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POTENTIALS AND BARRIERS TO CULTURALLY RESPONSIVE MUSIC THERAPY EDUCATION IN THE U.S.: PERSPECTIVES OF MUSIC THERAPY EDUCATORS

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ABSTRACT

This qualitative focus group study explored perceptions of potentials and barriers to cultural responsiveness in U.S. music therapy education. In this exploratory study, an online focus group discussion was facilitated with seven music therapy educators to explore their perspectives on the definition of culturally responsive education, their reflective evaluations of their pedagogical practices, their perspectives on how standards of music therapy education inform or hinder the ability to foster cultural responsiveness, and their respective outlooks on how potentials and barriers to cultural responsiveness are impacting education, research, theory, and practice. Results demonstrated that music therapy educators who value cultural responsiveness believe our field has room for growth. The following themes (and subthemes) emerged: defining cultural responsiveness (stances of humility, self-awareness, continual and constant attention, knowledge of systems of power, self-critique, process, accountability, skills), relevance to clinical practice (ethical responsibility, effect on the therapeutic relationship, effective versus ineffective practice), approaches in education (dedicated course work, infused throughout the program, gradually increasing depth, beyond the classroom, from the beginning, dialogical over technical, experiential learning), preparedness (personal/professional growth practice, training for supervisors and faculty, staying informed), institutional attitudes (the need for changing attitudes, the field is improving, superficiality, the burden on marginalized faculty, commitment to social justice, support from administration), and barriers (Eurocentricity, lack of diversity, AMTA, jam-packed program, no specific training, the need for research). These findings implicate recommendations for music therapy education programs to include cultural responsiveness as a more integral part of their curriculum.

Keywords: cultural responsiveness; music therapy education

INTRODUCTION

Whitehead-Pleaux (2019) defined *cultural responsiveness* in music therapy as “understanding the different cultures and musics of the people with whom we work as well as considering how these different intersecting cultures operate within a person’s self-identity and what they bring to the therapeutic process” (p. 46). In addition to this, cultural responsiveness includes cultivating a lifelong, profoundly reflexive self-awareness, engaging in culturally sustaining practices, and actively responding to inequality through critical inquiry and activism (Hadley & Norris, 2016). Rather than educating clinicians of the future on how to think through complex cultural and clinical dynamics, most North American music therapy programs and professional documents emphasize technical competencies (American Music Therapy Association, 2021). The structure of the questions on the Certification Board of Music Therapists examination values having a straightforward answer over acknowledging complexity and nuance (Certification Board for Music Therapists, 2020). North American music therapy professional competencies recognize cultural considerations, but they do not attend to intersectionality or centralize culture in clinical practice (American Music Therapy Association, 2018). In recent years, intersectionality, privilege, and oppression have been more widely discussed within music therapy literature (Dileo, 2021; Whitehead-Pleaux, 2021; Whitehead-Pleaux, 2017; Curtis, 2017; Oswanski & Donnenwerth, 2017; Hadley, 2017; Bain et al., 2018). However, music therapy professional competencies do not yet reflect current music therapy literature on cultural responsiveness. Whitehead-Pleaux et al. (2017) asserted, “Culturally competent music therapy is a necessity in North America because over the past several decades, the demographics of both Canada and the United States have changed greatly [as] both countries have had an increase in the numbers and diversity of their minority populations” (p. 273).

There have been some changes regarding the discussion of cultural considerations in the Certification Board for Music Therapists’ *Board Certification Domains* between 2015 and 2020. For example, the 2015 version indicated that music therapists must identify the client’s cultural and spiritual background “when indicated.” In contrast, the 2020 version strengthened this domain by phrasing it as a requirement. However, this appeared to be the only change to the 2020 version of the CBMT’s *Board Certification Domains* despite the underscoring of considering cultural factors in music therapy literature (Hahna, 2017; Hadley & Norris, 2016; Young, 2009). It is ethically imperative for music therapy professional associations to heed the suggestions of music therapy literature on how music therapists can be more culturally responsive in their work.

This study applies systems-thinking to the problem of the field’s lack of attention toward cultural responsiveness by considering a top-down perspective. Most of the available research on cultural responsiveness in music therapy centers on clinicians rather than the educators who train future clinicians. The following questions guided the purpose of the present study: If clinicians felt unprepared to navigate cultural issues in their clinical work, what about current educators teaching the next generation of professional music therapists? Do they feel prepared? If so, how did they prepare? If not, how do we improve cultural responsiveness training in our field?

Review of Literature

The role of culture in music therapy

The strong relationship between culture and the arts makes music therapy a complex synergy of cultural influences. All individuals are a product of sociocultural processes, and all encounters (including therapeutic) we have as cultural beings are cross-cultural. Stige and Aarø (2012) stated, “Health is a relational concept; it is about relationships to other people, to demands and challenges, to social, organizational, cultural and societal contexts” (p. 69). Correspondingly, Bruscia (2002) asserted, “All of our [music therapy] work, whether it be theory, practice, or research, takes place within very specific and

unique contexts — contexts that not only shape the work itself, but also predisposes us to attach our own idiographic meanings to it” (p. xv). This recent attention to cultural context within music therapy clinical practice has motivated greater awareness of cultural influences in therapeutic relationships. Estrella (2001) stated, “If culture influences the way we see ourselves, experience emotions, define health and problems, and construct our worldview, then clearly culture must come into play as we assess, diagnose, plan treatment, and engage with our clients” (p. 42). Despite this, in-depth attention to cultural issues in music therapy is relatively recent, as earlier literature provided only a cursory examination of this topic. To demonstrate the broad relevance of culture in music therapy, Wheeler and Baker (2010) identified clinical practice, education, personal values, and perspectives about the therapeutic process as some areas of concern.

Culture is an evolving concept. Kenny (2006) defined *culture* as an “integrated pattern of behavior that includes thoughts, communications, action, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group” (p. 208). These factors impact how individuals understand their relationship with the world and are thus relevant within therapy relationships. That is to say, understanding culture within the context of the therapeutic relationship is not intrinsic but rather a skill that requires education, training, and practice. As Topozada (1995) stated, “...the purpose of multicultural training is to endow [music therapists] with a sense of cultural intentionality...” (p. 83-84). The dominant jargon to date to describe this training is “cultural competency,” though there has been a shift in language from “cultural competence” to “cultural responsiveness” (Hadley & Norris, 2016; Whitehead-Pleaux, 2019). Bradt (1997) suggested that cultural knowledge is not enough for cultural responsiveness training, explaining that “effectiveness depends greatly on [the therapist’s] self-knowledge about their own attitudes, feelings, and stereotypical views about ethnic minorities” (p. 138).

The Certification Board for Music Therapists (CBMT) (2020) and AMTA Advanced Competencies (2017) included only a few domains or competencies that relate to culture. Those few domains vaguely centered around cultural self-awareness and basic identification and consideration of client culture. As Whitehead-Pleaux (2017) asserted, “AMTA competencies vaguely suggest that cultural competence is important (. . .) [with] no explanation as to how we give evidence to what culturally competent music therapy looks like from a practical or measurable standpoint” (p. 273). While there are many definitions of “cultural competency,” it is based on mandatory rather than aspirational ethics. Cultural competency implies a universalistic approach with an endpoint at which a clinician is determined to be “adequate” to handle *all* diversity issues.

The discourse around culture is not stagnant or rigid; it is constantly progressing. The expanding perspectives regarding cultural issues should impact music therapists’ motivation for cultural responsiveness training. Young (2009) and Estrella (2001) emphasized advancing cultural perspectives, insisting that significant effort beyond initial training is required to keep pace with emerging issues. However, CBMT domains do not reflect this proposition. Hadley and Norris (2016) asserted that cultural awareness should not just be “achieving competencies” but should be “ongoing and requir[ing] continual commitment and vigilance” (p. 129). Although CBMT requires continuing education credits for certification, there are no cultural responsiveness requirements. L. Young (2016) argued that “cultural competency” should be “a way of practicing that requires ongoing reconceptualization according to each clinical case/client, music therapist, therapeutic relationship, and social-political-cultural-musical context” (p. 127). However, music therapy professional documents do not reflect this. For example, the AMTA Advanced Competencies (2017) referred to cultural sensitivity and the CBMT Board Certification Domains (2020) directed music therapists to interact with clients in a “culturally competent” manner, but these acknowledgments were vague and ambiguous. Similarly, Hadley and Norris (2016) asserted that the field needs to move beyond simple self-awareness towards more social consciousness of “systemic structures of oppression and marginalization that impact those not in the dominant cultures” (p. 129). Having said that, although the dominant nomenclature is “cultural competency,” this study will use “cultural responsiveness” to reflect values of continuity, responsibility, and social justice.

The literature implied that music therapists might be demonstrating more awareness of accountability towards cultural influences in recent years due to the various settings where music therapists

work and the growing diversity of clients they serve. Due to the dynamic nature of cultural phenomena, music therapy practice is becoming increasingly complex. As Estrella (2001) stated, “Mental health professionals have come to realize that they must provide services which are able to meet the needs of people from a wide range of cultural, ethnic, and racial backgrounds” (p. 43). Likewise, Shapiro (2005) identified “an increasingly diverse student body” and “colleagues of more varied backgrounds” as reasons for considering cultural influences as music therapists (p. 30). Although this increased attention may have been for practical reasons rather than in the interest of social justice, the heightened recognition is progressing in this area of exploration.

Further, Topozada (1995) highlighted the importance of examining this topic because “... clients from different cultures may not receive the same benefits from Western therapy as do majority culture clients” (p. 67). Music therapy, as practiced in the United States, is highly Westernized, and its most dominant empirically supported approaches may not be appropriate for clients with marginalized identities. Dileo (2021) identified individualism, emphasis on expressiveness, expectations to disclose, assertiveness, and scientific thinking as some of the Eurocentric therapeutic values that inform music therapy practice in the United States. Estrella (2001) reported that in response to this clinical discovery, music therapists have “begun to critically examine their models of therapy, [...] see[ing] them as belonging to a social and political context” and have “called for revision of these same models of therapy” (p. 43). Therefore, it is imperative to scrutinize dominant music therapy techniques by accounting for cultural variation. Wheeler and Baker (2010) encouraged music therapists to promote acceptance and hold compassion for cultural differences. Cultural responsiveness in AMTA and CBMT is limited to surface-level acknowledgments of culture in organizational documents.

