinx population and to community music therapy because music therapy should be placed within the current cultural context. For example, the mistreatment of people seeking asylum at the border between Mexico and the United States is a problem within the current political context. Music therapy needs to respond to that problem and adjust accordingly to political contexts to maintain its ability to promote the health and wellbeing of all clients. The therapist must consider the current political context within a client's culture when selecting music and planning music therapy sessions because political events have an impact on clients.

Cultural contexts are important because music therapists must be culturally sensitive about how they practice. Music therapists need to consider the client's culture to best help that client. The therapist must acknowledge that even if they know something about the client's culture, that client may not experience their culture in the same way as another from the same culture. Therefore, the music therapist must always ask the client how they would like their culture to be represented in music therapy and how their culture relates to their identity.

Social contexts are important to understand why there may be resistance to therapy. In Latinx culture, therapy is often considered something only "crazy" people experience. Latinx communities regularly display stigma of mental illness and distrust of medical professionals due to differences in culture and language (DeFreitas, 2018, p. 7).

Music therapists need to be aware of this when offering services and learn how to explain music therapy to promote health rather than treating mental illness as “fixing a problem.” Clients’ attitudes towards therapy must be considered when defining music therapy.

Definitions: Dr. Kenneth Bruscia

Because of Dr. Kenneth Bruscia’s influence on and knowledge of the music therapy profession, we need to compare his definition to the AMTA’s and WFMT’s definition. Bruscia revised his original definition in 2014 in the third edition of his book, *Defining Music Therapy*. He spent many years of his life devoted to defining music therapy.

According to Bruscia, music therapy is:

A reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research (Bruscia, 2014, p. 36).

Bruscia’s definition of music therapy resides in the middle ground between the AMTA’s and WFMT’s definitions. Bruscia addresses the holistic perspective of optimizing the client’s health, similar to the “health and wellbeing” phrase found in the WFMT’s definition. As previously mentioned, addressing the whole person rather than fixing a “need” or “problem” a client may have may be a better way to facilitate music therapy for members of the Latinx communities because of the stigma of therapy (Aguilar-Gaxiola, 2012, p. vii). Additionally, Bruscia’s use of the phrase “music experience” rather than “intervention” in his definition helps to negate the problem-focused connotations of the

term “intervention,” further aiding the creation of a definition that may be appropriate for Latinx communities.

However, Bruscia’s abbreviated definition does not mention community or spiritual health. Multiple chapters in his book, particularly the chapter devoted to Ecological Practice (Chapter 26, p. 242, in *Defining Music Therapy*), do address culture and community, but his definition that a music therapist would potentially give to clients does not. Community is an important part for the definition of culture-centered music therapy because cultures outside of the Eurocentric United States place more of an importance on group cohesion rather than the importance of the individual. Additionally, spirituality, often a large element of Latinx culture, should be included within therapy when the client wants. Spirituality can also be a way to enhance group cohesion if the members feel spirituality is a common thread between them. Spirituality is an important part of healing within many cultures inside and outside of the United States, and even if the music therapist is not spiritual themselves, spiritual facets of therapy could be helpful for certain clientele.

Overall, the AMTA and Bruscia definitions do not fully cover the unique needs of Latinx communities. The World Federation of Music Therapy’s definition is what may be the most appropriate definition to give to Latinx communities. It covers many facets of Latinx cultures, such as spirituality and promotion of well-being and health for the whole person. However, it may not encompass all aspects of Latinx culture, or cultures, as those may be different to each intersectional group within Latinx communities. There is not a “perfect” definition of music therapy, but each music therapist should consider their clients’ cultures and communities when defining music therapy services.

Definitions matter because they inform training for music therapists and for how therapists introduce their roles and functions to potential clients. The client cannot receive the services they need if music therapy is not defined for them in a way they understand. How a music therapist defines music therapy directly impacts the client and the wider community. Misinformation or an inappropriate definition of music therapy for a certain culture could deter people in need from seeking music therapy services. Music therapists should adapt their definitions of music therapy to match the needs of the client in order to help clients reach their health goals.

Stigma of Therapy and Resistances in Music Therapy within Latinx Communities

As with many communities in modern society, some Latinx communities, particularly those composed of older residents, hold stigmas against therapy. This stigma is strong in these communities because of the belief in *machismo*, “*la vida es dura*” [life is hard], and the collectivist culture many people hold. The theme of collectivist culture teaches individuals that they are to depend solely on their family (Giralt, 2021, p. 52-53). This can be harmful for some because not every person has a healthy family environment and because not all families are equipped to manage a family member with mental illness.

Music therapists need to know these cultural aspects because Latinx clientele may display resistance in therapy due to their likely conscious stigmas against therapy. Resistance to therapy in this case is defined as the “action of resisting, opposing, or withstanding someone or something” (Oxford English Dictionary, n.d.c), not as

resistance in a psychoanalytic view⁶. Because of this general hesitancy to speak with a mental health professional due to stigma, they may not disclose information in therapy or may actively resist against the therapist and disengage in sessions. For a music therapist to recognize resistance in this way, they need to know what the reasoning behind the resistance could be. A music therapist who is aware that Latinx clients may exhibit resistance because of a conscious stigma against therapy, the more likely that they will recognize and explore the reasons behind the resistance with the client. Overall, music therapists must acknowledge the cultural differences between the European/American view of therapy and the Latinx view because this will inform how music therapists can practice within these communities and how Latinx clients may initially react to therapy.

Machismo is the Hispanic/Latinx cultural phenomenon that consists of an exaggeration of masculine characteristics and the belief in the superiority of men (Giraldo, 1972, p. 295). Additionally, it signifies that men are responsible for and make all the decisions for their families (McKinney & Schwantes, 2010, p. 1). The role of men in the family is viewed with greater importance than in the United States and Canada. This idea is quite stressful for men, not only because of the obvious stressors of that level of responsibility, but because of the context of immigration to America. Many male immigrants migrate to send money back to their families in Latin America, some of whom are undocumented. Because of the inherent risks of immigrating illegally, these men find themselves under extreme stress to provide for their families and to remain in the United States. In a study by Cathy McKinney and Melody Schwantes (2010) entitled

⁶ In a psychoanalytic view, resistance is a person's opposition to bringing unconscious material into consciousness and addressing conscious material that causes anxiety in therapy (Gardstrom, 2021). However, in this situation, I am referring to conscious resistance to therapy because of stigma due to the collectivist cultural and *machismo* rather than repressed, unconscious material.

“Music Therapy with Mexican Migrant Farmworkers: A Pilot Study,” they found that the farmworkers in the study experienced 30% more anxiety symptoms and 39% more depression symptoms than the census-matched average (McKinney & Schwantes, 2010, p. 2). The clients expressed interest in preventative measures and support groups and found an interest in music therapy. However, they did experience some resistance to therapy because of the themes of *machismo* and because the music therapist in the group was female. An interview participant, Maria, disclosed to me that because of how deeply *machismo* is ingrained in Latinx culture, male clients will have different perspectives of the therapist and music therapy. Because a majority of music therapists are female, woman-identifying music therapists may experience sexism in a clinical situation with Latino clientele. This could also influence a music therapy group if the group consisted of both male and female participants. Music therapists need to be aware of the gender roles within Latinx communities to combat this resistance and sexism that could exist in music therapy for both clients and therapists.

“*La vida es dura*” is a common phrase in Latinx communities that expresses the fact that when they feel that life is difficult, they should just deal with it as it comes, which may lead to an unwillingness to accept help. Because of frequent political strife and discrimination that exists for multiple Latinx communities, many have become used to difficulties in life and may not want to enter therapy because they feel they should be able to cope with adversity that their wider communities have experienced. This is a concept that music therapists need to be aware of because, like *machismo*, it could also cause resistance in therapy. It could also prevent clients from even considering therapy, especially music therapy since it is a lesser-known form of therapy. Because of this,

music therapists need to advocate for music therapy aimed towards Latinx communities and think of ways to explain music therapy without appealing to stigma against therapy as aforementioned in the “Comparing Definitions” section.

Another barrier to people receiving therapy is the differences in culture in terms of collectivism and individualism. As stated earlier, Latinx communities tend to be collectivist, meaning that they focus more on the needs of the group rather than the individual. Conversely, many communities in the United States, typically white communities, are more likely to focus on individual needs rather than group cohesion. Music therapists can adapt to this collectivist culture by offering more group therapy opportunities than individual therapy. Talking about music therapy as a group activity rather than an individual one seems to be more likely to attract Latinx communities. A lot of music therapy does occur in groups because people find that working with other people in similar situations makes them more comfortable and because they find enjoyment from making music with others.

Additionally, music therapists need to dispel the myth that “music is universal” when working with individuals of varying racial and ethnic backgrounds. Most people have heard the phrase “music is the universal language.” However, this is not true because the meaning and sounds of music is different in every culture and region. According to Nomi Dave (2015) in “Music and the Myth of Universality: Sounding Human Rights and Capabilities,” music can only be universal when individuals are acquainted with all forms of musical expression (Dave, 2015, p. 4). There is so much music that exists in the world that in order to know all musical styles, one would have to devote their whole life and more to discovering all types of music. Obviously, most

people do not do this, and so do not find music universal. There are too many languages, dialects, and cultural undertones of music for it to be a truly universal language.

I find this relevant to music therapy because music therapists can get caught up sometimes in the romanization of music. We are all incredibly passionate about music and its power to change people, but we can forget to realize where music falls short. I think this is important because music therapists need to make sure not to assume that the music they use with other clients and that they learned in their undergraduate and graduate programs is appropriate for the Latinx population. Additionally, they need to be aware that simply learning a song in Spanish or a Latinx folksong is not enough because a therapist needs to understand the culture and meaning behind the music in order to properly use it in a session. Not every Latinx client will even like Spanish music. Many of my research participants indicated that their favorite genres were English rock, pop, or hip-hop music in English rather than traditional Spanish music. If the therapist uses music without understanding the culture, it could offend a client or push them away from music therapy. Music therapy is a newer field that needs more advocacy and awareness and so it should be represented in the best way possible with clientele of any culture by appealing to the intricacies of how a client wants their culture to be represented within music therapy.

Creative Arts Therapies as a Bridge

I began this project with any age of immigrants in mind, but as my project expanded, I noticed the unique needs of DACA recipients, Puerto Ricans, and first-generation or second-generation young Americans. A current pressing matter in the United States

political context is immigration, which impacts the many college-aged members of the Latinx community both directly and indirectly. Thus, I will continue to discuss immigration in order to illustrate the need for more resources for Latinx immigrants in music therapy.

Many immigrants from Latin America experience racism and oppression and some are even kept in detention centers with horrible, unclean conditions. Children are often separated from their parents and sustain trauma long after they have been reunited. Music therapy can help to not only remedy the trauma these immigrants have experienced, but to aid their transition from their birth country to their new country.

