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Towards a Culturally Centered Music Therapy Practice

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Abstract

At present very little information on the topic of multicultural music therapy practice has been published in the United States and Canada. This article reviews the music therapy and counselling literature to advocate the need for culturally centered music therapy practice. The paper examines the areas of ethical considerations, cultural empathy, the need for music therapists to understand and explore their own and their clients' world views, and the concept of music as a universal language. The article ends with some useful techniques for readers to apply to their practice.


Résumé

Jusqua ce jour, les publications entourant la musicothérapie multiculturelle aux Etas-Unis ainsi qu'au Canada sont limitées. Cet article présente la musicothérapie et la littérature conseillère afin de promouvoir la pratique de la musique au sein de notre société. Cet article examine les endroits considérant l'éthique, l'empathie culturelle, le besoin qu'on les musicothérapeutes de comprendre et d'explorer leur position ainsi que celle du client, et le concept de la musique comme étant une langue universelle. Cet article nous laisse avec des techniques que le lecteur pourra développer lors d'expériences pratiques.

Introduction

Music therapists are being increasingly called upon to work within a multitude of client settings. Many facilities and organizations are comprised of increasingly diverse cultural populations. Due to this changing, culturally rich climate, music therapists need to consider and examine their own world view and those of their clients. This is certainly not an easy task, especially for those who have received little, if any, education in this area from undergraduate music therapy programs. It could be argued that a culturally centered music therapy practice is unnecessary if music therapists practice empathically and sensitively. Being an effective and ethical therapist, music or otherwise, requires constant vigilance and growth in the area of personal awareness. 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, recognizing that both differences and similarities exist. Some people may resist this thinking and change in practice within the helping profession. However, as stated by Arredondo (1994), "to embark on multicultural training...development is to move towards change. Ironically, change is core to our professional work" (p.304).

This paper will begin with a discussion of ethical considerations that will identify the need for culturally centered music therapy practice. A discussion of cultural empathy, a concept that is

 photo not available

consistently referred to in multicultural training and practice within the helping profession will follow. The importance of examining and understanding our own world views as music therapists and our clients' world views will be discussed. To inspire awareness and creativity within practice, a discussion of music as a universal language and examples of music therapy-related techniques will follow. It is hoped that by the end of this paper a clearer sense of the importance and implementation of a culturally centered music therapy practice will be evident.

Ethical Considerations

In discussing the need for a culturally centered music therapy practice, a discussion and review of the Canadian Association for Music Therapy Code of Ethics, (1999) needs to be undertaken. Under Principle 1: Respect for the Dignity and Rights of Persons, 1.5, states "music therapists would not engage publicly in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, colour, race, religion, gender, sexual orientation, health status, etc., or other remarks which reflect adversely on the dignity of others"(p.6). Principle II: Responsible Practice, 11.10, states "music therapists would evaluate how their experience, attitudes, culture, beliefs, values, social context, individual differences, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others" (p.9-10). From these two excerpts, it is clear that music therapists have an ethical responsibility to be aware of their own beliefs and values, as well as a responsibility to not engage in culturally insensitive behaviour.

Guidelines from the American Psychological Association (1993) regarding the responsibility of practicing psychologists further expand upon the need for culture centered practice that relates to all helping professionals. This article states that psychologists need to "recognize cultural diversity, understand the role that culture and ethnicity play, understand the interaction of culture, gender, and sexual orientation on behaviour and needs" (p.45). It is also suggested that psychologists should educate themselves on cultural influences and cultural beliefs that may affect differential diagnosis. They also need to respect the role of community and family in healing, include community healers, such as a shaman, whenever possible, and be aware of possible language barriers.

This author believes that the above considerations relate to a theory that recognizes clients' individuality including their roles within, and influenced by, a social context. This approach is a position held by social constructionists (Lyddon, 1995), which easily transfers to the music therapy community.

