Cultural Intersections and Ethnocultural Countertransference in the Music Therapeutic Relationship

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Abstract

Amid enduring efforts towards cultural diversity and inclusion in the field of music therapy, discussions on topics such as self-awareness have become increasingly significant. The focus of this study was to investigate countertransference through an ethnocultural lens and highlight the clinician's self-awareness in relation to ethnic or cultural self-parts or parts of others. This idea strongly considered the therapeutic use of self and explored how various cultural intersections or interactions with a client may inform ethnocultural countertransference in the music therapeutic relationship. Research shows that the field of music therapy in the United States maintains a predominantly white female identity. Now, perhaps more than ever, clinicians are encouraged to consider the relevance and ethical significance of diversity and examine the potential for bias or cultural misunderstanding in music therapeutic relationships.

For this study, three music therapy clinicians and one music therapy graduate student were invited to reflect on a particularly challenging clinical encounter with ethnocultural countertransference. During virtual interviews ranging from 60-90 minutes in length, study participants were asked to describe their experience and share the extent to which this encounter proved to be insightful or beneficial to their clinical practice. The study yielded the following four themes: intraethnic countertransference and overidentification; the experience of otherness as a form of identification; mistrust of supervisors; and cultural humility, diversity, and education as pathways towards awareness.

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Chapter One

Introduction

The conditions that led to my interest in the topics of culture and countertransference stem from branches of my personal and professional lives. Having been born in Lebanon during a period of civil war, my early childhood involved traumatic encounters which contributed to resilient connections with students who were similarly displaced and came from unsettling environments. A therapeutic use of self evolved from personal experiences of over fifteen years as a music-related service provider in Chicago. In that time, unconscious processes seemed to unfold as I learned to build safe spaces and trusting relationships with racially diverse children from inner city neighborhoods. Music was my foundation as I navigated a complex balance of understanding self while equally trying to understand and support others. Many of the neighborhoods I served in Chicago are often recognized for gun violence and high gang-related crime rates. Yet, I learned that these communities provided me with a distant sense of familiarity which seemed to encourage a degree of comfort and stability in my work with the youth.

In promoting awareness and understanding of culture and privilege, Hadley and Norris (2016) stated, "consider your place of employment…observe the artwork on the walls" (p. 135). For many years, as I walked through school hallways carrying musical instruments to and from classrooms, I observed the artwork on the walls and delighted in photos of Dr. Martin Luther King Jr. marching hand in hand with familiar members of the school community. As an ethnoculturally diverse music service provider, the spirit of inclusion fostered my relationships with racially diverse student groups and our sessions shaped supportive social environments that reflected a profound appreciation for music. Coupled with a sense of belonging, these aesthetic experiences compelled me to reflect on intraethnic and interethnic relationships, the socially

designed nature of race and ethnicity, and the potential for ethnocultural countertransference in the music therapeutic setting.

Music therapy in the United States maintains a predominantly white, cis-gendered, heterosexual, female identity (AMTA, 2016). As emphasis on cultural interactions continues to rise to the forefront of contemporary issues within the helping professions, a heightened degree of mindfulness is required of music therapists to support a sense of inclusivity. Clinicians are encouraged to consider the relevance and ethical significance of diversity and research in multicultural therapy illustrates that culture and ethnicity touch deep unconscious feelings in most individuals (Comas-Diaz & Jacobsen, 1991; Kleiman, 2018). Practitioners must be emphatically equipped to deal with a sense of cultural pluralism and a myriad of values, beliefs, and worldviews. Whitehead-Pleaux and Tan (2017) stated that it has become increasingly difficult to define or restrict individuals into cultural corners shaped by assumptions or stereotypes. Therapists unaware of their own cultural biases, both towards themselves and their clients, may risk (re)creating discriminatory dynamics in the therapeutic relationship. Ethnocultural countertransference enactments may result from such psychological vulnerabilities and clinicians may find themselves challenged to meet a one dimensional conceptualization of diverse clientele (Kleiman, 2018).

The profound aesthetic qualities of music strengthen the notion that music therapy treatment may largely be considered a cultural endeavor. The American Music Therapy Association's (AMTA) Standards of Clinical Practice (2019) recognized a comprehensive definition of culture that "is not limited to race, ethnicity, language, religion/spirituality, social class, family experiences, sexual orientation, gender identity, and social organizations" (2.2). However, Hahna (2017) pointed to the fact that these more inclusive designations of culture are

fairly recent developments in the field, adding that "it is important to remember to be mindful of the impact of these identity markers (our own and our clients) in all aspects of therapy" (p. 27). Race and ethnicity are dynamic elements that are relevant to everyone and structures of culture and continuity may be disquieted by traumatic experience, furthering the need for cultural sensitivity in the therapeutic setting (Leary, 2000; Lowe, 2014). Recognizing the aesthetic qualities of music, Scheiby (2005) observed the potentially enriching effects of identifying and working through countertransference, stating that it can be "a tool of insight…when emotions become intense" (p. 9). This form of self-awareness reflects the therapist's ongoing, affective experiences which may take shape in reaction to clients or in co-constructive interactions with clients (Gelso & Hayes, 2007).

Music therapy clinicians might find that aspects of their personal cultures may well intersect with their clients in such a way that prompts ethnocultural countertransference. Foster (1998) pointed to therapy as an intimate discourse in which meaning is co-constructed and similarly explored ways in which a clinician's identity, as shaped by ethnic and cultural components, may intersect with the client and inform unconscious channels in the therapeutic process. The author recognized that both clients and clinicians are confined by their own inner psychology and worldviews. Ceccarelli (2016) asserted that "prejudices continue to haunt our imagination" (p. 709), supporting the need to recognize biases and psychological vulnerabilities that may adversely pressure therapeutic alliances.

Statement of Purpose and Research Question

The purpose of this study is to investigate music therapy clinicians' countertransference through an ethnocultural lens and better understand how cultural intersections with clients inform psychological, emotional, and behavioral responses in the music therapeutic relationship. A

better understanding of the ways in which clinicians may be enacting ethnocultural countertransference responses may promote awareness in the field and help discourage bias or prejudice towards self or other.

Presently, there is no research available in the field of music therapy that focuses on cultural or ethnocultural countertransference. This study may help illustrate how harmonious music therapeutic relationships may be attained through mindfulness and honest self-reflections, particularly when working with ethnoculturally diverse clients. A former director of the United States Census Bureau, Kenneth Prewitt, stated, "the 21st century will be the century in which we redefine ourselves as the first country in world history which is literally made up of every part of the world" (Alvarez, 2001, p.7). Music is a cultural artifact and in working amidst this sea of cultures, awareness of ethnocultural countertransference becomes vital to support more effective, culturally sensitive music therapy practices. To this end, the aim of this study is to explore the following research question: *How might cultural intersections inform ethnocultural countertransference in the music therapeutic relationship?*

List of Operational Definitions

Cultural intersections. Intersecting points between two or more people that are rooted in any defining aspect of culture (Robinson, 1993).

Culture. A group's common and invisible norms, beliefs, behaviors, and communication styles (Swamy, 2018).

Ethnicity. A sense of membership to one's ancestral or genetic heritage (Swamy, 2018).

Ethnocultural Countertransference. The therapist's identification with unconscious feelings stemming from ethnic and/or cultural self-parts or internal objects of the client (Comas-Diaz & Jacobsen, 1991; Priestley, 1975).

Interethnic countertransference. A form of countertransference that may occur in relation to a therapist and client who hold different ethnicities. (Comas-Diaz & Jacobsen, 1991).

Intraethnic countertransference. A form of countertransference that may occur in relation to a therapist and client who share the same ethnicity. (Comas-Diaz & Jacobsen, 1991).

Bias. An inclination or predisposition for or against something; any tendency or preference (APA, n.d.).

Chapter Two

Literature Review

This chapter provides an overview of seemingly inherent ties between culture, ethnicity, and music, as well as cultural interactions in the therapeutic setting. Consideration is given to elements of the sociocultural context of Western-centrism in music therapy. Multicultural theory, critical theory, and social justice are briefly observed to support a broadened understanding of cultural and racial intersections within larger society and conflicting dynamics of power and privilege.

An understanding of ethnocultural countertransference requires an understanding of some of these larger cultural and social forces. The chapter examines an integration of music therapy research and issues of cultural diversity wherein bias is explored as a psychological vulnerability. The final two sections of the review provide a closer look at the dynamics of transference-countertransference, as well as ethnocultural countertransference. Therapeutic interaction is reviewed in connection with some of the ways in which cultural components affect and inform ethnocultural countertransference in the music therapeutic relationship.

Multicultural Dimensions and Interactions in Music Therapy

Multicultural dimensions of music therapy involve the aesthetic principles of music and aspects of the ethnocultural unconscious (Swamy, 2017, 2018). Brooke and Myers (2015) stated that as a creative art form, music helps individuals transcend ordinary levels of existence and provides clients with a safe container for expression. According to the authors, creative therapies are grounded in an expanding relationship between culture, artistic expression, and social development. Expressive art forms have been found to help enrich lives and stimulate individuals, promoting new perspectives and contributing to growth and healing. Brooke and Myers (2015) pointed to music as a form of creativity that "engages emotions, frees our spirits, feeds our souls, nourishes growth and healing" (p. 5). Music therapy and the creative arts may help foster deeper connections between clinicians and ethnoculturally diverse clients in a harmonious cultural exchange (Brooke & Myers, 2015; King, 2021; Swamy, 2018).

With origins in drama therapy, Hudgins (2015) offered the example of the Therapeutic Spiral Model in relation to the impression that people generally have the same needs, "core human emotions never change" (p. 261). The author described creative art forms as promoting safe spaces for re-connecting with hidden parts of the self. Psychodrama and Gestalt experiential therapies are utilized to help clients access regions of the brain where unprocessed information from stress or trauma is stored and accessible only through visual, auditory, and other non-verbal, sensory means of communication. Hudgins (2015) asserted that therapeutic approaches involving non-verbal modalities have been found to support ethnic and cultural forms of self-expression.

Moreno (1995) identified music as a fundamental component of traditional healing practices used in diverse cultures around the world. The author stated, "music therapy, like music

itself, is a multicultural phenomenon" (Moreno, 1995, p. 17). Ethnomusicological perspectives support greater understanding of the role of music in healing among diverse ethnocultural groups. Traditions of shamanism and related rituals favored a holistic view of illness over the method of compartmentalizing treatment that is largely associated with Western medical models (Moreno, 1995; Stige, 2002). Clinicians in favor of this approach endorsed an understanding of such traditional, cultural practices in order to better appreciate the role of music as therapy within contemporary healthcare settings. Moreno (1995) further recognized variance in cultural perspectives and supported an ethnomedical approach in which clinical views of healing sustain the client's culture and society. King (2021) asserted that in working with ethnoculturally diverse clients, these efforts may help establish rapport in the therapeutic relationship. There is a growing likelihood of encountering such diverse clientele in modern clinical settings and cultural responsiveness has become an essential part of the therapeutic process (Brooke & Myers, 2015; Moreno, 1988, 1995).

