Exploring the Role of Intersectionality in Current Music Therapy Practices: An Interpretative Phenomenological Analysis

by

Danielle Lussier

In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE

in

Music Therapy

The Department of Music

State University of New York

New Paltz, New York 12561

May 2024

EXPLORING THE ROLE OF INTERSECTIONALITY
IN CURRENT MUSIC THERAPY PRACTICES

Danielle Lussier
State University of New York at New Paltz

We, the thesis committee for the above candidate for the
Master of Science degree, hereby recommend acceptance
of this thesis.

Dr. Kathleen M. Murphy, Thesis Advisor
Department of Music, SUNY New Paltz

Dr. Jingwen Zhang, Thesis Committee Member
Department of Music, SUNY New Paltz

Submitted in partial fulfillment
of the requirements for the Master of Science degree
in Music Therapy
at the State University of New York at New Paltz

Table of Contents

Acknowledgements……………..………………………………….......……………………….5

Abstract…………..……………………………………………………………………………..6

Introduction……………………………………………………………………………….7

Epoche…………..……………………………………………………………………..8

Literature Review…………..……………………………………………………………10

Music Therapy and Culture…………..……………………………………………….10

Cultural Considerations…………..…………………………………………………...11

Intersectionality…………..…………………………………………………………...13

Intersectional Framework & Approach…………..…………………………………...14

Intersectionality in Music Therapy…………..……………………………………….16

Client's Identities…………..…………………………………………………………17

Therapist Self-Awareness…………..………………………………………………...18

Education…………..…………………………………………………………………20

Client-Therapist Relationship…………..…………………………………………….22

Equity, Inclusivity, and Social Justice…………..……………………………………23

Practicing What We Preach…………..………………………………………………24

Method…………..……………………………………………………………………..26

Research Design…………..………………………………………………………...26

Participants…………..……………………………………………………………...26

Data Collection…………..…………………………………………………………27

Data Analysis…………..…………………………………………………………...27

Results…………..………………………………………………………………………..28

Actively Using Intersectional Approaches…………..……………………………..29

Intersectionality in Context…………..…………………………………………….31

Perceptions of Others Affecting Intersecting Identities…………..…………32

Considering a Client's Ecological Systems/Assemblages…………..………33

Safety…………..……………………………………………………………………34

Fear of "Going There," Being Wrong, or Being "Canceled" ……………..34

Safety For Those with Historically Oppressed Identities…………..……….35

Authenticity…………..……………………………………………………………..35

Showing Up Authentically…………..………………………………………35

Intersectionality as a "Hot Topic," Buzz Word, or Clout…………..………36

Self-Reflexivity…………..…………………………………………………………37

Values and Intentions……………………………………………………………………39

Social Justice and Activism……………………………………………………………39

Education………………………………………………………………………………41

Lack of Education of Intersectionality and Related Topics in Undergraduate and Graduate Programs……………………………………………………………………41

Seeking Out Opportunities to Learn About Intersectionality…………………43

Education's Role in the Scope of Current Music Therapy Practice……………44

Discussion………………………………………………………………………………45

Recommendations for Educators………………………………………………………49

Limitations………………………………………………………………………………49

Conclusion………………………………………………………………………………49

References………………………………………………………………………………50

Appendix…………………………………………………………………………………59

Appendix A: Human Research and Ethics Board Approval Letter……………59

Appendix B: Recruitment Flyer…………………………………………………61

Appendix C: Informed Consent Statement………………………………………62

Appendix D: Interview Questions…………………………………………………63

Acknowledgements

I would like to extend my deepest gratitude to my thesis supervisor, Dr. Kathleen Murphy, for her guidance, support, and belief in both my thesis and my abilities. I would also like thank my second reader, Dr. Jingwen Zhang, for her instrumental contributions and assistance, and to Dr. Duerr for teaching me the fundamentals of research. Thank you to the participants of the study who generously shared their time and knowledge, and without whom the research would not have been possible. Lastly, I would like to express my gratitude to those that have supported and inspired me along the way —my family, my friends, and my cohort. Your continued understanding and encouragement have been essential for me to reach this milestone, and I am extremely grateful.

Abstract

The term "intersectionality" and related concepts have become popular throughout recent music therapy literature; however, there is minimal research on how music therapists are currently using intersectionality in their clinical practice. The purpose of this study was to investigate how music therapists are actively utilizing intersectional approaches with the individuals they are working with, and whether or not they are "practicing what they preach" in relation to an intersectional framework. Additionally, this study explored how music therapy education has prepared currently working music therapists to work in an intersectional capacity. Participants for this study included three board-certified music therapists that have been practicing full-time for at least five years and have experience working with clients that hold historically minoritized identities. Participants shared their experiences and beliefs in semi-structured, individual interviews. The interviews were recorded, transcribed, and analyzed using an interpretative phenomenological analysis (IPA). From the IPA, eight themes emerged: a) actively using an intersectional approach; b) intersectionality in context; c) safety; d) authenticity; e) self-reflexivity; f) values and intentions; g) social justice and activism; h) education. The data suggests that while music therapists are practicing in an intersectional capacity, they are doing so through their own self-reflexivity, authenticity, and self-sought education. Participants agreed that formal education on intersectionality is crucial to include in undergraduate music therapy courses in order to best prepare all-level clinicians to foster an anti-oppressive and inclusive practice. Other clinical implications, study limitations, and recommendations for educators and future research are discussed.

Keywords: music therapy; intersectionality; cultures; identities; music therapy education; intersectional approach; intersectional framework; social justice; activism.

Chapter I

Introduction

Within the recent music therapy literature, there is a plethora of research on "multicultural" music therapy, where a therapist works with a client that identifies with a culture that differs from than their own (Baker, 2014; Chase, 2003; Hadley & Norris, 2016; Seabrook, 2019; Yehuda, 2002). There is, however, little research on how music therapists acknowledge their clients' multiple cultural identities, and how the intersection of those identities affects the therapist's practice.

Intersectionality was coined by Kimberlé Crenshaw through her research of Black women's studies and Black Feminism in the profession of law. Her research (as well as the writings of Black Feminist activists) allowed her to uncover some implications of when these multiple identities are disregarded, and how privileged spaces often ignore the importance of identity intersection. Since then, intersectionality has been an important consideration for helping professionals with clients that have marginalized identities in relation to race (Crenshaw, 1989; Lewis et al., 2017), gender (Besse, 2021; Thompson et al., 2019), sexual orientation (Boggan et al., 2018; Thompson et al., 2019), and ability (Gross, 2023).

Throughout the music therapy literature, there are many opinion-based articles that demonstrate the importance of acknowledging intersectionality in the music therapy field; however, there is currently no research exploring the role of intersectionality in current clinical music therapy practice. The purpose of this study is to investigate how music therapists are actively utilizing intersectional approaches with the individuals they are working with, and if they are "practicing what they preach" (Hansen et al., 2006). This study will additionally explore how music therapy education has prepared currently working music therapists to work in an intersectional capacity.

Epoche

Growing up in a racially homogeneous region of New England, I did not have much experience learning about cultures that differed from my own. It was not until I went to a liberal arts college in Boston, Massachusetts that I began to truly comprehend the vast array of cultures that my classmates and peers identified with. After graduating from college and moving to New York City, I continued a casual pursuit of educating myself about other cultures. I became interested in learning about intersecting identities, and how those identities are represented within an individual. Living in Queens, the borough known for its immigrant population and overall multiculturalism, I am privileged to continue to learn about cultural traditions, customs, and experiences from my fellow Queens residents. With this knowledge, however, comes an understanding of the injustices that those with historically marginalized identities face. Recognizing that injustices of this nature are a society-wide dilemma, I contemplated what impact I could make to amplify the needs of those with multiple minoritized identities.

I identify as a white, middle-class, cis-gender woman. According to the American Music Therapy's (2021) Workforce Analysis, I relate directly to the majority of music therapists, with 88.34% of music therapists surveyed identifying as white and 88.44% identifying as female. Considering the multiple levels of privilege that I experience, I believe it is essential that I combat this privilege by continuing to educate myself on how oppression is affecting the music therapy field and humanity at large. Webb and Swamy (2020) discuss that while there has been an uptick of writings on diversity and multiculturalism in music therapy journals, training programs, associations, and conferences, there is an overall "illusion of neutrality" that has "dismissed minoritized voices and perspectives" (p. 100). I believe it is crucial for those of us in privileged positions to openly educate ourselves on oppressed identities without asking those with historically minoritized identities to do the educating. Through this research, I hope to examine the role of

intersectionality in current music therapy clinical practice so that I may foster an equitable, inclusive, and just practice in the future. I hope to additionally encourage others to rethink their privilege in relation to music therapy and identities.

Chapter II

Literature Review

Music Therapy and Culture

Bruscia (2014) defines music therapy as a “reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change” (p. 36). The American Music Therapy Association (AMTA, 2005) defines music therapy as the “clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (para 13). Whether defined as helping a client to optimize their health or to accomplish individualized goals, music therapy is considered a “helping profession” (VandenBos, 2007), as health and education services are provided through the collaborative client-therapist relationship. Music therapy has the unique potential to provide individuals with a feeling of being understood through re-creative, receptive, improvisational, or compositional methods of musicking (Bruscia, 2014).

In the helping professions, one is often working with clients that come from many differing cultures, backgrounds, and circumstances. The literature suggests that how a music therapist approaches cultural differences may affect how music therapy treatment works in relation to both the music and the therapist (Baker, 2014; Chase 2003; Seabrook, 2019; Yehuda, 2013). If a music therapist does not take a client’s culture into consideration, the effectiveness of treatment can not only be limited, but it can become ethically unsound (Dileo, 2021). The AMTA’s Ethical Code maintains principles of respect, dignity, and compassion for all clients (AMTA, 2019), and while it does not explicitly state the need for cultural humility throughout one’s practice, the AMTA encourages a compassionate approach to accepting client’s individual factors and cultural differences. Dileo (2021) utilized a more direct approach when discussing the ethical implications

for not cultivating an inclusive approach to music therapy, writing that to maintain an ethical practice, ideas of power, privilege, bias, and oppression are factors that must be considered when working therapeutically with clients. Additionally, mental health professionals must have self-awareness of their own biases, stereotypical thoughts, and microaggressions towards clients and co-workers.

Sue et al. (1992) proposed a "multicultural counseling model" still used to assist mental health professionals in creating cultural inclusivity in their practice. Within this model they define basic principles of "cultural competence," including the use of culture as identity, the prevalence of cultural differences, cross-cultural counseling, diversity, and the need for a therapist to have self-awareness, knowledge, and skills to optimize their client's wellbeing through individualized care. Since the development of the multicultural counseling model, there has been a language and theoretical shift from the phrase "cultural competence" in favor of a more nuanced and inclusive phrase: "cultural humility." Considering that culture is based on identity, and that cultural identity "consists of ongoing, dynamic interactions between an individual's multiple group memberships" (Edwards, 2022, p. 28), there is a need for growth throughout one's education and practice. Competence implies "a discrete endpoint of learning," (Edwards, 2022, p. 29), whereas remaining culturally humble invites the music therapist to maintain flexibility and expansion throughout their work.

