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Mexican American Values and Therapeutic Alliance in Music Therapy:

Composite Vignettes from the Rio Grande Valley

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Abstract

The process of building rapport with clients varies across cultures. There are roles, values, and social expectations that music therapists must be aware of to establish a meaningful therapeutic alliance. As music therapy becomes more accessible along the Texas-Mexico border, we must consider how cultural values present in this community may impact therapeutic alliance with clients and families. The purpose of this article is to describe how *familismo, confianza* and *personalismo* values have been observed in the context of music therapy in this Mexican American community and how they have shaped both the therapeutic relationship and the role of a music therapist. Through two composite vignettes, this article seeks to 1) recognize the cultural and psychosocial needs of this community; 2) initiate discourse for a culture-centered framework of music therapy practice in the Rio Grande Valley and South Texas regions; and, 3) provide clinical considerations for building therapeutic rapport with clients in this community.

Keywords: Mexican American; therapeutic alliance; music therapy; rapport; Rio Grande Valley

Introduction

Clinician's Perspective

I am a Tejana, a third generation Mexican American, and a *mestiza* with the mixed heritage of indigenous ancestors and the Spanish colonizer. I am a music therapist who was born and raised in the Rio Grande Valley (RGV). My cultural identity has been a journey in the

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making. Being of Mexican American heritage in this country is complex and can best be described with a common phrase, "Ni de aquí, ni de allá (not from here, not from there)." Since my earliest memories, I have always danced along the line of being American and being Mexican, and yet it has always been difficult to find a place in either culture. I'm "*la güera*" when I speak in broken Spanish in South Texas and yet I have an accent when I pronounce Spanish words correctly in other parts of the country. It is something possibly embedded in our region, something that has been ingrained since Tejas became a part of the United States (US). My family has been here for generations, but the border crossed them. They did not cross the border.

This feeling has followed me throughout each stage of life including my work as a music therapist in my home community. Throughout my clinical work here, I have heard clients share similar experiences of immigration, oppression, privilege, and acculturation – stories like those of my family history. Although we all may be at different stages of this journey to survive in the US, we are one community united together. As I was growing up, stories of my ancestors were shared often, and I was raised with a strong connection to family. Our family story is my story. Each generation before me has laid down a foundation to create what my life is today. With love and sacrifice, I believe that we have always and will always endure by deeply caring for one another.

I was raised within ten minutes of the Mexican border and our family crossed regularly for medicine, restaurants, and shopping. Like others in this area, I come from a working family. My dad tells stories of picking strawberries in the fields with his family. His parents worked their entire lives at a local canning company, only to retire with no benefits or financial plans for their future. My mother's father was forced to drop out of school as a teenager to provide for his mother and sisters after his father passed away – to survive. I honor the stories of my grandmother's traditional folk healing rituals of *curanderismo*. She covered the mirrors when lightning or a thunderstorm struck to keep the home safe from evil spirits and performed *limpias* (cleansings) with chicken eggs to remove negative energies causing illness in the bodies and minds of our family members.

As connected as we are to our culture in this area, we often experience a disconnection from other parts of the US. To this day, my parents tell stories of their youth and describe an ongoing lack of representation for our people. They grew up in a time of segregation, a time where you would get paddled for speaking Spanish in a classroom. They never had a Latine teacher in grade school and didn't have access to Latine healthcare professionals until later in life. My parents speak both English and Spanish, but they weave in and out of both languages from one word to the next. All these memories and familial experiences have shaped who I am and, therefore, how I practice as a music therapist. My culture is family centered, and I see these parallel values in the clients I work with every day. Through this worldview, I've learned so much about myself and, in many ways, the sociohistorical context of the community I serve. Our people have always been here and will continue to keep our culture alive. The RGV is resilient, and through decades and generations of hardship, it proves to be a culture which thrives when we work together. Our collective nature prevails and serves as my basis for building rapport with clients in South Texas.

After completing a bachelor's degree in music therapy in the North Texas area, I returned home to the RGV to open the first center for music therapy in this community. As opportunities to work with clients increased, it became evident that the approaches and practices I learned throughout my clinical training were not always applicable or, in some cases, not appropriate for clients in this culture. Furthermore, there was little to no literature to inform my practice and best meet the needs of clients living in this predominantly Mexican American region.

The experiences I've had working as a music therapist in the RGV can best be described as the merging of two worlds: the field of music therapy and my culture. Having been

trained in the culture of the US, reflections on my clinical experiences were a significant tool for understanding how music therapy is experienced in this community. This has ultimately led me to move towards a culture-centered framework that honors the lived experience and values of clients I work with.

As a music therapist in private practice, I have the honor of working with clients in diverse settings and throughout all parts of the RGV. I've worked in every county in this area and with clients of diverse clinical backgrounds. As a home health therapist, I can step into the client's world and, by being in their home, I am immersed in their family's dynamics, values, and lived experiences. In my time as a hospice music therapist, I have the unique privilege of seeing the patient's family photos on the walls and listening to the stories of their loved ones as they share their family photo albums – ones that are often filled with memories of attending weddings and *quinceañeras.* As a music therapist raised in this culture, I acknowledge the presence of family-centered values and all that it comes with – from the beauty to the hardships. Although family can serve as a source of trust and safety (*confianza*) when associations with one's family are positive, I've also witnessed the impact of negative experiences or familial relationships and how heavily they can weigh on someone when those familial expectations are not met, but so dearly and culturally longed for. I hope that this article raises the voices of my community and encourages music therapists practicing in this region to consider these values when providing treatment in the RGV.

