

ARTICLE

Ethical considerations for International Service-Learning in Music Therapy (ISL-MT)

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ABSTRACT

Music therapists are increasingly engaging in international opportunities such as International Service-Learning (ISL) and international clinical volunteerism. Although research on international music therapy activities is burgeoning, there is an absence of literature regarding ethical considerations when participating in international music therapy projects. The purpose of this paper is to initiate discourse and reflect on the ethics of International Service-Learning in Music Therapy (ISL-MT) based on a review of existing literature in the field. I define ISL-MT as a structured experience in another country in which individuals participate in an organised service activity involving “music therapy” to address identified community needs, learn through direct intercultural musical and non-musical interactions, and reflect on the experience to deepen their understanding and appreciation of “music therapy” as well as global and intercultural issues. Utilising a postcolonial ethics of care, which integrates postcolonial theory, postdevelopment theory, and feminist ethics of care, I describe and discuss ethical issues that emerge from the complex interactions during ISL-MT between and within the sending organisation (staff and participants) and the host community (local staff and recipients). Reflecting on these ethical dilemmas, I propose three recommendations for engaging in ISL-MT: adopting a posture of cultural humility, reimagining ISL-MT as reciprocal learning and relationship building, as well as integrating anti-colonial strategies into ISL-MT research. Given the paucity of research, scholars should investigate the impact of ISL-MT from the host community’s perspective. As international music therapy projects continue to grow, more discourse around the ethics of such activities is needed, particularly in conjunction with other global issues such as the climate crisis.

KEYWORDS

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ETHICAL CONSIDERATIONS FOR INTERNATIONAL SERVICE-LEARNING IN MUSIC THERAPY

International Service-Learning (ISL) has become an integral component of many academic healthcare programmes, including medical disciplines (Abedini et al., 2012; Merritt & Murphy, 2019; Romo & DeCamp, 2015; Roucka, 2014), allied health specialisations (Krishnan et al., 2017; Lawson & Olson, 2017; Pechak & Thompson, 2011), and counselling (Smith-Augustine et al., 2014). Additionally, international clinical volunteerism is a significant aspect of the rapidly expanding volunteer tourism industry (Asgary & Junck, 2013; DeCamp, 2011). Various organisations assist groups in planning service trips, and healthcare professionals volunteer their services through different agencies. According to one sustainable tourism expert, an estimated 10 million volunteers travel abroad each year, spending up to US\$2 billion (Popham, 2015).

Music therapists are increasingly engaging in similar international opportunities, with the first reported instance of ISL participation in 1973 (Tang & Schwantes, 2021). In the U.S., the American Music Therapy Association (AMTA) featured numerous international music therapy projects during its annual national conference in International Forums (from 2009–2010), International Posters (in 2011), and Global Perspectives sessions (from 2012–2021). One example is a summer study-abroad programme to Germany comprising classroom learning, community building, clinical placement, and attendance at an international conference (Keith, 2017). Consequently, research on international music therapy activities is burgeoning (Bolger & McFerran, 2020). However, there is an absence of literature regarding ethical considerations when participating in international music therapy endeavours. One possible reason for this lack of discourse may be the underlying ethos of such programmes.

The general concept behind ISL and international volunteerism is that it allows participants to bring needed services to underserved communities in foreign countries while aiding them in developing cross-cultural competency (DeCamp, 2007; Keith, 2017). Two assumptions underpinning these opportunities require interrogation: the perception that they are charitable activities and the belief that all stakeholders benefit equally from these programmes. Since ISL and international volunteerism are perceived as charitable acts, the ethical implications are often left unexamined – a phenomenon known as “The Myth of Mere Charity,” with a corollary known as ethical minimalism (DeCamp, 2011). In other words, these activities are considered ethical as long as minimal standards are met, which typically includes non-maleficence, beneficence, respect for persons, and justice. However, some practices within such activities directly oppose these ethical principles (Hamideh & Gailits, 2017). For instance, the involvement of students and their limited clinical and cultural competence may compromise the well-being of locals and disrupt local healthcare systems. Experienced clinicians, with prior experience in a specific theoretical approach within a specific context, may have rigid ethnocentric perceptions of “music therapy,” making it difficult for culturally reflexive practice, which involves incorporating local music and musical resources, understanding the significance of music in other cultural contexts, and respecting local music-healing traditions (Hickey et al., 2012; Schneider et al., 2011). Ethical minimalism also erroneously assumes that the recipients’ problems are simple and easy to fix when they are, in fact, multifaceted issues (O’Donnell, 2016).

Furthermore, there is no agreement that ISL and international volunteerism are beneficial to all stakeholders involved (Bauer, 2017; Brown & Hall, 2008; Guttentag, 2009; Hammersley, 2013; Reisch, 2011). For example, although educational benefits may ensue, this learning may come at a cost to the host community (Gregory et al., 2021; McGehee & Andereck, 2008; Whitaker & Bathum, 2014). While participants may be motivated by altruistic values, social justice aspirations, and a desire to expand their cultural competence, they may not realise the ethical issues inherent in these activities or the harm that can be done to recipient communities. Therefore, it is imperative to consider the ethical implications when engaging in similar international music therapy experiences. Fortunately, the COVID-19 pandemic put a hold on most international activities between 2020 and 2022. As countries begin to reopen their borders to international travel, now presents an opportune time to examine ethical issues in international music therapy projects.

