

CLINICAL APPLICATIONS OF FEMINIST THEORY IN MUSIC THERAPY:  
A PHENOMENOLOGICAL STUDY

A Thesis  
by  
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## **Abstract**

### **CLINICAL APPLICATIONS OF FEMINIST THEORY IN MUSIC THERAPY: A PHENOMENOLOGICAL STUDY**

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This phenomenological study sought to discover music therapists' clinical experience with feminist music therapy. Specifically, this study questioned how the feminist theoretical frame manifested clinically in music therapy sessions with clients and what types of music therapy experiences feminist music therapists utilized in the clinical setting. Literature regarding the history of feminism, feminist theory, and feminist music therapy was explored. Numerous themes in the literature were apparent including valuing diverse voices, the need for intersectionality, and the importance of egalitarian relationships. Some clinical examples were included and mostly focused on intimate partner violence or eating disorders. Four board-certified music therapists participated in semi-structured interviews with the researcher. From these interviews ten themes emerged related to the two research questions: (a) feminism is reflected in practice, (b) considering identity is a large component of feminist music therapy practice, (c) feminist music therapists must acknowledge their agency in the healthcare system, (d) there are numerous roles in feminist music therapy, (e) one important aspect of feminist music therapy is collaboration between the client and therapist,

(f) there are different levels of collaboration depending on who one is working with, (g) feminist music therapy goals should include creating empowerment opportunities, (h) feminist music therapy goals should include bringing awareness to gender dynamics, (i) music experiences are feminist informed and specific for each client's needs, (j) feminist music therapists and clients engage in musicking to achieve feminist informed goals. These were grouped into four categories: Implicit feminism, collaboration, feminist informed goals, and musicking. Other findings included: (a) feminism and FMT should be embraced and valued, (b) the beginning of feminist theory is self-discovery, (c) music therapists should be brave and do it, and (d) feminist music therapy needs further development. It was found that feminist theory influenced the participants implicitly and they valued collaboration. Their implicit feminism informed goals in the sessions and they used music to address those goals. Participants encouraged others to work on self-discovery as a first step into feminist music therapy. They also called for more development in the theory in the form of best practices, continuing education opportunities, or trainings. These findings provide some beginning ideas about how feminist music therapy practice is possible. They also illustrated a need for further development and concrete clinical practices.

## **Acknowledgments**

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Thank you to the participants of this research: Annette, Joan, K-Rae, and Rebecca. I feel honored that you shared your stories with me. This research would not have been

possible without you. It also would not have been as rich without your candor and individuality. Continue doing the wonderful work you are doing.

I would like to send my thanks to all of my dear friends and family who supported me through this journey: Alice, Chris & Gina, Julie, and Dad. Thank you for checking in on me, commiserating with me, and distracting me with board games, phone calls, and conversations. I could not have gotten through such a big project without you.

## **Dedication**

I would like to dedicate this to all the women who have influenced me and loved me. Each beat of my heart sings our shared history. Also, to my Dad who reminds me I am both gentle and fierce.



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## **Chapter 1**

### **Introduction**

#### **Exploration of Self**

To begin my exploration of feminist theory and its clinical applications in music therapy, it is essential to first examine myself in relation to feminism. This serves numerous purposes: to acknowledge potential biases, to provide background on my experience with feminism, and to invite others to consider their history and relation to feminism and/or gender. It is also an acknowledgement that, as Seymour (2012) pointed out, feminism is not only what I do. It is also who I am.

I come to this research as a white, heterosexual, cis-gendered, educated, able-bodied, secular woman. As such, I have many privileges to which others do not have access. I come to this research honoring my experiences and the knowledge I have gained from them while acknowledging that I still have room to grow. I grew up in the Western part of the United States with a mother, father, and two sisters. I had a grandmother in the south who greatly influenced my understanding of womanhood. I watched my two older sisters grow and navigate what it meant to be a woman at that time. I heard their negative statements about weight. I watched them carefully applying makeups, hair serums, and perfumes to their body. I saw the repercussions of the emotional, physical, and sexual abuse of boyfriends and male friends. I also watched them clean the house and cook meals. On numerous occasions, they protected me and comforted me. My grandmother was stubborn and told anyone who would listen her opinions. Numerous times, after she passionately discussed politics with me as a teenager, she apologized for getting worked up. I learned, from these familial women, that my responsibilities included cleaning and caring for family. I learned that voicing opinions,

succeeding in education and career, and standing up for oneself were integral to women in today's world.

As I aged, my thoughts on gender and women began to form. I began with rather rigid thinking: women should be independent, relying little on others to be successful and happy. Women should strive to succeed in career rather than growing family. Women should relinquish items, colors, or ways of being that society deemed as stereotypically feminine. I thought that freedom from oppression was in abandoning my feminine qualities and trading them for what I was told was "strength." At the time, I did not realize I was abandoning these feminine qualities in favor of patriarchal ways of being. As time moved on, I began to see things differently. I saw the resilience of women completing what has been called "women's work" such as cooking, quilting, and raising children. I recognized them as "unhailed arts," which valued nurturing, wholeness, and community. I began to recognize my Western bias in valuing individualism over collectivism and community-building. I started valuing women and respecting their right to choose a lifestyle that fosters meaning for them. Most importantly, I realized my way of being was not the only, or the ultimate, way of being.

My musical history is similar in its evolution. I grew up loving Backstreet Boys and The Spice Girls (when my friends and I pretended to be members of the band, I was always Sporty, by choice). I discovered alternative rock in the mid-nineties and it changed my life. I was a preteen and it spoke to my angst, awkwardness, and anger. Throughout the next 10 years I listened primarily to male voices: KoRn, Tool, Slipknot, A Perfect Circle, Marilyn Manson, and The Deftones were my favorites. I tried listening to some rock bands with female leads: Hole, Garbage, Poe, Kittie, and Flyleaf. While I liked their music, they did not hold my heart the way my favorite male leads did. I did not think women could be that angry.

They could not growl the way Jonathan Davis of KoRn could, so I continued identifying with white males.

In my undergraduate studies in choral music, we sang primarily music from male composers: Bach, Mozart, Mahler, Arvo Pärt, Morten Lauridsen, and more. Rarely did we perform music by women composers, and when we did, it was at our university. All performances at Carnegie Hall or Lincoln Center featured music from male composers. One graduate performance recital, however, ignited within me a search for female voices. I was in my sophomore year when I heard *Mirabai Songs* composed by John Harbison and translated by Robert Bly for the first time. Mirabai was a real woman in 16<sup>th</sup> century India (Carr-Richardson, 2002). Her husband died and, customary for the time, she was expected to throw herself on his funeral pyre. She refused. She was religiously devoted and considered Krishna her real husband. She spent the remainder of her life as an outcast singing, dancing, and writing poetry to Krishna in the streets. The music spoke to me deeply. It was free, passionate, playful, seductive, and powerful. I wrote music history papers on her life and performed some selections of the song set at my own senior recital. I was learning about the power of women (even if it was through the lens of a male composer and poet/translator). I now actively seek out women's stories told through music. I love the power, honesty, and catharsis of Sia's music. Metric is playful, hopeful, and unapologetically honest. Andra Day speaks to my soul. The male voices are there as well. I find inspiration in Ben Folds' music. Mumford and Sons has taught me that banjo can be a rock instrument. I still love Tool. I find myself more balanced and I can walk in both worlds taking from them what applies to me and leaving behind that which does not.

When I began my music therapy internship, I wanted to create a group that focused on gender issues. It included women, men, and transgender individuals. My interest in feminist theory and feminist music therapy began to take shape. I began bringing ideals such as empowerment, egalitarian relationship, and defying stereotypes into sessions, though it was mostly through trial and error.

### **Feminist History**

Before beginning to examine the need for feminist theory in music therapy and its clinical applications, it is necessary to give historical background and define feminism. Historically, there have been three distinct waves within feminism (Hadley, 2006). It began with the first wave around the 1830s and strove for equal pay, dismantling of stereotypes, and eventually the right to vote. Second wave feminism came about in the 1960s -1970s and focused on civil rights. Third wave feminism, in the 1990s, embraced complexity, paradox, and ambiguity while examining power and agency. Throughout these waves, many women were disenfranchised and excluded from the feminist community of primarily white, able-bodied, middle class women. Thus, numerous feminists began to form their own brands of feminism: womanist black feminism, lesbian feminism, Sephardic Jewish feminism, and more. Numerous approaches to feminism exist as well, each with their own views and goals for liberating women from oppression (Hadley, 2006, pp. 12–14). Liberal feminism adheres to the belief that women should have access to the same opportunities and rights that men are naturally given. Marxist or socialist feminism holds capitalism and class hierarchy as the main culprit for oppression of women, realizing that patriarchal and economic systems relegate women to free or cheap labor. Many more factions and approaches to feminism exist

today. This brief overview of feminism illustrates the complicated history and diverse nature of feminism.

### **What is Feminism?**

In relation to the history of feminism, the many movements and approaches, one exact definition of feminism is difficult. Feminism is not one idea, theory, or movement, but a complex coming together of women's experiences and a reckoning with their oppression and identities. I include thoughts here from many different disciplines to reflect that, namely music therapy (Curtis, 2006; Hadley, 2006; Hadley, 2013; Rolvsjord & Halstead, 2013), counseling (Seymour, 2012), and feminist thinking (Carastathis, 2016; Yancy & hooks, 2015). Johnson (1997) stated feminist approaches are like "threads woven together to form a whole. While the threads are distinctive in many ways, they are strongest in relation to one another" (p. 113). There are, however, some common threads in feminist thought:

- Gender inequality is real and a serious issue (Hadley, 2006, p. 7)
- Patriarchy is historic, systemic, and needs to be changed (Hadley, 2006, p. 7)
- Relationships should be egalitarian (Curtis, 2006, p. 228; Hadley, 2013, p. 376; Seymour, 2012, p. 22)
- Gender is performed. It is socially and culturally constructed (Rolvsjord & Halstead, 2013, p. 421; Seymour, 2012, p. 21)
- "The personal is political" (Curtis, 2006, p. 228; Hadley, 2013, p. 376)
- Women's experience and voice are of value (Curtis, 2006, p. 228; Hadley, 2013, p. 376)
- Intersections of identity and oppression should be examined (Carastathis, 2016; Yancy & hooks, 2015)

## **Music Therapy and Feminist Theory**

The music therapy profession includes men and women; however, women make up the majority (American Music Therapy Association, 2011). Given this information, it could be assumed that feminist music therapy would be a common orientation. The reality is quite different. Curtis (2015) conducted a survey asking board certified music therapists if they were feminist music therapists. Seven percent of the respondents affirmed they were feminist music therapists. Out of a list of theoretical orientations, less than 10% selected feminist music therapy as one orientation that informed their practice. One possible explanation is that some feel hesitant to claim the term “feminist” while still holding some feminist ideals. It is, however, troublesome when a profession with a greater majority of women are not embracing a theory that advocates for gender equality and freedom from patriarchal and systemic oppression.

Music therapy and feminist theory can align very well and provide clients with empowerment and healing. Curtis (2006) stated,

Feminist theory brings with it an understanding of the silencing of women’s voices in the current sociopolitical context. Music therapy brings with it a creative approach which provides women a powerful and real counterpart to the metaphor of voice.

Both recognize women’s affinity for the creative arts, particularly music. Combined, they provide a dynamic new approach for empowerment – feminist music therapy (p. 228).

These two concepts can work together in creative ways to honor women’s experiences and heal the pain of oppression. Feminist theory brings with it the potential to look inward, as well as outward. If music therapists heal the psychological pain of oppression without

critiquing outward, societal systems, it teaches clients to become complacent with their place in society (Adrienne, 2006). If no outward changes are made, discussed, or acknowledged, we are affirming the current state of systemic oppressions. This is problematic for numerous reasons. Affirming oppressive societal practices and ways of being is morally unjustifiable. The Code of Ethics outlined by the American Music Therapy Association (AMTA) requires music therapists to be fair and respectful. It also prohibits activities that violate civil rights or discriminate in any way (American Music Therapy Association, 2011). The welfare of the client is an important requirement in the code of ethics. Therefore, it is important for music therapists to address issues of oppression through critical theories such as feminist theory.

### **Clinical Applications of Feminist Music Therapy**

I began my exploration of feminist music therapy with voracity, consuming all academic and non-fiction books on the subject I could find. A new world revealed itself to me and I found myself eagerly applying new theories I had found. One thing that struck me however, was a lack of feminist research within the music therapy field. Hadley's 2006 book *Feminist Perspectives in Music Therapy* acknowledged the lack of research in the field as well. Rolvsjord and Halstead (2013) similarly stated that feminist music therapy has mostly been on the outskirts of the field's discourse. As such, my review of the research has included academic articles and books from music therapy, counseling, and sociology. My personal, non-academic search has included women's narratives in the form of biographies, journalistic articles, and blogs. Case studies and single group studies were common in the research. However, they focused on specific populations, mostly women who had experienced intimate partner abuse (Curtis, 2006; de Juan, 2016; Teague, Hahna, & McKinney, 2006; Whipple & Lindsey, 1999; York, 2006). The theoretical articles left me



with an understanding of feminist music therapy and its importance. The case studies and group studies provided some ideas of *how* to do feminist music therapy, but I felt these groups were highly specialized. I questioned how to facilitate feminist music therapy in more general terms.

