WHAT ABOUT BLACK MUSIC? EXPLORING A GAP IN MUSIC THERAPY TRAINING

A Thesis by WILEY LIVINGSTON SMITH

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Abstract

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This project began as a proposed phenomenological interview study exploring how music therapists develop knowledge, authenticity, and appropriate limits in working with Black/African American clients and musics. The thesis pivoted to a critical interpretive synthesis investigating gaps in music therapy academic literature regarding Black/African American clients and musics, and resources that may fill those gaps. The thesis is rooted in standpoint epistemology and includes personal reflections on my process as a white music therapist. I searched academic databases for potentially relevant articles and focused on sources that discussed Black experiences in music therapy, excluding materials outside of music therapy, those that discussed Black perspectives in problematic or limited ways, and those focused on race in general or multicultural issues without naming Black experiences as such. I included 13 sources in my synthesis, which yielded significant themes in terms of revealing gaps: (a) racist contexts, (b) silencing Black music therapists, and (c) silencing

Black musics. The synthesis also revealed a theme of filling in gaps, including two subthemes of Black community and white authors discussing their biases and dealing with ruptures. Notably, the synthesis brought contrast to the utter inadequacy of the metaphor of gaps that framed the research questions, since the failures that the synthesis revealed were systemic in nature.

Acknowledgments

Grateful thanks are due to many people; I regret that I will leave out too many. Thanks to the many supervisors that helped shape me as a music therapist, but especially to my internship supervisors – Kathy Jo Gutgsell, Tara Pell, Samuel Rodgers-Melnick, and Ruby Chen – who modeled discussions of race and helped me confront my whiteness, and very special thanks to Dr. Deforia Lane, who not only served as a phenomenal supervisor during my internship, but also served as a wonderful guide throughout my professional journey. Many additional thanks to Dr. Lane for her feedback at several points of this thesis project. Thanks to the Cleveland State University faculty – Dr. Deborah Layman, Dr. Carol Olszewski, and Lori Lundeen-Smith – for the opportunity to teach and supervise music therapy students, with all the associated joys and challenges. Thanks to the Cleveland music therapy peer supervision group, where I found ground to begin to explore the questions at the heart of this project, and to Stephanie Morris in particular, whose encouragement to explore further planted a potent seed.

Many sincere thanks to the graduate faculty at Appalachian State University for further honing me personally and clinically – to Dr. Cathy McKinney for her tireless leadership and guidance. Particularly special thanks to my thesis committee members – to Dr. Christine Leist, whose class on supervision provided the ground to dig into the problem at the heart of this project; and to Dr. Dominique Hammonds, who provided a strong

foundation for me to develop my identity as a counselor, and whose perspective as a Black counselor educator was invaluable in crafting and refining this process.

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Dedications

To all those who loved me into being.

 $\label{eq:though I be a "master," you show me how very little I } know.$

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Chapter 1 – Introduction

Exploration of Identity

I am coming to this project from a background and history of privileges. I am a cisgender, heterosexual, white Protestant man from an upper-middle class family, born and raised in North Carolina. I consider myself fortunate to have been raised in a context that repeatedly brought me face to face with the enduring realities of race and racism: Though some aspects have taken me years to fully recognize and wrestle with, race and my role in racism has been very difficult to ignore or escape. My family historically "owned" enslaved people, and though at least one side of my family does openly acknowledge that fact, much of our narrative around it involves obvious attempts to downplay the harsh brutality of slavery and paint our family as generous masters (Johnson, 1930/1994²). Doris Wilson, who doted on me from my birth until her death in 2019, who proudly joked that she was my "Black grandmother," was the "help" for my mother's mother for most of my life. My native North Carolina carries the history and cultural imprint of racism and slavery; rumor had it that a regional headquarters for the KKK operated just south of my hometown in Davidson County. Public schools in the area continue to reflect a de facto racial segregation: the county school system serves a majority-white student population, whereas the city schools in my

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¹ American Psychological Association (APA; 2019) guidelines stipulate that all ethnic identity labels such as "white" and "Black" should be capitalized; I purposefully choose to write "white" lower-case in a small act of transgression and subversion of white supremacy.

² Gerald Johnson (1890-1980) was my first cousin, three times removed, a prolific writer and journalist. He was a friend and colleague of H. L. Mencken and a vocal advocate of "New South" liberalism, yet *By Reason of Strength*, his chronicle of the family matriarch, represents the enduring hypocrisy of many attempted reckonings with our collective history with slavery: our forebears treated enslaved people "like family," and the Civil War is painted in "lost cause" tones emphasizing heroic sacrifice.

hometown of Thomasville were much more racially diverse³ – I had several Black and Hispanic classmates, whereas some of my peers who attended county schools had none.

These experiences, among many others from my family, church, and schooling, form the foundation of my identity as a white person. There were many instances that brought race and my whiteness closer to the foreground and helped develop my understanding of race – such as well-intentioned but poorly executed "forums" on race in high school, *Blood Done* Sign My Name (Tyson, 2004) being the required reading my first year of college, and working closely with Black and African colleagues and core members (persons served) when working with l'Arche in Cleveland, Ohio. A major impetus for exploring my identity came when beginning to practice music therapy after my equivalency training in 2015. It took some time for me to realize how extraordinary and impactful it was to have a Black internship director; Deforia Lane's graceful consciousness-raising left an indelible mark. I learned a whole lot about music and identity from patients, as well. I was occasionally met with surprise when using live music with Black patients, with a comment something along the lines of "you know our music!" Other times, patients called me out when I made too many assumptions, such as when a Black patient confronted me with the question, "What do you know about the blues?" Eventually I myself was supervising and teaching basic music skills to pre-internship students, struggling with how to prepare future music therapists to have a modicum of competency when working with Black clients and Black musics.

These experiences brought up many questions and issues for me, but I only began to intentionally wrestle with my whiteness and my role in racism in a sustained way in 2017, when I joined a pilgrimage to St. Louis and Ferguson, Missouri, just before the three-year

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³ I do not know the specific history of Thomasville but it is very likely that this "de facto" city-county divide and resultant segregation was a purposeful response to 1960s-era integration policies; see Taylor et al., 2019

anniversary of the killing of Michael Brown. Shortly after that, a bookworm-priest⁴ friend started a Race and Theology book group; though I couldn't attend the group myself, the vicarious learning and access to borrowed books proved to be a turning point that deepened my commitment and quickened the pace of my learning and personal work.

On the heels of her 2018 keynote at the Great Lakes Region of the American Music Therapy Association conference, I reached out to Natasha Thomas for guidance on how to promote authenticity with regard to Black musics for myself and, in teaching, for my mostly white music therapy students; she shared some ideas and teaching resources but gently stressed the importance of personal work, offering Layla Saad's Me and White Supremacy in particular⁵. In 2019, I moved from Cleveland, Ohio to Boone, North Carolina to attend a predominantly white institution for graduate studies in music therapy and clinical mental health counseling. Going from the racially diverse (though nevertheless segregated) urban milieu of Northeast Ohio to the vastly white, rural mountains of western North Carolina⁶ was a big shift, and had me wondering about how this context could inform my ongoing personal reckoning with racism. Furthermore, it has been interesting and at times enlightening to compare the fields of counseling and music therapy in terms of the representation of people of color; for one thing, I noticed many more Black and Brown faces, including in leadership positions, at the North Carolina Counseling Association conference than at the Southeastern Region of the American Music Therapy Association conference when I attended both in

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⁴ The Rev. Alex Barton continues to serve at the Church of the Redeemer in Lorain, Ohio, which, fittingly enough, is the hometown of Toni Morrison. See https://www.churchoftheredeemerlorain.com/outreach-books-bread

⁵ At the time, *Me and White Supremacy* was little more than an Instagram challenge and a free online handbook; Ms. Saad published the print book in 2020.

⁶ Though the city and surrounding area is mostly white, Boone has a historically Black community, Junaluska, with a rich but often overlooked history; see Keefe, 2020.

early 2020. In late 2020, I joined an emerging white accountability group of music therapists examining racism and white supremacy in the field through article readings and group discussion.

It is difficult to succinctly sum up my personal experience of race and whiteness, but the broad highlights above may begin to do so. It is even more difficult to sum up the complex tension of taking a stance of antiracism as a privileged white man. I aspire for humility even as I shamefully acknowledge the desire for "ally cookies." I aspire to never abdicate my responsibility even as I acknowledge I will get things wrong, sometimes in hurtful ways. I aspire to transgress white supremacy even as I acknowledge it is the very air I breathe. I recognize that this exploration may shed some light on where I am in this process now but that it will undoubtedly develop and, hopefully, progress with time.

Impetus for This Work

Recent events – such as the abrupt removal of "closed" from the description for roundtable meetings of the Music Therapists of Color and LGBTQ+ Music Therapists at the 2019 American Music Therapy Association (AMTA) national conference (Leonard, 2020; Weldon-Stephens, 2019), and issues with censoring and silencing "political" posts in the Music Therapists Unite Facebook group in September of 2020 (Rainey, 2020; St. John, 2020) – have shed light on the continued place and impact of white supremacy in music therapy in the United States. Music therapists are disproportionately white (84% of respondents to the 2020 workforce analysis survey; AMTA, 2020); furthermore, the issue of recruiting and retaining music therapists and music therapy educators of color, while long acknowledged, seems to have changed little to none. There has been an utter paucity of music therapy

literature or dialogue meaningfully addressing the specific experiences of Black stakeholders in music therapy, and an especially notable lack of discussion of Black musics.

Many questions and issues arise from my experiences and the state of the field, but the most pressing for me is how music therapists are prepared (or not prepared) to work with Black clients, especially Black musics. Framed by critical race theory and whiteness studies and informed by strands of research in related fields, this project takes on that question.

Broad Definitions

Beginning to Explore Race: Defining Black vs. African American

The related terms "Black" and "African American" are used interchangeably in this project but are not identical. "Black" originated as a slaveholder label, and at times referred to anyone who was not white (Oxford University Press, n.d.). Its use has waxed and waned among Americans of African descent but has been used widely since the 1960s, when the denigrating history of the term was flipped as a result of "Black is Beautiful" and other culturally empowering movements (Lynch, n.d.; Ward, 1998) that led to Black replacing "Negro" and "colored" as a preferred term. Civil Rights activists adopted "Afro-American" to make an explicit connection to ancestral heritage with no reference to skin color; the term proved popular but was replaced in the late 1980s by "African American," a shift credited to Jesse Jackson (Lynch, n.d.; Muhammad, 2012). "African American" has significant political and ethnic-identity overtones in comparison to "Black," which was imposed by colonial slaveholders, but embracing "Black" as a means of reclaiming agency holds much power. Furthermore, many consider their African heritage so distant that identifying as African American has little to no meaning (Muhammad, 2012).

John McWhorter (2004; 2010) identifies himself as "Black" and advocates for "African American" to be "retired": He argued that "Black" is more definitive and meaningful in reference to the distinct experience of descendants of enslaved people in the Americas, whereas "African American" has more bearing for those who have recently immigrated from Africa (that is, by choice). In an interview with Jon Bream (2020), Motown paragon Smokey Robinson pointedly stated:

With all the Black people that have done things to develop this country, done the labor and fought in the wars, we deserve to be called, at this point in time, American Americans, if you're going to call us anything. Why not just an American? Why do we have to be African Americans? I know it was probably adopted by some Black people for power. Why they did that I do not know. It's unacceptable to me. (para. 14) This quotation gets at the monocultural framework of white supremacy: the assumption that a European American is "normal" and requires no modifier, whereas others require terms like "African American" or "Asian American" that reinforce the "otherness" of non-Euro groups. This, too, is complex, however: emphasizing a unifying Americanness that transcends ethnic histories (as terms like African American imply) or Blackness can easily slide into the erasure of ethnic identity.

Others, however, view the term "Black" as de-humanizing given its history of being imposed by white enslavers (Adams, 2020; S. Wright, personal communication, June 25, 2020). In any case, the two terms are not synonymous; For this project the terms are used interchangeably for the sake of breadth, but it is most appropriate in personal interactions to ask how a person identifies.

Though stated above, I would like to reiterate that race is socially constructed but nevertheless remains salient in constructing identity. Blackness has such a powerful force in the white consciousness that the "one drop" rule still seems to prevail: though more people are identifying as "multiracial" in the U.S. thanks to changes in our census, mixed-race people with African or Black ancestry are generally seen *only* as Black⁷. On the other hand, some mixed-race people have their Blackness constantly critiqued and commented on while their other ethnic identities are ignored (for instance, Barack Obama or Kamala Harris's Blackness being called into question; Bouie, 2020; Timm, 2016). Beyond ancestry, who gets to decide what "Black" is? Or *how* "Black" something or someone is? The sections below begin to answer this question, but race and "Blackness" are complex.

Defining Music Therapy

Kenneth Bruscia (2014) defined music therapy as a "reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change...the professional practice [of] which informs and is informed by theory and research" (p. 36). This project focuses on the "reflexive process" of the therapist in this definition, which Bruscia outlined as a continuous process of awareness, evaluation, and modification. The question of how music therapists engage in (or do not engage in) this reflexive process to promote awareness, evaluation, and modification regarding work with Black clients is central to this project: How do music therapists become reflexive, or build reflexivity? A central component in addressing this question is formal training.