Cultural responsiveness in music therapy clinical work

The concept of cultural responsiveness in music therapy clinical work has transformed over the years, becoming more in-depth, multilayered, and nuanced. As Hadley and Norris (2016) asserted, “Musical cultural competence goes well beyond the idea of simply providing music from a client’s culture. It is about the roles of particular music, its specific relevance to the client, and understanding the personal and musical cultural biases that the therapist brings into the music therapy context” (p. 129). Topozada (1995) presumed that well-intentioned music therapists have confidence in esteemed techniques, but a lack of familiarity with navigating cultural dynamics subverts their progress.

There has also been growing consideration of the music therapist as a cultural being. Rickson (2010) reported that “the importance of knowing who we are and what our values are in order to understand others and to be authentic as therapists has been strongly reinforced in the music therapy and related literature” (p. 1). Although therapist authenticity and attention to cultural influences are important in all clinical professions, attending to culture is especially important in music therapy because music is an added factor in the clinical experience. For instance, Dos Santos (2005) acknowledged how musical choices communicate cultural information to clients. There is the potential for self-disclosure, unintentional oppression, affirmation, connection, or empowerment through relational musical experiences with clients. Kim (2021) described a “Culturally Informed Music Therapy” approach, which includes supporting acculturation processes, attention to psychosomatic symptoms, working towards a balanced and healthy cultural identity, and making culturally congruent lifestyle changes. There is more discussion of the therapist’s sociocultural identity in music therapy literature instead of exclusively emphasizing technical “cultural competencies.”

Some music therapists may adopt a stance of cultural evasiveness, feeling that cultural factors should not impact service provision. Hahna (2017) asserted that music therapists may have a “false sense of immunity” to acknowledging personal biases due to rationalizing “that we are in the helping profession and therefore always treat the client in an objective and fair manner” (p. 23). She further argued against this rationalization and asserted that reducing the adverse effects of personal biases in music therapy is important. Brown (2002) also reflected this by acknowledging that some may disregard the concept of culturally centered music therapy practice because they engage in a praxis of “all-encompassing empathy;”

however, she argued that “music therapists have an ethical responsibility to be aware of their own beliefs and values, as well as a responsibility to not engage in culturally insensitive behavior” (p. 83). In Dileo’s (2021) most recent book on ethics in music therapy, she asserted, “Color evasiveness can be a form of covert racism” (p. 243). Topozada (1995) reported that her survey of professional music therapists on perceptions of multicultural training evoked responses denoting a disregard for confronting cultural biases under the pretense of it not being a “therapist’s job to judge behavior” and that they “never do so” (p. 83). She rightfully challenged this prevalent notion by stating, “While it is true that every person is an individual and should be treated as such in therapy, it is also true that individuals are a product of the sociocultural forces in their lives,” which urges professional music therapists not to overlook cultural considerations in their clinical work (p. 68). Bradt (1997) asserted that if music therapists are “unaware of the importance of cultural differences, they may engage in cultural oppression, using unethical practices” (p. 137). King (2021) echoed this sentiment, asserting, “Operating from a colorblind lens can bring a false sense of equality that may not apply to your patient’s reality, particularly outside the session” and can damage the therapeutic relationship (p. 54-55). This argument demonstrates the potential harm of cultural indifference. Although Topozada’s (1995) study was conducted nearly thirty years ago, it was the most recent national survey of music therapists on multicultural training. This general outlook has likely improved in the last thirty years, as more recent literature reflects a shift from cultural evasiveness to cultural awareness, sensitivity, and responsiveness (Hadley & Norris, 2016; Whitehead-Pleaux et al., 2017; Oswanski & Donnenwerth, 2017; Belgrave & Kim, 2021), though the prevalence of culturally evasive attitudes in Topozada’s (1995) study suggests there are likely some music therapists currently practicing who possess culturally evasive attitudes.

Estrella (2001) asked an important question: “Can a discussion of multicultural approaches be separated from a discussion of racism, political oppression, or privilege and power?” (p. 44). This inquiry demonstrates a distinction between a one-dimensional overview of multicultural techniques and a more intensive exploration of how systems of power impact clinical work. However, this implies that combining the two modes of inquiry would be ideal. Norris and Hadley (2019) asserted that incorporating consciousness of race and oppression is more likely to lead to positive outcomes in music therapy supervision. As demonstrated in the literature cited above, the field of music therapy has historically overlooked cultural awareness, sensitivity, and responsiveness, though it has been improving in recent years.

The need for cultural responsiveness training in music therapy education

Numerous music therapy publications indicate a deficit in field-specific cultural responsiveness training, which has been discussed for at least the past 25 years. Bradt (1997) pointed to the training programs, stating, “Most of the training programs do not prepare music therapists to deal with the cultural diversity of their clients” (p. 141). Lack of training perpetuates cultural ignorance if attention to diversity is not present in the foundations of music therapy education. Topozada (1995) reported that respondents to her multiculturalism training survey indicated that they received training in multiculturalism outside of music therapy, and the majority expressed an overall desire for increased multicultural training in the field. Similarly, Darrow and Molloy (1998) conducted a study using a questionnaire to explore music therapists’ perceptions of attention given to multicultural issues in music therapy, and they reported that “most music therapy professionals acknowledge a need to understand and respect clients’ cultural differences; however, many also expressed frustrations at their lack of background preparation in this area” (p. 31). Then, as recently as 2016, Hadley and Norris stated, “While there has been an increase in focus on multicultural issues in the music therapy literature, there has been little in the way of specific strategies for achieving these competencies” (p. 129). However, in the last several years, there has been a plethora of literature published to address some of these concerns, such as Whitehead-Pleaux and Tan’s (2017) edited comprehensive textbook *Cultural Intersections in Music Therapy: Music, Health, and the Person*, Belgrave and Kim’s (2021) edited handbook on culturally informed music therapy, *Music Therapy in a Multicultural Context*, and Forinash’s edited book (2019) *Music Therapy Supervision, 2nd edition*, which included more

material focused on cultural responsiveness. These works include numerous contributions from a wide range of diverse voices in the field of music therapy.

American music therapists have historically needed to rely on auxiliary education to learn more about cultural responsiveness. Darrow and Molloy (1998) reported that the context of most multicultural training for music therapists is through non-music therapy coursework, such as general education or elective courses. Although this is undoubtedly beneficial, music therapy should be distinctive in training on cultural influences because of its unique and specific nature. L. Young (2016) acknowledged this, stating, “Music therapy is a profession in its own right, and requires its own unique set of multicultural music therapy competencies. This is especially evident in terms of the multicultural musical skills and knowledge required for clinicians to work effectively” (p. 200). Kenny (2006) sparked a discussion of the responsibility of music therapy training programs, asking, “...do we design our training programs to generate questions as well as answers. In cultural stories, too often we hear: ‘They didn’t know because they never asked.’ Can we move on?” (p. 213).

Although there is movement towards greater music therapy-specific training in multiculturalism, there is room for growth. We learned from Topozada (1995) that “many who have received no such training stated that they feel the effects of not learning about other cultures during their education” (p. 82). Thus, the continued relative absence of cultural responsiveness training specific to music therapy is a significant curricular deficiency that can affect clinical practice, and that, in the end, negatively impacts clients. Ultimately, given evidence in the literature, cultural responsiveness training should not be optional for music therapists, and it should not just be an area of proficiency marked as complete and never revisited. American undergraduate and equivalency training programs should foster cultural responsiveness, and our credentialing body should identify specific requirements to advance this training further.

Barriers that impede cultural responsiveness training

Despite all the empirical support for increasing and improving cultural responsiveness in music therapy programs, entrenched logistical barriers thwart more substantial progress toward this end. Topozada (1995) deduced that because of the interdisciplinary nature of the music therapy degree, “music therapists face the challenge of acquiring an adequate education while not overburdening themselves” (p. 71). In like fashion, Ferrer’s study (2017) conveyed a general sentiment among music therapy clinicians and faculty that the disproportionate amount of general education coursework and music school requirements demanded by our degree programs detract from vital clinical education and experience, including cultural responsiveness training. According to the American Music Therapy Association Standards for Education and Clinical Training (2021), musical foundations and general education coursework encompass 65-70% of the music therapy degree program, while music therapy and clinical foundations account for only 30%. Unbalanced and exorbitant workloads are a significant obstacle to improving cultural responsiveness training in music therapy degree programs.

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

The barrier of lack of diversity

One of the most apparent explanations for music therapy’s deficits in cultural responsiveness training is the profession’s lack of diversity. Kenny (2006) initiated important questions for music therapy training programs on the topic of cultural influences, asking, “Does the body of administrators, educators, and

students represent the demographics of the region? In other words, are all cultural groups in the region represented in music therapy programs?” (p. 212). Music therapy literature referring to the field’s demographics indicates resounding discontent (Ferrer, 2017). In her study on perspectives of music therapy educators and AMTA board members, Ferrer (2017) discovered a theme of participants acknowledging the lack of cultural diversity in the field, and she implied that this is problematic due to music therapists’ identities not being representative of the clients they serve. This imbalance in privilege levels is significant because it indicates that most music therapists may not connect with their clients’ cultural experiences.

Additionally, the absence of diversity reveals structural inequality within the profession. Ferrer’s study (2017) offered a potential explanation, acknowledging the bias of music therapy programs in the United States towards Western classical music. This bias may hinder many students, who primarily engage with jazz, Hip Hop, pop, electronic, non-Western, and other forms of music, from entering the field (who may also be ethnic minorities or low socioeconomic status). Ferrer (2017) and Kenny (2006) explored how the field’s demographics may be related to inadequate attention to cultural responsiveness, but this theory requires further investigation.