Cultural Considerations

There is a precedent and ethical standard for music therapists to use a humble approach when working with clients. Music therapists are expected to not only be familiar with customs and aspects of other cultures, but to also be familiar with culturally specific music, instruments, and the culture's relationship to music. While "culture" is often seen as a person's racial or ethnic background, it can encompass a variety of identities, including (but not limited to) age, gender,

gender identity/expression, sexual orientation, education, disability, religion, race, ethnic background, and socioeconomic status (Lee, 2013). This bridges the gap between music therapy and Sue et al.'s (1992) multicultural counseling model, creating a "multicultural music therapy" perspective (Hadley & Norris, 2016; Yehuda, 2002). Learning and connecting to music from a different culture can help to strengthen the therapeutic relationship and connection to clients through music experiences.

When considering theoretical orientations of music therapy, humanistic music therapy, which initially focuses treatment on the client's identity (Abrams, 2018) may be a first step towards an ethical and culturally inclusive therapy practice. Two other theories that are necessary to fully understand a client's identity include "ecological systems theory" (Bronfenbrenner, 1979) and "social assemblage theory" (DeLanda, 2006). Bronfenbrenner's ecological systems theory is viewed from the perspective of the individual and their world in context through the "systems" and relationships that occur and affect the person's development. These systems demonstrate that individual characteristics or immediate surroundings are not the only aspects influencing development, but rather, development is individualized through deep rooted, social, historical, and cultural factors. Assemblage theory was originally coined by Gilles Deleuze and Felix Guattari in relation to a realist approach to ontology, however, DeLanda (2006) created a theory of social constructs that was heavily influenced by Deleuze and Guattari's original assemblage (*agencement)* theory. DeLanda's social assemblage theory views assemblages in differing capacities: individuals may be regarded as assemblages of sub-personal components (i.e., ideas, habits, skills); social groups, networks and organizations are assemblages of individuals, norms, habits, customs; governments are assemblages of multiple forms of organization, etc. (DeLanda, 2006, pp. 4-5). All three of the above theories demonstrate the complexity and fluidity of identities that must be considered when working from a culturally humble perspective.

To ensure representation for varying cultures (and intersections of cultures) theorists and therapists have also created models and approaches to music therapy that focus on inclusivity. Some of these models include posthumanism (Ansdell & Stige, 2018), anti-oppressive music therapy practices, (Scrine & McFerran, 2018), critical humanism (Hadley & Thomas, 2018), critical race theory, (Hadley, 2016), Disability Studies, (Cameron, 2014), feminist theory, (Hadley, 2013; Seabrook, 2019), and the queer music therapy model (Bain et al., 2016; Boggan et al., 2018). Gross (2023) describes their recently proposed model in which queer, feminist, critical race, and disability studies have been categorized as "postmodern" music therapy. This postmodern model concerns itself with power dynamics within the therapeutic relationship, the therapist's acknowledgement of the client's intersecting identities, and how these factors influence the therapist's care for a client. Within a culturally humble practice, a music therapist must not only consider a client's multiple identities, but the intersection of those identities, and how they show up in the client's lived experiences and the therapist's internal beliefs.

Intersectionality

Kimberlé Williams Crenshaw (1989) coined the term *intersectionality* through her research of Black women's studies and Black Feminism in the justice system. She described intersectionality as the experience that Black women feel through racism, sexism, oppression, and identity. Her experiences and research allowed her to discover the implications of disregarding these multiple identities, and how privileged spaces often ignore the importance of identity intersection. While Crenshaw may have created a name for "intersectionality," Black feminists have been fighting against sexism and racism for decades. Feeling unrepresented by the "Second Wave" of the feminist movement, Black feminists created the National Black Feminist Organization (NBFO) and the Black Women Organization for Action (BWOA) in hopes of targeting issues of racism and sexism (Lewis, 1977). Additionally, the Combahee River Collective (1977), an organization of Black

feminists, wrote a manifesto that took inspiration from Black women activists throughout slavery and the civil rights movement. In this manifesto, the Combahee River Collective Statement (1977) focused on Black women's liberation by conceptualizing the unique, interlocking systems of oppression, writing that it is difficult to separate race, class, and sex oppression because "in our lives they are most often experienced simultaneously" (Combahee River Collective, 1977, p. 234). Within the manifesto, they additionally touch on sexuality and socioeconomic status, with some founding members identifying as lesbians, and internal disagreements being described as class and political differences (Combahee River Collective, 1977). This manifesto demonstrates that while equity for race and gender are often the highlighted goals of Black feminists, there are a multitude of oppressed identities that must be considered for a truly intersectional approach.

Intersectional Framework & Approach

Rooted in feminist theory and anti-racist politics (Crenshaw, 1989), intersectionality addresses "complex, individual, relational, structural, and ideological aspects of domination and privilege" (Ramsay, 2014, p. 453). It argues that members of these groups hold multiple social statuses according to gender, sexuality, social class, age, citizen status, nationality, disability, race, and ethnicity (Sears, 2012, p. 46), while each person's differing minoritized identities and the saliency of these identities impact their perceptions, beliefs, and experiences. Intersectionality forgoes the "single-axis" perspective of oppression, and instead reinforces an in-depth consideration of multiple, intersecting, oppressed identities (Al-Faham et al., 2019; Crenshaw, 1989; Kelly et al., 2021; Moradi, 2017).

Defining intersectionality is a complex task; as Al-Faham et al. (2019) noted, "never has a term been asked to do so much" (p. 248). Intersectionality can be described through lived experience, an aspiration, strategy, a way to analyze inequality, and even a movement" (Al-Faham et al., 2019, p. 248). An intersectional framework, however, can provide clearer insight into how to

access intersectionality through nuanced understanding of oppressed identities. One purpose of an intersectional framework is to provide an "analytic tool that gives people better access to the complexity of the world and themselves" (Collins & Bilge, 2016, p. 2). Having tools for analysis can be beneficial for providing a container for working, researching, and educating within an intersectional framework. Another purpose of having an intersectional framework is that it can foster language that can be used to "highlight complexity when researching and representing lived experiences" (Sajnani, 2013, p. 385). By creating language that is representative of minoritized experiences, it can encourage those working from an intersectional perspective to acknowledge the reality of the minoritized experience and enhance overall comprehension.

While it is crucial to an intersectional framework to recognize that oppressed identities are existing simultaneously, it is equally essential to understand the social context and larger systems of oppression that are affecting each individual (Boggan et al., 2018). Intersectionality occurs simultaneously within each individual and in the community at large; it is imperative that internal factors as well as factors of colonialism, imperialism, and racialization are considered in tandem with individual oppression (Hvenegard-Lassen et al., 2020). Additionally, it is critical to acknowledge one's pre-existing assumptions of others (Kuri, 2017). Self-education and self-reflexivity are necessary for working in an intersectional framework in order to become aware of the challenges of specific oppressed identities and one's own internal biases. Unlike more rigid frameworks, an intersectional framework requires a sense of ambiguity to represent the uniqueness of each individual's identities.

To maintain an intersectional framework, one must utilize an intersectional approach in their work. An intersectional approach takes the values of inclusivity, inquiry, and self-reflection outlined in an intersectional framework and applies them to real world situations. An effective way to use an intersectional approach is to ask reflective questions to better grasp the nuances of oppressed

identities. One way to actualize this idea is to ask the "other question." Matsuda (1991) developed the concept of the "other question" as a way to understand the intricacies of intersectionality, stating, "when I seek something racist, I ask 'where is the patriarchy in this?' When I seek something sexist, I ask 'where is the heterosexism in this'" (p. 1189). By asking the "other question," one is beginning the steps of acknowledging where the privilege exists within any given situation. Cole (2009) outlines other important questions to consider when working from an intersectional approach: "who is included within this category, what role does inequality play, and where are there similarities" (p. 170)? These questions incite reflexivity by recognizing individuality, diversity, and positions of power within social categories.

Asking questions about external situations is vital to an intersectional approach, however, one cannot maintain this method without recognizing one's own power, blind spots, biases, and positionality. For many, this means using critical self-examination in a way that decenters their whiteness and/or inherent power (Salskov, 2020). Considering the origins of intersectionality stemming from Black feminists, race is an integral part to the origins of the intersectional approach and should be centered when discussing identities of oppression. Some feminist literature critiques the colonization of intersectionality by white feminists, stating that it can further white-supremacist beliefs (Christoffersen & Emejuju, 2023; Frankenberg, 1993; Tomlinson, 2013) and be reduced to "feel-good anti-racism" (Cuesta & Mulinari, 2018). Salskov (2020) describes epistemic whiteness as a routinized and habitual ways of understanding the world and argues for continual consciousness of the questions we are asking. With this ideology, those in power are actively working to not become complicit in seeking sameness and difference in relation to power and privilege, and instead, acknowledging the individuality of each distinct situation.

Intersectionality in Music Therapy

For a music therapist to approach music therapy in an inclusive and culturally humble manner, they must acknowledge that an intersectional framework is necessary to recognize the unique identities that affect their music therapy experiences, music preferences, and relationship with both the music and the music therapist. Boggan et al. (2018) examined the queer music therapy model (Bain et al., 2016), and discussed how an intersectional framework is needed to address barriers within therapists and to critique the deficits of music therapy training. Additionally, the authors asked the participants to consider the intersection of politics and music therapy, and if therapeutic work is inherently political. While the responses varied greatly between participants, the authors wrote that within an anti-oppressive therapeutic perspective, therapy must be politically charged.

This idea of fighting against societal norms is linked to therapeutic advocacy for music therapy as a profession, music therapy research, practice, education, and is needed to challenge the systems of power that uphold oppressive concepts (Nolan, 2013). Additionally, and most importantly to the idea of intersectionality, a music therapist must be an advocate for their clients and be attuned to their clients' multiple identifying factors. Through the literature, themes for the demand of this empathy and advocacy emerged: 1) recognizing the client's identities; 2) a therapist's self-awareness; 3) education; 4) the client-therapist relationship; 5) equity and social justice.

Client's Identities

Per the American Psychological Association's (APA) Code of Ethics, therapists must consider ideas of beneficence, nonmaleficence, fidelity, responsibility, integrity, justice, and respect for people's rights and dignity (APA, 2017). To ignore a client's multiple identifying factors or to focus on one main "identity" dismisses the client's truest self and often discriminates against them

through a single-axis approach (Crenshaw, 1989; Lewis et al., 2017; Moradi, 2017). This single-axis approach was standard in past discrimination research, focusing on either race *or* gender, rather than how multiple underrepresented identities can interact together (Lewis et al., 2017). The main deficit for the single-axis framework that Crenshaw's (1989) writing describes is that it limits inquiry to those experiencing privilege within the context of the marginalized group, creating an opportunity for the person's relevant identity to be seen as more salient than the other intersecting identities.