Cowdery et al. (2005) recognized a highly diverse, pluralistic society when explaining that the perception of static culture is an illusion. The authors stated, "throughout history, people have created, explored, and developed music in ways that respond to the vital nature of cultures" (p. 105). The term hybridizing is used to describe the way in which people may redefine aspects of their identity in response to shifting social conditions. Musical hybridization creates a contemporary identity with roots in older values and practices. This may be observed, for example, in the "myriad of African American genres that arose from the interaction of African rhythmic and formal practices with the European harmonic system" (Cowdery et al., 2005, p. 106). The authors noted that appropriation and power dynamics may come into play as members

of cultural groups experience hybridization; social and economic power are associated with issues of race or hierarchal structures of people and genres (Cowdery et al., 2005).

Kim (2021) recognized cultural influences in the music therapeutic relationship and similarly pointed to aspects of societal and cultural awareness to help promote understanding between client and clinician. Music and culture are inherently linked, and complex, multilayered qualities of culture may present in both inward and outward behaviors, on an individual or collective level (Beer, 2015; Kim, 2021). In order to uncover cultural bias, clinicians, regardless of their culture, must learn to "bridge cultural differences that exist between the therapist and the client" (Kim, 2021, p. 13). Culturally informed music therapy provides a foundation for insight and understanding, recognizing both universal and relative aspects of culture and identity (Kim, 2010, 2021). Individual, universal, and cultural components of one's being are illustrated as different dimensions of identity and music has been found to help integrate these parts together (Kim, 2021). The flexible and adaptable nature of music parallels the fluid essence of culture, "like culture, music is never static" (p. 20). This view is similarly conveyed in Bruscia's (2000) belief that music is a fluid form of consciousness made audible. The culturally informed music therapist is an adorning vessel embodying qualities such as flexibility, openness, and empathy in support of diverse musical functions (Kim, 2010, 2021).

King (2021) described culture and ethnicity as blueprints for existence, promoting reality interpretation through a cultural lens. The author stated that awareness, knowledge, and respect towards clients and their cultures are very important to the therapeutic process. Being genuine is essential to building trust and rapport in the therapeutic process and further supports collaboration and connection with clients (King, 2021; Lowe, 2014). Competence, humility, consciousness, authenticity, empathy, intersubjectivity, and self-awareness are all observed as

inclusive and evolving skills that will support more effective interactions with ethnoculturally diverse clients (King, 2021). Centered on openness, mutual partnerships, and critical self-examination, cultural humility is viewed as others-oriented while cultural consciousness is related to increasing awareness of culture, both of self and other. Authenticity and empathy may be shaped by assessments and evaluations, or they may derive from a clinician's sense of intuition (Borzcon, 2004). Intersubjectivity supports an interpersonal process of co-constructed exchange and self-awareness is meant to provide insight into thoughts and attitudes, helping unveil and untangle stereotypes and biases (Hinman Arthur, 2018; King, 2021).

Clinicians are encouraged to be open to learning about a client's culture and how they perceive and express their identity. King (2021) described a colorblind approach as neglectful of cultural factors that shape "how your patient sees the world and how the world sees your patient" (p. 54). By disregarding culture, a clinician may be stripping clients of a fundamental piece of their identity. Intersectionality implies that individuals carry unique identities and discourages clinical assumptions. Robinson and Oswanski (2021) considered the ways in which multiple influences of privilege and marginalization may impact members of the LGBTQ+ community. Here, the authors noted that the most effective approaches for these individuals are intersectional, radically inclusive, and not based in pathology. Belgrave (2021) pointed to a multicultural lens in support of holistic views of clients and ways in which culture may influence their engagement in the therapeutic process.

Kim and Whitehead-Pleaux (2015) recognized that cultural misunderstandings may have adverse effects on the music therapeutic relationship. The authors noted that culture has an especially significant meaning for music therapy clinicians because the work involves understanding the self as well as the client. Individuals view the world through a cultural lens,

yet, “some of these messages with which we interpret the world contain biases,” (Kim & Whitehead-Pleaux, 2015, p.60). Increased levels of diversity in the United States suggest increased likelihoods of working with ethnoculturally diverse populations, affecting some of the intrinsic connections between music therapy and culture (Belgrave, 2021). Examples of stereotyping and ethnocentrism may readily be found in widely popular forms of music and entertainment such as Disney, “white characters…stereotypical patriarchal/gender roles” (Kim & Whitehead-Pleaux, 2015, p. 53). In relation to culture-centered theory and community music therapy, culturally informed music therapy considers the culturally subjective views of healing and emphasizes the social and cultural context of a client’s lived experience. Openness and humility are reiterated as qualities of a culturally informed music therapist, promoting human connection and trust, as well as the need for self-exploration in order to uncover biases (Kim, 2021; Kim & Whitehead-Pleaux, 2015).

Swamy (2011, 2017, 2018) reported that music is a facet of culture that promotes a sense of ethnic identity and emotional alliances among members of cultural groups. The author stated that generalizing beliefs or values for an entire cultural group of people is harmful practice. Identity is influenced by a variety of cultural and social narratives and to diverse degrees, individuals decide whether to “embrace, reject, or shed” cultural norms and values (Swamy, 2017, p. 67). In her work with members of the South Asian community, she pointed to the importance of understanding the role of colonization and described a collective mindset that shapes a vast majority of South Asian culture. The author illustrated ways in which members of these communities are encouraged to count upon extended family and neighbors for support and a sense of community. Cultural and spiritual values such as nonviolence and karma are fostered within this ethnic community and can be observed in the example of Mahatma Gandhi, whose

non-violent approach to British oppression later inspired prominent voices in diversity and inclusion including Dr. Martin Luther King Jr. Swamy (2017) reiterated the dangers of maintaining cultural assumptions when working with ethnoculturally diverse clients, “when families immigrate, begin to acculturate, and develop new identities, the manifestation of these cultural norms within each person and community varies” (p. 68).

Culturally Centered Music and Imagery (CCMI) was introduced as an arts-based assessment tool for exploring concerns related to cultural adjustment and complex elements of ethnic identity (Swamy, 2017). Such complexities may be observed in a sense of authenticity that often coincides with ambiguity and contradictions. These factors are further aggravated by microaggressions and racial profiling that continue to challenge notions of identity among ethnic minorities (Kleiman, 2018; Swamy, 2017, 2018). Cultural insensitivity has been found to discourage diverse individuals from seeking treatment because culture is often misunderstood. When working with ethnoculturally diverse adolescents, for example, music therapists are advised to be careful of conforming to Western psychological views, guiding teenagers towards independence and away from the family unit (Swamy, 2017).

Music and culture are interconnected and inform one another. Swamy (2018) pointed to a lack of socio-cultural research in music evoked imagery techniques, such as Guided Imagery and Music (GIM), stating that “there is a need for greater understanding of ethnic identity and its critical role in the music therapy process” (p. 2). Contemporary views of ethnic identity are built on racial identity models that represent transformational phases including stages of confusion, searching, conflict, and self-acceptance (Swamy, 2018). Postmodern views of ethnic identity recognize the fluctuating nature of culture and the ways in which one’s ethnocultural identity may intersect with other self-identifying markers such as gender expression or socioeconomic

status (Kim, 2021; Hadley & Norris, 2016). These perspectives take into account the social and political influences of racism, discrimination, and oppression while considering some of the inconsistencies of hybrid or reconstructed identities that are often overlooked by traditional models for the sake of universality (Kleiman, 2018; Swamy, 2018).

Multicultural Theory, Critical Theory, and Social Justice

In their focus on multicultural theory, Hadley and Norris (2016) stressed an urgent need for cultural competence among music therapy professionals, highlighting the following aptitudes for practitioners:

> demonstrate awareness of one's cultural identity and socioeconomic background/status and how these influence the perception of the process; select and implement effective culturally based methods for assessing; demonstrate knowledge and respect for diverse cultural backgrounds; and demonstrate skill in working with culturally diverse populations. (p.130)

The authors pointed to the AMTA's Code of Ethics (2019) which encourages clinicians to ensure that music therapy services are not affected by one's unconscious assumptions (Dileo, 2000). They regarded such biases as limitations that are shaped by systems of oppression and marginalization. Self-awareness is an ongoing process that requires transformational learning and clinicians are strongly encouraged to practice aspirational ethics and aspire towards vital therapeutic qualities such as "integrity, honesty, fairness, and respect" (Hadley & Norris, 2016, p. 130).

In multicultural theory, both therapist and client present diverse cultural variables in the therapeutic relationship. The therapist is viewed as a cultural being with a complex and wide-ranging cultural identity (Comas-Diaz & Jacobsen; Hill, 2020). However, this does not ensure

the competencies or skillsets that are crucial to providing culturally appropriate care. Hadley and Norris (2016) furnished the following principles to support a better understanding of these skills and competencies:

> cultural differences are real and influence interactions; all counseling is cross-cultural in nature; multicultural counseling puts emphasis on human diversity; awareness, knowledge, and skills are needed for effective interventions; human beings are globally literate. (p. 130)

Culture does not strictly apply to identifiers, rather it additionally involves symbolic learning and intergenerational development. People are shaped by the environment and a socio-cultural matrix of family, educational institutions, media, and political climate, all of which construct and assign meaning to our cultural identities. Cultural norms may therefore serve as a way to socially organize, help individuals adapt to environmental change, or act as a means for survival (Foster, 1998; Kim & Whitehead-Pleaux, 2015; Lowe, 2014).

Recent racial and national tensions reflect a "long-standing practice of othering" (Hadley & Norris, 2016, p. 131). Cultural conditioning and assimilation signify withstanding differences between dominant society and minority groups. Unconscious processes may inform responses of both the therapist and client, recreating discriminatory dynamics in the therapeutic relationship. (Hadley & Norris, 2016; Kleiman, 2018). For this reason, clinicians are encouraged to be mindful of power dynamics and invisible channels of oppression that may promote microaggressions in the therapeutic relationship. Music therapists must be prepared to respond and expand or fracture their understanding in order to support effective therapeutic alliances (Hadley & Norris, 2016; Schaeffer, 2007). Hays (2016) noted that early studies in multicultural theory held a primarily unidimensional conceptualization of identity. More recently, however, an

increasing number of people have been displaced due to war, poverty, or violence. Considerable shifts in social and cultural conditions led to the development of evidence-based practice in psychology. The author stated that this definition of practice does not endorse a specific theoretical orientation yet calls for an integration of best available research with clinical expertise in the context of patient characteristics, culture, and preferences. She reported that minority groups are often neglected by dominant cultures. In response to this awareness, Hays (2016) designed the ADDRESSING framework as a culturally responsive assessment tool to help clinicians identify significant influences on client culture: Age and generational influences; Developmental or other Disability; Religion and spiritual orientation; Ethnic and racial identity; Socioeconomic status; Sexual orientation; Indigenous heritage; National origin; and Gender. This framework was created to support culturally informed clinical practice, however the author noted that exploring and challenging clients should not be tried "before a very strong trust is present" (Hays, 2016, p. 234).

