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Multicultural Encounters in Music Therapy - A Qualitative Research

By Nechama Yehuda [|Author bio & contact info|](#)

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Abstract

While the literature suggests that music therapists should enlarge their musical scope, and get acquainted with music from different cultures, the experience of the therapist who has to treat clients from different cultures and "speak" a completely different musical language has not been researched sufficiently. This paper attempts to present research that describes how musicians and music therapists cope with questions and conflicts that come up when being exposed to foreign musical styles, and especially how therapists deal in their work with problems that arise when treating clients of different and/or foreign musical cultures. This is a qualitative phenomenological study that aims to describe and analyze the experience of the participants, as being told by them.

The number of immigrants arriving in Israel from different cultures from all over the world, as well as the Arab population which lives with us, turns the Israeli society into a very complex society. It forces us to look carefully at the question of the role of culture in the therapeutic process.

I will first describe the source of the study, relate briefly to the literature, specify the research questions, methods and procedures, then I will offer partial results and discuss them in the context of the intersubjective theory (Ogden, 1994).

Introduction

By using the concept "multiculturalism" I do not mean to focus implicitly or explicitly on "exotic" people (Ethiopian, Arabs etc.). I cannot ignore the deeply rooted differences in the cultures of Jewish people who have lived in the country for a couple of generations, but came originally from different countries. There are significant differences between Jews who came from the east or from the west; between Arab and Jewish people; between ultra orthodox and secular Jewish people; between social classes; between political rivals; and even between age groups. Blacking (1987), writes: "If cultural differences exist at all, they can be used to separate very similar social groups, no matter how trivial they may be" (p. 145).

My interest in the subject of multiculturalism in music therapy is derived from selected encounters with clients that I see in my music therapy practice and from interactions with my students. In both settings, cultural issues are often the cause of conflicts.

On one occasion, students in the process of their studies (toward a degree in special

education) were asked to present a song or a musical composition of their choice. A particular song that was chosen and played by one student provoked a reaction of anger and intolerance by another student. The song in question was in the Mediterranean Israeli style, which is considered to be of low rank. In my practice, the cultural issue surfaced when a 5-year old girl of ultra-orthodox parents (who were in the midst of a becoming ultra religious), asked me to avoid classical music that was written to accompany texts from the New Testament. Similarly, a different 6-year ultra-orthodox client wanted to listen only to religious songs, which were part of her culture, as opposed to a 9-year old client, at the onset of adolescence, who was willing to work only with the music of Spice Girls and High Five. Another example of the commitment to cultural values can be seen in the academic world in Israel: A senior lecturer in the academic educational system in Israel who teaches music to Arab students, claimed in a most decisive manner, that there is no way that Arab students can learn the traditional western harmony and the philosophy behind it.

The questions and thoughts following these incidents were most provocative for me. Most people are, understandably, attached to the music with which they grew up. They love it, and it becomes part of their personal identity. But are the healing powers of music universal or culturally specific? I think that the reaction of the student mentioned above, who may have been at the end of her adolescence, and the reaction of the client who was at the beginning of that period, are of a common origin. They both heard the music with their ears, but the significance it had, and the place this particular music held within their lives was much deeper. Disregard or denial of the special nature of a song affects the deepest part of the soul and may even hurt. This is especially true during the period of adolescence, which is characterized by feelings of alienation, great changes and distancing from one's home, from the shelter of childhood.

The parents of the 5-year old client, who were in the process of becoming very religious had been exposed in the past to the sublime music Bach written to accompany texts from the New Testament, and they felt its power. They wanted to safeguard their daughter and to act according to the codes of the culture with which they wished to be affiliated: a culture of the ultra orthodox Jewish people that forbids its members to listen to this type of music. The senior lecturer with whom I discussed the question of acquiring the traditional western harmony by Arab students at an older age was very adamant in his response. Did he overreact? Was he right?

Experiencing musical authenticity is regarded as a cure for alienation because it offers a sense of belonging to a community. "Music is considered to be authentic when it sounds authentic or when you are feeling that it's real, when it has credibility, and it is perceived as unique", claimed Ethiopian adolescents when asked what is authentic music to them (Shabtay, 2001). For them, music is not only a pastime. It offers a variety of personal, cultural, political and social experiences. Can music be unreal? When do you feel it's real? What are the musical elements that turn music into a "real" one?