Beyond practical and logistical barriers within the field, there are also challenges based more on structural hegemony. Hadley and Norris (2016) asserted that it is essential to identify the gaps in music therapy training with cultural minorities *and* critique existing dominant perspectives in the field. The purpose of these suggested critiques is to expose the basis of the exclusion of cultural responsiveness training and acknowledge prominent power dynamics in music therapy. For example, Hadley (2013) directly confronted this systematic homogeneity, stating, “...given that creative arts therapists are predominantly white, heterosexual, and [non-disabled], it is easy to be complicit with these dominant narratives in our society. We need to work actively to increase diversity within our professions. There are very few counter-voices in our professions, and they may be reticent to share their experiences or may not feel safe to do this” (p. 379). She argued that the prevailing privileged cultural identities within music therapy construct the foundation of the field’s indifference toward cultural responsiveness and silences the voices of music therapists on the underside of power.

Accordingly, the 2021 AMTA Member Survey and Workforce Analysis reported that 88.34% of survey respondents, which included non-members, identified as white (p. 9). Estrella (2001) similarly mentioned our profession’s whiteness, attributing its significance to our current sociopolitical landscape. With all this in mind, the neglect of cultural responsiveness in music therapy likely relates to white fragility—a widespread defensiveness response from white people in the face of racial discomfort (DiAngelo, 2018). Overall, it is important for discourse on cultural responsiveness to go beyond surface-level self-awareness and basic knowledge of world music—it needs to include recognition of systems of power and oppression and how music therapists can avoid perpetuating hegemony.

Solutions offered by literature

Scholars have offered various recommendations for progressing cultural responsiveness in music therapy. Bradt (1997) and Estrella (2001) proposed targeting efforts toward music therapy training programs. Chase (2003) echoed this idea by advocating for the inclusion of multiculturalism in undergraduate programs for “early exposure of cultural issues in therapy practice” (p. 87). It is currently unclear whether all existing music therapy programs have adequately implemented this recommendation, and the quality of exposure needs to be closely examined. Young (2009) suggested targeting efforts towards internship supervisors, arguing that they “should be required to obtain a minimum amount of continuing education credits per five-year cycle that pertain specifically to multicultural music therapy internship supervision in order to maintain ‘approved internship supervisor’ status with their professional associations” (p. 200). AMTA may need to enforce a requirement for supervisors to engage in professional development on cultural responsiveness, as a policy with consequences for non-compliance would demand attention to this subject and demonstrate that the field values cultural responsiveness. Embedding cultural responsiveness within the AMTA *Code of Ethics* (2019) may be necessary for changes to occur, as the only current acknowledgments of culture are vague and ambiguous, such as “1.8 acquire knowledge and information about the specific cultural

group(s) with whom they work, seeking supervision and education as needed,” and “2.3 be aware and accepting of client's individual factors and cultural differences in the treatment process.” However, creating policies related to cultural responsiveness would not necessarily evoke *quality* attention to this topic, and this would follow a mandatory ethical standards framework rather than aspirational ethics. More explicit policies may be necessary, but foundational structural changes would be required for transformational change.

Discourse on cultural responsiveness in music therapy emphasizes the role of supervisors and educators, suggesting that as the field's gatekeepers and guides, they are responsible for the duty of advancing cultural responsiveness. For example, Estrella (2001) stated that, “Supervisors must hold the agencies they work for accountable for attention to issues of social justice and multiculturalism” (p. 61). This statement contends that music therapy supervisors have the power to influence their institutions and must advocate for values of diversity, inclusion, and social justice. Topozada (1995) also remarked, “In universities which do not offer music students exposure to different cultures, most of the burden will fall upon the professors of music therapy. It is they who must take the time to discover new source materials for use in the classroom” (p. 85). Therefore, music therapy educators have an obligation to establish cultural responsiveness resources for students.

To understand how cultural responsiveness functions in music therapy, Estrella (2001) asserted, “Supervisors of music therapy must take an active role in moving the profession forward, by first becoming educated and sensitized to the role and impact of culture on their own lives, on the music therapy encounter, and then on the supervisory experience” (p. 61). This tasks music therapy supervisors with developing their own cultural self-awareness. Young (2009) designated music therapy as “a profession that would in and of itself be considered a multicultural phenomenon” and expresses hope for “supervisors, educators, and clinicians to advocate and actively work toward integrating multicultural competencies” (p. 201). Similarly, Topozada (1995) suggested increasing “the cultural sensitivity of the training programs in general” along with asserting that “music therapy students should be taught to consider culture as an important factor in all aspects of therapy” (p. 81). Therefore, despite the obstacles, music therapy faculty and supervisors must push for the field to become more attentive to cultural influences and social justice, as it is ethically responsible and indispensable to the therapeutic process.

The long-held, historical pattern of music therapy neglecting culture needs to be disrupted by faculty attending cultural responsiveness training and incorporating it into their curriculums. As Hadley (2013) stated, “We need to explore ways to make our teaching practices more emancipatory, liberatory, or disruptive of the status quo and reduce ways in which they reinforce oppressive practice” (p. 379). In other words, it is not enough to expose students to cultural responsiveness training; it is also necessary to interrogate how dominant teaching practices may perpetuate oppression. It is important to add supplemental cultural responsiveness training *and* alter undergraduate music therapy education at its foundations by incorporating values of equity, diversity, and social justice in professional competencies and curricula.

Trend of superficial attention to cultural issues

Although music therapy may appear to be attending to cultural influences, this literature review suggested that this is occurring only on a trivial level (Topozada, 1995; Young, 2009). As of 2021, the American Music Therapy Association Standards for Education and Clinical Training includes ethnomusicology in Master's degrees, but not Bachelor's degrees. Minimal inclusion of culture is a common practice. However, Topozada (1995) stated, “Simply learning a few ‘ethnically diverse’ musical idioms is not enough” (p. 72). Learning these short musical expressions without in-depth education about the sociocultural considerations and dynamics at play risks cultural appropriation. J. O. Young (2008) defined *cultural appropriation* as a phenomenon where “members of one culture (*outsiders*) take for their own, or for their own use, items produced by a member or members of another culture (*insiders*)” (p. 5). To avoid cultural appropriation, L. Young (2009) asserted, “...music therapists need to understand the various roles that music plays in different cultural contexts (i.e., healing, spiritual, etc.) and be able to adjust their musical interventions to meet both the over-arching cultural needs and the unique individual needs of each client”

(p. 200). Thus, going beyond the technical skills of learning to play cultural music is essential. Music therapists must also learn and understand the complex relationship between music, culture, and clinical practice.

Kenny (2006) asked music therapy educators important questions, such as, “Does the curriculum have one token ‘multicultural course,’ or is the entire curriculum infused with cultural issues? In other words, do all courses provide opportunities for serious dialogues in issues of culture?” (p. 212). This implies cultural conversations should be occurring in each music therapy course. However, as demonstrated in this literature review, the structure of music therapy training programs does not reflect the multiple ways that culture relates to music therapy practice. Kenny (2006) further asserted, “Unless we view the task as multidimensional and complex, we are missing the mark. There are far too many programs in music therapy and other training fields that offer only token solutions to the cultural questions, or leave it out entirely. This is not a time for rhetoric, but rather for integrity and leadership” (p. 213). This argument was stated with a sense of seriousness and urgency while highlighting the multifaceted nature of multicultural education.

Along the lines of asserting the importance of cultural responsiveness, Hadley and Norris (2016) contended that “musical cultural competence can be achieved only once music therapists begin the process of transformational learning needed for more authentic self-awareness” (p. 129). That said, the current structure of music therapy programs is inconsistent with this reasoning, as AMTA’s Advanced Competencies (2017) appeared more focused on technical skills than transformational learning. Kenny (2006) suggested it is necessary to “resist the temptation to believe that there is one easy answer” regarding navigating multicultural issues in clinical situations (p. 213). Topozada (1995) hypothesized that the field’s emphasis on technical competence was grounded in the belief that mere cultural exposure would inherently challenge students’ attitudes and worldviews. However, she reported that “...increased knowledge may not result in improved multicultural attitudes” (p. 83). Therefore, multicultural coursework that is *only* informational may not enrich cultural responsiveness. Hadley and Norris (2016) compellingly asserted, “...if music therapists focus on attaining skills in music from various cultures before working on self-awareness and socio-political awareness concerning culture, they can engage in problematic practices, which could contribute to cultural stress for the client(s), could cause harm in the therapeutic relationship, and could negatively impact the therapeutic process” (p. 130). This statement highlighted the potential harm of cultural ignorance. These arguments demonstrate the need for transformational multicultural pedagogy in music therapy.

The relevance of cultural influences for every music therapist

Regardless of a music therapist’s values and beliefs outside of the clinical space, attending to cultural influences is necessary to provide the highest quality of care. Topozada (1995) acknowledged the impossibility of music therapists exclusively serving clients with whom they share cultural identities and added that this would not necessarily be advisable. In other words, every client has cultural and linguistic needs. Cultural context, including that of the music therapist, influences therapeutic practice. She denotes the importance of self-awareness and cross-cultural awareness because of culture’s impact on social interactions and the contextual nature of what constitutes normal behavior. Therefore, examining the influence of dominant cultural values is vital. Estrella (2001) echoed this idea, recognizing that “psychological, physical, cognitive, and social functioning is defined by culture” (p. 41). Thus, cultural influences should be of concern to every music therapist. Topozada (1995) stated, “[Multicultural education] gives therapists conceptual frameworks around which to base information they receive from and about the client. These frameworks may then be modified to meet the needs of particular individuals” (p. 69). Likewise, in their article on cultural issues in music therapy at the end of life, Dileo and Starr (2005) recognized “that it is not possible for music therapists to be experts on all cultures, religions, and spiritual and healing traditions,” however, “it is possible for them to have a basic understanding of how these issues

affect patients at the end of life” (p. 92-93). Studying cultural responsiveness is important for providing schemas to understand cultural dynamics in music therapy.