Having awareness of the intersectional design of identity may strengthen an improved appreciation for individualized experiences and cultural forms of expression (Foster, 1998; Lowe, 2014). However, there is looming potential for misunderstanding as music therapy programs take steps towards multicultural music awareness. There is also a fine balance between the efforts to avoid Westernizing cultural forms of music and the efforts to avoid rejecting genuine forms of musical expression (Kim & Whitehead-Pleaux, 2015). Rap music, for example, may not be utilized by music therapy clinicians because of themes contained in the lyrical content. However, Hadley and Norris (2016) observed that for many individuals who receive music therapy services, rap may be considered an important part of their identity. The authors described the powerful storytelling function of rap music that enables others a form of access

"into various complex environmental spaces" (Hadley & Norris, 2016, p. 133). Here, rap music is identified as a musical response to lived experiences and by dismissing rap as inappropriate, clinicians may be rejecting a client's cultural identity and the way in which they conceptualize themselves (Hadley & Norris, 2016; Yancy & Hadley, 2011). The process of unlearning is identified as an ongoing effort that requires reflecting on feelings of discomfort because therapeutic forms in the United States have primarily grown out of Western patriarchal ideology (Hadley & Norris, 2016; Kleiman, 2018). Processes of unconscious development begin taking shape during early childhood and may be influenced by a variety of external sources. Therefore, music therapists are encouraged to practice deep reflections and ask themselves how their cultural identity facilitates or informs interactions with clients.

Hadley and Thomas (2018) described political analysis as a central element to critical theories such as race, feminism, and queer theory. They stated, "critical theory seeks to bring awareness about social inequities and structures that maintain unjust conditions, to create conditions for critical self-reflexivity, and to reconfigure social relationships in order for people to achieve their freedom and humanity" (p. 168). A critique of ideology recognized that systems of oppression and injustice are often accepted as natural forms of order. Hadley and Thomas (2018) identified hegemony as a process by which individuals learn to willingly accept beliefs and practices that end up harming them. Mass media and the music industry are provided as examples of some of the ways in which ideological beliefs and practices are reinforced. Reflexivity and moral consciousness support the ability to embrace the perspectives and experiences of individuals who have been systematically disadvantaged (Belgrave, 2021; King, 2021). In promoting moral consciousness, Hadley and Thomas (2018) encouraged music therapists to consider the "socio-cultural context in which the client (and thus the therapeutic

relationship) is situated" and recognize the impact of such factors on the therapeutic alliance (p. 170).

Leonard (2020) similarly explored socio-cultural contexts with a focus on Black lived experience and historical framework. The author observed that the AMTA's Code of Ethics (2019) fails to acknowledge social justice or equity in the Scope of Practice and Standards of Clinical Practice. He recognized social justice as equal rights and opportunities for everyone and racism as a system of organizing opportunity and appointing value. The author highlighted the influence of Black expression on the development of American music and popular culture and recognized a "mechanism of control" that still permeates the hip hop music industry (p. 105). Music therapists are strongly encouraged to consider the cultural significance of rap music and view a more holistic form of Black expression. In relation to the modes of consciousness (Bruscia, 1998) and preconceived notions of others, Leonard (2020) wondered how practitioners might view clients so as not to "define your experience, shape your reality or trajectory?" (p. 107). Provided the Western ideological perspectives that largely govern the field of music therapy in the U.S., clinicians are encouraged to contemplate ways in which dynamics of bias, power, or privilege may be influencing their therapeutic relationships (Kim & Whitehead-Pleaux, 2015; Leonard, 2020).

Dynamics of Transference-Countertransference

In a comprehensive study of transference-countertransference dynamics, Bruscia (1998) explored the multiple dimensions of transference which he described as a reexperience during therapeutic interaction. He endorsed a broad and inclusive understanding that recognized a "continuum of possibilities for describing individual manifestations of transference" (p. 17). In transference, there is a *transfer* from a certain time period to another and the challenge is to

identify “how the past is hidden within the present” (p. 18). Bruscia (1998) noted the potential for distortion between a client’s perception of the past and present, pointing to certain transferences as nonpathological and others as pathological. Transferences are diverse and may be regarded in dynamic ways including intrapersonal and interpersonal, conscious and unconscious, single and multiple, positive and negative. Freud (1912) referred to transference as a form of resistance where the patient relives past conflict and associates the therapist as an important early object in her life. Resistance indicates any effort a client makes to suppress material out of consciousness by evading participation in the treatment process. Bruscia (1998) similarly identified transference largely as a defense mechanism and encouraged clinicians to contain and bring awareness to transferential experiences in the therapeutic process.

Although Freud’s (1910) early, classical views of countertransference concerned the clinician’s unconscious response to the client’s transference, Bruscia (1998) described countertransference as a “multi-faceted, all-encompassing clinical phenomenon” (p. 51). He stated that countertransference is more than an obscure screen or response to the client at an unconscious level and may take shape in “beliefs, attitudes, thoughts, motivations, feelings, intuitions, behaviors, physical reactions, and so forth” (p. 51). This view aligns with the totalistic perspective which views countertransference as the integration of all the therapist’s reactions, feelings, and attitudes toward the client (Gelso & Hayes, 2007). The intersubjective view suggests that transference and countertransference are interdependent, highlighting the co-constructed nature of the therapeutic relationship. Intersubjectivity denotes a frame of subjective reality created by the clinician and the client’s inner worlds and the psychological field between them (Stolorow, 1991). Bruscia (1998) defined countertransference as follows:

> Countertransference occurs whenever a therapist interacts with a client in ways that resemble relationship patterns in either the therapist's life or the client's life…As defined here, a countertransference originates in residues from the past, is activated by both client and therapist within the present, and unfolds in one of two ways: either the client and therapist relive the past as past…or they re-create the past in a new way. (p. 52)

In her work as an analytical music therapist, Scheiby (2005) identified that fundamental beliefs, feelings, and impulses are suppressed in the unconscious. She observed the potentially enriching effects of working through countertransference:

> A tool of insight for both the music therapist and the client…an awareness and consciousness of countertransference and its relation to the client's transference can help one to avoid becoming stuck and/or helpless as can happen to a clinician when emotions become intense…therapists should embrace this fact and use it in a positive way. (p. 9)

The author highlighted the subjective element of therapeutic treatment and encouraged clinicians to accept countertransference, adding that working through and processing countertransferential reactions may help clinicians feel renewed in their work with clients (Scheiby, 2005).

Hinman Arthur (2018) reflected on the significance of intersubjectivity in contemporary psychoanalytic practice. The author described a "co-created transferential space" between music therapist and patient, adding that each member of the therapeutic dyad shares in the enigma and humanness of ongoing therapeutic discourse (p. 162). Hinman Arthur's (2018) research as a depth psychologist supported her views of the deep interpersonal connection in the therapeutic relationship. The author referred to countertransference as the backbone of psychotherapeutic work and defined it as the clinician's emotional response to the client, "a communication, not a contamination" (p. 164). She recognized that transference has a purpose and may help guide the

therapist to channels of the client's internal structures, though she cautioned against manipulating clients towards certain feelings. Reflecting on prior literature in music therapy, Hinman Arthur (2018) opposed views that emphasized countertransference as something needing to be managed or overcome. The author identified ways in which music therapy supports the expression and release of emotions that may be consciously or unconsciously repressed, stating that when emotions become known, "we consider what it's like to feel them, express them, and acknowledge them together" (Hinman Arthur, 2018, p. 165).

Ethnocultural Countertransference

Comas-Diaz and Jacobsen (1991) considered ways in which culturally intersecting with clients may inform countertransference. Here, the authors affirmed ethnicity and culture as key elements in the psychotherapeutic process, capable of reaching deep unconscious states and becoming objects for projection by both the client and therapist. The authors provided that in working with ethnoculturally diverse clients, clinicians may face more stumbling blocks to therapeutic progress which can limit insight and lead to feelings of ethnocultural disorientation. In turn, this may cause what the authors described as interethnic or intraethnic countertransference. Interethnic countertransference includes feelings of denial towards ethnic or cultural differences, being overly curious about the client's ethnocultural background, feelings of guilt, feelings of pity, aggression, or ambivalence. Intraethnic countertransference includes overidentification, a sense of 'us and them,' distancing, cultural myopia, ambivalence, feelings of anger, a sense of survivor's guilt, and a conflicting sense of hope and despair (Comas-Diaz & Jacobsen, 1991). Kleiman (2018) declared that from a cultural perspective, countertransference positions psychological vulnerabilities as deriving anywhere from family environments to much broader social and cultural atmospheres. He stated, "while countertransference is primarily

concerned with the psychological conflicts and vulnerabilities of the mental health provider, cultural countertransference is more inclusive of broader cultural forces that impinge on the psyche of the individual" (p. 43).

Brooke and Myers (2015) maintained that "the challenge comes in hearing and understanding a person's experiences without being defined and limited by our countertransference" (p. 4). The authors recognized an "ever-changing, ever-complex tapestry of cultures" in the United States and stated that clinicians must acknowledge and face personal biases and prejudices such as racism and ethnocentrism. They defined cultural countertransference as the "complex interaction of our background, our cross-cultural experiences, our willingness to comfort with being uncomfortable, and our own internal pressure to be sensitive" (Brooke & Myers, 2015, p. 4). Cross-cultural competence involves building cultural sensitivity, responsibly obtaining knowledge, recognizing limitations, and developing active competence that reflects continuous practice in self-awareness (Brooke & Myers, 2015).

Ceccarelli (2016) asserted that talking about cultural countertransference is not without causing certain emotional reactions. The author stated that ethnoculturally diverse groups are frequently viewed as unrefined and without morals. A Brazilian psychotherapist, Ceccarelli (2016) observed some of his frustration with leading Western mentalities that shape prominent therapeutic philosophies, "it is not easy to work with the possibility of the existence of other symbolic constructions sometimes in clear opposition to ours…there is a tendency to want these subjects to accept, adapt to the symbolic references of our culture" (p. 716). He conceded that cultural countertransference may produce affects centered on anguish because "the 'truth' of the other exposes our fragility" (p. 718). Clinicians may find themselves distressed and struggling

for insight while feeling compelled to manage conflicting thoughts or emotions that may arise in the therapeutic relationship.

Music therapy clinicians might find that aspects of their personal cultures may well intersect with their clients' cultures in such a way that prompts ethnocultural countertransference. Close examination into structural elements of these experiences such as origins, triggers, manifestations, and affects could help provide significant insight into various dynamics of the client-therapist relationship. Schaeffer (2007) suggested that if detected and decoded, this insight can alert the therapist to underlying matters in the relationship with the client and contribute to alliance building. The author described an interactional process in which the identity or character of the therapist is an active ingredient in the therapeutic exchange. Clinicians may present cognitive, emotional, or physical responses to their client(s) based on their own perceptions or bias, and must therefore be mindful when considering the interconnected and ever-evolving cultures with which clients and they themselves identify (Kleiman, 2018; Schaeffer, 2007).

Chapter Three

Methods

The following sections are presented to convey the methods and development of this research study. The chapter will first present a basis for the methodology utilized in this study. Second, features of the participants are described, as well as the methods of recruitment and selection criteria. The fourth and fifth sections of the chapter examine the procedures used for data collection and analysis. Finally, the investigator considered ethical aspects of the study including a review of confidentiality.