There is also potential of inadvertently causing the client harm if a therapist does not take these intersecting factors into consideration. Suskin and Al-Yagon (2020) demonstrated the importance of creating culturally specific interventions for their study of Ultra-Orthodox Jewish women partaking in group movement therapy. They discuss that by leading the study with sensitivity in their verbal terminology, musical selections, and the pacing of the sessions, they were able to focus on the intersection of religion and gender. This focus may have enhanced the effectiveness of the study, as they describe the significant changes that emerged within body image, body care, comfort in touch, psychological well-being, and conscientiousness (Suskin & Al-Yagon, 2020, p.1). While other helping professions (specifically other creative arts therapies) have the responsibility to use culturally appropriate music selections, music therapists have the additional responsibility of inviting the client to explore their own cultural identities through the musical experiences (Gilboa, 2009).

Recognizing the intersection of identities is critical when creating treatment plans that aim to meet the client's unique therapeutic needs. It is the therapist's responsibility to ensure the client's needs are being addressed, as it not only promotes an ethical practice, but it can also strengthen the therapeutic alliance between therapist and client. Music therapists must first gain increased insight

and self-awareness of their own biases to best implement an intersectional framework in their practice.

Therapist Self-Awareness

A therapist's worldview, background, and cultural beliefs will no doubt affect their music therapy practice; however, having self-awareness of these perspectives is the first step in "psychological competence" (Dileo, 2021). An ethical therapist must constantly be examining their own biases and cultural beliefs, as it will help prevent these ideas from interfering with the therapeutic process. Through learning about a variety of cultures and unlearning patriarchal and oppressive stereotypes, music therapists can maintain an anti-oppressive practice that has a trajectory of growth and acceptance of others.

A therapist's critical self-awareness in a therapeutic space is often referred to as *reflexivity* (Bruscia, 2014; Dileo, 2021; Hadley & Thomas, 2018). In a reflexive practice, the therapist partakes in a "dynamic process of exploration through self-observation, self-inquiry, client-therapist collaboration, consultation, and supervision" (Bruscia, 2014, p. 54). The importance of a therapist's reflexivity exists in the past, present, and future—it is not only necessary for a therapist to be reflexive when in a session with a client or reflecting on past therapeutic experiences, but also when looking towards the future of research, scholarship, and policy making (Talwar, 2010). Maintaining reflexivity not only ensures an effective practice, but an ethical one, as it fosters inclusive and individualized care for the clients.

Through "reflexive critical thinking" (Wright & Wright, 2017) therapists can foster a therapeutic space that is more representative of the client's intersecting identities, and therefore, more inclusive, and empathetic. This self-reflexivity can not only help with a specific client, but it can create opportunities to understand discrimination and marginalization throughout society (Wright & Wright, 2017). Additionally, this self-awareness can encourage the therapist to account

for what they know about cultures that differ from their own, as well as recognizing what they still need to learn (Besse, 2021; Keith, 2016; Whitehead-Pleaux et al., 2013). Whitehead-Pleaux et al. (2013) surveyed therapists about their perceptions and actions of working with clients that identify as LGBTQ+. The results of their research demonstrated that although 97.1% of participants knew someone that identified as LGBTQ+, 59.2% of participants did not feel they were prepared to work with this population (Whitehead-Pleaux et al., 2013). This was only a single-axis study, yet it helped the therapists to critically assess themselves, finding a gap in their cultural knowledge. Results demonstrated that therapists felt a lack of training and education in relation to working with this population and the authors suggested an increase in supervision and education on topics that involve underrepresented communities, as well as continued self-exploration of innate biases.

Education

Intersectional education is utilized to move beyond single axis learning and analysis and to account for the ways historically minoritized identities and power dynamics show up in social spaces by strengthening the "synergy between critical inquiry and praxis" (Tefera et al., 2018, p. viii). Many social science, law, and medical professionals have argued the benefit of including intersectionality into their education curriculum (Collins, 2019; Crenshaw, 1994; Jenkins, 2018; Opara & Brown, 2023; Sears, 2012; Tefera et al., 2018). Due to the complexity of intersectional studies, there is a need for those in academic programs to be continually reflexive about their own viewpoints and power dynamics (Fitts, 2010; Jenkins, 2018; Sears, 2012). Additionally, within a classroom setting, there are multiple identities and experiences that are intersecting (Jenkins, 2018). Within intersectional education, this demand for inquiry and nuance is present, and cannot be limited to "what can be neatly described, counted, measured, and clearly defined" (Tefera et al., 2018, p. xv).

Throughout the literature, inadequate education is quoted as being a primary source of perceived "cultural incompetence" (Boggan et al., 2018; Chase, 2003; Keith, 2016; Hadley & Norris, 2016; Hansen et al, 2006; Toppozada, 1995; Wheeler & Baker, 2010; Whitehead-Pleaux, et al., 2013). Boggan et al. (2018) and Chase (2003) particularly underline the need for stronger intersectional education at the undergraduate music therapy level. This lack of cultural humility training in undergraduate education may be due to an already demanding number of undergraduate music therapy courses, the educator's own lack of cultural humility/education, or the school administration's ignorance about the necessity for intersectional education (Boggan et al., 2018; Chase, 2003; Toppozada, 1995). The implications of not including training based on cultural humility at the undergraduate level can leave therapists feeling unprepared to work with clients in an inclusive and intersectional framework (Boggan et al., 2018; Whitehead-Pleaux et al., 2013).

While undergraduate and graduate courses on intersectional and inclusive music therapy are necessary, board-certified music therapists are additionally required to take Continuing Music Therapy Education (CMTE) courses to ensure an awareness of the ever-changing aspects within music therapy. CMTE courses and music therapy conferences offer a wide scope of learning opportunities for music therapists to continue to expand their knowledge of multicultural and inclusive counseling (Chase, 2003; Hansen, 2006). There has been an increase in literature, conference sessions, and continuing education courses that focus on specific populations, intersecting identities, and radically inclusive models and approaches. A music therapist can use their critical self-awareness and reflexivity to decide where the gaps in their knowledge are in order to continue their education of specific topics or cultures.

Additionally, music therapists should seek out supervision to continue their multicultural and intersectional education. Hansen et al. (2006) discusses the results of surveying professional psychologists about the source of their multicultural knowledge, finding continuing education and

supervision being significantly influential to clinician education. Supervision, specifically cross-cultural supervision, can be utilized to increase the therapist's awareness of their biases and limited knowledge (Toppozada, 1995). By actively seeking out opportunities for growth and understanding, music therapists can increase their cultural humility, which ultimately can lead to a stronger therapeutic alliance with their clients.

Client-Therapist Relationship

In any therapeutic space, fostering a relationship between therapist and client is essential for an effective practice. In music therapy, there is an additional relational factor to consider—the relationship to the music. Both the therapist's and client's relationship to music prior to and throughout therapy play a role in treatment outcomes and progress (Bruscia, 2014). Yehuda (2002) describes focusing on the idea of "musical authenticity" when working with a client with preferred music that differs than the therapist's. The music therapists interviewed for the study discussed their attempt to find a balance between using the client's preferred music in an effective and relationship-building manner, while also recognizing their own authenticity and openness. The results indicate that this balance may be unachievable, but a music therapist must continue to have reflexivity, curiosity, and a willingness when in contact with unfamiliar music in order to foster a strong therapeutic alliance.

Within an intersectional framework, a therapist must confront their relationship to privilege and institutional power, and how that may affect the therapeutic relationship (Cole, 2009; Gross, 2023). Within the therapy session, a therapist's leadership may be attached to hierarchy and power roles. A music therapist already may take on the role of an authority figure, creating a power difference that can impact the client's experience and comfort level with the therapist (Seabrook, 2019; Talwar, 2010). This power dynamic can also perpetuate unintentional microaggressions (Hadley, 2016). A therapist must constantly work towards an anti-oppressive practice through their

own self-awareness, reflexivity, and education, and to find ways to level the hierarchy through collaboration and empowerment (Rolvsjord, 2004). It is important for the therapist to keep in mind these power dynamics, and to shift toward an approach that empowers clients and centralizes their identities (Eastwood, 2021).

By keeping an openness to recognizing the client's intersecting identities, the music therapist fosters a more authentic and empowering relationship with the client, which can positively affect their therapeutic experience through a strong working alliance (Hook et al., 2013). Conversely, disregarding a client's identities can provide therapy that is less effective; a therapist's abilities can differ in relation to their client's identities, and considering a client's intersecting systems of oppression is crucial to providing inclusive care (Kivlighan et al., 2019). It is also important to not only consider a client's intersecting identities, but how salient each of those identities are to the client. Anders et al. (2021) found that therapists had more cultural humility and less "cultural missed opportunities" when a client had a "first most important" identity, suggesting a continued need for awareness of identity saliency, and how each identity is represented within their client.

Equity, Inclusivity, and Social Justice

To provide a truly intersectional approach, a music therapist cannot only consider their client's perceptions of their identities with a self-reflexive approach, they must also consider the global implications of historically marginalized communities, and how providing equitable treatment for all clients is crucial to ensure an anti-oppressive approach. This requires viewing the unique intersections of identity through a communal and cultural perspective. This global viewpoint also provides the space for a therapist to use their inherent power as a helping professional to enhance the lives of those with minoritized identities through equity and social justice.

When viewing therapy from a just and ethical perspective, the term “equity” is more appropriate to use than “equality” (Leonard, 2020). In helping professions, it is not sufficient to seek equality, as equality does not necessarily provide treatment that is centered on the individualized needs of the client, but rather technical equalness. Within the therapeutic space, considerations of equity are crucial to increase supportive, authentic, and open experiences (Baker, 2014). Additionally, equitable thinking allows for ethical decision-making—it can encourage the music therapist to view the world outside of the therapeutic space and to anticipate the client’s needs.

To view music therapy through this lens, a therapist must take an anti-oppressive, social justice-based approach. Social justice lends itself to music therapy, as ideas of social justice are often expressed through media and art (Vaillancourt, 2012). While additional approaches mentioned earlier (posthumanism, critical humanism, critical race theory, Disability Studies, feminist theory, and the queer music therapy model) can be considered social-justice related approaches, maintaining self-awareness, continuing education, and empathizing with a client’s identities are the first steps to an intersectional and equitable therapeutic alliance. The next step is to follow through on these ideologies and put them into use within the therapeutic practice.

Practicing What We Preach

While no current or significant research demonstrates an argument against an inclusive approach to therapy, there are still experiences of mistrust and discrimination within the mental health space (Eastwood, 2021; Huang & Tsai, 2022; Lewis et al., 2017). Having the cognitive understanding of intersectional principles is not an adequate way of applying an intersectional approach that is social justice based; a therapist must take action to implement these approaches in their practice. Hansen et al. (2006) describes 52 “multicultural competencies” identified by professional psychologists, stating that 86% of the psychologists did not practice what they

preached as being an important “multicultural competence.” The results indicate that experience as a counselor does not equate to cultural humility, and that there is a significant gap between cultural literature, ideas of inclusivity, and actual therapeutic practices.