Therapeutic Alliance

The therapist-client relationship, or therapeutic alliance, is well-documented as a significant factor for treatment outcomes in music therapy (Bruscia, 2014; Frederiksen et al., 2020; Glover, 2020; Lee & Kim, 2021; Mössler et al., 2017; Silverman, 2019; Taylor, 2014). Therapeutic alliance has also been identified as a central component for effective therapy in related therapy fields (Bachelor, 2011; Flückiger et al., 2019; Fortems et al., 2021; Hubble, 1999; Norcross, 2010). As a building block for the therapy process, rapport established between therapist and client impacts a client's experiences positively or negatively in treatment. In a positive therapeutic alliance, a therapist fosters an environment in which the client can feel safe, accepted, and supported throughout their therapy. Noyce and Simpson (2018) acknowledge clients' perceptions regarding the therapeutic relationship and describe how feelings of being heard and understood contribute to therapeutic rapport. Bruscia (2014, p. 42) recognized that the client's relationship to the music therapist and the music itself was of "central significance to the therapeutic process." Therapeutic relationships are also influenced by continuous intersections of cultural identities (Hadley & Norris, 2016); therefore, all interactions of therapeutic alliance can be interpreted as cross-cultural or multicultural (Lee & Park, 2013).

Healthcare, Music Therapy, and Latine Culture

Culturally informed approaches center the perspective of the client's worldview to create a framework for how healthcare providers build relationships and trust with clients, how information is communicated with or to clients, the ways in which illness is understood and discussed within a given culture, and the historical issues a cultural group is faced with (Magaña, 2021). Cultural values that are present in Latine communities are often not recognized or considered in the traditional model of healthcare, often neglecting the psychosocial or spiritual needs of Latine patients (Floríndez et al., 2020). In a study conducted by Floríndez et al. (2020), perceptions held by non-Latine healthcare providers led to a misinterpretation of patient and family behaviors due to limited awareness of

cultural practices or values.

Culture-centered music therapy, described by Stige (2002), is a theoretical perspective that serves as a foundation for music therapy research and practice. From this approach:

> Culture develops as ways of life shared by groups (small or large) and is thus in constant change and exchange. Culture is interactive and historical, and cultural elements and artifacts – such as musics – are (partly subconsciously) internalized, identified with, or rejected by the individual. (Stige, 2002, p. 4)

According to Kluckhohn and Stodtbeck (1961), worldviews are defined through five dimensions respectively to describe how relationships, time, nature, activity, and people are perceived within the lived experience of a given culture. Each of these elements can have a direct impact on the role and expectations for music therapy practice. Music therapists must consider these factors when providing treatment, especially in areas where there is little historical or contextual framework for practice. Values present within this culture may impact various approaches to treatment including building rapport, understanding the lived experience of the client, and developing a therapeutic relationship with clients or families.

Latine perspectives on music therapy in the US are becoming more present in the recent literature (bautista, 2021; Estrella, 2017; Ramos-Watt, 2021) as well as discourse surrounding experiences of race and sociocultural contexts as music therapists (Hadley, 2014; Hadley, 2021). Borderlands theory has also been incorporated into music therapy pedagogy and theory (Fansler et al., 2019). However, there is a need to further expand our perspectives in the literature.

The Rio Grande Valley and Music Therapy

The Rio Grande became the dividing point, or borderline, between the US and Mexico in 1848 upon the signing of the Treaty of Guadalupe, which marked the end of the Mexican-American War (Baumgartner, 2015). As a result of this treaty, Mexican citizens living in Texas became American citizens. Although many Mexican citizens chose to return to Mexico, the ones who stayed in Texas were met with oppression, violence, loss of civil rights, loss of their sacred lands, and erasure of language by the new settlers (Hernández, 2001; Herrera-Sobek, 2006). Tejanos and Mexican Americans experienced both physical and psychological loss over the next several decades due to segregation and forced assimilation (Hernández, 2001). Herrera-Sobek (2006, p. 267) described this process in the following way:

> Hegemonic society imagined itself as white and erased all other human beings from the face of the land. We were an invisible people: without land, without identity (neither Mexican nor American; neither white nor Indian), without a history (it was never taught to us in the schools), without a human face.

Bautista (2021) reflected on his experiences being raised in the Rio Grande Valley and describes the border as "*una herida abierta*" or "an open wound" (p.60). The RGV continues to face humanitarian crisis with recent reports gaining national attention as children were held in cages at local detention centers (Giaritelli, 2022).

The Rio Grande Valley (also referred to as the RGV, "The Valley" or "*El valle*") is the southernmost region of Texas comprising Hidalgo, Cameron, Willacy, and Starr counties. Located along the southernmost part of the Texas-Mexico border, the culture of the RGV is a liminal embodiment of Mexican and American culture. According to the United States Census Bureau (n.d.), 88.1-96.3% of the documented population throughout counties in

the Rio Grande Valley identify with "Hispanic"[1] heritage. There may also be a significant percent of the populace that is undocumented and does not take part in the census, in fear of being identified or deported, who may not be represented in census data; thus, an even higher percentage of people with Latine heritage may be present than reflected in these figures. Between 2010 and 2014, 2.7 million people living in the state of Texas reported living with at least one family member who is undocumented (American Immigration Council, 2020).