Study Design

The methodological approach used for this study was an interpretative phenomenological analysis (IPA). This approach explored the lived experiences of individuals with respect to a phenomenon of interest, or in this case, ethnocultural countertransference as informed by cultural interactions between music therapy clinicians and their clients. IPA is a relevant approach for this research study because it considers that knowledge is co-constructed between people in a manner that parallels the therapeutic interaction being investigated (Kleiman, 2018).

Overview of Methodology

The purpose of this study was to investigate how culturally-rooted intersections with clients inform psychological, emotional, and behavioral responses in the music therapeutic relationship. For this study, the personal and professional experiences of music therapy clinicians had to be observed in an in-depth and detailed way. Thus, the study consisted of four individual, virtual interviews that were treated with a qualitative phenomenological approach. The investigator utilized a qualitative study for various reasons. IPA offered an in depth manner of exploring ways in which participants make sense of their individual experiences (Bass, 2015).

This method additionally led to the development of themes that may support an improved understanding of such experiences. Following the interviews, the data was gathered and analyzed using a three-part, IPA method (Smith & Osborn, 2008). The resulting themes that emerged from this study are later presented in structured narratives that provide insight into the ethnocultural countertransferential experiences of the participants.

Participants

Four participants were recruited by email in the Great Lakes Region and nationwide (Appendix B). The investigator sent emails to individuals who attended a presentation about this topic during the 2020 American Music Therapy Association national, virtual music therapy conference. As part of this pre-recorded presentation, a poll question was posted asking participants the following question: how often have you experienced ethnocultural countertransference when working with ethnoculturally diverse clients? The investigator emailed twenty-five music therapy clinicians who responded to the poll question with either 'most of the time' or 'about half of the time.' These individuals provided their email addresses and were made aware of the potential for email contact by the researcher. Of these twenty-five emails, two music therapy clinicians responded with an interest in participating in the study. Two additional participants expressed a strong interest in cultural topics during music therapy course training and were similarly contacted via email and then screened for inclusion in the study. In order to participate, the subjects must have been willing to identify and share a challenging or memorable experience with ethnocultural countertransference as well as the structural elements of that experience. All four participants received the interview questions ahead of time via email.

Data Collection

Participants were invited to meet individually with the researcher on the Zoom virtual platform to participate in a recorded interview of 60 to 90 minutes. They were asked a series of questions regarding their clinical practice and ways in which cultural interactions with clients may have informed their experience of ethnocultural countertransference in the music therapeutic relationship (Appendix C). The prepared interview questions functioned as starting points for exploration, aligning with the principles of IPA and aiding the participants in telling their own stories (Smith & Osborn, 2008). The interviews were transcribed verbatim to help facilitate qualitative analysis.

Data Analysis Procedure

Each of the four interview transcripts were analyzed based on the IPA method outlined by Smith and Osborn (2008). This approach consisted of three distinct steps and included an ongoing and comprehensive engagement with the text. In the first step, the researcher identified themes that emerged from the first interview. After reading the transcript several times, the investigator grew more familiar with the content, highlighting and noting significant points. Subsequent reviews of the text allowed the researcher to cultivate the initial points into emerging themes that promoted associations with theoretical concepts. In the second step, the investigator analyzed and generated connections between the developing themes. This collection of themes was then organized and arranged in a diagram with the corresponding instances of each pertinent theme in the transcript. The third and final step involved continued analysis with the remaining interviews, repeating the described process while also looking for consistent and inconsistent data in the transcripts.

In support of the validity or trustworthiness of the study, the investigator employed sharp attentiveness to the standards with which the qualitative data was collected and analyzed. The researcher sought rich, in-depth descriptions of the participants and their experiences and facilitated an immersive understanding of the subject being explored. The investigator also met the criteria set forth for participation in the study indicating a thorough involvement within the detailed context being studied and promoting focused descriptions of the phenomenon of interest (Morrow, 2007). The researcher debriefed peers following their interview and informally gauged their experience in the study.

In addition, reflexive journaling helped ensure that significant elements, such as the investigator's experience of a participant, were noted throughout the multiple phases of the study. This was particularly useful due to an assumption that participants would reflect the majority of music therapy clinicians. Rather, the study volunteers represented minority ethnic and cultural groups and reflexive journaling offered an opportunity to address researcher bias and explore internal reactions to the responses of ethnoculturally diverse clinicians. The thematic analysis phase of the study was examined in a set of notes that followed the growth and development of themes and their placement in the literature (Kleiman, 2018).

Ethical Precautions

This study was believed to present minimal risk to the physical, emotional, or psychological well-being of participants. Considering the personal, in-depth nature of the interview questions, however, there was a chance that clinicians may have experienced some discomfort or anxiety during the interview when recalling experiences that were challenging or distressing.

The present study was approved by the Saint Mary of the Woods College, Institutional Review Board, and the confidentiality of each participant was safeguarded throughout the research process. Once the suitability of the individual participants was confirmed, the investigator provided them with an informed consent form that explained the nature of the study as well as the potential risks involved and their right to withdraw their participation at any time (Appendix D). Subjects were required to return this form signed and dated prior to scheduling their interview. These forms are being kept in a secure, password-protected digital file for a period of three years after which all files will be permanently deleted. Confidentiality was additionally protected by excluding identifying information from the transcriptions and final write-up of this study.

Chapter Four

Results

The primary focus of this study was to delve into countertransference using an ethnocultural lens and explore how culturally-rooted intersections with clients inform psychological, emotional, or behavioral responses in the music therapeutic relationship. To this end, three music therapists and one music therapy graduate student were interviewed on the Zoom virtual platform, each for a duration of approximately 90 minutes. The participants, all of whom are self-identified females, have all described a memorable or particularly challenging experience with ethnocultural countertransference in the music therapeutic setting. In this chapter, the data collection results are presented, starting with a description of the four participants and followed by a variety of themes that emerged from a systemic analysis of the interviews. Overall, the data yielded four themes involving issues of overidentification, otherness, mistrust, and pathways towards awareness. The quotes extracted from the interviews are presented verbatim. Pseudonyms have been assigned for each participant.

The Participants

Participant 1: Sara

Sara is presently a dual citizen of Central America and the United States. She was born and raised in a region of Central America in a bilingual and bicultural household. Sara recalled speaking English at home & Spanish "everywhere else." She came to the U.S. at nineteen years old and self-identified as three quarters Hispanic and one quarter white, or "what the colonials would call a *quadroon*." Although she visited the U.S. as a child, she recalled feeling "more of a culture shock than I expected," becoming more aware of her *otherness* than ever before. Sara

recognized the term Hispanic as an ethnic marker and described herself as an able-bodied, bisexual, Latin, Jewish, immigrant woman of color.

Sara became board certified in music therapy in 2019, more recently completing her graduate studies in the field. She has been practicing music therapy professionally since January of 2021 and recalled discovering the field as a high school student in her native country in Central America. As a piano student, Sara was drawn to music therapy because it incorporated her training as a musician with her interests in medicine and psychology. She said that opportunities in her country were very limited and music therapy "didn't exist where I was from." Sara sought a higher quality of education and resources afforded to college students in the U.S. and has since confirmed her desire to work in both the English and Spanish language, supporting members of Hispanic and Latin communities.

Presently, Sara is working for a small non-profit company in the Southwest U.S. that provides support services to children who have experienced trauma and parental separation. She stated that the company was seeking a Spanish speaking music therapist. A majority of the children she serves are suffering from parental separation because their parents have been deported back to parts of Mexico and Central America or are being held in Immigration and Customs Enforcement's (ICE) camps at the U.S. border. Sara felt that her bicultural identity supports her work with and understanding of these children. She described relating to a humanistic theoretical orientation, promoting unconditional positive regard and egalitarian relationships as presented in feminist theory. Sara expressed her efforts towards working together with clients in culturally sensitive and appropriate ways.

Participant 2: Lara

Lara grew up in a Mexican American household. With family origins in Chihuahua, Mexico, Lara's mother was the first of ten brothers and sisters born in the United States. She said that the majority of her older relatives are more acquainted with Mexico than the U.S., observing ways in which they have been affected by their present lives in the U.S. Through the use of a DNA test, Lara discovered that her father's side of the family have ancestral origins in the American Indian nation of the Southwestern U.S. She grew up Catholic, in a lower middle class home in East Los Angeles and recalled difficult moments in her childhood when her family worried about not having enough food to eat. Lara stated, "it was never a huge deal, they made it ok," and described her father's full time career as a skilled barber. In addition to caring for Lara and her siblings, her mother similarly worked as a day sitter to earn extra income and help provide for the family.

As a Latinx student, Lara recalled feeling very lonely during her undergraduate studies at a primarily Caucasian private college in Los Angeles. At that time, she made multiple visits to her husband's college in California, which housed a 50% Latinx student body. Lara then realized that the cultural disparities at her school were urging her towards feelings of depression and disengagement. Now, she has been practicing music therapy professionally for nearly one year with an addictions and recovery center in the Midwest, additionally attending graduate school. Her earlier experiences as *the other* led her desire to pursue issues of cultural diversity and inclusion in music therapy at the graduate level. In her work with the addictions and recovery center, Lara relates to a person-centered, culturally informed theoretical orientation. She additionally endorses Systems Theory, stating that "the systems around you" greatly affect addiction and the process of recovery.

Participant 3: Bria

Bria self-identified as a moderately disabled, cis gender, questioning, middle class Black woman. She asserted that "Black includes a lot of things," such as English, Irish, Asian, Barbadian, Canadian, and African. Bria stated that she lives with an anxiety disorder and considered her ability-level impaired due to severely poor eyesight. She has been practicing music therapy professionally now for eight years and is presently completing a graduate study program. Bria discovered the profession during her term as a piano student at a creative arts high school in the Mid-Atlantic region. She began volunteering with a music therapist during college, an experience that helped confirm her decision to pursue the field.

Bria presently works in forensic psychology with a maximum security, state-run mental health hospital. In addition to legal concerns, her clients, ages eighteen to seventy-five years old, often have multiple mental health diagnoses. She stated that they all hold misdemeanor charges and have either one or multiple felony charges. In her work with an array of ethnoculturally diverse clients, Bria utilizes an eclectic, resource-oriented, person-centered approach, "at the end of the day, I'm like, what do you need and how can I provide and support that?"

Participant 4: Sue

Sue self-identified as a cis gender, Asian woman. She described the way in which she immigrated to the United States as an adult, "all by myself," and the subsequent process of restarting and recultivating a brand new life. She further identified within a lower end, middle class socioeconomic status. Although she may generally be considered able bodied, Sue was diagnosed with an artery disease that currently does not have a cure, "I've been having this issue for several years." She has been living with physical concerns that have resulted from this condition.

Sue shared that she discovered the field of music therapy by chance, after working for over twenty years as a paralegal in the East Coast region of the U.S. She expressed that the intensity of that work caused her to jeopardize her health and forced her to consider other options for employment. Music, however, was always present in the back of her mind. She described earlier experiences of playing bass guitar, saxophone, and percussion in a band, and how she explored ways in which she could stay connected to that sense of joy, "anything I could possibly do with music."