The results of this study are concerning to those seeking to utilize social justice-based models of music therapy. While Gross’s (2023) proposed paradigm shift demonstrates an intersectional framework, there is no specific approach or listed interventions to follow that helps therapists increase their efforts of implementing and developing these ideas in their practice. The identified themes of therapist self-awareness and education/supervision can assist with putting into practice an intersectional framework; however, there is little evidence displaying how music therapists are using an intersectional approach through actions and reflexivity, not simply their ideas, values, and words. This study aims to explore what is known in the current music therapy space, if music therapists are practicing what they preach in terms of an intersectional framework and approach, and how education has prepared currently practicing music therapists to partake in an intersectional practice.

Chapter III

Method

Research Design

This study utilizes an interpretivist approach to collect and analyze data in relation to the current knowledge and use of intersectionality in music therapy clinical practice. In-depth, semi-structured interviews (ranging from 45 to 60 minutes) took place over a secure, encrypted video platform to gather qualitative data. The data was then transcribed and analyzed using Interpretative Phenomenological Analysis (IPA), where themes emerged from the participants' responses. This study received ethical approval from the State University of New York at New Paltz's Human Research and Ethics Board (Appendix A).

Participants

A total number of 3 participants were recruited (Appendix B) and/or purposefully sampled for this study through music therapy-based Facebook pages and recommendations from thesis supervisors. Participants include board-certified music therapists (MT-BCs) that have been practicing full-time for at least five years and have experience working with clients that hold historically minoritized identities. This criteria was chosen to ensure that the participants have been working in the field for a substantial amount of time, which has provided them opportunities to work with historically marginalized individuals. All participants provided verbal informed consent to participate in this study (Appendix C) and have their interviews recorded for transcription purposes. Exclusion criteria for the purposes of this study included MT-BCs that were not currently practicing clinicians, had less than five years of experience, had not worked with historically marginalized individuals, or those that were unable to consent.

Participants were asked to provide demographic information that they felt comfortable sharing. That information has been summarized below:

Participant A

Participant A is a master's level music therapist. She is as a 28-year-old, cis-gender, white female that identifies as bi-sexual. She was raised Roman Catholic but is no longer practicing. She identifies as neurodivergent with ADHD and has no physical disabilities.

Participant B

Participant B is a doctorate level music therapist. He identifies as a middle-aged, cis-gender, white male. He grew up in the Midwest and currently lives in the Northeast.

Participant C

Participant C is a music therapy PhD candidate. She identifies as a Latina, cis-gender female. She additionally identifies as middle class, non-disabled, and speaks English and Spanish proficiently.

Data Collection

Interviews were conducted and recorded using "Webex," a secure and encrypted videoconferencing platform. All interviews were transcribed through Webex's internal software and edited for accuracy by the researcher. Videos and transcripts were stored in a password protected folder on a password protected MacBook laptop. Videos of the interviews were destroyed once they were transcribed.

Data Analysis

Interpretative Phenomenological Analysis (IPA) was employed to analyze the data. An IPA approach was chosen for this study as its use of qualitative inquiry of a small sample is effective at providing rich, descriptive accounts of a specific phenomenon (Pietkiewicz & Smith, 2014). Furthermore, in an IPA study, a double hermeneutic (or dual interpretation) process takes place, where the participants not only provide their thoughtful answers to the questions, but the researcher takes an active role through their interpretation of how the participants make meaning of the phenomenon (Pietkiewicz & Smith, 2014). This study's purpose of exploring the knowledge and

practice of intersectionality lends itself to an IPA, as the in-depth analysis produced emergent themes in the phenomenon that will be beneficial for future research and clinical practice.

Following Pietkiewicz and Smith's (2014) IPA framework, I read through the transcripts multiple times while taking descriptive notes in order to code the data and extract potential themes. Through an iterative process of refining and defining, emergent themes were identified. The next stage in the framework included clustering the themes to find connections and relationships. To ensure the validity of the emergent themes, reflexivity and bracketing occurred throughout the analysis to acknowledge personal beliefs/biases. Excerpts of the interview transcripts were sent to my thesis supervisor, who independently reviewed them, made notes, and extracted emerging themes herself to ensure trustworthiness. Due to the sensitivity of the subject matter and moments of unclarity in the web conferencing audio, member checking occurred to ensure the participants' beliefs and experiences were reported correctly. During the member check, two participants recommended grammatical edits for clarity and one participant asked for removal of overly identifying information to protect their anonymity.

Chapter IV

Results

The IPA analysis resulted in 8 themes related to intersectionality and its use in clinical practice (presented in Table 1). Within these themes, some subthemes emerged, which helped to demonstrate the complexity and nuances of each category.

Table 1

Emergent Themes and Subthemes

1. Actively Using an Intersectional Approach
2. Intersectionality in Context
    a. Perceptions of Others Affecting Intersecting Identities
    b. Considering a Client's Ecological Systems/*Assemblages*
3. Safety
    a. Fear of "Going There," Being "Wrong," or Being "Canceled"
    b. Safety for Those with Historically Oppressed Identities
4. Authenticity
    a. Showing up with Humility
    b. Intersectionality as a "Hot Topic," Buzz Word or "Clout"
5. Self-Reflexivity
6. Values and Intentions
7. Social Justice and Activism
8. Education
    a. Lack of Education of Intersectionality and Related Topics in Undergraduate and Graduate Programs
    b. Seeking Out Opportunities to Learn About Intersectionality
    c. Education's Role in the Scope of Current Music Therapy Practice

Actively Using Intersectional Approaches

While there is a growing amount of literature related to the use of an intersectional approach to music therapy, there is less research contributing to the active interventions that are being

utilized. The participants in this study described examples of how they are deliberatively using intersectionality in their clinical work. Participant A recalled working with a younger client who came from a lower socio-economic status (SES):

> *I see them doing really well in their sessions on a certain instrument, and they asked me, "well, how can we support this at home" and ideally, I would say, "get them this instrument." But if we're struggling to get even two sessions a month because of finances, that's not realistic. So, we have to think about other methods and other ways that they can find that sensory regulation, they can find that connection, they can have that communication resource available to them.*

Intersectional approaches are available in a variety of settings and spaces, including in palliative care. Participant B noted that there will be times that he will forego musical experiences to focus on rich conversation with the individual. Participant B additionally provided examples of how he works with clients to build rapport and trust in an intersectional manner:

> *One of the first questions I ask when I meet someone [is] "what would you be doing if you weren't in the hospital right now?" …I do keep the work focused on the individual, but I think that there's room for fluidity in terms of trust and trust-building and faith. And my role as a… fellow human is dignifying another human being in a situation that is often undignified feeling.*

While there are a variety of settings that a music therapist can use an intersectional approach, there are also a variety of music therapy methods that can be employed. Participant C noted that songwriting with a client can be beneficial to increase autonomy and self-expression. She recalls a time she worked with a young man that had multiple historically marginalized identities:

> *Part of it was giving him agency and control over what he created in the space. Giving him opportunity to remix, rewrite, write, playback, edit—do all these things*

> *within that space, and then also too, those interventions were really about helping him to form…healthy forms of resistance… to be a bit of a socio-political agent in his life.*

In relation to better understanding her clients, Participant C stated:

> *You have to start with...the foundation of understanding who people are. Asking questions rather than just assuming so that one can have a more nuanced understanding of the individuals that we work with. So, in order to apply intersectionality effectively, you have to be able to name facets that are occurring and that are being pronounced and meaningful to the individual.*

To bridge the gap between intersectionality and authenticity, Participant B felt that he should acknowledge the client's identities without complication:

> *Embracing [intersectionality] as a positive and not looking at it as an obstacle or looking at it as something that has to be navigated but just something that is lived authentically.*

The participants also talked about how they are continuing to use an intersectional perspective, even when they are not in a music therapy session. Participant A gave the example of finding guitar courses that are culturally based rather than skill based, and how those guitar courses can honor the intersectionalities of the people she is working with. She also discussed how her own inner work has heightened her awareness when working with clients:

> *I try to be mindful of what they are able to share with me what they want to share with me, and also, how my experiences help or hinder how I experience them in their sessions. And one of the more forefront things that come to mind is how I've had to do a lot of unlearning when it comes to ableism and especially with presumed competency and…. saviorism.*

To be more focused on fluidity and inclusivity, Participant C believes that the conversation around intersectionality must shift:

> *We need to start moving the conversation and education to think more fluidly about intersectionality and not have those fixed identities that you see on identity maps…because it's not—nothing is like that. Nothing is fixed.*

Participant B also noted that while intersectional thinking can be beneficial, intersectionality is something that must be acted upon in, not simply thought about:

> *Get over yourself, move beyond yourself and start applying it in the outside world in your own personal life. See how it manifests in a better you as opposed to just festering, just sitting in it, stewing. So, moving it outward. Outside yourself.*

Intersectionality in Context

Perceptions of Others Affecting Intersecting Identities

Whether it's the client's or the therapist's identities, identities can become more salient when they are viewed in context and perceived by others. Participant A defined intersectionality using the concept of perception:

> *Intersectionality to me, is all of…the identities and experiences that a person carries with them on a day-to-day basis, and how they show up in different settings and with different people, and how those experiences and identities are understood and perceived by others around them based off of how people, who perceive other people, are informed by their experiences and identities.*

In music therapy and other helping professions, identities can be perceived differently in relation to an interdisciplinary team. Participant B described how each palliative care team member is going to view the client's identity in context to their own professional lens:

> *[If] the patient says "I love gardening. If I wasn't here, I'd be working in my garden," it's going to mean something completely different to the physician coming in to look at what opioid to prescribe for pain. To me, it opens up, as a music therapist, we can create different kinds of soundscapes to kind of encapsulate that aesthetic vibe of the garden, let's do that together.*

Participant C noted that being a Latina and a woman, as well as being the mother of two female Latinas can create differing levels of intensity and pronouncement that are dependent on contextual situations. With this idea of historically oppressed identities being present in intersectionality, there is still a critique that the intersection of identities is too fixed and that DeLanda's (2006) social assemblage theory is a more fluid and inclusive theorical approach. Participant C stated:

> *My concern with intersectionality is that it becomes rigid. It is the ideas of, like, "women," and "Latina" and it doesn't allow me space to actually say, well, but these really get pronounced and experienced in different ways and these vary [in] intensity. So, do I consider intersectionality in terms of how these things intersect and can be pronounced? Yes. But I also think I consider intersectionality with openness, and with an idea of assemblage theory to appreciate the nuanced changes and intensities of these experiences.*

Considering a Person's Ecological Systems/Assemblages

Ecological systems theory (Bronfenbrenner, 1979) and social assemblage theory (DeLanda, 2006) focus on how a person's inner and outer world can be fluid and complex. The participants spoke of how a client's "systems" can influence individuality and the saliency of identities. Participant C was particularly interested in using assemblage theory in her work in order to understand the varying intensities of how identities show up within an individual. She prefers to

think of intersectionality through the fluid lens of social assemblage theory, and described how she wants to use this in her practice:

> *I think that's my ongoing work when it comes to this kind of fluid intersectional space… not pathologizing or stereotyping, but really listening, talking to the person in context in relation to their ecological world.*

Participant A also described how fluidity is crucial when working with systems of intersecting identities:

> *It's really fluid in how we show up and I also think it depends on where society's at as a whole because like, with those shifting and fluid things, some identities are not prioritized.*

Participant B noted that it takes effort to think about a client's systems and identities:

> *I think you have to be conscious of the choice to think intersectionally. To be able to move beyond stereotype, to be able to move beyond what's defined systemically or institutionally or culturally, socially.*

Safety

Fear of "Going There," Being "Wrong", or Being Canceled

Considering that intersectionality deals with the sensitive subject of identities, it can be a triggering topic. Participant A stated that when working with children and teenagers, she sometimes questions why she hesitates "going there" with the clients:

> *I honestly think that's why intersectionality's kind of intimidating to people, where it feels like…you don't want to sit with it. You don't want to sit with the discomfort of it. You don't want to be challenged, or you don't have the resources or the mental/emotional energy to sit with how these things interact, not just within yourself but with your communities, with your family, with the world at large.*

Participant B spoke about a time that there was criticism over an article that he published, and how this criticism made him feel. He recalled his anger when he was "canceled" and stated that he feels there is a cultural undercurrent that will cancel people prematurely. Participant B noted that this undercurrent is not always productive, as it does not call people into a dialogue, but rather, calls them out in a way that can be destructive.