Regardless of political affiliation, it makes sense that every practicing music therapist should value social justice, as social justice is a principle that emphasizes equality, dignity, and fairness, which would ultimately benefit the clients that music therapists serve. Over 20 years ago, Topozada (1995) argued, “Given the resurgence of overt racism and hate crimes evident in media reports, multicultural education must be seen not just as important but as imperative” (p. 85). This argument is just as, if not more, relevant in 2023. Since music therapy is not a practice within a vacuum, context plays a significant role in the therapeutic process. Additionally, clear and obvious acts of oppression may be more easily distinguishable and simpler to avoid than microaggressions, defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative... slights and insults to the target person or group” (Sue et al., 2007, p. 273). Avoiding microaggressions connects with music therapy, as “acting musically in accordance with the client’s repertoire of musical codes means not only a better foundation for musical dialogues but also a basic respect for the musical identity of the client, her ‘musical human rights,’ and ultimately her human dignity” (Ruud, 1998, p. 26). Thus, a thorough understanding of cultural music would demonstrate respect and reverence for the client as a *whole* person rather than just viewing them as a set of symptoms and behaviors.

Hadley and Norris (2016) asserted, “...beyond self- and sociopolitical awareness, to effectively work within a multicultural worldview, one must move from awareness to praxis. This requires a commitment to working toward social justice” (p. 130). This responsibility requires ongoing engagement and action towards this end, and this is highlighted through cultural *responsiveness* (action-oriented) and culturally *sustaining* (strengthening and supporting) practice rather than cultural humility, sensitivity, competence, etc. Dileo (2021) highlighted that although AMTA’s (2019) Code of Ethics acknowledged social responsibility as a core value, no professional standards or guidelines specifically addressed social justice. Ultimately, cultural responsiveness and social justice should be important to every practicing music therapist, and music therapy literature overwhelmingly reverberates the message that it is time for the field to re-evaluate how music therapy programs incorporate multicultural perspectives.

Purpose of this study

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

- How do music therapy professors define cultural responsiveness?
- What recommendations do music therapy professors have for cultivating cultural responsiveness in music therapy students?
- What do music therapy professors perceive as potentials and barriers to cultural responsiveness in music therapy education and clinical practice?

METHOD

This study utilized semantic, inductive, and descriptive thematic analysis (TA) to focus on the explicit meanings of the data and summarize patterns (Clarke, Braun, & Hayfield, 2015). A descriptive approach was most appropriate for this study because the participants were carefully chosen for their expertise, and it was critical to remain as close to the meanings of the participants as possible.

Data collection

Cultural responsiveness is a dynamic and complex concept that holds different meanings for clinicians and educators depending on their context and value system. Therefore, this study utilized a focus group data collection method because it allowed participants to respond to and build on one another, achieving an in-depth, comprehensive understanding of the topic. This was also an advantageous method of data collection as it increased comfort for participants, accelerated the research process, and reached a broader geographic scope (Edmunds, 1999; Jackson, 2012). An online focus group discussion also enabled participants to conveniently contribute to the discussion asynchronously. In addition, it allowed anonymity, which was especially important considering the small size and intimacy of the music therapy profession. Although online focus groups may limit exploration of spontaneous or nonverbal communication, it was not a significant limitation for this study.

The flexibility of the online focus group allowed for the exploration of topics based on the emerging discourse. Rather than conducting multiple individual interviews that may have independently enabled similar themes, a focus group discussion allowed participants to engage in a productive dialogue and influence the dynamics of the discussion. Because of the open-ended conversation amongst the participants, topics were freer-flowing, and participants were able to enrich the data by expanding on what had already been stated. Through active participation in discourse, participants hopefully also gained insight into their own pedagogical practices or learned from one another. Within the framework of focus group interviews, I aimed to provide an exploratory space for participants to share their insights and experiences as music therapy faculty, leading to the formulation of ideas on how to address cultural responsiveness more effectively as a field. I played a more peripheral role, instead focusing on the group discussion between participants.

Recruitment procedures

Due to the specialized nature of this topic, this study used a purposive sample to select American music therapy educators who have a noted interest in cultural responsiveness (based on their publications or presentations). This study also used maximum variation sampling to select music therapy educators from the seven regions of the American Music Therapy Association (AMTA) (divided into Western, Midwestern, Southwestern, Southeastern, New England, Mid-Atlantic, and Great Lakes regions). These educators were personally emailed and recruited to participate. Any educator who declined participation was asked to identify an alternate from their region. All regions of AMTA were represented in the study.

Participant demographics

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

Table 1

Participant Demographics

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

Data collection procedures

After receiving an email indicating the participants' willingness to be involved in the study, all participants were sent an informed consent form, a reference list, and the semi-structured discussion questions (see Appendix A). Participants were informed that they would be participating in the focus group through an online discussion forum on the online platform PlushForums. To maintain confidentiality in a small professional field, participants were each given a de-identified username (such as Participant 1, 2, 3, etc.) and an individualized confidential password corresponding with their email. Participants' identities were anonymous to one another but were known by me. They were also encouraged to exclude potentially identifying information without disrupting the essence of the data. All questions were posted on different discussion boards (see Appendix A). Participants were asked to respond to each question at their convenience between October 2018 and February 2019. It was requested for participants to read all prior answers before composing their post to enrich the discussion.

Ethical considerations

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

Data analysis and interpretation procedures

Braun and Clarke's (2008) six phases of thematic analysis guided the interpretation, starting with familiarization. The discussion board responses were read and re-read while taking notes to procure meaning and to identify the pieces of data that had the most value. Then, the second phase was a systematic and rigorous coding process to develop codes with a combination of descriptive and latent meanings. Each discussion board post was read as individual posts were made, and then each full discussion was read once the forum was closed to new responses. All the data was copied into individual word documents, separated by question answered. Then, the data was uploaded into ATLAS.ti, a qualitative data analysis and research software program. Data was then coded by selecting significant quotes, identifying themes or patterns, and establishing a holistic account of the multiple perspectives. Analysis was focused on participants' meanings, synthesis of the data, and conclusions drawn based on the progression of the discourse.

The third phase of the data analysis was focused on theme development. As I re-read and coded the data, similar topics were clustered together to reduce the total number, codes were categorized and consolidated, and interrelationships between the codes were drawn. This enabled creation of an organized thematic mapping of the data. The fourth phase of the data analysis was a theme review. To ensure validity, contradictory evidence was identified and coded, responses to seemingly unrelated questions were triangulated, and active self-reflection took place in a weekly supervision group. I aimed to be reflexive throughout this process by using analytic memos to acknowledge how my frustrations as a person of color in the field influenced the data I emphasized while also paying special attention to concrete ideas for improvement in music therapy training programs.

The fifth phase of the data analysis encompassed defining and naming themes as well as organizing the flow of the results. The final phase of the analysis was the writing process, which deepened the analysis further. This included data excerpts and analytic commentary of a wide sample of data items (Braun & Clarke, 2008).

Member checking

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

FINDINGS

The purpose of this study was to explore music therapy professors' perspectives on cultural responsiveness in music therapy, particularly on what they consider to be the potentials and barriers to cultural responsiveness in the field and its training programs. Participants answered a total of 11 questions regarding their definitions of cultural responsiveness, training needs, and potentials and barriers to cultural responsiveness in music therapy pedagogy. Their responses addressed structural considerations, educational approaches, the demographics of the field, organizational concerns, comprehensive observations, and personal intentions. There was also an overarching theme and emphasis on the importance of this topic.

Six themes (see *Figure 1*) with 34 sub-themes were revealed during data analysis.



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

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

In this section, each theme and corresponding sub-themes will be explicated, with narrative passages (quotations) provided to convey the richness of the findings. Although frequency distributions tend to be more relevant to quantitative analyses, identifying frequencies of data (also known as content analysis) is helpful for pattern identification and coding in qualitative research for development of themes and categories (Vaismoradi & Snelgrove, 2019). Therefore, frequencies of themes and subthemes were noted to demonstrate recurrence of key topics, but higher frequencies do not mean the value of the theme is weighed more heavily. Readers should focus greater emphasis on the narrative passages. Overarching observations of the data analysis will be elaborated in the discussion section. Quotes will be placed in quotation marks when within the text body and italicized when given their own paragraph for ease of reading.

Defining cultural responsiveness

This theme had 100 occurrences and includes codes in which participants described elements contributing to their definitions of cultural responsiveness. It includes sub-themes of: stances of humility and curiosity, self-awareness, continual and constant attention, knowledge of systems of power, self-critique, process, accountability, and skills (see *Figure 2*).