In terms of public health, parts of the RGV have been identified as a Medically Underserved Area and a Health Professional Shortage Area, and community asset mapping has focused on improving healthcare in *colonias* including the physical and emotional safety, poverty levels, immigrational challenges, and inaccessibility of resources (Hilfinger Messias et al., 2016). Barrera et al. (2013) described how challenges within employment opportunities, poverty levels, citizen status, immigration, inaccessibility of insurance, and educational challenges contribute to mental health concerns. Furthermore, participants interviewed by Barrera et al. (2013) reported internalized or perceived stigma within the community which serves as a barrier to mental health treatment.

The most prominent language of the RGV is Spanish, and most of its residents can either speak or understand Spanish. According to RGV Health Connect (n.d.), up to 78.76% of the population in this region is Spanish speaking. The RGV is heavily influenced by *Tex-Mex* and Mexican culture, and its music is a leading example of this. It is very common for clients to request *Tejano* music, *corridos*, *banda*, *huapangos*, *grupera, cumbias*, *rancheras*, *música norteña*, Chicano rock, reggaeton, and other popular Mexican music. It is common for clients in this region to celebrate Mexican traditions including *las posadas* during advent, *Día de los Reyes Magos*, *Día de los Muertos*, *Cinco de Mayo*, and *Dieciséis de Septiembre*. Mexican American values are embedded into the culture of the RGV and are demonstrated through various social expectations, communication styles, and moral beliefs. Although these factors may impact the clinical setting, there is limited recognition and research to inform therapy practices in the RGV.

Purpose

A positive therapeutic alliance is crucial for culture-centered music therapy in the RGV for several reasons. First, the RGV is deeply rooted in collective culture; therefore, meaningful, interpersonal relationships are a significant factor for positive clinical outcomes. Second, Mexican American communities have historically been denied (intentionally or unintentionally) culturally informed care. This has led to a general lack of trust in medical and mental health fields. A culturally centered therapeutic alliance is a step towards building *confianza* (confidence/trust) and would honor this community's physical, social, emotional, and spiritual health. As music therapy becomes more accessible in this area, it's imperative for music therapists in the RGV to recognize the many ways that this culture may differ from frameworks incorporated in US music therapy practice. Neglecting the unique needs and values within this community may create harm to clients served and to the general perception of the profession as we advocate for its significance in a newly established region.

Within the field of music therapy, there is a growing emphasis on diversity, inclusion, and equity with trends towards culturally competent care. The purpose of this article is to describe how *familismo, confianza*, and *personalismo* values have been observed in the context of music therapy in this Mexican American community and how they have influenced both the therapeutic relationship and the role of a music therapist. The purpose

[1] While some people use the term Hispanic, as was used in this report, I am opting to use Latine throughout this article.

of this article is to 1) recognize the culture and psychosocial needs of this community; 2) initiate discourse for a culturally centered framework of music therapy practice in the RGV and South Texas regions; and 3) provide clinical considerations for building therapeutic rapport with clients in this region.

The composite vignettes presented within this article are representative of a predominantly Mexican American border community in the Southmost region of the Texas-Mexico border.

Mexican American Values

Familismo

Cultural context

Familismo, or familism, plays an integral role in Latine culture. It is defined as a family-centered way of life and is identified as "a source of pride, identity, and support" (Lopez, 2006, p. 211). *Familismo* is a strong connection to or identification with family and is characterized by loyalty, responsibility, and feelings of belonging (Gonzales, 2019; Marin, 1993; Morgan Consoli & Llamas, 2013).

Historically, *familismo* emerged from a collectivistic worldview; therefore, it is common for the needs of the family as whole to take precedence over an individual's need (Chavez-Korell et al., 2013; Marín & Triandis, 1985). Within *familismo*, there is often an obligation or sense of responsibility for family members to care for other family members - especially for elders. The family unit often expands beyond the immediate family (parents and their children) and recognizes extended family (grandparents, aunts, uncles, cousins, etc.), *padrinos* (godparents), *compadres* (relationship between godparent and godchild's parent or in-laws) as part of the family unit (Arredondo, 2014; Lopez, 2006). *Abuelos* and *abuelas* (grandfathers and grandmothers) are held in high regard and often looked to for guidance (Arredondo, 2014). In border communities such as the RGV, it is common for families living in the US to share financial, emotional, or psychosocial support with family members living in Mexico.

Although *familismo* can provide a sense of belonging and support, it can also create challenges within stigmatized topics such as mental health or disability. Culturally, it is expected for family members to consult with one another when making decisions and it is often discouraged for members of the family to look outside of the family unit for support, advice, and input over a particular matter (Areán et al., 2005; Chavez-Korell et al., 2013). This may influence an individual's willingness to seek treatment or share personal experiences with a therapist in an unfamiliar, highly stigmatized setting. Internalized and/or perceived stigma may lead an individual to dismiss treatment altogether to avoid the disapproval of family or friends or bring about *vergüenza* (embarrassment/shame) to the individual or family (Magaña, 2021; Marquez and Ramírez García, 2013; Uebelacker et al., 2012).

