



Music Therapy and Culture: An Essential Relationship?

Daisy Morris

Abstract

Whilst being interviewed by Brynjulf Stige for the *Nordic Journal of Music Therapy* (volume 10, issue 1), Kenneth Aigen said “I do not think it is reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90). Standing alone, this passage spoken by Aigen may give a negative impression. This paper will aim to put the above statement in context and think carefully about what Aigen might be suggesting. Through an honest and open exploration of the questions the statement raises, a realistic and more optimistic dialogue which was hidden beneath the words is unearthed. Through the deconstruction of Aigen’s statement this paper investigates our attitudes as music therapists towards culture and music and the preconceptions and assumptions which may arise. This paper will stress how a willingness to explore and broaden not only our attitudes towards culture, but also the confines of our musical ability, can result in an expansion of our knowledge, awareness and receptiveness. This, in turn, could lead to a practice of music therapy which is more fruitful and

successful, one in which we are clinically open and prepared for whatever our clients might bring to or need from their sessions.

Keywords: music therapy, culture, musical resources, identity

Daisy Morris is a second year student on the Masters of Music Therapy programme at Nordoff Robbins, London, UK. She is currently on placement one day a week at Open House; a community mental health setting run by Mind in Tower Hamlets (M.I.T.H), London, an affiliation of the national mental health charity ‘Mind’. Daisy has a degree in music (BA hons) from the University of Newcastle upon Tyne and then continued with a classical music training at Prague Conservatory of Music. She worked in London in arts management and administration for several years before deciding to train as a music therapist.

Email: morrisdaisy@hotmail.com

Introduction

This paper was originally written during my first year of the Masters of Music Therapy Programme at Nordoff Robbins, London. It was to be, and still is, a critical essay. For the purposes of the paper, I found and examined a statement that I considered thought-provoking and challenging. Reading the article *Music, Meaning and Experience as Therapy*, a transcription of a conversational interview with Kenneth Aigen, conducted by Brynjulf Stige and published on the *Nordic Journal of Music Therapy* (volume 10, issue 1, 2001), I came across the following passage which raised questions I had not yet fully considered during training:

“Music is not unique in (the) sense that sharing a cultural reference point between therapist and client facilitates therapy. I do not think it is

reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90).

My initial response to the passage was confused as I struggled to get to grips with what Aigen was saying. I had to re-read the passage, even out loud, several times. My overriding impression of Aigen’s statement was that, apart from appearing provocative, it was pessimistic; suddenly my romantic and perhaps naive belief that music could unfailingly connect people in any situation was challenged.

Aigen’s words were spoken in conversation, and what I find to be slightly rambling phrasing and perhaps ambiguous use of certain words is not only difficult to make sense of, but holds an underlying

negative tone. It is thus open to misinterpretation, in particular the second sentence:

“I do not think it is reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90).

This sentence seems to suggest we should not be surprised if cultural issues stand in our way or indeed make it impossible to work with a certain client.

This paper sets out to understand in greater depth what Aigen is saying with the aim of opening up further discussion with regards to cultural implications in music therapy. I must clarify however, that this paper, as a critical essay, represents my personal perspective on Aigen's statement rather than focusing on any personal issues related to my clinical work or training. The ideas and arguments I will explore stem from my personal reaction to Aigen's words and are supported by further literature in the field to illuminate the argument.

In context and coming to an understanding

In order to understand fully Aigen's passage it must be looked at in context. Stige and Aigen are discussing the 'objective' qualities of music - an idea developed by Zuckerkandl¹ (1956) in relation to western tonal music. Aigen (2001: 87) talks about how he rebelled against the idea that “specific components of music have specific and literal meanings”, but instead was drawn to Zuckerkandl's ideas that there are “properties of music that are 'objective' and that there are 'forces in music'” (Aigen 2001: 87).

Stige asks how this concept of objective qualities relating to western tonal music will enable music therapists to “meet clients from other cultures, with other conventions and maybe other ways of hearing music?” (Aigen 2001: 90). Aigen does not hide the fact that this may be difficult and likens it to not sharing the same language.

Here the meaning of the word “unique”, which is used in the original passage, is made clearer: relationships and communication are easier if there is a common cultural background and music is no exception to this. Like any other art form, music

may well speak more immediately to people with a common cultural background despite the frequently held belief that it is a medium which contains a ‘universal language’². However, Aigen goes on to explain that despite such difficulties, music is:

“transpersonal with objective qualities [...] it holds up the possibility for cross-cultural connection. Because you have got this objective entity within which people from very different backgrounds can now meet” (Aigen 2001: 90).

In order to put Aigen's initial passage in context and come to an understanding, it is necessary to focus also on the use of the word “work”. We would perhaps be misconstruing the word “work”, taking it in a literal, mechanical sense, when by “*work with*”, Aigen perhaps means make progress, develop and grow.