Immigrants can experience what is referred to as a “patchwork identity” (Dieterich-Hartwell, 2017, p. 5), meaning that they experience a conflict between their identity from their old environment and their identity in their new environment. Particularly if a refugee or immigrant had to leave their home due to difficult circumstances such as violence or war, they might feel a significant amount of sadness over leaving their home but struggle with knowing how that fits into their identity in a new country. Not being able to identify a stable sense of self can lead to many psychological problems like anxiety and depression and causes conflict within a person’s life and conception of self. Creative arts therapies, which include music therapy, dance/movement therapy, art therapy, and drama therapy can help to solidify the client’s sense of self. I will be focusing on the use of music therapy but will use the term of creative arts therapies, CATs, as they are referred to in the article “Creative Arts Therapies as a Temporary Home for Refugees: Insights from Literature and Practice” by Rebekka Dieterich-Hartwell and Sabine C. Koch (2017). This graphic from the article

explains why CATs can work help refugees and their families to adapt to their new environments:

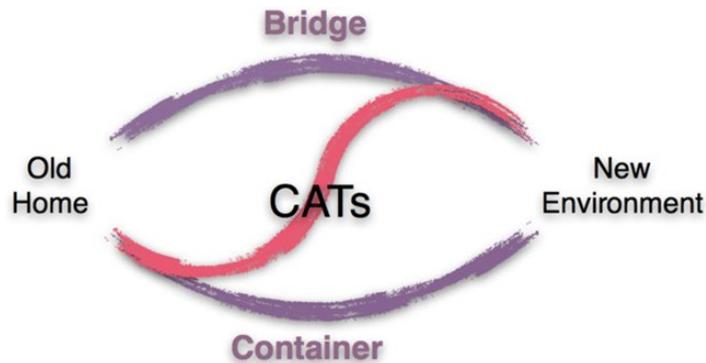


Figure 1. Graphic to describe how CATs can help a refugee transition from their old home to their new environment. Graphic courtesy of Rebekka Dieterich-Hartwell, 2019.

This helps to explain why CATs can improve the lives of refugees, immigrants, and their families because they can hold the client’s culture within the music or art, acting as a container, and then acting as a bridge to the new culture (Dieterich-Hartwell, 2017, p. 5). CATs can be thought of as a “temporary home,” a safe haven where refugees can be themselves and hold their culture through music and art (Dieterich-Hartwell, 2017, p. 4). The temporary aspect speaks to the experience of change and bridging the old environment and new environment. An example of this through music therapy could be that the client references a song from their home country within a session. The music therapist and client could re-create the song together. By re-creating the song in the client’s new environment, they are bringing an experience from their old home into the new one. The music holds their memories of their old home, acting as the container, while the act of singing or playing the song in the new environment acts as the bridge between the old and the new.

Community Music Therapy

Community Music Therapy (CoMT) is a model of music therapy that could be helpful with Latinx communities. A model of music therapy is defined as a “particular type of music experience used for assessment, treatment, and/or evaluation” (Bruscia, 2014, p. 128). Models are typically thought of as how a music therapist practices and uses particular methods (re-creative, improvisation, composition, and receptive) within a session. Community music therapy can be explained as “the encouragement of musical participation and social inclusion, equitable access to resources, and collaborative efforts for health and well-being in contemporary societies” (Ansdell & Stige, 2016, p. 600). CoMT in itself resists definition to some extent because it “encourages therapists to resist one-size-fits-all anywhere models and instead follow where the needs of clients, contexts, and music leads” (Ansdell & Stige, 2016, p. 598). This model is useful when applied to immigrants and those from immigrant families because they have unique needs that would be difficult for any model to encompass completely. Additionally, the challenge of language barriers is present when working with immigrants and refugees. Because of this, CoMT is helpful because it focuses more on the music itself rather than discussion. Since part of the definition of CoMT is to “follow where the needs of clients, contexts, and music leads,” this means that a session could be done only with music because of any language barriers between the client and therapist. However, therapists must remember that interpretations of music are subjective and culturally based (Jones et al, 2004). For example, a particular drum beat that sounds “angry” in one culture may not in another. If

a music therapist leads a music-centered⁷ session with a Latinx client, they need to understand what typical musical sounds may signify in the culture.

An example of how CoMT can help a community is the “Scrap Metal” concert (Ansdell & Stige, 2016, p. 600) done by music therapist Stuart Wood. This experience happened within a medical facility for people rehabilitating from brain injuries. They had received music therapy throughout their treatment at the hospital but faced a big question as they ended treatment: what next? Returning to life outside of a hospital setting can be difficult and they expressed the worry of having trouble readjusting in the community. The music therapist enacted this concert after a client in an individual session commented, “I feel like I’m on the scrap-heap” (Ansdell & Stige, 2016, p. 601). Other patients in the group later agreed with that statement and their project of performing a “scrap metal” concert began. Participants went to a local scrapyard and fashioned out instruments out of objects found in the scrapyard. They then improvised on their instruments in front of others in the community, including their friends, family, and local musicians. People described it as a “transformative experience” (Ansdell & Stige, 2016, p. 601) and felt that distinctions between the patients and wider community were removed.

This finding of the case study is incredibly important for the understanding and treatment of immigrants. If the distinctions between immigrants and non-immigrants were removed, such as not marking either group as citizen or non-citizen, there might be

⁷ Music-centered theory refers to the idea that music experiences are the primary aim of music therapy (Aigen, 2014), positing that creating a relationship with music can promote a client’s health. These sessions typically look like the client and therapist continually making music without much verbal processing, which may be helpful for clients who speak a different language than the therapist.

better understanding and a sense of community between the two groups. Through music, therapists can facilitate removing this barrier of communication between citizens and non-citizens. Not only would this help the Latinx immigrants to feel more comfortable in their community, but it could help non-immigrants to stop perpetuating racist and discriminatory actions because they could see the inherent humanity of everyone in the wider community throughout the act of making music together.

The “Scrap Metal” concert that Ansdell mentions could be easily applied to a group of Latinx immigrants and other communities. Not only because it may help a therapist to navigate around a language difference, but because CoMT emphasizes equitable access to resources. Part of the reason why music therapy is not accessible to Latinx communities within the United States is because of the locations of many music therapy businesses and the average income level of music therapy clients. If music therapy was done within a communal space, such as the public concert put on by the Scrap Metal Project or another nontraditional location, like a church or a community center, it would be more widely accessible to a community. Those not participating could easily observe the session and still benefit from their observations of removal of distinctions between them and the performers. This model could ensure that music therapy is accessible to as many people as possible.

Culture-Centered Music Therapy

Culture-Centered Music Therapy is described as “an umbrella term for description of a broad tradition within the discipline that highlights participation, action, and transactional development through music in and as culture” (Stige, 2016, p. 538), meaning that this

model focuses on how music and music therapy act as culture. Culture is the way in which people experience the world. Their culture directly informs how a music therapy session should occur because culture is indicative of life experiences. Culture-Centered Music Therapy functions on the truth that culture directs how people act in daily life and that culture needs to be considered within music therapy. A client may feel their needs are not being met if a music therapist does not consider their culture. Therefore, Culture-Centered Music Therapy is an important theoretical orientation to consider when working with Latinx communities because music therapists need to be aware of how culture should be highlighted in music therapy sessions.

The three basic tenets of the Culture-Centered Music Therapy orientation are that culture is a resource for the self and society, music as situated activity, and music therapy as health musicking (Stige, 2016, p. 538). I will explain each of these tenets and then describe how they can be applied to Latinx communities.

Culture-Centered Music Therapy emphasizes that culture functions as a resource for the “dynamic interplay between self and society” (Stige, 2016, p. 542). The phrase “culture as resource for self and society” means that people act and interact through use of cultural resources (Stige, 2016, p. 542), meaning there is not a way to function in society without culture. Culture is traditionally thought of as separate from the individual. However, this thought can be problematic because it can make culture seem as a stable entity within a group level (Stige, 2016, p. 543). This can cause overgeneralizations as to what a culture represents. Culture is perhaps the biggest influence for how people function, but a group’s culture does not represent the culture of every individual. Particularly in Latinx communities, there is not one culture that applies to every person in

those groups due to differences in countries of origin, citizenship status, gender, language, sexuality, etc. Culture-Centered Music Therapy helps to remedy this temptation of overgeneralization by considering culture from a resource-oriented stance. In this way, a conversation with a client from a Latinx community may focus on their personal relationship with their culture rather than what the music therapist knows of the client's culture through research. It is always important that a music therapist researches the culture of the client, but much of that research comes from asking the client themselves or a trusted family member or close friend if they are not able to communicate to the therapist due to a language difference.

Secondly, music as situated activity is the concept that music is a verb instead of a noun (Small, 1998, p. 9) and that music as human activity is situated because it evolves in time in a certain place (Stige, 2016, p. 544). The notion that music is a verb means that we can consider music as an action to enable performance. Thus, the music is responsible for a performance rather than the performance being responsible for the music. Music exists to enable how we function with each other. This idea is a reminder of how music and context are linked to help music therapists consider the context of the music they may choose to use in a session.

The situated nature of music suggests that music therapists take evolving events into consideration. The experience of music evolves with the evolution of the human species (phylogeny), cultural history, and the development of the individual (ontogeny) (Stige, 2016, p. 544). This understanding of music helps to inform music therapy research through the realization that the music therapists use in a session is a representation of the client's evolution of their culture, history, and development.

Music therapists cannot use certain musics with a client if they do not understand how those musics have shaped culture and history. This is especially applicable to communities that have been unfairly treated and colonized by Western European nations, such as Latinx communities. Music that may seem to be neutral to a music therapist could be a reminder of oppression to another because that music could be their oppressor's music. Therefore, it is imperative that music therapists understand how the evolution of a culture affects how a person views a piece of music. Additionally, to relate music as situated activity and music as resource related, we can understand the relationship between history and music but can only use that music in therapy if a certain community has the resources to do so. To quote Stige, "access and active use of available resources is what matters, not the resources in themselves" (Stige, 2016, p. 544). I have established that music therapy does not exist within many Latinx communities due to a multitude of reasons. The "music as resource" standpoint serves as a notice to music therapists that we must focus most on how to bring the resources we have to these communities.

Finally, music therapy as health musicking represents the "idea that relationships between music and health are performed in context" (Stige, 2016, p. 545). Health musicking can be defined as "the common core of any use of music experiences to regulate emotional or relational states to promote well-being" (Bonde, 2011, p. 121). Stige argues that making music can bring clients into their cultural contexts in order to improve their quality of life and promote well-being. Music therapy is a health profession and establishing it as such within the Culture-Centered Music Therapy model can help to focus on the health of a community. This is useful within the context of Latinx communities because music therapists can focus on the health of a community. By

understanding that music therapy is a health profession, community members may feel more compelled to engage in music therapy to better their health. Music therapists should advocate and promote music therapy as a way to improve health within these marginalized communities.

Literature Review Conclusion

Through examining communities that lack music therapy services, we can understand how to adjust our profession to fit the needs of a group of people who are often silenced in healthcare. Music therapy is an applicable therapy to aid difficulties that Latinx communities may face. In the current political climate that permits racist speech and acts and threats against the lives of immigrants in the United States, it is now more important than ever that music therapists help communities to stand against social injustice and help them to heal from whatever injustices they may have faced.