The purpose of this paper is to initiate discourse and reflect on the ethics of International Service-Learning in Music Therapy (ISL-MT) in relation to pertaining scholarship. Firstly, I set the context by defining and outlining ISL-MT activities. Secondly, I utilise a postcolonial ethics of care framework (Mooten, 2015) to describe and discuss ethical issues in ISL-MT. Finally, I propose some points for reflection and action for all those interested in engaging in ISL-MT.

WHAT DOES ISL-MT REFER TO?

Several terms have been used to describe the spectrum of service-learning opportunities. According to Furco (1996), each activity is differentiated by its intended beneficiary (i.e., recipient and/or provider) and its overall balance between service and learning (see Figure 1). Furco further notes that “rather than being located at a single point, each programme type occupies a range of points on the continuum” (p. 2). In other words, this classification is not intended to demarcate these activities, but instead to demonstrate that each activity possesses unique characteristics that distinguish it from others.

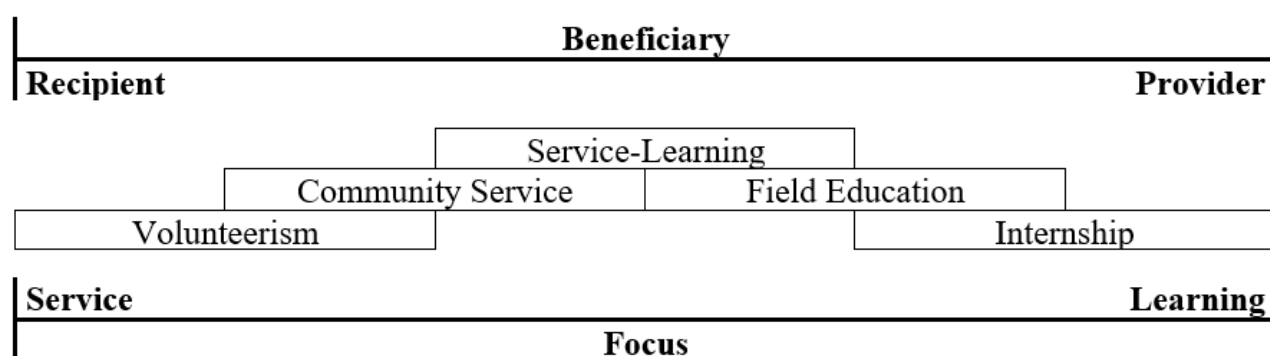


Figure 1: Spectrum of service-learning opportunities

Against this backdrop, service-learning aims to benefit both the provider and recipient equally, while ensuring a balanced focus on both the service rendered and the learning taking place. Service-learning can occur in both local and international settings, with the latter being referred to as ISL. Drawing on pedagogical frameworks, Bringle and Hatcher (2011) assert that ISL lies at the intersection

of service-learning, study abroad, and international education. Consequently, they define ISL as a structured educational experience in another country in which students engage in an organised service activity targeting identified community needs, learn through direct cross-cultural interactions, and reflect on the experience to deepen their understanding of course content as well as appreciation of global and intercultural issues.

Two commonalities between Furco's (1996) and Bringle and Hatcher's (2011) conceptualisation of ISL are that participants in such programmes are students and the providers of such programmes are academic institutions. Within the music therapy context, Tang and Schwantes (2021) found that both music therapy trainees and professionals engage in ISL. Additionally, ISL-MT opportunities are provided not only by educational institutions, but also non-profit organisations and other avenues. For the purposes of this paper, I define ISL-MT as a structured experience in another country in which individuals participate in an organised service activity involving "music therapy" to address identified community needs, learn through direct intercultural musical and non-musical interactions, and reflect on the experience to deepen their understanding and appreciation of "music therapy" and other issues in the global context.

Several nuances of this conceptualisation require mentioning. Firstly, I broadened the definition to include individuals, such as musicians (who are not music therapy students or professionals), as they might also engage in ISL-MT (e.g., Music Therapy Without Borders, mtwob.org). Also, this definition encompasses diverse ISL-MT providers, including academic institutions, non-profit organisations, and smaller initiatives and collaborations. Secondly, I specified both musical and non-musical interactions to include the gamut of musicking that occurs within and outside of "music therapy" contexts (Small, 1998), as well as other activities such as conversations with recipient community members and cultural immersion experiences. Finally, I wrote "music therapy" with quotation marks because I recognise that definitions of music therapy vary around the world and acknowledge the diversity of music healing practices in other countries (Aluede et al., 2023; Horden, 2000; Kigunda, 2003; Singh, 2021; Wu, 2019). For example, music therapy is delivered by credentialed professionals in the U.S. while "music therapy" might be delivered by faith healers in Yoruba (Aluede et al., 2023). I will elaborate on these nuances when discussing ethical issues regarding ISL-MT.