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⁷ The system of oppression of people who do not fit into a clear, monoracial category is referred to as monoracism; see Johnston & Nadal, 2010.

To practice music therapy in the United States, music therapists must have completed a training program at the bachelor's level or higher through an AMTA-approved institution, and must hold the Music Therapist, Board Certified (MT-BC) credential, which is granted by the Certification Board for Music Therapists (CBMT; AMTA, n.d.). These two institutions – AMTA and CBMT – have a great deal of influence on the training and formation of music therapists through requirements for academic program approval, certification and recertification requirements, and governing documents like the AMTA code of ethics (2018a), the CBMT board certification domains (2020), and the joint scope of music therapy practice (AMTA & CBMT, 2015). AMTA also requires academic programs to be accredited or affirmed by the National Association of Schools of Music (AMTA, 2018b). Although these may seem to be minutiae of formal institutional policy, they serve as the foundation of clinical practice and very much define what music therapy is, if indirectly.

It is important to note the Eurocentric framework behind the above definition and institutional policies. Music therapy is rooted in the Western medical tradition, and much of the current policies, theories, and definitions operate to support the viability of music therapy in the medical model, for better or worse. Liberation psychologist Martín-Baró's (1985/1996) critique of psychology is equally applicable to music therapy: "Psychology ran so fast after scientific recognition and social status that it stumbled...And in order to get social position and rank, it negotiated how it would contribute to the needs of the established power structure" (p. 20). Though music therapy theory is broad, healing practices utilizing music that are outside the dominant Eurocentric framework are ignored or actively rejected (Leonard, 2020). As with much else, white hegemony is the often-unacknowledged backdrop of how music therapists think about what we do.

Epistemology

I set out with the intention of conducting interviews from a phenomenological perspective, but as the research process unfolded and shifted, I realized a more accurate representation of my epistemology in this project has been standpoint theory. I elaborate on the methodological pivot in the methods section below, but in this section I am including my original framework of phenomenology, with the text unchanged, as well as a description of standpoint theory.

Phenomenology

My approach to epistemology in this project is represented well by phenomenology (Crotty, 1998; Ghetti, 2015; Jackson, 2016). The way we as human beings construct knowledge is complex, but I believe we possess a drive to make meaning; the world is what me make it, to a large extent. There is plenty to discover "out there" in the world but much of our knowledge is social, crafted from the narratives we have among one another and the meaning we derive from those narratives, individually and collectively. There is great power, for good and for ill, in these collective narratives; often, we who have privileged identities do not have to think about our positions or the assumptions of the dominant group, leaving us with tremendous gaps in awareness and understanding. I am exploring knowledge creation and engaging in this project from a position of privilege, and acknowledge that despite my best intentions, many of the assumptions and biases of the white supremacist dominant culture are my own, as well. Though bracketing or epoché is a hallmark of phenomenology, I recognize that fully examining and naming all my assumptions and biases is an aspirational ideal rather than a completely realizable possibility. More detail on phenomenology as it relates to my specific approach to methods is covered in the methodology section.

Standpoint

In embarking on the critical interpretive synthesis (as elaborated below), I realized that phenomenology did not represent my framework; in exploring alternatives, I arrived at standpoint theory and pivoted to this perspective in rooting my synthesis and ensuing discussion. Standpoint theory (Harding, 2004) is rooted in feminist philosophy's critique of the supposed neutrality of androcentric scientific discourse, and the associated, implicit political and power implications (García Selgas, 2004). At the heart of standpoint theory is the acknowledgement that all knowledge is situated, and that multiple standpoints produce valid knowledge; acknowledging and exploring the standpoint of the researcher, and especially the standpoint of marginalized perspectives, is more than simply shifting one's perspective or an exercise in relativism, but involves making "visible a different, somewhat hidden phenomenon that we must work to grasp" (Harding, 2004, p. 8). The exploration of my own standpoint goes beyond bracketing to more deeply name and explore my stance as a white researcher, and the contrast evident in my investigation of race and the Black experience in music therapy. This contrast is something of a contradiction, but exploring my whiteness while discussing Black experiences in music therapy does not allow me to shed my whiteness or completely see the world from a Black music therapist's eyes; my exploration remains situated in my standpoint.

Chapter 2 – Theoretical Underpinnings

Overview of Critical Race Theory and Whiteness Studies

Ideas about race are historically rooted in biological determinism, that African heritage manifests itself in certain physical, emotional, and intellectual traits; this notion is a racist fabrication. There is more variation *within* racial categories like Black and white than there is *between* them (Kendi, 2019). Nevertheless, racial identities remain salient: for instance, there is a distinct Black culture in America that has unique traditions and ways of living that set it apart from the "mainstream" (white) culture. Critical race theory and whiteness studies represent two perspectives that examine and challenge the assumptions of the dominant white culture.

Critical Race Theory

A critical race perspective is particularly relevant in grounding this project because it challenges dominant narratives around race and racial progress, problematic cultural narratives that are manifest in music therapy practice. Critical race theory is rooted in 1970s critiques of law scholarship (Delgado & Stefancic, 2017) but has prominently branched out to education since the 1990s (Ladson-Billings, 1998) and public health more recently (Leonard, 2020). Ladson-Billings (1998) identified two unifying interests of critical race theory: to understand the ways that white supremacy oppresses people of color in the United States, historically and currently, and to change the bond that exists between law and racial power. Though there is no single "canon" of tenets or practices, some themes in critical race theory that are especially relevant include: a) critique of liberalism; b) revisionist history, particularly storytelling and personal narratives to counter dominant societal narrative; c) intersectionality and d) activism (Burrell-Craft, 2020; Delgado & Stefancic, 2017).

A critique of liberalism is central to critical race theory. "Liberal" gets thrown around in common parlance in a very general way (usually a catch-all for "not conservative⁸") but is more accurately defined as a specific worldview. The liberal narrative elevates the power of the U.S. constitution as a tool to promote equality and overcome racism, and liberal values include nominally race-neutral, equal treatment under the law and progress through incremental change such as piecemeal litigation. These ideas are problematic, however. Although integration and "neutral" treatment are the "law of the land" because of successful civil rights litigation, the apparent progress only addresses the narrowest definition of racism: though rejecting a job or voter registration application explicitly due to race is now illegal, structural and political forces continue to act to oppress people of color, often with the thinnest of veils. For instance, voter identification laws in several states have been passed in the name of fighting election fraud (when little to no documented voter fraud has taken place in any modern election in the U.S.), but the results of these laws are de facto restrictions on Black and brown voter participation (Newkirk, 2018). Another important point in critical race theory's critique of liberalism is the challenge to the idea of incremental change being effective. This strain echoes earlier critiques, dating back to the founding of the United States, of the impotent gradualism that only barely attempted to address the issue of slavery and its legacy (Klein, 2014). In the words of Martin Luther King, Jr. (1957/2000), "the gradualism that we hear so much talk about in the South now...is an excuse ... for 'donothingism' and escapism which ends up in 'stand-stillism'" (p. 175).

The institutional practices and norms of music therapy manifest many of the problematic themes of liberalism, perhaps most pointedly illustrated by Hakeem Leonard

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⁸ An illustration of the rigidly oversimplified either-or thinking that also characterizes how we often approach race (a white-Black binary or a white-everything else binary); see Jupp et al., 2016 and Ladson-Billings, 1998.

(2020). Dr. Leonard illustrates critical race theory's critique of liberal narratives of progress using examples from the 1960s civil rights movement ("Black Americans were not in need of integration as much as they needed justice," pp. 102–103) as well as examples specific to music therapy. Despite music therapy's professional documents (AMTA, 2015; AMTA, 2019) elevating the ideals of social justice and fairness, there are no practical professional guidelines on enacting social justice in the music therapy context, and "fairness" is equated with *equality* in the 2019 AMTA Code of Ethics rather than the more expansive *equity* (Leonard, 2020), as is explored further below.

Derrick Bell (2004) explored the example of the outcomes of the *Brown v. Board* decision to illustrate the critical race theory concept of revisionist history. The typical narrative about the *Brown* decision was one of victory and progress, a mark of achievement in the struggle for civil rights⁹. What is often left out of this narrative is the harsh reality that the *Brown* decision did far more to stir up white resistance than it did to improve Black educational outcomes (Gladwell, 2017; Payne, 2004). Furthermore, storytelling is embraced for its power to affect both the oppressor and the oppressed: For the former, seeing the reality of the oppressed articulated is potentially transformative in seeing oppression for what it is; for the latter, sharing one's story can show how one came to be oppressed and offers "psychic preservation" that counters internalized racism and self-condemnation (Ladson-Billings, 1998, p. 14). In the aptly named "Revisionist History" podcast series, Malcolm Gladwell re-examines dominant stories, often including overlooked voices at the heart of

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⁹ This example also illustrates another principle of critical race theory: interest convergence. The Supreme Court's decision in the *Brown* case was grounded in large part in anti-communist "national interests" of improving the U.S. image to non-aligned countries, not a desire to promote justice for Black students receiving unequal education.

major historical moments. In one of the most impactful episodes¹⁰ (Gladwell, 2017), listeners hear the actual voices and perspectives of the Brown family of *Brown v. Board* telling how the "victory" of integration came at the price of many, many Black teachers losing their jobs.

Intersectionality is a key idea in critical race theory that has gained broader traction. A problematic aspect of typical understandings of racial categories is their essentialization: that all Black people are defined solely by their Blackness, that one definition of Blackness is universal. Intersectionality is a critique of this assumption and is an effort to see the particularity of individuals where their identities intersect, and, more importantly, the particular ways that systems of oppression intersect (Crenshaw, 1991). For example, a transgender Black woman will experience the intersection of transphobia, misogyny, and anti-Black racism, so her stake and voice in the movement for Black lives should not be assumed to be the same as a cisgender Black man. For myself, on the other hand, my particularity is marked by many intersections of power: I am a white, college-educated, cisgender man, among other identities. My stake and experience in the movement for Black lives will be influenced by these intersecting identities, too; the privileges I hold as a member of the dominant group implicate me in systems of oppression but also offer opportunities to use dominant status to subvert these systems.

Another key aspect of critical race theory is activism. As with related philosophies like feminism, critical race theory adherents integrate action into theory, actively working towards social justice. Critical race theory is not just for the proverbial ivory tower; implicit in the discourse is active engagement in the struggle to end racism and intersecting

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¹⁰ This is one of the most meaningful episodes in my opinion; Gladwell's perspectives are consistently stimulating but he is prone to jumping to conclusions, some of which are highly problematic. He offers several interesting perspectives on music, however, including the infamous appropriation of Black music by Elvis; see Gladwell, 2019.

oppressions (Bartlett & Brayboy, 2005). Indeed, recognition of intersecting oppressions like classism are essential to activism in the critical race theory lens; as noted above, intersectionality is a central theme (Dixson, 2018). Activism may take a variety of forms that actively integrate critical race theory, from changing how one teaches (Matias & Liou, 2015; Scheurich & Young, 2002) to offering expanding counternarratives (Reynolds & Mayweather, 2017), to "on-the-streets" advocacy of demonstrations or community organizing. As explored below, the practice of advocacy in music therapy has been limited to work focused on professional advocacy, improving music therapists' standing in the healthcare system; the more expansive notion of activism, especially advocating for our *clients*, is overlooked.

Critical race theory by no means represents the totality of thought on the Black experience in America, but it provides a helpful framework for challenging common narratives in the dominant, white discourse. I am leaving out much scholarship on Black culture and history, and only scratching the surface of critical race scholarship, which represents but one voice among other antiracist theories and philosophies.

Whiteness Studies

Critical race theory often focuses on the distinct experiences of minoritized ethnic groups against the backdrop of white supremacist oppression, but the concept of whiteness is also crucial to examine. Often unexamined as the proverbial elephant in the room, the structure, function, and evolution of whiteness is taken up in whiteness studies, with significant overlap with critical race theory (Delgado & Stefancic, 2017). Indeed, the "elephant in the room" phenomenon reflects the insidious "supremacy" of whiteness: to white people, whiteness and its impact on us is usually invisible, yet whiteness is the standard against which everything else is defined and othered (Sue et al., 2019). Whiteness studies has no universal tenets, perhaps even less so than critical race theory, but generally emphasizes naming whiteness and its often-unacknowledged power and privileges; further, the reality of whiteness as an invented but evolving social construct, and the possibility of dismantling white supremacy for the betterment of all people, are central ideas (Nayak, 2007).

Jupp et al. (2016) defined whiteness as "hegemonic racial structurings of social and material realities operating in the present moment that perpetuate racialized inequalities and injustices. White identity, as definition, refers to the multiple, intersecting, and (often) privileged race-evasive ways of conjugating White identities" (p. 1154). Although "white" has been the only consistent racial category in the U.S. census since the first one in 1790 (Ladson-Billings, 1998), it is hardly stable or monolithic; whiteness evolves over time, and experiences of whiteness differ according to other identifiers like class and gender.