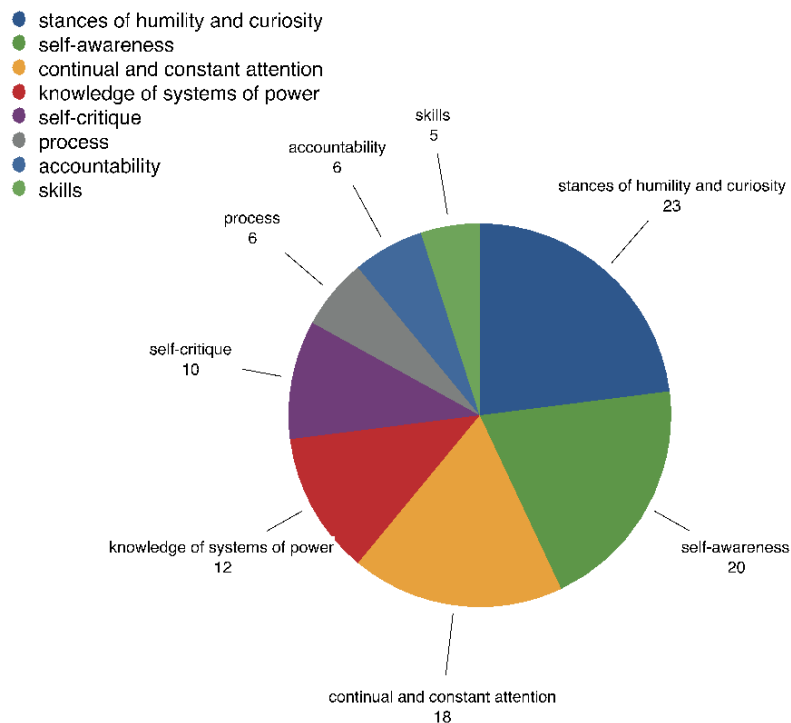


Figure 2. Defining Cultural Responsiveness. This figure displays sub-themes and number of occurrences found in the category of defining cultural responsiveness and includes the codes: stances of humility and curiosity (23), self-awareness (20), continual and constant attention (18), knowledge of systems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

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

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

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

Self-awareness. Participants consistently acknowledged the importance of self-awareness as a component of cultural responsiveness. They described that this involves reflection, noticing personal biases, acknowledgement of their own privilege, and combatting denial and defensiveness. Participant 1 made suggestions for improving self-awareness, stating:

I continue supervision and work within peer supervision groups, read as much as I can, I engage in an artistic process exploring intersectional identity and my attitudes and experiences pertaining to power, oppression, and privilege.

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

Knowledge of systems of power. Participants discussed the importance of music therapists attending to systems of power, privilege, and inequality in the classroom, clinical environments, and the world at large. In particular, they asserted that this would require observing power dynamics at play in these spaces and thoughtfully addressing them. At the same time, they connected this knowledge of systems of power with the importance of self-awareness, suggesting that clinicians and educators have an awareness of how they themselves may *both* benefit from *and* be disempowered by these systems. Acknowledgement and awareness of privilege was emphasized due to clinicians and educators being in a position of power. Participant 6 wished for support beyond having conversations *about* these systems of power — but also how to have these conversations *within* these systems of power, asserting:

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

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

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

Process. Participants described cultural responsiveness as a developmental process with a series of stages that gradually increase in depth. They also established that cultural responsiveness includes a series of values-based actions. There was a theme of describing it as a *messy* process, meaning that it is not without mistakes and that it is also not linear. Participant 3 further delineates how this process would manifest in the classroom:

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

Accountability. Participants attested to the imperativeness of accountability in cultural responsiveness. There was an overall position that good intentions are not enough to authentically engage in cultural responsiveness; it requires committed action. In other words, they argued that consciousness and awareness of issues related to culture is insufficient.

Beyond consciousness and awareness of issues related to culture, it was stressed that it is necessary to participate in a personal growth practice. At a systemic level, particularly considering music therapy programs as a whole, it was affirmed that cultural responsiveness needs to be exemplified through actual human relationships and not just exist as written in mission statements and program philosophies. Participant 7 paralleled the importance of accountability with ethical responsibility:

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

Skills. Building on the notion of accountability, participants identified essential skills for culturally responsive music therapy clinicians and educators with the intention of endlessly trying to increase effectiveness and better outcomes. For example, some of these skills include the ability to find required resources, incorporation of critical theory into practice, deep listening, exploratory practices, practicing compassion, and integration of cultural responsiveness-related course materials into clinical practice.

Relevance to clinical practice

This theme had 21 occurrences and includes codes in which participants asserted the relevance of cultural responsiveness to clinical practice. It includes sub-themes of: ethical responsibility, effect on therapeutic relationship, and effective versus ineffective practice (see *Figure 3*).

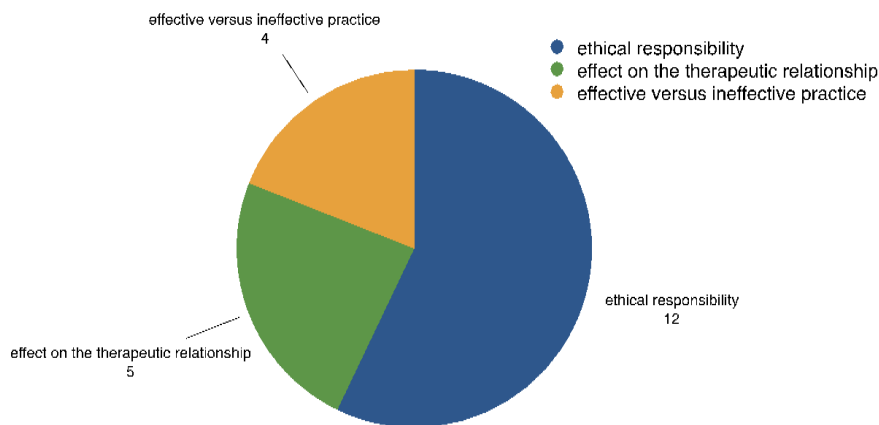


Figure 3. Relevance to clinical practice. This figure displays sub-themes and number of occurrences found in the category of relevance to clinical practice and includes the codes: ethical responsibility (12), effect on therapeutic relationship (5), and effective versus ineffective practice (4).

Ethical responsibility. Participants asserted that the primary relevance of cultural responsiveness is related to ethical responsibility. Due to this, there was also a sense of urgency in the responses, particularly with how cultural responsiveness is being addressed in the field of music therapy as a whole. They identified a need for education about cultural appropriation and microaggressions, arguing that this lack of knowledge contributes to the potential for harm in music therapy. Conclusively, they implied that these ethical concerns need to be addressed in training programs. Participant 7 notes that addressing this is one of their intentions as an educator, expressing:

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

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

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

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

I think that everyone is "culturally responsive" since we and those we interact with are part of cultures and subcultures, but that an individual's skills related to cultural responsiveness

run on a continuum of effective or ineffective, perhaps based on the interaction's intended outcome.

Approaches in education

This theme had 102 occurrences and includes codes in which participants identify suggestions to music therapy training program structures and specific pedagogical techniques. The structure-related sub-themes were: dedicated course work (19), infused throughout the program (17), gradually increasing depth (11), beyond the classroom (9), and from the beginning (7). The pedagogical techniques were organized into sub-themes of: dialogical over technical (17), experiential learning (13), and learning with and from students (9) (see *Figure 4*).

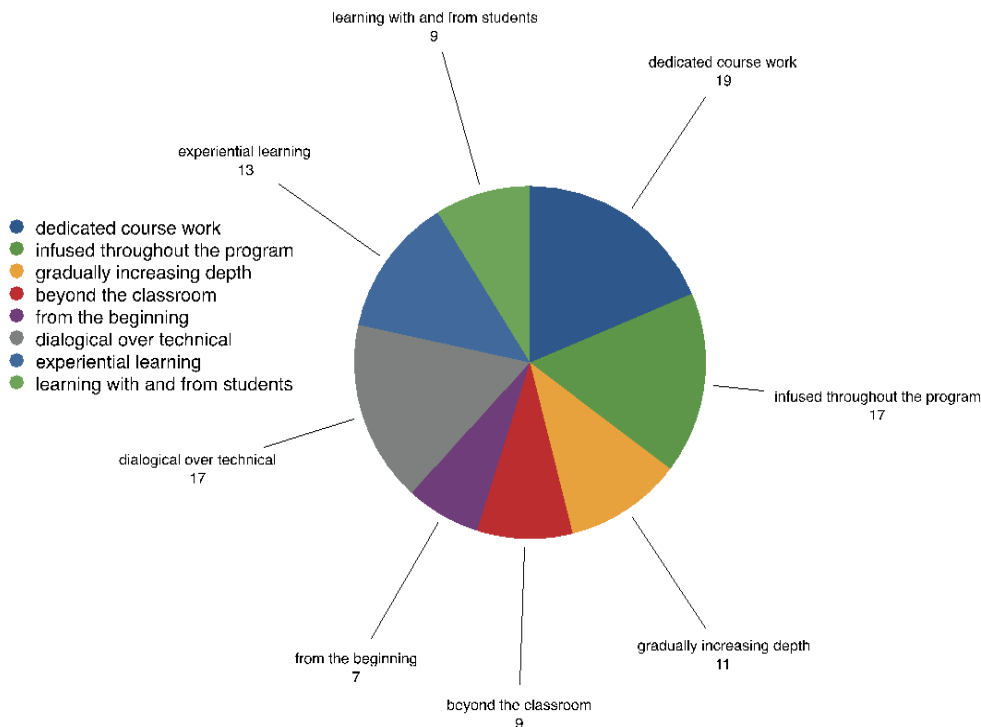


Figure 4. Approaches in education. This figure displays sub-themes and number of occurrences found in the category of approaches to education and includes the codes: dedicated course work (19), infused throughout the program (17), gradually increasing depth (11), beyond the classroom (9), from the beginning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

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

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

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

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

Gradually increasing depth. Participants recognized the importance of slowly and gradually increasing depth when teaching cultural responsiveness. There seemed to be agreement amongst respondents that the engagement should start at the undergraduate level with (at least) cursory discussions, then move to grappling with more challenging concepts as the years progress, acknowledging that students farther along in their programs might have more clinical and life experience to which to relate the course material.

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

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

Beyond the classroom. Participants advised cultivating cultural responsiveness beyond the classroom, and encouraged educators to thoughtfully model cultural responsiveness in their relationships with students. They asserted the importance of students having the skills to seek out their own resources for further development in order to continue their education beyond their training program and in their specific areas of interest. They encouraged going beyond theoretical learning by grounding themselves in cultural immersion, or seeking out lived cultural experiences that are outside of one's context. In addition, they emphasized exposure to musical cultures that are not their own and listening to music outside one's cultural context. They noted that doing this during a training program would allow space for processing the experience, allowing them to work through uneasiness and enabling a deeper understanding of other cultures and how they relate to them. Participant 1 provided an example of cultural immersion:

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

discomfort of stepping across my own cultural boundary and thus, connect with another narrative.

