

## ARTICLE

# “Music therapy is the very definition of white privilege”: Music therapists’ perspectives on race and class in UK music therapy

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## ABSTRACT

The resurgence of the Black Lives Matter movement in the summer of 2020 following the death of George Floyd highlighted, once again, the racial and socioeconomic inequities permeating western countries, and galvanised music therapists in the UK and elsewhere to reflect on the importance of race and social class in their profession and therapeutic practice. These discussions have a longer history in the US; in the UK they are in their infancy. Building on the 2020 British Association for Music Therapy Diversity Report (Langford et al., 2020), this study aimed to contribute to the burgeoning discussion in UK music therapy by inviting trainee and qualified music therapists to reflect on how – often intersecting – racial and socioeconomic inequities impact on music therapy training and practice and what changes are needed for music therapy to become more relevant to and representative of minoritised communities. Data were generated using an online qualitative survey (N=28) and five follow-up telephone interviews, allowing for both breadth and depth in an area where there is a paucity of research, and a higher level of “felt anonymity” for a potentially sensitive and threatening topic. Reflexive thematic analysis informed by critical race theory was used to develop three themes from the data: 1) Posh white ladies: the typical music therapist; 2) White normativity and fragility in music therapy; and 3) Music therapy: undervalued and too costly. In the conclusion, we synthesise the participants’ accounts into recommendations for diversifying the music therapy profession in the UK.

## KEYWORDS

classism,  
middle-class,  
people of colour,  
qualitative survey,  
racism,  
thematic analysis,  
white fragility,  
white normativity,  
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## INTRODUCTION

The Black Lives Matter resurgence in the summer of 2020 following the death of George Floyd, once again, drew attention to the intersecting racial and socioeconomic inequities permeating western societies and prompted discussion of race and class inequity<sup>1</sup> in UK music therapy. Notable moments in this discussion included the British Association for Music Therapy (BAMT) Diversity Report (Langford et al., 2020), a keynote by Professor Wendy Magee at the 2021 BAMT conference, which addressed themes from the Diversity Report (see below) and particularly the issue of structural inequity within the music therapy profession, and the online panel discussion on Racial Awareness in Music Therapy (BAMT, 2021), providing insight into lived experiences of racism for UK music therapists of colour, both within the music therapy profession and in clinical practice. In response to these discussions, BAMT launched an Equality, Diversity, Inclusion (EDI) and Belonging network in January 2022 (Millard, 2022), and the *British Journal of Music Therapy* recently published a special edition on EDI and belonging (Millard, 2022)<sup>2</sup> as well as several individual papers on this theme (e.g., Lindo, 2023; Vencatasamy, 2023).

This study seeks to be part of these ongoing conversations by inviting trainee and qualified music therapists in the UK to reflect on how – often intersecting – racial and socioeconomic inequities impact on music therapy training and practice and what changes are needed for music therapy to become more relevant to and representative of minoritised communities. These discussions have a longer history in the US (e.g., Hadley, 2013, 2021; Hadley & Norris, 2016; Norris, 2020; Webb & Swamy, 2020, 2022), although, as Leonard (2020) notes, in relation to Black music therapists and clients, there remains a paucity of research exploring clients' worlds and the subjective experiences of therapists. In the UK, other than the BAMT Diversity Report, this is the first study of which we are aware to explore music therapists' perspectives on race and class in the profession.<sup>3</sup>

To provide a context for this research, we overview the requirements of UK music therapy training, and then summarise the findings of the BAMT Diversity Report. Next, we outline some of the key tenets of the bodies of theory informing this research – namely, critical race theory (CRT) and

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<sup>1</sup> We draw a distinction between equity and justice on the one hand, and equality on the other – equity and justice centre the dismantling of oppressive structures whereas equality centres integration of marginalised groups within existing structures (Leonard, 2020). Following Leonard, we capitalise Black but not white to emphasise our focus on equity and acknowledge that while Black people tend to identify themselves through their racialisation, white people do not. We use Whiteness to describe a position of structural advantage, the position from which white people view and experience the world and a set of typically unmarked and unnamed cultural practices (Frankenberg, 1993).

<sup>2</sup> It is disappointing that this did not include any papers specifically focused on race and class.

<sup>3</sup> Since this paper was submitted for review three papers have been published (Lindo, 2023; Myerscough & Wong, 2022; Vencatasamy, 2023) – see below - centring centre the experiences of music therapists of colour, whereas our study, like the BAMT Diversity Report, explored the views of white music therapists as well as music therapists of colour.

Black feminism. Finally, to locate this research in an international context, we briefly overview relevant explorations in the international literature on race and anti-oppressive/multiculturally competent practice in music therapy.

## Music therapy training in the UK

Music therapy training in the UK varies in theoretical emphasis between the various trainings available and is required to meet standards of proficiency (SoP) for arts therapies determined by the Health and Care Professions Council (HCPC 2023), which regulates the profession across the UK. The HCPC SoP have been recently critiqued from a disability studies perspective (Pickard, 2020) and are currently under revision. All training courses are at master's level and have to be HCPC-approved. There are currently 10 training institutions, including Nordoff and Robbins trainings in three different locations (BAMT, 2023). All UK trainings include music improvisation as part of their curriculum, which means that spontaneous interactive musical elements will be a part of every trainee's learning process. Psychodynamic theory is incorporated into most trainings, with varying levels of emphasis. Community music and associated social theories of shared music making are also incorporated into most trainings to some degree. There is a strong emphasis on practice placement (in, for example, healthcare, community and educational settings) as a core learning experience, and all trainees are required to complete a number of hours of personal therapy during their training. Historically, most courses have stipulated the highest level of classical music training in the UK as an entry requirement (Wetherick, 2016).

Recent research and commentary on music therapy training and the wider profession in the UK – published after the current paper was submitted – has explored:

- (1) three “ethnic minority” music therapists' views and experiences of training, highlighting financial barriers to accessing training, the lack of support for trainees of colour and feelings of alienation and isolation in a predominantly white university, the lack of focus on race in training and the unconscious bias of white peers and staff, and recommendations for change including improving cultural awareness, decolonising the curriculum and increasing diversity within training courses (Lindo, 2023);
- (2) racial issues in music therapy and the impact of Brexit through autoethnography and examples of casework (Vencatasamy, 2023);
- (3) the experiences of two minoritised music therapy trainees – a woman of colour and a trans, queer and disabled white person – through a “semi-structured discussion” (Myerscough & Wong, 2022).