Safety for Those with Historically Oppressed Identities

Within the therapeutic relationship, there is a need to protect a client's safety and honor their boundaries. Participant A discussed the duality of both the client and therapist's feelings of security:

> *I think I still have a lot of my ego protecting me in that I'm afraid of feeling not good enough if I were to be met with hesitation or "resistance" (air quotes), but then also realizing that their "resistance" (air quotes) is maybe a coping mechanism, is maybe a safety measure for themselves.*

Participant C focused on describing the need for safety and security within the AMTA and general music therapy field for MT-BCs with historically minoritized identities. She thought back to a closed session with other MT-BCs:

> *I had held spaces for historically marginalized community members to figure out why weren't enough of us joining these leadership positions, and what is it about that? And so, I held a couple closed sessions, and folks were like, this isn't meant for me, this is the harm that it has caused, why would I put myself at risk?*

Authenticity

Showing Up with Humility

Showing up with humility and authenticity in the therapeutic space can have benefits for both the clients and for the therapeutic relationship. Participant A spoke about the impact of showing up as her authentic self in the music therapy sessions, and how this can not only encourage

the clients to show up authentically, but it can also help her to honor the reality of the clients. Participant C agreed that remaining humble can foster trust between client and therapist:

> *I like to just keep it real with the people I work with…sort of say where I am. And that also informs my world view so that they know where I'm coming from.*

Participant C also discussed the impact of remaining curious in the therapy space, and how this provides opportunities for humility:

> *I'm always working towards having an openness to understanding. I may not ever understand the lived experience of somebody, and I think that's something I've come to understand.*

Participant B noted the need for flexibility in the music therapy space in order to work optimally with his clients. He stated that his authenticity allows for this flexibility:

> *I'm also very aware that I'm a white, middle aged, educated, privileged in some people's eyes, human being and I bring that to my work, and I lay it all at the door. I don't pretend to be anything, but those things… it's not the foreground. The foreground for me is the person I'm working with and their story, not mine. So, valuing human story, kind of allows me to reconcile those different aspects of what it means to be an intersectional clinician.*

While authenticity may come naturally to some helping care professionals, there can be negative implications for choosing to show up inauthentically:

> *If I don't re-dedicate myself…then I feel like I would totally be a fraud in everything that I stood for at this point.* (Participant A)

Intersectionality as a "Hot Topic," Buzz Word, or "Clout"

With the rise of social justice and activism appearing in the music therapy literature, intersectionality and related topics can be used inauthentically for self-serving reasons. Participant

A felt that they had previously worked in a "clout chasing" capacity, where her training was focused less on learning for herself, and rather, it was a way to make her more marketable for employment. She also noted that younger therapists may want to appear that they are acknowledging social issues in their therapeutic practice to be "trendy." Participant A feels that she no longer works from this perspective, and has future goals in relation to her own authenticity:

> *I want to find that balance of doing it because this is how I'm informed and also because like it feels morally and ethically right to me and not doing it for clout or my own validation.*

Participant B also discussed the recent popularity of "intersectionality." He stated that during his master's program in 2000, intersectionality was not a topic of discussion, but that people were beginning to ask questions that pertained to identities. He pondered whether the popularity of intersectionality is authentic in itself:

> *There's something happening culturally right now, which… lots of good things about raising intersectionality, raising equity, raising diversity, to where they should be, and that's the positive. The negative is behind, underneath that, sometimes misguided notions, that just to rebel against the status quo is all that's needed and that's not the case.*

Academia's role can additionally have an impact on how people are authentically viewing the topic of intersectionality:

> *In academia, I think it has a tendency to fester and becomes something it doesn't need to become, becomes more of a topic of debate. An example of this being with something because it's hip to be with something rather than really understanding its implications for a better society, [a] better world.* (Participant B)

Self-Reflexivity

Throughout an intersectional practice, self-reflexivity is needed. This reflexivity includes un-learning, re-dedicating, and a focus on self-bettering. Participant A noted that this is not an easy task:

> *I continue to push myself and I continue to show up every day, re-dedicating my work to what I hope my practice can offer to people. And even though it's hard and even though it's scary sometimes, I have to remind myself that this isn't about me in the end.*

Self-reflexivity is also important when considering positions of power and biases, both in and out of the therapy space. Both Participant A and Participant C discussed the need for empathy and education when staying culturally aware of what is needed for the clients they are working with. Participant C stated:

> *I will never know what it's like to be X, Y, Z, that's outside of my own identities. And holding a space of humility is what I'm always working towards. And checking my…assumptions too because we're all biased.*

The participants discussed how music therapists must make a conscious effort to recognize the values of others:

> *You have to be aware of it…and to value it cause, if you don't value it, then you're probably not going to be actively doing it… or being [able to] engage a certain level of consciousness that is required.* (Participant B)

Values & Intentions

A music therapist's values and intentions must be considered when working therapeutically with clients. These values and intentions are related to ethical issues, principles, boundaries, and politics. Participant A described the challenges that she feels within herself to not be a "people

pleaser" when working intersectionally. She stated that her experience being raised in the Catholic church may have socialized her to have "people pleaser" tendencies. She believes that each individual's values can impact the salience of their identities:

> *Some of these identities…we don't have a choice in those, but we have a choice in how our values inform how we experience other people too, and I think that's where society can inform how things shift and what…collective experiences and collective values…can inform intersectionality.*

When working in palliative care, Participant B noted how this work can be value affirming for both the clients and the therapist:

> *It makes you look, it makes you name, and it makes you start taking the inventory of what's valuable, what has meaning and how you spend your time with, where do you want to spend it, and what you choose to put value on.*

Participant C described how she has been showing up in the therapeutic space in relation to her political values:

> *[I've] been understanding a new way of thinking about my life and work, especially concerning politics and its role in the therapeutic space. It becomes clear to me just how important this consideration is.*

Social Justice and Activism

The study's findings suggest that intersectional thinking and action can be a form of activism. Through authenticity, self-reflexivity, and acknowledging values and intentions, the participants note their advocacy through music therapy. Participant B spoke of the importance of the "social forces" of intersectionality, equity, diversity, and equality, and how crucial it is that they have become more salient topics, as they are topics that have been neglected in the past. He also

noted that the COVID-19 pandemic brought upheaval of societal norms that may have influenced the need for continued discussion of social justice-based approaches.

Participant C described the goal of having egalitarian relationships in helping professions as a way to combat systems of power. She believes that how the client and therapist experience power and the power dynamics in the relationship must be acknowledged in order to form an intersectional therapeutic relationship. To work in this manner, the therapist should maintain a level of disclosure:

> *Transparency is really part of dismantling power cause that counters tendencies toward power hoarding…having that openness and transparency is part of that move towards an egalitarian relationship in therapy spaces and promotes an ethic of care toward those we are working with.*

Participant A discussed how the statement "the personal is political and the political is personal" resonates with her. She noted that in our current climate, we often use desensitization and compartmentalization as coping mechanisms, but without the political aspects of therapy, there is less of an inclination to be able to empathize with our clients, as well as the world around us. She also described how bringing advocacy and political ideology is not always welcomed within the therapeutic space, and the challenges of navigating her beliefs with colleagues:

> *I feel like there is sometimes this level of vulnerability in saying "this is what matters to me," especially in where I'm at, where it is very conservative. It is very red. It is very… "that's not what therapy's about, you don't have to bring social justice or politics into it," and I'm like, but we do, and there is a risk to that.*

Participant C also found herself in a situation of contention in relation to politics in the music therapy space. She had co-founded a committee that was made up of diverse music therapists from historically marginalized identities. She spoke of the time that their group disbanded as a

political act directly related to the organization. The disbanding of the group represented a political form of advocacy.

Education

Lack of Education of Intersectionality and Related Topics in Undergraduate and Graduate Programs

The participants expressed an overall lack of education on intersectionality and related topics in their formal music therapy education. As the music therapy field has grown, there has been an increase of "multicultural" music therapy, but intersectionality and cultural humility is particularly lacking at undergraduate levels of education. Participant A reported that there was only one multicultural music therapy course in her undergraduate training and believes that is the default for many undergraduate music therapy programs. She additionally noted that when looking at music therapy graduate schools, she remembered seeing some programs with only multicultural therapy classes, rather than any classes dedicated to intersectionality. Even though social justice was not focused on in her undergraduate degree, Participant A questioned activism's role in music therapy:

> *I think in undergrad, I would [have] considered myself to be a "baby activist," in that I was very centered in white feminism and…white centered activism in general. I was always interested in it, and I think that my unlearning of my Catholic upbringing really challenged me to get out of that bubble of white feminism outside, and even my music therapy stuff. I would…bring that stuff into my undergrad classes and challenge some things, but I didn't feel necessarily in my program that was such an emphasis or a focus.*

Participant B reflected on his bachelor's degree education, stating that in 1984 when he was in undergraduate schooling, intersectionality was not a focus in his training. Although his training did not include intersectional thinking in their program, he stated that as a creative person, he feels

that there is a natural propensity to think outside of particular silos. He described intersectionality within his undergraduate training experience as a “reflective.”

Participant C also noted a gap in their undergraduate training, stating that when she went to her undergraduate school 20 years ago, it did not focus on any sort of culturally humility or intersectionality training. She felt that this may be due to the fact that the school she attended taught from a behavioral perspective, and therefore, the priorities for teaching were different.