In his book *Paths of Development in Nordoff-Robbins Music Therapy*, Aigen (1998) writes extensively about his understanding of the concept of work:

“Therapy is never just about creating relationship, spontaneous relating in the moment, or the expression of emotions; there is always an element where the will is focused on, where the capacity for work is assessed because the ability to work is essential to self-actualisation. Moreover, work is tied to a human social context” (Aigen 1998: 286).

These words are interesting in the light of Aigen's (2001) original passage in that here he stresses the need for developing the capacity to work as essential to self-actualization and recognises this is something that needs to be developed and adapted. Being able to work with someone does not necessarily come easily and the degree to which we are able to usefully work is an important factor in the growth of our own self. We can compare the phrase “human social context” to the original passage (Aigen 1998: 286), where we are urged to consider how easy or difficult this context might be.

In the original passage, Aigen seems to be acknowledging that there might be cultural barriers to mutual understanding which make knowledge of and openness to the culture and background of our client important. We cannot simply launch

¹ Further information regarding Zuckerkandl's ideas of objective qualities of music, can be found in his book *Sound and Symbol* (1956). Also, a reference on his influence on Nordoff and Robbins' approach to music and music therapy practice can be found in the book *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music* (Robbins & Robbins 1998).

² Similarly, Tsiris (2008) explores in his article on aesthetic experience and transformation in music therapy, some aspects of Aigen's interview (2001) and he clarifies that music's transpersonal and objective qualities do not imply universality. From this perspective, objective qualities take place on an “individual level through intra- and inter-personal processes of negotiating values” (Tsiris 2008: online).

ourselves into clinical work without giving these issues some thought. How such knowledge is acted upon (if at all) is vital.

A shared cultural background enhances the ease with which we can communicate in so many aspects of life that it would be unreasonable to believe that music is an exception to this. But what ultimately allows music, more than anything else, to cross barriers of language and identity are the 'objective' qualities that lie within it, which are able to reach out to our psyche, regardless of our cultural background; an idea that I will develop further later on in this paper.

Assumptions and preconceptions

As music therapists it is vital that we examine both our own cultural identity and our attitudes to cultural differences. Pavlicevic writes about how we must be:

“sensitive to the cultural, social and musical norms [...] be informed and sensitive when selecting music for sessions. For many cultural groups there may be religious or cultural associations (and sensitivities) around certain music” (Pavlicevic 2003: 67).

On a similar note, in their article *The Greatest Distance between People is not Space but Culture*, Kenny and Stige (2008) quote the psychologist Pamela Hays who created a framework known as A.D.D.R.E.S.S.I.N.G, useful for therapists in addressing their capacity to work in a multicultural context. Great importance is placed on the therapists' openness to consider their own identity as much as they set out to understand that of their client. The therapist must address two categories of cross-cultural awareness:

“The first category concerns the therapists' personal self-exploration and growth; key to this process is a growing understanding of the influence of culture on one's own belief system and worldview. The second category consists of the therapist's self-education about clients' cultures, which usually leads to a deeper understanding of clients” (Hays 2001, as cited in Kenny & Stige 2008: online).

As well as acknowledging our clients' culture, it is equally important as music therapists to look inwardly at ourselves, to acknowledge our own cultural identity. This inward and outward awareness should enable us to work with our clients more empathically and ethically. As Brown writes:

“Due to this changing, culturally rich climate, music therapists need to consider and examine their own world view and those of their clients [...] Practising 'culturally centered' therapy requires a music therapist to take another step towards this awareness. It calls for examination and sensitivity to one's own world view and a willingness to be open to others, recognising that both differences and similarities exist” (Brown 2002: online).

For many people, this search for a culturally sensitive approach to music therapy may dilute the therapeutic setting and the music itself. Many place great importance on the belief that music is a universal medium, recognised and accessible to all. However, this may involve some risks. There could be a danger in assuming that in music it is possible to accept or relate to anything. Increasingly it seems this opinion is being swept aside and being replaced with a more culturally centered approach.

“Perceiving music as a universal language may give some practitioners a false sense of safety, believing that multicultural concerns are not necessarily an issue for music therapy” (Brown 2002: online).

It is interesting and stimulating to consider cultural differences, but there is perhaps a corresponding danger here in that we could place too much emphasis on this, and lose the spontaneous connectivity of music.

Sensitive search into our client's culture and background may help rid us of preconceptions which can dictate how successful or otherwise we are in our work as music therapists. As Aigen (2001) is suggesting in his passage, how we work with a client from a different culture, how we develop with them is not dependent on a closed view that music is 'unique'. On the other hand, any assumptions we may form in advance of working with a client must be put aside. The knowledge and understanding we have garnered should not be imposed on the client. Therapy encounters are commonly seen to be based on being fresh and open in response. We should set aside our knowledge and be open to it being fed back to us anew by the client, or not, as the case may be.