In order to be more inclusive of these communities, I have outlined how music therapists can redefine music therapy to include music therapy within a cultural context. I have explained the differences in cultures between the Western European ideas of therapy and the Latin American views of therapy. I examined how music therapy can help refugees and immigrants through detailing Creative Arts Therapies as a container of the old home and a bridge to the new home. Additionally, I have described Community Music Therapy and Culture-Centered Music Therapy, both of which music therapists can draw from when working with Latinx communities. All of the information I have compiled on this subject serves to help music therapists using music therapy with these communities. However, there is still work to be done.

Chapter Two

Music Therapists, Be Humble

To continue the work to make music therapy more applicable and appropriate to Latinx communities, the field must dismantle biases and implement anti-oppressive practices. Using lyrics from Kendrick Lamar’s hit song, “HUMBLE.,” I illustrate how music therapists can examine their privilege, practice ethically in a culture-centered context, and incorporate political elements into their work with clients. Later in this thesis, I address three Latin American musical genres and accompanying hypothetical case studies to exemplify how music therapists can address clinical situations through this “humble” lens. Having humility at the forefront of our minds when we work with clients of Latinx backgrounds will likely help to dispel distrust and create a safer, more comfortable environment for clients.

Examining Demographics and Privilege

Maybe, because of your identity, you are not the best music therapist to work with a client. For example, if you are white, your skin may be a reminder to a Black, Indigenous, or Person of Color (BIPOC) client of the systemic oppression that exists in our society. It might be best in that circumstance to be humble and refer your client to a music therapist who better aligns with the client’s identity. However, if that is not possible in the area in which you work due to the lack of diversity in the field, you must take into account certain cultural considerations to work with your client ethically.

In a field like music therapy where 84% of music therapists identify as white (American Music Therapy Association, 2020, p. 10), it is critical to consider the inherent

privilege that being white holds. A moment of self-disclosure: I myself am a white, cisgendered woman and think it is critical that those who identify as white and female realize the role white women have had throughout history in oppressing BIPOC. Being a woman may not be a dominant identity due to the patriarchal society we live in, but white and female music therapists are currently the norm.

According to Accapadi (2007) in “When White Women Cry: How White Women’s Tears Oppress Women of Color,” “this dual oppressor/oppressed identity [of being white and female] often becomes a root of tension when white women are challenged to consider their white privilege by Women of Color” (pp. 208). White women have actively perpetuated stereotypes of BIPOC, particularly BIPOC women, with their dual oppressor/oppressed identity. White women’s privilege is based on the image of goodness, which for white women living in a patriarchal society, translates to powerlessness (Accapadi, 2007). This leaves women a norm of being powerless that oppresses Women of Color for not adhering to that norm.

For example, in Accadapi’s essay she invites readers to consider a conflict between an Asian American woman and a white woman that causes the white woman to cry, which signals to an outside observer helplessness. If the Asian American woman keeps talking without a change in voice, an observer may assume that she caused the white woman to cry (Accapadi, 2007). Because of stereotypes against Asian Americans that they are devoid of emotion, the observer may immediately feel sympathy for the white woman and ignore the humanity and reality of the Asian American woman.

When working with clientele of different backgrounds, we need to consider our privilege. Privilege is defined as having one or more dominant identities that have

historically oppressed marginalized identities. Privilege includes racial privilege, gender (and identity) privilege, heterosexual privilege, economic privilege, able-bodied privilege, educational privilege, religious privilege and more (Gay, 2012). All therapists must consider the privilege they hold because everyone has an identity that someone else does not. As Roxanne Gay argues, we do not need to apologize for our privilege, but we do need to use it to understand what other people experience (Gay, 2012). We can use it for the common good.

How can those with dominant identities (e.g., white, cisgendered male, straight, etc.) recognize their privilege? One way is through the Privileged Identity Exploration (PIE) model. The PIE model explains eight defensive reactions that may occur when one is asked to consider their orientation of privilege in society (Watt, 2007). These eight reactions refer to: denial, deflection, rationalization, intellectualization, principium, false envy, minimization, and benevolence. These defensive reactions are highly similar to defense mechanisms in psychodynamic theory, which with many music therapists are familiar. Examining the ways in which one may react to a discussion of privilege in a music therapy space can help to limit the ways that dominant identities may oppress marginalized identities. It is our job as music therapists to actively listen to the client and those in our workplace and field. Monitoring and checking our defensive reactions to discussions of privilege is one way to ensure we are actively responding to the needs of clients and others around us.

How to Be Humble, Part 1: You Are Not the Expert

The first step of being humble is to never act like an expert. The client is their own expert. To practice person-centered care, we must be humble and not assume that we know anything about the client. When working with a client of a different cultural background than you, ask how they experience their culture and how they would like it to be incorporated into music therapy. We can only know how someone practices their culture if we learn directly from them. Researching the client's culture and asking family members is often helpful but does not tell the whole story.

As illustrated in many of my interviews, subcultures exist within a wider cultural context. For example, one of my research participants from Puerto Rico does not mainly listen to Puerto Rican and Spanish-language music. In our interviews, he expressed that his music preferences are late 90s to early 2000s rock, displaying that we cannot assume all Hispanic/Latinx individuals listen to or like Spanish music. In a situation where the client cannot communicate typically due to lack of verbal language and/or a language difference, use a variety of cultural musics to see how they respond. Pay close attention to body language, facial expressions, and vocalizations. The clients' reactions in music therapy help to inform how we integrate their cultural context into our work. Do not be the expert and assume that you know how to integrate culture into music therapy work without the client's input. Their contributions are integral to incorporating cultural considerations into therapy.

How to Be Humble, Part 2: Being Ethical Through Political Advocacy

This may depend on your theoretical orientation, but I personally believe that we must provide person-centered care and that we all need to strive to be ethical in every therapeutic situation. Person-centered care in music therapy posits that a person's unique reactions to music and that their environmental and social contexts are an important force in therapy (Chhina, 2004). Environmental and social contexts include systems of oppression and the lack of resources that many marginalized communities experience. If we are truly to be ethical therapists, we must acknowledge the implications of systemic oppression on our clients.

It is unethical to perpetuate systems of harm against our clients by not considering sociopolitical contexts in therapy. We may not be the ones in charge of changing laws, but we can at least acknowledge how these environments affect the client and help them to cope with the effects of those contexts. Additionally, it is fine to realize that you do not know those systems of harm. What is not fine is to refuse to educate yourself on the systemic experiences of harm your BIPOC clients experience. I personally do not have the experiences of a BIPOC-identified individual or community and so cannot speak to their experiences, but I, like all music therapists, have the responsibility to educate myself to understand the contexts in which clients find themselves. We need to educate ourselves because it can be exhausting and traumatizing for a BIPOC person to continually explain racism to white people. We owe it to the clients we serve not to center whiteness and expect them to teach us about their experiences of oppression.

The first principle of ethical practice as established by the AMTA is to respect dignity and the rights of all (American Music Therapy Association, 2019a). A subset of

this principle, Principle 1.2, states that music therapists must “identify and recognize their personal biases, avoiding discrimination in relationships with clients, colleagues, and others in all settings” (American Music Therapy Association, 2019a). Music therapists must acknowledge systemic oppression and their own biases to act ethically with clients. In an interview with a research participant, Maria, she discussed how there needs to be an attempt to understand the culture and acknowledge what non-Latinx music therapists do not know for many Latinx communities to be open to receiving therapy. She spoke about the “white savior complex” many therapists hold and how harmful that is to potential clients. This savior complex can make clients feel tokenized and pitied, both feelings that would result in resistances and hesitancy towards music therapy. White music therapists must acknowledge what they do not know and level the power dynamics that exist in a client-therapist relationship where both parties have different cultural backgrounds to help the client feel more comfortable in therapy. Through recognizing those biases that may cause a white therapist to have a savior complex and working to dismantle them, we move closer towards a culture-centered approach to music therapy because a true attempt to understand rather than to save will be much more respected and well-received by Latinx communities. As Maria expressed, a music therapist must be willing to say, “Tell me how you eat your platanos.”

Music therapists also hold a core value of social responsibility as deemed by the AMTA Code of Ethics. Social responsibility asserts that “individuals are accountable for fulfilling their civic duty; the actions of an individual must benefit the whole society” (American Music Therapy Association, 2019a). I interpret civic duty as meaning that therapists must advocate for their clients, such as in the feminist model of music therapy

(Hadley, 2006), to engage in ethical practice. Therapists have the *responsibility* to act within a social context and uphold policies that will protect clients. We see the broken systems and oppression that affect clients (family separation at the border, racist acts, lack of adequate healthcare, etc.), and so we need to do what we can in our power to fix these systems and not only make music therapy an anti-oppressive practice, but the entire field of mental healthcare a nondiscriminatory place. We can do this through lobbying for social change with clients' experiences in mind. Telling policymakers and politicians about the deep trauma families separated by the aggressive border policy have endured, the client who made great progress in music therapy but had to stop treatment because their insurance company denied compensation, and the community of Black youth who feel unsafe at school because of racial slurs they hear at school could help to enact true change. Showing them how clients present in therapy as a result of these broken systems could be the first step to changing these systems that harm everyone.

Everything is Political

Everything is political, *especially* music. Deborah Seabrook, who wrote about intersectional feminist theory in music therapy practice, eloquently stated that “All of us are situated within political and social contexts and praxes, and it is impossible to separate individuals from these influences” (Seabrook, 2019, p. 2). It is imperative that music therapists recognize that neither they nor their clients are exempt from the global, national, and local politics. Therapists and clients are influenced by what is around them and are a part of what each brings to a music therapy session. It is also important to consider that most clients are in a position of less power than the therapist. They typically

hold less privilege in terms of ability, culture, race, gender, sexual orientation, etc., than the identities of the therapist (Seabrook, 2019). Therapists must recognize this power dynamic to not only help to bring the client and therapist on an equal level of power within a therapy session but also to realize the policies a government sets forth impacts those clients living in situations of less power. Music therapists need to care about these policies because they affect their clients. The inspiration for this project began because of the injustice of the separation of immigrating Latinx children and families at the border and the constant deportation of immigrants in the United States. The action of the government to have a no-tolerance immigration policy directly affects the clients with which music therapists work. You may work with someone about to be deported, a child who has not seen their family in months because of separation at the border, or someone with deep trauma resulting from being held in a detention facility. If you do not care enough about politics to recognize how this impacts that client, you are not treating the client in the context of who they are as a full person. Politics impact how we interact with others in our daily lives, and we need to acknowledge that and advocate for policies that will protect our clients in order to be ethical therapists.

Additionally, music has always been political. Music is an artifact of its context and time and thus confers sociopolitical information. We need to acknowledge the political messages in music because music is our medium. Latinx music is no different. I will discuss the political implications of Latinx music later in this thesis. And as Latinx music is political: rap is political, hip-hop is political, punk is political, rock is political, country is political - all music is political in some way because it exists in a specific context in a certain place and time.

Understanding the Dangers of Assumption and Acknowledging the Role Language Plays in Identity

Never assume anything about the client. Just because you know a song in Spanish does not mean that the client knows or identifies with that song (Cisneros, 2017). Do not assume that a particular music therapy method that helped one Latinx client will help another. Each person is different. Consider culture, but also consider the individual person. Ask, as is possible, about musical preferences. The music that improves client perceptions of music therapy is client-preferred music (Selle, 2019), and it is easy to see why. If a client likes the music used in therapy, they are more likely to want to participate and more likely to gain insight from music they enjoy rather than music they do not.