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

I think it is foundational to our teaching and practice so it should be discussed at the very start of the program and included in the first year curriculum. Our program has a course that explores the cultural foundations of therapy in the first semester. Also, I've included this material at orientation in discussing the foundation of our work, done a workshop on cultural awareness and bias, and outlined the social and cultural foundations of each course at the start of each course.

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

Participants highlighted the importance of having challenging discussions about power and privilege, providing space for opposing viewpoints, and leaning into discomfort in order to raise cultural consciousness. This requires educators to have the ability to foster courageous forums for these intellectually and emotionally stimulating conversations to take place, and to be able to carefully handle defenses and projections that may manifest. It was suggested for educators to encourage deeper dialogues, to engage in supervision and consultation, to demonstrate genuine appreciation of clients' cultures, and to provide resources that will enable engagement in cultural responsiveness. Participant 3 shares their experience:

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

Experiential learning. In addition to dialogical methods of teaching/learning, participants highlighted the importance of experiential learning and transformative education. They suggested offering opportunities for real-life applications of cultural responsiveness, such as artistic engagement, adapted multicultural exercises (i.e., privilege walk), cultural immersion, and navigating through cross-cultural dynamics that

arise in the clinical space. They advanced that it is not enough to have these theoretical conversations in the classroom; it is necessary to experientially leave one's cultural comfort zone. Consistent with these ideas, Participant 5 posits:

...one can't teach diversity without bringing it to life through lived context amongst multiple narratives.

Learning with and from students. Participants underscored that educators need to learn alongside students. This yields a stance of humility — a willingness to learn *from* students and honestly acknowledging areas of uncertainty and growth. This does not mean relinquishing responsibility for facilitating students' education in this regard, as an educator should share their knowledge and experiences, but as cultural responsiveness is a lifelong, continuous process, it is essential to continue learning even when in the role of the educator. They indicated that even when learning alongside students, educators need to have an awareness of challenges that may arise and approach them mindfully. Participant 4 demonstrates this stance of humility:

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

Preparedness

This theme had 37 occurrences and includes codes in which participants identify either techniques they currently engage in or suggestions to cultivate cultural responsiveness. The sub-themes were: personal growth practice (14), training for supervisors and faculty (12), and staying informed (11) (see *Figure 5*).

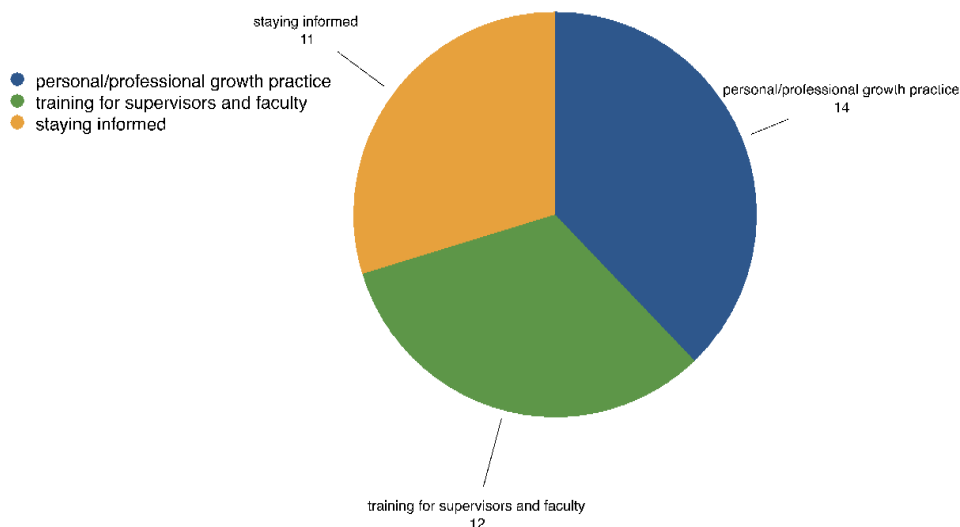


Figure 5. Preparedness. This figure displays sub-themes and number of occurrences found in the category of preparedness and includes the codes: personal growth practice (14), training for supervisors and faculty (12), and staying informed (11).

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

Examples the participants shared in terms of ways to engage in self-care and personal/professional development included: personal therapy, daily meditation practices, spiritual engagement, artistic and musical processes, and supervision — all with the intention to explore issues related to power, oppression, and privilege. Participants highlighted involvement in the community at large, and offered an array of examples to advance social and political consciousness, such as surrounding oneself with socially and politically conscious people, reading, and keeping up with the news. The discussion provided suggestions for engaging in culturally responsive dialogues, such as: engaging in them constantly, maintaining a practice of deep listening, being honest about missteps, staying open to learning and growing, sitting with ambiguities and contradictions, managing anger and frustration, and not forgetting to attend to positive changes. Participant 1 shared their personal/professional growth practice:

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

Training for supervisors and faculty. There was an overall sentiment that training for supervisors and faculty should be required and should not be viewed as supplemental or optional. Beyond teaching students and future music therapy clinicians *how* to be culturally responsive, participants highlighted that educators should be culturally responsive in the ways they teach their students, particularly those with marginalized and intersecting identities. Some participants shared feeling like their university programs support and encourage this kind of training, and they shared the steps they took to feel prepared, such as specialized training and working with mentors. Others shared feeling uncertain about their own ability (and others' abilities) to teach cultural responsiveness due to all of the unknowns and lack of information on this topic. There was also an overall sense of urgency in the discussion, possibly due to the lack of available training (at least at the time of this study in 2019) combined with the ethical implications of this topic. Participant 5 stated:

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

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

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

Institutional attitudes

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

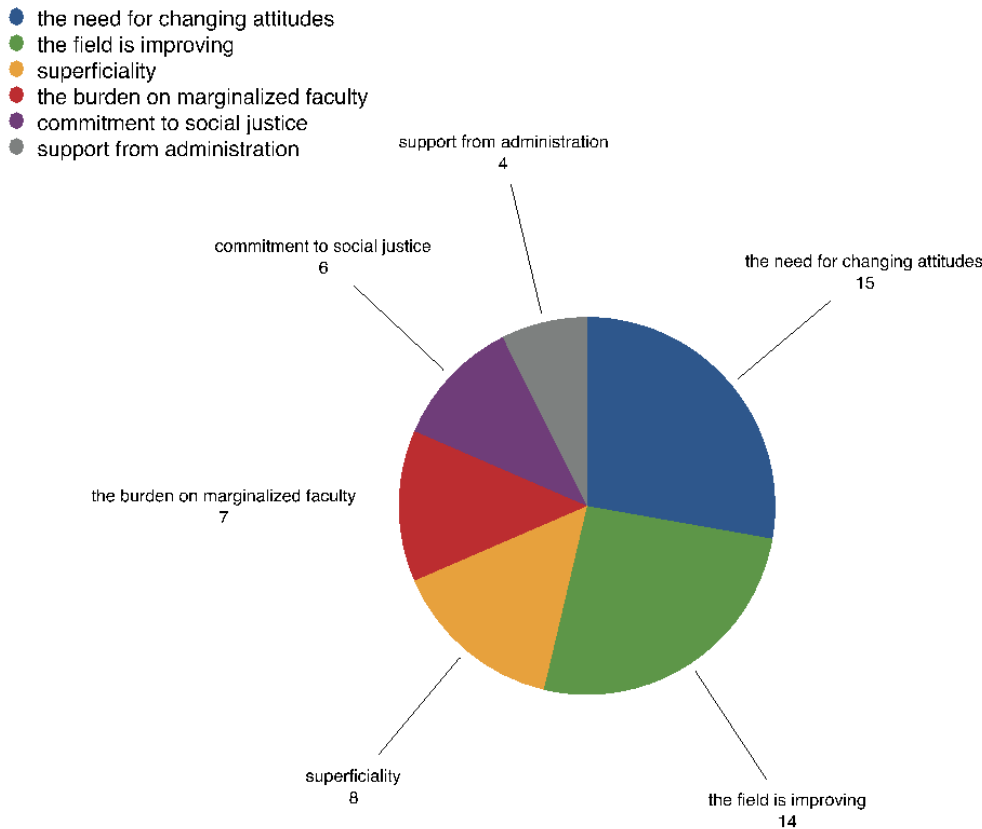


Figure 6. Institutional attitudes. This figure displays sub-themes and number of occurrences found in the category of institutional attitudes and includes the codes: the need for changing attitudes (15), the field is improving (14), superficiality (8), the burden on marginalized faculty (7), commitment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

The need for changing attitudes. Participants asserted that there is an overall need for changing attitudes within the field and amongst their institutions. They encouraged going against the status quo in the interest of facilitating positive change, and advocated for additional support for music therapy faculty who are advocating for change within their administrations. There was anger expressed regarding discrimination within their institutions, and they observe divisions between faculty who care about social justice and those who do not. They also expressed frustration with colleagues who are complacent in their lack of cultural responsiveness training, acknowledging that the problem with the music therapy profession not attending to cultural responsiveness is not only systemic, but individual as well. They acknowledge that some individuals who benefit greatly from dominant narratives may not be interested in major change. Participant 2 shared:

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

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

Superficiality. Participants noted superficiality amongst colleagues or within their institutions. For example, they acknowledge that claiming ally-ship is often performative and may unintentionally cause harm (Edwards, 2006), and differentiating this from genuine acts of solidarity. They also have noticed that some music therapists verbalize valuing cultural responsiveness or incorporate it in their syllabi, but their behavior and actions are inconsistent with this. This was echoed in their observations of institutional attitudes, as some universities claim to embrace diversity without investing in it. They argued that individual attitudes may resist values of multiculturalism in institutions' mission statements or philosophies. Participant 4 shared their frustrations:

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

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

...teaching within predominantly white classrooms and within the broader system of academia is, at times, tiring, wounding, draining... Sometimes presumed incompetent, sometimes deemed exceptional and tokenized, at times wounded in classrooms by students who microaggress and at times wounded by well-intentioned and not so well-intended colleagues--often navigating music therapy theory, politics, etc. that don't value my humanity or the humanity of those who look like me.