THEORETICAL FRAMEWORK

At the time of writing this paper, formalised ethical guidelines for the provision of ISL-MT did not exist. Nevertheless, scholars have discussed various ethical issues in music therapy (Bates, 2015; Dileo, 2021). In particular, DiMaio and Engen's (2020) exploration of ethics in music therapy education and Murphy's (2019) discussion of ethical issues in supervision may be relevant. Other theoretical frameworks, such as anti-oppressive practice (Baines, 2021), feminist approaches (Hadley & Edwards, 2004; Hahna, 2013; Sajnani, 2012; Seabrook, 2019), critical theories (Hadley, 2013b, 2013a), community music therapy (Pavlicevic & Ansdell, 2004), and culture-centred music therapy (Stige, 2002; Swamy, 2014; Whitehead-Pleaux & Tan, 2017), may be helpful when reflecting on the ethics of ISL-MT.

Whilst insightful, these discussions remain contextualised within Western countries reflecting Eurocentric ontologies and axiologies, which are inadequate when examining the ethics of ISL-MT situated in the global arena involving individuals, communities, and institutions from around the world.

Even though ISL practices have proliferated worldwide (Hanada, 2022), the majority of ISL-MT programmes come from the Global North with recipient communities mostly in the Global South (Tang & Schwantes, 2021). Awareness and recognition of the socio-political and historical factors that underlie this dynamic is paramount. Therefore, I argue that a postcolonial ethics of care (Martin & Pirbhai-Illich, 2015; Mooten, 2015) provides the analytical means and is better equipped at examining ethical issues within ISL-MT.

Postcolonial ethics of care

A postcolonial ethics of care integrates postcolonial theory (Said, 1985; Sharp, 2009; Spivak, 1990), and by extension postdevelopment theory (Pailey, 2019; Ziai, 2017), as well as feminist ethics of care (Gilligan, 1993). According to postcolonial scholars, the influence of colonialism persists and is evident in the structures and interactions of the 21st century. Given that the trajectory of many ISL-MT programmes originate from the Global North to the Global South (Tang & Schwantes, 2021), actions within ISL-MT may unwittingly reinforce, perpetuate, and reproduce coloniser-colonised relationships as well as notions of privilege, inequity, and power. In applying postcolonial theory to ISL-MT, I draw attention to dominant narratives and uncover suppressed ways of knowing and being in order to offer a pluralistic path forward regarding ethical ISL-MT practice (Andreotti, 2011).

Extending postcolonial theory, postdevelopment scholars apply similar ideas to the development rhetoric (Pailey, 2019; Ziai, 2017). They question the notion of development, critiquing the whole concept as a reflection of Western-Northern hegemony over the rest of the world. In other words, postdevelopment theory draws upon postcolonial theory to problematise helping and development discourses through critical approaches. Since ISL-MT involves service activities addressing community needs (i.e., helping), postdevelopment theory can be applied to this discussion. Moreover, some ISL-MT programmes embed development goals, such as developing “music therapy” in other countries (Bolger, 2012; Bolger & McFerran, 2020; Coombes, 2011). Therefore, the postdevelopment perspective can offer additional insights into ethical considerations for ISL-MT.

The ethics of care, pioneered by Carol Gilligan (1993), emerged as a critical response to Kohlberg’s theory of moral development that is based on applying abstract universal principles to ethical situations. Gilligan advocates for a relational approach which focuses on relationships and responsibilities. As Tronto (1993) elaborates, an ethic of care is not a set of principles, but it is based on characteristics of care such as attentiveness, responsibility, competence, and responsiveness. Despite its contributions to moral reasoning, postcolonial theorists have criticised ethics of care scholars for overlooking people of colour and formerly colonised people (Narayan, 1995; Sevenhuijsen, 1991). For example, Graham (2007) asserts that “Gilligan’s discussion of care is based upon interviews of white middle-class women and her writing does not acknowledge the differences among women that might shape alternative moral perspectives about matters of care” (p. 196).

By recognising these challenges and being mindful that ISL-MT is situated in the global arena, I chose to adopt a postcolonial ethics of care framework (Mooten, 2015) to describe and discuss ethical issues in ISL-MT. A postcolonial ethics of care still emphasises a relational ontology but also incorporates the concept of contextuality. Contextuality pays attention to the details of relationships and narratives, as well as highlights the different cultural intersections of gender, ethnicity, class, and

geographic location in its analysis (Benhabib, 1992; Collins & Bilge, 2020; Hankivsky, 2006). In short, postcolonial theory extends feminist ethics of care by acknowledging the asymmetries in global relationships, the multidimensionality of care, the colonial underpinnings of care, and intersectionality or contextuality (Mooten, 2015), making it sensitive to issues inherent in the globalisation of ISL-MT practice. For these reasons, I argue that a postcolonial ethics of care provides a more suitable framework for identifying and discussing ethical concerns in ISL-MT.