Write and use music in the client's preferred language. If you do not speak their language, try to learn some common phrases in their language. It may be helpful to learn counseling prompts in Spanish and say them in Spanish and English. This could help a Latinx client to not only understand you, but to help with language acquisition for both you and the client. Language is tied to identity and we must give clients as many opportunities as we can to express their identity. Additionally, a client may refrain from disclosing something if they cannot think of how to say it in English. Coming prepared with a few phrases and emotion descriptors in the client's preferred language may help them to see that you are trying your best to support them.

To facilitate music experiences in a language you do not speak, support the client musically by accompanying them on their songs in their preferred language. If you do not understand what the lyrics mean, ask the client to explain it to you if possible. Ask them to teach the song and pronunciation to you, which may lead to stronger rapport and

diminishment of the potential power imbalance that can exist between a client and therapist. If the client does not speak English at all to where a few phrases are not going to help you to communicate with them, try to obtain a translator or a translating device. Another option is to work in a music-centered way. The client can communicate to you through how they play their music, facial expressions, and body language.

In the words of Kendrick Lamar: Be humble. It is important to acknowledge when you might not be the best music therapist for the job and to recognize when you do not know something and pledge to learn more. We are all continually learning about the world every day, but you must be willing and open to deconstruct systems of oppression and possibly change your opinion when presented with new information. The health and well-being of clients is at stake. Without considering culture, politics, and their implications, we are not being ethical music therapists and we are not prioritizing the health of our clients.

Chapter Three

Be Ready to Dance: Reggaetón with Latinx Young Adults

Musical and Cultural Features of Reggaetón

“Be ready to dance,” stated an interviewee when I asked her what a music therapist should know when working with Latinx communities. Reggaetón, a popular Spanish-language genre of music closely associated with dance that sounds like a fusion of reggae and rap, came up often in my interview process. Dance is typically a part of reggaetón because it is the type of music that is usually played in clubs. Thus, as therapists, we need to always “be ready to dance.”

Because reggaetón is an under-researched genre in music therapy literature, I will define and explain its origins, as well as illustrate a few examples of reggaetón music experiences appropriate for music therapy clinical use. Reggaetón, much like its name, is a musical form born out of the mix of Latin American rap, hip-hop, and Caribbean reggae that rose to popularity in the 1990s. Reggaetón emerged from the spread of Jamaican reggae to Panama and Puerto Rico where Afro-Panamanian and Puerto Rican artists translated the lyrics into Spanish and mimicked the melody over the original Jamaican reggae rhythm (Molina, 2014, p. 123). This was known as Reggae en Español and soon became popular in New York City with Latinx and African American communities. There, it merged with the Puerto Rican Underground style of rap that spoke about social issues and government corruption and became reggaetón (Molina, 2014, pp. 124-125). This musical genre displays some of the unique experiences of Latinx communities in the United States and is widely popular today.

Currently, prominent artists recording reggaetón include Bad Bunny, Daddy Yankee, Don Omar, Wisin, Tito El Bambino, Arcangel, and J Balvin (Santana, n.d.). A research participant I interviewed, Tia, commented that Bad Bunny was one of her favorite reggaetón artists because of how he pushes gender boundaries in his music videos by wearing typically feminine clothing and makeup. The exaggerated masculinity present in Latinx culture, referred to as *machismo*, is challenged by Bad Bunny's presentation of feminine masculinity. Bad Bunny shows a listener that a Latino man can act in feminine ways and still identify as a man. Interviewees confirm the popularity of reggaetón within the Latinx young adult generation because of its popularity with Millennials and Generation Z, the fusion of rap and reggae, and the anti-establishment sentiment within reggaetón lyrics. Reggaetón helps Latinx youth to express their identity while also finding where their music preferences fit into contemporary American music.

Reggaetón typically has a strong, syncopated beat with 3+3+2 subdivisions in 4/4 that is produced by electronic drum machines and keyboards. A unique component of its rhythmic qualities is that the genre draws from multiple snare drum samples, employing the use of a different snare sound every eight or so measures to shift the mood of the music mid-verse or from verse to chorus (Marshall, 2020). The musician sings a repeating melody that is then followed by a rap verse. Much like in rap music, backup singers will often respond to the lead singer with a short phrase in call and response. For example, in the chorus of popular reggaetón song "Gasolina" by Daddy Yankee, Daddy Yankee sings "a ella le gusta la gasolina" [she likes the gasoline (a reference to a strong type of alcohol)] and the female backup singers answer him with "dame más gasolina" [give me more gasoline] (Yankee, 2004). This feature traces back to the genre's origins

where vocalists would freestyle over the reggae beat and others would sing responses at Jamaican dancehalls. Reggaetón is a dynamic form of music that fuses its Afro-Caribbean roots with Latin American stylistic elements and urban American features.

Dance is integral to reggaetón because of its beginnings in Jamaican dancehalls. The dance that typically accompanies reggaetón is called *el perreo*, or “party hard,” (M. Betancourt, personal communication, January 25, 2021) where dancers typically grind against each other to the Jamaican *dembow* rhythm (Negrón-Mutaner & Rivera, 2016).

This dance has been criticized for appearing to be degrading to women but swinging one’s hips and dancing in a sexual manner is typical of reggaetón. The music video for “Yo Perreo Sola” displays this: Bad Bunny sings about dancing *perreo* after someone leaves him while dancing in revealing clothes and swinging his hips (Bad Bunny, 2020). Because of this dance style, reggaetón is often associated with dance in clubs. The dance that accompanies reggaetón is characteristic of its underground beginnings because of its sexually liberating connotations.

Hypothetical Case Study #1: The Use of Reggaeton and Dance to Cope with Isolation and Reduce Stress

A repeated theme I heard throughout my interviews with Latinx-identifying young adults was feeling “caught between two worlds.” Many research participants communicated this feeling, with one expressing, “Because of my particular position as a Puerto Rican, I have one foot in this American Anglo-Saxon perspective but the other foot in the Latin American perspective, which is a blessing and a curse. I belong, as a Puerto Rican,

everywhere and nowhere.” The student, Carlos, attended a Predominantly White Institution (PWI) and felt isolated in a setting where most students identified differently than him. This led me to consider what music therapists can do to help clients find a sense of belonging within environments where they do not always feel at home.

I will be illustrating a hypothetical case study that centers around the themes identified within my interviews. This case study highlights a possible example of Latinx-identifying clientele who feel isolated within their predominantly white college environment.

A group of college students from a Latinx Pride Club at a local college comes to you for music therapy for self-care and stress reduction. They disclose feelings of isolation on campus, as they are a small group of Latinx-identifying individuals attending a PWI. They express homesickness, the difficulty of limited opportunities to speak with peers in Spanish, and anxiety about their friends and family who may be at risk of deportation. After you explain to them what music therapy is, they communicate interest in using movement to help them cope with their difficult feelings. They say they would like to dance to reggaetón, a musical genre with which you are unfamiliar. All you know about it is that the lyrical content often contains language about sex and drugs. You are unsure how to lead them in a dance because you do not know what the traditional dance style is, and you are unsure if that is even an appropriate genre to use given the lyrical content. What do you do?

You, the music therapist, particularly if you are a white music therapist, may read this example and feel conflicted about how to react. That is a normal feeling, especially considering that, for ethical reasons, music therapists tend to censor sexual and drug/alcohol related content in music (Joplin, 2016, pp. 35-36). Additionally, it would make sense for a non-Hispanic music therapist to possibly feel inadequate in that they do not know much about reggaetón as a genre, thus making it difficult for them to use it in a therapeutic context. However, you must recognize that it is impossible for any music therapist to have extensive knowledge of all genres of music, and that if the clients are suggesting a certain type of music for their benefit, there must be a reason why they have chosen that music. If the client chooses reggaetón in a therapy session because they think it will benefit them, the music therapist should support that decision. Therapists must have the humility to adapt and use whatever music the client chooses.

In this example, the clients are college students and have most likely been exposed to music and media dealing with sex and drugs in some way; as long as it would not be triggering material to any group member who may have a history of drug or sexual abuse, the genre seems appropriate since it is client-preferred. Client-preferred music improves perceptions of music therapy and provides clients with emotional support (Selle, 2019). You must respect the musical preferences of the clients even if the therapist is uncomfortable with a certain genre because clients will likely be less motivated to engage in therapy if they do not relate to the music in the session. Additionally, clients' musical preferences must be honored because respecting a client's culture means respecting the musical traditions and qualities of that culture (King, 2021). In the case that there are group members who do not wish to participate due to the lyrical content,

the group could focus on using a reggaetón beat or an instrumental track of a reggaetón song for music experiences.

Maybe, you do not need to lead the song or movement. Research the background of the song and traditional dance and movement. Consider if it is a song and/or dance that has a clear leader and follower. In your initial session with the clients, ask the participants what the dance looks like and give them space to teach you if you are unfamiliar. If it is a musical style with a clear leader and follower, let the client(s) do the leading. This may conceivably provide them with a sense of empowerment if they are able to teach someone outside of their community about their culture. It could show that you are willing to practice humility and disclose that there are musical styles you do not know. Multiple informants mentioned to me that they believe music therapy will only be effective with Latinx communities if there is an attempt on the part of the music therapist to understand Latinx culture. Because many Latinx communities, particularly men, hold a stigma against therapy, the client leading and teaching the music in the session may make the client more open to future work with the therapist. If the client perceives that the therapist is genuinely making an effort to understand their culture and is not acting like the expert on a certain culture or musical genre, it is more likely that the client-therapist relationship will be strong and conducive to therapy.

Perhaps what the students need is a place to express themselves musically and through dance as a group of similarly identifying individuals. You, as the music therapist, can facilitate the experience and can provide verbal insights to their movement and musicking after music experiences, but mainly, you are there to set up a welcoming environment in which they can sing and dance in culturally relevant ways that they may

not often do at their university. You can provide the space and the verbal processing to accompany the music, but it may not be your role to always lead, or even participate in, the music or dance.

Music therapy could also be brought outside of a typical therapeutic space to mitigate the possible stigma of therapy and to bring clients in contact with others within their cultural environments. Therapy outside of the traditional clinical space is reminiscent of culture-centered music therapy, a theory and model of music therapy pioneered by Brynjulf Stige that centers on therapy bringing the client into contact with their culture (Stige, 2002). This theory mentions music therapy outside of what most therapists consider typical: for example, a client group playing with a local brass band (Stige, 2002). Music therapy in this way does not have a defined start nor end nor space; it is up to the clients to decide on those constraints and the role of the therapist to collaborate with the client.

The music therapist from this hypothetical case study could use the culture-centered music therapy model in terms of its nontraditional clinical space and focus on culture. The students in music therapy could express a need to connect with a musical community to manage their feelings of isolation. The therapist may ask them to attend a local dance club where they know Latinx music is traditionally played. This way, the clients get to decide how long of a music experience they want, participate in their local musical community, and be free of being observed by the therapist.