Sue has since decided to continue her education and is presently working on completing a graduate degree for music therapy. Having lived in a predominantly African American and Indian American community in the East Coast for over 20 years, Sue expressed her desire to "give back" to members of diverse cultural communities. More specifically, she developed a strong interest in supporting racially diverse, autistic clients and focused her training in music therapy on this population. Sue endorses a variety of theoretical approaches and attributes her awareness to her graduate studies, "I studied to be more aware." In her internship and clinical practicums, she has utilized elements of the following: music-centered and person-centered approach, social model of disability, feminist theory, resource-oriented approach, and more recently, critical humanistic theory.

Themes

In order to become conversant with the participant responses, the investigator employed interpretative phenomenological analysis (IPA) and the interview transcripts were read repeatedly. The investigator derived a pattern of themes that emerged from the data. In addition to selecting themes on the basis of prevalence within the data, factors such as "the richness of a particular passage" were additionally observed (Smith & Osborn, 2008, p. 75). Themes that were

endorsed by a minimum of three of the four participants were selected for close examination in this study. The analysis resulted in four themes, all of which are explored with direct quotes from the interview transcripts: intraethnic countertransference and overidentification; the experience of otherness as a form of identification; mistrust of supervisors; and lastly, cultural humility, diversity, and education as pathways towards awareness.

Intraethnic Countertransference and Overidentification

The first theme entailed a form of intraethnic countertransference known as overidentification. This is a process whereby the clinician may over-identify with a client due to a shared ethnic or cultural background. Overidentification may lead to a sense of cultural entanglement, harming the therapeutic relationship. All four of the participants in the study expressed a strong desire to work with, support, and protect members of their own ethnic and cultural communities. Correspondingly, three of the four participants relayed an experience with overidentification and subsequent feelings of tension and frustration in the music therapeutic relationship. In working with individuals from their own ethnocultural background, these participants depicted internal processes that made their work as clinicians more complex and generally more tiring.

Sara conveyed a sense of cultural entanglement with traditional Latina stereotypes that she observed during childhood. She recalled an experience during internship and her work with a Mexican American family. Sara realized that she had projected feelings for her own grandmother onto the grandmother (her client) in this music therapeutic relationship: “I projected a lot of my feelings towards my own grandmother and towards my great aunts on this woman, in good ways, but also, um, ways that maybe were not totally appropriate.” Sara initially felt drawn by her cultural connections with this family. In knowing that the field of music therapy maintains a

predominantly white cultural identity, she described a sense of responsibility to members of the Latin and Hispanic communities:

> I'm in a position to understand more than my colleagues who are not of my culture and of my language… I feel responsible for them, and I feel very protective of them, and also feel myself explaining some of their behavior to my colleagues, to my boss, you know, some cultural differences that maybe, you know, people might not understand.

Despite efforts to support members of her own cultural background, however, Sara demonstrated overidentification in her work with the Mexican American family. She associated her client's illness with her own grandmother's habit of proclaiming an almost constant state of near death, which Sara described as a largely stereotypical behavior for older women in Latin culture: "She just kept saying, no, I'm gonna die, I'm gonna die soon, and I was thinking, it's probably like my grandma, or like, my great aunt who, you know, spent the last 20 years saying she's gonna die." In turn, Sara unintentionally misguided the family and the strong therapeutic rapport she had established over a significant amount of time was swiftly disrupted:

> I think my major mistake was when I spoke about it with the family, because, you know, they were like, she says she's gonna die, and I was like, yeah, I think she's gonna make it…I think she's gonna be fine, and then she wasn't.

Lara similarly described a sense of cultural entanglement with Latina stereotypes that she observed from her mother during childhood. She recalled the term *burrachos*, or drunks, as an expression her mother would often use and reflected on her feelings for an individual struggling with alcoholism, a Mexican American client at her present work with an addictions and recovery center. Lara over-identified with this individual and relayed feelings of frustration that developed as a result of her determination to overcome his resistance to the recovery process:

> So, I have a patient, a Latinx, he was being very disruptive of my sessions and I found myself being extra frustrated with him…he didn't want to be there and I couldn't see the signs, I kept pushing, you know, I was like, you can do this, you can do this, and he was getting frustrated with me and I was getting frustrated with him…I wanted more for him, like, 'come on, you're Latin! I've got you, I can support you, let me help you more.' And he didn't want it. I wanted to approach him as a person, and that's when I knew that I wasn't gonna be a good support anymore…when you feel the need to break down your barriers as you know, a music therapist…what are you doing, don't do this!... help me, help you! …instead of being like, let's figure out why, let's talk about it, like…I just wanted to shake him.

Lara demonstrated that intraethnic countertransference may result in overidentification with clients and like Sara, she portrayed an inclination to support members of shared personal ethnocultural origins. However, Lara's experience with the individual struggling with alcoholism signified the importance of client engagement with the therapeutic process. She recalled:

> Me wanting to help a person who's of Latin descent or Latinx, it feels like I'm favoring them, but…part of me is just like, if I don't support them, who's going to support them more understandingly than the people of their culture? They're surrounded, maybe, by people who are not of their culture…but I also can't help them if they can't help themselves.

Bria similarly relayed feelings of tension and exhaustion stemming from cultural entanglement with African American and African men at a forensics psychology, maximum security, mental health hospital. Bria expressed having a shared history of discrimination with

her clients. Intraethnic countertransference may have supported feelings of tension and anxiety that developed from the men's use of racial slurs towards one another during group sessions, "As an African-American clinician, there are feelings of discomfort in observing the racially charged tensions among African American and African male members of the group."

Bria additionally reflected on notions of hierarchy and the challenges of navigating such constructs in the therapeutic setting:

> Some of the things they say to each other…or judging each other, or me, based on lightness of skin color, creating a hierarchy…I'm so hard, in my soul, trying to deconstruct like, the hierarchy mentality, and that kind of thing, in myself, and then when clients are ranking each other and me, and I'm already the therapist, and they're ranking me as higher because I have the authority over them and they're considering they don't have much left…trying to navigate that is just so hard.

The Experience of Otherness as A Form of Identification

All four of the participants expressed that as ethnoculturally diverse minorities, their experience of otherness promoted a sense of identification with clients who themselves were ethnoculturally diverse. Feelings related to loneliness and not belonging led these clinicians to a heightened sense of empathy and responsiveness towards members of other minority groups. As a native Spanish speaker, for example, Sara described a strong connection to clients who similarly spoke a language other than English, "I connected very much with patients who English was not their first language." Despite numerous trips as a child, when she relocated to the U.S. to attend college, she recalled feeling "more of a culture shock than I expected" and developing a strong sense of otherness. As a Central American, Sara recognized the way in which her personal experiences as an ethnocultural minority in America promoted clinical

responsiveness towards ethnoculturally diverse clientele, “it seemed like a lot of people on my team were very hesitant to work with anybody who did not speak English, and so with me, I was like, ‘okay…let’s go!’”

Of Mexican American descent, Lara similarly self-identified a heightened awareness of ethnoculturally diverse members in her groups, “I think because I’m really sensitive to the Latinx community, it makes me sensitive to every community.” She has observed a sense of “fear and unknowing” among culturally dominant group members in their interactions with minorities who strongly engage in the music therapeutic process. In her work with the addictions and recovery center, for example, Lara described her experience of facilitating a therapeutic group drumming circle. Among the group was a male client from Senegal who displayed an intense and articulate response to the therapeutic drumming activity, in turn, eliciting a critical reaction from other members of the group, “‘it’s too much, it’s too much’…the group was really frustrated with him because he was doing really complicated rhythms.” Lara recognized that this client was connecting with his culture through the drumming and she encouraged him to try playing with the group and explore more intricate rhythmic patterns individually during drumming solos. Meanwhile, she encouraged tolerance and understanding among the group, “I had to be like, there’s nothing wrong with what he’s doing…music itself is culture.” Lara expressed a sense of empathy with this individual whose active engagement in the therapeutic process stood out in music therapy groups, “people from other cultures tend to just melt and sit in the background, I think it’s fear because I know I would if I felt like that.”

As an African American clinician at a maximum security, forensics mental health hospital, Bria described how clients often gauge her response to the lyrical content of client-preferred, hip hop music and the ways in which she connects with the music, “well no, I didn’t

experience getting arrested and getting a felony charge, but yes, I have experienced discrimination." Bria reflected on her efforts towards being mindful and careful not to project personal, Western-centric views onto her ethnoculturally diverse clientele. She expressed a therapeutic use of her personal and cultural connections with clients as a form of establishing trust and a sense of normalcy in the therapeutic relationship:

> Groups are often diverse…There are so many things that are cultural, that I identify with the clients, and I can bring that into our space, and when I do it helps the process, either speeds up the process, as far as the therapeutic relationship, as far as building trust…but also, they can see like, I'm just like her. She's not here to hurt me, she's really here to help me.

As an Asian woman, Sue similarly reflected on her experiences as a member of an ethnocultural minority group:

> Cross cultural references are always in the back of my mind because, again, since I'm not in the dominant, majority race, I constantly think about how people perceive me. Especially as an immigrant, I think, you know, factors are even maximized. Like when people hear my accent, I can see the change in their expression…an expression of fear, like people look embarrassed…I feel that people treat me differently.

Sue acknowledged some of the challenges in being different and the ways in which these personal encounters promoted a sense of identification with disadvantaged members of diverse communities:

> I cannot say that I totally understand or I can relate to the experience of my clients, but it kind of gives me some sort of perspective on people who are not in the dominant

> culture… you know, people who we work with, people who have disability, any impairment, any type of a disadvantage.

Mistrust of Supervisors

All four of the study participants relayed experiences with predominantly white music therapy supervisors. Among them, three participants endorsed this theme. Here, elements of the supervisor's white cultural identity seemed to factor into feelings of mistrust in the supervisory relationship. Participants reflected on concerns regarding cultural misunderstandings and unconscious bias in connection with clinical assessments of ethnoculturally diverse clientele.

In her work with Mexican and Central American families, Sara reflected on cultural behaviors and the way in which clients or clinical situations are sometimes misunderstood by supervisors, "the lines of hierarchy are more blurred in my culture…where we're from, we're really used to being able to have that direct patient contact." She described the way in which members of Latin cultures may be accustomed to maintaining direct contact with people outside of their family unit such as students, teachers, or therapists. That form of client interaction, however, is often negatively perceived in Western clinical practice:

> And so, it happened once that a parent asked a social worker if she could get my phone number. And I was like, listen, if it was up to me, sure, but let me check with my boss first… my boss was like, I don't understand why she would want your number if everything's fine. Is she concerned about the care that she's getting for her child? And I'm like, she just wants my number so she can communicate with her kid's therapist. But in the end, I was like look, I totally respect liability issues, not having direct patient contact, I just wanted to run it by you.

Bria similarly recognized hierarchal structures and cultural misperceptions in her supervisory relationship with the director of social work at the forensics mental health facility, "even that is a power dynamic, where I'm lower than she is." Bria shared that she is not comfortable bringing up culturally-related concerns with her supervisor due to mistrust, "I don't normally bring up that kind of stuff with her, I don't know if I necessarily trust her, because she's white."