Composite vignette

Sergio was referred to music therapy in his twenties with a diagnosis of Autism by a home health provider who observed his interest in music. He was very connected to his immediate and extended family and relied on them for activities of daily living, socialization, medical decisions, and support; however, Sergio often stated that he felt "different" from neurotypical family members. This eventually contributed to self-reported feelings of depression, a lowered sense of self-worth, and an overall disconnection from

his family. In music therapy sessions, he had difficulty making choices, identifying his individual needs, and expressing his emotions. Sergio's family members were typically not involved in the treatment process and repeatedly reported no concerns across all domains. Occasionally, they would express a desire for him to learn to play an instrument. Questions or prompts related to the client's emotional needs were usually vague or left unanswered.

Sergio always had a passion for music. From an early age, he was exposed to Spanish Catholic hymns and often played religious songs in his spare time for both enjoyment and relaxation. Music also had a strong presence in both his familial and religious traditions. Music provided a sense of community through regional traditions including *Las Posadas,* a Latin American Christmas tradition where communities reenact the journey of Mary and Joseph through song and story.

In the first year of music therapy sessions, Sergio was very withdrawn, only speaking 1-2 words at a time after several prompts. He was hesitant to select songs for sessions and did not initially want to play music with others. Music therapy experiences typically included recreation of Catholic hymns, as Sergio and his family identified the hymnal as his primary music preference. Over time, his involvement in sessions increased. Sergio eventually selected to play the guitar, sing, or play Latin American percussion instruments (i.e., güiro/a, maracas, cowbell, bongos). As he began to feel more comfortable expressing himself musically, songwriting experiences were introduced into sessions to provide Sergio with opportunities to reflect on his experiences and process his emotions. Musical interactions between therapist and client also served as a foundation for developing interpersonal skills that transferred to relationships with others in his family and community. During *Día de las Madres* (Mother's Day), music therapy provided opportunities for Sergio to select, learn, and perform Spanish songs, or *serenatas* (serenades) which expressed appreciation and gratitude for the maternal figures in his family. On *Día de los Muertos* (Day of the Dead), recreating songs served as a connection to community through cultural rituals, traditions, and honoring of ancestors. Sergio became confident leading cultural experiences, playing music alongside his family at religious events, and used music to find meaning in his individual and familial experiences.

Discussion

Familismo impacted the clinical process in many ways. Initially, the family's reliance on each other as the sole means for social, emotional, or spiritual support created a barrier between the family unit and the therapy process. The client mirrored this boundary in music therapy sessions through low levels of participation, short verbal responses, and hesitance to verbalize his emotions. To music therapists outside of this cultural experience, it could initially appear that the client and family may not be responsive to music therapy or open to a therapeutic alliance. They may be labeled as uninterested or even resistant to treatment. Furthermore, the therapist may not gather adequate intake data due to the limited information initially shared. Through a culturally centered perspective, the therapist may expand their assessment to consider how regional, cultural, and familial elements may contribute to or influence these behaviors.

In this initial phase of the therapy process, music therapy experiences were centered on building rapport and fostering a sense of trust between the client, myself, and the therapeutic setting. Incorporating familiar, culturally significant songs created an environment in which the client felt safe. Validating the client's experience later in songwriting experiences provided a sense of reassurance and confidence to share parts of himself that might have initially been anticipated with *vergüenza*. Once a strong therapeutic alliance was established with the client, music therapy could then move into the familial space to strengthen interpersonal relationships between the client and his family. As treatment progressed, Sergio's family observed more interactions between the

client and the music, the client and the therapist, and the family's perspective of therapy. These experiences, in turn, shifted the perception of music therapy and mental health services, decreasing the overall perceived stigma. With the support and acceptance of the family, the client then opened to experiences in the community.

For neurodivergent clients in this region, it's important to consider the role family has in the client's life and how this may help or hinder the therapeutic process. Does the client rely on family members for daily tasks? Is a family member also serving a dual role as a paid medical provider? Who initiated the referral for music therapy treatment? Was it the client or the family? What role does the client have in their healthcare? Are medical decisions determined by the client independently, by the family on behalf of the client, or mutually as a unit?

In some cases, if the family is highly involved and has the capacity to make all decisions on behalf of the client, it may be culturally appropriate or expected for the therapist to provide parents with debriefings after each session. Others may expect to have a small role within the session, either through hand over hand assistance or making song selections on behalf of the client, when appropriate. Assessing this degree of involvement can assist therapists in developing positive rapport with clients and their families to create a sense of trust between the client and therapist as well as the therapist and family.

In the RGV, music can be a connective experience that has strong cultural ties to family, celebrations, religion, and traditions. Songs in Spanish associated with these important holidays contributed to Sergio's ability to bond with and support his family through shared music experiences. Playing directly alongside family members created a musical interaction, where Sergio could feel valued as an equal member of the community. These experiences also led to meaningful rapport between the music therapist and the family which enhanced the overall therapeutic experience over time.