One of the basic assumptions of music therapy is that the idiosyncratic interpretation of the listener to a musical piece is as valid and as meaningful as that of the artist. The term "aesthetic value" is attached not to the piece but to the experience of the creator and/or the interpreter. The experience of the patient and of the therapist is at the center. Who has experienced it more "truly"? Is authentic experience possible only when the music is part of your own culture? Are the healing powers of the music universal or culturally specific?

My personal deliberations about the music I bring into the therapy room were difficult and embarrassing: Did my client feel my objection to the rock music she brought into the room? Should I love my client's music? What is the place of my music? Does my rejection of the music of the other portray a general fear of "the other", or even a fear of "the other" in my self?

Aesthetic dimensions are central to our work, and Lecourt (in Bruscia, 1998), has emphasized the importance of understanding the aesthetic biases that may lead to distortions in the patient - therapist relationship. Different cultural backgrounds can definitely be a source for aesthetic biases.

Can I learn different kinds of music that are based on different musical systems? Do I want or do I have to learn these songs? Do I have the time, the energy and the capacity to learn everything that I want to learn, or have I passed the imprinting period and am I too old for that?

The main question is of course: How do all these questions and doubts affect the therapeutic process?

These questions and other similar considerations have led me to do this research. It was obvious to me that my clients and I are creations of a certain musical culture. We are exposed (on different levels) to extremely complex interactions. The hidden and more meaningful aspects of the culture are revealed in a non-verbal way, and the culture acts as a screen, that filters the stimuli we are being exposed to, and makes us ignore some of them and pay attention to others (Dosamantes-Beurdy, 1997). Also, the stands and beliefs that the client and the therapist bring along with them with regard to the musical experience may be different - due to different cultural backgrounds or exposure to different elements within the same culture - and thus conflicts may arise in therapy.

Literature Review

In this section I briefly survey the literature concerning multicultural encounters in therapy, and present definitions of culture and music.

In the music therapy literature there is very little material written on the inter-cultural encounters in music, and until recently there was a tendency within the professional literature to disregard its implications and dilemmas.

I was also curious to see how performing musicians or composers cope with music from foreign cultures. I did not find any substantial body of research on this subject, although I believe that looking into this situation might throw light on understanding the therapeutic process in a multicultural environment.

On Culture

Taylor (1891) writes that culture is a complex totality, which includes knowledge, faith, art, ethics, law, customs and any ability or habit that have been acquired by a person while being a part of the human society. They are inherited by the genetic system. Geertz (1973) says that culture is the stories we tell ourselves. It's a system of symbols and the meaning people attach to those symbols. A person is trapped within the cultural strands he has weaved for himself, and is *programmed* in a cultural way. Culture is actually a principal guiding element in evolution. Our ideas, values, actions and even feelings - all of these, just like our nerve system itself, are products of culture. It is not only our spiritual, emotional and psychological worlds that are formed by culture. Culture also touches our bodies and nervous systems.

On Music

Music has many functions, some being determined by the demands set by the culture. Cross (2001), claims that "The consensual view from within the humanities appears to be that music is cultural rather than natural; music is viewed as constituted of practices, concepts, and perceptions that are grounded in particular social interactions and constructions" (p. 2). Meyer (1965) is of the opinion that listening to music involves beliefs and culturally conditioned stands, which allow for an aesthetic experience. Meyer relies on the point of view of information theory, that was developed by Shannon and Weaver at the end of the forties (1949), and claims that the music which is more incidental and has more information than expected, is less communicative, is unexplained and doesn't allow emotional attachment. When we understand the world and the music, and react to it in terms of structures, terms, and classifications based within a cultural framework, the music becomes more communicative and allows for an emotional attachment (Meyer, 1967). Human communication is based on learning a system of signs, customs and tendencies, which is unique to every culture, and is being assimilated into us and becomes an unseparated part of our being, only after countless experiences in infancy.

Deliege and Melan (1997) write that active listening is a process of schematization, i.e., reducing the objective substance of the musical material the listener is being exposed to, which is based on specific cases being selected by the listener. Repeated listening leaves its mark and footprints and allows the organization of a new musical material, which is close to the schemes blended into it. The accessibility of the scheme mitigates the remembering process.

Music is an organization of sounds designed to stimulate an experience, and its reception is based on learned schemes - which are unique to every culture and period, and are natural - which have been neglected and are not cultural dependant.