Research has also highlighted economic and cultural barriers to music education in the UK (Creech et al., 2016). As Vencatasamy (2023, p. 4) noted, “With conventional Western orchestral instruments, the cost can be so high as to be exclusionary, engendering a sense of elitism. Cultural barriers also exist; music as a ‘serious’ career path is not a luxury often afforded to people of colour.” A recent report by the EDI in Music Studies Network (Bull et al., 2022) on the music higher education sector, including music therapy, highlighted the underrepresentation of Black British and British Asian

people among music students and that music students appear less likely to come from working class families.

## The British Association for Music Therapy Diversity Report

### *Demographics of UK music therapists*

The BAMT Diversity Report (Langford et al., 2020) examined the demographics of UK music therapists and it seems likely that the vast majority<sup>4</sup> of the 509 music therapist survey respondents<sup>5</sup> identified as white; 80.16% identified as female. The report suggests most participants came from relatively affluent backgrounds, with most: not first-generation graduates (59.53%), having access to privately funded music tuition (91.16%), never having to claim free school meals (90.37%), and trained in western classical music (87.18%) (similar demographics have been reported for US music therapy [Fansler et al., 2019]). In comparison, the 2021 national census identified approximately one in five UK residents as being from non-white ethnic groups (Office for National Statistics, 2022) and Black and ethnically minoritised groups are more likely to be living in poverty (Khan, 2020). Thus, these demographics show that the UK music therapy profession does not represent the wider population it seeks to serve. This means that music therapy clients from socially marginalised groups typically do not have access to “self-relevant role models” (Covarrubius & Fryberg, 2015).

### *Experiences of marginalisation and priority areas for addressing the lack of diversity*

The Diversity Report included questions about experiences of marginalisation and areas for BAMT to prioritise to address the lack of diversity within music therapy – taking seriously music therapists’ responsibility for “levelling the playing field.” Participants reported routinely experiencing “inequality” and discrimination *within* the profession based on race and socioeconomics (and age, gender, and disability) (see also Webb & Swamy, 2000). Participants of colour reported feeling silenced and dismissed by other music therapists and encountering defensiveness when raising issues related to race and racism – one commented that the refusal to engage is often fuelled by music therapists’ sense of themselves as having good intentions: “because you are a therapist you mean well and that’s enough” (p. 7). The authors developed seven overlapping and intersecting categories from the data on areas to prioritise to diversify the profession (the % in brackets denotes the proportion of respondents who referred to a particular area):

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<sup>4</sup>Participants were asked about “ethnicity” and whether they spoke English as a first language – it seems that they were given fixed response options for the ethnicity question but the options were a mix of nationalities, ethnic or racial categories. There seemed to have been a problematic elision of UK nationalities with Whiteness (Mayor [2012] argued that the elision of “American” with Whiteness reinforces white normativity), as the following percentages and categories were reported – in total, 85.45% of respondents identified as “British/English/Welsh/Northern Irish/Scottish,” “Irish” and “any other White Background” (the latter implying that the previous two options described white backgrounds). In the “multiple ethnicity/other” category, some respondents identified their ethnicity as “White British.” As such, it is unclear how many respondents identified as white. In future research, there needs to be clarity around and clear distinctions made between nationality, race and ethnicity.

<sup>5</sup> This represents just under 50% of the BAMT membership; the respondents were mostly qualified music therapists (90.57%).

- Increasing the accessibility and diversity of training (65%) – by diversifying staff and course content, removing financial barriers to entering the profession, and acknowledging that historically at least there has been a Eurocentric/western bias in training;
- Increasing diversity in professional practice (30%) – through greater diversity in leadership roles and in BAMT, and the development of an EDI strategy within BAMT;
- Increasing support (28%) – both financial support for trainees and support for minoritised music therapists;
- Improving access to continuing professional development (CPD) (17%) – on racism and cross-cultural music therapy;
- Raising awareness (12%) – of music therapy in disadvantage communities, and music therapy as a career option, and addressing the lower status of music therapists compared to other allied health professions;
- Increasing representation (6%) – of minoritised music therapists and raising awareness of the diversity of clients; and
- Improving equality (3%) – through equal pay and ending unpaid work.

### *Continuing the conversation*

Both the survey respondents and the authors of the report highlighted the need for further research – the report authors “Invite[d] the wider Music Therapy community to engage, collaborate and contribute to the continuing conversation to identify and implement the next stages of this process to better the profession for all” (p. 2). Although the Diversity Report involved the generation of qualitative data, and some extracts from the open-ended survey responses were quoted, the focus of the report was a descriptive summary of the responses. The current study aims to build on this valuable summary by providing a more in-depth qualitative exploration of the views and experiences of trainee and qualified music therapists, informed by insights from CRT (Mayor, 2012) and Black feminism (Sajjani, 2012).

As noted in the BAMT Diversity report, although there is a pressing need to explore racially/ethnically and socioeconomically marginalised music therapists’ experiences of discrimination and exclusion within the profession, wider examinations of the impact of race and class must include both white people and people of colour (as the Diversity Report did). We now outline some key tenets of the bodies of theory informing this research – CRT and Black feminism.

### **Critical race theory and critical race feminism**

Currently a political football in the “culture wars,” CRT was developed by predominantly Black law professors in the US in the late 1980s and early 1990s to challenge the view that US law was value-free; instead, they argued the law legitimates a racially oppressive social order.

Although its roots can be traced to earlier activism by Black women, Black feminism as a theoretical framework developed from critiques of the exclusion of women of colour from the women’s movement in the 1970s and 1980s (e.g., hooks, 1984; Lorde, 1984) and it interrogates the intersections of race and gender in structuring social inequity and injustice (Crenshaw, 1991; Sajjani, 2012).