Nevertheless, white privilege is common to all white people, though it may take different forms depending on class, geographic space, etc. The concept of white privilege

was named and defined by Peggy McIntosh (1988/1997) as "an invisible package of unearned assets which I can count on cashing in each day, but about which I was 'meant' to remain oblivious" (p. 291). McIntosh calls attention to the way white people are taught to see whiteness as normative; this idealized whiteness frames efforts to benefit others, making "them" to be more like "us" (p. 292). She famously goes on to list 46 everyday, taken-forgranted privileges of whiteness, from the surface-level "I can choose blemish cover or bandages in 'flesh' color and have them more or less match my skin" (p. 294) to the disquieting "I do not have to educate my children to be aware of systemic racism for their own daily physical protection" (p. 293).

McIntosh's list and original article have been republished and referenced repeatedly, and are a staple of current discourse on whiteness (DiAngelo¹¹, 2018); for example, it has often been used in teacher education to promote insight and sensitivity for white teachers-intraining, as Lensmire et al. (2013) point out. However, their article goes on to critique the practice of using McIntosh's framework as a solitary sum of all the anti-racist work white teachers need to engage in. This limitation functions to essentialize whiteness (and anti-racist practice) and separate white people into binaries of "good" (those who embrace and confess their privilege as outlined by McIntosh) and "bad" (those who resist or question McIntosh's framework being applied to them). Ironically, this dualistic thinking and essentialization are both characteristics of white conceptions of race¹² (Jupp et al., 2016).

It is important to define "white supremacy" as used in this project. A common understanding of white supremacy is that it is limited to overtly hateful, neo-Nazi types; this

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¹² Another example of rigid binary thinking; see note 8 above.

¹¹ Robin DiAngelo had been criticized on many sides, including for oversimplifying the Black experience. Although *White Fragility* was foundational for me, I wish to acknowledge that her writing is problematic.

open extremism is unacceptable in mainstream morality. White supremacy functions more subtly in contemporary society than in the time of 1960s segregationists but is nevertheless founded on the racist ideology that white people are superior to people of color. Layla Saad (2020) advocates for use of the term "white supremacy" as opposed to less confrontational terms like "unconscious bias" or "privilege" because it is harder to distance oneself from the stronger term:

White supremacy is...a system that has been designed to keep you [white readers] asleep and unaware of what having that privilege, protection, and power has meant for people who do not look like you. What you receive for your whiteness comes at a steep cost for those who are not white. This may sicken you and cause you to feel guilt, anger, and frustration. But you cannot change your white skin color to stop receiving these privileges, just like BIPOC [Black people, indigenous people, and people of color] cannot change their skin color to stop receiving racism. But what you can do is wake up to what is really going on. (p. 14)

The "design" of the alluded-to system of white supremacy dates to the origins of the ideas of race and whiteness. The notion of a "white race" arose as a post-hoc rationalization of European enslavement of African peoples. The idea of race division came more to the fore when property-holding elites in the English colonies in America noticed the threat of enslaved people of African descent, indentured Europeans, and free poor people joining forces; creating "race" and race conflict split up forces that had the potential to overthrow the power- and property-wielding rulers (Kendi, 2019). The tactic of leveraging race conflict to subvert class conflict continued through the history of the colonies and the U.S. as successive waves of immigrants joined the ranks of laborers and emerging working class; the "white"

category evolved and expanded to include "outsider" immigrant groups like Irish and Jewish Americans (Nayak, 2007). Even to this day, for the poor whites on the "lower rungs of society," the twisted allure of knowing there is someone "just below us" (DiAngelo, 2006, p. 53) dissipates class unity. James Baldwin (1984) pointedly argued that this dynamic is at the root of weak labor protections (and uninspiring politics in general):

There never has been a labor movement in this country, the proof being the absence of a Black presence in the so-called father-to-son unions. There are, perhaps, some niggers in the window; but Blacks have no power in the labor unions. Just so does the white community, as a means of keeping itself white, elect, as they imagine, their political (!) representatives [sic]. No nation in the world, including England, is represented by so stunning a pantheon of the relentlessly mediocre. (p. 91).

His words powerfully underscore the importance of intersectionality in understanding the contexts of oppression. This reflects W.E.B. Du Bois' (1934/2007) oft-cited "psychological wage of whiteness:" white workers "would rather have low wages upon which they could eke out an existence than see colored labor with a decent wage" (pp. 573–574). This is no less true today, though perhaps more indirectly, than it was in 1934 when Du Bois penned these words, or in the 19th century when the labor movement arose (and failed) in the U.S.

The status and privilege of whiteness may be understood as a property interest, an idea common in critical race theory and whiteness studies (Burrell-Craft, 2020; Delgado & Stefancic, 2017). Cheryl Harris first outlined this idea in 1993, noting the ways that whiteness functioned as property in law: property law concepts and rights such as rights of disposition and rights of use and enjoyment apply chillingly well to the privileges and rights conferred to white people by virtue of the color of our skin. This function of whiteness as

property continues to the present day but is especially suitable when examining the early history of the United States. Property is at the foundation of U.S. democracy: original citizenship eligibility was determined by one's status as a property-holder (Ladson-Billings, 1998). Furthermore, the status of whiteness notably protected against *being* property (as enslaved Black people were) or having one's property (land) *confiscated* (as Native Americans' was) in the colonial regime that founded this country (Harris, 1993).

Joe Feagin (2013) identifies the "white racial frame" as an important aspect of whiteness. Similar to the way "framing" in the media focuses on limited aspects of an issue to generate a narrow reading that is suitable for mass communication, Feagin defines the white racial frame as a broad way to structure thinking to shape what people see and do. The white racial frame is the dominant system of reference on racial matters for most Americans, not just white Americans; indeed, alternative or countering frames are usually suppressed by the white racial frame, and inconvenient contradictions are ignored or rejected. The white racial frame consists of several subframes that together act as a gestalt: word-concepts like black and white; morals and values like hard work, achievement, and white conquest; and personal and collective narratives like the rags-to-riches trope or manifest destiny. Though this framing is dominant and resistant to challenge, Feagin argues that it is possible to erode and eradicate the white racial frame and replace it with a more authentic justice-oriented frame. Feagin identifies the complex challenge of the long, slow process of re-educating individuals and social groups, requiring "long hours of instruction and dialogue over many months to get whites to even begin to think critically about the racially stereotyped images, beliefs, emotions and interpretations of the dominant white racial frame they fervently cling to" (Yancy, 2020, para. 19). The role of education in this process places responsibility on

music therapy educators and supervisors (though the process, ideally, would begin much younger than college-age).

Despite the challenge, Feagin's perspective points to the necessity of actively working to undo white supremacy, not just confront it. Jupp et al. (2016) noted an emerging shift in the narrative on whiteness in white teacher identity studies: an early "first wave" focused more on documenting and describing whiteness in an ironically race-evasive way, while a "second wave" of scholarship included more discussion of anti-racist actions like pedagogy and curriculum change. Alongside the recently renewed emphasis on racial justice in the wake of the murder of George Floyd, this shift in research suggests that, at least in some circles, white people are undertaking active anti-racist work as advocated in Feagin's framework. Though these signs of hope are perhaps encouraging, the challenge of dismantling white supremacy remains monumental and will require ongoing hard work; white supremacy is a system that is robust and quick to evolve, as evident in the shift from slavery to Jim Crow to mass incarceration (Alexander, 2010). Real change must go beyond token efforts and performative allyship that too often dominate the current landscape.

Overview of Racism in Music

You've taken my blues and gone — You sing 'em on Broadway And you sing 'em in Hollywood Bowl, And you mixed 'em up with symphonies And you fixed 'em So they don't sound like me. Yep, you done taken my blues and gone.

You also took my spirituals and gone.
You put me in Macbeth and Carmen Jones
And all kinds of Swing Mikados
And in everything but what's about me —
But someday somebody'll
Stand up and talk about me,
And write about me —
Black and beautiful —
And sing about me,
And put on plays about me!
I reckon it'll be
Me myself!

Yes, it'll be me.

 Langston Hughes, "Note on Commercial Theater" (1940/1990, p. 191)

It's our dancing, and it's our music. We brought it here. I mean, you can do the Watusi, but we are the Watusi, if you know what I mean.

 Sidney Poitier's character in Guess Who's Coming to Dinner (Kramer, 1967)

History repeats itself, that's just how it goes, Same way that these rappers always bite each other's flows, Same thing that my nigga Elvis did with rock 'n' roll, Justin Timberlake, Eminem and then Macklemore...

J. Cole, "Fire Squad" (2014)

The above quotes point to the skewed narrative about music (and popular culture broadly) in the U.S. – a narrative that has often glossed over appropriation and erased the

foundational influence of Black music. There is an old but continuing pattern – from ragtime to rock 'n' roll to Hip Hop – of a musical style emerging from Black pioneers only to be popularized and economically exploited by white performers as if it were their own, leaving Black artists to craft a new genre and start the cycle anew (Boyd, 2008; Brown & Kopano, 2014; Garofalo, 1993, 2002; Jenkins, 2011; Morris, 2019). It is all too easy and common for Euro-Americans in the majority culture to be ignorant of this trend, including the majority-white field of music therapy, a symptom of privilege that may lead to unintended disrespect or harm in clinical contexts (Hadley & Norris, 2016). The cycle of appropriation is widely recognized in the Black community, however, and is acknowledged and specifically referenced in popular media such as quoted in the start of this section.

The narrative of "American" music has been whitewashed; in the words of Rhiannon Giddens, "any time the story is simple, it's probably wrong" (Seibert, 2020, para. 15).

Country music is a prime example: it is a genre regarded as white, especially given the predominantly white audiences (and stages) today. Contemporary country artists of color like Yola, Darius Rucker, and Mickey Guyton are seen as remarkable (AbdelMahmoud, 2020), but perhaps the continuing surprise of seeing a Black country singer points to the deliberate racial segregation of musical genres. Early in the history of recorded music, the recording industry openly and strategically segregated genres to reflect the Jim Crow culture: "race records" was an official term until 1947, in contrast to the equally plainly coded "hillbilly music" (Inaba, 2011). Despite attempts to separate the markets along racial lines, there were some artists who had success among both Black and white audiences, and there were very successful integrated bands like Benny Goodman's. Further, there was significant interchange: "race music" and "hillbilly music" performers often learned from one another

and played the same or similar songs in their separate recordings. This fact has been largely forgotten in a process accelerated by more deliberate appropriation.

Billboard renamed "race records" as "rhythm and blues" (R&B) in 1947, but the "genre" was still based only on race: *all* music produced by Black artists was categorized as R&B, regardless of style. To keep with racial policies, record companies sought out white musicians to imitate Black styles; white rock 'n' roll disassociated from the Black tradition that bore and bred it (Houston, 2011). The famous Carter family, pioneers of country style, borrowed heavily from Black sacred music: the Carter name is well known, but Lesley Riddle – the man who got the family into Black churches and memorized melodies for A.P. Carter to transcribe – is forgotten (AbdelMahmoud, 2020). Another country pioneer, Hank Williams, learned how to play guitar from Black musician Rufus Payne, another forgotten name (Wallenfeldt, 2020). Though artists like Yola continue to be seen as anomalies, this should not be the case given the history of country. Figures like Rhiannon Giddens are notably publicizing these connections today, but the narrative is still very skewed. It is more than a scholarly question of music history: In Giddens' words, "it's about chipping away at who gets to say 'I represent America'" (Seibert, 2020, para. 15).

Despite the cycle of appropriation, music was and is a crucial way for African Americans to construct and preserve identity and community and to cope in the face of racism and oppression (McCall, 2017; Moore, 2018; Russell, 2011). Music in African culture is considered essential in daily life, accompanying "work, worship, communication, celebration, unity, and various rites of passage" (Ellis, 2011, p. 879). This essential function carried over in Southern communities of enslaved people and laid the foundation for the place of music in Black American culture today; as comedian Roy Wood, Jr. points out, "you

want to know what Black folks feeling, just listen to they music: our music tell you everything that's going on in the Black psyche, it's a beautiful thing" (2020, 1:35). Black Gospel music, for instance, continues to express singers' experiences and emotions of faith "real-ized" in the struggles of everyday life, much as enslaved people's spirituals spoke to early experiences of bondage (Harrison, 2008, p. 17). Black sacred music has evolved and been adapted to nonreligious purposes but has retained central themes of freedom, critique of inequality, and social commentary; for example, religious songs notably morphed into freedom songs during the civil rights movement of the 1950s and 1960s to help provide meaning and momentum (Reagon, 2001). The phenomenon of Black identity being embedded in Black music continues today, notably in Hip Hop music. Rappers often communicate the triumphs and tribulations of contemporary Black life and even make explicit reference to the historical and ongoing place of music itself in the movement for Black lives (Boyd, 2008; Clemmons, 2014; Harrington, in TEDx Talks, 2020). The complex message and place of music in the current landscape is exemplified by Kendrick Lamar's Alright, which has become an unofficial anthem since its release in 2015; the song's dark verses acknowledge the challenge and trauma of the moment while the hook ("...we gon' be alright...") offers contrasting hope and encouragement (Limbong, 2019).

