

COMMENTARY

A commentary on “Music therapy is the very definition of white privilege’: Music therapists’ perspectives on race and class in UK music therapy” (Mains et al.)

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This commentary is meant to be in conversation with the work of Tamsin Mains, Victoria Clarke, and Luke Annesley (2024) as it has been detailed in their article entitled: *“Music therapy is the very definition of white privilege”: Music therapists’ perspectives on race and class in UK music therapy*. When I was approached to write this commentary, I questioned the ask: I wondered if a music therapist of colour based in the UK might be more qualified to respond to this paper, in that they would be a more prominent stakeholder in this discourse than myself, a Black/mixed race woman born, raised, and currently living in the United States. With that in mind, I would like to begin by squarely uplifting the work of the two UK-based groups: “We Are Monster” founded by Davina Vencatasamy and Michaela de Cruz, an affinity group for BIPOC (Black, Indigenous, People of Colour) music therapists (de Cruz et al., 2024), as well as the Antiracist Book Group Alliance, an ongoing gathering of justice-minded individuals, committed to the dynamic journey towards aspirational, anti-oppressive practice (@antiracist_book_group_alliance; Scott-Moncrieff et al., 2024). I am inspired by these efforts and feel honoured to be connected to these like-minded individuals an ocean away, who work to hold our profession accountable to its professed person-centred values.

To locate myself more substantially and perhaps illuminate why I am the person engaging with this article, I would like to share a bit about how I approach and understand the role of race within music therapy practice. As can be inferred by my self-described identity as a Black/mixed race woman, I come to this topic as a racialised person, so my lived experiences inform my understanding

of how race manifests within the therapeutic process and within collegial relationships. As a Black person who has worked with mostly Black and Brown people as a clinician, I found a home within the framework of cultural humility (Tervalon & Murray-García, 1998) and have been working for the past several years to more deeply understand its applicability to music therapy practice. Applying this lens to our profession, music therapists are called to hold space for and elevate the centrality of cultural identity for the people they work with, as well as how culture influences one's relationship with music. At the same time, the music therapist is tasked with engaging in ongoing reflection about their own identities and how they are present within the therapeutic relationship. Cultural humility accounts for the reality that racial dynamics are continually at play within the therapeutic relationship and we, as clinicians, have an obligation to be considerate of and interact with that reality (Hadley & Norris, 2016). I have had the opportunity to teach several master's level courses and continuing education workshops on this subject and facilitated dialogues informed by the framework. Mains et al. (2024) reference being influenced by the tenets of both Black feminist thought (Hill Collins, 1990) and Critical Race Theory (Delgado & Stefancic, 2012) as they engaged in this research. I too view these frameworks as essential knowledge sources for music therapists with undeniable applicability to our work and include them within much of my teaching. I have also written about the potentials of cultural humility within music therapy (Edwards, 2022a) and explored how it helped me to understand and engage with my own clinical work (Edwards, 2022b; Edwards, 2023). Each time I teach or write on this subject, the people I am in community with and the scholars I encounter help me to uncover more truths about and possibilities of this work. I am thankful to engage in a framework that is flexible enough to accommodate how I, and the world around me, continues to shift and change.

This research study from Mains et al. (2024) endeavoured to understand more fully how music therapists perceive the impact of race and class on music therapy practice in the UK, and to ascertain ideas as to how the profession can become more equitable and inclusive. This article calls us to remember a tenet of qualitative research, that a small number of participants (in this case, 28 participants via an online survey, with five participants participating in follow up interviews) does not necessarily negate potential generalisability. While there are ways that this research could have utilised some qualitative research techniques to make the analysis more robust – like participant checking, triangulation, and comparative analysis – the researchers do help us to be open to the notion that their findings can be perhaps *logically* applied to the profession at large, if not statistically (Luker, 2010). The authors suggest this logical application of the qualitative interview data by connecting sentiments from participants with existing literature on the state of music therapy training in the UK and reflections from the British Association for Music Therapy Diversity Report (Langford et al., 2020), as detailed in the discussion section of this article.