Both CRT and Black feminism examine how white supremacy and the subordination of people of colour are created and maintained (Brown & Jackson, 2013), with the latter focusing specifically on women of colour. In CRT, racism is viewed as normal and ordinary, rather than exceptional, and an integral part of US and other western societies (McDowell & Jeris, 2004) – a key critical race theorist Derrick Bell (1992) dubbed this “racial realism.” Both frameworks conceptualise race as socially constructed based on categories created by society rather than science (Daftary, 2020); race is constructed in ways that meet the needs of the white dominant group, and being white means gaining access to greater economic, political and social security. Within the socially constructed system of race, the white race is viewed as “normal,” the standard for humans and culture, and all other races as “deviant” and “abnormal” (Moodley et al., 2018).

The concept of white privilege captures the advantages bestowed upon white people based on their race in a racially hierarchical and unjust society (McIntosh, 1989). In CRT, Whiteness is conceptualised as property, a tangible commodity with significant value (Harris, 1993): “the concept of whiteness is built on both exclusion and racial subjugation” (p. 1737). Thus, even though race is understood as a social construct, the material implications of race and racism on the lives of both the privileged and the marginalised are acknowledged.

Another key critical race theorist, Alan Freeman (1978), introduced a distinction between the perpetrator’s and the victim’s perspective on racial discrimination. As Brown and Jackson (2013) outlined, the perpetrators’ view frames racial discrimination as the result of conscious discriminatory behaviour by individuals, not a social or a structural problem. The solution is to eliminate the racists, individuals motivated by racial hatred. Racial discrimination is the responsibility of this group of individuals; people who are not perpetrators have no responsibility to resolve the problems caused by racism. When the actions of perpetrators have been addressed, “what remains in terms of the socio-economic order is presumed to be the just condition of society” (Brown & Jackson, 2013, p. 15). From a CRT perspective, defining racism as conscious decision making and actions motivated by discriminatory intent overlooks unconscious forms of racism (Lawrence, 1987).

Instead within CRT there is an emphasis on discriminatory effects and the victim’s view of discrimination – actions can have a racially neutral justification but nonetheless have a disproportionately negative effect on minoritised groups and the social conditions of the racial underclass – these social conditions would improve with meaningful challenges to injustice. Racism includes both intentionally motivated behaviours and unconscious acts resulting from an acculturation process into dominant cultural beliefs that view people of colour more negatively than whites (Lawrence, 1987). Racism is ingrained in the social fabric and existing institutions and power structures - to the extent that it is almost invisible or unrecognisable, particularly to those who benefit from it (Daftary, 2020; McIntosh, 1989). Motivation-centred conceptions of racism are inadequate to capture how integral racism is in the everyday lives of people of colour.

As Daftary (2020) outlined, CRT scholars are overt in their social justice aims and reject the notion that scholarship and individual scholars can be neutral and “unbiased.” CRT-informed research should contribute to attempts to dismantle the ideology of white supremacy and racially defined power inequities.

The influence of CRT has extended beyond law, and it has been argued to provide a strong theoretical framework to guide empirical research related to inequities in applied fields such as social

work (Daftary, 2020), education (e.g., Yosso et al., 2009) and counselling (McDowell, 2004). The BAMT Diversity Report offered an ostensibly atheoretical summary of the survey responses; we argue that to rigorously explore music therapists' accounts of race and other structural inequities, research must be grounded in a theoretically informed understanding of race and racism. Otherwise there is a risk of perpetuating problematic assumptions around race. There have been some brief references to CRT in the music therapy literature (e.g., Leonard, 2020) and some engagement with CRT and Black feminism as frameworks for practice in the wider creative arts therapy literature (Mayor, 2011; Sajjani, 2012). CRT has been suggested as an alternative to Eurocentric theoretical frameworks for working effectively with Black clients in music therapy and pursuing health equity (Leonard, 2020).

## Racial and socioeconomic inequity and diversity in music therapy internationally

Our research will contribute to wider international conversations within music therapy and music education about racial and socioeconomic inequities and diversity. These conversations are dominated by the voices and scholarship of western and particularly US music therapists. Alongside CRT and Black feminism, our research and analysis are informed by the critical perspectives on race, and to a much lesser extent, class, in this literature.

There has been some examination of the racialised subjectivities of music therapists (Hadley, 2013a, 2021; Kunimura, 2022; Silveira, 2020) and the experiences of racially minoritised music therapists (Beer, 2015; Kim, 2008). There have also been calls for white music therapists to interrogate their racial positioning and privilege (Hadley, 2013b). There have been critiques of racism and anti-Blackness in music therapy (Norris, 2020), and of the way the positioning of music therapy as neutral and the assumption that music is a universal language provides a veil for privileging Whiteness (Webb & Swamy, 2020). There are also critical discussions of the privileging of western classical music within music education (Bull, 2019) and the way gatekeeping practices around training, such as requiring proficiency in western classical music and academic achievement, often serve to exclude people with marginalised identities from entering the profession (Fansler et al., 2019). Most recently, research has explored the experiences of minoritised trainees in the US (Gombert, 2022; Imeri & Jones, 2022).

In relation to the theoretical and values frameworks informing training and practice, there have been discussions of anti-racist education and pedagogy (Hadley, 2019), developing culturally safe ways of working with Black, Indigenous and people of colour (Jones et al., 2004; Truashheim, 2014), and (multi)cultural competence in music therapy practice (Belgrave & Kim, 2020; Hadley & Norris, 2016; Swamy, 2014).

Music therapists and other creative arts therapists, particularly in North America, have proposed various frameworks for anti-oppressive practice (Baines, 2013, 2021) with members of socially marginalised groups and radically inclusive, social justice-based music/creative arts therapies approaches (Bain et al., 2016; Collier & Eastwood, 2022; Fansler et al., 2019). Some of these are inclusive of race, such as community music therapy (e.g., Ansdell & Pavlicevic, 2004; Stige & Aaro, 2012), resource-oriented music therapy (Rolvsjold, 2006), and feminist music therapy (e.g., Curtis, 2012; Hadley, 2006). Curtis (2012, p. 4), for example, defined her practice of feminist music therapy as

focusing on “dimensions of power and privilege in cultures characterised by institutional sexism, along with the interplay of other such oppressions as racism, classism, heterosexism, ageism, and ableism.” This quotation from Curtis illustrates that social class is sometimes considered as one of a number of intersecting oppressions in the music therapy literature (e.g., Hadley, 2006; Rolvsjold, 2006; Stige & Aaro, 2012). Furthermore, some middle-class music therapists have acknowledged their class privilege (e.g., Baines, 2021; Curtis, 2012; Hoskyns & Hadley, 2013). However, there has been little in the way of specific and sustained focus on social class and class privilege in the music therapy literature to date.