Bria felt that her supervisor may hold unconscious bias with respect to Black clients. On occasion, she has had to speak up to advocate cultural components of client behaviors that were otherwise being perceived pathologically. Bria recalled moments in which she observed typical, Black cultural behaviors or mannerisms being perceived negatively from a clinical standpoint. She described an incident with an African American man who was being clinically evaluated by her supervisor as *unkempt* because of his hair, "it was washed, but no one helped him comb his hair." Bria stated that she used her knowledge of African American culture to help guide her supervisor to better understand that certain behaviors or characteristics are in fact ordinary.

With respect to cross-cultural issues in music therapy education, Sue expressed a lack of understanding and noted that some of her experiences with cultural adjustment have shaped feelings of mistrust when dealing with members of the culturally dominant, white population. She described an encounter with her supervisor during music therapy clinical internship at a school for students with autism. Over the duration of a couple weekly sessions, a young boy took notice of her foreign accent, poking fun at her in front of other group members. Rather than being granted an opportunity to address the boy's behavior, however, Sue was left out of the conversation when a teacher removed the boy from the group for verbal reprimanding:

> I thought it was a missed opportunity to learn a cultural aspect…so, I was there, and I have this big accent, so I could have explained to him why I speak differently. But, it was a really strange experience for me…dismissing, like nothing happened.

Sue mentioned this encounter to her supervisor on different occasions and felt that she was generally met with dissension and avoidance, confirming culturally-rooted feelings of mistrust:

> So during supervision, I brought it up again and my supervisor looked a little defensive and said, 'well, you know, we already talked about it last week,' and kind of like, just ended it there… (this experience) confirmed my mistrust for this dominant group, you know, how they perceive us or how they mistreat us.

Cultural Humility, Diversity, and Education as Pathways Towards Awareness

All four participants identified pathways towards greater cultural awareness in the field of music therapy. The participants recognized a general lack of focus on ethnocultural countertransference and felt as though dynamics of cultural interactions deserve more attention at all levels of music therapy education. Sara pointed to cultural humility as an achievable condition that could support discussions on these far-reaching dynamics:

> Cultural humility is more achievable and, I believe, even more important than the idea that we could be culturally competent with every culture of every client that we come across, because that's not possible. I think more importantly is to know what we don't know…to listen and to pay attention.

Lara also noted the potential for growth in music therapy education and offered ideas on how this could be improved, "I really think that they need to bring in people from different cultures." She stressed the need for ethnoculturally diverse educators, individuals who are willing to act as references and mentors to help provide insight for clinical work with diverse clientele, "I think

the problem is that I don't have anyone to talk to about it. I'm relying on what I know from my culture…and the little that I know, the very little that I know about other cultures." Lara reflected on her work with an addictions and recovery center, and the Christian-centered nature of the Twelve Steps program, "but what about individuals who are not Christian or don't believe in or follow the Bible?" She described music therapy research as being very limited with respect to diverse views on addictions and recovery, and strongly endorsed undergraduate and graduate-level fieldwork with diverse cultural communities as an avenue towards awareness.

Bria similarly expressed thoughts regarding the importance of acknowledging and respecting ethnic and cultural aspects of clinical, supervisory, and peer relationships:

> I think it needs to be at all levels of education…one of the things I've seen in a lot of programs is that they're not even talking about how culture is within their own cohorts or within their own music therapy classes…Culture is not necessarily acknowledged in those classes, when it really should be, because if you're having, and learning, and doing music experiences, and creating it for your class, your class may look like your clients when you're in the community, or when you're at a particular work environment.

Bria asserted that if such topics were presented as continuing music therapy education requirements, discussions on cultural humility, diversity, and inclusion would become more normalized and more widely accepted.

As a music therapy graduate student, Sue stated that she has never come across this topic in her studies, "Right now, there is a total lack of awareness because they don't even think about or discuss diversity or issues in cross-cultural therapy." As with the other participants in the study, Sue expressed that the field of music therapy needs more diversity in leadership and

education, “not just, hey, let’s learn a Spanish song, okay, you passed the class…social justice, the feminist movement…those issues have to be incorporated within our field at the undergraduate level…It definitely has to be incorporated within the undergrad curriculum.”

Chapter Five

Discussion and Conclusions

The purpose of this study was to investigate music therapy clinicians' countertransference through an ethnocultural lens and better understand how cultural intersections with clients inform psychological, emotional, and behavioral responses in the music therapeutic relationship. An improved understanding of the ways in which clinicians may be enacting ethnocultural countertransference responses may promote awareness in the field and help discourage bias or prejudice towards self or other.

The personal and professional experiences of three music therapy clinicians and one music therapy graduate student were observed through an in-depth, qualitative approach that utilized interpretative phenomenological analysis. This exploration of lived experiences yielded four themes that materialized from the narratives, perspectives, and beliefs of the participants. The following sections present summaries for each of these themes and discuss the implications for music therapy, strengths and limitations of the study, and suggestions for future research.

Discussion of Themes

From the four research participants, three or more participants endorsed the following themes. As well, the themes were found to be relevant in terms of their clinical or theoretical implications.

Intraethnic Countertransference and Overidentification

Dynamics of ethnocultural countertransference were meant to be a focus of this qualitative study. Though the findings are limited to the conscious aspects of these dynamics, the data conveyed that the majority of the participants experienced challenges with intraethnic countertransference. Participants overwhelmingly identified a sense of responsibility for

members of shared ethnic or cultural backgrounds. Given the predominantly white cultural identity of music therapists in the U.S., the participants expressed a strong desire to support and protect members of their own ethnocultural groups. Subsequently, three research participants described over-identifying with some of these clients. Feelings of tension and frustration ensued in their therapeutic relationships with these individuals as a result of clinical decisions and focal points that largely stemmed from ethnic and cultural self-parts, as well as earlier life experiences.

Comas-Diaz and Jacobsen (1991) stated that, "the therapist may over-identify with patients…therapy may then become a shared fortress against perceived common threats" (p. 398). The participants all expressed a strong inclination towards supporting and protecting individuals with whom they share ethnic and cultural connections. This theme illuminated the notion of music therapy as a 'shared fortress' and brought to the forefront some of the intrapsychic vulnerabilities that ethnoculturally diverse clinicians may encounter in their efforts to support members of their own ethnic and cultural groups.

Sara and Lara demonstrated cultural entanglement with traditional Latina stereotypes observed during childhood, while Bria struggled with how to deal with the racial tensions and hierarchal constructs involved in the clinical unfolding of sessions. The participants described intraethnic therapeutic relationships as generally more taxing and complex, and reflected on the weight of expectations in working with individuals who share their ethnic and cultural identity. These results seem to indicate that clinicians must implement heightened degrees of self-awareness in order to evade overidentification and maintain harmonious positions with clients of shared ethnocultural backgrounds.

The Experience of Otherness as A Form of Identification

The findings show that the participants in this study reported identification with otherness and issues of belonging. They expressed that as ethnoculturally diverse minorities, their experience of otherness promoted a connection with clients who also held a minority status. Despite significant differences, this pull towards sameness was reflected by a therapeutic alliance bound by empathy and cultural sensitivity. For the participants, associations with ethnoculturally diverse clients involved questions of being the other and ways in which personal experiences as an outsider implored them towards cultural responsiveness in therapeutic relationships.

Bass (2015) asserted that "the play of identifications between difference and likeness is crucial in therapeutic processes" (p. 137). Sara realized that her predominantly white colleagues tended to abstain from working with clients who did not speak English, and yet she displayed a readiness to support minority individuals regardless of whether or not she spoke their language. In showing support for a client from Senegal who became intensely engaged in therapeutic drumming groups, Lara led conversations about tolerance, inclusion, and music as culture with disapproving members of the group. Bria confirmed personal experiences with discrimination in order to validate client experiences and facilitate client-preferred music listening sessions with ethnoculturally diverse groups. Sue similarly identified a strong desire to support members of diverse ethnocultural communities, choosing to focus her career studies on racially diverse children with autism. It is noteworthy to add, however, that even though these identifications may be authentic, there is a chance that they become an area of concern "if the clinician is not able to recognize the extent of her privileges" (Bass, 2015, p. 138).

Mistrust of Supervisors

The data relayed that all four of the study participants held clinical positions with predominantly white music therapy supervisors. Among them, three participants endorsed a theme of mistrust in the supervisory relationship. Participants reflected on concerns such as cultural misunderstandings and unconscious bias with respect to clinical assessments of ethnoculturally diverse clientele. The results delineated specific ways in which the participants developed or confirmed feelings of mistrust towards their supervisor. As described in the literature, a critical perspective of music therapy observes hierarchal structures within various sectors of the field. Sara, Bria, and Sue identified ways in which a sense of apprehension and hierarchy prevailed in their relationships with their supervisor.

Sara illustrated the way in which her supervisor held a misunderstanding of Latin, cultural behaviors. She described hierarchal structures in her culture as being blurred and less rigid than those in the U.S. and recalled a situation in which her supervisor confused culturally appropriate behavior with clinical deficiency. Bria similarly reflected on feelings of mistrust and reported an encounter with her supervisor in which ordinary, Black cultural mannerisms were perceived negatively from a clinical standpoint. She expressed her belief that her supervisor may hold unconscious bias with respect to Black clients and stated concern at observing typical, cultural behaviors being treated pathologically. Bria reported utilizing her experience and knowledge of African American culture to help guide her supervisor towards culturally informed clinical assessments. Sue additionally expressed feelings of mistrust when dealing with her supervisor and felt mistreated following a concerning incident that occurred during her clinical internship. Rather than being afforded the chance to address a client's reaction to her foreign accent, Sue felt abandoned by her supervisor in what she described as "a missed opportunity."

Cultural Humility, Diversity, and Education as Pathways Towards Awareness

All of the study participants compellingly endorsed the importance of cultural humility, diversity, and education as pathways towards greater awareness. As reported in the literature review, culturally informed music therapy requires creating spaces for different perspectives and lived experiences to emerge rather than imposing one dimensional positions to guide therapeutic and supervisory relationships in ways that align with prevalent worldviews. The study findings revealed a lack of knowledge or understanding of cultural or ethnocultural countertransference and highlighted dynamics of cultural interactions as deserving more attention at all levels of music therapy education.

Sara described cultural humility as more feasible and more important than striving for absolute cultural competence. She encouraged clinicians to accept what they do not know and pay close attention to clients in order to support better understanding of their cultural components. Lara asserted the need for more ethnoculturally diverse music therapy educators who would additionally function as references and mentors, providing insight for clinical work with members of diverse ethnocultural groups. She noted music therapy research as being very limited with respect to diverse views on addiction and recovery processes, and further endorsed undergraduate and graduate-level fieldwork with diverse cultural communities as a way of expanding knowledge and awareness.

Bria similarly favored more comprehensive educational sources in support of greater understanding of some of the ethnic and cultural aspects of clinical, supervisory, and peer relationships. She determined that discussions on cultural humility, diversity, and inclusion would be more widely accepted if such topics were required for continuing music therapy education. In her graduate studies, Sue recognized a “total lack of awareness” with respect to

issues in cross-cultural music therapy. Similar to the other participants, she identified a need for more diversity in leadership and education, further stressing the need to incorporate topics such as social justice, feminist theory, and critical humanism into undergraduate curriculums for music therapy.