Currently, feminist music therapy does not have a resource with experiences, techniques, implications, and information on populations. On the other hand, music therapy with mental health populations has numerous books. Without concrete and carefully generalizable techniques and experiences, feminist music therapists are left to piece together information from various sources to answer the question, “How?” One problem in this process of piecing together is the potential for biases to affect the music therapy sessions or work. A music therapist would need to discern what information is applicable to feminist music therapy. Would that include multicultural theory and experiences? Where does social justice and advocacy fit into sessions with clients? Should experiences from intimate partner violence groups be incorporated into groups that do not focus on that issue? The list of questions could go on. With each question answered, a potential for bias within the music therapist arises. As stated before, the first and second wave of feminism was primarily made up of white, middle class women. This left women of color, women in the lesbian community, and trans women out of the movements, until they formed their own respective approaches. Out of 682 respondents to Curtis’s survey of music therapists in 2015, 92% listed white as their race/ethnicity and 72% had a master’s degree. As such, the music therapy profession appears similar to the make-up of the early feminists; white and well educated which could imply middle-class status. There still appear to be biases in the music therapy profession.

## **Music therapy**

According to the AMTA (2017), “Music Therapy is the clinical and 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.” This is a general definition of music therapy, and I feel that it does not adequately describe what I do as a feminist music therapist. This definition adheres to the “illness ideology” described by Rolvsjord (2010, p. 22–23). The term “intervention” is from the medical model, militaristic, and implies an outside force taking action. While the AMTA does not specify who develops goals, my experience has been that the music therapist, after assessment, makes goals for clients, which does not adhere to the collaborative nature of feminist theory. Therefore, I will describe what I do: I use music to develop a relationship with the people I work with. I try to view them as people I work with, rather than clients. In our time, if our relationship has been strongly established, I offer numerous options for musical experiences and allow them to take me where they need to go emotionally. I use appropriate self-disclosure and modeling to create a space where risk-taking is safe. I ask group members to reflect on their experiences and, if appropriate, speak to my experience. At times, I bring in music that directly relates to a theme within our sessions. I make promises, and I keep them. I continually let go of my idea of how the session should go, my “plan,” to incorporate requests made by group members or to follow their lead musically. I ask them “where do we go from here?” and they set the course of their therapy. I challenge stereotypes and encourage the people I work with to call me out on oppressive behavior. If I wrote my music therapy definition in one sentence, it may sound like this: Music therapy is a collaborative therapeutic experience that includes working toward social change and in

which the consumer's life expertise guides goals and the course of the sessions and the music therapist's expertise guides musical experiences and emotional discussion using music as the catalyst for change.

### **Feminist Music Therapy**

Feminist music therapy can be described as music therapy that empowers women who have been harmed by dysfunctional societal expectations and provides a space where they can seek personal and social change (Curtis, 2006). I would also add that all of the above should include trans women and non-binary individuals as well. These changes are accomplished through the use of therapeutic musical experiences and egalitarian relationships between therapist and client. Some goals include:

- Empowering women
- Synthesizing the effect of sociopolitical contexts on women's lives
- Allowing individuals to define and obtain their maximum state of health and wholeness
- Enacting social change

### **Intersectionality**

Due to the history of feminist movements, it is important to include intersectionality into current feminist research. Intersectionality is a term coined by Kimberlé Williams Crenshaw, a Black feminist, in 1989 (Carastathis, 2016, p. 1). Intersectionality is the synthesis of various identities (gender, race, sexual orientation, etc.) and how the various forms of oppression linked to these identities interact. Intersectional theory proposes that these identities cannot be separated and cannot be separated from our everyday experiences. Therefore, they must be looked at together as one whole. In a 2015 interview, bell hooks

discussed her use of “imperialist white supremacist capitalist patriarchy” (Yancy & hooks, 2015). She said that each system is equally oppressive and in order to understand these systems, we must understand their intersections. For example, a Black female lesbian experiences the world differently than a White gay man. Most likely, they both experience oppression in our society. They may be able to commiserate together about oppression faced in the lesbian, gay, bisexual, transgender (LGBT) community, but their experiences of oppression will be different. The man cannot separate himself from his whiteness just as the woman cannot remove herself from her blackness. These various forms of identity are parts of a whole that interact as a whole in the world.

### **Phenomenology**

This study employs phenomenological inquiry to capture the many aspects and dimensions of feminist music therapy. Ghetti (2016) stated that phenomenology can capture the art of a subject and its ineffable qualities. It is a process rich in description and meaning making rather than manipulating and predicting found in the empirical tradition. The purpose of phenomenological inquiry is “to make implicit meanings explicit to allow for a fuller understanding of lived experience” (p. 5). This aligns nicely with feminist theory which honors lived experience and values individual voices. It also allows for a deep examination of how therapists bring feminist theory into their sessions.

### **Summary**

I come to this research with a unique history and my own process of feminist realization. I realize that in many ways, I am privileged and have much to learn. It is important for feminist music therapists to examine the various identities and biases they hold (Hadley, 2006). The history of feminism is rife with approaches that focus on subgroups, but

it was also rife with exclusion. Feminism has been changing and evolving since the first wave of feminism. Its emphasis is on women's lives, their narratives, and systems of oppression that subjugate women. As feminism is a women's movement and women are a majority of music therapists (AMTA, 2011), feminist music therapy is an ideal theoretical orientation for music therapy work (Curtis, 2015). The emphasis on ethical standards of music therapists and the ethical implications of feminism can also align (AMTA, 2011). As women belong to various racial/ethnic groups, sexual orientations, faiths, and cultures, it is important to examine and honor the intersections of communities in which individual women ascribe to (Carastathis, 2016; Yancy & hooks, 2015). Theoretical research in music therapy, counseling, and sociology has been addressed, but there is not enough generalizable clinical research within the music therapy profession. Researchers must be careful of generalizing due to intersectionality, however it is also important to address not only the "why" of feminist music therapy, but also the "how."

## **Chapter 2**

### **Literature Review**

#### **Feminism in the Helping Professions**

It is important to understand how feminism has manifested in the helping professions. This gives a sense of where we have been and where we are currently. Also important is understanding existing research in relation to its development through time. Understanding how music therapists and other helping professions such as counseling, psychology, and social work have changed, what themes have remained through the years, and what new themes have developed. In my review of the research, the earliest music therapy research related to feminism is from 1990. As my study focuses on feminist music therapy, I will begin my timeline from there.

#### **Feminism in Music Therapy, 1990 – 2001**

Research from this time period is united by several themes. Studies began with a focus on music therapist's voice (Cassity & Theobald, 1990; Curtis, 1990). Later studies began to incorporate female participant's voices (Hillard, 2001; Whipple & Lindsey, 1999). The studies focused mainly on intimate partner violence and eating disorders, which could be viewed as the manifestations of gender inequality (Cassity & Theobald, 1990; Hillard, 2001; Whipple & Lindsey, 1999).

Research began with examining music therapists themselves (Curtis, 1990). Curtis surveyed 836 (45% response rate from 1,870 surveys mailed out) music therapists seeking to discover the connections between female music therapists in relation to "women's issues." One telling question asked if participants thought that gender biases were impactful in the 1980's to which 91% responded "yes". One respondent replied "Is the Pope Catholic?"

Concerns identified as “somewhat of a problem” by the respondents included (in order from greatest to least): insufficient salary, few opportunities for advancement, little leisure time, no time or money for continuing education, lack of prestige, and lack of professional recognition (p. 64). One interesting theme that Curtis noted was in the respondent’s reaction to focusing on women’s issues. Some said they felt focus should be on “greater problems of discrimination” (p. 64). These greater problems were identified as ageism, racial discrimination, and discrimination against male music therapists. It was suggested this reflected that being raised in a male dominated society, women are taught to devalue themselves and their work. Another interesting response was that only 56% of respondents said they would recommend music therapy as a profession to other women.

Intimate partner violence was studied in this time period as well. It was recognized as a serious issue for women; 42 percent of women murdered in America were murdered by their husbands (Whipple & Lindsey, 1999). Women who left their husbands were not an exception; the chance of being murdered rose by 75% after leaving their abusive husbands (Whipple & Lindsey, 1999, p. 61). Cassity and Theobald (1990) employed a survey sent to music therapists and developed an assessment model for domestic abuse based on the Lazarus model. They sought to understand treatments music therapists used with this population. Several needs were reported; relaxation and reduction in social isolation were key areas of development. Negative self-talk, “learned helplessness,” and minimizing of abuse were commonly reported assessments. Many women were also self-medicating with drugs. Musical experiences included: songwriting, improvisation, singing, listening to music, and music and imagery.

Whipple and Lindsey (1999) developed a women's group for women who experienced intimate partner violence. For the women's group, they needed to have tangible and direct effects, provide opportunities for feedback, and provide artifacts for continued insight into daily life. Inward goals in this study included empowerment, independence, confidence, and assertiveness, while outward resources of career guidance, money management, and legal assistance were provided (p. 62). Musical experiences included: songwriting, improvisation, singing, listening to music, music and imagery, lyric analysis, progressive muscle relaxation, CD cover art creation, and drawing to music. A survey was given to group members regarding their thoughts on the group. Participants reported that they felt a sense of community, bonded with women in the group, appreciated participating, and felt better emotionally. The sense of community and bonding was most prevalent at times when the group was singing together.

Later in this time period, studies with women and eating disorders were published as well (Hillard, 2001) which used cognitive behavioral therapy and developed goals of insight, disrupting irrational thoughts or beliefs, and distortions in thinking. The group was divided into three sections: the first focusing on behaviors, the second focusing on thoughts, and the third focusing on coping. Musical experiences included music and movement, breathing, progressive muscle relaxation, music and imagery, listening to music, singing, songwriting, "musical games," and song discussion. Participant voices were provided through song-lyrics written by the group. Some lyrics included "When there seems to be no chance, we fall, we get up, and dance the dance. Once our self-love we discover, this will help us recover" (p. 112).



## **Summary**

From these studies, conclusions can be drawn to the state of music therapy at that time. New research regarding women's lives and issues were being investigated. Many female music therapists recognized that gender discrimination was affecting them personally (Curtis, 1990). Recurrent violence permeated one in five marriages (Cassity & Theobald, 1990). Yet, women's issues were not given the weight they deserved at that time. Even female music therapists thought their issues of discrimination were less important than others (Curtis, 1990). Groups addressing women's issues were beginning to form (Hillard, 2001; Whipple & Lindsey, 1999). However, these groups treated the aftermath of sexism and violence against women while providing little discussion on preventing these problems on a societal level. This is problematic given the serious consequences of abuse and eating disorders. It's also important to recognize while all studies were centered on issues affecting women, only Curtis's study investigated feminist ideals of discrimination and society. These studies were sailing uncharted waters and the need for further research seems palpable.

## **Feminism in Helping Professions, 2001 – 2011**

The next 10 years represent a large shift in feminist music therapy. In 2006, Hadley edited *Feminist Perspectives in Music Therapy*, a book unprecedented at that time. She included a diverse group of female authors writing about their thoughts and experiences in music therapy as feminists (Adrienne, 2006; Curtis, 2006; Hadley, 2006; Jones, 2006; Merrill, 2006; York, 2006). Feminist theory was discussed in the book and subsequent publications. Many gave brief histories of feminism discussing the various waves and approaches (Curtis 2006; Hadley, 2006; Edwards & Hadley, 2007; Wright, 2009). They discussed the importance of self-discovery in relation to feminist practices (Curtis, 2006;

Curtis, 2012; Hadley, 2006; Merrill, 2006; Wright, 2009). They wrote of their personal journeys growing as women, reflected on their female role models, and considered their process of becoming more politically aware (Adrienne, 2006; Curtis, 2006; Hadley, 2006; Merrill, 2006). These reflections serve to encourage others to similarly reflect. They provide access to imagining the lives and situations of others (Hadley, 2006). This may be seen as exemplifying the feminist ideal of “the personal is political,” shedding light on the personal experiences that reflect oppression in our society.

Many new themes came about in the research of this time period. One such theme was a valuing of women’s voices. As the authors told their own personal stories, their voices took form, illustrating they themselves valued their voice. Curtis (2006) stated plainly that a central tenet of feminism is valuing their viewpoints. Merrill (2006) recognized the importance of Evelyn’s voice, the woman she was working with in a long-term rehabilitation hospital. She strove to listen to Evelyn, her needs, her heartache, and her passions. She valued Evelyn’s perspective, brought her concerns to the treatment team (it was described as a fairly “heated” discussion), and advocated for Evelyn to spend more time at home with her family (pp. 195–197). York (2006) exemplified valuing women’s voices with a group of intimate partner violence survivors. They created tangible artifacts of their therapeutic work and eventually gathered them together in a dramatic performance. Each woman wanted her real name in the program despite the original intention of the group was music therapy. These women wanted to be seen and including their names in the program was an empowering experience. Through listening and valuing their voices, the found ownership in their stories and rediscovered wells of creativity “stolen” from them by their abusers (p. 259). The outcomes from these studies demonstrated the power of valuing voice.