## THE CURRENT RESEARCH

The current research is not fully informed by CRT – although the research includes music therapists of colour, we’re not using qualitative research to establish counter narratives based on their experiences (Daftary, 2020). We did not apply CRT tenets to the research question and design, but they have informed the analysis and presentation of the research. We chose to focus on race *and* class as these are the two dimensions of privilege/marginalisation that arguably define the profession in the UK (Langford et al., 2020). Furthermore, as previously noted, race and class inequity often intersect. For example, people of colour in the UK, particularly of African heritage, are proportionally more likely to be working-class than white people, despite the conceptualised “Whiteness” of the UK working-class (Mondon & Winter, 2018). This research contributes most directly to the strand of international literature interrogating and critiquing the racialised norms of music therapy.

The research addresses the following questions:

1. How do music therapists perceive race and class to impact and shape the profession and practice of music therapy in the UK?
2. How do music therapists think music therapy in the UK can become a more equitable and inclusive profession and practice?

## Researcher positioning

It is important to acknowledge that we are all white and middle-class – two of us are music therapists and one an academic psychologist – and as beneficiaries of unearned racial privilege (Morris, 2016), we have a responsibility to instigate discussions of race and racism within music therapy (see also Gombert, 2022; Mayor, 2012). We conducted this research as white people striving to become increasingly racially aware and actively anti-racist – to quote two white researchers who examined racism in family therapy, McDowell and Jeris (2004): “We absolutely acknowledge that we have not ‘arrived’ in this process” (p. 84). Conducting this research was a learning process, and we got things wrong (as we discuss further below). We hope that being honest about our white normative assumptions encourages other white researchers to not avoid researching race out of a fear of discomfort and making mistakes (see also Myerscough & Wong, 2022). We also acknowledge the reality, as one participant pointed out, that as white people we are more likely to be listened to on matters of race.



## METHODOLOGY

### Research design

Data were generated from 28 participants using an online qualitative survey and from follow-up telephone interviews with five survey participants. Online surveys were chosen because of the sensitivity of the research topic and the high levels of what Terry and Braun (2017) termed “felt anonymity” associated with this method. Surveys also enabled a “wide-angle lens” (Braun et al., 2021) on the topic and the recruitment of a relatively large group of participants with a range of experiences and positions, from across the UK. Follow-up telephone interviews allowed for more in-depth exploration of participants’ experiences and provided them with a greater sense of anonymity than a face-to-face interview (Braun & Clarke, 2013). Data were analysed using reflexive thematic analysis (TA) to develop key themes across participants’ responses and provide a rich description of the data (Braun & Clarke, 2022). The analysis was initially broadly inductive, grounded in the participants’ sense-making, and underpinned by a critical realist ontology and contextualist epistemology (Braun & Clarke, 2022). Critical realism assumes the existence of a material reality, separate from human ways of knowing, but acknowledges that experience of reality is shaped by culture, language and political interests. Thus, a critical realist ontology allowed us to acknowledge the intersecting material realities of racism and social class and the political interests that shape human knowledge. Contextualism is concerned with the situated and contextual nature of meaning; the central metaphor of contextualism is “the human act in context” (Tebes, 2005, p. 216). In a contextualist epistemology, knowledge is contextually located and provisional, and inherently reflects the researchers’ positionings. In the later stages of the analysis, the data were interrogated for their dialogue with concepts from CRT and Black feminism. So, the analysis was also deductive in the reflexive TA sense of using critical theory as an interpretative lens for reading and making sense of the data (Braun & Clarke, 2022).

### Participants and recruitment

Participation was open to HCPC-registered music therapists and trainee music therapists on HCPC-accredited training programmes. Participants were recruited through BAMT. The survey link was distributed to regional network groups of BAMT via group coordinators, allowing participant recruitment from most regions of the UK. Survey participants were asked to provide contact details if they were willing to take part in further data generation. Interviewees were selected from respondents who gave rich and detailed survey responses. Participants were asked to self-describe their socio-demographics (e.g., How would you describe your racial/ethnic background? How would you describe your social class?). Their responses are summarised in Table 1. The participant group consisted of 23 registered music therapists and six trainees.

Gender	Race/ethnicity	Disability	Social class	Sexual orientation
Cisgender woman	White British/	No	Variant of	Heterosexual
	European	Yes	middle class	Other
Cisgender man	Mixed		Middle/working class	Bisexual
	White Jewish		None	Gay
	Black		Working/lower class	Pansexual
	Caribbean		Unsure	
	Brown British			
	Catholic			
	Cornish			

**Table 1:** Survey participants' self-identified demographics

## Data generation

Ethical approval was granted by the University of the West of England Psychology Ethics Committee. The survey consisted of 12 open-ended questions and was delivered via the Qualtrics survey platform (see Box 1). The questions were designed to be open and not to steer participants to a particular analysis around race and class, but given social prohibitions against overt expressions of racism (Augoustinos & Every, 2007), and white fragility around racial stress (DiAngelo, 2011), we acknowledge the potential for socially desirable responding even in a relatively anonymous online survey. The questions addressed: race and class in training and practice and as potential barriers to accessing music therapy, and ways to address barriers on an individual and a structural level. As there can be a high level of roll-off with qualitative surveys, with participants closing the browser window when they realise they have to answer questions in their own words, to avoid such participants wasting their time completing demographic questions, these followed the substantive questions (Braun & Clarke, 2013). The survey was piloted on five trainees and no changes were made following the pilot.

The follow-up interviews each lasted around one hour and were audio-recorded and transcribed orthographically for the purpose of analysis. The interviews were loosely structured around the participants' survey responses. It was notable that ethnically minoritised participants and participants of colour were articulate about racial and other structural inequities in UK music therapy; the white participants were less so and their interviews often drifted from an explicit focus on race and class.