Participant B and C, who both attended their graduate school training over 15 years ago, felt that their master’s education did not adequately provide them with training on intersectionality and cultural humility. Participant B stated that his master’s program taught him a little bit about intersectionality’s role in music therapy, but that much of his learning has come in the past 5-10 years. Participant C reflected on her master’s training, describing some of the aspects as inappropriate:

> *In my master's level, we started talking a little bit more about multicultural considerations…we learned music from around the world… and we would role play scenarios of making music with people. That is very problematic now, and looking at it, that we were… appropriating songs, and doing things that just don't quite fit so well.*

Participant A, who finished their master’s training more recently, felt differently from Participant B and Participant C about her graduate school:

> *The whole philosophy of the program is rooted in social justice. It's not just multicultural, but it's…how do social justice issues show up in research, in psychodynamic approaches, in medical settings… and I have never been challenged more in my life and I am so grateful for that program.*

Seeking Out Opportunities to Learn About Intersectionality

When discussing music therapy education, all three participants commented on the importance of seeking out opportunities for continuing education or expansion of intersectional knowledge throughout post-master's education. Participant C stated that by the time that they came to their doctorate level training, they had already integrated culturally related thought into their work. What encouraged her to work within an anti-oppressive approach was by having dialogues at conferences. She discussed her work with a specific conference presentation that was focused on race, identity, and the complication of experiences in music therapy:

> *Just being embedded in this collective group of thought…it had me delve deeper into this kind of work. So, it was through my own seeking this out that I was able to come to integrate these ideas.*

Within his doctoral work, Participant B also found himself seeking courses outside of music therapy in order to learn in a comprehensive capacity. He stated that by learning through social work, social psychology, art activism, and institutional communication, he was able to have a bigger perspective on what his role can be as a music therapist.

Participant A additionally finds herself seeking out opportunities for intersectional education. She noted that by attending continuing education courses, she is challenging herself on the "isms" of music therapy and being able to prioritize intersectional thinking. Since board-certified music therapists do not need a graduate degree to practice music therapy, she questioned the impact of undergraduate music therapy programs not requiring this type of learning in their schooling:

> *What if people choose not to pursue grad school, because it's not required for us, and they're kind of left with that. Where is the motivation coming from?*

Education's Role in the Scope of Current Music Therapy Practice

Music therapy education plays a salient role in how music therapists are currently practicing. Participants A and C both discussed the desire for music therapy programs to get young therapists practicing immediately following their undergraduate degree, thus covering more basic and "fundamental" topics in school and disregarding classes on intersectionality or cultural humility. Participant A stated:

> *If you had asked me a few years ago, I feel like I would have been a little bit more resentful towards my undergrad program, but I also understand that to get music therapists out and practicing, they have to hit so many things and [the students] have to be able to do these methods and these techniques.*

There is also an emphasis on academic thinking in higher education, where students are learning about intersectionality in an academic setting without actively using intersectional approaches. Participant B described this challenge within academia, stating that students have a tendency to be too inwardly focused:

> *When you're just focused on yourself…which is what academia is, you're there to go to school for yourself, to improve yourself. But something about that skews itself.*

Participant A agreed, and described her goal to work more within intersectional experiences:

> *I do have to take a beat, and I have some more stuff I have to do with my own experience of my intersectionality, and not just reading about it and not just taking the courses on it.*

Chapter V

Discussion

The current literature on intersectionality in music therapy does not demonstrate a specific framework or provide examples of interventions that can be utilized when working with clients, but rather, centers on inward thinking and recognition of one's own biases, cultures, and backgrounds. Although working in varying locations, in different situations, and with a range of ages, each participant described the way that they are taking their inner intersectional thinking and actively using it with their clients. When considering Hansen et al.'s (2006) proposed question of whether or not clinicians are "practicing what they preach," the findings of this study show that all three participants not only stated the importance of cultural humility and intersectional thinking but have provided specific examples of using an intersectional framework and approach in their clinical work. Much like Matsuda (1991) and Cole (2009), the participants describe the various questions that they are asking to combat inequity and recognize intersectionality within the therapeutic space. The participants may not have specifically mentioned utilizing Matsuda's (1991) "other question," but they all described using contextual understanding of the client's situation in order to acknowledge their intersecting identities and ask reflective questions. Some participants even mentioned that they will ask the client outright about the saliency of their identities and how their identities are being pronounced in order to best care for the client's cultural needs.

Each participant mentioned the role that the client's "systems" play in the therapeutic space, and how recognizing the fluidity of those systems is integral to providing intersectional care. Ecological systems theory (Bronfenbrenner, 1979) and social assemblage theory (DeLanda, 2006) are represented in the participants' discussion of how to deliberately use intersectionality. Participant C's preference for social assemblage theory and critique of the "fixed" nature of intersectionality is beneficial to consider when discussing intersectionality's application, as

identities are not fixed entities, and can constantly change—not only with how they are represented within ourselves, but also how those identities are perceived by others in context. This proposed concept of “fluid intersectionality,” as described by Participant C in the interview, demonstrates the need for increased self-reflexivity, yet a continued understanding that this inward thinking must be actively used, not simply reflected on.

Although each individual participant mentioned the client’s systems, there was some incongruence between the participants’ ideas of systems and assemblages being considered through a social justice-based framework. Crenshaw’s (1989) initial definition of intersectionality is based solely on the intersection of race and gender. Most expanded upon definitions of intersectionality are described through oppressed and/or historically marginalized intersecting identities (Boggan et al., Bodry & Schwantes, 2021; 2018; Curtis, 2017; Hahna, 2013). Some of the participants emphasized the aspects of oppression present in their work and their own privilege/power in the therapeutic space, however, it was not a theme across all three participants. Clients and therapists alike have their own challenges and histories, but the intersections of privileged experiences are not included in either Crenshaw’s original definition or the expanded upon definitions that are focused specifically on minoritized identities. Future research should explore whether or not an intersectional approach is applicable or effective for those who hold only historically privileged identities.

There may be multiple reasons that the findings of this study differ greatly from Hansen et al.’s (2006) research on “multicultural competencies,” which stated that “practitioners seemed to know what to do…but they did not always follow through” (p. 69). The first reasoning may be the time of this study—with the current political climate and the role that social media plays in daily culture, there is now a bigger push for culturally-related and equitable health services. As the participants noted, intersectionality can be a “buzz word” that can lack a sense of authentic action or

create a sense of defensiveness. The participants understand the implications of using intersectionality in a clout-chasing capacity and have chosen to go beyond that general understanding, finding ways to actively acknowledge their clients' identities. Another reasoning for the different results could be a shift in many music therapists' theoretical orientations. Since the time of Hansen et al.'s study, more inclusive and cultural-based models and approaches of therapy have been founded, such as posthumanism (Ansdell & Stige, 2018), anti-oppressive music therapy practices (Scrine & McFerran, 2018), critical humanism (Hadley & Thomas, 2018), the queer music therapy model (Bain et al., 2016), and the postmodern music therapy model (Gross, 2023). Even though specific interventions are not proposed in these theories, these new approaches may be inspiring clinicians to work in a manner that promotes inclusivity of identities.

Within the analysis of the emergent themes, one topic that sparked unanimous participant sentiments throughout was the theme of "education" and the need for increased education on cultural humility and intersectionality in music therapy undergraduate classes. All three participants felt that their undergraduate training did not have any sort of focus on culture or identities. Participant B and C noted that this may be due to when they attended undergraduate school (over 20 years ago), however, Participant A, who attended undergraduate college more recently, implied that these subjects were also not broached in her training.

These findings on the lack of intersectionality within undergraduate education coincide with the current literature (Boggan et al., 2017; Chase; 2003). To become board-certified, a music therapist does not need a master's degree. This may leave undergraduate programs disregarding intersectionality and related topics to ensure that students feel prepared to practice in the field from a technical standpoint. While this undergraduate training can provide students with adequate skills in specific interventions, clinical applications, and musicianship, students may feel unprepared to work with clients through an intersectional framework. The implications for working without

intersectional considerations include ignoring the client's identities and thus limiting the therapeutic potential. It also can leave new music therapists feeling unprepared to work with those who have been historically marginalized, furthering discrimination of those who hold oppressed identities.

Considering the lack of intersectionality being taught in undergraduate education, participants agreed that music therapists need to seek out their own education on intersectionality. The participants identified the need for the music therapist to have the self-motivation in order to continue understanding and educating themselves. This idea of self-motivation relates to Bain et al. (2016) and their discussion that to better comprehend LGBTQ+ identities, music therapists can read related journal articles and participate in continuing education on queer issues. Hansen et al. (2006) agreed that continuing education on anti-oppressive practice is a proactive task:

> Your multicultural competence will not improve if you passively wait for opportunities to emerge. Rather, you need to include time in your work day to obtain culture-specific case consultations, read the relevant literature, develop a referral network of competent clinicians and translators, and learn about indigenous resources. (p. 73)

The participants demonstrated through their own examples of self-motivation that they have sought opportunities for further intersectional education, including readings, conferences, and post-undergraduate courses in related subjects.

Even with a therapist's self-sought education, there is still an ethical need for undergraduate music therapy programs to offer training on cultural humility and intersectionality. To truly have an anti-oppressive and anti-discriminatory music therapy practice, a clinician cannot take a single-axis approach to working with clients, and must acknowledge ideas of power, privilege, bias, and oppression (Dileo, 2021). No matter what theoretical orientation the school is teaching from, there is an ethical duty to require culturally related courses in undergraduate training. This will ensure

that music therapists at every level are able to provide music therapy services that are able to cater to the client's intersecting identities. Future research should examine the implication of not providing cultural humility classes for undergraduate-level music therapists, and how that relates to preparedness of those clinicians to work with those who hold minoritized identities.

Recommendations for Educators

Considering the findings of this study, undergraduate and graduate educators must be held accountable for providing formal education on intersectionality and related topics of cultural humility. The implications for not providing this vital knowledge may leave young music therapists unaware that they are lacking this information and it may increase the risk of client harm. Since most music therapists identify as white and female (AMTA, 2021) it is imperative that we consider the multiple levels of privilege that we hold, and how that privilege presents both within and outside of our therapeutic relationships. Music therapy educators should focus less on providing "multicultural music therapy" courses and require classes that are specific to oppression and cultural humility. These courses could cover the impact of racism, sexism, homophobia, ageism, classism, ableism, and other topics in relation to discrimination and microaggressions. Murakami's (2021) Music Therapy and Harm Model may be an effective tool to encourage music therapy students to recognize the complexity of each individual through their ecological systems and assemblages. Another effective approach may be to provide opportunities for self-reflexivity and inquiry on intersecting identities. Both the "other question" technique (Matsuda, 1991) and the questions posed by Cole (2009) may help to acknowledge where privilege lies in therapeutic circumstances. The young music therapist may then be able to combat their privilege with this newfound awareness of it. Educators must provide the safe space for continued conversations about challenging topics of identities to ensure that young therapists are able to provide adequate and ethical care for their clients that hold minoritized identities.