Cultural Empathy

Rogers (1957) believed that having an empathic understanding of a client's internal frame of reference and conveying this empathy were two conditions that must be present for therapeutic change to occur. Although Rogers wrote about these conditions with counselling and psychotherapy in mind, it is also relevant in music therapy. Few music therapists would argue against experiencing and expressing an empathic understanding as essential to their practice, regardless of client population and context. Many people within the helping profession today would agree that "generic" empathy is not sufficient when working with a multicultural population. Therefore cultural empathy becomes one of the major goals and desirable attributes of helpers. It has become another "necessary condition" due to the increasingly diverse multicultural context within which many of us live. So, what is cultural empathy? And how is it different?

Ridley and Lingle (1996) state that cultural empathy is different from "generic" empathy because the empathy that one experiences and expresses in a multicultural context needs to be explicitly present to better understand the client's world view. It is the process of gaining an understanding of the client's personal cultural experiences with the aim of conveying this understanding. It is different from generic empathy and can't be automatic because "differences in development and socialization between counsellor and client result in differences in processing information and self-expression" (Ridley & Lingle, p.31).

Cultural empathy can be further broken down into two categories: idiographic and nomothetic (Ridley & Lingle). Idiographic refers to understanding a client's individual cultural experience:

her personal cultural reality. Nomothetic refers to information that is usually seen as the "cultural norms" of that particular group. It is a broad generalization of cultural information that should be checked out and treated as hypothetical, since one should not assume that the same "norms" exist with large groups of culturally similar people. It is important to remember that there are differences between groups and people within the same culture. For example, although you and I may think of ourselves as Canadians and, therefore, share some commonalities, we recognize that differences exist as well. Ivey (1987) encourages awareness and empathy to be balanced between idiographic and nomothetic information in order to get a better picture of a client's cultural experience. Ivey calls this "cultural intentionality," which refers to "the integration of individual and multicultural awareness-personal uniqueness and group and cultural norms in interaction one with the other" (p.170).

Goldstein and Michaels (as cited in Lingle & Ridley) believe that cultural empathy is a "perceptual-affective-cognitive-communicative" process (p.32). Thus, the manner with which we perceive, feel, think and communicate to our multicultural clients are all important components of information that work together to inform our therapeutic actions. However, it is crucial to realize that the way a helper might demonstrate this could be misinterpreted, possibly even experienced as cultural "dis-empathy." For example, consider the scenario of a music therapist being referred to work with an elderly Japanese man in a long-term care facility whom you have been told enjoys certain kinds of Japanese music. The music therapist researches some particular kinds of music and learns some of the songs. When the time comes to meet with the new client, he/she sits close to the client, makes eye contact, smiles and sings, and attempts to elicit his participation in the musical activities. This would not be unusual behaviour in many music therapy practices. However, while being sensitive to the client's culture and aware of ethnicity and music preferences, the demonstration of this has been missed. The way one expresses cultural empathy, including eye contact, which in Canadian culture would be seen as showing interest, concern, and attention, may be interpreted by some Japanese people as inappropriate and disrespectful (Hood & Arcenequx, 1987). Arredondo (1994) cautions that empathy has different forms of expression and meaning in different cultures. It is not the same universally.

Hays (1996) has designed a model that in its simple form could provide music therapists with a good reminder to "check in" when considering issues of cultural empathy. The model is called "ADRESSING." This title is actually an acronym for remembering nine cultural factors to which helpers should be sensitive: age, disability, religion, ethnicity, social status, sexual orientation, Indigenous heritage, and gender. Hays also asserts that keeping this acronym in mind when working with a client might be a way of doing a quick values check, as clients are likely to mention those factors that are of most value to them, first. This could be an indication, to music therapists, as to what goals and considerations need to be addressed.

In conclusion, cultural empathy is a dynamic concept that is experienced in the three human domains: emotions, cognitions and behaviours. Being vigilant and aware of the importance of maintaining a cultural empathic manner with clients will serve the client and music therapist well in promoting a meaningful, culturally sensitive, therapeutic experience.

Our World View

The differences and similarities that we identify in others are often most recognizable in our relationships and interactions with others. Essentially, through these relationships we assert the nature of our worldview (Sue & Sundberg, 1996). Our own cultural background, usually passed on to us through our familial teachings, informs us as to how we see people and the world. Whether we recognize that we have a worldview or not, it exists. Sue and Sundberg assert, "our world views are so deeply ingrained that we rarely question our standards and may not be aware of the impact of our values" (p.325).