The white, middle-class identities of the first author (researcher) and second author (research supervisor) were not disclosed in the survey or interview participant information (see the Discussion for further reflection on this). Most telephone interviewees asked about the first author's positioning. One participant of colour asked about this expressly to ascertain the safety of the conversation.

1. Do you feel that race and social class are relevant considerations in music therapy? Please explain your answer.
2. Please tell me about any discussion of race and social class in your music therapy training.
3. Please tell me about any other training you have undertaken that addressed issues of race and social class in music therapy, either during your time as a trainee, or since becoming a qualified music therapist.
4. Do you think race and social class should be on the agenda for music therapy training?
5. In what ways, if any, do you feel that your own racial background/ethnicity and socio-economic status influence your therapeutic practice?
6. In your music therapy practice, would you say that you draw mainly on instruments and musical resources from your own cultural heritage?
7. Do you think your ethnicity and socio-economic background affect how your clients perceive you? If so, in what ways?
8. Do you feel that concepts such as white privilege or the recent Black Lives Matter movement hold any relevance to the music therapy profession? Please explain your answer.
9. Do you perceive any barriers to people from socio-economically disadvantaged groups and Black and minority ethnic communities accessing music therapy in the UK? Please explain your answer.
10. If you think there are barriers, how can individual music therapists play a role in addressing these?
11. If you think there are barriers, what do you think music therapy as a profession could do to address these?
12. Is there anything else you'd like to tell me about race and social class in music therapy?

### Box 1: Main survey questions

## Data analysis

The interviews were transcribed verbatim and the survey responses downloaded into a Microsoft Word document for the purposes of analysis. The survey responses and interview transcripts were treated as one dataset, and the first and second author began to familiarise ourselves with the data by reading and re-reading and reflecting on the content. We met to share our reflections and then both separately coded some of the data. We met again to discuss and reflect on these initial attempts at coding and then the first author proceeded to code the entire dataset. We met to discuss potential themes and at this point reflected on resonances between the patterning in the data and CRT and Black feminism, and we began to use these bodies of theories as interpretative lens to deepen our analytic engagement with and “take” on the data.

The themes reported in the Analysis are illustrated by anonymised data excerpts. Survey excerpts are tagged with SP (survey participant) and interview extracts IP (interview participant). Individual participants are not identified through a number or pseudonym to protect anonymity. To enhance readability, typing errors in survey data extracts have been corrected.

## THEMES

We report the following three themes: (1) Posh white ladies: the typical music therapist; (2) White normativity and fragility in music therapy; and (3) Music therapy: undervalued and too costly.

### Theme 1: Posh white ladies: The typical music therapist

This theme explores the participants' framing of the typical music therapist as a privileged white, middle-class woman, with lived experiences far removed from many clients, and therefore unable to meaningfully relate to most clients, and these clients unable to relate to them. This strongly echoes the BAMT Diversity Report finding that the profession is dominated by affluent, white, classical musicians. These women were perceived to dominate positions of power and authority within the profession. For many, this meant people from different backgrounds wishing to enter the music therapy profession might feel alienated (Fansler et al., 2019). The "posh white lady" presented herself in various guises across the data, both self-identified and from an outsider perspective:

People look at me and see a posh white lady and say to themselves, 'what does she know about my life and my experiences?' and to a large extent, they're right. (SP)

...some of it was definitely because I was a white middle-class woman, and this boy [a service user] may have had a lot of white middle-class women making decisions on his behalf and dictating. (SP)

The "posh white lady" music therapist was understood as married to a man who supports her financially. She was able to afford to train and then to enter a career with little opportunity to earn a living wage – a "hobby" career designed around a heteronormative family construct. Many participants who self-identified as white, middle-class women acknowledged the privilege that facilitated their training and practice as music therapists:

I can afford to work as I do as a music therapist because I am financially supported by my partner in a traditional, white middle-class family set-up. I felt all the role models I saw in my training and since have been reflections of myself. This is validating and unconsciously reassuring, whilst at the same time being elite and exclusive of those not in the same bubbles (SP).

Several participants adopted a limited critique of the dominance of white, middle-class music therapists, observing how this might be problematic with regard to diversifying the profession:

This profession is dominated by white middle-class women. This is self-selecting, and perpetuates difficulties (SP).

The difficulty is with this narrow group being the voice and face of the profession, it's hard to see how those in disadvantaged positions would aspire to this career or feel understood or heard once they get there (SP).

We need more people of colour in positions of authority, who can be visible. Is there a single music therapy lecturer anywhere in the UK who is Black or Asian? (SP)

These excerpts raise the question of role models – the “solution” to the dominance of “posh white ladies” is promoting working-class people and people of colour to positions of authority and visibility within the profession. In the wider music therapy literature, it has been argued that without simultaneous structural change such integration will not result in justice for people of colour: “Any calls for access and empowerment in music therapy amplify our existence within unjust systems and our participation in their perpetuation in education, theory, research, practice, and praxis” (Norris, 2020, p. 1; see also Fansler et al., 2019). Some participants offered a more systemic and structural critique, observing how the foundations of the music therapy profession in the UK are firmly embedded in neo-colonial Eurocentric white privilege (see also Gombert, 2022):

The people who have been running the training courses, writing the literature, are just kind of stuck in one place, just like dinosaurs you know just kind of stuck in this other way of thinking about things. And all this stuff about ‘oh are we psychodynamic,’ ‘are we person-centred,’ that’s a very unhelpful circular argument that never seems to go anywhere (IP).

The description of people leading the profession as dinosaurs evokes a strong image of people lumbering around, out of touch, with antiquated value systems, fixed in time like fossils. Whilst role models who are working-class and people of colour are important (Imeri & Jones, 2022), this more structural critique suggests leaders shaping the values of music therapy may be reluctant to change or critically examine a system that works in their favour. Instead, the leaders are portrayed as “stuck,” absorbed in pointless discussions and detached from more pressing social issues.