My positionality

The importance of contextuality in a postcolonial ethics of care approach prompts me to reflect on my own positionality. By articulating it, I acknowledge the limitations of my perspectives while grounding my arguments in specific cultural understandings and ways of being. I am a cisgender, non-disabled, ethnically Chinese male, who grew up in postcolonial Singapore with both majority and some economic privilege. In my upbringing in Singaporean (majority Chinese) society, I was instilled with Confucian values of filial piety (*xiao* 孝), loyalty (*zhong* 忠), and benevolence (*ren* 仁) from a young age through familial interactions as well as mandatory national and community service (Wong, 2016). Simultaneously, I was exposed to Western ideas of democracy, individualism, and rational or scientific thinking due to an education system that employs English as its language of instruction. I trained as a music therapist in the U.S. and have practiced music therapy in the U.S., the U.K., and Singapore. My international experiences of studying, living, and working have heightened my awareness of power and privilege. I have been implicated in the process of exercising power and experienced its effects upon me due to my intersecting privileged and marginalised cultural identities. These experiences have shaped me into a researcher, educator, and music therapist committed to promoting culturally sensitive and reflexive practices and thinking. To be completely transparent, my interest and motivation for this topic stems from my participation in ISL and international volunteerism projects in the past, as well as my observations of ISL-MT projects during AMTA's annual national conferences. In light of this, I proceed to describe and discuss ethical issues in ISL-MT.

ETHICAL CONSIDERATIONS IN ISL-MT

One way to conduct this analysis is through a process-oriented approach, identifying ethical issues that arise during different stages of an ISL-MT programme (i.e., pre-experience stage, field immersion experience stage, and post-experience stage; Lattanzi & Pechak, 2011). Given that a postcolonial ethics of care framework focuses on relationships, a more prudent approach involves examining ethical issues emerging from the interactions between ISL-MT stakeholders. I adapted Reisch's (2011) model to the ISL-MT context, where stakeholders include the sending organisation comprising staff and participants, and the host community consisting of local staff and recipients. As illustrated in Figure 2, a complex web of interactions emerges: vertical interactions within the sending organisation (staff and participants) and the host community (local staff and recipients), as well as lateral interactions between the sending organisation and host community. Consequently, each interaction generates unique ethical dilemmas to be considered.

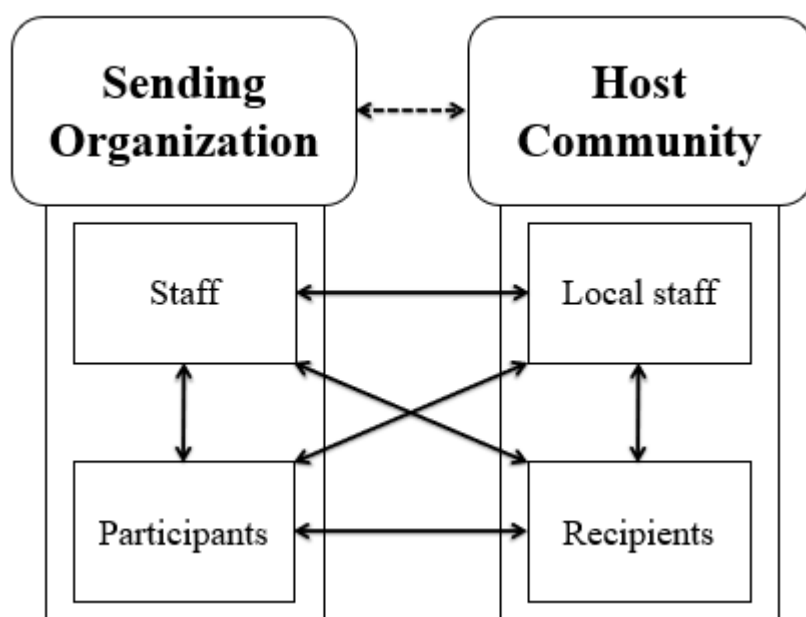


Figure 2: ISL-MT stakeholders

It is beyond the scope of this paper to outline every potential ethical dilemma that might be encountered during an ISL-MT activity. Returning to my conceptualisation of ISL-MT, these programmes are characterised by three elements: (1) service activity, (2) learning, and (3) reflection. In the subsequent sections, I reflect on the ethical issues that emerge from the vertical and lateral interactions in these three aspects.

Ethical concerns during service activity

One major component of ISL-MT involves an organised service activity utilising “music therapy” to address identified community needs in another country. Several key relationships and assumptions need unpacking. Firstly, who identifies the country and service site(s), and how are these needs determined? Based on research in ISL-MT, it appears that the country and service site(s) are decided predominately by the sending organisation or its staff, which represent individuals, institutions, and countries from the Global North (Bolger, 2012; Coombes, 2011; Gadberry, 2014; Keith, 2017). This literature lacks clarity on how host communities were involved in the decision-making process. This suggests a potential lack of care in that host countries, local staff, and recipients are neglected in these important decisions.

Regarding the identification of community needs, only one study mentioned that “objectives were established through conversations with the village staff and management” (Bolger, 2012, p. 25). Notwithstanding, the overall goals of these service activities were couched within the broader aims of the sending organisation. For example, Coombes (2011) worked with McCabe Educational Trust, a UK-based charity aimed at enhancing educational opportunities for local communities, in collaboration with Music as Therapy international (musicastherapy.org), a UK-based non-profit organisation set up with “the goal of facilitating the development of music therapy in countries where music therapy provision was limited or non-existent” (para. below “Music as Therapy International” subheading). Similar “music therapy” development objectives can be found in other ISL-MT providers,

such as Music Therapy Without Borders and Ubuntu Music Therapy Initiative (ubuntumt.org). Once again, the literature was unclear on how host communities were involved or the care that was taken when determining these aims.