Implications for Music Therapy

The four themes that materialized from this study offer valuable insight into the experiences of ethnoculturally diverse music therapy clinicians and graduate students in the United States. Although the study did not intentionally seek diversity among the participants, the qualitative data yielded from the research offered relevant information regarding multicultural issues in music therapy clinical practice.

The results emphasized that music therapists of color continue to be personally and professionally affected by ethnocultural elements of the music therapeutic relationship. More specifically, this study illustrated ways in which being a diverse practitioner shapes the frame and development of therapeutic relationships and ways of facilitating differences. All of the participants expressed a strong pull towards supporting and protecting members of their own cultural groups, leading to overidentification in intraethnic clinical relationships. As well, the participants all described experiences with otherness that led to a seemingly intrinsic cultural responsivity to minority clients (others) in interethnic clinical relationships.

From an educational perspective, the collection of experiences and themes gathered in this study may help members of the larger music therapy community better understand some of the ways in which ethnicity and culture factor in to training and professional development. Issues of cultural misunderstanding and unconscious bias led to feelings of mistrust in the supervisory relationship. Kim and Whitehead-Pleaux (2015) stated that “multicultural issues are not

adequately addressed in music therapy education" (p. 60). In view of that, the participants overwhelmingly identified a need to shape pathways towards cultural understanding in music therapy practice, including cultural humility, diversity in leadership, and critical multicultural education. Incorporating these observations into clinical training and supervision may help foster awareness of ethnocultural countertransference and support more effective, culturally sensitive music therapy practices.

Strengths and Limitations of the Study

Some of the strengths of this study relate to the uniqueness and timeliness of the topic. Presently, there is no research available in the field of music therapy that focuses on cultural or ethnocultural countertransference. Multicultural issues and the focus on diverse worldviews and beliefs are highly relevant in current music therapy literature. This study offers an in-depth look at how cultural intersections affect and inform ethnocultural countertransference in the therapeutic relationship. Semi-structured, virtual interviews afforded access to the subjectivity of ethnoculturally diverse music therapy clinicians and graduate student. The qualitative data provided a richness and refined understanding of the personal and professional experiences of the study participants.

These individuals were diverse in their musical training, theoretical orientation, and clinical population, and they reflected openly and honestly on their experience with a memorable or challenging encounter with ethnocultural countertransference. The participants were additionally diverse in ethnocultural origins which may have contributed to a larger variety of responses. This research contributes to a growing body of literature and theoretical focus on multiculturalism and the subjectivity of the music therapist in the therapeutic process.

There are a couple limitations to this study, including the small sample size, the variety of the population, and the methodology. Due to the small sample size of the study, it is understood that there are innate limits to the generalizability of the results. Further studies of this topic should entail a larger amount of respondents. Also, the study participants were all self-identified females, omitting any representation of those music therapy clinicians who identify outside of the binary. The respondents additionally demonstrated apparent differences in clinical training and experience, which may have inadvertently impacted the study's validity. Lastly, in utilizing interpretative phenomenological analysis (IPA), the fact that the investigator solely analyzed and coded the data presented a plausible weakness in the reliability of the study results. As an ethnoculturally diverse individual, the investigator may have held biases that influenced the data analysis.

Suggestions for Future Research

The present study reflected an underlying pertinence of multicultural issues in music therapy. Given the fact that there is presently no research available on the topic of cultural or ethnocultural countertransference in the field, the study results left many areas to be explored. Diverse music therapeutic dyads could provide a framework for examining some of the relational facets of transference-countertransference dynamics. Here, investigators could separately gather narratives on client and clinician experiences to explore enactments of ethnocultural countertransference and some of the unconscious processes that unfold in that setting. This type of study could utilize transcripts or audio-visual recordings of sessions to help capture the unique, subconscious qualities of countertransferential reactions. Investigators could also recreate the present study using more of a homogenous population in order to minimize any variance that might influence the data, such as ethnic or cultural origins of participants. It would

additionally be worthwhile to explore themes separately (overidentification, otherness, mistrust), crafting studies that focus on specific conditions that might uncover interesting ethnocultural countertransferential dynamics.

Conclusions

The focus of this study was to investigate countertransference through an ethnocultural lens and highlight the clinician's self-awareness in relation to ethnic or cultural self-parts or parts of others. This idea strongly considered the therapeutic use of self and explored ways in which various cultural intersections or interactions with a client may inform ethnocultural countertransference in the music therapeutic relationship. The study examined the relevance and ethnical significance of cultural diversity and explored the potential for bias or cultural misunderstanding in the therapeutic setting.

Three music therapy clinicians and one music therapy graduate student were invited to reflect on a particularly challenging encounter with ethnocultural countertransference. During virtual interviews, study participants described their experience and shared the extent to which this encounter affected them and their clinical practice. The following two themes were the most endorsed by the participants: the experience of otherness as a form of identification, and cultural humility, diversity, and education as pathways towards awareness. This project provided insight into music therapy education, clinical training, and theoretical understanding of culturally diverse experiences. An awareness of the themes yielded in this study may help support the training and professional development of culturally informed and responsive music therapy clinicians.

References

Alvarez, L. (2001, January). Public lives: Census director marvels at the new portrait of America. *The New York Times,* 1A, 7.

American Music Therapy Association. (2019). *Code of Ethics*. Retrieved from www.musictherapy.org/about/ethics/

American Music Therapy Association. (2019). *Scope of Practice.* Retrieved from http://www.musictherapy.org/about/scope_of_music_therapy_practice/

American Music Therapy Association. (2019). S*tandards of Clinical Practice.* Retrieved from http://www.musictherapy.org/about/standards/

American Music Therapy Association. (2016). *Workforce Analysis*. Retrieved from https://www.musictherapy.org/assets/1/7/16WorkforceAnalysis.pdf

American Psychological Association. (n.d.). Bias. In *APA dictionary of psychology*. Retrieved from https://dictionary.apa.org/bias

Bass, J. (2015). *On being an immigrant psychotherapist: An exploration of the impact of the psychotherapist's experience on transference-countertransference dynamics*. (Publication No. 3664310) [Doctoral dissertation, The Wright Institute Graduate School of Psychology]. ProQuest Dissertations Publishing.

Beer, L. E. (2015). Crisscrossing cultural divides: Experiences of U.S. trained Asian music therapists. *Qualitative Inquiries in Music Therapy: A Monograph Series, 10*(1), 127–173.

Belgrave, M. (2021). Exploring aging through a multicultural lens. In M. Belgrave & S. Kim (Eds.), *Music therapy in a multicultural context: A handbook for music therapy students and professionals* (pp. 115-132). Jessica Kingsley Publishers.

Belgrave, M., & Kim, S. (2021). *Music therapy in a multicultural context: A handbook for music therapy students and professionals*. Jessica Kingsley Publishers.

Blum, H. P. (1986). Countertransference and the theory of technique: Discussion. *Journal of The American Psychoanalytic Association, 34*(2), 309–328. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.884.6014&rep=rep1&type=pdf

Borzcon, R. (2004). *Music therapy: A fieldwork primer*. Gilsum, NH: Barcelona Publishers.

Brooke, S. L., & Myers, C. E. (2015). *Therapists creating a cultural tapestry: Using the creative therapies across cultures*. Charles C Thomas.

Bruscia, K. E. (1998). An introduction to music psychotherapy. In K. E. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 1-16). Gilsum, NH: Barcelona Publishers.

Ceccarelli, P. R. (2016). Contratransferência cultural e método clínico [Cultural countertransference and clinical method]. *Revista Latinoamericana de Psicopatologia Fundamental, 19*(4), 707–719. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1590/1415-4714.2016v19n4p707.9

Comas-Diaz, L., & Jacobsen, F.M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry, 61*(1), 392-402. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1037/h0079267

Cowdery, J., Levine, V.L., Gray, J.A., Benary, B., Diamond, J., Stillman, A.K., & Cornelius, S. (2005). Musical and social interactions. In E. Koskoff (Ed.), *Music cultures in the United States: An Introduction* (pp. 103-135). Routledge.

Dileo, C. (2000). *Ethical thinking in music therapy*. Cherry Hill, NJ: Jeffrey Books.

Foster, R. P. (1998). The clinician's cultural countertransference: The psychodynamics of culturally competent practice. *Clinical Social Work Journal, 26*(3), 253–270. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1023/A:1022867910329

Freud, S. (1988). The future prospects of psychoanalytic therapy. In B. Wolstein (Ed.), *Essential papers on countertransference* (pp. 16–24). New York University Press.

Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities.* Lawrence Erlbaum Associates Publishers.

Hadley, S., Norris, M. S., (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives, 34*(2), 129–137. Retrieved from https://doi.org/10.1093/mtp/miv045

Hadley, S., & Thomas, N., (2018). Cultural humanism in music therapy: Imagining the possibilities. *Music Therapy Perspectives, 36*(2), 168-174. Retrieved from https://doi.org/10.1093/mtp/miy015

Hahna, N. (2017). Reflecting on bias. In A. Whitehead-Pleaux & X. Tan (Eds.), *Cultural intersections in music therapy: Music, health, and the person* (pp. 23-33). Gilsum, NH: Barcelona.

Hays, P. A. (2016). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (3rd ed.). Washington, DC: American Psychological Association. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1037/14801-001

Hill, C. E. (2020). Skills for processing the therapeutic relationship. In C. E. Hill (Ed.) *Helping skills: Facilitating exploration, insight, and action* (5th ed., pp. 279–294). Washington, DC: American Psychological Association. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1037/0000147-013

Hinman Arthur, M. (2018). A humanistic perspective on intersubjectivity in music psychotherapy. *Music Therapy Perspectives, 36*(2), 161-167. Retrieved from https://doi.org/10.1093/mtp/miy017

Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural humility and the process of psychotherapy. In *Cultural humility: Engaging diverse identities in therapy* (pp. 91–112). Washington, DC: American Psychological Association. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1037/0000037-005

Hudgins, K. (2015). Spiral healing: A thread of energy and connection across cultures. In S. L. Brooke & C. E. Myers (Eds.), *Therapists creating a cultural tapestry: Using the creative therapies across cultures* (pp. 260-281). Charles C Thomas.

Kim, S. (2010). *Culturally informed music therapy*. [Unpublished manuscript]. Temple University.

Kim, S. (2021). Music as an acculturation strategy in culturally informed music therapy. In M. Belgrave & S. Kim (Eds.), *Music therapy in a multicultural context: A handbook for music therapy students and professionals* (pp. 9-42). Jessica Kingsley Publishers.

Kim, S. & Elefant, C. (2016). Multicultural considerations in music therapy research. In B. L. Wheeler (Ed.), *Music Therapy Research* (3rd ed.). Gilsum, NH: Barcelona Publishers.

Kim, S. & Whitehead-Pleaux, A. (2015). Music therapy and cultural diversity. In B. L. Wheeler (Ed.), *Music Therapy Handbook*. New York, NY: Guilford Press.

King, K. (2021). Musical and cultural considerations for building rapport in music therapy practice. In M. Belgrave & S. Kim (Eds.), *Music therapy in a multicultural context: A handbook for music therapy students and professionals* (pp. 43-74). Jessica Kingsley Publishers.