After the clients go to the dance club, they could process what happened with the music therapist in the more traditional session environment. This could happen both verbally and musically. The clients could show their favorite dance song from the club in

the music therapy session and demonstrate to the therapist how they danced. The therapist might then ask them what they experienced at the club, what qualities of the music and dance caused them to feel the emotions they felt, and what elements of music and dance helped them to feel connected to others. This way, the therapist can aid the client to identify ways in which they can feel connected to others in their community.

For clients who may not be comfortable going to a club environment, a therapist could teach clients how to create their own reggaetón beat. The therapist can assist the clients to gain confidence in their preferred musical genre and improve musical skills. The clients who learned how to create their own reggaetón music could share it with the group who attended the club to further create interpersonal and musical connections with the other students. This would allow all group members to participate in music therapy regardless if they chose to attend the club or not. Additionally, instruction in reggaetón could help the client to perform with a group of Latinx musicians in the future, thus bringing them into their cultural community. The music therapy environment could be a catalyst to clients' musical engagement in their own communities through learning to create their preferred music.

Further Applications of Reggaetón in Clinical Settings

Reggaetón can be useful in other music therapy clinical and para-clinical situations as well. I see it being used for movement, song discussion, re-creation, and improvisation. A research participant even mentioned that, even though reggaetón is an upbeat genre, it can be relaxing because of its predictability. The consistent reggae subdivisions heard throughout all reggaetón music could potentially be relaxing to a client who may want

music-assisted relaxation to upbeat music rather than the typical classical or instrumental music often used in clinical settings because of this invariability of musical elements in reggaetón.

Although the dances associated with reggaetón have been criticized for their sexuality, some clients may need to express their sexuality through dance. A client who has experienced sexual assault and/or feels uncomfortable with their body due to any reason, such as societal expectations of beauty or negative messages from others, may find dancing in a reggaetón style to be liberating. Reggaetón could be used for song discussion because of, or despite, its lyrical content that is frequently degrading to women. This could start a conversation on how music can play a role in how we objectify women. Additionally, not all lyrical content in reggaetón is degrading and the lyrics are not the only aspect of the genre. In order to facilitate meaningful song discussion, the music therapist should prepare beforehand by listening deeply to the music to inform themselves on how they could empathize with the client's interpretation of the music (Hiller, 2019). Latinx youth in music therapy could talk about why they feel drawn to the music. They might discuss the music, the lyrics, or the cultural connotations of the genre, and the therapist can then empathize with what the music means to the clients.

Reggaetón could be re-created with a client group through the use of electronic drum pads and the clients singing the melodies and rap. Improvisation could be appropriate because clients could freestyle to their own reggaetón beats. These are just a few examples of potential music experiences in which clients could engage in the reggaetón genre. Reggaetón could open doors for young Latinx communities to

participate in music therapy in a culturally sensitive and meaningful way that plays to their musical interests.

Chapter Four

Processing Heartbreak Through Bachata

Musical and Cultural Features of Bachata

A friend of mine once told me, “Bachata is the emo music of the Latinx world.” Bachata is the kind of music that may evoke deep emotions within the listener. Its thematic material ranges from lost love, to teenage pregnancy, to feeling that life is not worth living. Bachata speaks to the heartbreak that we all experience at some point, in some way, in life. Some clients may find it a relatable genre, particularly if they have experienced the similar hardships that bachata conveys.

Bachata emerged in the Dominican Republic in the 1970s. This romantic, emotional, guitar-centered genre rose from the Cuban *bolero* and became one of the most well-known musical styles of Latin America (Hernandez, 2015). Bachata was first considered to be “poor people’s music” because the word “bachata” originally meant a backyard party with food, alcohol, music, and dancing -- an activity that was associated with the lower class (Hernandez, 2014). Much like reggaetón, the upper-class critics denounced it because of its lyrical content and the partying that was associated with it.

However, the lower social status of bachata changed with the influx of Dominican immigrants to New York City. There, in the 1980s and 1990s, it became known as “urban bachata” as it fused with rap and hip-hop and began to represent a symbol of Dominicanness (Hernandez, 2014). The immigration influx changed cultural understandings of race for many Dominicans within the United States. In the Dominican Republic (DR), race is seen much differently than in the United States. Dominicans

typically do not pay much attention to race and do not recognize it as a difference (In Cultured Company, 2020). Race is ambiguous in the DR, and citizens are seen as not Black or white, but Latino. In NYC, Dominicans began to form a unique identity centered on bachata and the difficulties they encountered in the United States.

Bachata's musical characteristics are a reflection of the meaning of the lyrics. This congruence between the music and lyrics is important for therapists to consider when selecting music for therapy (Hiller, 2019). Bachata, called "emo," by an interviewee, often tells stories of pain and lost love. "Emo," short for "emotional" or "emotive" music, refers to the musical genre and subculture popular in the 2000s about teenage angst, love, and isolation (Dunn, 2019, p. 1). Bachata sounds "emo" not only because of its lyrics about love and loss, but because of its dramatic orchestration and sonic structure. The genre's instruments lend itself to being easily created by small groups, much like the small emo bands of the 2000s, such as Mayday Parade. Bachata groups are often constructed in small groups as well in order to be able to form a band quickly. A typical bachata song is composed of five instruments: lead guitar (acoustic or electric), rhythm guitar, bass guitar, güira, and bongos (Hernandez, 2015).

Although bachata has emo themes, its texture is reminiscent of its Latin American beginnings. Bachata is played in 4/4 time and the prominent bongos recall its African diasporic roots (Hernandez, 2015). The güira, as well as the bongos, emphasize syncopated rhythms also characteristic of African diasporic drumming. Additionally, the lead guitar plays riffs to mimic bachata's bolero roots and the rhythm guitar plays two eighth notes per beat each measure. These layers of syncopated rhythms accompany

dance, which is ever-present in many Latinx communities where bachata is played (Hernandez, 2015).

The tonality and chord progression of bachata show its sad, “emo” themes. Songs often begin with a root minor chord and chord progressions descend chromatically as the artist sings about his lost love and depression (Hernandez, 2015). The songs typically end on the dominant of the key, perhaps to evoke the glimpse of hope heard in this music.

Bachata, with its rich history in the identity of Dominicaness, soulful lyrics, and relative ease of re-creation, can find a home in music therapeutic clinical settings to meet client needs and provide musical expression in a culture-centered way. Music therapists can use this genre in their sessions with Latinx clients who express a preference for bachata music.

Hypothetical Case Study #2: The Use of Bachata and Song Discussion to Process Change and Loneliness

Many of my research participants expressed to me that they felt alienated and lonely when they attended college in the continental United States. One participant, Isabel, expressed to me that the culture shock was so difficult, she stopped eating for a period of time. Isabel disclosed that the way people behaved in the continental US was so different from the environments she had grown up in that it was incredibly challenging to make friends. Music therapy could help to address these difficult feelings that Latinx students, particularly first-generation Americans and recent immigrants to the continental United States, might experience as they attend college. A hypothetical case study is provided

below explaining how music therapy might be able to help a client experiencing these feelings:

An 18-year-old Latinx-identifying college student named Camila from the Dominican Republic comes to you seeking music therapy services. She is a first-year student at her PWI and is experiencing feelings of loneliness and sadness due to culture shock, homesickness, and a recent break-up with her boyfriend. She feels misunderstood because of cultural differences, is afraid to speak for fear of criticism of her English and is struggling to make friends. When you ask her about her musical preferences, she says that she likes the Latin American genre bachata. You have never heard of this genre before and are unsure of how to help her. What do you do?

Music therapists should first ask clients questions about their music preferences with which the therapist is unfamiliar. These questions can be about what that genre of music is, what artists in that genre the client listens to, and what they like about the music. It can be challenging for a music therapist to admit that they are unfamiliar with a certain genre; however, therapists must remember it is not possible for any music therapist to feel comfortable re-creating or talking about every genre of music. Additionally, disclosing to the client that you are not the expert on their music -- they are -- can help to reduce the power dynamic between therapist and client. When working with a client who identifies differently than you do, you should always defer to them and directly ask them what their musical culture means to them rather than to first consult outside sources. Every person experiences music differently and music therapists must be careful not to fall into the trap

of assuming that all people sharing one culture have the same musical preferences and opinions - that is just not true. Additionally, I believe the therapist should always tell the client that they are the expert on who they are as a person. Again, this helps to decrease the inherent power dynamic between the client and therapist while also empowering the client to “own who they are” in therapy.

After asking the client about bachata, begin to think about ways in which you can use her preferred music to help her cope with her life transitions and emotions. Since bachata is typically about heartbreak, sadness, and loneliness, it is understandable that she would identify with that genre of music at this point of her life, because those are events and feelings that she is experiencing. Because the client expressed that she feels afraid to speak for fear someone will misunderstand her English, you may want to engage in Song Discussion, a method-variation of the receptive method, of her favorite bachata songs to feel more comfortable speaking in English. Finally, Song Discussion would likely be helpful because the student can identify with the heartbreak and loneliness described in the lyrics.

Camila’s Song Discussion with the music therapist may look something like this: The client selects “El Amor Que Perdimos” (The Love That We Lost) by Prince Royce, a famous bachata artist. The client and therapist decide to focus on the first two verses and the first chorus of the song (full song text and translation located in Appendix B):

Too strong ...

Anoche soñé yo contigo del amor que perdimos

[Last night I dreamed of you about the love that we lost]

Del amor que tanto he sufrido y ahora estoy perdido

[The love I've suffered so much and now I'm lost]

Tú me decías que me amabas

[You told me you loved me]

Pero, a mi espalda, tú me engañabas

[But, behind my back, you cheated on me]

Por eso es que nuestro amor ha fracasado

[That's why our love has failed]

Tal vez no sabes cuánto te amé, pero siempre lloré

[Maybe you don't know how much I loved you, but I always cried]

Aunque tú nunca, mi amor, lo hayas notado

[Although you never, my love, have noticed]

Tus labios me decían te amo

[Your lips told me I love you]

Y tus ojos me rechazaban

[And your eyes rejected me]

Por eso es que hoy yo, mujer, ya no te creo

[That is why today I, woman, no longer believe you]

CHORUS:

Yo te amé, te adoré

[I loved you, I adored you]

No te quiero ver

[I don't want to see you]

Y sufrí hasta el fin

[And I suffered till the end]

No te quiero ver

[I don't want to see you]⁸

(Royce, 2010)

⁸ Translation adapted from musixmatch.com (MusixMatch, 2021).

I would first approach this situation by asking the client what lines in the song captured her attention to process how she feels about the song. Since the client feels uncomfortable speaking in English at times, I may provide prompts about the song in Spanish. Any music therapist could ask these prompts in Spanish; even if they would not understand if the client spoke back in fluent Spanish to them, it might help the client to hear the therapist's questions in both Spanish and English, especially if the client just finished listening to the song in Spanish. I know from personal experience that it is difficult to switch between two languages in one conversation and providing the client with two options to understand the prompt could aid the client to contextualize the conversation more effectively. Additionally, as previously mentioned, the repetition of a Spanish prompt in English could help with language acquisition, which is something that a client may, or may not, want to work on in music therapy.