Some can interpret highlighting women's voices as excluding men's voices from gender conversation. Hadley (2006) received some criticism for including only female voices in her book. Men's voices have not been challenged historically, she commented. While many men admit that women are oppressed, few can admit that men are oppressors; it is difficult to view oneself in such light. This incongruence illustrates the need for women's voices. Women's issues should not have to be filtered through or given weight by men's perspectives, she argued.

### **Social Justice and Advocacy**

Social justice and the need for advocacy is another theme for this period of research (Curtis, 2006; Curtis, 2012; Hadley, 2006; Merrill, 2006; Wright, 2009). Personal change, both in the people we work with and within us, is not enough (Hadley, 2006). Changes must be made on a societal level as well. Therapists can, and Curtis (2006; 2011) argued *should*, be advocates and activists themselves. Wright reflected on her many years of counseling practice and posited that all therapy is political and practitioners are in a place of power (p. 75). Therapy can be a form of political resistance if social justice work and advocacy are part of the therapy. It is possible for practitioners to use their position of power to advocate for clients, as in the case of Evelyn. When music therapist's use advocacy for the people they work with, the therapy "has teeth" (Merrill, 2006, p. 195). Similarly, Wright (2009) addressed social issues by encouraging one client to take assertiveness training, attend professional development courses, and encouraged her to find feminist books such as "Fat is a Feminist Issue."

## **Egalitarian Relationships**

Another theme, which is related to power in the therapeutic relationship, frequently mentioned in the literature of this time is egalitarian relationships (Adrienne, 2006; Edwards & Hadley, 2007; Wright, 2009; York, 2006). According to Wright (2009), egalitarian relationships are a central principle in feminist theory. When music therapists engage in sessions, they are not separate from the experience. All that is said, done, and heard is constructed by both music therapist and client and then given meaning (Edwards & Hadley, 2007). If the experience and meaning is constructed together, disproportionate power dynamics seem counterintuitive. “Friendship in music” should be strived for in feminist music therapy (Adrienne, 2006, p. 54). Without this friendship, the egalitarian roles, music making is made to fit into “systems of industrial/postindustrial ‘health’ institutions” (p. 54). A good example of egalitarian therapeutic work is found in York’s (2006) group. York did not choose the materials included in the dramatic performance. The group members collectively selected their works and provided feedback to each other. York acknowledged that as she opened herself to feedback from the group, the group members took more risks, and sharing became commonplace.

The construction and performance of gender was brought into music therapy research at this time (Adrienne, 2006). Adrienne described the “looking-glass self” (p. 42) as our view of society and how it is reflected back to us. She wondered what music therapists reflect back to clients in sessions and what it meant in terms of gender. She asserted that gender is performed and constructed socially. Our social class dictates how we should behave and defines gender roles. Patriarchal systems of power and privilege create our society and

therefore women are alienated. With regard to music therapy sessions, she quoted Thomas Luckmann when he said,

We are socially constructing our reality, communally. In other words, we are together – music therapist and clients – building our knowledge and our reality of the present and the future, through our daily interactions. We must understand the impact of our professional social position in this reality construction. We are socially constructing race, class, and gender together with our clients. (p. 43)

Luckmann asserted that we not only create gender, but create class and race as well. This calls for awareness of intersectionality.

Intersectionality is a theme in numerous research articles at this time (Adrienne, 2006; Curtis, 2012; Hadley, 2006; Edwards & Hadley, 2007; Wright, 2009). Though there were some exclusionary practices in feminist history, feminism began with the abolition movement (Hadley, 2006). The freedom women and slaves sought were linked as some people fit into both categories (Edwards & Hadley, 2007). The various identities within each person are not and cannot be separated. They are interlocking and therefore the systems of oppression must also be interlocking (Hadley, 2006). Curtis, in her definition of feminist music therapy, stated plainly that it examines sexual oppression in relation to oppressive systems of race, age, class, ability, and sexuality (2012). Wright noted that psychology and Western ideals value individualism, which leaves out cultures that value collectivism and community (2009). How then does a helping professional promote assertiveness or individuality with clients from collectivist cultures (p. 78)? Is it appropriate to do so? Without taking into account race, age, class, and all the other intersecting aspects of identity, it is possible to unconsciously promote oppressive practices.

## **Music and Gender**

Research began to examine music itself and encouraged close examination of the music used in sessions (Adrienne, 2006; Jones, 2006;). Jones examined song lyrics written by men and women. The portrayal of women in popular music was filled with damaging stereotypes: “vamp” and “dumb blonde” (p. 333). Women were also portrayed as sexual objects or means to fulfill men’s needs. Some songs that exemplify this idea include “Build me a Woman” by The Doors or “Hot Legs” by Rod Stewart. Gender oppressive music was not only written by male songwriters. Women wrote music furthering these oppressive ideals as well. Madonna wrote “Material Girl” while the pop-punk band Garbage wrote “Stupid Girl.” All this music, whether intentional or not, furthered the ideas of women as unintelligent, sexual objects whose purpose was only to fulfill men’s needs and desires.

Many female songwriters sought to dismantle these patriarchal systems such as Meredith Brooks, Suzanne Vega, and Tracy Chapman, to name a few. And while many bands were comprised only of women (The Gogos, The Bangles, Bananarama), they were advertised as “girl bands.” No all-male bands were described in this way. Jones pointed out that solo female artists were the musicians pushing boundaries and tackling societal issues. These artists include Ani DiFranco, Tori Amos, India Arie, Pat Benetar, Meredith Brooks, Tracy Chapman, Shawn Colvin, Des’Ree, and many others. Jones encouraged music therapists to closely examine the messages in popular music and provide empowering songs for clients. She defined empowering songs as songs that included one or more of the following messages: problem solving, awareness and acceptance of self, inner power/strength, perseverance, “intolerance of ‘less-than,’” confidence or courage, taking risks and growth, and independence (p. 340).

Adrienne (2006) encouraged music therapists to be aware of gender in classical music. Analysis of this music is required for feminist music therapists, she posited. Music is a cultural practice; therefore, music therapists should be questioning the cultural and social functions of the music. Music reflects the times, but it is also an active participant in creating “habits of thought” that define the era (p. 53). In a patriarchal, oppressive era, how then does music reflect and create those systems? Adrienne questioned the practices of Guided Imagery and Music as well. This therapeutic model exalts Western classical masterpieces, which are all written by men. Composition was primarily a male occupation though women composers have always existed. They did not, however, have access to the same opportunities. Adrienne asked, “If therapy is resocializing a client to society, what was this unarguably gendered music resocializing her to?” (p. 50). Music removed from culture is artificial and thus, knowledge and awareness of gendering in both classical and popular music is integral to feminist music therapy.

Music therapy clinical research had some common goals, and experiences in the early 2000’s (Curtis, 2006; Merrill, 2006; Teague, et al., 2006; York, 2006). While the studies mostly focus on intimate partner abuse (Curtis, 2006; Teague et al., 2006; York, 2006) one focused on Evelyn, a woman in a long-term medical care facility. Music therapy experiences in these studies included singing (Curtis, 2006; Merrill, 2006; Teague et al., 2006; York, 2006), improvisation (Merrill, 2006; Teague, et al., 2006), song discussion (Curtis, 2006; Teague et al.; York, 2006), songwriting (Curtis, 2006; Teague et al., 2006), mandala drawing to music (Teague et al., 2006; York, 2006), writing to music, drumming, music and movement, making a frame drum, sharing poetry and other creative arts (York, 2006),

journaling, relaxation focus on breathing, clay work, and music listening (Teague et al., 2006).

Some studies included concrete goals for the group (Teague et al., 2006) while others included broad goals based in feminist theory (Curtis, 2006; York, 2006). Concrete goals included increasing awareness of emotions, increasing emotional expression, developing problem solving, decreasing social isolation, increasing self-esteem, increasing communication, developing coping skills, increasing reality orientation, and increasing mood (Teague et al., 2006). Broad, feminist based goals included increasing independence, increasing health as defined by the women themselves and their intuition (Curtis, 2006; York, 2006), empowering women, developing power in self and society, increase awareness of multiple intersecting oppressions, creating social change (Curtis, 2006), encouraging appreciation of feminine values, increasing body acceptance, increasing personal definitions of sexuality and sexual needs (York, 2006).

## **Summary**

More research in helping professions and feminist theory began in the early 2000s. *Feminist Perspectives in Music Therapy* edited by Susan Hadley drew together numerous women's thoughts and experiences of feminism and music therapy. These women stressed the importance of self-reflection to model self-inquiry and examine biases (Curtis, 2006; Curtis, 2012; Hadley, 2006; Merrill, 2006; Wright, 2009). New themes in feminism and helping professions, when compared to previous research, began to emerge and take form. Female researchers were valuing their voices and the voices of the women they worked with (Curtis, 2006; Curtis, 2012; Hadley, 2006; Merrill, 2006; Wright, 2009; York, 2006). The opinion at the time regarding male perspectives was that their perspectives had not been



historically challenged. Many men had difficulty owning their role in patriarchal practices (Hadley, 2006). Therefore, valuing of women's voices began to emerge. While this explanation is important and meaningful, it is also possible that listening to voices of all genders (female, male, transgender, agender) could correct exclusionary practices in the feminist community. Another theme was advocacy and social justice. Personal change is not enough, the research said. Changes to society must be made as well (Hadley, 2006). Practitioners in the helping profession are in a place of power (Wright, 2009) yet that power can be used for advocacy (Merrill, 2006). One theme related to power, was egalitarian relationships (Adrienne, 2006; Edwards & Hadley, 2007; Wright, 2009; York, 2006). This relationship is central to feminist theory (Wright, 2009) and Adrienne (2006) said "friendship in music" (pp. 54–57) should be a major goal in work with women. Gender was discussed as something that is constructed (Adrienne, 2006). Race, class, and other identities are constructed as well, and a call for intersectionality was found in numerous articles (Adrienne, 2006; Curtis, 2012; Hadley, 2006; Edwards & Hadley, 2007; Wright, 2009). Identities are interlocking and so oppressive systems interlock as well (Edwards & Hadley, 2007; Hadley, 2006). Jones (2006) and Adrienne (2006) examined gender oppression and music. They called for close examination of popular music and classical music for oppression related to gender. Clinical research continued with women who experienced intimate partner violence (Curtis, 2006; Teague et al., 2006; York, 2006). Although the focus on intimate partner violence remained, the value of client voices and the expansion of goals and experiences was a marked shift. Goals were informed by feminist theory (Curtis, 2006; York, 2006). Musical experiences began to expand and included numerous creative approaches with art forms other than music (Curtis, 2006; Merrill, 2006; Teague et al., 2006; York, 2006).

## **Feminism in Helping Professions 2012 – Present**

Many themes from the previous section remain in the literature from 2012 to now; personal reflection (Hadley, 2013; Hadley & Norris, 2015), valuing women's voices (Seymour, 2012), debate about men's voices (Seymour, 2012), and egalitarian relationships (Hadley, 2013; Kim, 2013). Other themes were expanded upon: social justice and advocacy (Baines, 2013; Hadley, 2013; Hadley & Norris, 2015; Rolvsjord & Halstead, 2013; Vaillancourt, 2012), gender construction (Rolvsjord & Halstead, 2013), intersectionality (Baines, 2013; Hadley, 2013; Hadley & Norris, 2015; Seymour, 2012), and gender and music (Hadley & Norris, 2015; Vaillancourt, 2012). Two music therapy studies were completed, one with women who have experienced intimate partner violence (de Juan, 2016) and one with Korean immigrants (Kim, 2013).

Personal reflection was modeled in this period of music therapy research. Hadley (2013), once again, explored her past in music therapy and how her thoughts began to turn from inward, personal characteristics, to outward interlocking systems. She reflected on her growing awareness of the narratives of society with which narratives were dominant and which were brushed aside. If we do not examine ourselves and our learning (particularly with music from other cultures) we run the risk of contributing to stressful or oppressive practices (Hadley & Norris, 2015, p. 2). This harms the therapeutic relationship and thus affects the music therapy work. Culture and identity must be examined closely to foster cultural awareness.

## **Valuing Diverse Voices**

The valuing of women's voices reoccurred in Seymour's writing (2012). In this article, feminism is examined in terms of the counseling profession. Seymour interviewed

women and men regarding their thoughts on feminism and their work with men who were violent toward women. Rather than stating outright the value of women's voices, Seymour modeled this in providing numerous quotes from the counselors regarding their thoughts. One woman stated feminism was what she did, but also who she was (p. 27). Another woman stated she did not like "labels," but she held feminist ideals and described herself as independent (p. 28). Another woman spoke to the "negative images" some people get when they hear "feminist." This woman agreed that she worked from a feminist framework, but had a difficult time claiming the term "feminist" (p. 28). One stated that unless you could "unpack" the word feminism and have a conversation with someone, claiming the word feminist is not helpful (p. 31). From this article, it seems that after years of research and feminist theorizing, it is still difficult for some to claim the term, even when working from feminist theoretical frameworks.

The role of men in feminism was discussed in this time period as well, as Seymour asked male counselors about their thoughts on feminism. The men had a difficult time claiming feminism or considering themselves feminists. They have not inherited the gender oppression that women have inherited. They do not have the "lived experience" of that oppression (p. 31) However, Seymour stated that feminism helps make sense of men's violence toward women and it is relevant to anyone who seeks to change the current state gender oppression. Men can be allies to feminist women; profeminism has been associated with men and represents an alignment between them and feminist ideals.