“Music therapists must have a musical cultural understanding, a deep respect for the individual or idiosyncratic and sometimes subcultural representation of music [...]. If the client is allowed to maintain her own cultural position, music may become a catalyst for the rewriting of preverbal experiences” (Ruud 1998: 25).

Nordoff and Robbins spoke of the “inadvisability of rigidly imposing nationalistic preferences in music therapy” (Robbins & Robbins 1998: 134). They refer to this view as “so terribly narrow, that you give a child born in Russia only Russian folk music - or that kind of music - as therapy” (Robbins & Robbins 1998: 136).

Music therapists must not place themselves on a pedestal, believing themselves to be all-understanding. Therapy is more mutual, more a case of “therapist and client together negotiating their own musical culture” (Pavlicevic 1997: 41).

At its simplest level, does the act of offering therapy not imply the taking of profound interest in someone? It is this interest in the identities brought by our clients to the sessions that we learn how to adapt, and at what level, to their needs and possibilities. This is not always going to be easy:

“It is not always possible to adjust completely to a client's culture, enculturation and acculturation are usually a long and complex process. In such cases, the interest and respect communicated may be more important than the degree of success of adjusting to the specific cultural codes” (Stige 2002: 41).

To summarise: knowledge and understanding of our clients is necessary, but what we do with it should be dictated by our clients’ reactions and initiatives, to which it is the therapist’s responsibility to respond.

Objective qualities and being prepared

As the *Association of Professional Music Therapists* (APMT) requires of all music therapy training courses in the UK, the Masters programme at Nordoff Robbins teaches a module known as “Musical Resources”. Students are taught a wide range of musical idioms in order that they achieve relevant musical skills and an understanding and appreciation of the qualities of many world-wide genres. The Nordoff Robbins training in New York, USA, where Aigen himself trained, also recognises this module as an important element of the training.

“We try to really learn these different scales and idioms, and learn what they are in themselves; develop our relationship to all of them, so that we can understand it from the inside and then direct it clinically” (Aigen 2001: 92).

In order to meet our clients as closely and effectively as possible we must be open to different sounds and to hear almost every sound musically. Through this we can begin to absorb aspects of

culture, character and personality, and draw closer to our client. In this way, our understanding of a culture stretches beyond its identity in terms of race, religion, gender and politics: we become attuned to the sounds, rhythms and sonorities of the music within that culture.

In his book *Culture Centered Music Therapy*, Stige (2002) writes about two different ways in which music therapists can relate to culture. He describes these as “culture centered” and “culture specific” music therapy. He defines culture centered music therapy as an “awareness about music therapy *as* culture” (Stige 2002: 42). More relevant to this paper is culture specific music therapy, which is an acknowledgment of:

“[...] the fact that a client comes to music therapy with a cultural identity, as does the therapist, and that music therapy therefore may not be considered a 'culture-free' enterprise. Our implication could be that therapists, in showing respect for clients and their culture, adjust their way of working to each client, for instance by choice of musical styles” (Stige 2002: 41).

In learning and becoming familiar with musical idioms from around the world we can acquire resources available to use as and when they are needed, whilst remaining aware that these resources may be used in the most unexpected situations with the least likely clients.

In the interview between Stige and Aigen (2001), Aigen talks about Nordoff and Robbins’ idea that there are musical archetypes which transcend culture. He goes on to talk about how Nordoff and Robbins used a style of music with a client for whom it held no earlier meaning:

“Their idea was that if you can find a music where there are no prior associations, and you are now using this music to create a self, help a person descend into human consciousness and evolve, the music you are creating will now be associated with this process of development [...]” (Aigen 2001: 91).

This is interesting in comparison to Ruud's (1998) passage quoted earlier in this paper where he expresses the importance of allowing the client to maintain their own “cultural position”. Ruud continues by supporting that this can subsequently form a catalyst through which the client's

“emotional life is not only expanded and enriched [...] as a verbal entity it is given a form that may be a starting point for reflection and subsequent action. She can then act from an expanded base of experience because she has

found new categories through which to treat her inner life” (Ruud 1998: 25).

This use of musical archetypes that transcend culture by Nordoff and Robbins could also be seen as imposing a certain style of music on a client which, as discussed, has its dangers. In their work with individuals, their early sessions would frequently find them discovering an idiom which ‘worked’ and engaged the child and they would often bring the same music to later sessions. Moreover, Nordoff and Robbins used pre-composed children’s songs to connect with their clients from session to session. Although this could be seen as approaching the sessions with a pre-formed decision to play a certain piece, or in a certain style, it was the child, in those first meetings, who inspired Nordoff and Robbins to match and support him or her using a particular idiom. Every tonality and rhythm that emerged in their sessions grew out of the child and was mutually developed between therapists and client as the therapy progressed. Nordoff and Robbins’ great ability to be open and attuned to their clients, delicately exploring many different idioms with their clients led them to realise that “many (children) react strongly to one or another of the archetypal forms of music originating in different cultures [...]” and that “the ability to improvise in all these styles is called for if the therapy is to attain its widest scope” (Nordoff & Robbins 1971: 54).