Adorno (1998) feels that the composing process is anchored in the musical language, which like the natural language, is a *structure, inherited by culture* [my italics]. When a subject speaks or writes music, history is being reflected in the structure and character of the language.

Lomax (1968) thinks that concrete details about society can be inferred from general attributes of the music. Stravinsky writes that the stylish form and the conventions of the musical tradition are essential for him as a composer, because the external structure of the musical form holds his artistic impulses. He needs the limitations of the style so he won't be intimidated by the abyss formed when there is no framework (quoted by Pavlicevic, in Gilroy & Lee, 1995). An additional argument that may explain the necessity and importance of style limitations is the need of the composer to translate the personal experience into a public and communicative one. To realize this need, the composer must express himself within the rules of musical grammar that are familiar to the other. Composers may choose what they want to do with music, but for most of them the choice is limited by their cultural tradition.

Intercultural meetings in psychotherapy and music therapy

The psychological treatment, in its variations, is a *socio-cultural political phenomena*, and therefore there must be an awareness of the limitations of the therapist dealing with a client from another culture, and the quality of this meeting. Several psychologists (Bilu and Witstum, 1994, Gorkin, 1996), have researched the subject of cultural sensitivity in therapy. In a treatment where the therapist is Jewish and the patient is Arab, there are mistakes that reflect cultural assumptions and values. Misinterpreting the meaning of a client's statements, or his behavior, and culturally unsuitable reactions may intrude on the therapeutic process. Every therapist should also reflect on what way negative feelings that stem from cultural difference interfere with the therapeutic situation.

- A great deal of curiosity and interest in the client's culture that arise from the therapist's need and not from therapeutic considerations.
- Aggressive feelings that are awakened while listening to unfamiliar or different music.
- The need of the therapist to prove to himself that he is free from superstitions.
- The need to atone for guilt feelings caused by the hatred of foreigners.

Bilu and Witstum (1994) investigated treatment in ultra-orthodox societies, and claim that there is a tremendous importance in knowing the cultural world of those seeking treatment. They recommend combining the cultural symbols of the patients within the therapeutic process.

Music is a process based on a world of symbols that are elusive and do not adhere to verbal definitions, that are pregnant with meanings, and are the heart of the cultural experience. As such one must examine what happens when the symbols are different. Cohen (1986) adds another dimension to this difficulty: in an inter-cultural meeting, even where there are changes in the different aspects of life, music is the symbol that is most preserved. Thus, even the treatment of change as a value differs from culture to culture, and may affect what happens in the therapy room and the readiness of the therapist and/or the client to change musical preferences (some cultures are more open-minded, willing to consider new ideas; other cultures, for example: ultra-orthodox, Moroccan and Russian, sanctify the present and object to change). The therapeutic relationship reveals the dialectics between the unique and the universal, which characterizes every musical style.

The research field as a social world

As mentioned before, in the literature there is no research about the personal experience of the musician or the therapist in a situation where they listen and adapt to music that is strange to their culture.

A personal experience occurs within the unique world of each person that was raised in a specific culture, and the way to try and understand it is by qualitative research that allows the researcher to receive authentic descriptions from the people who have dealt with these experiences in the past. These descriptions and the significance that the participants give them are the focus of this research.

Music therapy is an inter-disciplinary field. It's an experience that at its center stands music, but it occurs within the social-cultural context. Past research in music therapy tended to disregard this fact, in contrast with ethnomusicology, which is a branch in musicology research that investigates music as an aspect of culture. Most ethnomusicologists are interested in the function of music in culture and society, and focus mainly on field research, combining research terms that evolved in anthropological thinking. Stige (2001), proposes a method that sees the *clinical research as ethnography*, which means that *culture is a central concept in music therapy, and in addition - the "writing" is in the heart of ethnography*. Few researchers in music therapy have dealt with the ethnographic aspects; amongst them Ruud (1990, 1998),

who feels that an anthropological research is very valuable in music therapy, and Aldridge (1999, 2000), who has conducted ethnographic researches.

The main question of the research is:

How meaningful and restrictive are the limitations of the musical culture of the client and the therapist, and how much are performing musicians, therapists and clients being affected by their personal-cultural-musical background in their encounters? It is the experience of the musicians and the therapists that I wish to investigate.