Egalitarian roles in therapeutic spaces were a revisited theme as well, at this time (Hadley, 2013; Kim, 2013). Hadley discussed the role of the therapist as "helper" who assists the client with their "health problem" (p. 379). This pathologizes the client and suggests

hierarchical relationships which does not fit into the feminist framework. She asked music therapists to question the ways they are acting as an “expert” and who establishes therapeutic goals. Kim’s work with South Korean immigrants exemplifies the power in egalitarian relationships (2013). One group member said “It was an empowering experience. Having a mutual and equal relationship with the therapist encouraged me to feel respected, acknowledged, and confident” (p. 430). When music therapists come to sessions with equal roles in mind, group members feel respected. For woman who have rarely felt respected, this can be a powerful experience.

### **Social Justice and Advocacy**

In this research period, calls for social justice and advocacy became even greater (Baines, 2013; Hadley, 2013; Hadley & Norris, 2015; Rolvsjord & Halstead, 2013; Vaillancourt, 2012). Feminist music therapy can examine “therapy, society, and self” in terms of oppressive practices (Vaillancourt, 2012, p. 176). Rolvsjord and Halstead (2013) asserted that if music therapy work is focused only on the individual, it separates personal issues from political issues. Music therapists should extend their social justice work to outside the therapeutic setting to create a “socially just/peaceful future” (Baines, 2013, p. 3). Hadley (2013) addressed something similar when she said that believing music therapists can divide their professional roles from politics reveals an element of privilege in society. It was also noted that it was rare for therapists to embrace an activist stance and work toward empowerment for marginalized groups of people (Hadley & Norris, 2015). With this in mind, a feminist approach to music therapy appears to be in great need.

Related to social justice and advocacy, intersectionality and cultural awareness was a point of study at this time as well (Baines, 2013; Hadley, 2013; Hadley & Norris, 2015;

Seymour, 2012). Hadley and Norris stated “all counseling is cross-cultural in nature (2015, p. 2). Systems of oppression and the “master-slave dynamic” can be seen in relation to gender, race, class, sexual orientation, religion, and ability (Hadley, 2013). This statement exemplified the cross-cultural nature of counseling. Oppressive forces block and discipline the actions and abilities of marginalized individuals (Baines, 2013). While feminism does hold gender inequality at its center, it can also be used to unpack issues related to race or other marginalized groups as well (Seymour, 2012). Indeed, if identities and oppressions interlock, feminist music therapy must take into account all marginalized groups.

Gender and music was again explored in literature of this time (Hadley & Norris, 2015; Vaillancourt, 2012). Vaillancourt stated that music acts as a social glue; when performing music together, people are defining who they are (p. 174). Due to this, it is important when selecting and creating music to understand whether these musical choices are reinforcing or tearing down oppressive politics (Hadley & Norris, 2015). Similarly, Rolvsjord and Halstead (2013) discussed the performance and construction of gender. They stated that gender is not static; it is changed through action and performance. Gender is “in a state of flow between biology, culture, and the relationship between people” (p. 421) This gives choices of music and gender performance great responsibility, but also great meaning and freedom.

Two music therapy studies come from this period of research (de Juan, 2016; Kim, 2013). De Juan worked with women who had experienced intimate partner violence while Kim worked with South Korea immigrants. Interventions included improvisation, singing (de Juan, 2016; Kim, 2013), musical dedication, composition, making a song-book, listening to relaxing sounds (de Juan, 2016), song discussion, and music analytical meditation (Kim,

2013). Goals included increasing awareness (de Juan, 2016; Kim, 2013), find causes of somatic issues, manage stress of acculturation, find harmony within individual and family contexts, develop life strategies (Kim, 2013), develop new self-images, increase self-esteem, experience relaxation (de Juan, 2016).

## **Summary**

From the 1990s until now, feminist theory and the helping professions has developed numerous themes. Self-inquiry is an important aspect of feminism and feminist music therapy (Curtis, 1990; Curtis, 2006; Curtis, 2012, Hadley, 2006; Edwards & Hadley, 2007; Hadley, 2013; Hadley & Norris, 2015; Merrill, 2006). This inquiry models valuing of voice and bringing awareness to biases. Common themes of feminist theory include egalitarian relationships (Adrienne, 2006; Edwards & Hadley, 2007; Hadley, 2013; Kim, 2013; Wright, 2009; York, 2006) and valuing women's voices (Curtis, 2006; Merrill, 2006; Seymour, 2012; York, 2006) were exemplified by numerous studies throughout the history explored in the literature. With regard to egalitarian relationships, I am of the opinion that creating the therapeutic space & experiences within collectively are appropriate for creating that space. I also believe that to balance power, appropriate self-disclosure by the therapist should be included.

Valuing women's voices holds to feminist values, and many arguments for focus on women's voices were reflected in the literature (Hadley, 2006; Seymour, 2012). Yet, if we accept the existence of interlocking systems of oppression, how then can we justify excluding non-biological females in feminist discourse? A gap in the research exists when addressing transgender individuals and feminism. It may be most appropriate to focus on equity of voice rather than equality; women's voices are given more weight, but also allow space for all

genders to discuss feminist theory. Gender was viewed as constructed and performed, rather than static assignment in many articles (Adrienne, 2006; Rolvsjord & Halstead, 2013). This opens a realm of possibilities in which we can choose how to perform our gender. If it is a choice, we can begin dismantling ridged, oppressive systems. Intersectionality was discussed as well (Adreinne, 2006; Baines, 2013; Curtis, 2012; Hadley, 2006; Edwards & Hadley, 2007; Hadley & Norris, 2015; Seymour, 2012; Wright, 2009). Intersectionality calls for music therapists to recognize the interlocking systems of oppression and begin working toward dismantling oppression of all peoples. This relates to the need for social justice and advocacy (Baines, 2013; Curtis, 2006; Curtis, 2012; Hadley, 2006; Hadley, 2013, Hadley & Norris, 2015; Merrill, 2006; Rolvsjord & Halstead, 2013; Vaillancourt, 2012; Wright, 2009). Much theory was developed with regards to the need for advocacy, however, very little suggestion on how to apply social justice/advocacy work in the therapeutic sessions was discussed. Music was discussed and authors cautioned music therapists to use non-oppressive music in both popular and classical music (Adrienne, 2006; Haldey & Norris, 2015; Jones, 2006; Vaillancourt, 2012). The majority of clinical studies were with women who had experienced intimate partner violence (Cassity & Theobald, 1990; Curtis, 2006; de Juan, 2016; Teague et al., 2006; Whipple & Lindsey, 1999; York, 2006). While it is important to work with women who had these experiences, it is problematic when the majority of women music therapists work with come from this population. It is also disheartening to see that through the years, there is still a definite need for these types of groups. Working with diverse groups through a feminist framework may help make societal changes, which could lessen the need for intimate partner abuse groups.

## **Our Current State**

Where is the music therapy profession in terms of feminist research? As the literature from the past 27 years shows, we are making strides toward incorporating the feminist frame in music therapy. The profession does have a way to go before catching up to other helping professions such as counseling and psychology (Hadley, 2006; Rolvsjord & Halstead, 2013). A search on Psycinfo for the terms “feminist theory,” “counseling,” and/or “psychology” yields countless results just in peer reviewed journals. Textbook results yield varied and diverse intersections of feminism and other identities such as *Feminist Psychotherapies: Integration of Therapeutic and Feminist Systems* (Dutton-Douglas & Walker, 1988), *The Oxford Handbook of Feminist Multicultural Counseling Psychology* (Enns & Williams, 2013), and *Rethinking Mental Health and Disorder: Feminist Perspectives* (Ballou & Brown, 2002), to name a few.

There may be numerous explanations for the discrepancy between feminist research in counseling/psychology and research in music therapy. For one, psychology was established long before music therapy, so it has had more opportunity to develop research. The psychology and counseling professions have more practitioners than the music therapy profession therefore, they have more researchers who produce more research. Another possible explanation is that feminist pedagogy is not used by all music therapy educators. In 2011, Hahna and Schwantes surveyed music therapy faculty and discovered that 67% used feminist informed pedagogy. Curtis (2015) found in her survey that only 7% of music therapists ( $N=682$ ) considered themselves feminist music therapists. These surveys suggest the music therapy profession has room for growth in feminism.



## **Call to Action**

All of the above studies provide a valuable resource with which music therapists can draw inspiration. They do not, however, give explicit details in how to accomplish feminist music therapy groups. I was left with a resounding question of *how?* How do music therapist synthesize this information and bring it into sessions with clients? My own practice has been comprised of trial and error, which I do not think is adequate for therapeutic work. But it is currently all we have when looking at the research. I hope that this study can supplement feminist music therapy research. This study seeks to understand how the feminist theoretical frame manifests clinically in music therapy sessions with clients. The study also seeks to discover what types of music therapy experiences feminist music therapists utilize in the clinical setting.

## **Chapter 3**

### **Method**

This chapter outlines the method of phenomenological research. It includes a description of the research setting, researcher, and participants. It also details how data was collected and the phenomenological process of analyzing the data.

#### **Research Setting**

This research took place in the United States and is associated with Appalachian State University. Interviews were conducted via Zoom in order to engage with a diverse set of music therapists from different parts of the country. This research was approved by the Appalachian State Institutional Review Board on the second of February, 2018.

#### **Researcher**

I am a cis-gender, secular, able-bodied, white, heterosexual, educated, woman. I am a board-certified music therapist and I am perusing my master's degree in music therapy. In my clinical sessions, I employ humanist, feminist, and multicultural theoretical frameworks. Other frameworks also influence my practice, yet the three I listed are intentionally and consciously driving the work I do. I value reflexivity and honesty in therapeutic sessions with people I work with and in my daily life. I see music therapy as a collaborative process and seek feedback from group members about the course of our time together. I seek to be an activist and attend political functions when possible. I understand that feminist theory calls one to recognize the personal and the political, two aspects that are inseparable, and therefore I refer to myself as "I" in this research (Curtis, 2006; Hadley, 2013). I recognize that I cannot separate myself from this process of research with the knowledge I have gained in studying feminism.

## **Participants**

The participants were all board certified music therapists who work from a feminist framework. Because previous research lacks definitive guidelines for feminist practice, a minimum of one year of full time clinical work was required for participants. Music therapists who did not work from a feminist theoretical framework were excluded, as the focus of this study was how to apply feminist theory to music therapy sessions. Music therapists located outside of the United States were excluded for ease of scheduling interviews. There were no exclusions based on gender identity, race, the population served, sexual orientation, or age.

Four music therapists participated in this study. They are described here collectively to maintain anonymity. They were each from a different part of the United States. Three participants identified as white and the fourth did not report race/ethnicity. Three participants identified as cisgender women and the fourth identified as transmasculine. Each participant defined their sexual orientation differently: dyke, queer, queer lesbian, and straight. Two participants reported no religious affiliations and two did not report religion. The age range of the participants were mid-twenties to early fifties. Those who specifically mentioned the populations they worked with or have worked with in the past included: children with Autism Spectrum Disorder (ASD), people in hospice, people in community settings, and people in behavioral health units. Following in the footsteps of York (2006) and with the empowerment of owning voice in mind, participants were offered the option of choosing a pseudonym or using their real name.

## **Procedure**

A brief description of the study and inclusion criteria were posted on several private music therapy Facebook groups requesting participants. Potential participants e- mailed me directly and stated their interest. After receiving their emails, I defined the role of the participants in the study, the procedure for interviews, and a copy of the informed consent document. I asked them to read over all of the information and respond within 72 hours confirming they would participate if they decided to. Once they confirmed their willingness to be part of the study, availability for interviewing was be discussed. The list of interview questions was emailed to participants 24 hours before the interview to provide time to reflect on their work and their experiences. Before the interview, consent was obtained verbally at the beginning of the interviews. The script for consent can be found in Appendix A. Before the interview, the researcher read through a checklist guide of feminist interviewing as outlined by Hesse-Biber and Leavy (p. 134, 2007). The purpose of this checklist was to remind the researcher of potential bias, to bring awareness to the researcher's own agenda, and to develop reflexivity. A semi-structured interview was then conducted. These in-depth interviews explored the lived experience of the participants and allowed for hidden knowledge to surface (Hesse-Biber & Leavy, 2007). Semi-structured interviewing also allowed for follow up questions or for related ideas to be brought into the interview. This was due to my awareness of my presence in the research; it was also a protective measure against bias. The interview questions can be found in Appendix B.

## **Data Collection**

All research was conducted within the span of one month. Interviews were facilitated and recorded using Zoom. One interview was partially conducted and recorded on Zoom and

partially conducted on the phone and recorded with Windows 10 Voice Recorder. This was due to a low internet connectivity issue. Interviews were then transcribed by me within a time span of two weeks. For purposes of member checking, participants were e-mailed a copy of their transcript to ensure accuracy of transcription and allow them to make changes. Two participants made changes to their transcripts either clarifying statements they felt were unclear or adding content they felt was left out. One participant chose not to make changes. One participant did not respond about making changes. Participants were asked to email their corrections no later than one week from the date they received the transcript.