Confianza

Cultural context

Confianza is defined as the "hope or firm belief in something or someone" that "provides a comfortable, safe space, where the person can be himself or herself, with no need for false pretenses" (Documet, 2012, p. 491). It is also rooted in *personalismo,* a cultural interaction that emphasizes *simpatía* (sympathy), *caridad* (care), sincerity, and authenticity (Arredondo, 2014; Davis et al., 2019).

Interpersonal relationships play an important role in Latine culture and there is an expectation of trust rooted at the center of each relationship. Historically, Latine individuals have been shown to display low levels of trust in others, especially as it relates to private and intimate information about themselves, their healthcare, and their immigration status (Uebelacker et al., 2011). Through a culture-centered framework, a therapeutic alliance with *confianza* is one in which a client feels 1) safe to be themselves in social, emotional, and musical contexts; 2) comfortable disclosing personal information as it relates to their treatment needs and experiences; 3) confident in the therapist's ability to listen to and honor their individualized needs; and 4) valued as an active, contributing member of the therapeutic process. In a therapeutic or social context, information shared can be described as remaining "*en confianza*" ("in confidence").

Composite vignette

Antonio was in his mid-twenties when he was initially referred to music therapy. He remained in bed most of the time due to multiple physical complications and had very limited movement of all extremities. He relied on his family for all activities of daily living

and required frequent medical attention. Most of his family resided on the Southern side of the border in Mexico. Since graduating high school, his primary opportunities for socialization consisted of interactions with home health providers and occasional visits from family members.

Antonio had a strong connection with diverse genres of music and had extensive knowledge of music history in popular, Mexican culture. In the first few months of receiving music therapy, Antonio often selected listening-based experiences. Although he was eager to select music for each session, he appeared hesitant to share his emotions and personal experiences. At first, Antonio would avoid answering questions that were rooted in emotional responses to the music and he frequently redirected song discussion prompts with observations about the artists/band or historical information about the artist/band.

Over the course of two years, rapport and trust was established with Antonio and his family. Music therapy sessions were typically kept with a flexible and predictable structure, each beginning and ending with a "check-in" of approximately 10 minutes. In these moments, the focus was on social dialogue including how the client was feeling that day, how the family was doing that week, and following up with topics mentioned in the previous week. Self-disclosure became an important factor in these conversations, with careful consideration and consistent professional boundaries. Most of the session time often consisted of client-led experiences with an emphasis on listening or recreating client-selected songs.

Lyric analysis and song discussion became an outlet for Antonio to process and cope with life experiences. Over time, he and his family members began to share negative experiences related to the difficulties of navigating the healthcare system with a long-term disability, and how these experiences led to an eventual lack of trust with all healthcare providers. He identified songs that expressed his experiences living with a long-term disability, his faith, and his support network. He became more expressive musically, initiated therapeutic dialogue related to his emotional needs, and was willing to process traumatic experiences in sessions.

At the end of one session, his mother asked for a recommendation on finding a counselor. When asked about a particular style or approach, she responded, "*Nomas necesito tener la confianza que ustedes van a hacer lo mejor para el"* ("I just need to have the confidence/trust that you all are going to do what is best for him"). She proceeded to describe their experiences in music therapy and expressed gratitude for allowing him to select his own music, respecting his wishes in sessions, encouraging him to speak freely, and for respecting everyone in the household. Antonio nodded and said, "I feel like my therapists are a part of my family."

Discussion

Confianza is a significant element when building rapport with clients. For clients who have had negative experiences in healthcare, it may be difficult to trust a therapist or the concept of therapy. On the other hand, if a client has confidence in the therapeutic alliance, they will be more willing to participate in music experiences and open up to the therapeutic process. Music has the ability to create a welcoming atmosphere – something that is historically lacking from the healthcare system with Latine populations. The rapport we build with clients and their families plays a significant role in how receptive the client is to shared musical experiences and can often set the tone for treatment. Music can build a safe container in which trust and confidence can be woven into the music therapy process.

Antonio and his mother provided insight into the dynamics of the therapeutic relationship by emphasizing the importance of *confianza* and expressing how this value can be found in a music therapist-client relationship. The quote from the client's mother emphasizes the weight placed on interpersonal relationships and the expectations that

need to be met by the therapist. In my experience working with and being raised in this region, mothers often have a strong sense of the space that is created within a session and are sensitive to a therapist's body language, behaviors, and communication in efforts to determine their trustworthiness. From his mother's perspective, the music therapist was able to establish *confianza* by meeting expectations of social behaviors present within the culture including greeting family members who were present in the home, asking the well-being of family members, utilizing appropriate self-disclosure, and setting aside time at the start of the session to listen to the client's needs. Musically, client-led experiences provided Antonio with a reassurance that his needs were placed first. Over time, this created a therapeutic environment in which the client felt safe.

Considerations for Practice

The composite vignettes described in this paper are a glimpse into the role of music therapy and expectations of a music therapist in this predominantly Mexican American community along the southernmost part of the Texas-Mexico border. The clinical experiences illustrated by these examples are representative of cultural practices which may impact a client's perception of music therapy, and the role of a music therapist. As we move towards establishing a framework for practice in this region, it is important to consider the following when establishing a culture-centered therapeutic alliance with clients and families: 1) the level of identification the client or family has towards the culture of this area; 2) creating familiarity and a sense of connection through regional instruments and genres of music; 3) use of appropriate self-disclosure to increase *confianza* and safety in the therapeutic relationship; 4) the culture's perspective on health and wellness and its impact on the expectations held for music therapy treatment; and (5) appropriate use of communication styles and regional dialects when communicating with clients and families.