This article uplifts and models a number of liberatory techniques, like clear positionality statements and researcher transparency, ongoing reflexivity, the referencing of critical theory throughout, and an unabashed "calling out" of white normativity and fragility baked into the DNA of music therapy as a codified profession. This article is incredibly useful in the clear, emphatic naming of the harmful exclusivity of our profession. It is speaking to, most clearly, white clinicians who both embody and benefit from the normativity and fragility defined in this paper. It critically engages with the interview data, pointing out overt contradictions between declared values and actions within

statements from interviewees. It lays bare the shrinking from personal responsibility, lack of self-reflection, and the oppressive ideology these music therapists were exposed to in their training programs that continue to inform their practice. Through the analysis, many needs for the profession are identified: continued reflection for white middle-class music therapists in the UK, more inclusive and liberatory frameworks within training programs, increased access to both training and services, and more role models for trainees of colour within the academy. This research helps readers engage in the important first step of acknowledgment, but what lies ahead for our profession is action. *How* might these needs be addressed and *who* is responsible for addressing them?

One reflection in the closing section of this paper stands out to me profoundly, where it is named that the article's first author, a trainee music therapist, struggled in moments where white participants focused more on social class in their interviews and indirectly engaged with the topic of race. This is reflected in the survey data as well, where it was noted that some white participants would seem to avoid addressing race in survey questions that explicitly asked about race and class. They note that participants of colour, and some white participants, addressed race directly and with clarity. The suggestion for future researchers, then, is to keep in mind that just because someone volunteers to participate in a study about race and racism, does not mean they will comfortably or readily engage in dedicated dialogue. The authors urge researchers to reflect on their positionality in relation to that of participants, in terms of how that might influence the topics explored during the interview and to develop strategies to steer interviewees back to the intended topic. While avoidance of the topic at hand can manifest across research contexts, this perceived discomfort and avoidance feels specific to conversations about race and class, identifiers that have been historically relegated to the unspeakable or taboo, subjected to the notion that it is "impolite" to call out experiences of harm and discrimination (Okun, 2022a).

I am struck by, but not unfamiliar with, what this first author experienced during the interview process, and what the survey data seems to illuminate. I too have encountered students, teachers, and fellow clinicians who might label themselves as comfortable with speaking on race and racism, or even think of themselves as well-trained or versed in all things Diversity, Equity, and Inclusion (DEI), and yet shrink away from the opportunity to courageously dialogue about the subject. This disconnection between professed values and actions possesses a sort of disorienting bitterness that makes it hard to call out the inherent contradiction, and even harder to dismantle. What is being communicated in the first author's reflection compels me to apply this incongruity to our profession at large. What could it mean that practicing music therapists might *think* that they both understand and adequately address the centrality of race in clinical work, without the certainty of any tangible or widely accessible accountability measures? How does that belief hold up against the reality that there are no structures in place to check for true engagement with the topic and assess "competencies" as is the case with other domains of practice? Is this another branch of white fragility, where there exists a desire to give the allusion of alignment with progressive ideals, while still maintaining the comfort of the status quo? Or is this a manifestation of fear, hiding behind the façade of the "right" words to stave off the vulnerable act of embodying humility? Our profession is at an impasse as humility is required to admit what we do not yet know and what harmful, yet normalised ideology must be unlearned (Leonard, 2020; Norris, 2020; Thomas & Norris, 2021).

It is required for us, and our profession, to tolerate the inevitability of mistakes and rupture, and to sustain ourselves throughout the hard, messy work of accountability and repair.