### **Data Analysis**

The analysis was structured according to Moustakas's (1994) description of data presentation. Transcripts were numbered, and a key with numbers and participant names was created to avoid potential bias. I began with reading the transcript in its entirety. This enabled me to experience the gestalt of the transcript. Next, I began the process of horizontalization; I determined and extracted significant statements as they related to my research questions. These statements were copied into a separate document for each participant. From these meaningful statements, I developed invariant constituents by asking myself if the statement (1) had a necessary part of the experience to contribute to the whole of the experience and (2) could be made abstract in order to put it into a group. If the statement did not meet those requirements, was vague, or too similar to another statement, it was eliminated. Next, I grouped similar statements into themes and subthemes which were then organized into clusters of significance. For the purposes of validity, I then read the themes, subthemes, and clusters and checked them against the full transcript of the corresponding participant. This helped me determine whether the themes, subthemes, and clusters were explicitly or

implicitly stated within the transcript. After this process, I realized some implicit information had been left out and that information was then included in the “Implicit Feminism” cluster. I then used the themes and clusters of significance to write a textural description for each participant. Textural descriptions provided a description of what each participant experienced in relation to the research questions. Once I had a textural description for each participant, I engaged in the process of imaginative variation. Through that process, I determined the whole or essence of the experience of all four participants. Two tables (Fig. 1 & Fig. 2) were created based on the essence of those experiences. Following this, the key and transcripts were revisited and meaningful quotes from participants were highlighted for use in the results. This served two purposes: to give an exact reflection of the participant’s experience related to themes and subthemes and to utilize the feminist ideal of valuing individual narratives. Throughout the whole process of data analysis, I kept a notebook for thoughts, feelings, and reflections as they arose. This reflexivity helped me question my assumptions, reveal my biases, and engage in creative thinking.

## **Chapter 4**

### **Results**

From the four interviews, ten themes emerged and four subthemes with relation to the research questions: how does the feminist theoretical frame manifests clinically in music therapy sessions with clients and what types of music therapy experiences do feminist music therapists utilize in the clinical setting. There were additional research findings that did not answer the specific research questions, but were important findings of this research. The first section includes findings related to the research questions and the second section (titles ‘Other Findings’) includes those additional findings. A table organizing all research findings including clusters (labelled ‘category’), themes, and subthemes is represented in Figure 1.

Category	Implicit Feminism					
Theme	Feminism is reflected in practice.	Considering identity is a large component of FMT practice.	Feminist music therapists must acknowledge their agency in the healthcare system.	There are numerous roles in FMT.		
Subtheme		Music therapists who work within this framework identify first as feminists.	Therapists' consideration of client identities is integral to FMT.		Each feminist music therapist may define their therapeutic role differently.	Music has different roles depending on the therapist and who they are working with.
Category	Collaboration					
Theme	One important aspect of FMT is collaboration between the client and therapist.	There are different levels of collaboration depending on who one is working with.				
Category	Feminist Informed Goals					
Theme	FMT goals should include creating empowerment opportunities.	FMT goals should include bringing awareness to gender dynamics.				
Category	Musicking					
Theme	Music experiences are feminist informed and specific for each client's needs.	Feminist music therapists and clients engage in musicking to achieve feminist informed goals.				
Category	Other Findings					
Theme	Feminism and FMT should be embraced and valued.	The beginning of feminist theory is self-discovery.	Music therapists should be brave and do it!	Incorporating social justice is different for everyone.	FMT needs further development.	

Figure 1. Categories, Themes, and Subthemes



Themes and subthemes were only included if two or more participants had mentioned the theme. These themes included (a) feminism is reflected in practice, (b) considering identity is a large component of feminist music therapy (FMT) practice, (c) feminist music therapists must acknowledge their agency in the healthcare system, (d) there are numerous roles in FMT, (e) one important aspect of FMT is collaboration between the client and therapist, (f) there are different levels of collaboration depending on who one is working with, (g) FMT goals should include creating empowerment opportunities, (h) FMT goals should include bringing awareness to gender dynamics, (i) Music experiences are feminist informed and specific for each client's needs, (j) feminist music therapists and clients engage in musicking to achieve feminist informed goals. Subthemes are discussed within each theme further in this chapter. The themes and subthemes were organized into four categories: Implicit Feminism, Collaboration, Feminist Informed Goals, and Musicking.

### **Implicit Feminism**

#### **Feminism is reflected in practice.**

It seemed that feminist theory informed the participants in many ways. The participants described feminism in their work in implicit ways rather than explicit ways. They described how they thought about clients, how they viewed sessions, or their role in the therapeutic space. K-Rae felt that feminism was an extension of her interactions with clients:

So I may not blatantly come out and say 'Oh hey, by the way, I'm a feminist. Let's talk about this.' But it's in the way that I treat them and the way that I interact with them and embolden them and empower them, I hope (laughs), that they access that feminism and the benefits.

Joan defined what FMT was to her which included personal identity and the thought process involved in working from a feminist framework:

Feminist music therapy is music therapy that um.. That a music therapist who *identifies* as a feminist is engaged in and brings feminist critical consciousness to.

Annette felt that an explicit discussion of feminism or FMT did not fit with the purpose of treatment:

I don't talk to [my clients] about feminist music therapy or feminism because it isn't appropriate to the treatment that's going on.

For Joan and K-Rae they saw feminism as something that they embody. It is important that *they* identify as feminists and due to that part of their identity, feminism is extended implicitly to their clients. Annette felt that explicitly discussing feminism did not fit with treatment.

**Considering identity is a large component of FMT practice.**

*Music therapists who work within this framework identify first as feminists.*

As Joan's comment above foreshadowed, all participants said they identified personally as feminists. It is a part of who they are and was later incorporated into their practice. Annette acknowledged that "blending" her queer and feminist self into her work was "scary" at first, but she said she allows the "essence" of herself come into her work:

Y'know, our boundary is like a coffee filter and that like, we keep all our grounds up above but we only let the essence of us come through and that makes a nice drink. And uh y'know and so like, like the details of who I am would stay up in the coffee filter but like the essence of of myself would come through.

Rebecca identifies as queer and says that queer theory and feminist theory "[play] strongly together" in her music therapy practice. She also said there was a connection between her personal beliefs and her education:

Personally, I have been a feminist for a hot minute. Um, and then coupling not only those personal beliefs but also the educational background of learning about the theory.

Joan said that she took a feminist theory course in undergrad which “blew [her] out of the water.” Afterward, she said she had no choice but to allow her “new identifier” to “influence her as a budding music therapist.” She again spoke about FMT and identity:

[The] connective tissue maybe that makes it music um feminist music therapy versus music therapy is the person and the therapist identifying as feminist.

K-Rae felt that feminism and feminist music therapy is a continuous state of being:

[FMT is] more or less kind of a daily.. expression of how I live my life and then in turn how I relate to my clients and how I work with them and for them.

***Therapists’ consideration of client identities is integral to FMT.***

Rebecca and Annette considered identity to be important when working with people to get a fuller picture of who they are. When Annette meets works with someone, she seeks to understand who the person is outside of their diagnosis. She said she wants to know “what are their cultural influences” and how gender, sexual orientation, and their belief system “plays into them.”

[I work with that] robust framework of who they are. And knowing that like it’s like a flower that you see. When you first meet your client it’s like, even if you do the most thorough assessment ever, it’s still like you’re looking at them and they’re like a bud of a flower and you don’t really know much other than it’s a bud n’then over time when you work with them, y’know, they open up and you start to see that oh, that the flower looks like it’s pink, n’then you get to see the shape of the petals and you may not see the full blossom of the flower that-but that, and that’s okay.

For Rebecca, understanding identity is important to understand the various systems of power and oppression that have affected that person:

Every human being that we come in contact with as music therapists is a part and parcel of system[s] of power. They have been affected by that power dynamic and that umm.. they have been oppressed by multiple levels of hierarchy and, depending on who they are, they have been affected in multiple ways, and that person is not a vacuum in our clinical setting.

These intersections of client identities was important for Rebecca and Annette to acknowledge. It helps them work with the complex, multilayered nature of people. Though feminist music therapists may never see the whole complex nature of their clients, the more those identities are taken into account, the better clients can be served.

**Feminist music therapists must acknowledge their role in the healthcare system.**

Many music therapists work in the healthcare system and must work in that system to obtain reimbursement and make a living wage. Rebecca and Joan reflected on the fact that they are a part of the healthcare system which has some historically oppressive practices:

Rebecca: The way that music therapy has evolved and kind of attached itself as a part of the medical model, we have inherited all of [its] misogyny and we have inherited those beliefs and practices too. And so we need to acknowledge that we're a part of that historical system and a system which dictates that there are sick people who need healing, and there are knowledgeable ones who heal them. Without doing so, we are acting in consent and collaboration, and are perpetuating the system.

Joan: Part of it for me is um an awareness of the system that I work within which is the health care system umm and that much of that system is um driven by umm uh cultural forces that are patriarchal in nature and that I'm also part of the system. And I'm like an agent in the system

**There are numerous roles in feminist music therapy.**

***Each feminist music therapist may define their therapeutic role differently.***

Due to the personal nature of feminism and FMT, each participant spoke of the role that they fulfill in different ways. Annette's role could be classified as a supporter role. She listens to her clients and supports them in attaining goals they set:

We're the experts in music therapy, but we are not the experts in the person. That they're, they *are* the expert in themselves in a way. N'y'know we're there to help them attain their goals.

Rebecca & K-Rae, on the other hand, are catalysts of empowerment. As stated in the first quote, K-Rae views her role as “emboldening” and “empowering” her clients. For Rebecca, empowerment is the most important aspect of FMT:

I feel like it is my duty as a feminist music therapist to empower that individual to speak on their own terms, to identify themselves in their own terms, to exist on their own terms. And so that element is always in anything that I do.

Joan said her task is to be self-aware to reduce harm. She is a listener, both to herself and her clients.

When I’m walking into a space with someone and that umm my task is not um well, that my task is to um be as aware as possible and to be um as self-reflective as possible and to be as authentic as possible umm with the person umm to umm minimize any harm that could come out of the inherent power imbalance.

***Music has different roles depending on the therapist and who they are working with.***

Music has its own unique presence and role in FMT sessions, but that role differs depending on the therapist and the people they are working with. K-Rae spoke about working with wives who have lost their husbands in hospice and music is a catalyst for exploration:

They’ll play along on an instrument they know and that’s really where they get to express themselves and that might be kinda that barrier crusher. So, ‘I don’t want to talk about it before but let me play with this. Let me listen to it. Let me, you know, draw to it. And I might be more ready to talk about it and really explore it.

Music can also create an environment of equality, according to Rebecca and Joan:

Rebecca: When you are both making music together, you are, you’re right here on the same level. You have come to that equal place of ‘we are both musical beings.’

Joan: [I seek to understand] what are they experiencing musically and that this is umm y’know regardless of whether they’re singing along with me that this is something that umm on a heart level or um a level of the psyche um, is.. is something that they are um, part of equally.

Annette said that to “change the person,” you also must “change the system within which they live.” Music can create this change on a community level. When she works with her community music therapy choir, she said:

‘Let’s go give a concert’ y’know with uh, with the choir I work with uh, ‘in a public place so we can not only perform for our friends and out family, but we can also perform for the, for the people in the communities and they can see how um how much you guys can do and what a wonderful choir you are and celebrate in the music you have to share.’ Y’know and to make changes in the community that way.

## **Collaboration**

**One important aspect of FMT is collaboration between the client and therapist.**

Feminist music therapists collaborate with their clients and they collaborate in a number of ways. This could be collaborating on goals, choosing music, or deciding on music projects. Three of the participants stressed that collaboration is important to the work they do.

Annette stressed that it is integral to include the client in the creation of goals:

[If] somebody is able to say what they want to work on, even if you’re like ‘Uh... that’s not the area that you really need to be working on’ that’s y’know, that’s the area that *they* want to work on.

She also stated we should never “push” our clients into working on something they don’t want to work on.

Rebecca stated that client’s should be able to make choices and that their choices are important:

[You should make] sure that you’re not the one who’s always making the choices, and it, that’s like, a slippery slope for music therapists cuz we feel like, ‘oh we have the education, we have the background, I have the informed choice.’ But, not only like, can we bring our own biases into that, but also like, it doesn’t have to be our choice. It can be the client’s choice and that’s umm.. that’s probably more important than your choice anyway. Because, if the client is like ‘No, I *want* to listen to Eminem talking about.. (sighs) killing a woman.’ Then who am I to argue just because it makes me uncomfortable. Sometimes.

When working with people in hospice, K-Rae says she collaborates a lot specifically during legacy projects:

[Collaboration can be in the form of] the actively dying client who leaves behind a legacy project. You know, they really have a lot of say in how that turns out. And how they want to express themselves or be remembered, um you know where they want their power to lie comes a lot from that.

There are numerous ways that feminist music therapists collaborate with the people they work with, but the participants really felt that collaboration was important.

**There are different levels of collaboration depending on whom one is working with.**

Each client has unique needs and varying levels of consciousness and/or verbalization. Due to this, collaboration will be look differently depending on whom the therapist is working with. The children with ASD that K-Rae works with have structured, pre-planned sessions due to their diagnosis.

So they know that when they come to my Thursday first, it's going to be a songwriting session. Umm so with those kids it's not necessarily collaborative unless I do, still going on the songwriting example, like a mad-lib style.

These children do still have choices however. K-Rae added:

They're able to give a little bit more give-and-take in 'well I don't' want to use that instrument. Let's use this instrument.' 'Why?' 'Oh, I like the way it sounds better.' Things like that.