Implicitly, these “music therapy” development discourses reflect what Pailey (2019) refers to as the “white gaze” of development, which “measures the political, socio-economic and cultural processes of Southern black, brown and other people of colour against a standard of Northern whiteness and finds them incomplete, wanting, inferior or regressive” (p. 733). This “white gaze” of development seems to be applied to service aspects of ISL-MT, where the host community’s cultural values, local music, and indigenous music healing practices are disregarded and considered less developed relative to Western norms and Eurocentric music therapy practices. In her case study, Bolger (2012) wrote that “the practical fact that [she] spoke limited Bengali and was ignorant to many cultural norms provided [the participants] with an opportunity to circumvent the social custom of deference” (p. 28), an aspect of Bangladeshi culture, to promote independence and autonomy, values that are prioritised in Western cultures. In this example, care was not taken to respect the local cultural imperative of power distance. In a separate case study, Gadberry (2014) noted that:

The music therapist did not use the culture’s music in the sessions. Being in the moment, she utilised what she was experienced with to produce therapeutic music: she improvised music without Latin influences, used standard American and Spanish children’s songs, and Nordoff-Robbins melodies. (p. 72)

In this case, there was an assumption that Western musical idioms and Eurocentric music therapy practices are superior and transcend cultural nuances. Consequently, care was not taken to learn about the culture’s music or local music healing traditions. From a postcolonial ethics of care perspective, all of this suggests missed opportunities to show care by involving host communities in identifying needs as well as learning about and respecting local cultural values and traditions.

Following from this discussion, other ethical concerns arise: who and what qualifies the staff (and/or participants) to provide the service, and does the service benefit or harm the host community? While anyone may participate in ISL-MT, the majority of participants appear to be students, with a minority being professional music therapists (Tang & Schwantes, 2021). What remains consistent, however, is that staff possess music therapy qualifications from the Global North, specifically the U.S. (Gadberry, 2014; Keith, 2017), Australia (Bolger, 2012), and the U.K. (Coombes, 2011). Given that Western countries were the first to establish formal music therapy education (Kern & Tague, 2017), one could argue that their training equips them with the necessary competence to deliver the service activity. However, based on contextuality, I argue that these training programmes primarily equip music therapists to practice in the local context where the training is situated, rather than in the international arena (Grimmer & Schwantes, 2018; Hsiao, 2011; Lauw, 2017; Vencatasamy, 2023). Furthermore, many music healing practices from the Global South actually predate what we refer to as music therapy today (Aluede et al., 2023; Horden, 2000; Kigunda, 2003; Moonga, 2022a; Singh, 2021; Wu, 2019). Thus, it would be hubris to assume that training based in Western contexts automatically confers the requisite competence to deliver “music therapy” service in another cultural context. Instead, a postcolonial ethics of care would advocate for reflexivity — reflecting on one’s strengths

and limitations to deliver a “music therapy” service activity, regardless of whether that country has “music therapy” or not.

As ISL-MT aims to address identified community needs, there is often an assumption that the service rendered benefits the host community. However, the possibility of “bad service” is frequently minimised or dismissed entirely, despite evidence of actual harm in other ISL and international volunteerism projects (Bauer, 2017; Brown & Hall, 2008; Gregory et al., 2021; Hammersley, 2013; McGehee & Andereck, 2008; Reisch, 2011; Whitaker & Bathum, 2014). This assumption requires careful scrutiny. Research in ISL-MT has predominately focused on the benefits to the sending organisation, staff, and participants (Grimmer & Schwantes, 2018; Keith, 2017; Tang & Schwantes, 2021). When describing the impact on the host community, they were depicted as mostly positive, despite some minor challenges, with these perspectives presented primarily from the viewpoint of the sending organisation or its staff (Bolger, 2012; Coombes, 2011; Gadberry, 2014). For example, in a follow-up visit to evaluate the impact of their six-week ISL-MT programme, Coombes (2011) reported that two teachers in the SOS school were conducting music therapy sessions during free periods in addition to their existing caseload, and only one social worker in the SOS village continued using music therapy. Clearly, the impact was not entirely positive – i.e., potential harm caused by increased workloads of local staff and limited continuation of music therapy provision in the host community. Nevertheless, she concluded that “working creatively and therapeutically has benefitted not only the children participating in the work, but also the staff teams” (second para. below “Conclusion” subheading). By centring the perspectives of the sending organisation, the voices of the host community were silenced, and their opinions about the real impact of ISL-MT were marginalised. Even though the overall impact of ISL-MT may be positive, care must be taken to ensure that the services rendered truly benefit the host community.

Ethical concerns during learning aspects

Another facet of ISL-MT involves learning through direct intercultural musical and non-musical interactions. These interactions take place during supervised and independent “music therapy” service activities, community engagement with local staff and recipients, as well as cultural and recreational experiences in the host country (Tang & Schwantes, 2021). The ISL-MT literature (e.g., Bolger, 2012; Coombes, 2011; Gadberry, 2014; Keith, 2017), however, lacks specificity on how these cross-cultural exchanges and learning experiences are facilitated. Ethical issues lurk in these interactions, and several assumptions underlying such learning aspects require attention.