Ward (1998) argued that the evolution of Black popular music was parallel with the civil rights movement. The year 1954 marked the *Brown v. Board* Supreme Court decision as well as the release year of the Chords' crossover success *Sh-boom*, its own sign of integration. Though not the first R&B record to appeal to a white audience, *Sh-boom*'s success marked the beginning of a trend: a lasting white market for Black music emerged that defied the segregation of the recording industry. R&B and Black rock 'n' roll continued

to be broadly popular, though a strain of "sweeter" Black pop music (like the Platters) emerged in response to conservative critiques of rock 'n' roll (Ward, 1998, p. 3). The more mellow sound – and the fact that Black and white pop alike had a biracial market – reflected a belief in progress towards racial harmony and integration. This shifted to a more self-consciously Black sound in the mid-1960s, when the hopeful promise of integration began to fade in the face of continuing white backlash. These musics – especially soul music – drew heavily and deliberately from the uniquely Black sounds of gospel music but continued to find appeal among white audiences (the Black market for white pop dwindled during this period, however). Soul and funk became more deliberate expressions of racial pride; even African Americans who did not actively march or otherwise outwardly participate in the freedom movement experienced empowerment in this music.

Ward (1998) also argued that an overall view of a spectrum of nominally Black to nominally white music, while perilous, is useful because audiences have accepted the idea; he critiques the notion of a pure, authentic "Black" sound, the quest for which amounts to "a desperate search for African roots and retention, as if these comprised the only criteria for evaluating the worth and relevance of contemporary African-American music" (p. 11). The sounds we associate with Black music like Motown had a lot of contributions from white session musicians like the Muscle Shoals Rhythm Section, writers like Carole King, and producers like Phil Spector; Rick Rubin, a white music producer, is credited as the impetus for the shift from long, freeform structure to hook-verse structure in rap music in the 1990s. On the other hand, the search for an authentic Black expression in music by giants like Miles Davis is widely commended for getting past musicians being "the white man's Negroes" (Leonard, 2020, p. 4). Amiri Baraka, at the time writing as LeRoi Jones (1966/2010),

describes the "blues impulse" as the primal, "exact replication of The Black Man in The West" through its many changes through blues, jazz, and R&B (p. 205). He goes on to criticize the "whitening" of Black performers for commercial success, but nevertheless universally acclaims the artistic creations of Black musicians, from Duke Ellington to James Brown.

The "Blackness" of music has often been essentialized and exploited in the recording industry, however. Bill Withers walked away from recording and performing in part over frustration at Columbia executives who "really had nothing to do with any Black music" dictating what and when he recorded, offering suggestions as stereotypical as covering Elvis Presley's "In the Ghetto" (interview with Tony Cox, 2007, 7:30). Hip Hop has a notorious and ironic tension between "authentic" voices and commercialized, denigrating stereotypes of Black life that are produced to appeal to the mostly white Hip Hop consumer market (Davis, 2014; Kopano, 2014; Morrison & Jackson, 2014).

Indeed, there is an overall tension between the culture that gave rise to Black musics like Hip Hop and jazz and the "whitening" forces that bring these musics to the dominant culture; the Hip Hop culture is distinct from the Hip Hop industry (Kopano, 2014). Phillips (2017) pointed out the contrast between non-academic jazz culture and the academic jazz institution. The former emphasizes individual expression over technical accuracy with an expected bending of rules in service of expressive needs of the performer; there is a need for music to connect with the audience in a meaningful, emotional way so the criteria for evaluation are based on authentic feelings music represents, conveys, or arouses in the listener. Academic jazz culture, however, is marked by accurate execution of notated music and codified "licks" and patterns; regurgitation of ideas supersedes the need to address

emotional potency or other intangible expressive characteristics, and evaluation centers on accurate execution and application of harmonic devices. This contrast prompted one potential participant for Phillips' book, bassist and educator Richard Davis, to decline an interview request with the succinct reply, "You cannot teach a culture" (Phillips, 2017, p. 210)¹³.

There is much, *much* more that could be said about anti-Black racism and music, from explorations of the racism and colonialism still inherent in music education (Bradley, 2006; DeLorenzo, 2016; Ewell, 2020; Kajikawa, 2019; McCall, 2017; Robinson & Hendricks, 2017; Thornton, 2017) to racialized aesthetics and limitations of Black voices (Bicknell, 2009; Clemmons, 2014; Daley, 2003; Eidsheim, 2015; Garofalo, 2002). May this serve as a broad background in which to situate the issues peculiar to music therapy. All too often, our thinking and discussion as music therapists has neglected to dive into the rich and sometimes perilous complexities of the music that we utilize, the music which sets us apart from other professions and gives us our unique power.

On a personal note, I did not realize how very much I did not know until I started digging into this literature in earnest. This is my privilege as a member of the dominant, white culture: I did not have to know, and in some ways, I was discouraged from knowing. Why was this not a part of my formal education or training for a profession whose primary, distinguishing tool is music? The answer is both obvious and unsettling.

Closing Comment

I would like to name the fact that I am focusing my discussion on only two racial categories – white and Black – and note that this is paradoxical, at best. It is beyond the scope of this project to fully address the complexities of race; there is an awful lot I am

¹³ See Gussow, 2020 for an excellent exploration of similar tensions in blues music.

leaving out. Although Black is the foundational and quintessential "other" in white supremacy (Delgado & Stefancic, 2017), and Black people have arguably suffered the most demonstrable harm as a result of racism, there is clearly more to the world than Black and white. Further, though I am leaning heavily on generalization, I would at least like to re-state that racial categories are not monolithic, and the essentialization of individuals based on race is an aspect of white supremacy (Jupp et al., 2016; Lensmire et al., 2013; Hadley & Thomas, 2018). It may be beyond the purview of this project to examine particular ways that other identities intersect with Blackness, but practical considerations do not make this limitation unproblematic.

Chapter 3 – Literature Review

African Americans represent roughly 13% of the US population, with concentrations in the South and in large cities (Sue et al., 2019). Black practitioners of music therapy are underrepresented, however: 2.3% of respondents to the most recent AMTA workforce analysis identified themselves as Black or African American (2020). With a few notable exceptions, there is very little in the way of music therapy literature that speaks to clinical or supervision issues specific (or even applicable) to African Americans. Despite decades of scholarship on Black music and consciousness-raising developments in related fields like counseling and music education, little has been done to integrate and apply these concerns to music therapy. This literature review examines the state of practice in music therapy, first in terms of clinical practice, then in terms of supervision and education practices.

Clinical Practice

Several factors are relevant in terms of general mental health among African Americans. Broadly (though not universally), African American culture features strengths supporting mental health, including a positive ethnic/racial pride, resourceful coping with societal issues, familial and community support systems including extended definitions of kinship, and spiritual beliefs and practices (Sue et al., 2019). However, African Americans often approach health care and mental health institutions with some skepticism due to an ugly history of abuses specifically impacting Black patients such as the infamous Tuskegee study (Alsan & Wanamaker, 2018) in addition to racism and stereotyping that continue in contemporary healthcare. For instance, young Black men are disproportionately diagnosed with conduct disorder, reflecting the continuing detrimental impact of racial bias on analyses of behavior (Atkins-Loria et al., 2015). There is some stigma associated with therapy in the

Black community, representing another cultural barrier (Hall, 2008). In addition, African Americans have a high rate of termination of counseling after the initial session, likely reflecting therapists' inability to communicate safety and establish effective alliance (Sue et al., 2019).

Music therapy professional documents have little specific guidance in terms of multicultural practice, beyond passing mention of ideals of equality and social justice (Leonard, 2020). Parallel professional documents in the counseling field may serve as a helpful reference, however, most especially the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015). The MSJCC represent a 2015 revision to a 1992 Multicultural Counseling Competencies document intended to "describe guidelines for developing multicultural and social justice competency for the counseling profession as it relates to accreditation, education, training, supervision, consultation, research, theory, and counseling practice" and "merge the multicultural and social justice counseling constructs and literature...to better address the complexities of counselor-client interactions" (Ratts et al, 2016, p. 30). The MSJCC document encourages a broad, intersectional view of client and counselor aspects of privilege and oppression across domains of counselor self-awareness, client worldview, the counseling relationship, and counseling and advocacy interventions. Each of the first three domains is organized into competencies addressing attitudes and beliefs, knowledge, skills, and action, while the counseling and advocacy interventions incorporate a "socioecological model...to provide counselors a multilevel framework for individual counseling and social justice advocacy" (Ratts et al., 2015, p. 3).

In counseling, directly addressing cultural or identity differences between the counselor and client has become a standard practice known as broaching (Day-Vines et al.,

2007; Day-Vines et al., 2020). In this paradigm, the practitioner takes responsibility for actively addressing culture and power as they manifest in the therapist-client relationship, in contrast to majoritarian norms that typically ignore or downplay differences in favor of "politeness." In the multidimensional model of broaching put forth by Day-Vines et al. (2020), broaching proceeds in four dimensions: a) intracounseling, in which the counselor explores racial, ethnic, and cultural (REC) similarities and differences with a client and acknowledges that the counselor's knowledge and understanding may be limited at times; b) intraindividual, when counselors explore aspects of a client's intersectional identity that may influence presenting concerns; c) intra-REC, in which counselors facilitate client exploration of issues between a client and a particular identity group to whom they belong; and d) inter-REC, when counselors explore a client's experiences of racism and discrimination. Broaching has demonstrable benefits in building rapport and promoting clinician credibility, especially when white counselors are addressing differences in cross-racial therapeutic relationships (King & Borders, 2019; Zhang & Burkard, 2008). Broaching has become a foundational skill in multicultural counseling courses, though it is unclear whether clinicians have widely adapted it in practice (Knox et al., 2003; Shook, 2020).

Moreno's 1988 article serves as a foundational publication for a broadly multicultural approach to music therapy. The author identified problematic norms in the field such as Eurocentric music theory and music history coursework and a lack of familiarity of music of "representative world culture areas" (p. 18). Unfortunately, some of the issues Moreno pointed out in 1988 remain very much a reality to the present. Though music therapists often find ourselves having to correct the faulty "music as a universal language" concept, Comte's 2016 critical interpretive synthesis found that the vast majority (10 of 11) of the reviewed

articles regarding music therapy with refugees made little to no consideration of or adjustment for participants' cultures when employing musical improvisation techniques. Demeko Freeman (in Caiati, 2019) noted music therapists' well-intentioned but harmful use of cultural instruments like the *plena* drum in Puerto Rico with no knowledge of history or context; he emphasized the importance of relationship with instruments and cultures of origin, including knowledge of histories of oppression and liberation tied up with the histories of particular instruments: "it is your ethical responsibility to educate yourselves about the cultures you're working with and what's affecting their wellbeing" (Caiati, 2019, 33:28).

Nevertheless, music therapy's discourse on multicultural practice has developed significantly, especially since the turn of the century. Much of the literature focuses on developing music therapy clinical, education, and supervision practices to be more just and inclusive of minoritized and marginalized clients, students, and practitioners. Baines (2013) articulated an actively anti-oppressive stance for music therapists, noting voices like Carolyn Kenny and Edith Boxill who served as foundational in offering alternatives to the oppressive structures at the root of much music therapy practice. However, Baines criticized the "muddled semantics" of some overly philosophical and theoretical music therapy writing grounded in a social justice orientation, such as taking issue with the confusing use of "community" in community music therapy: "defining a term for practice has little value to anyone but those 'in the know', leaving the term to function as jargon, rather than revealing the proponents' aspirations for a socially just music therapy profession and practice" (p. 4). Kim and Whitehead-Pleaux (2014) advocated for culturally informed music therapy practices, involving music therapists examining our own cultural values and developing

empathy and knowledge for clients' cultural needs and musical preferences. Their conceptualization of culturally informed music therapy also involved adaptations to standard clinical practices from assessment to treatment planning to consider the clients' contexts. The authors also noted that music therapy multicultural and diversity training, education, and supervision is inadequate at present.

Echoing the need for more multicultural training and supervision, Hadley and Norris (2016) grounded their discussion on musical multicultural competency in music therapy in self-awareness on the part of music therapists. Awareness of "one's unconscious assumptions, biases, practices, and so forth" (p. 131) should precede learning of musics from other cultures, and musical learning should involve awareness of the cultural situatedness of music and musical choices by clients, and the potential for appropriation of non-Western musical forms. Further, awareness should extend to systemic structures of oppression and privilege which act on the therapist and the client, and the differences in culture and power between the client and therapist. Beyond awareness, the authors advocated for an activist stance against racial oppression and other forms of oppression. Hadley and Thomas (2018) articulated a specific critique of the traditional humanism associated with Carl Rogers: the individualistic emphasis and implied universality of "humanity" reflect Western, imperialist ideals and ignore cultural specificity. The authors offered the alternative of critical humanism as context-dependent and valuing interdependence and social action; they explore specific manifestations of critical humanism in music therapy, namely critical race humanism, feminist humanism, queer humanism, and critical disability humanism.