Rebecca works with people with many different levels of verbalization. She said:

If it's a client who can fully verbalize and articulate what they want and what they need umm we have a conversation about what we do. If there's a lot of times where, I'm in a lot of different settings and so I often, bring or offer options. Sometimes I bring suggestions. I say 'We should try this.' Umm and... sometimes I follow if it's, if it's a client whose non-verbal, I try to sit back and follow what wherever they're going or whatever they're choosing. Um and we work non-verbally.

When working with children in a hospital, Annette used her knowledge of the client, intuition, and observations to inform her musical choices:

Y'know when I worked at the hospital, things were m- sometimes were, especially when I was doing pain management during and procedural support it was much more.. I felt much more per-prescriptive than, than that because I, y'know, the kids were sometimes unable really, they weren't really fully conscious because of medications and.. and so they couldn't really actively tell me what they wanted or y'know, and what their interests were and so um.. so it was really going on feeling y'know what little I knew from the family or the kid or just by guessing. And uh, uh observation.

When Joan works with people who are actively dying, she tries to stay curious about what they are doing and how it can be incorporated into the music:

Just trying to stay in um like a, a suspended or like a little, liminal space around um.. um.. the mystery of how they might be experiencing the music umm and then umm and then being really curious about things that may... whether it's a really deep inhale (inhales) or.. if it's a vocalization that doesn't have any words to it umm or if it's a, umm a moment when, when their eyes are open um.. uh.. being curious about that, about the musicality of that.

Whether clients are fully conscious, verbal, non-verbal, or need a high level of predictability, feminist music therapists find ways to collaborate.

### **Feminist Informed Goals**

**FMT goals should include creating empowerment opportunities.**

Empowerment is a central theme in feminist theory and with that in mind, feminist informed creation of goals should include empowerment. Two participants mentioned empowerment in relation to the goals they create.

Annette stated that when she includes her clients in creating their therapeutic goals it creates a um an environment where they feel .. where they are empowered, they have a say, and they're equal players. It's not a hierarchical structure within therapy, which might be different from their other therapeutic relationships.



Rebecca acknowledged that no matter what she and her client work on, empowerment is the ultimate goal in their sessions.

Um my overbearing (I was gonna say underlying but I like overbearing better), my overbearing uh goal for all clients, in all scenarios, in all settings is empowerment of the individual.

**FMT goals should include bringing awareness to gender dynamics.**

At times it is difficult to see gender dynamics and how they affect us. Sometimes there is subtext to things that clients say that are rooted in gender bias. Sometimes clients subconsciously enact gender-based microaggressions. Two participants reflected on how they bring these dynamics from the places of unconscious subtext to the present awareness.

Joan: I try to have the intention of bringing an awareness of like the cultural umm specifically gender dynamics umm that is sometimes the subtext of what is being said. So, like I was with a client yesterday and she was sharing these feelings of regret about umm having become a mother immediately after high school and not gone to college and her.. umm.. the subtext of this was that she made a wrong choice.

While Joan said that this conversation happened during an assessment, and therefore she was in a “listening space,” she said she is often “filtering my listening through that lense and um, when the timing *is* right, or they might be in a cognitive state that they might be able to receive a question or an observation,” she will discuss it with them. “With this client I might say something like ‘Hmm, yeah I imagine it would have been hard when you were young to have made a *different* choice.’”

When working with children with ASD, K-Rae said that she tries to bring awareness to gender-based microaggressions:

I’ll do a lot of, like, turn taking or um manners work even. You know, ‘Can I please have this?’ [and] ‘oh I’m so sorry.’ um you know, ‘I interrupted you,’ things like that. I mean, gosh, we talk about microaggressions [and] kids pick up on those so quickly and when we teach them to recognize that they’re doing it, and to take a step back, it’s just a lot of self-awareness.

When she works with wives who have lost their husbands, she says she brings awareness to reclaiming their individual identity:

[They are] you know really struggling with who they are as people when, when their spouses die. A lot of times, their identity is wrapped up in their husband and they're from that generation, so really helping them get their feet back and, and figure out their identity and their power and the fact that they can exist on their own while it... You know it's hard and it hurts and I can't imagine losing my husband. Um, you know just realizing you have your own identity and personality and I think that's really important.

Bringing awareness to gender-biases is an important part of feminist music therapy work. For some that means being aware of the subtext of what clients are saying, it could also mean bringing awareness to microaggressions, and for others it could mean reclaiming a new sense of individual identity.

## **Musicking**

### **Music experiences are feminist informed and specific for each client's needs.**

When thinking about how one integrates feminist theory and the creation of musical experiences, all participants had a difficult time and acknowledged that musicking really is dependent on the client.

K-Rae: From my experience [feminist informed music experiences are] a little bit more fuzzy and a little bit more vague on its face.

Rebecca: It's highly dependent on the client umm so.. it depends. That's a bad answer but, it does.

Annette: I don't know that I have anything specific. 'cuz uh, so much of my work is done uh, just, y'know especially working in a hospital, you never knew what you were stepping into and so you just, would um, y'know, you go with everything in your back pocket, and then um uh in a I just like that I like to work in a way that you're creative in the moment.

Joan: The music experiences that are co-created or that are created by me with the intention of empathy with the person um a lot of those I think um there are many elements of that would be the same even if I didn't identify as a feminist music therapist.

Pointing to exact and concrete feminist-informed musical experiences was difficult for numerous reasons. Experiences were dependent on the client, music therapists have an array of experiences ready in their ‘back pocket,’ and music experiences may look the same even if one is not a feminist music therapist. Throughout the interviews, participants did, however, mention music experiences they have used and Figure 2 represents that data.

Participant	Musical Experience Mentioned
Annette	Singing choir music
Joan	Listening to music Singing together
K-Rae	Lyric analysis Songwriting Active music making Musical games
Rebecca	Songwriting Improvisation Playing songs together

Figure 2. Musical Experiences Participants Mentioned

**Feminist music therapist and clients engage in musicking to achieve feminist informed goals.**

Music experiences and the manner in which feminist music therapists music with their clients can be based on feminist informed goals. Two participants discussed how they use music to achieve the goals they spoke about earlier. Rebecca said she uses songwriting often in her sessions to achieve empowerment:

The songwriting process can be extremely empowering because we [the music therapists] provide that structure and that safety for them [the client] to fully immerse and make choice and umm say what they want to say the way that they want to say it without the idea of right and wrong. Um, so I would say that’s, that’s the biggest experience.

K-Rae said that she uses musicking to help with positive social interaction which can lead to correcting the microaggressions she mentioned earlier:

Um but working on if it's gosh, if we use big, like, tubanos and they have to pass the mallet back and forth or they each have mallets and they need to wait their turn. Um that works a lot. A lot of um passing games with small percussive instruments. Um even if it's a songwriting experience, um the kids still have to wait their turn and um take turns you know sharing their ideas or having solos.

### **Other Findings**

Some information from the interviews did not answer the research questions of how the feminist theoretical frame manifests clinically in music therapy sessions with clients or the types of music therapy experiences feminist music therapists utilize in the clinical setting. I did however feel they were particularly important findings. I have included these findings in the result section for two reasons: I think that they are important to FMT and how feminist music therapists work, and feminist theory dictates that we value women's voices. By including these results I am valuing the voices of my participants and valuing my own voice and intuition. These additional findings include: (a) feminism and FMT should be embraced and valued, (b) the beginning of feminist theory is self-discovery, (c) music therapists should be brave and do it, (d) feminist music therapy needs further development, and (e) additional thoughts.

#### **Feminism and FMT should be embraced and valued.**

One question in the interviews asked where the participants hoped to see FMT in the next 10 years. The participants said they hoped that more music therapists would embrace feminism and call themselves feminists. They also hoped that FMT would be regarded as equal to other music therapy theories.

Joan: What I really hope is just that a much higher percentage of music therapy professionals identify as feminist.

Joan also stated she would be happy if more music therapists could embrace the word feminism “not be afraid” of it.

K-Rae said she wanted feminism to be more present everywhere.

I wanna see it everywhere (laughs). Feminism in general. I wanna see it everywhere. I wanna see it not be a dirty word. Um.. you know I really want it to be something that people can embrace and again. Take it and run with it and really you know just embrace what treating each other with respect and compassion can do.

Rebecca stated something similar and expressed her hopes for professional acceptance:

One, I hope that [feminism is] no longer a dirty word! (sigh) I hope that [FMT], two, that it is more common knowledge more uh.. people recognize the idea of it and the practice of it more readily.

Annette also spoke about professional acceptance and how FMT is not valued as other music therapy theories are valued:

Uh, I would love to see it as really, truly acknowledged as a equal branch to the other branches like Nordoff-Robbins, the other male dominated or male created branches of music therapy y’know like NMT or Nordoff-Robbins and uh, y’know, and then Helen Bonny method which is not male dominated. But y’know I would like to see it as one of the big theories. And taught with .. not just taught by a few female professors, or, or enlightened professors out there. That it should be one that is taught by everybody and embraced by everybody as a theory of music therapy.

To these participants, it is clear that there is still a stigma or taboo surrounding the word feminism. This, in turn, could be influencing our profession as the participants felt FMT is not valued equally in comparison to other theories.

### **The beginning of feminist theory is self-discovery.**

Three participants discussed the need for self-discovery as part of one’s journey into feminism and feminist music therapy. They felt knowing oneself is highly important to the practice.

K-Rae: [Feminism is] different for everybody but it’s really good soul searching to do. You say you’re a feminist. What does that mean to you? How does that show up in your work? So I think that’s something that everyone who wants to, you know, say

that they want to incorporate this into their practice, into their work, they need to know what it means to them.

Annette encouraged other music therapists to reflect on who they are, where their privileges lie, and be honest in that process of reflection:

Take the time to first to learn about yourself and to learn about you-yourself within the y'know oppression systems and see where you lie and to see where you have power and where you don't. And to um and y'know to be really honest about it in your self-evaluation because without that, you can't really see others without knowing who you are and [knowing your] cultural lenses. And um yeah and unless we are aware of them, we don't know that other people see the world very differently. We can't really connect with our clients if we can see the world only our way and not their way.

Joan said she felt there was a “radical element” in “having the courage” to “look inward at our own process and then let that flow into um the space of relating with people.” She also encouraged music therapists to define feminism for themselves stating:

Curiosity about oneself is really important. And um and to um I guess be curious about what, um what feminism means to you. It sounds a little cheesy as I'm saying it but umm but.. I think the more that we can as feminist music therapists umm .. look deeply at ourselves um the more, um the more.. we can see deeply like potentials in other people.

K-Rae, Annette, and Joan felt that self-searching and defining person concepts of feminism was integral to feminist work. Without engaging in that process, feminist music therapists may not connect as well to clients or may not realize their full potential.

### **Music therapists should be brave and do it!**

When asked about advice for incorporating feminist into music therapy practice, Annette and Rebecca both said “do it!” They also encouraged music therapists to listen to others and their ideas.

Annette: [My advice is] to be brave. And to do it. And do umm.. uh.. to, to value what you think er er see and to uh, to listen to the other feminist music therapists out there. Your sisters and brothers and other folks who are.. who uh, have a lot to share. Different viewpoints from others and to, and to be empowered to share your voice.

Rebecca: (laughs) Do it. Just do it. Ummm.. I would say, read the one book that exists. Umm (laughs) personally I find it beneficial to find someone to talk about it with and not in a supervisory position, although that never hurts, but in a peer relationship. Whether that's another music therapist or if that's another therapist or if that's a speech language pathologist, literally a peer that either agrees or disagrees with you um and doesn't mind to talk about stuff like theory and philosophy.

### **Incorporating social justice is different for everyone.**

Each participant had different ways of incorporating social justice. For some social justice was related to action: advocacy, documentation, or research. For one participant social justice was a state of being. K-Rae said that social justice when working with children with ASD is a lot of advocacy work:

And I think the angle of social justice that we largely work from is those with disabilities, you know really advocating for them on their behalf. Um for their families. For services, things like that.

We're really pushing for them to make sure they're accessing umm.. all the, the services that they have in their community or getting them hooked up with, my gosh, even if they need things like lawyers things like that, we really try to connect them with the best services that we know.

Rebecca said one way she incorporated social justice work was correcting other members of the treatment team if they misgender a client. She also discussed documentation:

[Documentation] is a secret area that we could, that we can conquer (laughs). We can be very subtle um and yet very effective.

So we can be this shining example of inclusive language and um empowering language.

[We can be] identifying the human as they want to be identified, and um, emphasizing like the way that we articulate or document what happens in the session. Are we saying 'the music therapist did this and the client responded thusly' or are we saying things like um y'know 'Rebecca.. Rebecca um stated that she was feeling stressed by these things and decided to create a song that illustrated her experience blah, blah, blah, blah, blah.' Like, are we empowering that person even in our documentation or have we reverting back to that medical model of this person has a problem and look how I fixed it.

Annette stated that we can accomplish social justice in working within our music therapy organizations:

[Social justice is accomplished] in my work within the profession of music therapy, like through the American music therapy association, I've helped a great deal um in social justice uh within the organization. Helping to create that uh standards that included LGBTQAI people and other groups um and to uh create the non-discrimination policy for AMTA helping to kind of just move the dialogue forward on the board level uh about um about social justice issues.