Given that ISL-MT involves travelling to and interacting with people from another country, there is an expectation that such interactions naturally lead to positive outcomes, particularly in the domain of intercultural competence. Many ISL providers, including ISL-MT organisations like Music Therapy Without Borders, advertise their programmes as opportunities to foster intercultural skills. However, research in ISL and international volunteerism reveals that positive learning outcomes are not always guaranteed (Carter et al., 2010; McBride et al., 2006; Raymond & Hall, 2008; Simonelli et al., 2004; Simpson, 2004). Specific to ISL-MT, Tang and Schwantes (2021) found that while ISL may foster intercultural competence more broadly, it did not necessarily improve intercultural competence in music therapy clinical practice.

Moreover, interactions during service activities may reinforce existing global asymmetries of power. As Johnson (2017) highlights, the act of helping, even with good intentions, can inadvertently accentuate social disparities, reinforcing one group's capacity to give while implying the other's dependence. Based on Western axiologies that value independence, autonomy, and self-sufficiency, such acts foster negative perceptions of those receiving help and enhance the status of those offering assistance. Consequently, staff and sending organisations must exercise care to design and implement intentional and meaningful cross-cultural exchanges to facilitate learning.

Another fundamental presumption unique to ISL-MT that needs examination is the belief that music can overcome language barriers to facilitate intercultural dialogue and communication. Many individuals, including music therapists, often quote Hans Christian Andersen – “where words fail, music speaks” – touting music as a universal language. However, miscommunication and misunderstanding can occur within musical interactions (Grimmer & Schwantes, 2018). For instance, Swamy (2014) shared a poignant story where music hardly served as a universal language between their grandmother, who had spent her whole life in South India, and them, who grew up in the Midwest of the U.S. Furthermore, there is a potential for harm during music activities (Murakami, 2021; Silverman et al., 2020). Scrine (2016) argues that music is not inherently neutral or positive, suggesting that musicking may reify gendered norms within musical discourses to marginalise, suppress, and underrepresent non-male identities. Extending Scrine's argument to the ISL-MT context, I contend that musicking, both within and outside of “music therapy” contexts, has the capability to cause harm and perpetuate asymmetries in global relationships (Lindo, 2023; Seabrook, 2019; Vencatasamy, 2023). Returning to Gadberry's (2014) case study, the music therapist did not incorporate local musical genres and traditions, presupposing the superiority of Western musical idioms. In light of the Westernisation of music globally (Huron, 2008), extra care must be taken to ensure safety as well as preserve and respect the diversity of music worldwide to ensure ethical ISL-MT practice.

Ethical concerns during reflection

Since ISL grew out of experiential learning pedagogy (Kolb, 2014), reflection is another key aspect through which participants deepen their knowledge and appreciation of global and intercultural issues. Indeed, self-reflection was reported in ISL-MT projects, mostly during the post-experience stage (Tang & Schwantes, 2021). However, the literature does not describe how these reflective exercises are conducted and assumes that self-reflection, on its own, develops participants' understanding of “music therapy” and other issues in the global context.

Research indicates that without critical self-awareness, reflection within ISL and international volunteerism may reinforce existing stereotypes and deepen dichotomies of “us” and “them” (Raymond & Hall, 2008; Simpson, 2004). Moreover, how ISL projects are positioned and framed significantly influences participants' reflections of their experiences (Jones et al., 2011; Palacios, 2010). Similarly, the language adopted by ISL-MT programmes may perpetuate Eurocentric “music therapy” practices and Western cultural imperatives as the benchmark against which host communities should strive toward (Fent, 2022; Putri, 2022; Roginsky, 2022). Examples of this happening in ISL-MT have been described earlier (Bolger, 2012; Coombes, 2011; Gadberry, 2014).

It remains unclear what happens when participants grapple with critical issues or demonstrate a severe lack of self-awareness during reflection exercises. One participant emphasised the importance of cultural supervision, stating, “It’s the experience (of a new culture) and getting supervision. It’s really important to process what’s going on, and I think there are benefits to receiving supervision from someone that is from the culture” (Grimmer & Schwantes, 2018, p. 27). However, supervision seems infrequent during ISL-MT, constituting less than 5% of the entire project (Tang & Schwantes, 2021). Therefore, sending organisations and staff should exercise caution when advertising their ISL-MT programmes and provide robust support for participants to critically reflect on their experiences, fostering genuine self-awareness and appreciation of international “music therapy” practices.

REFLECTIONS AND ACTIONS FOR MOVING FORWARD

Regarding ISL programmes, scholars have predominantly stressed the importance of minimising negative and promoting positive outcomes (Brown & Hall, 2008; Galiardi & Koehn, 2011; McGehee & Andereck, 2008; Raymond & Hall, 2008). However, grounded in a postcolonial ethics of care, I argue that ethical practice necessitates going beyond these considerations to question who defines what is positive or negative and determines these outcomes. Consequently, there is a need to acknowledge the asymmetries in global relationships and the intersectionality or contextuality inherent in ISL-MT situated in the international arena. In reflecting on the ethical issues in ISL-MT, I propose three recommendations for ISL-MT to flourish: (1) adopting a posture of cultural humility; (2) reimagining ISL-MT as reciprocal learning and relationship building; and (3) integrating anti-colonial strategies into ISL-MT research.