Limitations

Limitations on allotted time affected the interview process, with interviews only lasting between 45-60 minutes. Longer interviews or follow-up interviews could have enriched the data by inviting the participants to provide more thoughtful and in-depth answers. The small sample size of three participants was due to time constraints and availability of both the participants and the researcher. A larger sample size may have produced more varied results, providing a deeper analysis of intersectionality's role in practice. Recruitment was based primarily on thesis advisor recommendations, potentially limiting the results to those that are privy to working with an intersectional approach. Additionally, all the participants practiced from similar theoretical orientations, and therefore, their answers mainly resulted in shared values and intentions. Future studies could explore the role of intersectionality from a different theoretical orientation (i.e., behavioral or neurological music therapists).

Lastly, intersectionality touches upon sensitive topics in relation to identities, oppression, and privilege. Even though any overly identifying information of the participants was protected, the small size and intimacy of the music therapy community poses the risk of the participants being recognized. The participants were made aware of this potential in the verbal informed consent statement, and while they were invited to speak honestly, this may have skewed the participant's answers.

Conclusion

The purpose of this Interpretative Phenomenological Analysis was to examine the role of intersectionality in current music therapy practices, to learn whether music therapists are "practicing what they preach," and to explore how music therapy education has factored into clinicians' understanding and usage of an intersectional approach. Semi-structured interviews were conducted with three, board-certified and currently practicing music therapists that have had experience

working with those with minoritized identities. The results of these interviews suggest that music therapists are recognizing intersecting identities and are practicing what they preach by actively utilizing an intersectional framework and approach in their work. A total of eight themes emerged from the data, with some related subthemes. These themes include: 1) actively using an intersectional approach, 2) intersectionality in context, 3) safety, 4) authenticity, 5) self-reflexivity, 6) values and intentions, 7) social justice and activism, and 8) education.

Within the emergent themes, several key issues were identified through subthemes, including the perception of others affecting intersecting identities, the music therapists' fear of going there, being wrong, or being "canceled," and using intersectionality authentically and not as a "hot topic," a buzz word, or for clout. Within the theme of "education," the noted issues include a lack of education on intersectionality and related topics in undergraduate and graduate programs, the need for music therapists to seek out their own opportunities to learn about intersectionality, and education's role in the scope of current music therapy practice. The data suggests that while music therapists are practicing in an intersectional capacity, they are doing so through their own self-reflexivity, authenticity, and self-sought education. Formal education on intersectionality is crucial to include in undergraduate music therapy courses in order to best prepare all-level clinicians to foster an anti-oppressive and inclusive practice.

References

Abrams, B. (2018). Understanding humanistic dimensions of music therapy: Editorial introduction. *Music Therapy Perspectives, 36*(2), 139-143. https://doi.org/10.1093/mtp/miy019

Al-Faham, H., Davis, A. M., & Ernst, R. (2019). Intersectionality: From theory to practice. *The Annual Review of Law and Social Science*, 247-265. https://doi.org/10.1146/annurev-lawsocsci-101518-042942

American Music Therapy Association. (2019). *AMTA code of ethics.* https://www.musictherapy.org/about/ethics/

American Music Therapy Association (2005). *AMTA official definition of music therapy.* https://www.musictherapy.org/about/musictherapy/

American Music Therapy Association (2021). *Workforce analysis: A descriptive, statistical profile of the 2021 AMTA membership and music therapy community.* https://www.musictherapy.org/assets/1/7/2021_Workforce_Analysis_final.pdf

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). https://www .apa.org/ethics/code/

Anders, C., Kivlighan, D. M. III, Porter, E., Lee, D., & Owen, J. (2021). Attending to the intersectionality and saliency of clients' identities: A further investigation of therapists' multicultural orientation. *Journal of Counseling Psychology, 68*(2), 139-148. https:// doi.org/10.1037/cou0000447

Ansdell, G., & Stige, B. (2018). Can music therapy still be humanist? *Music Therapy Perspectives, 36*(2), 175-182. https://doi.org/10.1093/mtp/miy018

Bain, C. L., Grzanka, P.R., & Crowe, B.J. (2016). Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy. *The Arts in Psychotherapy*, *50*, 22–33. https://doi.org/10.1016/j.aip.2016.03.004

Baker, F. A. (2014). An investigation of the sociocultural factors impacting on the therapeutic songwriting process. *Nordic Journal of Music Therapy, 23*(2), 123-151. https://doi.org/10.1080/08098131.2013.783094

Besse, C. (2021). Gender aware music therapy: An interpretative phenomenological analysis. *Music Therapy Perspectives, 39*(2), 152-161. https://doi.org/10.1093/mtp/miab007

Boggan, C. E., Grzanka, P. R., & Bain, C. L. (2018). Perspectives on queer music therapy: A qualitative analysis of music therapists' reactions to radically inclusive practice. *Journal of Music Therapy, 54*(4), 375-404. https://doi.org/10.1093/jmt/thx016

Bodry, K., & Schwantes, M. (2021). Clinical applications of feminist music therapy: An overview of the literature. *Nordic Journal of Music Therapy, 30*(2), 106-130. https://doi.org/10.1080/08098131.2020.1753230

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Bruscia, K. E. (2014). *Defining music therapy* (3rd ed). Barcelona Publishers.

Cameron, C. (2014). Does disability studies have anything to say to music therapy? And would music therapy listen if it did? *Voices: A World Forum for Music Therapy, 14*(3). https://doi.org/10.15845/voices.v14i3.794

Chase, K. M. (2003). Multicultural music therapy: A review of literature. *Music Therapy Perspectives, 21,* 84-88. https://doi.org/10.1093/mtp/21.2.84

Christoffersen, A., & Emejulu, A. (2023). “Diversity within:” The problems with “intersectional” white feminism in practice. *Social Politics: International Studies in Gender, State & Society, 30*(2), 630-653. https://doi.org/10.1093/sp/jxac044

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64,* 170–180. https://doi.org/10.1037/a0014564

Collins, P. (2019). *Intersectionality as critical social theory.* Duke University Press.

Collins, P., & Bilge, S. (2016). *Intersectionality.* Polity Press.

Combahee River Collective. (1977). “The Combahee River Collective Statement.” Retrieved from https://www.blackpast.org/african-american-history/combahee-river-collective-statement-1977/

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1,* 139 –167.

Crenshaw, K. W. (1994). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In M. Fineman & R. Mykitiuk (eds.), *The public nature of private violence.* Routledge.

Cuesta, M., & Mulinari, D. (2018). The bodies of others in Swedish feminism. *Gender, Place, & Culture, 25*(7), 978-993. https://doi.org/10.1080/0966369X.2018.1435510

Curtis, S. L. (2017). Intersections of gender and culture. In A. Whitehead-Pleaux & X. Tan (Eds.), *Cultural intersections in music therapy: Music, health, and the person* (pp. 269–288). Barcelona Publishers.

DeLanda, M. (2006). *A new philosophy of society: Assemblage theory and social complexity.* Continuum.

Dileo, C. (2021). *Ethical think in music therapy* (2nd ed). Jeffrey Books.

Eastwood, C. (2021) White privilege and art therapy in the UK: Are we doing the work? *International Journal of Art Therapy, 26*(3), 75-83. https://doi.org/10.1080/17454832.2020.1856159

Edwards, J. (2022). Cultural humility in music therapy practice. In L. E. Beer & J. C. Birnbaum (eds.), *Trauma informed music therapy.* Routledge.

Fitts, M. (2010). Institutionalizing intersectionality: Reflections on the structure of women's studies departments and programs. In M.T. Berger & K. Guidroz (eds.), *The intersectional approach: Transforming the academy through race, class, and gender.* University of North Carolina Press.

Frankenberg, R. (1993). *White women, race matters: The social construction of whiteness*. University of Minnesota Press.

Gilboa, A., Yehuda, N., & Amir, D. (2009). Let's talk music: A musical-communal project for enhancing communication among students of multi-cultural origin. *Nordic Journal of Music Therapy*, *18*(1), 3-31. https://doi.org/10.1080/08098130802610999

Gross, R. (2023). Postmodern music therapy: Proposed paradigm shift away from the medical model of disability and toward an intersectional understanding. *Voices: A World Forum for Music Therapy, 23*(1). https://doi.org/10.15845/voices.v23i1.3629

Hadley, S. (2013). Dominant narratives: Complicity and the need for vigilance in the creative arts therapies. *The Arts in Psychotherapy, 40*(4), 373–381. https://doi.org/10.1016/j.aip.2013.05.007

Hadley, S. (2016). I don't see you as black/gay/disabled/Muslim/etc.: Microaggressions in everyday encounters. In A. Whitehead-Pleaux & X. Tan (Eds.). *Cultural intersections in music therapy: Music, health, and the person.* 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

Hadley, S., & Thomas, N. (2018). Critical humanism in music therapy: Imagining the possibilities. *Music Therapy Perspectives, 36*(2), 168–174. https://doi.org/10.1093/mtp/miy015

Hahna, N. D. (2013). Towards an emancipatory practice: Incorporating feminist pedagogy in the creative arts therapies. *The Arts in Psychotherapy*, *40*(4), 436–440. https://doi.org/10.1016/j.aip.2013.05.002

Hansen, N., D., Randazzo, K. V., Schwartz, A., Marshall, M., Kalis, D., Frazier, R., Burke, C., Kershner-Rice, K., & Norvig, G. (2006). Do we practice what we preach? An exploratory survey of multicultural psychotherapy competencies. *Professional Psychology: Research and Practice, 37*(1), 66-74. https://doi.org/10.1037/0735-7028.37.1.66

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

Huang, C. Y., & Tsai, W. (2022). Asian American parents' experiences of stress, discrimination, and mental health curing COVID-19. *Families, Systems, & Health, 41*(1), 68-77. https://doi.org/10.1037/fsh0000715

Hvenegard-Lassen, K., Staunæs, D., & Lund, R. (2020). Intersectionality, yes, but how? Approaches and conceptualization in Nordic feminist research and activism. *Nordic Journal of Feminist and Gender Research, 28*(3), 173-182. https://doi.org/10.1080/08038740.2020.1790826

Jenkins, C. M. (2018). Intersectional considerations for teaching diversity. In N. P. Carter & M. Vavrus (eds.), *Intersectionality of race, ethnicity, class, and gender in teaching and teacher education: Movement toward equity in education.* BRILL.

Keith, D. R. (2016). Study abroad in music therapy: Cultural immersion as a form of self-experience. *Music Therapy Perspectives, 35*(2), 230-238. https://doi.org/10.1093/mtp/miw014

Kelly, C., Kasperavicius, D., Duncan, D., Ehterington, C., Giangregorio, L., Presseau, J., Sibley, K. M., & Straus, S. (2021). "Doing" or "using" intersectionality? Opportunities and challenges in incorporating intersectionality into knowledge translation theory and practice. *International Journal for Equity in Health, 20.* https://doi.org/10.1186/s12939-021-01509-z

Kivlighan, D. M. III, Hooley, I. W., Bruno, M. G., Ethington, L. L., Keeton, P. M., & Schreier, B. A. (2019). Examining therapist effects in relation to clients' race-ethnicity and gender: An intersectionality approach. *Journal of Counseling Psychology, 66*(1), 122–129. http://dx.doi.org/10.1037/cou0000316

Kuri, E. (2017). Toward an ethical application of intersectionality in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 34*(3), 118-122. http://doi.org/10.1080/07421656.2017.1358023

Lee, C. C. (2013). *Multicultural issues in counseling: New approaches to diversity* (4th ed.). American Counseling Association.