Additional questions are:

1. What are the cultural questions that the therapist faces?
2. How does the therapist confront cultural questions?
3. How does he deal with these questions in therapy?
4. Does he experience any difficulties in regard to cultural issues?

The stages of the research

1. Pilot interviews were audiotaped, transcribed and analyzed.
2. On the basis of the pilot study, interviews were performed with the participants. All interviews were audiotaped and transcribed.
3. A personal diary of each interview was written by me as the researcher.
4. Each interview was summarized and the summary was sent to the interviewees for additional comments.
5. A qualitative data analysis was then performed.

The criteria for choosing the participants were:

1. Certified music therapists who worked with clients who were born and raised in a different culture than their own culture.
2. Music therapists who have been practicing music therapy for at least five years.
3. Musicians who were performing and/or composing music that originated in a different culture than their own culture.

Short profiles of the participants

Music therapists

IRIT - Born in Israel, in her mid-thirties, of West European origin. Early exposure to: pop music, popular classical music, Israeli music, Jewish religious music and jazz. She learned music in high school, and higher institutions (B.A. & M.A.), and always played the piano by ear. She has worked with psychiatric and homeless people in a hospital in the U.S.A., Arab children, children from ultra-orthodox and non-orthodox Jewish families, and adolescents.

YAFIT - Born and raised in an English-speaking western country, in her end-forties. Early exposure to: classical, popular music (mainly political songs), She holds a B.A in music education. Worked in a children's hospital with Arabs, Jewish children from ultra-orthodox and non-orthodox families, and adolescents.

LIORA - Born in Jerusalem, to a Sephardic family who did not raise their children in their own native culture, in her early thirties. Her parents didn't listen to music, and did not expose her to the Ladino music and language, which was their native culture. Through her uncles she has been exposed to it, and considers the Ladino to be her culture. She has a B.A. in musicology, and a teaching diploma in music. She works in a rehabilitation center with the elderly, Alzheimer patients and people who experienced stroke. Works mainly with Yiddish-speaking, Eastern Europe Jews (from Poland and Lithuania).

SIGALL - born and raised in Israel, of Russian origin. Early exposure to classical music, Russian and Yiddish songs, which her parents sang. She sings, plays the piano and recorders, she is a music teacher and has acquired an academic education (B.A. & M.A. in music therapy). She worked with clients with psychiatric disorders, retarded and autistic children, children and adolescents with emotional difficulties of orthodox, non-orthodox, traditional Jewish families, and Arab families.

ZVIA - U.S.A -born, of Eastern Europe origins. Immigrated to Israel at the age of nine. Early exposure to popular classical music, jazz, musicals, Harry Belafonte, Danny Kay and Jewish religious music. She played the piano at a very early age, guitar and flute. She has B.A. in music, studied Eastern music and voice which is her main instrument. She works with retarded autistic grown-ups, addicted adults in a drug rehabilitation community and children with developmental problems. Her clients come from Ukraine, Georgia, Siberia, Armenia, Islamic republics: Kazakhstan, Uzbekistan and the Caucasus, some of them are Israeli-born of eastern origins (Morocco, Yemen, Iraq and Kurdistan). She also works with Israeli Arabs, Druses and Bedouins, and a few clients of western origin.

TAMARA - Born in Jerusalem, in her mid-forties, from a mixed origin: Russian (father) and Syrian (mother). Her mother's tongue is Hebrew. She speaks also English and other European languages. She has spent many years in Europe. Early exposure to cantillation, classical music. She plays the piano, guitar and percussions. A graduate of the music academy, and has learnt music therapy and developmental psychology. Worked with Irish elderly, a Lebanese child, Americans (mostly Afro-Americans from ruined homes), and children from Ireland and Puerto-Rico.

Musicians

OFFER - Born in Jerusalem, in his mid-thirties. His parents are Yemenite, but his mother tongue is Hebrew with a Yemenite accent. Early exposure to religious Yemenite music (as a child, he refused to listen to Yemenite music at home), Israeli songs, American songs, a little classical and Christian religious music and jazz. His education includes Yemenite prayer melodies, Yemenite cantillations, drums. He learned singing with a cantor of west European origin, has a B.A. in voice from the Israeli academy of music. He performs German Lied, music written by Micheal Wollpe, (an Israeli composer) and Jazz.