Participants self-identifying as anything other than white and/or middle-class positioned themselves as outside of dominant norms for the profession (Imeri & Jones, 2022; Langford et al., 2020; Vencatasamy, 2023). Some described adopting certain characteristics to attain the same professional credibility as their archetypal middle-class counterparts. This included affecting a different accent, wearing different clothes and adopting different behaviour, sometimes to the detriment of relationships with clients, who might find them more relatable as their authentic self<sup>6</sup>:

I have changed the way I dress...I also chose not to have tattoos as I thought this would not look good for my career and help me be a ‘blank slate’...I wanted to fit in with this group of professionals, I dress how they dress and try to behave like them and I thought this would help my career (SP).

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<sup>6</sup> People of colour cannot change their race, although some fairer skinned people of colour may pass as white (Ong, 2005), and they can adopt the dress and speech styles of white middle class therapists.

I have felt that my thoughts may have been disregarded as a result of my accent – when presenting I often adopt a different accent from a higher socioeconomic status (SP).

Participants also described being othered or pathologised in their training due to their working-class background (see Langford et al., 2020):

I introduced myself AND social class (the lecturer asked) and when I said “lower class” she almost appeared offended and dismissed it because I “speak well” – my class is my class and I am not ashamed, but it appears others are and feel threatened when presented or faced with it (SP).

My background is from a single-parent family. I grew up in a council house and one of the first things we were told to read was a chapter in which single mothers were spoken about in a derogatory manner [...] and my psychological wellness/attachment style brought into question (SP).

In summary, participants felt that white, middle-class music therapists must acknowledge their class and race privilege and how their positioning might limit the professional ethos and values of music therapy, marginalising people outside of the white, middle-class norm. Role models were viewed by some as important and participants highlighted the lack of role models for music therapists of colour in the UK.

## Theme 2: White normativity and fragility in music therapy

This theme explores the impact of race and racism in music therapy training and practice, through the intersecting concepts of white normativity and white fragility: the former captures the way white people and culture are constructed as “neutral,” the standard for humans and culture (Morris, 2016), the latter the psychological difficulties white people have in talking about race and racism. Conversations about racism may trigger defensive reactions or responses such as anger, fear, and silence (Gombert, 2022; Imeri & Jones, 2022). White fragility contributes to racism by dismissing white domination and racial conditioning (DiAngelo, 2011). Kruse (2020, p. 144) argued that: “Of the many ways that music educators and scholars might enact white fragility, racial silence may be one of the most powerful.” Participants both commented on white normativity and fragility in the profession and some arguably also enacted these in their responses (see also Gombert, 2022). For example, racial silence was evident when several participants maintained that unconditional positive regard can transcend differences of race and class:

When I am in the room with a client, my job is to connect where possible with the other person in the room with positive regard – this is a humanistic leveller (SP).

Unconditional positive regard, one of the core conditions of humanist therapy, means accepting and acknowledging lived experience without judgement or dismissal (Cooper & McLeod, 2011). However, caution is needed so that it is not used to disregard the lived experiences of clients, and that the therapist's privilege obscures difference (Gombert, 2022; Myerscough & Wong, 2022). Turner (2020, p. 1) observed that when Carl Rogers was working with a Black client: "Rogers assumes that the client resides within the same cultural space – cultural container – as Rogers himself. That he fails to acknowledge or question this now widely recognised, fundamental assumption is an example of Rogers' privilege at play." McEvoy et al. (2020) reported similar accounts in research on therapists' perspectives on the role of social class in talking therapies, with most framing class differences as something the therapeutic relationship, facilitated by the therapist's non-judgemental stance, can and should transcend. Their participants presented class differences as an initial barrier to the therapist and client connecting as individuals. Such accounts can be understood as reflecting – problematically ableist – notions of "colour-blind" or "oppression-blind" thinking, which deny the material and experiential consequences of oppression (McDowell & Jeris, 2004).<sup>7</sup> Hadley and Thomas (2018) argue that the humanist psychology of Rogers and others promotes a westernised ideal of humanity as transcending cultural specificity. Another example of the enactment of white normativity in the data was the use of terms like "ethnic" and "world" – as in "ethnic drums" (SP) and "world instruments" (SP) – to describe non-western cultures – framing Whiteness as the standard for human culture, and anything outside of this as "other" (Gombert, 2022; Lindo, 2023). This is succinctly encapsulated in a poem by Nate Holder entitled "If I were a Racist" (2020):

If I were a racist  
I'd call all non-white music 'World Music'  
After all, it's them and us.

Furthermore, Ewell's (2020) discussion of Feagin's (2009) notion of a structural and institutionalised "white racial frame," which promotes and justifies a white worldview, and privilege and dominance, in the context of music theory could equally apply to music therapy.

A few participants also derived currency from international travel – "it was travelling widely that really gave me a full working knowledge of different cultures" (SP) – with travel framed as an opportunity to "embrace different cultural heritages, I always come home with the musical instrument that reflects that culture" (SP).

White normativity was evident in training experiences – most participants stated their training included very little coverage around race and class. Some participants framed this as a reflection of the period in which they trained; others described tokenistic lectures about multicultural working (Hadley & Norris, 2015), rather than multiculturalism being integrated throughout the curriculum (Fansler et al., 2019; McDowell, 2004):

I recall very little discussion about social class in the training generally. There was no discussion about race at all, as far as I recall. There was a short seminar series about using music from outside the western canon (SP).

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<sup>7</sup> "Colour-evasive" and "oppression evasive" are non-ableist alternatives (Leonard, 2020).

Many participants felt that consequently, UK music therapists are ill-equipped to work with people of colour and clients from non-western cultures (Lindo, 2023). When Indigenous non-western musical traditions were taught in music therapy training, they were perceived as detached from their spiritual and cultural significance (Hadley & Norris, 2015):

apart from one or two token jazz classes, one folk music workshop and a djembe workshop (which was given by a white male music therapist), improvisation was taught with a classical music lens. I come from a jazz tradition and found most of our musical resources classes irrelevant, outdated or infantilising (SP).

Participants reported that when therapy with non-western clients/clients of colour does not work, music therapists were inclined to blame the client rather than reflect on the inadequacies of their practice (Hadley & Norris, 2015):

white and mainstream musical expression is immediately understood and worked with but non-white musical expression, which may sometimes come in the form of more ritualistic/spiritual music is seen as something which needs to be 'shifted' (SP).