There are growing strands of research centering specific marginalized communities, such as feminist perspectives (Curtis, 1990; Hadley, 2006; Hahna & Forinash, 2019; Hahna

& Schwantes, 2011; Seabrook, 2019), disability studies (Devlin, 2018; Humpal, 2016; *Voices* 2014 Special Issue on Music Therapy and Disability Studies), and the lesbian, gay, bisexual, transgender, and queer communities (Chase, 2004; Whitehead-Pleaux et al., 2012). Though few, more music therapy publications have also emerged recently that address race or the Black experience in particular. Silverman (2015) included suggestions and factors specific to working with African American clients in an overview of client populations for music therapy in mental health settings (p. 220); though specific, the mention is brief. Reed and Brooks (2016) provided a broad overview of African American perspectives in their contribution to *Cultural Intersections in Music Therapy*. The chapter included an overview of African American history, culture, music, conceptions of health and medicine, and experiences of oppression, and explores myths and stereotypes about Black Americans. The chapter is perhaps a helpful starting point but seems to leave out a lot of nuance; in the words of reviewer Hakeem Leonard, (2019), the overview may have benefitted from "more sources and information transferable to the present day" (p. 215).

Susan Hadley uniquely and pointedly pointed attention towards racial identity in music therapy with her 2013 compilation of personal narratives on race from music therapists around the world. In her introduction, she stressed the importance of exploring the "formative aspects of identity in music therapy" (p. 4) including the therapist's identity; she noted the particular challenge of exploring racial identity as "one of the most difficult" (p. 5) for her white students. Though important for all music therapists to explore the way "racialization gets performed" in different settings, Hadley argued that "it is politically and morally imperative that white music therapists do this" to "reduce the harmful effects that can result from the invisibility of whiteness and find ways of rethinking and reperforming

whiteness in ways that don't reinscribe the hegemony of whiteness" (p. 8). Hadley's collection of music therapists' narratives is one of very few places where music therapists' race is openly discussed in our field's literature, and notably includes white music therapists' reflections on their whiteness.

Fletcher (2018) explored race in her examination of use of rap music in music therapy with Appalachian youth with adverse childhood experiences. Specifically naming the reflection and self-work process outlined by Hadley and Norris (2016), Fletcher wrestled with her use of Hip Hop music – an art form born on the streets of the Bronx and very much the child of Black culture – as a white music therapist working with mostly white clients, noting the risk of appropriation and her process of working through the barrier of her "bias, fear, and unfamiliarity with the music" (p. 4). Fletcher modeled in-depth learning and exploration of cultural histories of music and encouraged music therapists to contend with their cultural identities, values, and biases "even if they do not work with individuals who are that different than their culture of origin" (p. 6) to help prevent stereotypes, biases, microaggressions, and colonizing or Westernizing of cultural musical forms like rap. Viega (2016) similarly advocated for culture-specific learning with Hip Hop music and encouraged a reflexive process. He also emphasized the political narratives of Hip Hop music and encouraged music therapists to root our perspectives in sociopolitical oppression while being careful not to essentialize all inner-city Hip Hop listeners as victims. Leonard (2020) noted the double-bind for Black entertainers, from forms such as minstrelsy to Hip Hop, evident in the tension between genuine expression and commercial success: Success in the entertainment industry, especially in reaching a majority white market, often involves enacting caricatures of Black life that denies the complete personhood of Black people.

Though there are some outstanding examples as noted above, there is very little indeed addressing the specific experience of African Americans in music therapy practice, particularly Black *music*, despite that being the distinguishing feature of our field and a phenomenon very distinct from European music. As Marisol Norris, a Black music therapy educator, noted:

The singular white lens that permeated music therapy discourse minimally allowed for the detailed discussion of Black clients' musical engagement as a personal, aesthetic means of perceiving and being in their environment, that was informed by (a) their lived experiences as socio-cultural beings, (b) the contextual implications of the clinical setting, and (c) the musicking cultures from which they originated. (2019, p. 1).

Race-neutral liberal values are apparent in the problematic enshrining of "equality" as a core value of the AMTA Code of Ethics (2018a, section 2). Reflecting critical race theory's skepticism of liberalism, Hakeem Leonard (2020) disentwined the conflation of justice and equality that led to the revocation of safe, closed spaces for the Black Music Therapy Network at the 2019 AMTA conference: "The same frame that shows us that integration without justice is powerless also displays how equality without equity is incomplete and devoid of historical context" (p. 103). In addition to implicitly incorporating its themes, Leonard also explicitly named critical race theory as a valuable alternative framework to the dominant, racist norm. Leonard noted the paucity of explorations of Black musics, Black music therapists, Black culture, and the lived experiences and personhood of Black clients in music therapy literature. He offered tools and practices to promote real equity and justice in music therapy practice, such as examining and enhancing music therapists' self-

understanding including our power and privilege, learning about Black historical and sociocultural factors impacting Black clients' health and treatment, and actively bringing to the center the perspectives and experiences of marginalized people.

Education & Supervision

To me, music in my world growing up is liberation. Music for Black people has been our liberation...But I never felt liberation in my [music therapy] program because I didn't feel there was space for me to express that: not in any of the textbooks, not in the way AMTA defines music therapy...

- CharCarol Fisher (Music Therapy Faculty, 2020)

The roots of music therapy practice are in our training; it may seem obvious, but issues like racist underrepresentation have their roots in how we educate and train music therapists. The contrast between our statements on the transformative power of music and our actual practices, which fall well short of these ideals, are particularly pointed in our training, as CharCarol Fisher's statement above pointed out. Silveira (2020) heightened this contrast: "if we are already equipped with the capacity and thus mindset to challenge untrue assumptions about the profession of music therapy, then why not channel this skill by taking a stand against the biases experienced by our fellow music therapists who experience adversity?" (p. 3). This section briefly explores applicable inclusive practices from counseling before examining music therapy-specific perspectives, finally drawing contrasts between supervision requirements of the two fields.

Feminist, critical, and multicultural models advocate for openness among educators and supervisors in naming race as a factor in clinical and training settings, though there are specific ways to do so appropriately. Overindulging in issues that may have previously been denied is perhaps as problematic as avoiding discussion of race or ethnicity altogether;

furthermore, discussing race with an insufficient understanding of its complexities is also frequently problematic (Estrada et al. 2004). Many counseling sources suggest naming race (broaching) early in the training relationship especially in cross-cultural supervision (Day-Vines et al., 2018). Sue and colleagues (2019) provide specific suggestions for coaching trainees in working with Black clients, namely, to be open whether "the client discusses any experiences with racism or discrimination, or if they indicate that race does not matter" (p. 311). There are limits to openness, however; clients' wellbeing must be foremost lest a supervisor or educator fail to challenge trainee views and practices that could result in harm (Estrada et al, 2004).

Power is another aspect of self-awareness that must be included in this discussion. Examinations of power are the hallmark of feminist therapy and related theories: the power of the client, the therapist, and the supervisor, especially in light of the societal forces that often limit the power of marginalized groups (Herlihy & Corey, 2017). In the context of supervision, supervisors are cautioned to be aware of the power they have due to their role and expertise, to share power as much as possible, and to use power ethically and in the service of empowering trainees (Brown, 2016; Forinash, 2006; Miville, 2013). Egalitarian relationships are the aspirational standard of feminist counseling and supervision practices, though Brown (2016) cautions that "egalitarian" should not be confused with "equal;" there is a definite power imbalance between a trainee and supervisor, and supervisors should not pretend otherwise.

Counselors and counselor supervisors have developed models of development to inform practitioner personal insight and competency: Ancis and Ladany's (2010) Heuristic Model of Nonoppressive Interpersonal Development is specific to supervisor multicultural

competence while Sue and colleagues (2019) shared a social science model of development of racial, ethnic, and cultural identity attitudes in people of color and a separate white racial identity development model. This process of examination and change also has a stage model specific to counselor supervision: Ancis and Ladany's (2010) Means of Interpersonal Functioning (MIF). Though strategies are differentiated based on the MIF stage of the trainee, the authors advocated for supervisors' active encouragement of trainees' awareness and engagement in this process, which often comes with resistance. As with many aspects of therapy and supervision, relationship is stressed: it is important to have a strong working alliance for potential interventions to be effective.

Operating within the academic institution's bias¹⁴ and the limitations of an already tightly-packed curriculum, how does one teach the complex and rich contexts of Black music? Educators seem aware of this issue but often cite restrictions of National Association of Schools of Music (NASM) accreditation requirements as a barrier. This barrier may exist more in the minds of educators, however: markedly departing from typical curricula in music therapy, Radford's music therapy program pivoted to an integrative curriculum with no pushback from NASM (DiMaio et al., 2020).

Whitehead-Pleaux (2019) discussed skills and dispositions of culturally responsive music therapy supervisors broadly, going beyond "cultures of heritage" (p. 64; i.e., race and ethnicity) to include other important dynamics of identity, power, and privilege such as gender, sexual orientation, social class, and others. Noting the futility of striving for competence in each person's culture(s), Whitehead-Pleaux stressed the importance of continued learning alongside a general stance of humility, being willing to admit ignorance

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¹⁴ Increasing attention is being devoted to the issue of white perspectives dominating several forms of education and training; see Adams & Salter, 2019; Davis, 2018; Ewell, 2020; and Waller-Pace, 2019.

(and apologize for errors when needed) and seek information from clients, peers, and supervisors or mentors. The chapter included suggestions for adapting supervisory practice to be inclusive, supportive, and social justice-oriented, and offered specific tools for exploring identity such as visual diagrams of intersecting identities.

Swamy and Kim (2019) explored culturally responsive supervision in academic music therapy settings, focusing mostly on working with minoritized students/supervisees. They noted the trend of most music therapy programs and academic supervision courses and models being ethnocentric yet often seen as universal or neutral in approach, and encouraged actively building cultural competence alongside cultural humility on the part of educators and academic supervisors. They offered racial and ethnic identity development models as useful tools but cautioned that many individual experiences, such as international students who have a hybrid or reconstructed identity, will be more complex than these models make it seem.

Norris and Hadley's chapter in the second edition of *Music Therapy Supervision* (2019) provided an excellent, in-depth overview of race and ethnicity relating to music therapy supervision which includes specific mention of Black racial identity development. Perhaps marking an emerging expansion in consciousness in the field, the specificity and depth of this chapter (along with Whitehead-Pleaux's and Swamy & Kim's contributions to the same volume, noted above) contrast with the first edition, which featured only a broad overview of "multicultural approaches to music therapy supervision" (Estrella, 2001). The new chapter explored how race and related dynamics of power and privilege show up in the relationships among supervisors, supervisees, and clients. The authors advocated for supervisors' naming and exploring of race early in the supervision process to help normalize the topic and communicate that race matters, regardless of the race of the supervisor or

supervisee and regardless of whether race is demonstrably "getting in the way" of the clinical or supervisory process (p. 121). Like many other sources, Norris and Hadley stressed the importance of exploration and location of self in supervision, and they also offered several specific resources and tools for developing reflexivity and content knowledge such as cultural genograms, cross-cultural music listening logs, and musical presentations or musical collages reflecting aspects of the supervisee's life and sociocultural influences.

The above music therapy resources on multicultural education and supervision have frequently drawn from other fields, such as clinical psychology, social work, and counseling. These resources have definite applicability to music therapy supervision practices, but it is also helpful to contextualize how music therapists train supervisors in contrast to related fields. Counseling, for example, involves much more strenuous standards regarding supervision, for both supervisors and supervisees. In North Carolina, counseling practice requires an initial, restricted license (as a "Clinical Mental Health Counselor Associate"); eligibility to advance to an unrestricted license requires 3,000 hours of supervised professional practice, with at least 1 hour of clinical supervision required for each 40 hours of professional practice (North Carolina Registered Professional Counselor Act, 1983/2019). These requirements are in addition to supervised fieldwork during academic training and reflect similar standards across the U.S. (ACA, n.d.). In addition, initial qualifications for supervisor licensure in North Carolina include at least 5 years of full-time professional counseling experience with at least 2,500 direct client contact hours, three professional references, and clinical supervision training amounting to 3 graduate credit hours or 45 continuing education hours, with ongoing continuing education required to maintain the credential; again, similar requirements apply in other states (ACA, n.d.). In contrast, boardcertified music therapists are *technically* required by CBMT board domains (2020) to utilize supervision "as needed" (p. 4), and AMTA professional documents (2013, 2015, 2018a) note the *importance* of supervision, but nowhere are specific requirements laid out or enforced to maintain practice, even as a new certificant; moreover, specific training (a 5-hour continuing education course or equivalent) is only required for supervising music therapists in internships, not pre-internship or professional supervision settings (AMTA, 2017, 2018b). This is an unfair comparison on some level: Counseling is a far larger and more established field with well-developed licensure, which music therapy is only beginning to achieve. The contrast is nevertheless damning.

Overall Summary

Given the troublingly slow process of change and improvement, how does the field of music therapy move ahead? I hear an internal (white) voice crying out to control and fix the problem in as efficient and painless a way as possible. Yet the situation is complex, and the way forward will be no less so; our culture (and our field) is rife with tensions when it comes to race. Music therapy needs to talk more about Black people and Black musics, but we must recognize what is out of our grasp (returning to Davis' succinct point that "you cannot teach a culture" in Phillips, 2017, p. 210). In our quest for inclusion and the breaking down of barriers, we must recognize the resistances and defenses that must not be transgressed. In our quest for knowledge, we must honor the sources of our understanding and center marginalized voices.