Leonard, H. (2020). A problematic conflation of justice and equality: The case for equity in music therapy. *Music Therapy Perspectives, 38*(2), 102-111. https://doi.org/10.1093/mtp/miaa012

Lewis, D. K. (1977). A response to inequality: Black women, racism, and sexism. *Journal of Women in Culture and Society, 3*(2). https://doi.org/10.1086/493469

Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology, 64*(5), 475-486. https://doi.org/10.1037/cou0000231

Matsuda, M. J. (1991). Beside my sister, facing the enemy: Legal theory out of coalition. *Stanford Law Review, 43*(6), 1183-1192.

Murakami, B. (2021). The music therapy and harm model (MTHM): Conceptualizing harm within music therapy practice. *ECOS - Revista Científica De Musicoterapia Y Disciplinas Afines*, *6*(1). https://doi.org/10.24215/27186199e003

Moradi, B. (2017). (Re)focusing intersectionality: From social identities back to systems of oppression and privilege. In K. A. DeBord, A. R. Fischer, K. J. Bieschke, and R. M. Perez (Eds.), *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychology* American Psychological Association. http://dx.doi.org/10.1037/15959-005

Nolan, E. (2013). Common ground of two paradigms: Incorporating critical theory into current art therapy practices. *Art Therapy: Journal of the American Art Therapy Association, 30*(4), 177-180. https://doi.org/10.1080/07421656.2014.846205

Opara, I., & Brown, T.L. (2023). Teaching note--#BlackGirlsMatter and the social work curriculum: Integrating intersectionality within social work education. *Journal of social work education, 59*(1), 263-269. https://doi.org/10.1080/10437797.2021.1985026

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne – Psychological Journal, 20*(1), 7-14. https://doi.org/10.14691/CPPJ.20.1.7

Ramsay, N. J. (2014). Intersectionality: A model for addressing the complexity of oppression and privilege. *Pastoral Psychology, 63,* 453-469. https://doi.org/10.1007/s11089-013-0570-4

Rolvsjord, R. (2004). Therapy as empowerment: Clinical and political implications of empowerment philosophy in therapy. *Nordic Journal of Music Therapy, 13*(2), 99-111. https://doi.org/10.1080/08098130409478107

Sajnani, N. (2013). The body politic: *The* relevance of an intersectional framework for therapeutic performance research in drama therapy. *The Arts in Psychotherapy, 40,* 382-385. https://doi.org/10.1016/j.aip.2013.05.001

Salskov, S. A. (2020). A critique of our own? On intersectionality and "systemic habits" in a study of racialization and homonationalism in a Nordic context. *Nordic Journal of Feminist and Gender Research, 28*(3), 251-265. https://doi.org/10.1080/08038740.2020.1789218

Scrine, E., & McFerran, K. (2018). The role of a music therapist exploring gender and power with young people: Articulating an emerging anti-oppressive practice. *The Arts in Psychotherapy, 59*, 54–64. https://doi.org/10.1016/j.aip.2017.12.008

Seabrook, D. (2019). Toward a radical practice: A recuperative critique of improvisation in music therapy using intersectional feminist theory. *The Arts in Psychotherapy, 63,* 1-8. https://doi.org/10.1016/j.aip.2019.04.002

Sears, K. P. (2012). Improving cultural competence education: The utility of an intersectional framework. *Medical Education, 46*, 545-551. https://doi.org/10.1111/j.1365-2923.2011.04199.x

Sue, D. W., Arredondo, P., & McDavis, R. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, *70*, 477–486. https://doi.org/10.1002/j.1556-6676.1992.tb01642.x

Suskin, G., & Al-Yagon, M. (2020). Culturally sensitive dance movement therapy for ultra-orthodox women: Group protocol targeting bodily and psychological self-perceptions. *The Arts in Psychotherapy, 71.* https://doi.org/10.1016/j.aip.2020.101709

Talwar, S. (2010). An intersectional framework for race, class, gender, and sexuality in art therapy. *Art Therapy: The Journal of the American Art Therapy Association, 27*(10), 11-17. https://doi.org/10.1080/07421656.2010.10129567

Tefera, A. A., Powers, J. M., & Fischman, G. E. (2018). Intersectionality in education: A conceptual aspiration and research imperative. *Review of Research in Education, 42,* vii-xvii. https://doi.org/10.3102/0091732X18768504

Thompson, M. N., Chin, M. Y, & Kring, M. (2019). Examining mental health practitioners' perceptions of clients based on social class and sexual orientation. *Psychotherapy, 56*(2), 217-228. https://doi.org/10.1037/pst0000222

Tomlinson, B. (2013). Colonizing intersectionality: Replicating racial hierarchy in feminist academic arguments. *Social Identities, 19*(2), 254-272. http://dx.doi.org/10.1080/13504630.2013.789613

Toppozada, M. R. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy, 32*(2), 65-90. https://doi.org/10.1093/jmt/32.2.65

VandenBos, G. R. (Ed.). (2007). *APA Dictionary of Psychology.* American Psychological Association.

Vaillancourt, G. (2012). Music therapy: A community approach to social justice. *The Arts in Psychotherapy, 39,* 173-178. https://doi.org/10.1016/j.aip.2011.12.011

Webb, A., & Swamy, S. (2020). Introduction to the focus on social justice. *Music Therapy Perspectives, 38*(2), 100-101. https://doi.org/10.1093/mtp/miaa013

Wheeler, B. L., & Baker, F. A. (2010). Influences of music therapists' worldviews on work in different countries. *The Arts in Psychotherapy, 37,* 215-227. https://doi.org/10.1016/j.aip.2010.04.006

Whitehead-Pleaux, A., Donnenwerth, A. M., Robinson, B., Oswanski, L. G., Forinash, M., Hears, M.C., Anderson, N., & Tan X. (2013). Music therapists' attitudes and actions regarding the

LGBTQ community: A preliminary report. *The Arts in Psychotherapy, 40,* 409-414. https://doi.org/10.1016/j.aip.2013.05.006

Wright, T., & Wright, K. (2017). Exploring the benefits of intersectional feminist social justice approaches in art psychotherapy. *The Arts in Psychotherapy, 54,* 7-14. https://doi.org/10.1016/j.aip.2017.02.008

Yehuda, N. (2002). Multicultural encounters in music therapy: A qualitative research. *Voices: A World Forum for Music Therapy*, *2*(3). https://doi.org/10.15845/voices.v2i3.100

Appendix

Appendix A: Human Research and Ethics Board Approval Letter

Human Research Ethics Board
Sponsored Programs & Research Compliance
1 Hawk Drive, New Paltz, NY 12561
Faculty Office Building, Office N2

Approval of Submission

January 25, 2024

Danielle Lussier
6038457498
lussierd1@newpaltz.edu

Dear Danielle Lussier:

The materials for the project referenced below were reviewed and approved on 1/25/2024 by the HREB using Expedited Review:

Type of Review:	Initial Study
Title of Study:	Exploring the Role of Intersectionality in Current Music Therapy Practices
Investigator:	Danielle Lussier
IRB ID:	STUDY00004647
Funding:	None
Grant ID:	None
Documents Reviewed:	• Exploring the Role of Intersectionality in Current Music Therapy Practices, Category: IRB Protocol; • Recruitment Flyer, Category: Recruitment Materials;
Expedited	(7)(b) Social science methods

IRB approval is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used. If modifications are needed, those changes may not be initiated until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.

2. Ensuring that the HREB is notified via PACS IRB module of:
   - All Reportable Information in accordance with the "Reportable New Information" Smart Form.
   - Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form.

3. Ensuring that the protocol is followed as approved by HREB unless a protocol modification is prospectively approved.

4. Ensuring that changes in research procedures, recruitment or consent processes are not initiated without prior HREB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

5. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.

6. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.

7. Bearing responsibility for securing any other required approvals before research begins.

Continued Approval is not required. Researchers will be required to complete an Administrative Check-in once a year. The Administrative Check-in will occur the last week in April (to prepare for the annual audit, which occurs during May and June.) The administrative check-in will consist of an email sent from the HREB office to the PI and faculty advisors (if applicable) requesting a response as to whether the study is still open or closed. The PI and/or faculty advisor must promptly respond (within 1 week). If no response is received, a reminder email will be sent. The PI or faculty advisor will have 1 week to respond to that email. If no response is received to the initial and follow-up request, the study will be suspended, and a suspension notice sent with a request for information about the status of the study. If no response is received within 30 days, the study will be terminated.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu
HREB Coordinator: hrebcoordinator@newpaltz.edu

Appendix B: Recruitment Flyer

Seeking:

BOARD-CERTIFIED MUSIC THERAPISTS

For SUNY New Paltz graduate thesis research on intersectionality

I am a graduate student seeking currently practicing MT-BCs that have been working full-time for 5+ years and have experience working with "minoritized" individuals.

The study includes one, in-depth, semi-structured interview lasting between 45-90 minutes over Webex video-conferencing platform.

Interviews will be recorded for transcription purposes, and all participants must be willing to provide verbal consent to participate. All overly identifying information will be concealed.

Interested? Contact:

Danielle Lussier
603-845-7498
Lussierd1@newpaltz.edu

Appendix C: Informed Consent Statement

"I consent to participating in this semi-structured interview lasting between 45-90 minutes in length. I commit to answering the researcher's questions about the role of intersectionality in music therapy in an open and truthful manner. I recognize that these questions pertain to minoritized identities and that some questions may be uncomfortable to answer. I acknowledge that participation in this study is voluntary, and should I become uncomfortable, I may end the interview at any time with no penalty. I consent to having the audio and video of this interview recorded for the researcher's transcription purposes only. I acknowledge that security measures are in place to conceal any overly identifying factors that may reveal my participation, however, I know that my honest answers may be recognizable to some music therapy community colleagues. I understand that the researcher will provide me with a list of mental health providers (via email) after the interview that I can contact if I am in need additional support."

Appendix D: Interview Questions

Sample Interview Questions:

1. Can you please share whatever demographic information you feel comfortable sharing?
2. How do you describe your theoretical orientation?
3. How do you define the term "intersectionality?"
4. How do you actively utilize an intersectional framework in your practice?
5. How does recognizing a client's intersecting identities affect their treatment?
6. How has your education (undergraduate, graduate, and post-graduate courses) prepared you to practice intersectional and equitable music therapy?
7. What aspects of intersectionality would you like to implement into your practice moving forward?