Accountability for the impact of racial difference in the therapeutic space was spoken about at far greater length by participants of colour than white participants. In the wider literature, Norris (2020) critiqued music therapy in the US as perpetuating psychological wounds inflicted upon Black music therapy clients, through the lack of acknowledgement of race in training and practice. Whilst most participants agreed music therapists must examine their work through a critical lens, being mindful of the broader power structures impacting lived experience, some suggested the UK music therapy profession has allowed white, middle-class music therapists not to think about race and class (Lindo, 2023):

I find it hard to believe that I have been a practising music therapist for over twenty years, and it is only now that I am thinking about these things (SP).

The following extract refers to a trainee cohort that included one Black woman amongst an otherwise all-white group. Implicit is the refusal of the training programme to acknowledge race and racism. It is interesting to note that even though this was provided as an example of the participant's growing awareness of race and racism, the language and framing here is nonetheless rather passive – the Black music therapy trainee “felt herself othered,” rather than *was* othered by the institution or cohort – and the participant sidesteps thoroughgoing responsibility for and self-examination around how they may have participated in this othering:

The Black female left after term 1. We did not talk about this openly amongst ourselves or with our teachers. In hindsight, I am sure this woman felt herself to be othered in blind racism ways that I now feel more aware of (SP).



Regarding entry criteria for becoming a music therapist, historically training courses have stipulated formal western classical training and grades as a pre-requisite (Fansler et al., 2019; Hadley & Norris, 2015; Langford et al., 2020). While most UK training courses have now broadened this to “a high standard of musicianship,” at the time of writing some entry criteria for training programmes (e.g., Anglia Ruskin University and the University of Roehampton) still refer to classical instrumental grades as indicators of musical ability in their entry requirements. Participants spoke about privileging classical music within music therapy, and devaluing and marginalising other musical traditions (see also Gombert, 2022; Vencatasamy, 2023):

Classical music and psychotherapy is based on a lot of fundamentally racist ideas. (IP)

We’re all white, we’re all middle class because we’re all classical music. You know, and that’s what classical music is, it’s white and middle class. And if you’re not classical music, you’re othered, in the music therapy world (IP).

The history of western classical music is firmly embedded in colonialism and social elitism, demarcating the boundaries of the European middle and upper classes (Bull, 2019). The colonial legacy of western classical music means that in UK training programmes international music therapy students will often be from a western classical music background. Some participants noted that it is often assumed that people of colour in the UK will identify with different musical traditions from white people, but because of colonialism this is often not the case:

I grew up thinking western music was the only way to hear and play music, in the same way that my family did. Indian classical music which would have been our natural heritage was usually seen as inferior (SP).

you get people who then say ‘well I’m very culturally diverse,’ or ‘I use multiculturalism within my music’ or ‘my approach with my clients,’ and then actually what are you insinuating, culture doesn’t, isn’t tied to colour, are you insinuating that culture is somehow the same? (IP).

The second extract highlights the way “multiculturalism” can be used as a euphemism for race and a way of avoiding directly discussing race (Mayor, 2012; McDowell & Jeris, 2004).

Participants of colour especially highlighted the dominance of white western theoretical traditions/psychologies within music therapy (Baines, 2013; Gombert, 2022; Hadley & Norris, 2015; Vencatasamy, 2023) and conceptualisations of mental health. One participant who moved to the UK to train noted that international students:

come into a very western space where psychological thinking is skewed by colonial thinking and where there is evidence of bias and prejudice towards ways of being and psychologies that are non-white (SP).

Such “colonial thinking” shores up white normativity – western psychology becomes the standard – and can result in the stigmatisation of the behaviours of non-western clients and clients of colour that do not conform to the standards for white normativity (Moodley et al., 2018).

Participants observed that many white music therapists have a self-image as well-meaning, well-intentioned good people who help others (Langford et al., 2020), and therefore position themselves as operating outside of systems of inequalities and are reluctant to engage in discussions about class and classism, and race and racism (Gombert, 2022):

There’s a whole system of oppression and classism, elitism, racism, that simply, as therapists it is too difficult to look at because people that have positioned themselves as therapists, think of themselves as being very enlightened (IP).

It felt like I was coming in and trying to tear down these blocks of their identity because I think it’s been so much of who they are, that it feels to them like you are trying to rip their world apart a little bit, and it feels too difficult (IP).

Participants articulated how music therapists of colour typically have to navigate white music therapists’ discomfort and defensiveness (Gombert, 2022; Langford et al., 2020). The problem often gets projected back onto them and normative Whiteness remains unexamined as a result (Gombert, 2022; Imeri & Jones, 2022). The following interview extracts capture the lived experiences of participants of colour within the UK music therapy community:

they start to put psychoanalytical and psychodynamic theory in the mix, just to cloud the issue. You know, that use of therapeutic language which then muddies the water, so the person feeling oppressed feels that they have no comeback, and when you get people then colluding with that, you end up being silenced. (IP)

responses like ‘so where do we draw the line then,’ you know ‘are we saying that classical music is racist,’ ‘are we saying that psychotherapy is racist’... from my experience of being a person from an ethnic minority community who is used to being silenced, I found that I had to choose my words very carefully, and I found I stopped short of saying what I wanted to say (IP).

I’ve spoken to a number of Black people who feel that it’s just not worth it to come out and say anything, they feel like it’s too much of a risk. And I think that it’s heartbreaking, and I think that it says so much – it speaks volumes about their lived experience (IP).

These excerpts suggest that music therapists of colour often chose silence to protect themselves from, and to navigate, white fragility (McDowell, 2004). Participants of colour in McDowell’s research on the experiences of family therapy trainees similarly described non-engagement/withdrawal or choosing their battles as ways of managing racism and avoiding negative attributions (e.g., “oversensitive,” “troublemaker”).

In summary, white normativity and fragility presents itself in UK music therapy in various guises – through a reluctance to acknowledge race, and structural inequities, or viewing race as a mere cultural difference that is readily transcended through a non-judgemental stance on the part of the therapist (Gombert, 2022), through white music therapists’ defensiveness and discomfort with race (Gombert, 2022; Imeri & Jones, 2022) and their simultaneous sense of entitlement to appropriate, and claim to fully *know*, the musical traditions of non-western cultures (Fansler et al., 2019), and through the emphasis on white western musical and theoretical traditions in training and practice (Gombert, 2022).