The aforementioned considerations lead to the questions at the heart of this study. How do music therapists understand the connection between the history and humanity of Black and African American people and Black/African American musics? Where and how did they learn this? How do white music therapists understand their limits when it comes to enacting Black music? How did they learn those limits? The plural "musics" is used in these questions and throughout this writing in an attempt to shift away from approaching Black people and Black music as monolithic. Implicit in these questions, however, is that most music therapists are white – it is unstated but clear that these questions are directed at the learning and understanding of the white majority.

Chapter 4 – Methods

I originally pursued an interview study to address the above research questions. During the research process, I shifted my methods and research questions to respond to shifts in the music therapy professional landscape as detailed below. I have included both the original proposal and the revised, actual methods for the sake of openness. The original proposal appears in its original wording, i.e., in the future tense; my hope is to eventually pursue this research again.

Original Proposal

This chapter details the proposed methods for this study, including recruitment and interview procedures, data analysis, and ethical considerations. Hermeneutic phenomenology, specifically the approach of Max van Manen (1997/2016), is the guiding framework. Van Manen's approach, rooted in examinations of pedagogy, emphasizes "lived experience" of phenomena and acknowledges the embeddedness of the researcher:

...when I reflect on the experience of teaching I do not reflect on it as a professional philosopher, or as a psychologist, as a sociologist, as an ethnographer, or even as a phenomenologist or critical theorist. Rather, *I reflect phenomenologically on experiences of teaching and parenting as a teacher or as a parent. In other words, I attempt to grasp the pedagogical essence of a certain experience.* (p. 78; original emphasis)

The quest for the "essence" or essential meaning(s) of a phenomenon is at the heart of hermeneutic phenomenology. This may seem alarming given the complexity of a phenomenon like race in music and music therapy and the problem of essentializing race pointed in the above examination of critical race theory. However, van Manen notes that "the

essence of a phenomenon is never simple or one-dimensional" (p. 78). Rather, the researcher is active in crafting a narrative synthesizing "meaning units" or themes by reflectively analyzing the lived experiences of a phenomenon.

Participants

This study will include five to six participants who are each board-certified music therapists; two to three being Black or African American, and two to three being white. I will begin by seeking participants from the Black Music Therapy Network, Inc., an affinity group for Black music therapy professionals and students. I will reach out to this group via Deforia Lane, a member of the Network as well as a research advisor for this project. Inclusion criteria will be a practicing board-certified music therapist with at least 3 years' experience educating and/or supervising trainees. I will seek white participants with experience and a degree of competence in working with Black and African American clients and music; inclusion criteria for these participants will be practicing board-certified music therapists with at least 3 years' experience in practice including working with Black and African American clients. "Competence" being somewhat subjective but an important quality for this research, I will seek suggestions for potential white participants from other participants and draw from my professional networks.

Ethics and Consent

This research will be approved by the Institutional Review Board of Appalachian State University. I will inform participants of the potential risks, which may be expected to include the possibility of sharing personal, emotional, or embarrassing experiences. In addition to standard informed consent information in written form, I will also use a video recording of myself introducing and briefly explaining my intentions with the project (see

Appendix A). Participants will be informed of their right to withdraw from the study or to decline to answer any questions. Balancing the principles of agency and non-maleficence, I will give participants the option to use their real name or to choose a pseudonym to protect their confidentiality. I will destroy recordings as soon as possible, once I ensure accurate transcription. Raw data (original transcripts), coded data (coded transcripts), and coding documents will be stored on an encrypted, password-protected external USB storage drive for 5 years. Paper files or hard copies will also be stored for 5 years in a secure, locked filing cabinet. After 5 years of retention, I will shred paper information and securely destroy digital files to protect participant confidentiality.

Procedure

Once participants consent to participate, they will choose a convenient time for an interview and will receive the appropriate interview guide, including each question I plan to ask. I will utilize two different interview guides — one for the Black participants (see Appendix B), another for the white participants (see Appendix C). I will conduct interviews via Zoom videocall; the Zoom platform will generate video recordings and automated transcripts, and I will create a backup audio recording on an external, encrypted recording device. I will review and correct computer-generated transcripts to ensure verbatim accuracy, and will incorporate meaningful nonverbal data from the video recording into the transcript such as facial expressions, gestures, and body language.

Research Identity and Epoché

The phenomenological approach adopted in this study focuses on the lived experience of a phenomenon, in this case the specific phenomenon of music therapists' process of learning and competence regarding Black musics and people. Phenomenological approaches typically emphasize approaching phenomena with fresh perspectives by setting aside one's assumptions and biases in a process of bracketing or epoché (Crotty, 1998). Bias is unavoidable, however; especially concerning the social construction of race in our contemporary society, there is no "neutral" – pretending such usually defaults to the unstated assumptions of the white majority. A process of *reflexive* bracketing is nevertheless crucial, one in which I continuously seek to identify my assumptions, values, and beliefs, and acknowledge their influence on the entire research process (Gearing, 2004). For me as a white man aspiring to racial allyship, this is particularly complicated, as my racism blends with my burgeoning awareness as well as my desire for credit and recognition as a "good white person." I explore more of my identity above in chapter 1.

Data Gathering Methods

I will gather data via semi-structured interview. I developed questions for each interview guide to assess personal-, interpersonal-, and professional-level experiences (see Appendices B and C). I designed questions to be as open as possible to encourage participants to "think out loud" and include lived examples. Open questions and specific examples will encourage honest reflection and may provide a means of getting around resistance and social desirability that will influence participants' statements. I will modify or remove questions within interviews as needed and will ask clarification or follow-up questions where appropriate. I will send each participant their interview transcript to offer an

opportunity to correct or adjust the content of their transcript to ensure it accurately portrays their intended meaning.

Data Analysis

I will analyze interview transcripts using van Manen's (1997/2016) process of isolating thematic statements. This process will consist of three "readings" or levels of analysis: 1) a "sententious" (p. 92) meaning of the entire text as a whole; 2) a selective approach that draws out particularly meaningful or relevant phrases that speak to the phenomenon; and 3) a detailed reading that seeks meaning and revelatory information in each sentence. Themes across interviews will be synthesized in "linguistic transformations" (p. 95).

Validity Checks

I will complete practice interviews with a small, convenient sample of music therapists with experience in the topic at hand before conducting interviews with participants. Feedback on these preliminary experiences will shape interview content as needed and will promote more valid and meaningful data collection. To promote validity in data analysis, I will send the pre-analysis interview transcripts to participants to offer an opportunity to clarify or correct their contributions. I will also send post-analysis interpretations of linguistic transformations to participants for another opportunity for member checking; participants will have the chance to provide feedback on the interpretations of their interviews.

Methods Addendum

I completed my research proposal, gained IRB approval, and was working towards recruitment in the Fall of 2021; during this time, the guest editors of a forthcoming special edition of the *Journal of Music Therapy* on diversity, equity, and inclusion stepped down as

guest editors and issued a public statement detailing their reasons for doing so (Black Creative Healing, 2021). They named a particular instance of a failure to appropriately credit an author for their work in a recent issue of the *Journal*, and situated this in the context of slow, merely symbolic change amid ongoing injustice in the professional community of music therapy. Since the music therapists who stepped down from guest editing were both prominent as leaders in the Black Music Therapy Network from which I had hoped to recruit, it seemed like an appropriate time to honor the moment by pivoting to a different methodology rather than push to recruit Black music therapists. I shifted towards a deeper focus on extant research literature, and revised my research questions:

- 1. In what ways does the music therapy literature reveal gaps in preparing music therapists to work with Black/African-American clients and musics?
- 2. What resources are available in the literature that address these gaps?

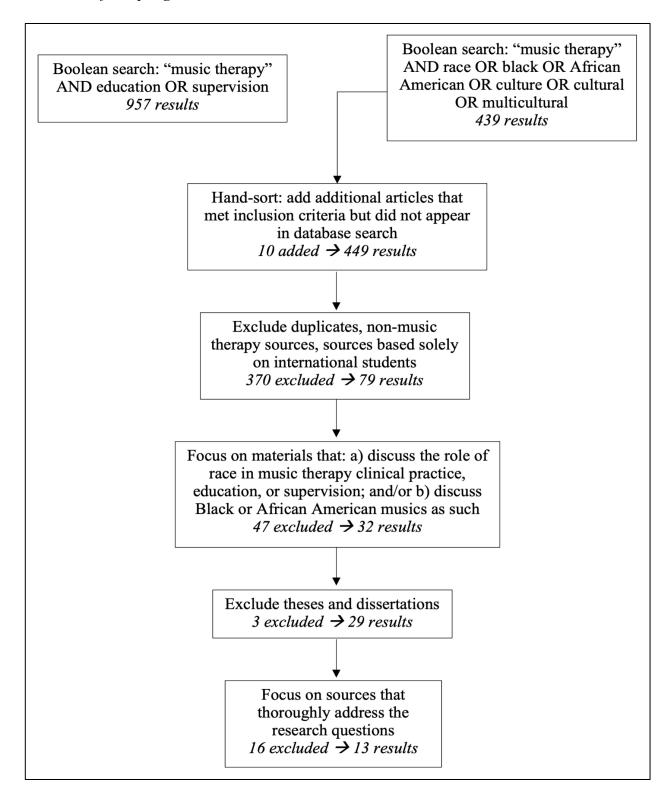
I used a critical interpretive synthesis to address the above questions. Dixon-Woods and colleagues (2006) originally developed the critical interpretive synthesis to address the issue of medical literature heavily favoring quantitative, empirical research that neglected meaningful information from qualitative studies. A critical interpretive synthesis functions similarly to a systematic review in the sense that it draws from multiple sources. It differs in how it presents the information, however: rather than an aggregate of data with a "what works" conclusion, the method acknowledges and leverages the situatedness of the researcher(s), who interpret the data reflexively. This process not only brings together data, but also develops them; it "may include concepts which were not found in the original studies but which help to characterize the data as a whole" (Dixon-Woods et al., 2006, p. 37).

Sampling

I sought literature involving music therapists in the U.S. discussing Black experiences in music therapy. I searched three academic databases: CINAHL, PyscInfo, and RILM. First, I created two general searches, one using Boolean search terms "music therapy" AND education or supervision; the other using Boolean search terms "music therapy" AND race OR black OR African American OR culture OR cultural OR multicultural. From the latter list I worked through a process of refining to reach key sources (see Figure 1), first by adding relevant materials (i.e., sources that discussed Black experiences in music therapy) known to me that did not appear in my database searches. I proceeded by excluding duplicates and materials that were not actually music therapy. I excluded resources that discussed race in a general way, or focused only on non-Black experiences of race. I excluded resources by white authors that did not specifically discuss interactions with Black musics or peoples; though some were valuable (e.g., Fletcher, 2018) as models of situating whiteness, they did not sufficiently address the research question. I also excluded resources that discussed Black musics obliquely or in a race-evasive way. There are several potentially applicable resources on hip hop and rap music, for instance, but they address the genre in a theoretical manner (e.g., Veltre & Hadley, 2012) or do not thoroughly situate hip hop in the context of the Black experience (e.g., Viega, 2018). I excluded still other potentially applicable sources because they were problematic; for instance, as noted in my literature review, Leonard (2019) reviewed a potentially applicable resource by noting that "integrating more of the authors' narratives or adding more sources and information transferable to the present day would have increased its effectiveness" (p. 215).

Figure 1

Flowchart of Sampling Process



After completing the exclusion process, I arrived at 13 key texts (see Table 1). I sifted through the texts repeatedly, each time narrowing focus. Initially I highlighted sections of text that addressed my research question, then I returned to these sections to write summaries and extract meaningful content. Key themes began to emerge as I compared the meaningful data in my notes for each article. In the process of digesting these data and drafting results, themes coalesced into four categories: racist contexts, silencing Black music therapists, silencing Black musics, and filling in gaps, the last of which also included subthemes of Black community and white authors discussing their biases and dealing with ruptures.

Though I compiled Table 1 in an effort to concisely present meaningful data that answered my research question, I struggled with how to concisely describe these sources; many of my summaries, the one for Leonard (2020) in particular, felt grossly inadequate given the depth of exploration in the original article. Interpreting these articles involved diluting them, and potentially participating in the silencing of narratives neglected by the majority.

Synthesis Sources with Summary Descriptions

Table 1

Source	Description
Austin, 2010	Clinical presentation of using vocal music therapy with African American adolescents. Discussed manifestations of Austin's bias.
Cross & Hadley, 2013	Personal narrative on experiencing race by an early-career African American music therapist.
Goldberg & Hadley, 2013	Personal narrative on experiencing race by a late-career African American music therapist.
Bradt & al., 2016	Research article on using vocal music therapy for chronic pain with inner-city African Americans. Identified ways vocal music therapy may leverage community idioms of music-making in African American culture.
Norris & Hadley, 2019	Book chapter on engaging race in music therapy supervision. Identified common, race-evasive approaches to music therapy supervision and offered theory and specific resources and practices to counter.
Swamy & Kim, 2019	Book chapter on culturally responsive academic supervision. Encouraged exploration of race and whiteness among other intersecting identities.
Leonard, 2020	Exploration and critique of the music therapy profession's injustice and equity for Black stakeholders. Included discussion of musical appropriation vs. Black ingenuity, explored ways music therapy may participate in either, and encouraged meaningful inclusion of Black participants and experiences in music therapy.