Our world views are something to be celebrated; however we must be aware of the full presence of our individual world views and their implications. There are several of these implications to consider. First, because we observe client behaviour through our world view, we often judge and/ or attempt to explain their behaviour from our own view. Torrey (as cited in Holiman & Lauver, 1987) calls this the "Rumpelstiltskin effect, "whereby anxiety about an unknown is reduced through naming"(p.185). In the helping professions, this labeling is often done and it does serve a valuable purpose, especially when a music therapist has been hired because of a client's specific diagnosis. The problem occurs when and if we start to see our clients only

through these filters. In the demanding, hectic practice of music therapy, clinicians may easily forget other factors such as age, ethnicity, economic status, cultural origin and other social influences.

Our world view also informs us of what is normal. Cultures have various ideas about what constitutes normal behaviour. As helpers, we develop "cognitive maps" of the music therapy process, including its goals and outcomes (Holiman & Lauver, 1987). These maps are filters that continue to support our world view, but not necessarily that of our clients. Music therapists need to be aware of these filters, and be cognizant of their client's values when establishing therapeutic goals and completing assessments (Bradt, 1997). In the opinion of this author, it is best to take a constructivist approach to goal establishment where the client is the expert of his/her life and the [music] therapist is the expert of the therapeutic process (De Shazer, 1985). This approach emphasizes egalitarian relationships and collaborative goal setting. This is not always possible with many of the clients with whom many music therapists work. But some collaboration with family and the client can help the music therapist to establish appropriate, meaningful goals that are sensitive to the client's values.

One must also be aware that cultural norms may differ markedly from the dominant culture. Hofstede (as cited in Sue & Sundberg, 1996) found the United States to be the highest scoring of the 50 countries studied in terms of valuing individual, egalitarian relationships. Within the western world, individualism is often seen as a sign of maturity and independence; these are attributes valued within our society. However, many ethnic groups value group (collectivist) living over individualist (Bradt, 1997). Other possible cultural norms to be considered might include a client's cultural attitudes toward time: is it present, past or future centered? Age, and respect for the elderly or youth should also be considered, as well as the corresponding relationships between these people: are they egalitarian or of a hierarchical nature?

With this in mind, one of the primary steps to be taken in culturally centered practice is for music therapists to become familiar with clients' world views.

"What are your values and beliefs?"

"What cultural teachings have you experienced?"

"How might these teachings affect your practice as a music therapist?"

These are important questions for the practicing music therapist. At present, a separate course examining multicultural issues does not exist in undergraduate music therapy programs in Canada. Some professionals believe that a culturally centered music therapy can be taught through the entire music therapy training curriculum (Bradt, 1997; Moreno, 1988; Topozada, 1995). Kenny (1996) found some interesting paradoxes in her study of music therapy programs in 22 different countries regarding the inclusion of multicultural teachings in programs. She states:

Some programs report a high degree of cultural diversity in client populations, which motivates educators to consider cultural issues. Others, however, report that even though there is a diverse student/client contact, no effort is being made to bridge the cultural gap. Some say it is a "delicate topic." Some reported that cultural issues were not significant in music therapy education in their countries. Others reported a taboo in discussing "ethnic" issues in particular. (Kenny, 1996)

In Canada "multicultural perspectives" was a separate course in the graduate Music Therapy program offered through the Open University, and Dr. Carolyn Kenny stated that there was an emphasis on this area throughout the entire program (personal communication, January 9, 2001).

Training in multicultural issues should work to develop what Ivey (1977) (as cited in Johnson, 1987) calls first and second order skills. First order skills refer to the therapist's ability to communicate culturally, effectively and sensitively within the therapeutic relationship. Second order skills involve higher order skills with emphasis on the ability to appropriately apply therapeutic interventions within the cultural context.

Music: a Universal Language?

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. When first embarking on this debate it might be helpful to examine the concept of music as a language, regardless of any cultural attachment.