Aigen (2001) reminds us in his passage that a cultural reference point may well be likely to facilitate the therapeutic process. However, we should not presume that a musical idiom will suit a certain client because we believe we have a knowledge of what their musical identity consists of. We cannot jump straight in automatically presuming that therapy with a particular client will be easy because they are from a similar cultural background or because we believe we are able to play in their cultural ‘style’. Even when a meeting of musical cultural identity does not arise with a client, their experience can still be valuable.

Conclusion

Aigen appears unafraid to admit that there may be problems when culture and identity become entangled in the therapy process, but he also puts forward the possibility that the objective qualities in music can override our subjective opinions and attitudes. There is something immediate about music that makes it accessible to all. We are only letting cultural differences matter as much as our client needs us to. Culture can create difficulties,

but it need not and we must be careful not to let it become a scapegoat for any difficulties we might encounter with a client. Difficulties may arise in any area but if we maintain an openness, an awareness and a willingness to learn and embrace worldwide musical idioms we can offer our clients a wider and ultimately richer experience.

This paper has mainly explored theories, and therefore the question posed in its title (*Music therapy and culture: an essential relationship?*) remains largely open. It would be interesting and enlightening to investigate the subject further through clinical experience, and perhaps this paper will encourage practitioners to do so. A recent example of such a practical quest on music therapy and culture is presented by Dunbar (2009) through a case study article of her music therapy work with an elderly refugee. In studying further a number of clients of various backgrounds and nationalities, and how cultural differences are addressed, if at all, in the therapist’s work with them, we could learn more about culture’s role in music therapy, and how close the relationship between them needs to be.

References

- Aigen, K. (1998). *Paths of Development in Nordoff-Robbins Music Therapy*. Gilsum, NH: Barcelona Publishers.
- Aigen, K. (2001). Music, meaning and experience as therapy - Kenneth Aigen interviewed by Brynjulf Stige. *Nordic Journal of Music Therapy*, 10 (1): 86-99.
- Brown, J. (2002). Towards a culturally centered music therapy practice. *Voices: A World Forum for Music Therapy*, 2 (1). Retrieved March 28, 2010, from [www.voices.no/mainissues/Voices2\(1\)brown.html](http://www.voices.no/mainissues/Voices2(1)brown.html)
- Dunbar, N. (2009). Making a space for music in individual music therapy with an elderly refugee. *British Journal of Music Therapy*, 23 (2): 25-31.
- Hays, P. (2001). *Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors*. Washington, DC: American Psychological Association.
- Kenny, C. & Stige, B. (2008). The greatest distance between people is not space but culture. *Voices: A World Forum for Music Therapy*, 8 (1). Retrieved March 10, 2010, from www.voices.no/mainissues/mi40008000265.php

- Nordoff, P. & Robbins, C. (1971). *Therapy in Music for Handicapped Children*. London: Victor Gollancz Ltd.
- Pavlicevic, M. (1997). *Music Therapy in Context: Music, Meaning and Relationship*. London and Philadelphia: Jessica Kingsley Publishers.
- Pavlicevic, M. (2003). *Groups in Music: Strategies from Music Therapy*. London and Philadelphia: Jessica Kingsley Publishers.
- Robbins-Elwafi, P. (2005). Cross-cultural music therapy in Doha, Qatar. *Voices: A World Forum for Music Therapy*. Retrieved March 28, 2010 from www.voices.no/country/monthqatar_june2005.html
- Robbins, C. & Robbins, C. (1998). *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music*. Gilsum, NH: Barcelona Publishers.
- Ruud, E. (1998). *Music Therapy: Improvisation, Communication and Culture*. Gilsum, NH: Barcelona Publishers.
- Stige, B. (2002). *Culture-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers.
- Tsiris, G. (2008). Aesthetic experience and transformation in music therapy: A critical essay. *Voices: A World Forum for Music Therapy*, 8 (3). Retrieved November 10, 2008, from www.voices.no/mainissues/mi40008000286.php
- Zuckermandl, V. (1956). *Sound and Symbol: Music and the External World*. Princeton, NJ: University Press, Princeton.

To cite this text:

Morris, D. (2010). Music therapy and culture: An essential relationship? *Approaches: Music Therapy & Special Music Education*, 2 (1): 6-11. Available online: <http://approaches.primarymusic.gr>