Source	Description
Norris, 2020a	Examined and critiqued the music therapy profession's stake in global systems of oppressive power, particularly anti-Black oppression. Offered parallels between national stories of anti-Black violence and anti-Black oppression in music therapy.
Norris, 2020b	Commentary and further exploration of themes on Norris, 2020a.
Thomas, 2020	Research article on community-based music therapy for Black or African American limited-resource youth.
Gonsalves Schimpf & Horowitz, 2021	Book chapter on cultural humility in music therapy supervision. Included thorough exploration of a white supervisor's therapeutic rupture and subsequent recovery with a Black supervisee and Black client.
Rodgers-Melnick & al., 2021	Research article on music therapy for sickle-cell disease pain management in adults. Included alternative perspective to mainstream music therapy pain management/relaxation strategies that honored cultural practices and musical preferences of Black patients.
Thomas, 2021	Personal exploration of a collaborative video blog project wholistically engaging with Blackness, creativity, and healing.

Chapter 5 – Results

Themes

Reading and reflecting on the data in the synthesis sources showed gaps in the music therapy literature that coalesced into broad thematic areas, though they were not so much "gaps" as they were tremendous omissions: racist contexts, silencing Black music therapists, silencing Black musics. A theme also emerged regarding the way the literature has begun to address gaps, including subthemes of Black community and white authors discussing their biases and dealing with ruptures. I introduce material from the synthesis sources that points towards these themes below.

Racist Contexts

The backdrop of several sources by Black authors was the context of navigating majority-white spaces that at best overlook Black participants in music therapy, and at worst overtly oppress. Cross (in Cross & Hadley, 2013) discussed the challenge of responding to signs of racism in clinical settings, such as staff using the N-word. Such utterances obviously had an edge, though they were explained away as "quoting patients." The ambiguity created an extra layer of discomfort and difficulty: "As a young therapist becoming secure in my identity and still feeling out the boundaries of my role, this kind of situation has definitely been challenging" (p. 204). Goldberg (in Goldberg & Hadley, 2013) related a similar personal, though less ambiguous, "humiliating" incident (p. 129) in which a supervisor prolonged a hiring process in an obvious attempt to avoid promoting her because she was a Black woman. The literature also revealed examples of thinly veiled racism in the setting of

music therapy training and professional organization. Leonard (2020) noted the irony of evoking the Public Accommodations law, created to protect Black people's rights amid injustice, to revoke safe, closed spaces for the Black Music Therapy Network in the 2019 AMTA conference. He continued by noting the problematic absence of language regarding social justice or equity in any AMTA or CBMT professional documents. Norris (2020a) used an anecdote from her training – in which a case study on a Black client focused on diagnosis and pathology while ignoring his musical strengths and "his existence as a Black male within politicized systems of music and health" (p. 3) – to draw out parallels between the process of erasure of individual's Blackness and the rendering invisible of Black experiences in music therapy broadly.

Silencing Black Music Therapists.

A specific manifestation of the context of oppression, and perhaps the most glaring gap, is the absence of music therapy literature that names or celebrates Black music therapists' experiences in clinical practice, training, or education. Some publications addressed culture or race in general ways, but very few named or explored Black experiences as such. The first reference that met inclusion criteria was published in 2010 by a white author; ironically, this was in the so-called "post-racial" zeitgeist of the early Obama presidency during which there was relatively little societal urgency in addressing race. Hadley's 2013 *Experiencing race as a music therapist: Personal narratives*, which contains Cross and Hadley (2013) and Goldberg and Hadley (2013) as referenced here, seemed to open the door to thorough discussions of race. The book prompted several reviews internationally, many of which expressed hope for continued explorations while

acknowledging the challenge it presented to the majority-white field of music therapy (Baines, 2014; Cripps, 2014; Ip-Winfield, 2014; Molyneux, 2013; Wheeler, 2018). In the years following the book's publication, more publications addressing race followed, including several by Black authors. The increasing visibility of Black and African American voices in the research literature that ensued suggests a modicum of progress, but it belies a silenced story of Black music therapists and students crying "from the hinterlands in need of places that affirm our Black subjectivity, Black representations, Black aesthetic experiences, and their meanings within music therapy contexts" (Norris, 2020a, p. 3). These cries did not make it into formal publications; the music therapy professional community chose to ignore this struggle for quite some time, or at the very least was not privy to its development. Even the "insider" calls from academic reviewers for more explorations following Hadley's Experiencing race as a music therapist seemed to result in little to no follow-up; that it took 5 years from that book's publication for it to be reviewed in a US-based journal (Wheeler, 2018) is illustrative of this.

Silencing Black Music

This exclusion and silencing extend to Black experiences of music. As Norris (2020b) succinctly stated, the "color-evasive and depoliticized stance" of music therapy acts to "suppress the liberatory function of music processes that deepen Black clients' access to freedom" (pp. 2–3). A comparison of database results (see Figure 1) brings this into stark contrast – a search on "supervision OR education" in music therapy literature yielded 957 results, while the far broader terms "race OR black OR African American OR culture OR cultural OR multicultural" yielded less than half that number, 439 results. Goldberg (2013)

discussed a sense of disconnect with the European music of Guided Imagery and Music (GIM)— "I felt, 'They don't get me" — especially the music of Bach, which in one moment evoked a strong response: "I felt that there was no way that Bach could understand my experience, no way that Bach's music could help me with the pain of racial discrimination, because he could not possibly understand what my experience is" (p. 132). Goldberg contrasted this with a sense of support from music as a traveler in a particular session, to discover later that the music was by a Black composer: "From that experience, I have grown to believe that in GIM there needs to be more women's music and more music from people of color" (p. 133). Bradt et al. (2016) pointed out that research in music therapy or other artsbased treatment modalities has suffered from "under-representation of minority populations" and discussed ways of adapting vocal music therapy to leverage cultural beliefs and healing practices from African American culture. More pointedly, Rodgers-Melnick et al. (2021) noted that mainstream standards of practice for music-based relaxation – slow tempos, soft and predictable dynamics, lack of a strong beat – "differ considerably from much of the music commonly listened to by African-Americans (e.g., Hip-Hop, R&B, and Soul), which often includes strong syncopated rhythms, percussive instruments, and pronounced dynamic changes" (p. 39). Their article is unique in reporting on the process of seeking Black participants' musical preferences, which reinforced the "stark contrast to traditional characteristics of music for pain management and relaxation" (p. 40) they discussed in their introduction.

Many articles offered ways to fill the Black music gap in the same stroke they pointed them out; for instance, Rodgers-Melnick et al. (2021) reported on participants' survey

responses on the music they listened to when having pain as well as music they found "(a) energetic, (b) relaxing, and (c) encouraging and motivating" (p. 36). Leonard (2020) offered a brief overview of the history of Black music, including the cycle of appropriation and creativity, and highlighted musical practices especially relevant to Black music-making in therapy such as ornamentation.

Filling in Gaps

Each of the synthesis sources addressed gaps in some way, some in direct response to the problems they pointed out as explored above. Others were broader in offering resources to address gaps, such as Norris and Hadley's addition to the second edition of *Music therapy supervision* (Forinash, 2019). Their chapter on addressing race in music therapy supervision explicitly named and explored gaps and problems – the race-evasive ways we tend to engage in practice and supervision, the white European norms of training and education, approaches to training that treat cultural groups as homogeneous, etc. They offered specific suggestions and resources "to give attention to narratives that have historically been silenced" (p. 103), including naming race in *every* supervisory relationship (not just cross-racial dyads; "it is our view that as music therapists we have an ethical obligation to address race in supervision" p. 105) as well as several "racially responsive" (p. 114) supervisory practices that are explicitly *not* simply a "set of skills...or competencies" (p. 105).

Black Community. In spite of challenges, erasures, and roadblocks, Black music therapists identified a source of resilience in their community with other Black participants in music therapy. Thomas (2021) succinctly noted the reality of the need for strong communities of Black support because of a lack of support in the majority culture: "So, it

would seem we (Black people) must love and care for ourselves" (p. 2). Several Black authors identified a unique connection with Black clients and fellow Black therapists; the general sense of community among Black Americans was heightened in musical contexts. Cross (in Cross & Hadley, 2013) identified setting aside the "therapeutic business" of her typical work with non-Black patients in her internship to create a more personal sense of work with Black patients and their families. Cross related that the potential for connection also had costs, such as when an African American patient in whom she had invested hope for progress sabotaged the relationship in an apparent attempt to delay discharge. Goldberg (in Goldberg & Hadley, 2013) discussed a similar sense of "special affinity" with Black clients and trainees in her work with GIM (p. 135) and a connection with Richard Graham, one of very few other Black music therapists at the time, who was then president of the National Association for Music Therapy. Thomas (2021) discussed the value of sharing a collaborative creative space of healing with other Black creative therapists: "there is opportunity here...to further enrich our understanding of creativity within the Diaspora and build stronger networks for more meaningful community connections. These connections can then serve to sustain the vital flow of our life-affirming innovations to – and for – the peoples who birth them" (p. 11).

White Therapists Encountering Bias and Ruptures. Austin (2010) and Gonsalves Schimpf (in Gonsalves Schimpf & Horowitz, 2021) were open in disclosing not only their whiteness, but the ways they erred or caused ruptures when working with Black clients.

Austin's reflections revealed the ways her prejudices became obvious when working with Black adolescents, such as her surprise that clients knew how to conduct in a Western

orchestral style. She shared a pointed incident in which a client asked whether Austin would have felt safe leaving her purse in the treatment room when she was first starting to work with the clients; her honest "no" prompted a group discussion on racial bias. Gonsalves Schimpf elaborated on a case example in which she was supervising a Black trainee and working with a Black client in a group. She shared details of a rupture caused by her appropriative use of djembe and the client's ancestral story; the supervisee, sitting in on the session, provided recovery from the rupture and, at Gonsalves Schimpf's invitation, later shared her perspective on Gonsalves Schimpf's "white silence," "subjugating" narrative, and disrespectful use of music in a private feedback session. Despite the best of intentions, the impact of Gonsalves Schimpf's actions was damaging: "My desperation to pull him in and make him heard honored only my barometer and markers for this, and did not actually acknowledge his need at all—which was related to his deep need to connect to his family of origin and his ancestry...in many ways I was replicating his interpersonal and socio-political dynamics" (p. 178). She detailed her efforts to seek input from her supervisee on how to repair the rupture, and her follow-through with this. These examples are at odds with the race-evasive ways that clinicians and supervisors tend to engage in their work, as identified by Swamy and Kim (2019). They used the example of a white student's comment after working in a mostly non-white clinical setting as a sign of resistance: "I feel like I'm not supposed to say this,' he said, 'but I feel strange being white there, I mean is that okay to say?"" (p. 238).

Chapter 6 – Discussion

In exploring music therapy training for work with Black/African American clients and musics, the issues that came up were largely systemic; though I used "gaps" to frame my research question, it is not a suitable metaphor. A gap conjures the image of an uneven walkway, or a chink in a wall, perhaps; attempting to extend this image to the context of racist oppression might yield a canyon where one expects a path, or a few bricks laying next to each other where one expects a wall. Even these evocative images are objects without agency, whereas the context of silencing of Black therapists and musics involves systems, and individuals within those systems. In wrestling with how to describe and discuss these "gaps," I return again to the "elephant in the room" of whiteness and its manifestations for me - I framed my research questions and investigation in a neutral metaphor and unconsciously set aside whiteness and my role in it.

The Bob Dylan song "Who Killed Davey Moore?" (1963/1991) comes to mind. The song repeats, "Who killed [boxer] Davey Moore, why and what's the reason for?" This is answered by the character of the opponent, the referee, the crowd, the manager, and so on, each with excuses for their innocence, and each ending "It wasn't me that made him fall, no, you can't blame me at all." As in the Dylan song, each stakeholder in the white majority of music therapy – the educator, the journal editor, the clinician, the researcher, and so on – may have a rationale for their defense, but the sum of these denials returns the blame to each of us.

On some level, there has been meaningful progress in revealing and addressing the gaps in preparing music therapists to work with Black/African American clients and musics.

A tidy example would be comparing the second edition of *Music therapy supervision*

(Forinash, 2019) to the first (Forinash, 2001). Included in the former is a chapter specifically on race in music therapy supervision (Norris & Hadley, 2019) as well as chapters that address cultural considerations in supervision in broader ways (Swamy & Kim 2019; Whitehead-Pleaux, 2019). Compare this to the first edition, which includes a single chapter on multicultural approaches to supervision (Estrella, 2001). The contrast reveals some evolution in the discourse: there are more thorough and specific examinations from a variety of perspectives. In addition, music therapists are increasingly addressing race, and the Black experience in particular, in discussions on clinical practice, research, and training.