MENACHEM - In his early fifties. Musician, composer, performer and teacher. Born in Israel, of Polish origins. Early exposure through his father, a gifted musician to: classical music, Jewish west European style, jazz and ethnic gypsy music. With his father he studied piano and harmony at an early age. He has B.A. and M.A in music. As a grown up he was exposed to Arab music. He writes for oude, uses Arabic idioms in his compositions and performs with Arab musicians.

TYASSIR - An Arab musician, born and raised in Israel, has a western academic education in music. Performs on the oude, plays the Arabic and the classical violin (from an early age), and the Darboukha. Teaches at the Musical Academy in Jerusalem and is the head of Arab Music Department. Works on his P.H.D. He performs pieces composed by Menachem Wiesenberg (one of my research participants), who is an Israeli composer.

GUY - A composer and performer. Born in Israel to an Israeli-born mother of Polish origins and a South-African born father with Lithuanian origins. The house was open to foreign cultures, including: Celtic, Classical and eastern music. He plays violin, guitar and percussions. He learned Arab music at the academy of music, holds a B.A. in music, sings and plays Flamenco, Hip-Hop and Irish music.

AVI - Born in Morocco. Early exposure to religious and non-religious Moroccan music at home. He learned western music, composition and researched Moroccan music. A musician, composer, lecturer, and researcher in the field of music. Holds a P.H.D. in music. One of the founders of the Andalusian orchestra. He also arranges the music and serves as the conductor.

SUZAN - A choreographer, singer, lecturer and teacher. Born in Italy, of western origins (Russia and Poland), but musically raised on the tradition of Italian songs & Ladino Sephardic music. She studied western music, Arab music, and the canillations of the Sephardic Jews. She sings Sephardic music (Ladino).

Research results

I would like to introduce and discuss partial results of my research. The results are written according to categories and are accompanied by short statements that are based on the participants' interviews.

1. DIFFERENT REACTIONS OF THERAPISTS TO MUSIC OF A DIFFERENT CULTURE:

- Foreign music attracts me
- I have a mystical attraction to foreign music

- I have a hard time approaching music I don't understand
- There are musical components that make it harder or easier to approach foreign music
- The sound of a certain musical instrument repels me

2. THE EFFECTS OF NON-MUSICAL ELEMENTS ON MUSIC THERAPISTS AND MUSICIANS WHO APPROACH FOREIGN MUSIC

- Political and social elements affect therapists and clients on their ability to accept or reject the music of another client
- Human elements such as relationship between parents and children have an effect on the ability to approach foreign music
- Understanding and performing foreign music cannot be mastered at an advanced age

3. REACTIONS OF MUSICIANS OF EASTERN ORIGINS TO CLASSICAL WESTERN MUSIC

- Classical music is divorced from real life
- Classical music can be approached through the body
- A social stigma prevents me from approaching classical music
- The harmonic perception is natural to one who has grown in western music, but is hard to master it if you grew on Arab music

4. THE WAYS JEWISH THERAPISTS DEAL WITH ARAB MUSIC

- Social stereotypes toward Arab people, affect the relationship to Arab music
- A conflict with one of your parents who is of Jewish Arabic origin affects the relationship to Arab music
- The Arab language repels me
- Meeting Arab people and learning their language makes it easier to approach their music
- Therapeutic considerations help the therapist overcome his personal resistance to Arab music
- It is hard to for me to approach Arab music because of its different elements

5. DIFFICULTIES IN DEALING WITH JEWISH ULTRA-ORTHODOX POPULATION

- The ultra-orthodox society rejects the non-religious therapist
- The ultra-orthodox society will not mingle with the Arab population in the hospital, where they are hospitalized together
- The ultra-orthodox society will not let its children who attend music therapy in the hospital listen to music from other cultures
- Learning ultra-orthodox melodies from a book doesn't mean that the therapist can play it "from the soul"

6. IDEAS ABOUT PERFORMING FOREIGN MUSIC AND COMPOSING MUSIC THAT IS COMBINED OF DIFFERENT STYLES

- The performer doesn't have to be loyal to the performing rules of the original culture
- The performer doesn't have to imitate the original way of performing the music
- In performing foreign music, the performer has to be loyal to the origin of the music
- Performing music from a different culture is more difficult than performing music of one's own original culture
- Learning and performing foreign music is affected by cultural, social, political and personal elements
- The composing process is done unconsciously and therefore it is hard to trace the exact origin of the music you write