In the States, the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) acknowledge the importance of cultural identity and sensitivity in their Code of Ethics and Board Certification Domains respectively. And yet, there exists a lack of clear, standardised, and accessible accountability measures to ensure the responsible integration of this topic across curriculum. I am connecting this to the focus of the study at hand, in that race and class, and how they interact with one another, can be salient aspects of identity and thus cultural situatedness. Culture is lauded as important but has not been given the same time and attention as other aspects of music therapy training. Diversity is also named as being critical. However, according to the AMTA (2021) survey of the profession, 88.34% of the profession is white, without any substantial recruitment efforts in place to connect with prospective students from underrepresented groups and increase accessibility to training, let alone significant changes to make the profession more inclusive and welcoming to those who reside outside the dominant, white culture. The dialogues about race within music therapy in the United Kingdom and United States are not so dissimilar: they are both in process, existing in theory, and yet unrealised, bound by the perseverance of colonial thought across generations. The article mentions that conversations about race have been going on for longer in the US, but I want to clearly state that we do not sit atop the hierarchy of wokeness by any means; we are not absolved nor pious. Let us not forget that these conversations in the United States originated amongst clinicians of colour, initially relegated to gatherings that were seen as “unofficial” and “informal”. The clarification of these topics was often forged outside of the academy, through the support of affinity groups, peer supervision, and fugitive educational spaces, before it was trepidatiously invited into it. An example of such a genesis might be the Black Music Therapy Network (www.blackmtnetwork.org) and Black Creative Healing (www.blackcreativehealing.com) with Marisol Norris, Natasha Thomas, and Adenike Webb at the helm. Both communities do not exist under the umbrella of a particular school or institution and yet, they both offer ongoing educational opportunities and community supports. Their existence argues that legitimate knowledge does not purely exist in the ivory tower of academe (Okun, 2022b) but instead, exists amongst and within community, and that knowledge can be demonstrated, shared, and expanded upon in a myriad of ways. They are examples of what can occur when a community offering is created by the community members themselves, addressing needs that have been identified, experienced, and embodied by stakeholders.

I am thankful to the authors for embarking upon this research and thus inviting the profession into this important dialogue. I feel that the way to respectfully engage in this work and make it truly applicable to our profession is to hold it accountable to its identified aims. In that way, I would like to point out that it might have been helpful for the researchers to detail more explicitly how they themselves interrogated their own whiteness in order to engage with this research process. This modelling might support white aspiring allies in their own practice and increase the efficacy of this undertaking in and of itself. As mentioned above, Black Feminism (Hill Collins, 1990) and Critical Race Theory (Delgado & Stefancic, 2012) are introduced as influential frameworks, but the authors state that these lenses only were made manifest in the analysis and presentation of the findings, not in the formulation of the research questions or study design. This explicit naming is crucial for the

reader and a responsible disclosure on the part of the authors. However, it does point to a need for a more careful integration of these aspirational, liberatory frameworks so that they more substantially influence how we, collectively, not only understand, but engage in research. This illuminates, once again, the hard work that is bridging resonate values with tangible practice.

What could follow this work is research that uplifts the experiences of BIPOC identified clinicians whose voices have been historically excluded from the academy. While it may be tempting to ask these individuals to chronicle the ways in which the profession has harmed them, and burden them with the task of identifying solutions, I wonder what it might be like to instead find resource-oriented ways to uplift aspects of lived experience that might otherwise have gone unacknowledged and undervalued. I am eager for research that illuminates and clarifies how a music therapist's music culture of origin, one that resides outside the Western music canon, helps them to truly meet therapy participants where they are at, in ways that are both flexible and affirming; how another taps in to their own music lineage as a self-care practice and resourcing ritual to sustain themselves in the midst of emotionally taxing clinical work; how another has studied the specific function of a culture's music, which activities of life it accompanied/s and why, and remains curious about how that could be both explored and centralised within the therapeutic process; how another knows the legacy of resilience and resistance they are born of, how their people's music survived and is still here, living and breathing within them, and how those same themes of resilience and resistance are undoubtedly appropriate for therapy. This research invites us to look closely at and sit with the discomfort about what is. Who will answer the call about what comes next?

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