A music therapist may want to offer prompts in Spanish along with English because it may help a client who feels vulnerable about their English skills feel more comfortable and can provide an opportunity for the client to understand the therapist in two languages. It also shows the client that the music therapist is attempting to understand their culture and is willing to learn the language skills necessary to help them. As one of my research participants disclosed, being able to speak Spanish in the continental United States gave him a "feeling of being at home without being at home." Language is intrinsically tied to culture and identity (Ríos, 2018), and music therapists

who know a few Spanish phrases can help their clients to feel like they can express their full identity⁹ in therapy.

The client might respond in a variety of ways, but in this hypothetical case study, Camila selects the lines “*Tal vez no sabes cuánto te amé, pero siempre lloré/Aunque tú nunca, mi amor, lo hayas notado,*” as the lyrics that most resonate with her. She explains that she relates to those lyrics because she always had the feeling that she loved her ex-boyfriend more than he loved her. She adds that she attempted multiple times to talk to him about how she was feeling, but he did not seem to notice or care that she felt unhappy in the relationship. The music therapist talks with her about signs of an unhealthy relationship. She agrees that it was unhealthy, but admits that she still has feelings for him, especially because she is in an unfamiliar place at her university and has not yet made any friends. She explains that she repeatedly tries to contact her ex-boyfriend because she wants the security of speaking to and spending time with someone of her culture. The therapist talks to Camila about ways in which she can meet people she might identify with at her university: join the Latinx Pride Club, spend time in the multicultural center in her school, and reach out to the local Latinx community. The client agrees that those seem like reasonable steps to help her to feel more comfortable at her university and to overcome her difficult breakup.

⁹ This is beyond the scope of this paper, but a non-native Spanish-speaking music therapist should consider the potential drawbacks of using the client’s vernacular. The client may feel insulted if the therapist continually mispronounces words or feel pressed to fix the therapist’s mistakes. As a non-native Spanish-speaking person, I have experienced excitement from Latinx individuals that I am attempting to speak Spanish and grace when I make a mistake, but I do realize a non-native’s manner of speaking could be conceivably uncomfortable for the client in a music therapy session. As always, ask the client: Do you prefer me to speak in Spanish or English? /¿Me prefiere hablar en español o inglés?

Camila's engagement in Song Discussion resulted in multiple affordances. The Song Discussion with her preferred music prompted her to talk about her feelings surrounding the breakup and the alienation she must feel studying at a PWI. Asking her prompts in Spanish alongside English helped her to feel more comfortable talking to the therapist and to understand what the therapist was asking her. In this example, treating Camila in a culture-centered way helped to contextualize how she was feeling and identify ways she can feel more at home in an unfamiliar environment.

Further Applications of Bachata in Clinical Practice

The hypothetical case study with Camila is just one example of how bachata can be used in clinical practice. In Camila's case, I proposed a receptive method-variation, but bachata can also be used in other music therapy methods as well. Bachata is not an incredibly difficult genre to re-create because of its simple harmonic structure, so it could easily be used in re-creation with an individual or a group. Bachata could also be used as a structure in improvisation. Each group member or an individual could free-style sing over the song structure and improvise harmonic and percussive elements on the guitar, bongos, and güira. Finally, bachata could be used in composition. Clients could write about lost love or, to address a common issue in the Latinx community, how they may feel about being separated from their families at the border due to unjust immigration policies. Bachata is about separation: separation from those one loves and a nostalgic feeling for how life used to be.

Chapter Five

Songwriting About Identity: How to Use Corrido in Music

Therapy

Musical and Cultural Features of Corrido

The corrido is a genre of music born out of mestizo communities in Mexico. Brought to Central America from the Spanish romance genre telling of love and war, it developed into the musical tradition called corrido as the musical traditions of the Spaniards and Indigenous peoples of Mexico blended together (Lira-Hernández, 2013; Dickey, 2020). The origins of corrido demonstrate the mix of identities revealed in this music: the unique Mexican identity of Spanish and Indigenous backgrounds.

Mestizo culture produced corrido because it responds to the unique needs of the mestizo people. They created it when they fought for their independence and they used it as a tool for expression, most particularly in the Mexican American War of 1914 (Lira-Hernández, 2013). Many were angry because their land was stolen from them through this war and used corridos as a way to express those emotions and tell their stories. This established the purpose of corridos: to speak about social issues, particularly current ones.

Corridos also function as news stories and inform listeners of current events. Mexicans wrote corridos for nearly any major historical event. Mexicans created corrido through writing about bad working conditions in agriculture and poverty in Texas, the Kennedy assassination, the killing of singer Selena Quintanilla-Perez, 9/11, and the explosion of the Challenger space shuttle (Dickey, 2020). Corrido is primarily an oral tradition and informs the listener of current sociopolitics.

Corridos are folk style-like songs and are not musically difficult to re-create, which makes them easily applicable to music therapy. Corridos typically have root to fifth movement and composers write them in 3/4, 4/4, 2/4, or 6/8 time (Pedrick, 1998). Composers of corrido write in major keys with melodic spans of less than an octave to keep the music in the top part of the singer's range (Dickey, 2020). The chords are typically I, IV, V, and V7 and are played on the guitar in alternate voicings higher up on the fretboard. Guitar players transition between chords using the major scale of the key of the song. Additionally, they are composed of four eight-syllable lines sung without interruption, which is how it derived its name of corrido from the Spanish verb correr, "to run" (Pedrick, 1998).

Corrido is a feasible genre to use in music experiences because of its narrative structure, ease of re-creation, and emphasis on storytelling and social justice. Messages in corrido are often about love and loss, poverty, war, discrimination, and other difficult feelings and experiences that could be discussed in music therapy. Because these themes are similar to many therapeutic themes, corrido music is a viable option to use in music therapy treatment. For many Mexican-identifying youth, particularly adolescents, corrido is a large part of their identity. For youth and young adults who may not have had much contact with their native culture or heritage, corrido is often a way they connect with their families and other Latinx friends through playing this music together (Ríos, 2018). Therapists using corrido in a clinical setting will provide clients who like the genre with a way to connect with their culture, develop a relationship with music, and express their feelings and life experiences.

Hypothetical Case Study #3: Exploration of Identity with Corrido

“I want to resonate more with my Hispanic culture.” This is a statement one of my interviewees, Mateo, declared to me. A DACA (Deferred Action for Childhood Arrivals) recipient from Mexico, he has lived in the United States since the age of two and closely identifies with American culture. Many white Americans may assume that he speaks Spanish fluently, only listens to Spanish music, and recently crossed the border; however, Mateo does not speak Spanish fluently, loves American classic rock and what he calls “love songs from the 40s, 50s, and 60s,” and does not have many memories of Mexico. He does not fit into the neat “boxes” that society has prescribed for him: Mexican or American. This identity crisis is one that many immigrants, and specifically DACA recipients, face. It is often harmful to their mental health because they may not feel as if they belong anywhere. They are often discriminated against in America due to their immigration status and the color of their skin, but would feel out of place in Mexico because they have not experienced much of Mexican culture and possibly even the language if their parents chose to not speak Spanish to them in the States. Music therapists may be working with DACA recipients now and in the future as they grow older and grapple with their complex identities in a tumultuous political climate. This hypothetical case study examining an exploration of identity will hopefully help music therapists identify ways in which they can work with Latinx clients to cope with the difficulties of belonging to multiple cultures.

Marco, a 21-year-old Mexican man studying at a local university, has come to you seeking music therapy. He expressed that he feels conflicted about his identity as a Mexican American. An undocumented immigrant and DACA recipient whose

family crossed the border when he was two years old, he has grown up mostly in American culture but is still seen as “other” due to his Mexican roots. He communicates to you that he feels unsure of who he is, his place in the world, and his life direction. He has a history of making music with his family and says that he often sings corridos in his home. He is interested in music therapy because of his musical background and decides to seek therapy because he feels like he does not fit in with the “American identity” or the “Mexican identity.” You are unaware of this genre and you do not have similar life experiences to him. What is your next step?

The first action to take in this situation could be to ask the client about corrido. Discover from him what it means, why he likes it, the memories he has of the genre, what songs he and his family sing together. You should also research the genre on your own to better grasp what it is, but it is paramount to try to understand the music within the context of the client. When learning an unfamiliar genre of music, I argue that music therapists should try to ask the client about the genre as much as possible so the therapist can learn what the music means to that client. This also helps to manage the possible power dynamic between the client and therapist aforementioned in Hypothetical Case Study #2. Providing the space for the client to teach you about music may help them to see your relationship as more egalitarian and increase your rapport.

Next, you might want to think about what music experiences you could use with Marco. After further talking with Marco, you discover that his family writes corrido music as well as performs pre-existing songs in the genre at home. He tells you that his family writes songs about family stories and other big events in their life. He states that

writing and performing corridos in the home is one of the only ways he feels connected to his Mexican identity. Considering that his family writes corridos, a compositional music experience may interest Marco. You bring this up to him and he immediately agrees. He says that he has never been able to write them by himself because he does not play the guitar, he only knows how to write lyrics. You assure him that you can play an accompaniment on guitar while he composes the words.

When composing an original song with a client, beginning with talking through themes to write about helps to start the process (O'Brien, 2005, p. 184). Because of Marco's sense of being stuck between two cultures, you suggest to him that he can use the experience to identify more with his Mexican family, as he stated that he feels most connected with his Mexican identity when singing corridos. He agrees and says that he wants to be able to explain his life experiences as a Mexican and an American. He speaks about how he often feels like he must choose one or the other side of his identity and wants the song to be about how he can identify as both. Marco picks this theme of exploring his identity and you begin to start writing the song with him.

In this case example, Marco would likely know the structure of a corrido and would be able to tell you how it is typically written. However, if you are working with a client who has difficulty with verbal language in terms of their communication style and/or limited English or knows corrido but is unfamiliar with the structure, you might have to discover the typical construction of the genre on your own. Corridos are written to express a story, and so have an introduction, climax, denouement, and conclusion.

Write a corrido by identifying parts of a story in the following order:

1. Ask for permission from the audience to tell them a story.
2. Introduce the characters (protagonist and antagonist).
3. Present a warning for the story.
4. Describe the challenge.
5. Build the confrontation.
6. Unfold the tragedy.
7. (Musical Interlude)
8. Identify and define the moral of the story.
9. Sing goodbye.

(Sones de Mexico Ensemble, 2018)

For Marco, he might want to ask if he can tell the story of having a conflicted identity to begin. Although there is not one certain person that he would necessarily identify as an antagonist, he might end up identifying the societal force that is making him choose one identity over the other. His warning for the story might be that it was not an easy life growing up as an undocumented immigrant and having these two identities was confusing throughout his whole life. He might describe the challenge of finding himself growing up, in college, and/or now as he enters life beyond school. For his confrontation, he might identify a time where he had to choose one identity over another. Or, he could think of his current situation of navigating his place in the world and use that as his “confrontation.”

Rather than a tragedy, perhaps he could write about how he either solved his previous confrontation or how he is thinking through what his identity means to him now. This is when you, the music therapist, can help him to find meaning in his dual identities. He could then define the moral of the story as a lesson to other Latinx people like him: they do not have to choose one identity over another.