However, a closer look at the content and character of these apparent successes complicates a seemingly linear perspective on progress. Hadley (2013) seemed to open the door to more open and thorough discussions of race, inviting continued engagement, but the academic/professional establishment did little to respond or adjust. Race "is likely the first observable physical characteristic of a person, particularly in a race-based society such as the United States of America," (Watson, 2016, p. 43), yet we consistently fail to acknowledge the influence of race despite its visibility. I arranged the sources that met inclusion criteria by year to reveal this phenomenon – a minimally sustained momentum for engaging with Blackness in academic music therapy discourse only seemed to emerge in 2019. This prompts curiosity for me; to what may we attribute this change? The impetus for Leonard's (2020) article was explicit: The controversy erupting from the decision to revoke the private, closed status of meeting spaces for the Black Music Therapy Network at the 2019 AMTA conference, and the subsequent resignation of the recently named executive director. The international outcry in the wake of the murder of George Floyd in May of 2020 may have also lent urgency to the problem of Black representation in music therapy, a social moment in the movement for Black lives that Norris (2020a, 2020b) names in her critique of the field. This exemplifies the ugly precedent of structural change happening only when it meets the needs of the majority, the phenomenon that critical race theory defines as interest convergence (Delgado & Stefancic, 2017). To draw parallels from 1960s history, it took gruesome, well-publicized violence to turn the tide of the U.S. civil rights movement, and it seems to take public embarrassment and intense public pressure to begin to shift the music therapy profession; what will it take to prompt the "radical reimagining" to which Norris (2020b) invites us?

Even the slight progress that may have been made must be questioned further; very few of the sources that met inclusion criteria were published by AMTA, for instance. Of these, Leonard (2020) stands out as the article that is most thoroughly and self-consciously rooted in the Black experience. Though the author's impetus for writing the article was clearly stated, its strong, clear character prompts wonder about what led to its being published rather than set aside or toned down. Other sources were published independently, such as by Barcelona or the open-access journal Voices. The lack of Black perspectives in music therapy discourse is an example of epistemic injustice (Fricker, 2007): The published "official" knowledge of music therapy reflects barriers to access and systemic biases that exclude Black voices. This brings up a limitation to this study: for practical reasons, I focused only on academic publications, and even excluded potentially relevant theses and dissertations from this synthesis. This reflects a certain "canon" of music therapy literature, so it is *one* accurate representation of the discourse, but it is not the *only* accurate and meaningful representation. In my introductory chapters, I incorporated a fair deal of gray literature such as podcast episodes and Facebook posts. Though the task of gleaning relevant information is certainly more challenging without the convenience of academic databases, I am curious what this "unofficial" store of knowledge may reveal about the gaps in our training. Based on only a passing familiarity with the content of some music therapy Twitter and Facebook threads, I am certain it would reveal a great deal more than the formal academic literature.

Another manifestation of epistemic injustice is the privileging of written music and written information about music. Though some of the synthesis sources offered valuable information on Black music and Black experiences of music, written descriptions utterly fail to convey the experiential nature of musical style. Austin's (2010) anecdote of client responses to her musical style hint at this dilemma for white therapists: her young African American group members complained, "you sing too white" (p. 179). There is a real danger of furthering the cycle of appropriation if training programs squeeze Black musics into the container of the Eurocentric conservatory model; a "canon" of Black music could be listed, described, discussed, and celebrated as a token of progress towards incorporating Black music, but without meaningful contact with Black peoples and Black musics, essential stylistic elements could easily be swept aside or whitewashed. Again, a significant shift must take place to meaningfully fill the chasm in music therapy training preparing us to authentically engage with Black musics.

On a related note, though I have a sense of what is absent from the music therapy literature thanks to the process of this review, I undoubtedly do not know the half of it. I am approaching the research literature from a white perspective; despite the best of intentions, the most thorough of searches, and the deepest of readings, I will remain ignorant of potentially crucial details of lived experiences of Blackness. In what ways are my attempts to

discover and explain the problems with music therapy training regarding Black musics and clients perpetuating those problems? Am I among that din of voices that "declare allyship" whom Norris (2020a) asks, "Must we sing for you too?" (p. 5).

These issues and questions bring to the foreground the danger of centering whiteness. I have incorporated reflections throughout this thesis that situate my own whiteness in an attempt to interrogate the white lens from which I operate, but doing so centers my perspective. There is certainly a place for locating and critiquing white perspectives from the white standpoint, but the fact that these explorations are situated only in whiteness leads to obvious problems and limitations. Further, despite attempting to re-center Black perspectives that the music therapy profession has marginalized, I can only do so as a white man.

Reflecting on the danger of continuing to center whiteness through this thesis brings me to a paradox of sorts: in the act of writing about the danger of centering whiteness, do I further center whiteness? This contradiction is related to Harding's (cited in García Selgas, 2004) definition of a "traitorous identity" in a critical social theory framework: a member of the dominant group attempting to relocate or redefine their oppressive position can "neither become what they are not…nor can they just see or think as others do" (p. 301) because of the situatedness of knowledge. The tension inherent in this is reflected throughout this project, implicitly and explicitly, but the risk of continuing to center whiteness and marginalize Black experiences is still a real problem.

One of the means of addressing gaps in music therapy training that emerged from the literature was the Black community: Black music therapists supporting one another, supporting students, and supporting clients in unique ways. The uniquely strong asset that this community represents is necessitated by oppression, however: Black creativity continues

in spite of white appropriation, and Black community continues in spite of silencing and exclusion. As Thomas (2021) summarized: "So, it would seem we (Black people) must love and care for ourselves. We innovate means of supporting each other in aims of liberation from...intersectional oppression...and promote healthy interdependence, with an emphasis on access to resources, and leadership of those most impacted by this oppression" (p. 2). The nature of this contrast calls for utmost care and respect from non-Black therapists. There are far too few models for doing so, though Gonsalves Schimpf's narrative (Gonsalves Schimpf & Horowitz, 2021) stands out as an example of recognizing and addressing breaches to that respect. White therapists must be cautious about honoring the limits of our access to Black experiences and Black community, and ever ready to own it when we fail to do so. Gonsalves Schimpf's example of seeking input from a Black supervisee – a music therapist with whom she had an established, trusting relationship, not just any Black body or the client who suffered the breach – in an honest, humble, and responsible way is to be emulated. A guilty impulse may prompt us white therapists to seek any Black "confessor" to offer us reassurance that we are, in fact, among the good white people, but we must be willing to acknowledge the hurt and work through it in responsible ways despite our discomfort.

As evident throughout this discussion, this project raises more questions than it answers, revealing the need for follow-up. Though an interpretive synthesis of the academic literature may begin to reveal meaningful information and ways forward regarding music therapy's need to improve how we prepare students, clinicians, and educators to work with Black/African American clients and musics, there is much, much more that is needed. As noted above, investigating gray literature and "alternative" sources of knowledge is warranted in future reviews or syntheses, but an obvious follow-up would be discussing this

issue with Black music therapists and students. Though this would undoubtedly bring powerful perspective to this issue, the need to seek information must be balanced with respect; as noted above, there are limits to what a white therapist may expect to access in terms of Black community. This should not yield an attitude of powerlessness or hesitancy, however; we must embrace the challenge of digging further into our profession's failures to prepare music therapists to work with Black music therapists and musics, but be rooted in relationship more than a quest to "fix."

Conclusion

I will conclude by naming another proverbial elephant in the room: This thesis is very long! Yet there is still much, much more I could say about each of these sources and themes. Engaging in the long process of this thesis has involved learning and growth, but created far more questions than it answered. Despite an overzealous drive to neatly wrap up all of them, pursuing and addressing each would be impossible; the impulse to do so is a manifestation of the urgent need to set aside or "fix" discomfort and ambiguity, an impulse rooted in my whiteness. Writing the results and discussion was a matter of constant questioning, a call for continuous reflexivity as I struggled with interpretation and word choice. I have no doubt that problematic choices and omissions remain; perhaps the only way to "fix" them would be to refrain from finishing or sharing this project.

This thesis had roots in my own struggle to respectfully work with Black clients/musics, and to teach future music therapists to do so. Engaging in this project has changed how I approach clinical practice and supervision, but I still have a long way to go. I hope that others will share this journey with me. This is a unique moment for the profession, fraught with opportunities – it seems we stand at a potential turning point, but it will take

sustained effort, including facing embarrassments and shortcomings, to stay oriented on the path of progress towards meaningful justice and equity. As I often share with my supervisees, failure is sometimes the best teacher: may our failures to meaningfully engage with Black musics and peoples serve to teach and propel us towards better practice.

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Appendix A: Recruitment Video Script

I'm Wiley Smith and I'm conducting my music therapy master's thesis research on the phenomenon of music therapists' education and training preparing us to work with Black and African American clients and musics. I am seeking to conduct a handful of interviews with music therapists, Black and white, around their experiences relating to this. My hope is to explore music therapists' experiences with Black music and clients, how they developed competence through formal or informal training, and barriers to developing competence. To do so, I need to talk with people who actually have some competence - which is why I'm starting by seeking participants from the Black Music Therapy Network, with help from Deforia Lane, who was my internship supervisor and got me started thinking on this subject when I was an intern 6 years ago. I know that our field has a long way to go in reckoning with the dominance of white, Euro-American standards, and I know that, despite my best intentions, I have an inescapable connection with those standards as a white man that makes this project problematic. I know that I may be asking a lot in seeking your participation. But I hope that with your help, this research can contribute to our understanding of where we are as a field and what's missing.

In formal terms, you will be asked to participate in an individual interview via video call at your convenience. Interviews are expected to last 90-120 minutes, and you will receive the interview guide in advance of the interview.

This research is expected to benefit the profession of music therapy; you are not expected to experience any specific, personal benefit other than possible gratification with your contribution.

Risks and discomforts may include discussing personal experiences around race, some of which may be emotionally challenging or embarrassing to recall and discuss.

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to continue with an interview at any time, for any reason.

If you have questions about this research study, you may contact the primary investigator, Wiley Smith at SmithWL2@appstate.edu, or Wiley's thesis advisor, Melody Schwantes at ms18994@appstate.edu.

Appendix B: Interview Guide (Black Participants)

Thank you for your willingness to participate in this study. You have already signed the informed consent document but I wanted to remind you that you can choose not to answer any question or questions, and that you can choose to withdraw your consent at any time. Do you have any questions for me before we begin?

- How do you identify?
- How would you define "Black music"?
- What is meaningful about your experience of music as a Black/African-American music therapist?
 - o How have you connected this with your music therapy training and practice?
 - What barriers have you experienced with doing so?
- How have you taught or modeled use of Black music to non-Black trainees?
 - How have you taught or demonstrated the limits of non-Black trainees in respectfully enacting Black musics?
 - How have you noticed this teaching/modeling being received?
 - O How does this differ from your experience with Black trainees?
- For you as a Black/African American music therapist, how does what happens outside the "session room" influence your clinical work?
 - o How does your justice work/advocacy influence your clinical work?
- What progress would you like to see towards Black musics/experiences being more a part of clinical training?
- Are there other meaningful questions or issues on this topic that you would like to address?

- By what name do you want to be identified in the thesis publication? You can choose to use your given name or a pseudonym of your choice, or I can choose a pseudonym if you prefer.
- Is there any other information that you want included about you in the publication? If not, I will report only your race as you prefer to be identified along with your name or pseudonym, and other participant information will be reported in aggregate and not connected with you.

Appendix C: Interview Guide (White Participants)

Thank you for your willingness to participate in this study. You have already signed the informed consent document but I wanted to remind you that you can choose not to answer any question or questions, and that you can choose to withdraw your consent at any time. Do you have any questions for me before we begin?

- How do you identify?
- How would you define "Black music"?
- How do you understand your role as a white music therapist in enacting Black/African American musics?
 - O How has that understanding developed?
- How has your understanding of the meaning of music in Black culture and history developed?
- What is meaningful about your experience working with Black or African American clients?
 - What is meaningful about your experience working with Black or African American colleagues?
 - How have these understandings developed?
- How do you understand your limits when enacting Black music?
 - Would you give an example of overstepping a limit?
- How does your justice work/advocacy influence your clinical work?
- What progress would you like to see towards Black musics/experiences being more a part of clinical training?

- Are there other meaningful questions or issues on this topic that you would like to address?
- By what name do you want to be identified in the thesis publication? You can choose to use your given name or a pseudonym of your choice, or I can choose a pseudonym if you prefer.
- Is there any other information that you want included about you in the publication? If not, I will report only your race as you prefer to be identified along with your name or pseudonym, and other participant information will be reported in aggregate and not connected with you.

Vita

Wiley Livingston Smith is a native of Thomasville, North Carolina. He graduated from the North Carolina School of Science and Mathematics in 2005 and continued to the University of North Carolina at Chapel Hill. There he earned a Bachelor's of Music with Highest Honors and Highest Distinction in 2009, and a Master of Arts in Teaching in 2010. After moving to Ohio to work with l'Arche Cleveland, he completed equivalency training in music therapy at Cleveland State University in 2015. He returned to North Carolina to complete Master of Music Therapy and Master of Arts in Clinical Mental Health Counseling degrees at Appalachian State University, awarded in 2022.