She also reflected on social justice in research work:

[Another] way that I use it in my work is through my research. On um cultural responsiveness, on intersectionality, and uh queer issues in music therapy.

Joan felt that social justice was “less evident” in her clinical work, but that when she is working with clients, social justice is a state of being:

If I can perceive social justice also as a way of being and not just a way of acting then I think that just the act of um, of hearing people who are often really different um and sometimes really the same in many way as I am. And of, of being um, trying to be in that space of suspended assumptions and in that space of um compassion even when it's really hard um, even when that's a being and not really doing anything.

For Joan, Annette, Rebecca, and K-Rae, social justice can be achieved in many different ways. It can be a state of being or a state of compassion with clients. It can be getting involved in professional music therapy organizations. It can be using empowering language in documentation and in meetings which exemplifies the human qualities in clients. Or it can be advocating for services or providing community resources.

### **Feminist music therapy needs further development.**

Annette and Rebecca said they wished for further development in FMT. There were numerous ideas about how it could be developed: trainings, continuing education, concurrent sessions at conferences, best practices, and including FMT in undergraduate courses.



Annette spoke about where FMT is currently in terms of development and shared her ideas about how it could be further developed:

[FMT is] kind of in its, maybe not it's infancy but maybe its toddlerhood and we have, there's so much development that we still need to do to.

She also said that FMT, and other systems theories, need to be incorporated into the undergraduate curriculum. Sometimes, she hears

that these topics are only good for masters-level folks, and I'm like 'but undergraduate people are going out there and working with people and they don't have skills they need to do it adequately.

But she did have many other ideas about development:

I think the more that we write and umm and the more that what we're saying is incorporated in the teaching, that that will help because y'know as well as incorporated into presentations at conferences and y'know continuing education presentations that um.. yeah. That this needs to be valued just as much as other things. I think that we need to come up with a ...um... I'm not sure how to come up with a uh, like feminist music therapy training like nmt or something, I don't know. Y'know I'm not sure if that's something that would need to be done, but definitely have some sort of, y'know trainings around it y'know what it is and how to incorporate it.

Rebecca said that she would like to see development in the form of writing:

I hope someone writes some type of best practices or even like, a theory on what best practices could look like.. umm, although I see that being a *real* hot debate. Umm in a good way. Uh, those debates are good.

I hope that more people are writing and practicing what they actually think and believe and are not just reverting back to 'well, I was told that this is what music therapy is, so I'm gonna rely on just that.'

Rebecca and Annette brought up that FMT is still in the early stages of development. They would like to see it incorporated more into education and research. They made many suggestions such as CMTEs or a best practices article to achieve those goals.

### **Additional thoughts.**

Two participants added thoughts they felt were missing from the research questions.

Rebecca wanted to do away with dichotomies and black and white labels with regards to our theories.

I mentioned it before but I'll reiterate that I am a queer music therapist and a feminist music therapist and that I think some people are starting to um put together intersectionality ummm and theory and practice, but I want more of it. Uh and so, although labels are helpful in a lot of ways, I hope that we start to destroy any type of dichotomy. Dichotomies are not helpful, they're rarely accurate, um and so continuing down a path of like, 'I'm a feminist music therapist and NOT a psychoanalyst' and 'I am psychoanalyst, but I am NOT a Freudian' [needs to stop].

Joan wanted to add that FMT is "not just the way that we show up in clinical work."

I think if we.. all of these things (research, education, training, clinical practice) are connected. And so if we start moving and shaking individually, right, like looking inward and um as a profession um perhaps claiming a little bit more of a feminist identity then um, there is no sector that will, um that can be complacent. Like the way that we do research um, will have to evolve and the way that we do training will have to evolve umm and the way that we perhaps structure like our national association and our certification board and things like that.

### **Summary**

Feminist theory influenced the participants in many different ways and they all had some different ways of incorporating it into their practice. In many ways, the feminist aspect of FMT was implicit in their work. In other words, FMT was found in how they interacted with their clients, how they felt about them, and how they thought about them. All of the participants consider themselves feminists personally. This aspect of their identity eventual came to "blend" into their clinical work. They also recognized that acknowledging the intersecting identities in their clients was important; acknowledgment of identities provided a "robust" picture of who their clients are and the various levels of oppression they face. They also acknowledge that they are part of the healthcare system which has been historically

oppressive and their agency in the system impacts their relationship with their clients. The participants also described their therapeutic role in sessions. Some thought a feminist music therapist is one who creates opportunities for empowerment, or one who supports their clients, or one who is self-aware and reflective. The music also has a role in sessions which could include being a catalyst for exploration, creating an environment of equality, or creating change on a community level.

Collaboration was mentioned by the participants as an important part of feminist practice. Feminist music therapists should be creating opportunities for choice in sessions and should never “push” clients to work on goals they don’t want to work on. Collaboration is different within each therapeutic relationship. When working with clients who can have discussions, feminist music therapists should discuss what clients would like to work on or what they would like to do in sessions. The participants who work with non-verbal clients or clients who are not conscious, they collaborated through careful observation of the actions of their clients and then translated that musically.

The participants also discussed goals that were informed by their understanding of feminism. One goal mentioned was creating empowerment opportunities for clients, which could be including them on the planning of their treatment. Another goal participants discussed was bringing awareness to gender dynamics. For some that meant bringing awareness to microaggressions which are often learned yet unconscious. For other clients that could mean reaffirming identity or bringing up the “subtext” of what clients say.

When discussing musicking with clients, many participants were hesitant to give definitive musical experiences stating that experiences were dependent on the client. The musical experiences that were mentioned included: Songwriting, improvisation, playing

songs together, lyric analysis, active music making, musical games, listening to music together, singing music together, and singing choir music. The manner in which they musick was partially determined by their feminist informed goals. Songwriting was said to be empowering because the client can make all of the choices. Playing musical games or active music making could was used as a way to teach positive social interaction which decreases microaggressions.

The participants also spoke about their hopes for the future of FMT. They hoped feminism would no longer be a “dirty word,” and that more music therapists would embrace feminism. They said they want FMT to be a theory that is equally valued when compared to other theories such as “Nordoff-Robbins” or neurological music therapy. Some participants want those interested in incorporating FMT to “be brave” and “do it.” The first step, they said, was to be self-reflective and learn about your own privileges or lack thereof. They also encouraged others to define feminism and FMT for themselves.

All of the participants mentioned how they incorporate social justice into their work. This included getting involved in professional organizations, writing research, advocating for services for clients, providing information about community resources, writing documentation in humanizing ways, correcting others if they misgender someone, or just being with clients in an empathetic and compassionate way.

Some participants also said they wanted to see more development in the theory. Feminist music therapy is in its early “toddler-hood.” They had some ideas about how FMT could be further developed which included coming up with best practices, incorporating it into undergraduate course work, developing continuing education, presenting FMT at conferences, and developing training.

Two participants felt that some topics were left out. One such topic was that we need to be more intersectional with our theories and incorporating them into our clinical work. Another topic was that if we continue developing FMT on personal levels that other aspects of our profession such as research or our board certification will need to change as well.

## **Chapter 5**

### **Discussion**

The purpose of this study was to discover how the feminist theoretical frame manifests clinically in music therapy sessions with clients and what types of music therapy experiences feminist music therapists utilize in the clinical setting. Utilizing phenomenology, ten themes emerged that helped answer the two research questions. Five themes emerged that did not directly answer the research questions but were deemed important findings. These themes can be found in Figure 1 and were discussed in detail in Chapter 4. The themes that answered the research question were organized into four categories: Implicit feminism, collaboration, feminist-informed goals, and musicking. Themes which did not answer the research questions were grouped together in the category “other findings.” This section will discuss the unique findings of this study, relate findings to previous research, discuss the implications for feminist theory and clinical practice, present limitations of the study, and discuss the implications for further research.

#### **Implicit Feminism**

Three participants stated they do not explicitly discuss feminism or feminist theory with their clients. They described their feminism in sessions as a way of being and a way of relating to their clients. Echoing Seymour’s (2012) study, these feminist music therapists saw feminism as something they are and something they do. Feminism is a part of their identity and that identity informs how they practice. Regarding how they relate to their clients, Annette and Rebecca took time to consider their client’s identities and how those identities are affected by oppression. This reflects the research on the importance of identity and intersectionality, particularly in feminist music therapy practice (Adrienne, 2006; Baines,

2013; Carastathis, 2016; Curtis, 2012; Hadley, 2006; Edwards & Hadley, 2007; Hadley, 2013; Hadley & Norris, 2015; Seymour, 2012; Wright, 2009; Yancy & hooks, 2015).

Reflecting on self and systems of oppression, Rebecca and Joan acknowledged that they have are agents of the healthcare system. They reflected on the history of oppression and patriarchy within the healthcare system and recognized that they were a part of that system. This acknowledgement is important due to what Rolvsjord (2010) called the “illness ideology” of the healthcare system. The participants also spoke indirectly about the different roles that they take on in sessions. Rebecca and K-Rae felt it was important to create spaces of empowerment. Annette’s role is to support clients as they develop the course of their therapy. Joan felt her role was to be self-aware and reflexive. These roles exemplify feminist ideals of empowerment (Curtis, 2006; Hadley & Norris, 2015; Jones, 2006; Whipple & Lindsey, 1999), egalitarian relationships (Curtis, 2006; Hadley, 2013; Seymour, 2012), and self-examination (Adrienne, 2006; Curtis, 2006; Hadley, 2006; Merrill, 2006).

The music also had a role in feminist music therapy sessions, though that role was dependent on the music therapist utilizing it. The music can serve as a catalyst for exploration, create an environment of equality, or create community change. This is an important finding because while much of the current feminist literature discusses using music to accomplish goals, less literature discusses the role of music in feminist music therapy (Hadley & Norris, 2015; Jones, 2006; Kim, 2013; Vaillancourt, 2012). In other words, music is not given agency in most of the current literature.

It is understandable that feminism in FMT was implicit for the participants in this study. Most of the literature that we have discusses theory rather than the practical applications of feminism (Adrienne, 2006; Baines, 2013; Curtis, 2012; Edwards & Hadley,

2007; Hadley, 2006; Hadley, 2013; Hadley & Norris, 2015; Rolvsjord & Halstead, 2013; Vaillancourt, 2012). Theory is important and provides a strong foundation for helping music therapists understand what FMT is and why it is important. Many of the studies that are not solely focused on theory are presented as case studies or one highly specialized group (Curtis, 2006; de Juan, 2016; Kim, 2013; Merrill, 2006; Teague et al., 2006; Whipple & Lindsey, 1999; York, 2006). These types of studies are also important as they serve as inspiration and a model for clinical practice. However, theory may leave practitioners in a theoretical headspace with little concrete suggestions for practice. The concrete examples of case studies or specialized group studies may be difficult to generalize. While it is important for feminist music therapists to value their own intuition, the current implicit nature of FMT may make it unclear or difficult to practice. As Rebecca stated in her interview “we need to articulate what we’re doing, what we believe we’re doing, and then are we doing it?”

### **Collaboration**

All of the participants strove to collaborate with their clients. This reflects how important egalitarian relationships are in FMT (Adrienne, 2006; Curtis, 2006; Edwards & Hadley, 2007; Hadley, 2013; Kim, 2013; Seymour, 2012; Wright, 2009; York, 2006). One aspect of collaboration that has not been discussed in the literature is the varying levels of collaboration discussed by the participants. Joan, Rebecca, and Annette all worked with people who were non-verbal and so, collaboration looked different than with their clients who were verbal. Collaborating with non-verbal individuals meant they had to listen and observe carefully. For K-Rae’s children with ASD, they need more structure and predictability in their day, so she found small ways of collaborating with such as giving them instrument choices or songwriting.



While collaboration and egalitarian relationships have been a central tenant in FMT there has been little discussion of varying levels of collaboration. This could be due to the bulk of feminist music therapy's focus on mental health. It could be helpful for FMT to begin branching out and discovering how to work with multiple populations. A systems based theory such as feminist music therapy could certainly be helpful to a multitude of diverse clients. It's also possible that incorporating FMT into a wider areas of music therapy practice could help bring more awareness and recognition to the theory. As K-Rae and Joan demonstrated, FMT can be incorporated into hospice work and work with children with ASD which has not yet been discussed in any literature.

### **Feminist-Informed Goals**

Each music therapist in this study discussed goals for the people they work with. These goals were informed by their understanding of and identifying with feminism. Annette and Rebecca discussed creating opportunities for empowerment. Numerous studies also explicitly included empowerment in their goals for therapy (Curtis, 2006; Kim, 2013; Merrill, 2006; Whipple & Lindsey, 1999). K-Rae and Joan brought awareness to gender dynamics in their sessions. Many studies included awareness, either self-awareness or body awareness, in their goals, but no studies specifically mentioned awareness of gender dynamics (de Juan, 2016; Kim, 2013; Teague et al., 2006; Whipple & Lindsey, 1999). The theoretical literature does not specifically address awareness of gender dynamics within sessions, but the literature does encourage music therapists to recognize gender inequality, patriarchy (Hadley, 2006), and gender performance (Rolvsjord & Halstead, 2013).