After finishing composition of the lyrics, you and Marco are tasked with finding an accompaniment style that he likes. You research some basic corrido styles and play variations of the traditional corrido chord progressions until you find one that Marco likes and that is in a range where he can comfortably sing. You begin to start fitting the lyrics into your harmonic structure and lead Marco in choosing a melody.

Real-Life Corrido Songwriting Experience

It was originally my intention to try and create corridos with clients to display their usefulness. However, due to the COVID-19 pandemic, that was not possible. I turned to the next best option: inviting a peer of mine, Leah (pseudonym used for privacy), to experience the Songwriting process I described. I lead Leah through an original Songwriting experience, a variation of the composition method, using the corrido form.

The process began with me explaining to her what a corrido is. She did not identify as Latinx and had not heard of the genre before. I identified the form of the corrido as having four eight-syllable lines (Pedrick, 1998) and a root to fifth movement between I, IV, V, and V7 chords. I then demonstrated what this sounded like by playing the movement between chords in alternate voicings in a 3/4 time signature. I learned from listening to various corrido songs and instructional videos that alternate voicings are used

in corridos. I used alternate voicings for an E major chord, the I; an A major chord, the IV; and a B major chord, the V (City of Santa Maria, California, 2020). These alternate chord voicings are shown below:

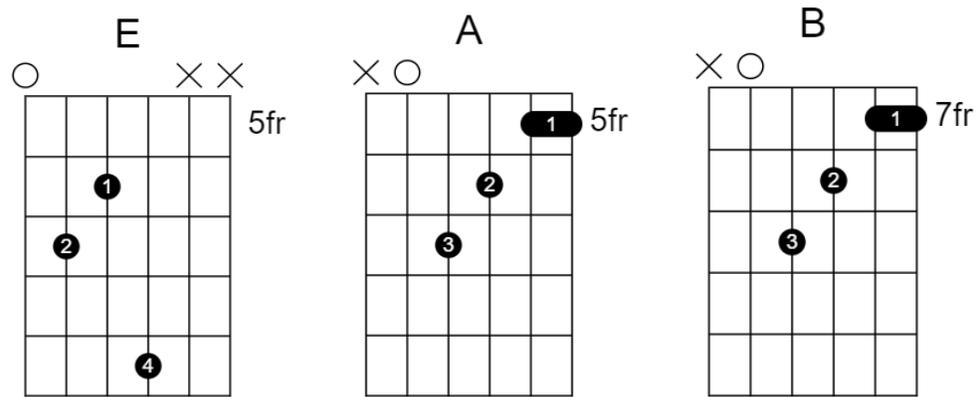


Figure 2. Alternate chord voicings for E major, A major, and B major guitar chords.

When using these chord voicings, make sure to emulate the root to fifth movement. You can do this on the E chord by moving your second finger (middle finger) to the 6th string on the 7th fret. This will sound like root (E), chord, chord; fifth (B), chord, chord in a 3/4 time signature. For the A chord, do the same movement by alternating your third finger (ring finger) between the A and the E (5th string, 7th fret) in the same way as the E chord. Repeat this movement with the B chord by alternating between your third finger on the B with the F# on the 5th string, 9th fret.

Next, we brainstormed about themes for her song. I informed her about the meaning of corrido and its history. Once she heard that corridos typically are written about oppression and political strife, she decided she wanted to write it about the COVID-19 pandemic and some people's ignorance around public health. She identified aspects of this such as not wearing a mask, continuing to party in large crowds, and not

caring for the health of the community. Using the Guiding Original Lyrics and Music (GOLM) method for Songwriting (O'Brien, 2005, p. 184), I first led Leah through creating lyrics out of the theme she selected. She asked to hear the accompaniment so she could hear the form and decide how to fit lyrics into that form. I vamped on the chords until she began singing lyrics that came to her mind. Once she chose lyrics, I helped her to find ways to fit the lyrics into the song form and asked clarifying questions using verbal techniques to aid her in developing the lyrics she wanted.

After Leah selected lyrics, I asked her to sing any melody that came to mind while vamping on the chords. Leah is a university music student, so she was able to easily pick a melody out of the chord progression I played without much assistance from me. For a client who is not a musician or feels uncomfortable inventing a melody alone, I recommend singing the beginning of a melody and waiting for them to fill that melody in to help them develop their own melody (O'Brien, 2005, pp. 193-196). Leah and I then cleaned up any parts of the melody and lyrics that she wanted to change. Leah sang through the song a few times from the beginning to the end with my accompaniment. I then recorded the song and sent it to Leah so she could have it to listen to later.

I verbally processed this experience with Leah to close. I asked her what she thought of the song form and how it felt to write a song about the topic she chose. She stated that she liked the corrido song form because having a pre-established form helped her to better write lyrics and a melody that made sense with the chord progression. She felt relieved to write her song about the COVID-19 pandemic and the recklessness she saw in others because she wanted to vent about the conflict she felt. She told me she followed all health precautions and only leaves her residence for school, but she sees

friends of hers partying at bars and not wearing masks. She spoke about how this made her feel that her friends did not respect public health, especially her own mental and physical health.

This example of corrido songwriting with my peer illustrates how this structure can be used with non-Latinx clients as well as Latinx community members. Leah identified with the meaning of corridos because of her identification of the public health crisis that has exacerbated political strife between people. The song form helped her to easily develop lyrics and find a melody. Corrido could be used for songwriting with clients of any racial or ethnic background, just like how many music therapists use the 12-bar blues for composition with many clientele.

Further Clinical Applications

I discussed the use of composition in this case study, but the other three music therapy methods (re-creation, receptive, and improvisation) are viable options for the corrido. In Marco's case, because his family members play guitar, the music therapist could teach him to play the guitar in the corrido style. Gaining this musical skill could help Marco share in making music with family members and others in his community, thus bringing him into his cultural context (Stige, 2002). If Marco is comfortable with a family member who can play guitar coming to a music therapy session, the music therapist could facilitate learning guitar between the family member and Marco. They could discuss each session how Marco feels closer to his family member and vice versa through learning guitar. Marco and the music therapist can then work together to re-create one of his family's corrido songs in order to prepare him to play with his family.

The receptive method-variation of Song Discussion may also help Marco or another client or group in a similar situation. Many corrido songs talk about identity and the injustice many Mexicans and Mexican Americans have faced. One notable example is the song “Somos Más Americanos” (We Are More American) by Los Tigres del Norte (Los Tigres del Norte, 2001). This song is about the United States taking Mexican land unjustly in the past and now calling Mexicans in the United States “illegal” and telling them to return to “their land.” A chilling line in the song that may resonate with Mexican and Latin American clients is “Yo no cruce la frontera, la frontera me cruzo [I did not cross the border, the border crossed me].” Discussing this song or a similar one may help a client like Marco address oppression he experiences in the U.S. due to his heritage. It could also help him to feel pride for his Mexican identity and how much Mexicans have overcome and still cope with today, such as the lasting effects of centuries of colonization and oppression.

Additionally, Marco and the music therapist could improvise within the structure of a corrido to explore this concept of identity. Since the corrido has a clear structure, it makes it easy for the client to have a framework with which to improvise. The music therapist could play a typical corrido harmonic progression and Marco could improvise instrumentally or vocally over it. He could even free-associate lyrics as he improvises to improvise lyrically.

Finally, if Marco did not feel comfortable composing original lyrics in the first scenario, composition in the form of Song Transformation might be a better method-variation to use. In that case, Marco would find a corrido song he likes and change the

lyrics and/or the accompaniment style to match the therapeutic issue he is exploring with his music therapist.

These examples are not comprehensive and simply touch the surface of what a music therapist could do with this genre. They are a starting point for using this genre in composition, improvisation, re-creation, and the receptive method. Corrido is a musical genre with a rich history and complex meanings that help to describe the identity and customs of many Mexican people. It is a way to reunite people with their cultural roots in an often-over-Americanized society. Music therapists should feel comfortable using this genre with Latinx clients who relate to the messages of corrido.

Conclusion

AMTA Competencies: A Necessary Update

Throughout this thesis, I discussed how the field of music therapy does not currently have the resources necessary for music therapists to work with Latinx communities. It lacks literature, information on various Latin American musical genres, and clients' input on their cultures. The American Music Therapy Association's (AMTA) competencies for music therapists also lack guidance for music therapists to work with culturally diverse populations. These competencies need to change in order to give music therapy students, interns, and professionals concrete direction to center the cultural experiences, diversity, and needs of all clients.

To make change in the field of music therapy, we must start at the root of the problem. I argue that much of the lack of cultural sensitivity and knowledge in the profession is due to therapists not receiving adequate instruction in their degree programs. The curriculum of music therapy programs in the United States must align with the AMTA's Professional Competencies (American Music Therapy Association, 2019b). However, many of these competencies lack specificity and do not explain how potential music therapists can work with culturally diverse communities. As a student myself, I understand it is extremely difficult to achieve expectations with a lack of clear direction. These competencies need clarification for all potential music therapists to make them more culturally relevant for the wide range of clientele music therapists serve in the twenty-first century. If we can change the way we teach music therapists about cultural

humility, we can cause a ripple effect to change how music therapists work with clients of all backgrounds for the better.

The Professional Competencies that all board-certified music therapists, students, and interns must meet have not received a major update since 2013 and do not reflect many music therapists' goals of being more culturally humble. 2020, a year of political strife, healthcare inequities, and racial tensions, calls for music therapists to engage in anti-racist practices and advocate for the rights of the clientele that they serve. The Professional Competencies require an update to reflect the societal issues that music therapists must address in music therapy practice. The competencies that need clarification to be seen in a more culturally humble lens and my critiques and proposed revisions are as follows:

Critique #1: The White Musical "Standard"

The competencies that I will critique here center on the white standard of music. They emphasize the Western European classical perspective and fail to recognize the music that falls outside of that category. The language used connotes that anything different than the Western classical repertoire is the "other" and therefore not the primary competencies that music therapists need. Neglecting to teach music therapists about broader perspectives harms their work and their clients.

Competency 1.1, Music Foundations: "Recognize standard works in the literature."

This competency should specify what these "standard works" are. Does this mean that they are classical, religious, in English, or composed solely by white people? Whose

literature is it? Does it only reflect a certain type of client or a certain race? When deciding competencies, music therapists must identify biases that may cause them to characterize certain musics as standards and others as not. Songs like “Here Comes the Sun” and “Take Me Home Country Roads” are often casually referred to as “typical music therapy songs,” but those are songs that are written by and most often preferred by white people as shown through my (and other music therapists’) personal clinical experience. What about the standard works of Latinx people, or Black people, or Indigenous people? We, as music therapists, must clarify what we mean when we say “standard,” because that often connotes music that mostly white clients prefer. To clarify for students, interns, and professionals, perhaps “standards” should be defined as works of music that the music therapist can utilize for a therapeutic purpose. Or, maybe the word “standards” should not be used at all, and the competency should instead say the music therapist should broaden their musical literature to employ clients’ musical preferences.

Competency 4.1.8, Functional Music Skills: “Utilize basic percussion techniques on several standard and ethnic instruments.”