Posture of cultural humility

I contend that cultural humility reflects a postcolonial ethics of care and is the most suitable stance for navigating the complex web of vertical and lateral interactions embedded within ISL-MT. Cultural humility involves both intrapersonal and interpersonal components (Edwards, 2022; Mosher et al., 2017; Nook et al., 2013; Schimpf & Horowitz, 2020). Intrapersonal aspects encompass a critical examination of oneself in the global context, reflecting critically on one’s power and privilege, as well as strengths and limitations. An example of this is found in Winter’s (2015) reflection:

All of my attempts to research the culture of Malawi through listening to the music, research on the economy, politics, and landscape, as well as conversations with a colleague who had travelled to the country did not prepare me for the impact of being on the continent, meeting the people, and learning about the experiences of the villages. (p. 279)

This critical self-reflexivity needs to be accompanied with an interpersonal posture that is other-oriented, marked by respect, openness, and characteristics of care. This posture highlights the importance of contextuality in understanding that person as well as respecting their ways of being,

perspectives, and lived experience. In other words, a culturally humble stance requires both critical self-awareness and action; both elements need to be present in our interactions with host communities as well as in our interactions both as staff and participants of sending organisations.

Reimagining ISL-MT

The three components of ISL-MT present a myriad of ethical concerns. In particular, I argue that problematic notions of service (i.e., helping) and development can be addressed by reimagining ISL-MT as opportunities for reciprocal learning (Gregory et al., 2021) and relationship building (Grain et al., 2019). Such a reconceptualisation aligns with a postcolonial ethics of care, which emphasises the importance of relational ontology and contextuality, such as recognising the colonial underpinnings of ISL. As Gregory et al. (2021) assert, “discarding the concept of service makes possible a revision of our practice of study abroad in the global South that might function to undermine privilege and global inequality rather than support them” (p. 13). By positioning ISL-MT as reciprocal learning, we can dismantle implicit structures that afford Eurocentric “music therapy” power through acknowledging the diversity of music therapy practice and elevating music healing practices found internationally (Aluede et al., 2023; Horden, 2000; Kigunda, 2003; Singh, 2021; Wu, 2019).

Additionally, relationship building becomes an important corollary of reciprocal learning. Because global relationships are fraught with inequalities, a postcolonial ethics of care demands awareness of such power dynamics and actions to mitigate its propagation. Efforts to build equitable relationships with host community members, through a culturally humble posture, should take precedence in ISL-MT. Consequently, these relationships become the foundation for mutual teaching and learning, as well as for working together for change (Grain et al., 2019). In other words, relationship building becomes not only an important precursor to ISL-MT done well, but as the success in itself.

Anti-colonial approaches in ISL-MT research

Research in ISL-MT has overwhelmingly focused on staff and participants of the sending organisation (Bolger, 2012; Coombes, 2011; Grimmer & Schwantes, 2018; Keith, 2017; Tang & Schwantes, 2021; Winter, 2015). On one hand, it is vital to understand the motivations, characteristics, and impact of ISL on participants to improve the design and execution of subsequent projects (Broad & Jenkins, 2008). On the other hand, it is equally and arguably more important to comprehend the impact of ISL on the host community. However, conducting such research is more complicated than merely recruiting host community members and requires much care and consideration throughout the research process.

Consistent with a postcolonial ethics of care, I argue that researchers need to adopt a culturally humble stance and utilise research methodologies that centre the host community’s epistemology, ontology, and axiology. In other words, researchers need to embrace diverse ways of knowing and being to truly understand the impact of ISL-MT from the host community’s perspective. Several approaches have been proposed, including the American Psychological Association’s (2017) multicultural guidelines, anti-oppressive research (Baines & Edwards, 2015), and anti-colonial approaches (Sauvé et al., 2023). We can also draw insights from Truasheim (2014), who explores the idea of cultural safety when evaluating her work with indigenous communities in Australia:

Cultural safety exists when clients are able to evaluate the effectiveness of services for them through their own cultural lens and this perspective is valued. Establishing if this has been achieved ... occurs through more than just examining clients' feedback, but in also reflecting on whether clients felt safe to provide honest feedback, and through ensuring that the program and its outcomes are viewed through a culturally appropriate lens. (p. 142)

Truasheim's idea of cultural safety aligns perfectly with a postcolonial ethics of care, which acknowledges asymmetries of power relations, reflects on one's positionality in the research process, and considers contextuality to understand the host community's viewpoints on the impact of ISL-MT.

Taking a step further, a postcolonial ethics of care also invites researchers to scrutinise their publication and dissemination plan. An important question to ask is: for whom is this research intended, and who stands to gain from it? If ISL-MT programmes are designed to benefit host communities, researchers are responsible to them, and thus, research findings need to be made accessible for them. Although English is considered the lingua franca of research, researchers must be mindful of the power imbalance inherent in language use and should consider publishing in languages and formats that host community members can easily use and understand (Fent, 2022; Habibi et al., 2022; Moonga, 2022b; Putri, 2022; Roginsky, 2022).