Ethnomusicologists Langer (1957), Blacking (1987) and music therapist, Even Ruud (1998) assert that music is perceived symbolically and is, therefore, not a language. This premise is based on the concept that content is not passed on through music, but rather it is the listener who attaches a symbolic meaning to what they hear. People may have considered music a language because of its power to communicate and evoke powerful emotions. Langer (1951) provides an answer to this reasoning. "The real power of music lies in the fact that it can be 'true' to the life of feeling in a way that language cannot; for its significant forms have that ambivalence of content which words cannot have" (Langer, 1951, p.243).

The idea of music as being a language of feeling has also been posited. Langer (1957) states that music is actually more representative in nature, and it is the symbolic meaning that we attach; the feelings that arise within us that bring forth the feeling(s). She argues that the only feeling(s) in a musical selection that one could ever really study is that of the composer's at the time of composition.

In examining the idea of a music as a universal language, Blacking (1987) states, "Of course music is not a universal language, and musical traditions are probably the most esoteric of all cultural products" (p.129). Bradt (1997) states if there is such a thing as a universal music language, then "what kind of music, which style, which culture is responsible for it?" (p.141). However, Blacking still asserts that music can transcend cultural barriers and be understood regardless of ethnicity:

When the words and labels of a cultural tradition are put aside and 'form in tonal motion' is allowed to speak for itself, there is a good chance that English, Africans, and Indians will experience similar feelings, especially if they perform the music. Because their bodies have a common repertory of somatic states and cognitive functions, musical symbols can be inherently effective and enable their users to share transcendence of time, place and culture (p.130).

From the above argument it could be interpreted that culturally centered music and practice is not required. However, it is crucial to keep in mind that the above argument points to how music can transcend cultural barriers but not to the extra-musical associations that are connected with it. This is what Blacking referred to as the "esoteric musical traditions" as a result of culture. Therefore, the traditions, rituals and roles of music within that culture still need to be considered. The very act of making and/or performing music may have alternate meanings for clients.

In conclusion, while the building blocks of music: (rhythm, melody, and form) may transcend cultures, the practitioner must appreciate that music and culture share very close ties and their approaches should be very carefully considered.

Considerations for Practicing Music Therapy

Of primary importance for music therapists working with culturally diverse clients is a knowledge regarding the role of music in their client's personal life and their culture. Ruud (1998) states that if music therapists do not have this understanding "they reduce themselves to suppliers of a new language or new model . . . This in turn deprives the client of the chance to live as deeply as possible through her own preverbal experiences of music" (p.25). Also, the music therapist should keep in mind that a client's culture guides their meaning making process of the world, but that it is "rooted in the private life-world of the person" (Ruud, 1998, p.54).

Many music therapists recognize the significance of music in non-western cultures. Anyone who has ever had the privilege of attending a First Nation's ceremony would have experienced the central role that music, singing, playing, and dancing takes. Music is also central to many African, Asian and Hispanic cultures. People of these cultures have even developed their own style of music after residing in Canada or the United States. This is evident in the African American rap culture that is increasingly prevalent in North America (Bradt, 1997). It has been this author's experience in working with culturally diverse youth, that music in their own culture

and the culture of adolescence is fundamental to the socialization and identity development process. For music that attracts adolescents can be conceived as one of the ways in which adolescents acknowledge and accept their developing identities (Ruud, 1998).

Moreno (1988) states that music therapists need to be aware that music in many cultures is associated with certain religious and/ or healing rituals. Thus, playing music from a client's culture may elicit strong associations. While this could be beneficial to the therapeutic context, it could also have other implications for the healing process for that client. Therefore, a music therapist should have prior knowledge of music that is used for certain occasions and rituals before using it with a client.

Bradt (1997) also cautions music therapists to be aware of the use of imagery within the music therapy context. The interpretation of imagery that does arise should also be explored cautiously, for the meaning attached to imagery could have a cultural context.