Commitment to social justice. In contrast with superficiality, or in addition to, some participants reported that their institutions are committed to values of diversity and social justice. They shared examples of their universities reaching out to and supporting minority students, or taking specific actions like hosting

presentations, offering social justice-oriented courses, having zero tolerance for discriminatory behavior, and demonstrating financial efforts that support equality.

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

My institution supports efforts to empower our students in terms of their social/cultural consciousness. Critical thinking and social critique in order to develop into just, ethical, responsive citizens as part of their overall education. They provide various trainings and tools to faculty, to help them engage students in cultural responsiveness [...]. The institution takes seriously its mission of cultural inclusion, and bases many of its decisions (such as faculty hires) upon factors of cultural diversity, in part to establish an environment in which as many members of our learning communities can identify with their educators.

Barriers

This theme had 52 occurrences and includes codes in which participants identified barriers to cultural responsiveness. The sub-themes were: Eurocentricity (15), lack of diversity (12), AMTA (11), jam-packed program (8), no specific training (4), and the need for research (2) (see *Figure 7*).

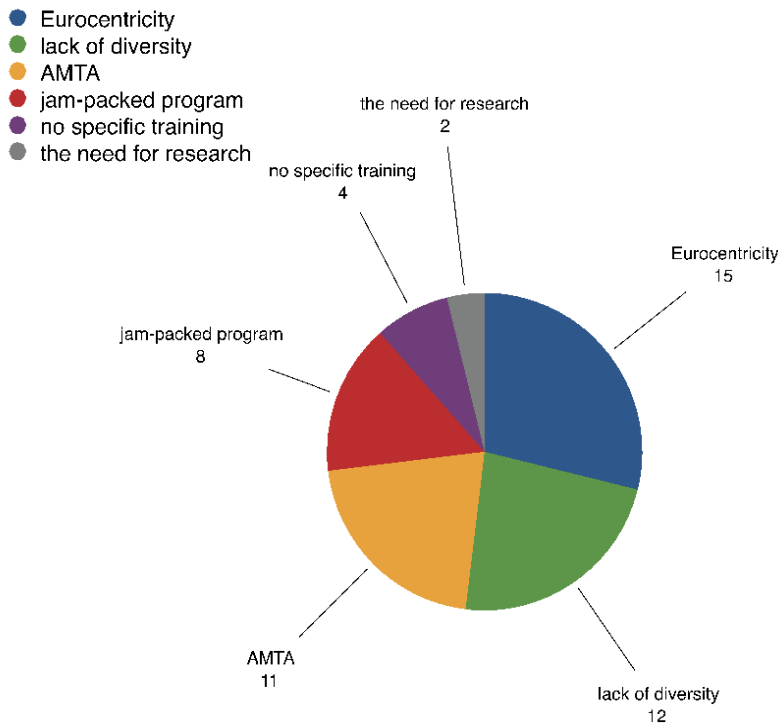


Figure 7. Barriers. This figure displays sub-themes and number of occurrences found in the category of barriers and includes the codes: Eurocentricity (15), lack of diversity (12), AMTA (11), jam-packed program (8), no specific training (4), and the need for research (2).

Eurocentricity. Participants identified Eurocentricity as the primary barrier to cultural responsiveness in the field of music therapy. They reported that Eurocentricity manifests through prioritization of Eurocentric music in their music schools and Western clinical practices. Overall, there was a sentiment that their academic material is geared towards whiteness. One participant clarified that Western classical music backgrounds are still beneficial for music therapists, but that its *superiority* and the lack of acknowledgement of Eurocentricity is the problem. The dominance of Western classical music training is acknowledged as a barrier for increasing diversity, as students who are versed in other types of musical engagement have less access to entering music therapy programs or are de-valued in their music schools. Some participants hinted at the relationship between Eurocentricity and systemic policies that are centered around Western classical music. One participant contradicted this, as they researched policies of accrediting bodies and stated that there is more flexibility than is generally perceived and asserted that Eurocentricity has more to do with faculty and administrative attitudes. Participant 6 states:

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

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

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

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

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

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

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

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

I have a desire to increase cultural responsiveness in my students, but I don't feel fully 'prepared' to cultivate this in my students. There are several factors I attribute this feeling to. First, I'm very early in my teaching career, so I lack practice and experience in teaching and facilitating discussions around cultural responsiveness. Second, cultural responsiveness was not emphasized in any training programs I've been a part of (formal education, nor internship), so I feel that I'm figuring this out on my own.

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

DISCUSSION

The present research study aimed to explore music therapy professors' perspectives on cultural responsiveness in music therapy, particularly on what they considered to be the potentials and barriers to cultural responsiveness in the field and its training programs. Focus group questions focused on definitions of cultural responsiveness, concrete strategies for engaging in and expanding cultural responsiveness in both education and practice, and training needs within the field. The study also explored potentials and barriers to those identified training needs, such as support from their school, the impact of accrediting institutions, and their feelings about their preparedness.

Defining cultural responsiveness

Participants provided complex, personalized definitions of cultural responsiveness that challenge the notion of “cultural competency” by promoting a stance of humility and curiosity, cultural self-awareness, lifelong developmental learning processes, knowledge of systems of power, committed action, and active pursuit of feedback. They also identified essential cultural responsiveness skills, including adept resource navigation, knowledge and application of critical theory, empathic listening, and exploratory practices. They emphasized a paradigm shift in the field for dialogical, mutual learning processes instead of technical competency on cultural responsiveness.

Relevance [of cultural Responsiveness] to clinical practice

Participants highlighted the relevance of this topic to clinical practice as an ethical responsibility, the effect of cultural responsiveness on the therapeutic relationship, and effectiveness of therapeutic services. Paralleling literature on this topic, participants argued against the color/cultural evasiveness present in the field of music therapy in the U.S. (King, 2021; Bradt, 1997). As Dileo (2021) asserted, cultural evasiveness is an ethical concern and can be a form of covert racism, and participants discussed combatting cultural ignorance amongst their students when it comes to incorporating instruments and musical repertoire from around the world. Participants also asserted understanding the cultural implications of activities and interventions. As King (2021) and Young (2016) asserted, cultural responsiveness has implications for cultivation of the therapeutic relationship, and the participants in this study asserted that understanding their clients’ cultural contexts may result in more empathy, empowerment, and progress.

Approaches in [music therapy] education

Participants advocated for dedicated course work, infusing cultural responsiveness throughout training programs, and dialogical over technical approaches, which echoed Kenny’s (2006) assertion of the incorporation of serious cultural dialogues in all music therapy courses. Parallel with acknowledging cultural responsiveness as a process, they described learning it in stages starting with more surface level material and slowly transitioning into deeper levels of reflection and transformation. Participants advocated for music therapy educators modeling cultural responsiveness in relationships with students. They also encouraged experiential learning, cultural immersion, and engaging with music outside one’s own cultural context. They indicated that although this type of education can occur outside of the context of a training program, having the support of the training program to process these experiences would be beneficial for deeper learning.

Preparedness

Most participants asserted a position that cultural responsiveness training for supervisors and faculty should be mandatory. Consistent with what Topozada (1995) and Darrow and Molloy (1998) reported of survey respondents almost three decades ago, the participants in this study shared that their preparation strategies mostly came from outside music therapy out of necessity. Participants suggested educators have strategies for holding a practice consisting of community involvement, activism, and social political consciousness. They also advised encouraging a *personal/professional growth practice* amongst their students by incorporating these practices within their music therapy curriculum. Participants also provided examples of exploring issues related to power, oppression, and privilege through personal growth practices, including personal therapy, daily meditation practices, spiritual engagement, artistic and musical processes, supervision, and staying informed by following media and research. Participants echoed Whitehead-Pleaux

et al.'s (2017) suggestion of incorporating self-reflective practices to explore cultural biases in clinical work. Participants' recommendations appeared to be answers to Hadley and Norris' (2016) call for specific strategies toward cultural responsiveness.

Institutional attitudes

Participants discussed their perceptions of attitudes toward cultural responsiveness in their academic institutions and the field. There was limited literature on this topic, so these participants' perspectives filled a significant gap. Participants asserted a need for changing attitudes, as they felt advocating for cultural responsiveness was challenging the status quo of cultural evasiveness within music therapy and their academic institutions (Dileo, 2021; King, 2021; Hahna, 2017; Brown, 2002; Bradt, 1997; Topozada, 1995). They expressed a request from the field for additional support for music therapy faculty struggling to advocate for change within their administrations. Participants identified a split between faculty members who valued social justice and those who did not. They also critiqued the superficiality of claiming ally-ship and noticed some colleagues and academic institutions whose discriminatory actions contradicted their expressed values of diversity, equity, and inclusion in mission statements and syllabi. Participants of marginalized cultural identities expressed feeling burdened, as students may resist cultural responsiveness in the classroom without institutions overtly supporting these efforts. In contrast, some participants reported feeling their institutions were genuinely committed to social justice based on observing social justice-oriented actions consistent with their philosophies.

Paralleling the overall trend in literature, participants acknowledged that the field of music therapy is improving in its cultural responsiveness (Hadley & Norris, 2016; Whitehead-Pleaux et al., 2017; Oswanski & Donnenwerth, 2017; Belgrave & Kim, 2021). They also reported increasing diversity within their academic programs and university efforts to hire culturally diverse faculty. Although there was more discussion of feeling their universities were superficial in their support of cultural responsiveness, some participants did report feeling supported when seeing universities take action when other faculty members were not culturally responsive.