The goals included in the analysis of this study were goals that were informed by the feminism of the music therapists. Due to the implicit nature of feminism these were goals set

by the music therapists. These goals may be achieved while working on other goals. For example, K-Rae brought awareness to gender dynamics implicitly while working on positive social interactions explicitly. Working on implicit feminist goals while working on other explicit goals may be helpful for clients who are not yet ready or able to engage in explicitly feminist work. On the other hand, implicit goals in feminist theory could allow for bias and may make it more difficult to describe functional FMT.

### **Musicking**

In order to provide more clarity to the process of clinical FMT, one of the research questions included the musical experiences feminist music therapists use with clients. The participants stated that musical experiences are dependent on who they are working with. The musical experiences that they did speak about often related to their feminist informed goals. Rebecca used songwriting to create opportunities for empowerment while K-Rae used musical games and active music making to work on positive social interactions. Many of the music experiences the participants spoke about were also included in the literature: songwriting (Curtis, 2006; Teague et al., 2006; Whipple & Lindsey, 1999), singing (Curtis, 2006; de Juan, 2016; Merrill, 2006; Kim, 2013; Teague et al., 2006; Whipple & Lindsey, 1999; York, 2006), lyric analysis (Curtis, 2006; Kim, 2013; Teague et al., 2006; Whipple & Lindsey, 1999; York, 2006), improvisation (de Juan, 2016; Kim, 2013; Merrill, 2006; Teague et al., 2006; Whipple & Lindsey, 1999), and active music making (York, 2006).

If most of the feminist theory is implicit in the work of these participants, it makes sense that it would be difficult to name specific feminist music therapy experiences. It also shows the participant's dedication to honoring the individual identities of their clients. A one-size-fits-all musical experience would not be appropriate for feminism or music therapy.

However, it may be helpful to have more clarity in how feminist music therapist make music with their clients and how that musicking is distinct when compared to other theories of music therapy.

### **Other Findings**

All of the participants expressed that they wanted FMT to be embraced and valued more. K-Rae, Rebecca, and Joan acknowledged that there is still an element of fear or dirtiness in the way society views feminism. This is reflected in the music therapy profession in low numbers of music therapist identifying as feminists (Curtis, 1990; Curtis, 2015) and in the small amount of feminist music therapy discourse (Hadley, 2006; Rolvsjord & Halstead, 2013). Annette and Rebecca said that music therapists who want to incorporate FMT into their practice should “be brave” and “do it.” K-Rae, Annette, and Joan also said the place to begin in FMT is with yourself. Feminist music therapists reflect on themselves and acknowledge their biases and privileges (Baines, 2013; Curtis, 2006; Curtis, 2012; Hadley, 2006; Hadley, 2013; Hadley & Norris, 2015; Merrill, 2006; York, 2006).

A great deal of the literature in this study stressed the importance of social justice and advocacy work (Baines, 2013; Curtis, 2006; Curtis, 2012; Hadley, 2006; Hadley, 2013; Hadley & Norris, 2015; Merrill, 2006; Rolvsjord & Halstead, 2013; Vaillancourt, 2012; Wright, 2009). However, there were only a few concrete examples of how music therapists can accomplish social justice. Each of the participants described different ways they incorporated social justice into their practice. From their examples, it is possible to understand some simple practices feminist music therapists can put in place: use documentation as an opportunity to utilize humanizing language, stand up for clients in treatment team meetings, provide community resources to clients, get involved in

professional organizations, research topics that benefit marginalized communities, be compassionate with clients, and suspend assumptions about clients.

Rebecca and Annette spoke about the need for more FMT development. As stated before, there is only a small amount of literature regarding feminist music therapy (Hadley, 2006; Rolvsjord & Halstead, 2013). There have been wonderful strides made in feminist theory and anti-oppressive practices as discussed in chapter two, however there is still a gap regarding how to practice FMT. Annette and Rebecca mentioned wanting best practices or trainings regarding practice. As mentioned before, an all-encompassing way of FMT practice may not be appropriate considering feminism's value of individual voices and women's intuition. It may also be inappropriate given feminism's history of exclusion. However, until feminist music therapists can describe what they do and how they do it in a more unified manner, a vagueness in the theory will exist. This vagueness could also contribute to a devaluing of the theory.

### **Summary and Implications**

While working on the result section of this study, a metaphor began to emerge in my mind. I present this metaphor here as a summary of everything stated above and the implication therein. I began to think about FMT in terms of a community vegetable garden. The basis of a garden is the soil that it grows in which we can think of as the implicit feminism that informs our practice based on feminist theory research. In order for a garden to be healthy and grow vegetables rich in nutrients, we must begin with the soil. We make sure it has the correct ph-balance and is rich in minerals. We must learn how to place seeds in the soil and how deeply. Currently, our soil needs more diverse minerals. We need to know how to place our seeds. This comes in the form of research and FMT development. Within the

soil, we plant a vegetable seed, perhaps a beet seed, which we can think of as the music in our sessions. We hope that this seed will yield a beet that is both nourishing and delicious, and yet without collaborating with our client we may never know if a beet will indeed be enjoyable. We can think of the fruit of the seed as our clinical practice; it is grown from the soil of our theory and the seed of our music. The beet of our clinical practice will go on to nourish the hearts, minds, and bodies our clients and ourselves. And yet, a vegetable garden of nothing but beets leaves little variety in our diets. We must discover what delectable vegetables other community gardens are growing and listen to how they grow them in order to improve our own garden. We can also consider the gardeners, music therapist and client, in this metaphor and their role in growing the garden. Music therapists come to the garden with understanding of the soil and how to grow vegetables, but the clients come knowing what kind of vegetable will nourish them best. Music therapists must listen closely to discover what vegetable is needed. The music therapist also must tend the garden and keep it free from the weeds of personal bias. They also understand that weeds will grow again and again, and we must continue weeding for a healthy garden. Some may not know about our community garden and so we may advocate for others to access it. Some may come with years of gardening experience and make assumptions about the vegetables that need to grow. In these cases we may need to gently remind other gardeners that *this* garden is built on collaboration and community. The very nature of a community garden can be a radical form of connection and social justice.

### **Limitations**

This study is based in phenomenological research and therefore it is not generalizable. One reason I chose phenomenology was to exemplify the feminist ideal of

valuing voice. Another reason was that phenomenology allows for a deep examination of the lived experience of feminist music therapists and to make meaning of those experiences. Another limitation was the lack of diversity in the participants in terms of race/ethnicity and physical location. Due to the lack of diversity in the music therapy profession as a whole, and the history of exclusion in feminism, it would have been good for this study to include participants who were located outside of the United States and who do not identify as white. There were several reasons for this lack of diversity. One, the time frame for thesis study completion creates a barrier in how much time can be dedicated to the data collection period, therefore, only four participants were included in the study. Given more time to recruit and collect data it's possible more diverse voices would have emerged. Two, to make the interview process and scheduling run more smoothly, only music therapists currently practicing in the United States were eligible to participate. Feminist music therapists outside of the United States could have enriched this research, but time zone differences would have made the process more complicated. It is my hope that including research from outside of the United States (Baines, 2013; Curtis, 1990; Curtis, 2006; Curtis, 2012; Curtis, 2015; de Juan, 2016; Rolvsjord & Halstead, 2013; Seymour, 2012; Vaillancourt, 2012; Wright, 2009) helps to balance this discrepancy. It should be noted, however, that this study included three participants from the LGBTQ+ community which is a community that was previously excluded from feminism in the first and second waves.

### **Implications for Further Research**

It is my hope that this study helps close the gap of research regarding how music therapists practice FMT. It would be helpful to get a fuller picture of how feminist music therapists are practicing that is generalizable. A survey of feminist music therapists and their

clinical practice may serve that purpose. The development of FMT best practices would also be helpful, however these practices would need to include flexibility and serve as a guide rather than strict rules. Best practices would also need to be developed collaboratively with music therapists of different races/ethnicities, gender identities, sexual orientations, physical abilities etc. to prevent bias within the theory. Including clients in this process could be enriching to FMT as well. It could be helpful to discuss what FMT training could be or should be. Some aspects of training could include examination of the self both in how one is privileged and how one has internalized misogyny and patriarchy. It could also offer training in how to incorporate key elements of FMT into clinical practice such as empowerment, social justice, and collaboration.

## **Conclusion**

This study sought to discover the clinical applications of feminist music therapy including musical experiences. Much of the feminism that the participants described was implicit in their work. They identified two important aspects of their work which was collaborating with their clients and creating goals which were informed by their feminism. They also used these goals to help decide musical interventions, though they also said musical experiences deepened on their clients. They also hoped that more music therapists would identify as feminist music therapists in the future. One suggestions for incorporating a feminist frame included engaging in self-discovery. Social justice was incorporated in many ways including inside and outside of the sessions. Some participants also hoped for more development of feminist music therapy practice. All of these aspects can be integrated into a metaphor of a community vegetable garden in which the client and music therapist work together to grow the vegetables of clinical practice that will nourish them both. Limitations

of the study included ungeneralizable results and lack of diversity in race/ethnicity and geographical location. One strength of the study was incorporating voices from the LGBTQ+ community. Further research could be in the form of a survey of feminist music therapist and their clinical practice. Other forms could include creation of best practices or FMT trainings.



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## Appendix A

### Informed Consent Document

#### **[Clinical Applications of Feminist Theory in Music Therapy]**

Principal Investigator: Kendra Bodry

Department: Music Therapy

Contact Information: bodrykl@appstate.edu

Thesis chair: Melody Schwantes-Reid; ms18994@appstate.edu

#### **Consent to Participate in Research Information to Consider About this Research**

You agree to participate as an interviewee in this research project, which concerns clinical applications of feminist theory in music therapy. The interview(s) will take place over Zoom or Skype, once for roughly 30 to 90 minutes. You understand the interview will be about clinical applications of feminist theory in music therapy.

You understand that there are no foreseeable risks associated with your participation. You also know that this study may benefit the researcher, other board certified music therapists, and the individuals they work with.

You understand that the interview will be audio *and video* recorded. Excerpts of the transcript from said recordings will be published. You understand that the video recordings will be deleted after your interview while audio recordings of your interview may be stored on a private computer for the length of the study if you give verbal authorization. You understand that if you reveal identifying information (location, diagnosis, gender, name, etc.) regarding second parties (i.e. clients) that information will be removed from transcripts by the researcher.

You give Kendra Bodry ownership of the tapes, transcripts, and recordings from the interview(s) she conducts with you and understand that audio recordings will be kept in her possession until the end of the study while transcripts will be kept indefinitely. You understand that information or quotations from tapes will be published. You will identify the name you want the researcher to use in this publication for your excerpts. You understand you will not receive compensation for the interview.

You understand that the interview is voluntary and there are no consequences if you choose not to participate. You also understand that you do not have to answer any questions and can end the interview at any time with no consequences.

If you have questions about this research project, you can e-mail Kendra Bodry at bodrykl@appstate.edu, or the Appalachian Institutional Review Board Administrator at 828-262-2692(days), through email at irb@appstate.edu or at Appalachian State University, Office of Research Protections, IRB Administrator, Boone, NC 28608.

This research project has been approved on 2/2/18 by the Institutional Review Board (IRB) at Appalachian State University. This approval will expire on 2/1/19 unless the IRB renews the approval of this research.

Please state whether you:

Request that your name **not** be used in connection with tapes, transcripts, photographs or publications resulting from this interview.

OR

Request that your name **be used** in connection with tapes, transcripts, photographs or publications resulting from this interview.

By proceeding with the activities described above, you acknowledge that you have listened to and understand the research procedures outlined in this consent form, and voluntarily agree to participate in this research.

If you agree to proceed with the activities described above, please state this sentence aloud:

I acknowledge that I have listened to and understand the research procedures outlined in this consent form, and voluntarily agree to participate in this research.

## **Appendix B**

### **List of Interview Questions**

1. Tell me about your journey into music therapy. This could include training, internship, your current job, etc.
2. Since you agreed to participate in this study, I know that you identify as a feminist music therapist or that you utilize feminist music therapy. Could you give your definition of feminist music therapy?
3. How did you come into working within this framework?
4. When thinking about your definition or this framework, could you give some concrete examples of musical experiences or what some would call interventions? How are experiences determined? Where does collaboration between you and the clients fit into this process?
5. How do your clients access feminist MT? How does this impact your relationship with them? Or among a group?
6. In what ways do you incorporate social justice into your sessions, documentation, treatment team meetings, advocacy, etc? In what ways do you see it showing up in your work? In what ways is it hidden or not there?
7. What advice would you give a music therapist who wants to incorporate feminist MT into their work?
8. What advice would you give those in training programs (faculty, students, or interns) on incorporating feminist MT?
9. Where do you hope to see feminist MT in the next ten years?



## **Vita**

Kendra Bodry was born in Salt Lake City, Utah. She graduated from Bisbee High School in Bisbee, Arizona in 2006. The subsequent fall, she entered Westminster Choir College of Rider University to study voice, and in August 2010 she was awarded the Bachelor of Arts degree. In the fall of 2014, she began to study toward the Equivalency/Master of Music Therapy program at Appalachian State University. She completed her internship at Springfield Hospital Center in Sykesville, Maryland under the guidance of Susan Glasspell. In 2017 she became a board-certified music therapist and returned to Appalachian State University to complete her study in music therapy. She received her Master of Music Therapy in May, 2018.