Moreno (1988) states, "even when working with clients from nonspecialized ethnic backgrounds & ethnic music, by virtue of [its] exotic appeal, can motivate client interest in music participation" (p.19). In the case of a client who is disinterested in a particular music therapy activity, using unfamiliar music could be beneficial; the unfamiliarity of the music might invoke an interest and motivation in participation. Moreno associates this with the possibility that the client may not have a previous musical association. This is contrary to how many music therapists work, usually including only music familiar to the client. Moreno asserts that this association can obviously be beneficial to the therapeutic process but that associations can also be negative, sometimes impeding the process. "Unfamiliar music may elicit relatively spontaneous musical and emotional responses" (Moreno, 1988, p.20). This is not only true of ethnicity issues, but as Darrow, Johnson and Ollenberger (1994) found, attitudes improved with high school students and older people when they participated in an intergenerational choir. The musical activity, participating with choir members who were of a different age and singing some unfamiliar music, actually improved attitudes towards people in the other age group.

Possible Techniques

One of Ruud's (1998) broad definitions of music therapy is: "increase the possibilities of action." This relates to the intention of empowering clients to encompass a larger role than that of a person with a handicap and/or disease. Thus when we consider culturally sensitive music therapy techniques, one wants to also increase action and communication within the cultural realm of the client's world. In this way the broader context of the client's world, their culture, is integrated into the music therapy session. Therefore, when possible, it would be advantageous to integrate musical ideas to complement other forms of the arts within the cultural tradition. For example, incorporating culturally relevant dances and artwork might be appropriate when using traditional First Nations' music.

Moreno (1988) also suggests several excellent ways to include different world music idioms in music therapy practice. However, some of the following suggestions should be utilized with caution, as these are generalizations derived from the literature and this may not be true for all people in the specific culture being discussed. However, these suggestions are proposed as a way to incorporate alternative forms of music into music therapy practice, regardless of the client's ethnicity.

He (1988) stated that traditional Indian music might be complementary for activities involving meditation and imagery. He suggested using the "raga," the melodic system of Indian classical music. Each raga attempts to evoke a specific emotion. This could be very beneficial for a client wishing to do some emotional exploration work through musical improvisation.

Moreno (1988) also suggests using Orff instruments to reproduce the repetitive sounds of Indonesian Gamelan music. This music is memorable and cyclic in nature. Some clients might find this relaxing and it could be used as a relaxation activity or as a container to explore other emotions. This could be particularly useful for the client that might require grounding to avoid flooding from strong emotional experiences. A music therapist might also choose to implement this as a ritual for working with children to signal a certain message, such as closure of a session or to say good-bye.

Drums from the African culture can be used to give each client a specific rhythm to play

(Moreno, 1988). The rhythm can be adapted for a variety of abilities. The result is a cohesive group creating a community of sound, where each member has an individual voice that also contributes to the collective voice. Ruud (1997) might label this as clients achieving a sense of belonging: "our attachment to other persons, gender, identity, social positions, ethnicity or a feeling of belonging within a transcendental reality" (p.57).

Using culturally diverse recorded music can also be useful in music relaxation and visualization techniques. In this author's experience, music from different cultures is able to create atmosphere and evoke emotional states more effectively than traditional Western music.

Conclusion

As the field of music therapy continues to expand and change, music therapists must also do so in their practice. An area that will become increasingly important for all music therapists to investigate is that of multiculturalism. Not only is this necessary from an ethical point of view but also if one wishes to practice as a humanistic music therapist (Ruud, 1998). Culturally centered practice requires dedication and a willingness to discover alternative forms of experiencing the world. This paper discussed the importance of examining one's world view, to become aware of the preconceptions that we use everyday in our practice. The richness of cultural diversity in the world, and the learning that accompanies a willingness to explore this diversity will add depth and sensitivity to the music therapist and his/her practice. The argument that music is a universal language was also explored. The limitations of this statement should make clear the requirement of cultural sensitivity, particularly in the role of music in one's culture. As well, possible techniques for incorporating ethnic musical diversity were provided.

Practicing within culturally centered music therapy is an incremental process. It is not something that is achieved immediately, but like practicing music therapy, it is a journey of discovery. Music therapists must take the high road and research and learn what will work for their clients. Music means different things to different people and it is incumbent upon the therapist to learn as much about those differences as they can. It will further teach and encourage one how to share and join with others in the therapeutic power of music.

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