Level of Identification

Latine identity is complex and multifaceted. Along the Texas-Mexico border, there are varying levels of identification with cultural heritage due to differences in generational status, immigration status, acculturation, and assimilation. These factors can create either positive or negative associations with a client's heritage or family and therefore, associations with the cultural values discussed in this paper. Depending on their identification or cultural life experiences, some clients may be more or less likely to seek treatment, share personal details, or discuss familial history. This can translate to parallel musical behaviors including sharing songs that are meaningful to their life or family, composing songs related to family memories, engaging in lyric analysis or song discussion, or making music with family members. Furthermore, some clients may feel a disconnection to their culture or family due to traumatic experiences, intergenerational trauma, immigrational trauma, or cultural perceptions of mental health. Assessing the client's level of identification with these factors can provide clinical insight and help therapists to understand the client's worldview.

Instruments and Repertoire

Musical preferences and familiarity of music are factors shown to build therapeutic alliance through shared experiences (Silverman, 2019). Cultural identities also influence how one engages with music and forms the basis for the roles or functions of music (Hadley & Norris, 2016). Providing culturally significant instruments and songs is a connective experience that honors and validates the client's lived experiences. In the RGV, regionally

significant instruments including, but not limited to, the accordion, *bajo sexto, bajo quinto, güiro/a, maracas, claves, vihuela, or guitarrón* can create a musical atmosphere that is familiar, comfortable, and clinically meaningful to the client. The sounds created from these instruments can express or mirror the historical challenges and triumphs embedded in South Texas and its regional genres of *música tejana or música norteña* (conjunto, cumbias, huapangos, corridos, Tejano, rancheras, boleros, etc.). Having basic knowledge or prepared repertoire for regional genres can create familiarity and build rapport with clients, especially in the initial stages of treatment.

Therapist Self-Disclosure

Therapist self-disclosure has been shown to impact therapeutic alliance when working with Mexican American clients through rapport building, modeling of self-disclosure, decreasing the power imbalance between therapist and client, and normalizing the client's experiences (Bitar et al., 2014). Clients in this region often describe an appreciation for self-disclosure on behalf of the therapist; however, this can create challenges for music therapists, as there is limited research to inform the extent and context of the information that is disclosed. From a *familismo* oriented lens, disclosing general information about the therapist's family may increase trust with clients. This may include a brief statement about the therapist's family members when directly asked. Many times, asking questions that require therapist self-disclosure is an attempt to form a relationship with the therapist and reciprocate or acknowledge the role between the therapist and their family. For some clients, asking the therapist personal questions can be a sign of respect in efforts to show the therapist that they are valued and appreciated as well. Knox and Hill (2003) provide considerations for therapist self-disclosure including the appropriateness of the content, the purpose of the content, and maintaining focus on the client.

Communication Styles and Regional Dialect

In South Texas, Spanish is a primary language amongst natives as well as frequent blending of both English and Spanish in conversation. Incorporating a communication style that is common within this region is a tool for increasing therapeutic rapport and overall communication in treatment. For example, utilizing *usted* versus *tu* conjugations in Spanish can build and be interpreted as trust and respect when working with clients, particularly older adults.

The dialect in this region may also differ in terms of description of symptoms in mental health. Barrera, Gonzalez, and Jordan (2013, p. 7) acknowledged a language gap between clinicians and minority communities in the RGV and identified common phrases used by individuals in this community including "*me bloqueo"* (to "block out the reality of their situation"), *"flipie/tripie"* ("I was flipped out or was tripping out"), and *"frikie"* ("having freaked out"). Being aware of these informal terms and how they are used by the community can create feelings of validation and *confianza* between the client and therapist.

Musical language may also vary in this region from other parts of the US. Therapists should assess for familiarity of musical vocabulary in Spanish including description of key signatures and use of solfege. The musical culture of the RGV, like neighboring regions of Mexico, often incorporates use of fixed "do" versus moveable "do." Clients with experience in music education or regional ensembles (i.e., *mariachi, banda, grupos, estudiantina, etc.*) may describe music in this tonal context. For example, a client may request a song in "fa," which would translate to the key of F major. Recognition of this solfege system can minimize communication barriers during music making or other compositional experiences.

Conclusion

Music has the potential to create a meaningful, therapeutic environment for clients of Mexican American heritage living along the border regions of South Texas. The process of building rapport with clients varies across cultures. There are roles, values, and social expectations that therapists need to understand to build an effective therapeutic alliance. As we strive to provide culturally competent music therapy in Mexican American communities such as the RGV, it is important to acknowledge the values present in this region to understand the lived experience of clients and support clients in music therapy.

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References

American Immigration Council. (2020, August 6). *Immigrants in Texas*. https://www.americanimmigrationcouncil.org/research/immigrants-in-texas

Areán, P. A., Ayalon, L., Hunkeler, E., Lin, E. H. B., Tang, L., Harpole, L., Hendrie, H., Williams, J. W., & Unützer, J. (2005). Improving depression care for older, minority patients in primary care. *Medical Care*, *43*(4), 381–390. https://doi.org/10.1097/01.mlr.0000156852.09920.b1

Arredondo, P. (2014). *Culturally responsive counseling with latinas/os*. American Counseling Association.