Having the words “standard” and “ethnic” in this competency creates a binary that promotes a white-racial frame. Attitudes like this perpetuate white supremacy, especially when we consider how music theory “has many of the prejudices and stereotypes that are part of the white racial frame, most noticeably in how we privilege the compositional and theoretical work of whites over nonwhites” (Ewell, 2019, p. 3). This prioritization of white composers is very common in music theory and applied music lessons in many

collegiate-level music programs. Prioritization of instruments that came from European orchestral traditions has the same problematic effect as prioritizing white compositions.

“Ethnic” is an ambiguous way to describe an instrument because all instruments are ethnic in some way. All instruments have a history of a certain ethnicity or culture that made them and constructed their uses. Many percussion instruments used in music therapy have roots in Africa or Latin America, meaning that the word “ethnic” likely refers to those instruments. However, why use the word “ethnic” when describing an African instrument and not a European instrument, such as a piano? Why is there a difference between classifying instruments as “standard” and “ethnic” when music therapists largely use African and Latin American percussion? The answer is that white-racial frame that the “standard” vs. “ethnic” language in Competency 4.1.8 provides. The competency should be updated to not include the words “standard” and “ethnic” and could simply say, “Utilize basic percussion techniques on several instruments.”

Competency 13.12, Therapy Implementation: “Develop and maintain a repertoire of music for age, culture, and stylistic differences.”

The word “differences” begs the question of, different than what? The answer may be the white Western norm of music. Much like Competency 1.1, the language used in this competency evokes the prevalent bias that establishes music typically written by and listened to by white people as the musical standard. Rewording this competency as “Develop and maintain a repertoire of music that is applicable to various ages, cultures, and styles” would eliminate this connotation of there being standard (white) and non-standard (non-white) music.

Critique #2: The Therapist's "Awareness"

Critiques of the following competencies center around language that does not identify how a therapist can practice in an equitable and culturally appropriate manner. These competencies have language that paints an unclear picture for the music therapist to know how to actively be anti-racist and treat clients as the people they are in their sociocultural context.

Competency 9.5, The Therapeutic Relationship: "Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process."

"Awareness" is the word in this competency that needs a change. One can be aware of something that is wrong but still continue to do it: For example, one can be aware of racism, but still commit racist acts or not take steps to combat their own racism (Saad, 2020). Cultural humility goes far beyond "awareness;" it is an ever-changing, evolving process. The wording in the competency should reflect that.

To provide the therapist with the necessary steps they need to take to practice with cultural humility, the competency should state how awareness should be demonstrated. Music therapists, especially student music therapists, need to know how to demonstrate the influence of the client's identity in therapy. Awareness, or another word, such as knowledge, could be demonstrated through actively challenging biases. Thus, this competency could be reworded to state: "Demonstrate knowledge of...and combat biases towards particular identities through challenging problematic personal beliefs."

Competency 11.1, Client Assessment: “Select and implement effective culturally-based methods for assessing the client’s strengths, needs, musical preferences, level of musical functioning, and development.”

“Culturally-based methods” is an unclear phrase. I suggest specifying that considering certain behaviors, values, or thoughts could be characteristic of someone’s culture and not a problem that needs to be changed. For example, Western culture stresses the use of eye contact when speaking to someone (Akechi et al, 2013). However, this emphasis on eye contact is not prevalent in other cultures. It is worth mentioning that infrequent eye contact is considered to be a symptom of disabilities, such as autism spectrum disorder (ASD).

This “symptom” has largely been criticized for the lack of understanding that an action considered the norm in one culture is a problem if the person belonging to the culture does not display it. Someone in a culture that does not make eye contact as a sign of respect would be considered to display abnormal behavior even though that behavior is characteristic of the culture. It is doubtful that there is an assessment process constructed for all children with different backgrounds.

Instead of trying to find an assessment process that relates to the needs of all, this competency should be reworded to state, “the music therapist selects an appropriate assessment process for the client.” This vernacular change highlights that assessment processes should be individualized to the client. To truly see and appreciate a client’s humanity, we should always be considering them in their socio-cultural-political contexts. Shifting assessment processes to reflect these contexts helps to provide a culturally based assessment process.

Critique #3: Ethical Considerations

One of the most important regulations a therapist must always abide by is to act ethically with their clients. When therapists think of ethics, typically they may think of avoiding inappropriate therapist-client relationships. Although that is incredibly important, practicing music therapy within the client's cultural context *is* just as important an ethical consideration. If we are not bringing the client's culture into the therapy space, we are not being ethical therapists.

Competency 17.9, Professional Role/Ethics: “Demonstrate knowledge of and respect for diverse cultural backgrounds.”

This competency states that a therapist must demonstrate knowledge and respect but does not inform the therapist of how to demonstrate that knowledge and respect. A way to specify this for music therapists could be: “Show knowledge of and respect for diverse cultural backgrounds through displaying empathy for the culture of the client. Change approaches based on the cultural needs of the client.”

It is imperative that music therapists expand their knowledge on cultures different from their own with the input of the client because the meaning of culture varies from individual to individual. There are subcultures within each culture, and it is the responsibility of the music therapist to discover these identities of the client so they can best serve them in a culturally appropriate way. Adding this additional information of how a music therapist can demonstrate respect and knowledge paves the way for them to do so. Without this clarification, the music therapist is left wondering what steps they can take to work in a culturally humble manner.

Competency 17.11, Professional Role/Ethics “Demonstrate skill in working with culturally diverse populations.”

Similarly, the wording of this competency does not clarify how a music therapist can demonstrate skill nor does it acknowledge what kind of skills music therapists must develop. Instead of the current language, a way to re-write it is: “Demonstrate musical, verbal, and other facets of therapeutic skills by showing cultural humility and reflexivity **with** diverse clientele.” This not only clarifies the competency but illustrates how cultural humility and reflexivity is an ongoing process. Additionally, it defines what skills therapists need to demonstrate to help clients feel respected and safe in music therapy.

Revising these competencies will help music therapists to identify how they can practice ethically, anti-oppressively, and respectfully. There are other ways we can employ the work in this thesis to improve music therapy: acknowledging the importance of spirituality and religion for many Latinx individuals, creating Spanish language-learning materials for music therapists or music therapists in training, mandating curricula changes to focus on culture, and more. These potential investigations are currently out of the scope of this thesis, but it is my hope that I, or another researcher, will explore these relevant studies in the future.

The Latinx population, particularly young adults and immigrants, have been left out of the literature and research in music therapy for far too long. It is time that we, as a field, make our profession appropriate for clients of differing racial, cultural, and ethnic backgrounds. We owe it to them to provide them with the best services we can give. Finally, I leave you with this: be humble.

Appendix A: Interview Questions

Name:

Pronouns:

Age:

Current Residence:

1. Is music important to you?
2. What types of music do you and (if applicable) your family listen to?
3. Can you explain how music is related to your culture and life experiences?
4. How would you describe your identity as a Latinx/Latino/Latina?
5. Are you comfortable sharing information about your immigration process to the United States, if you identify as an immigrant? You do not have to reveal your immigration status and that status will not be shared with anyone else other than the researcher.
6. If you did go through the immigration process or have a family member who did, what was that experience like?
7. What were some feelings associated with that process?
8. Have you ever heard of music therapy?
9. (The researcher will explain what music therapy is if the participant does not know.) There can be a lot of difficult and painful feelings associated with the immigration process. Do you think music therapy sounds like an appropriate way to help immigrants cope with those difficult feelings?
10. Can you give examples of music that you would want to use if you were in music therapy?
11. Is there anything else you would like to share with me?
12. Who can I follow up with?

Spanish Translation of Interview Questions

Nombre:

Pronombres:

¿Cuántos años tiene?:

¿Dónde vive en este momento?:

1. ¿Es la música importante para usted?
2. ¿Qué clase de música escucha? (Si aplica) Y su familia, ¿qué música escucha?
3. ¿Puede explicar cómo la música está relacionada con sus experiencias vitales?
4. Describa su identidad como un Latino, Latina o Latinx.
5. ¿Se siente cómodo/a compartiendo información sobre su proceso de inmigración a los Estados Unidos (o sobre el proceso de inmigración de su familia)? No tiene por qué compartir su estatus de inmigración, y esta información no será compartida con nadie más que la investigadora.
6. Si usted o alguien de su familia ha vivido el proceso de inmigración, ¿cómo fue esta experiencia?
7. ¿Cuáles son algunos sentimientos asociados con el proceso?
8. ¿Ha oído hablar de la musicoterapia? ¿Sabe qué es la musicoterapia?
9. (La investigadora le explicará qué es y en qué consiste la musicoterapia si usted no le sabe.) Es posible que haya sentimientos complicados o dolorosos asociados al proceso de inmigración. ¿Cree que la musicoterapia puede ser una manera apropiada de ayudar a los/las inmigrantes con esos sentimientos?
10. ¿Puede dar ejemplos de qué música querría usar si usted participara en musicoterapia?
11. ¿Hay algo más que usted quiera compartir conmigo?
12. ¿Sabe de otras personas a las que pueda entrevistar?

Appendix B: Full Lyrics and Translation to “El Amor Que Perdimos” (Royce, 2010)

Too strong ...

Anoche soñé yo contigo del amor que perdimos

[Last night I dreamed of you about the love we lost]

Del amor que tanto he sufrido y ahora estoy perdido

[Of the love that I have suffered so much and now I am lost]

Tú me decías que me amabas

[You told me that you loved me]

Pero, a mi espalda, tú me engañabas

[But, behind my back, you cheated on me]

Por eso es que nuestro amor ha fracasado

[That's why our love has failed]

Tal vez no sabes cuánto te amé, pero siempre lloré

[Maybe you don't know how much I loved you, but I always cried]

Aunque tú nunca, mi amor, lo hayas notado

[Although you never, my love, have noticed]

Tus labios me decían te amo

[Your lips told me I love you]

Y tus ojos me rechazaban

[And your eyes rejected me]

Por eso es que hoy yo, mujer, ya no te creo

[That is why today I, woman, no longer believe you]

CHORUS

Yo te amé, te adoré

[I loved you, I adored you]

No te quiero ver
[I don't want to see you]
Y sufrí hasta el fin
[And I suffered till the end]
No te quiero ver
[I don't want to see you]
Yo te amé, te adoré
[I loved you, I adored you]
No te quiero ver
[I don't want to see you]
Y sufrí hasta el fin
[And I suffered till the end]
No te quiero ver
[I don't want to see you]

Royce
Oh, oh-oh, oh-oh
Duramos una noche amando y la otra peleando
[We lasted one night loving and the other fighting]
Y aunque todo seguía igual, pasaban los años
[And although everything remained the same, the years passed]
A pesar de tus engaños, tú me diste un milagro
[Despite your deceptions, you gave me a miracle]

Ese fruto de tu vientre que yo más amo
[That fruit of your womb that I love the most]

CHORUS

Yo', Dre... I feel you
Quisiera llorar

[I would like to cry]

Sentimiento, c'mon

[Feeling, c'mon]

CHORUS

Lyrics and translation adapted from [musixmatch.com](https://www.musixmatch.com) (MusixMatch, 2021).

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