- The learning of a different time perception is complex and difficult, and different cultures have different time perceptions
- Being in touch with foreign music helps to create a "personal language" in composing

7. THERAPEUTIC ATTITUDES AND TECHNIQUES WITH CLIENTS FROM DIFFERENT CULTURES

- The therapist chooses the music for a session according to the client's needs
- The identification of the therapist with the client's music doesn't guarantee the success of the treatment
- A therapeutic stand which includes empathy, allows the therapist to approach foreign music
- Improvising together with the client allows the therapist to focus on the present, and not on the different cultural background
- The rhythm allows bi-cultural connection
- Listening together to foreign music, may serve as a way of getting to know the client and to better approach him

Discussion of results

Both musicians and therapists agree that it is difficult to approach and deal with foreign music, music that is different from yours, and that this difficulty influences your encounters with "the other". They also agree that exposure to a different musical culture at an early age is the only way one can learn a musical language with all its subtleties. In the therapeutic process we try to communicate with each of our clients in a natural way, including those who grew up in a culture that is completely different from our own. In addition, these results together with the literature support the view that we need to take into consideration the contextual factors of both client and therapist.

The intersubjective theory (Ogden, 1994) emphasizes that two people with two different worlds are present in therapy. The therapist is not simply an external observer of the therapeutic process. His/her personal and interpersonal experiences enable an understanding of her/himself, the patient and the interaction between them. The therapist does not yield his personal subjectivity.

The following two vignettes will serve to illustrate how the above-mentioned theory can explain what happens in music therapy. Sigal, one of the participants, believes that the therapeutic process with an Arab child develops better if she introduces her musical western background to the therapeutic encounter. In her words: "by ignoring the therapist's own musical heritage, the therapist is ignoring part of himself. Let's meet in the middle, *let's create together our unique world*". This is why with an Arab patient she can use the darbouka, play her western rhythms, and let the patient play his eastern rhythms.

Both client and therapist play on the darbouka, which is a familiar instrument to the patient, and an instrument she can easily handle. She is aware that his rhythmic ability is much more developed than hers, and that she will have to spend a lot of time to train herself in order to understand the time perception of the Arab music. Can she be a good music therapist to that Arab boy? Her answer is surprising: she feels the therapeutic process can benefit from such a situation because of the counter transference; the feelings of inferiority that she feels when she listens to his drumming, can enhance a better understanding of the sense of impotency that her patient feels.

The other example is taken from my own practice. Mr. B. is a 65 years old man who suffers from depression, with whom I have been working for the past two years. Our work is centered on reviving his relationship with music and discovering the "music child", the living part within himself. In one of our meetings, we tried to get acquainted with Debussy's musical language with which he was unfamiliar. Towards the end of the meeting, I asked Mr. B to improvise without a given subject. He played the piano by himself and to both my and his amazement he improvised using idioms from Debussy. We listened to the music together. He spoke about his music being vague and foggy, had tears in his eyes and was stunned by his ability to improvise in a musical language he did not know. I heard in his impressionistic music questions and dialogues. This was our last meeting before my vacation. We shook hands and he said to me: "we are not going to meet for almost 3 weeks, I will not be able to go on with this by myself. It is

only through the dialogue with you that I can make such music..."

We are two different people who have our own special way of making sense of the music and of the world. Although we are both western, and we were raised and lived in Israel most of our lives, the differences in our approach of appreciating and interpreting the music we produce are rather profound.

A dialogue between two people encourages an inner dialogue in both of us and the interplay of subjectivity and intersubjectivity creates a third subjectivity which is a product or a process of a unique dialectic. This dialectic is generated between the separate subjectivities of the therapist and his music, and the client and his music, and by the dynamics within the therapeutic session itself (Ogden, 1994). The author speaks about the "analytic third", and this is his way to conceptualize the relationship that is built between the therapist and the client. We talk about musical relationship, a musical creation, and an event that articulates a social construct. Our "musicizing" was centered on the relationship between us, a third world was formed, and that facilitated the discovery of a "music child" which was ready to be born.

I believe that this is how we can meet our patients, even when our musical languages are different. The languages are different but there remain critical similarities among them that can be looked at and adopted in working with clients who come from different backgrounds than their music therapists.