Bachelor, A. (2011). Clients' and therapists' views of the therapeutic alliance: Similarities, differences, and relationship to therapy outcome. *Clinical Psychology & Psychotherapy*, *20*(2), 118–135. https://doi.org/10.1002/cpp.792

Barrera, I., Gonzalez, J., & Jordan, C. (2013). Perceptions of mental illness among Mexican-Americans in the Rio Grande Valley. *Journal of Ethnic and Cultural Diversity in Social Work*, *22*(1), 1–16. https://doi.org/10.1080/15313204.2013.756734

Baumgartner, A. L. (2015). The line of positive safety: Borders and boundaries in the Rio Grande Valley, 1848–1880. *Journal of American History*, *101*(4), 1106–1122. https://doi.org/10.1093/jahist/jav008

bautista, ezequiel a. (2021). Transfronterizx. In S. Hadley (Ed.), *Sociocultural identities in*

music therapy (pp. 57–72). Barcelona Publishers.

Bitar, G. W., Kimball, T., Bermúdez, J. M., & Drew, C. (2014). Therapist self-disclosure and culturally competent care with Mexican–American court mandated clients: A phenomenological study. *Contemporary Family Therapy*, *36*(3), 417–425. https://doi.org/10.1007/s10591-014-9308-4

Bruscia, K. E. (2014). *Defining music therapy*. Barcelona Publishers.

Chavez-Korell, S., Benson-Flórez, G., Rendón, A. D., & Farías, R. (2013). Examining the relationships between physical functioning, ethnic identity, acculturation, familismo, and depressive symptoms for Latino older adults. *The Counseling Psychologist*, *42*(2), 255–277. https://doi.org/10.1177/0011000013477906

Davis, R. E., Lee, S., Johnson, T. P., & Rothschild, S. K. (2019). Measuring the elusive construct of *personalismo* among Mexican American, Puerto Rican, and Cuban American adults. *Hispanic Journal of Behavioral Sciences*, *41*(1), 103–121. https://doi.org/10.1177/0739986318822535

Documet, P. (2012). Confianza. In S. Loue & M. Sajatovic (Eds.), *Encyclopedia of immigrant health* (pp. 491–492). Springer New York.

Estrella, K. (2017). Music therapy with Hispanic/Latino clients. In A. Whitehead-Pleaux & X. Tan (Eds.), *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.

Fansler, V., Reed, R., bautista, e., Taylor Arnett, A., Perkins, F., & Hadley, S. (2019). Playing in the borderlands: The transformative possibilities of queering music therapy pedagogy. *Voices: A World Forum for Music Therapy*, *19*(3). https://doi.org/10.1093/oxfordhb/9780192898364.013.17

Floríndez, L. I., Floríndez, D. C., Como, D. H., Secola, R., & Duker, L. I. (2020). Differing interpretations of health care encounters: A qualitative study of non-Latinx health care providers' perceptions of Latinx patient behaviors. *PLOS ONE*, *15*(8). https://doi.org/10.1371/journal.pone.0236706

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2019). Alliance in adult psychotherapy. *Psychotherapy*, *55*(4), 24–78. https://doi.org/10.1093/med-psych/9780190843953.003.0002

Fortems, C., Dezutter, J., Dewitte, L., & Vanhooren, S. (2021). The mediating role of meaning in life between the therapeutic relationship and therapy outcome in person-centered and experiential psychotherapies. *Person-Centered & Experiential Psychotherapies*, *21*(1), 73–93. https://doi.org/10.1080/14779757.2021.1938184

Frederiksen, B., Ridder, H. M., & Pedersen, L. (2020). Alliance building in music therapy for forensic psychiatric patients with schizophrenia. An exploratory case study research design. *Nordic Journal of Music Therapy*, *30*(2), 157–178. https://doi.org/10.1080/08098131.2020.1827452

Gallardo, M. E. (2013). Context and culture: The initial clinical interview with the latina/o client. *Journal of Contemporary Psychotherapy*, *43*(1), 43–52. https://doi.org/10.1007/s10879-012-9222-8

Giaritelli, A. (2022, March 1). "Kids in cages": Border patrol facility reopens in Texas. Washington Examiner.

Glover, K. K. (2020). *A phenomenological study of the therapeutic relationship in tele-music therapy in the US* (Publication No. 27996879) [Master's thesis, Molloy College]. ProQuest

Dissertations Publishing.

Gonzales, S. M. (2019). Cultivating familismo: Belonging and inclusion in one Latina/o learning community. *International Journal of Inclusive Education*, *23*(9), 937–949. https://doi.org/10.1080/13603116.2019.1602362

Hadley, S. (Ed.). (2014). *Experiencing race as a music therapist: Personal narratives*. Barcelona Publishers.

Hadley, S. (Ed.). (2021). *Sociocultural identities in music therapy*. Barcelona Publishers.