Barriers

Participants identified Eurocentricity, lack of diversity in the profession, lack of support from AMTA, jam-packed undergraduate programs, lack of training for educators and supervisors, and a need for research in social and cultural topics as barriers to cultural responsiveness in North American music therapy education. The prioritization of Western classical music and Eurocentric clinical practices was the barrier participants most frequently referred to. Participants' discussion of Eurocentricity in the field paralleled Dileo's (2021) critique of Eurocentric therapeutic values in music therapy practices in the United States and Topozada's (1995) assertion that clients of marginalized cultural backgrounds may not benefit as highly from Westernized clinical practices. As one participant asserted, the association of Western classical music with colonization and imperialism needs to be acknowledged more widely in music therapy. Eurocentricity may also contribute to the lack of diversity in the profession, as students more familiar with other cultural music may have less access to entering formal music therapy programs in North America.

Music therapy's lack of diversity within its professional demographics is acknowledged substantially in the literature (Kenny, 2006; Ferrer, 2017; Hadley & Norris, 2016; Hadley, 2013; Estrella, 2001). A similar collective sentiment reverberated in the participants' discussion as they noted a lack of diversity in the field, their respective institutions, and, for some, their geographic area. The barriers to accessibility and diversity in the field at large likely contributes to the burden on marginalized faculty to teach cultural responsiveness skills.

Participants felt that AMTA's support of marginalized communities and efforts towards inclusivity was insufficient. They contended that AMTA competencies addressing culture were ambiguous, vague, and

uninformed. They asserted that this inhibits accountability and requested more specific guidelines. They offered various ideas for AMTA, such as financial support for minority students, providing discussion opportunities (such as town halls or other forums), highlighting minority issues, celebrating minority music therapists, and inviting ethnic performers to perform at conferences.

Topozada (1995) and Ferrer (2017) acknowledged the challenge of fitting cultural issues into the immense workload of the music therapy degree, and the participants in this study echoed that dilemma. When the participants expressed a desire for increased training in cultural responsiveness, including dedicated course work, there was also an expression of their own powerlessness due to crammed undergraduate programs. There were concerns amongst the participants about adding additional requirements for undergraduate music therapy students to their pre-existing heavy workload. Participants offered ideas to incorporate tenets of cultural responsiveness throughout pre-existing coursework.

Participants identified lack of training for educators and supervisors as an additional barrier to teaching cultural responsiveness skills, which was in line with sentiments expressed in music therapy literature (Hadley & Norris, 2016; Darrow & Molloy, 1998; Bradt, 1997; Topozada, 1995). Participants advocated for further research and publications, which was naturally addressed between the time this study was conducted in 2019 and the time of its publication (Belgrave & Kim, 2021; Dileo, 2021).

Suggestions for programs

Music therapy's lack of diversity within its professional demographics is acknowledged substantially in the literature (Kenny, 2006; Ferrer, 2017; Hadley & Norris, 2016; Hadley, 2013; Estrella, 2001), which is a possible factor contributing to the field's neglect of cultural issues. A similar collective sentiment reverberated in the participants' discussion, as they noted a lack of diversity in the field and their respective institutions, and some of them even noted a lack of diversity in their geographic area. There may be a relationship between cultural homogeneity in music therapy and the participants' substantial critique of North American music therapy's Eurocentricity. Participants' discussion of Eurocentricity in the field paralleled Dileo's (2021) critique of Eurocentric therapeutic values in music therapy practices in the United States. The barriers to accessibility in the field at large likely contribute to the burden on marginalized faculty.

Participants advocated increased training for supervisors and faculty to provide students with higher-quality cultural responsiveness training. Chase (2003) supported the idea of early exposure to discussing cultural issues in music therapy undergraduate programs, and participants concordantly upheld this notion by arguing for incorporating cultural responsiveness in music therapy training programs from the beginning of undergraduate training.

The literature indicated that simply learning cultural music in our training programs is insufficient for developing cultural responsiveness and emphasized disrupting dominant technical teaching approaches (Topozada, 1995; L. Young, 2009; Hadley, 2013; Hadley & Norris, 2016). Participants echoed this belief, suggesting going beyond the classroom and emphasizing dialogical over technical pedagogical practices. The participants in this study illustrated a complex, expansive definition of cultural responsiveness as a developmental process to include skills that cultivate stances of humility, increased self-awareness, knowledge of systems of power, self-critique, and accountability. This sentiment paralleled Hadley and Norris' (2016) encouragement of transformational learning.

There were some antithetical assertions between the literature and some of the faculty's responses. For example, participants in the study critiqued the superficiality among colleagues or their institutions, while Estrella (2001) and Topozada (1995) contended that supervisors and faculty are responsible for holding their institutions accountable for cultural responsiveness despite challenges. Overall, the study participants expressed hope that the field is improving regarding attention to cultural responsiveness, which is supported by the increasing number of publications on this topic around the time of and following this study (Belgrave & Kim, 2021; Dileo, 2021; Whitehead-Pleaux & Tan, 2017; Forinash, 2019).

Reflexivity Statement

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

Study limitations

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

Participant demographics were limited due to recruitment procedures, homogeneity of the field, and a small sample size. 5 out of 7 participants identified themselves as cisgender women with 1 genderqueer person and 1 cisgender man. However, gender-related issues were minimally acknowledged in the study. Hadley (2013) asserts that despite the fact that majority of music therapists are women, patriarchal narratives persist in the field. Additionally, the pervasiveness of cisgenderism, defined as the "systemic devaluation, pathologization, and delegitimation of individuals who do not identify with the sex they were assigned at birth," may provide an idea of why issues related to non-binary and transgender individuals went largely unacknowledged (Bain, Grzanka, & Crowe, 2016, p. 23). 4 out of 7 participants were people of color, which may have influenced the strong emphasis on issues related to race and ethnicity. However, based on my personal experience, discussions surrounding cultural issues tend to revolve around race and ethnicity regardless, meaning that even if the participants had all been white, the emphasis on race and ethnicity may have endured. There was an imbalance in sexual orientation and ability identities, as 6 out of 7 identified themselves as heterosexual and non-disabled, which may explain why queer and disability issues were not discussed. There was a range between 7-25 total years of experience in the field of music therapy, and it would be interesting to explore the perspectives of new professionals considering the increasing attention to cultural responsiveness. Overall, race and ethnicity was the most diverse demographic group amongst the participants, which likely influenced the discussion.

Limitations also included my own identity as a non-disabled person, as my privilege narrowed my analysis. For example, I was not cognizant to the neglect of addressing ableism in the study's online focus group until it was brought to my attention by an advisor during the data analysis. The discussion in this study was largely focused on issues related to race and ethnicity, and neglected the dominance of ableism in the field of music therapy. In LaCom and Reed's (2014) paper on the intersection of disability studies and music therapy, Reed states, "I think one of the main issues faced by music therapists in regard to disability is understanding it as an aspect of identity, especially if it is not something that they recognize as part of their own identity (if they are not disabled or do not understand themselves as disabled)." I hypothesize that the absence of addressing ableism in a study on cultural responsiveness was related to the demographics of the study, which only included one self-identified disabled participant. This represents the

pull towards addressing cultural dynamics that are the most salient and personal to us. However, if we as music therapists are aiming to be culturally responsive, perhaps we should intentionally challenge ourselves to approximate closer to cultural issues even when they do not directly impact our *individual* well-being (although it cannot be denied that these issues altogether impact our *collective* well-being.)

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

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

Recommendations for future research

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

Future objectivist (or quantitative) research may measure some of the qualities the participants in this study highlighted as being important for cultural responsiveness using validated measures, such as humility, curiosity, self-awareness, etc. For music therapists who value social justice, prioritizing cultural responsiveness may come more naturally. However, due to the relationship between cultural issues and ethics as described by Brown (2002) and Bradt (1997), and the relationship between cultural issues and health as highlighted by Stige and Aarø (2012), Bruscia (2002), and Estrella (2001), it is essential to demonstrate the relevance of cultural responsiveness for *all* music therapists and music therapy students. Since the present study was limited in its demographics, research with a larger sample may reveal further insights into the neglect of cultural responsiveness in the field of music therapy. Considering the participants’ emphasis on dialogical rather than technical pedagogical practices, exploratory rather than evaluative research may be more beneficial. However, keeping the dominant narrative of evidence-based practice in mind, more empirical research might be necessary in order for the field to finally pay attention to what has been implored in the literature.

CONCLUSION

The present research study demonstrated the potentials of, and barriers to, cultural responsiveness in music therapy. It also outlined some specific changes and intentions for the field to integrate into its training programs. Targeting training programs and employing these participants’ perspectives would have a systemic impact on how the field currently cultivates cultural responsiveness. For example, shifting from technical teaching methods to dialogical teaching methods may transform engagement with this topic and

influence a ripple effect within the field. Unexpectedly, some of the participants (who are established music therapy educators) expressed feeling unprepared by their training backgrounds to nurture cultural responsiveness in their own training programs. However, it is important not to confound preparedness with complacency. These professors *do* request for the field of music therapy to make efforts to increase diversity, reflect this value in professional AMTA, CBMT, and NASM documents, infuse cultural issues throughout training programs, provide specialized cultural responsiveness training for faculty, and engage in further research.

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

Overall, the participants in this study identified a variety of barriers to cultural responsiveness, and perhaps these obstacles can now be addressed. First, training programs need to expand to incorporate non-Eurocentric musical skills and requirements and make substantial efforts to increase diversity. One suggestion is recruitment of students with marginalized identities at the middle and high school levels and provide financial support. Additionally, AMTA, CBMT, and NASM need to increase the specificity regarding cultural responsiveness in their documents to hold the professionals and educators in our field accountable. Considering that an overwhelming amount of music therapy program requirements may not be as essential for client outcomes, as 45% of studies are based in musical foundations and 20-25% are based in general education (AMTA, 2021), the structure of our music therapy programs needs re-evaluation. More training for faculty, students, and already practicing professionals needs to be provided to systemically improve cultural responsiveness in North American music therapy. There is also a need for more research and literature on this topic. Above all, there is a need for music therapy to transform into a clinical profession that values cultural responsiveness, and thus social justice, equality, and liberation.

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APPENDIX A

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