Similarity between musical languages affords the creation of communication and relationships, but I think that communication in a therapeutic process even when it is done mainly through music is much more subtle and complicated. I would like to try and expand the concept of similarity by looking at it in a different way. Etzion and Weich Shahak (1993), claim that The Sephardic Romancero (i.e., corpus of Judeo -Spanish ballads) present a unique case study of stability and change in oral tradition, and present us with a fresh approach towards the notions of similarity and variance. They suggest using the criteria of "open concept" in defining similarity (indebted to Wittgenstein's notion of "family resemblance") instead of the sufficient or necessary criteria. Their operative principle in understanding the transformations that this genre went through was the notion that "Similarity between two entities is a two-sided concept referring not only to their common features, but also to the degree of variability they exhibit" (p. 268). I think that using their principle will help us to see how we can build a third musical entity even when the initial differences in musical style between therapist and client is immense. Finding similarity between two songs or two musical pieces that come from different cultural worlds forces us to look into all the musical parameters, not considering any of them as primary or secondary, and we should not neglect parameters that deal with the connections the music has to real life. For instance, lullabies from different cultures, which are sung to babies, might have different musical parameters, but they are similar in the quality of love and tenderness that is transmitted through the voices of the mothers. This quality is not secondary to many musical parameters in finding similarities.

An example of this is the following research by Trehub, Schellenberg and Hill (in Deliege and Sloboda, 1997). As far as musical similarities, they write that Lullabies (the most common type of care giving song) from different cultures share a number of common features: repetition, contour, simplicity and a preponderance of descending intervals. (Going back to Etzion's and Weich Shahak's article, these features are not considered secondary to pitch related factors, in establishing similarities.) The authors cite a research done by Trainor (1996), which checked babies' musical preferences for one of two recorded versions of certain lullabies and other songs. What is exciting about the results is that across all comparisons infants revealed a preference for the universal musical form, the lullaby, and for more conventional performing styles within this genre, that of a mother singing to her infant. The babies who took part in the research heard the lullaby through a loud speaker; nevertheless they could detect the special quality of the voice, which transmitted human love and care. The quality of the voice, the emotions that were transmitted and not the musical parameters helped the babies detect the similarity.

Suzan, one of the research's participants, was dancing and singing for a couple of month with a group of African dancers in New York. It was a very meaningful experience for her since it offered her the opportunity to learn about herself and discover her identity. This is what she says: "I cannot stand too much strangeness, but there is an optimal amount of it that I deliberately choose, because it can serve as a stronger mirror of myself...I have dialogues...I get friendly with things from different cultures because I learn from them about myself", and she adds: "touching various cultures helped me to discover my center...I borrow music from foreign cultures when I feel that my *feelings sound similar to the sounds I hear in their music* (her voice

got louder when uttering that last statement). I do not try to imitate other cultures". Attachment to different musical cultures does not necessarily occur when the musical language is similar, it can also happen when the feelings expressed through the music are the same. Menachem, who composes music, claims that he decided to study the Arab musical language, because he wanted to find his personal way of saying things in music, and because of political considerations. He was trying to combine the influence of the Western music and the Arabic music; he wanted to attach in a genuine way cultural characteristics that belong to the musical parameters of the two cultures, and try to create a combination that will work, that will not sound like a clumsy attempt to combine two things *that do not belong together*. Menachem believes he can create a third musical world, mixing together worlds that are different but have parameters that have something in common and can live together.

Zvia, a music therapist who participated in the study, feels that her personal history that includes immigration at a young age, makes it easier for her to overcome musical differences, and thus she is able to be in touch with a client who shares with her a similar history. His different musical language does not interfere with her ability to create a special third space where the two of them share an intimate experience together.

Summary

Music is a multifaceted phenomenon that touches all aspects of life. I believe that as therapists we can find ways to deal with conflicts that arise in a multicultural environment, even when the musical language is completely different. The study indicated that looking only at the musical parameters will not give us the answers; music is human and was born out of human needs. Sounds, rhythms, chords, forms alone will not give us answers to complex multi cultural aspects of the therapeutic process. The way to overcome the barriers of different musical languages is to look for subtle shades of common features in human experiences, such as: thoughts, feelings, corporal sensations, psychological reality, social identity etc., and focus on them. Looking at them and their relationship to music might afford us, the therapists, to feel as fully as possible our clients and ourselves and be able to do our work.

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