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

Hernández, S. (2001). The legacy of the Treaty of Guadalupe Hidalgo on *Tejanos*' land. *The Journal of Popular Culture*, *35*(2), 101–109. https://doi.org/10.1111/j.0022-3840.2001.00101.x

Herrera-Sobek, M. (2006). Gloria Anzaldúa: Place, race, language, and sexuality in the magic valley. *PMLA/Publications of the Modern Language Association of America*, *121*(1), 266–271. https://doi.org/10.1632/003081206x129800

Hilfinger Messias, D. K., Sharpe, P. A., del Castillo-González, L., Treviño, L., & Parra-Medina, D. (2016). *Living in limbo*: Latinas' assessment of Lower Rio Grande Valley *colonias* communities. *Public Health Nursing*, *34*(3), 267–275. https://doi.org/10.1111/phn.12307

Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association.

Kluckhohn, F. R., & Strodtbeck, F. L. (1961). *Variations in value orientations.* Row, Peterson.

Knox, S., & Hill, C. E. (2003). Therapist self-disclosure: Research-based suggestions for practitioners. *Journal of Clinical Psychology*, *59*(5), 529–539. https://doi.org/10.1002/jclp.10157

Lee C. C., & Park D. (2013). A conceptual framework for counseling across cultures. In C.C. Lee (Ed.), *Multicultural issues in counseling: New approaches to diversity* (pp. 3–12, 4th ed.). American Counseling Association.

Lee, I., & Kim, Y. (2021). A structural analysis of variables related to therapeutic outcomes as perceived by music therapists and clients in guided imagery and music. *The Arts in Psychotherapy*, *74*, 101785. https://doi.org/10.1016/j.aip.2021.101785

Lopez, T. (2006). Familismo. In Y. Jackson (Ed.), *Encyclopedia of multicultural psychology* (pp. 211–211). Sage Publications.

Magaña Dalia. (2021). *Building confianza: Empowering latinos/as through transcultural health care communication*. The Ohio State University Press.

Marín, G. (1993). Influence of acculturation on familialism and self-identification among Hispanics. In M. E. Bernal & G. P. Knight (Eds.), *Ethnic identity: Formation and transmission among Hispanics and other minorities* (pp. 181–196). State University of New York Press.

Marín, G., & Triandis, H. C. (1985). Allocentrism as an important characteristic of behavior of Latin Americans and Hispanics. In R. Diaz-Guerrero (Ed.), *Cross-cultural and national studies in social psychology* (pp. 85–104). North Holland.

Marquez, J. A., & Ramírez García, J. I. (2013). Family caregivers' narratives of mental

health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology*, *27*(3), 398–408. https://doi.org/10.1037/a0032868

Morgan Consoli, M. L., & Llamas, J. D. (2013). The relationship between Mexican American cultural values and resilience among Mexican American college students: A mixed methods study. *Journal of Counseling Psychology*, *60*(4), 617–624. https://doi.org/10.1037/a0033998

Mössler, K., Gold, C., Aßmus, J., Schumacher, K., Calvet, C., Reimer, S., Iversen, G., & Schmid, W. (2017). The therapeutic relationship as predictor of change in music therapy with young children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *49*(7), 2795–2809. https://doi.org/10.1007/s10803-017-3306-y

Norcross, J. C. (2010). The Therapeutic Relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 113–141). American Psychological Association.

Noyce, R., & Simpson, J. (2018). The experience of forming a therapeutic relationship from the client's perspective: A metasynthesis. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, *28*(2), 281–296. https://doi.org/10.1080/10503307.2016.1208373

Ramos-Watt, S. (2021). Tabula Rasa = Tabú La Raza: My not-so-blank slate. In S. Hadley (Ed.), *Sociocultural identities in music therapy* (pp. 164–179). Barcelona Publishers.

RGV Health Connect. (n.d.). 2023 Demographics. https://www.rgvhealthconnect.org/demographicdata?id=281259&sectionId=935

Santiago-Rivera, A. (2003). Latinos values and family transitions: Practical considerations for counseling. *Counseling and Human Development*, *35*(6), 1–12.

Silverman, M. J. (2019). Music therapy and therapeutic alliance in adult mental health: A qualitative investigation. *Journal of Music Therapy*, *56*(1), 90–116. https://doi.org/10.1093/jmt/thy019

Stige, B. (2002). *Culture-centered music therapy*. Barcelona Publishers.

Taylor, N. (2014). *The therapeutic relationship in music therapy: an interpretative phenomenological study of music therapists' perspectives* (Publication No. 28195379) [Doctoral dissertation, University of Surrey]. ProQuest Dissertations Publishing.

Uebelacker, L. A., Marootian, B. A., Pirraglia, P. A., Primack, J., Tigue, P. M., Haggarty, R., Velazquez, L., Bowdoin, J. J., Kalibatseva, Z., & Miller, I. W. (2011). Barriers and facilitators of treatment for depression in a latino community: A focus group study. *Community Mental Health Journal*, *48*(1), 114–126. https://doi.org/10.1007/s10597-011-9388-7

U.S. Census Bureau (n.d.). *Quick Facts: Hidalgo County, Texas; Cameron County, Texas; Willacy County, Texas; Starr County, Texas. U.S. Department of Commerce.* https://www.census.gov/quickfacts/fact/table/willacycountytexas,cameroncountytexas,starrcountytexas,hidalgocountytexas/RHI725221