Kleiman, S. (2018). *White therapists' enactments and mitigations of cultural countertransference responses in the cross-racial dyad: An interpretative phenomenological analysis*. [Unpublished doctoral dissertation]. University of Toronto.

Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues, 10*, 639-653. Retrieved from https://doi:10.1080/10481881009348573

Leonard, H., (2020). A problematic conflation of justice and equality: The case for equity in music therapy. *Music Therapy Perspectives, 38*(2), 102-111. Retrieved from https://doi.org/10.1093/mtp/miaa012

Lowe, F. (2014). *Thinking space: Promoting thinking about race, culture, and diversity in psychotherapy and beyond.* London: Routledge

Moleiro, C. (2018). Culture & psychopathology: New perspectives on research, practice, and clinical training in a globalized world. *Frontiers in Psychiatry, 9*. Retrieved from https://doi-org.ezproxy.smwc.edu/10.3389/fpsyt.2018.00366

Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of Music Therapy, 25*(1), 17-27. Retrieved from https://doi.org/10.1093/jmt/25.1.17

Moreno, J., (1995). Ethnomusic therapy: An interdisciplinary approach to music and healing. *The Arts in Psychotherapy, 22*(4), 329-338. Retrieved from https://doi.org/10.1016/0197-4556(95)00039-8

Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35*, 209-235. Retrieved from http:/doi: 10.1177/0011000006286990

Pally, R. (2001). A primary role for nonverbal communication in psychoanalysis. *Psychoanalytic Inquiry, 21*(1), 71-94. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1080/07351692109348924

Priestley, M. (1975). *Music therapy in action.* London: Constable and Company Limited. Retrieved from http://search.ebscohost.com.ezproxy.smwc.edu/login.aspx?direct=true&db=nlebk&AN=503286&site=ehost-live

Robinson, T. (1993). The intersections of gender, class, race, and culture: On seeing clients whole. *Journal of Multicultural Counseling and Development, 21*(1), 50–58. Retrieved from https://doi-org.ezproxy.smwc.edu/10.1002/j.2161-1912.1993.tb00582.x

Robinson, B., & Oswanski, L. (2021). LGBTQ+ music therapy. In M. Belgrave & S. Kim (Eds.), *Music therapy in a multicultural context: A handbook for music therapy students and professionals* (pp. 75-114). Jessica Kingsley Publishers.

Schaeffer, J. A. (2007). *Transference and countertransference in non-analytic therapy: Double-edged swords*. Retrieved from https://www.continuingedcourses.net/active/courses/course076.php

Schaeffer, J. A. (1998). Transference and countertransference interpretations: harmful or helpful in short-term dynamic therapy? *American Journal of Psychotherapy, 52*(1), 1–17. Retrieved from http://search.ebscohost.com.ezproxy.smwc.edu/login.aspx?direct=true&db=mdc&AN=9553636&site=ehost-live

Scheiby, B. B. (2005). An intersubjective approach to music therapy: Identification and processing of musical countertransference in a music psychotherapeutic context. *Music Therapy Perspectives, 23*(1), 8-17.

Smith, J.A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53-80). London: Sage. Retrieved from https://research.familymed.ubc.ca/files/2012/03/IPA_Smith_Osborne21632.pdf

Stige, B. (2002). *Culture centered music therapy*. Gilsum, NH: Barcelona Publishers.

Stolorow, R.D. (1991). The intersubjective context of intrapsychic experience: A decade of psychoanalytic inquiry. *Psychoanalytic Inquiry*, *11*(1-2), 171-184.

Swamy, S. (2011). No, she doesn't seem to know anything about cultural differences: Culturally centered music therapy supervision. *Music Therapy Perspectives*, *29*(2). 133–137, https://doi.org/10.1093/mtp/29.2.133

Swamy, S. (2017). Music therapy in the South Asian American diaspora. In A. Whitehead-Pleaux & X. Tan (Eds.), *Cultural intersections in music therapy: Music, health, and the person* (pp. 65-89). Dallas, TX: Barcelona Publishers.

Swamy, S. (2018). Music, myth and motherland: Culturally centered music & imagery with Indian adults. *Qualitative Inquiries in Music Therapy*, 13.

Turry, A. (1998). Transference and countertransference in Nordoff-Robbins music therapy. In K. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 161-212). Gilsum, NH: Barcelona Publishers.

Whitehead-Pleaux, A., & Tan, X., (2017). *Cultural intersections in music therapy: Music, health, and the person*. Dallas, TX: Barcelona Publishers.

Yancy, G., & Hadley, S. (2011). Give ‘em just one mic: The therapeutic agency of rap and hip-hop. In S. Hadley & G. Yancy (Eds.), *Therapeutic uses of Rap and Hip Hop* (pp. xxiii–xl). New York: Routledge.

Appendix A

IRB Letter of Approval

SAINT MARY-OF-THE-WOODS COLLEGE

To: Gray Baldwin, MA, MT-BC
Suzanne Osman, MT-BC

From: Lamprini Pantazi, Ph.D., & Chair of the Human Subjects –Institutional Review Board

Date: May 10th, 2021

Re: Human Subjects Institutional Review Board Application

Thank you for submitting a Human Subjects proposal entitled **"Cultural Intersections and Ethnocultural Countertransference in the Music Therapeutic Relationship".**
The Institutional Review Board (IRB) of Saint Mary-of-the-Woods College has **approved your research.** Unless renewed, this approval will expire on May 9th, 2022.

If any changes need to be made during implementation of this research project, please submit those changes to the IRB for its approval. Also, if any incidents occur, please notify the IRB as soon as possible.

We wish you success with your research.

Institutional Review Board members:

Lamprini Pantazi, Ph.D.
Scott Ripple, MD
Douglas Sperry, Ph.D.
Christine Wilkey, MSW, LCSW
Yei-Jin Yeom, Ph.D., RN

Appendix B

Recruitment Email

Hello,

My name is Suzanne Osman. You attended my presentation, *Cultural Intersections and Ethnocultural Countertransference: A Double Edged Sword*, during the 2020 American Music Therapy Association national, virtual conference.

In my presentation, there was a poll question that asked, *how often have you experienced ethnocultural countertransference in your work with ethnoculturally diverse clients?* Your response was either "most of the time" or "about half of the time."

I am writing today to learn of your interest in sharing about your experience with ethnocultural countertransference during a two-hour, in-depth Zoom interview. This would be treated as research for my graduate thesis with Saint Mary of the Woods College.

Please reply to this email within 10 days of receipt, letting me know of your interest in the study. The attached Informed Consent form contains more information about the study. For your convenience, the interview questions are being provided as well.

Thank you so much for your time, I look forward to your response.

Sincerely,

Suzanne Osman, MT-BC

Appendix C

Interview Questions

1. Can you please describe aspects of your personal cultures? This may include nationality, migration status, racial and/or ethnic origin, language, religion, spirituality, gender identity, age, sexual orientation, socioeconomic status, educational class, functional status, disability, or survivorship.

2. How long have you been practicing music therapy and what initially led you to this field?

3. Tell me more about your theoretical orientation and the clinical population that you work with.

4. In general, how often would you say you encounter or have encountered ethnocultural countertransference in your clinical work? Ethnocultural countertransference is being defined as the therapists' identification with feelings stemming from ethnic/and or cultural self-parts or internal objects of the client.

5. Can you please describe a memorable or particularly challenging experience you have had with ethnocultural countertransference?

6. Can you elaborate on the structural elements of this experience: the origins, triggers, manifestations, effects, and management?

7. How have you been able to utilize any insight gained from this experience to support your work with client(s)?

8. Can you tell me more about that process?

9. With respect to cultural diversity and inclusion in the field, how can we improve awareness and education on ethnocultural countertransference?

Appendix D

Informed Consent Form

Saint Mary-of-the-Woods College
CONSENT TO PARTICIPATE IN RESEARCH

Title of the Research Study: Cultural Intersections and Ethnocultural Countertransference in the Music Therapeutic Relationship

Principal Investigator: Annette Whitehead-Pleaux, MA-MT-BC,
Saint Mary of the Woods College

Co-investigator: Suzanne Osman, MT-BC, Saint Mary of the Woods College

You are being asked to participate in a research study about ethnocultural countertransference in the music therapeutic relationship. The focus of this study is to investigate countertransference through the lens of ethnocultural response, and highlight the clinician's self-awareness in correlation to their client. This idea strongly considers the therapeutic use of self and explores how various culturally-based intersections with a client may inform ethnocultural countertransference in the music therapeutic relationship.

Key information for you to consider is provided below. Please carefully consider this key information and read this entire form to obtain more detailed information about this research study. Please feel free to ask questions about any of the information before deciding whether to participate in this research project. Participating in this research project is voluntary.

Key Information

Purpose of the researcher study
: The purpose of this study is to explore how intersecting with clients on an ethnic or cultural basis may inform ethnocultural countertransference in the music therapeutic relationship. Ultimately, this study aims to promote self-awareness and culturally informed clinical decision-making while discouraging bias and prejudice, particularly when working with ethnoculturally diverse clients.

Procedure and Duration
: The investigator will schedule a Zoom session for an in-depth, recorded, virtual interview with you. You will be asked to answer verbal prompts, and the investigator will record your responses in order to conduct an interpretive analysis of these responses at a later time. There will be one Zoom session scheduled for a two-hour interview.

Risks and discomfort
: Risks or discomforts from this research study may include discomfort as a result of clinicians being asked to recall a challenging or distressing experience.

Potential benefits
: Music therapy clinicians may benefit from a broadened exploration of countertransference with respect to culture, ethnicity, and the sense of identity. This study may help illustrate how harmonious music therapeutic relationships may be attained through mindfulness and honest self-reflection, particularly when working with ethnoculturally diverse clients.
Participation is voluntary.

Confidentiality
Any of your information that can directly identify you will be stored separately from the data that will be maintained for a period of three years in a password-protected electronic storage [or in a locked box]. Although measures will be taken to maintain the privacy of participants, it cannot be guaranteed that the participant will **not** be identified by potential readers if the study is published.

Compensation/Costs
There is no compensation or costs associated with this study.

Voluntary Participation
It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You can withdraw from the study at any time without penalty by contacting the co-investigator, Suzanne Osman, MT-BC, at suzanne.osman@smwc.edu, even if you decide to be part of the study now.

Use of Data for Future Study
Data that does not contain information directly identifying you could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.
If you have questions about this research study, please contact the principal investigator or co-investigator.

Principal Investigator
Annette Whitehead-Pleaux, MA, MT-BC
1 St Mary of the Woods College,
St Mary of the Woods, IN, 47876
Music and Theatre Department
Email: awhitehead-pleaux@smwc.edu

Co-investigator
Suzanne Osman, MT-BC
Email: suzanne.osman@smwc.edu

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____. If you have questions or concerns about your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board.

Chair, IRB
Dr. Lamprini Pantazi, Chair, Human Subjects Institutional Review Board
Saint Mary-of-the-Woods College
Saint Mary of the Woods, IN 47876
(812) 535-5232
lpantazi@smwc.edu

My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate, and I have received a copy of this consent form.

_____ _____

Signature Date

Note: If participant is under the age of 18, participant's parent or guardian must sign the consent form and the participant must sign an assent form.