CONCLUSION

In conclusion, the purpose of this paper is to initiate discourse and reflect on the ethics of ISL-MT. Utilising a postcolonial ethics of care framework, which integrates postcolonial theory, postdevelopment theory, and feminist ethics of care, I describe and discuss ethical issues that emerge from the complex web of vertical and lateral interactions in ISL-MT. Reflecting on these ethical issues, I propose three recommendations for ISL-MT to flourish: adopting a posture of cultural humility, reimagining ISL-MT as reciprocal learning and relationship building, as well as integrating anti-colonial strategies into ISL-MT research. Given the paucity of research, scholars should investigate the impact of ISL-MT from the host community's perspective. It is important to note that this paper does not offer an exhaustive list of ethical considerations when engaging in ISL-MT. As international music therapy opportunities continue to grow, more discourse around the ethics of such activities is needed, *pari passu* other global issues such as sustainability (Bolger & McFerran, 2020), international conflicts (Harris, 2016; Hassanein, 2023; Ng, 2005), and the climate crisis (Seabrook, 2020).

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Ελληνική περίληψη | Greek abstract

Ηθικά ζητήματα για τη Διεθνή Υπηρεσία Μάθησης στη Μουσικοθεραπεία (ΔΥΜ-ΜΘ)

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ΠΕΡΙΛΗΨΗ

Οι μουσικοθεραπευτές εμπλέκονται όλο και περισσότερο σε διεθνείς ευκαιρίες, όπως η Διεθνής Υπηρεσία Μάθησης (ΔΥΜ) και η διεθνής κλινική εθελοντική εργασία. Αν και η έρευνα σχετικά με τις διεθνείς δραστηριότητες μουσικοθεραπείας βρίσκεται σε άνθιση, υπάρχει έλλειψη βιβλιογραφίας σχετικά με τους ηθικούς παράγοντες που πρέπει να λαμβάνονται υπόψη κατά τη συμμετοχή σε διεθνείς δράσεις μουσικοθεραπείας. Ο σκοπός αυτού του άρθρου είναι να ξεκινήσει μια συζήτηση και να εξετάσει την ηθική διάσταση της Διεθνούς Υπηρεσίας Μάθησης στη Μουσικοθεραπεία (ΔΥΜ-ΜΘ) με βάση μια ανασκόπηση της υπάρχουσας βιβλιογραφίας στο πεδίο. Ορίζω τη ΔΥΜ-ΜΘ ως μια δομημένη εμπειρία σε άλλη χώρα, στην οποία τα άτομα συμμετέχουν σε μια οργανωμένη δραστηριότητα προσφοράς υπηρεσιών που περιλαμβάνει την 'μουσικοθεραπεία' για να καλύψουν αναγνωρισμένες ανάγκες της κοινότητας, να μάθουν μέσω άμεσων διαπολιτισμικών μουσικών και μη μουσικών αλληλεπιδράσεων, και να προβληματιστούν πάνω στην εμπειρία τους, προκειμένου να εμβαθύνουν στην κατανόηση και εκτίμηση της "μουσικοθεραπείας", καθώς και των παγκόσμιων και διαπολιτισμικών ζητημάτων. Χρησιμοποιώντας μια μετα-αποικιοκρατική ηθική της φροντίδας, η οποία ενσωματώνει τη μετα-αποικιοκρατική θεωρία, τη θεωρία της μετα-ανάπτυξης και την φεμινιστική ηθική της φροντίδας, περιγράφω και συζητώ τα ηθικά ζητήματα που αναδύονται από τις πολύπλοκες αλληλεπιδράσεις κατά τη διάρκεια της ΔΥΜ-ΜΘ ανάμεσα και εντός του οργανισμού αποστολής (προσωπικό και συμμετέχοντες) και της κοινότητας υποδοχής (τοπικό προσωπικό και παραλήπτες). Αναλογιζόμενος αυτά τα ηθικά διλήμματα, προτείνω τρεις συστάσεις για την εμπλοκή στη ΔΥΜ-ΜΘ: την υιοθέτηση μιας στάσης πολιτισμικής ταπεινότητας, τον επαναπροσδιορισμό της ΔΥΜ-ΜΘ ως αμοιβαία μάθηση και οικοδόμηση σχέσεων, καθώς και την ενσωμάτωση αντι-αποικιοκρατικών στρατηγικών στην έρευνα του ΔΥΜ-ΜΘ. Δεδομένης της έλλειψης έρευνας, οι μελετητές θα πρέπει να διερευνήσουν τις επιπτώσεις της ΔΥΜ-ΜΘ από την οπτική γωνία της κοινότητας υποδοχής. Καθώς οι διεθνείς δράσεις μουσικοθεραπείας συνεχίζουν να αναπτύσσονται, χρειάζεται περισσότερος διάλογος γύρω από την ηθική αυτών των δραστηριοτήτων, ιδιαίτερα σε συνδυασμό με άλλες παγκόσμιες προκλήσεις, όπως η κλιματική κρίση.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ηθική, διεθνής υπηρεσία μάθησης, μετα-αποικιοκρατικός, ηθική της φροντίδας