### Theme 3: Music therapy: Undervalued and too costly

This theme explores the simultaneous undervaluing of music therapy in the UK, including within the profession itself, and the socioeconomic and structural barriers to entering the profession for many. These barriers work to maintain the middle-class and white normativity of music therapy, and individual music therapists collude in this shoring up of socioeconomic and racial privilege within the profession by undervaluing their labour and giving it away for free. This theme also captures the way race and socio-economics impact on access to music therapy services.

Participants presented music therapists working for free as undervaluing the music therapy profession and preventing those without socioeconomic privilege from entering the profession:

The biggest, most important thing that people need to do is stop working for free (IP).

There’s an interesting narrative, when we were training, that you don’t want to be doing more than three days a week therapy, and it’s nonsense. And I think it was created so that people wouldn’t imagine, people wouldn’t expect or want five days a week working in music therapy (IP).

Some participants perceived this advice to limit the hours spent in therapeutic practice as a way of reframing the lack of available work post-qualification, implying music therapy is undervalued even from within the profession. Some commented that trainees are not taught to manage being a self-employed music therapist, implicitly positioning music therapy as a “hobby job” for the socioeconomically privileged. Others argued that valuing your time at a “high” price is a luxury afforded by self-assurance and entitlement:

you are required to be a ‘good enough’ practitioner to warrant being funded, but also it is often necessary to explain or defend the validity of the profession as a whole. I feel that my background gives me the confidence to do this. (SP)

it’s a privileged position if you imagine yourself as the sort of person who can charge a lot of money...it takes tremendous self-confidence. We need training to think about ourselves properly (IP).

Some participants identified the lack of secure, well-paid work as a prohibitive factor in diversifying the profession:

all the non-white, non-middle-class women realise there's no work, or that there's no secure work, and they bail out (IP).

The suggestion here is that working-class women and women of colour would pursue a career as a music therapist if there was secure, paid work available (see also Fansler et al., 2019). The following participant argued that change will only come if there is funding for music therapy services:

When people become aware that it's [music therapy] a thing, that they should feel entitled to, then they will start asking for it. And when they start asking for it, it will become on everyone else's radar, and there'll be funding for it, and then there'll be more jobs, and then you'll get more diverse people going into the profession because there'll be more work (IP).

Other participants highlighted the wider social inequalities that shaped who had the luxury of a musical education at a young age (Lindo, 2023; Vencatasamy, 2023). Whereas young people from working-class backgrounds focus their education towards earning potential and their parents spend money on essentials such as food, not music lessons, middle-class young people have access to private music tuition and can afford to entertain potential careers with less financial predictability and stability. The current de-prioritisation (Bull, 2019) of music education in the UK means less funding for and availability of music-making in education. Those without access to privately funded music lessons are often excluded from pursuing music as a career option, including music therapy. Participants felt that to push for social change and to diversify the profession, music therapists share a responsibility, alongside community musicians and educators, to advocate for inclusive and relevant music education, promote opportunities for music-making for the whole community, and the psychosocial benefits of musical participation (see Rolvsjord, 2006):

It requires us as a profession and as musicians to work differently...doing that work in community groups, and not only saying this is an orchestra for kids, but this is an orchestra for your entire family. We will learn together...parents as well...they want what's best for their kids. They just don't have any understanding how music can play a role in their child's need to transcend not only their class, not only their economic status, but their colour, and their perception of what is success. (IP)

Likewise, individuals wishing to access music therapy services are often financially prohibited from doing so:

Music therapy has such a stigma of being an expensive therapy (SP).

the middle class buy into it, you know like when my mum got dementia we were able to make that choice and buy it in for her, but not everyone can do that, not everyone has that financial option (IP).

Participants described various barriers to accessing music therapy services in addition to finances. Individuals and caregivers must often navigate complex systems to request music therapy and self-advocate for funding. Despite some schools using pupil premium funding<sup>8</sup> to buy music therapy services, many individuals are overlooked if their behaviour is not disruptive to others, carers cannot afford or advocate for therapy on their behalf, or because of their race:

children who tend to get referred to music therapy within schools are the kids who are acting out yeah? Because they're causing a problem, people want a solution (IP).

in schools, you tend to get the autistic kids (IP).

the individual referrals, they were all white. In Birmingham!<sup>9</sup> (IP).

Such barriers to accessing therapy are not limited to children. Several participants stressed the importance of the therapist ensuring their referred clients can access therapy in a practical sense:

It's not just holding down the session in the space in the therapy room, it's as much about getting people there, getting the support there, making sure the room is suitable for them (IP).

This excerpt highlights the facilitative role of individual therapists and organisations in ensuring appointments are appropriately scheduled and clients are helped with practicalities like transport and childcare arrangements. US psychotherapists Kim and Cardemil (2012) offer pragmatic considerations for working with low-income clients – providing food during therapy sessions, partnering with non-traditional mental health providers such as schools and churches to advertise services, and offering services during non-business hours – as an acknowledgement that “class plays a tremendous role in determining who can miss work for a therapy appointment and who cannot” (Kim & Cardemil, 2012, p.3).

Many participants noted that music therapy is often misunderstood as something other than an allied health profession:

many organisations believe therapy is a luxury and music therapy more of an activity or entertainment than an intervention (SP).

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<sup>8</sup> Government funding to improve educational outcomes for disadvantaged children in schools.

<sup>9</sup> In the 2011 census, just over a third (35.6%) of the population of Birmingham was Asian or Black.

We need to make the case that music therapy isn't just a 'nice thing' to have but that it has all these other ripple effects that increase access to other health services, and that it is vitally important to our clients (SP).

In terms of forward steps to promote more equitable access to music therapy, participants suggested that therapists and organisations need to promote music therapy in ways that will make it more widely known, in an accessible and less esoteric form. Music therapists also need to advocate for music therapy as a clinical intervention separate from education or entertainment. To affect greater diversity of both therapist and client groups, participants articulated that music therapists must advocate for change from the bottom up, in music education and widening access to community music-making. Participants also highlighted that the lack of living wage jobs served to maintain a white, middle-class professional body (Langford et al., 2020), and individual music therapists must demand fair remuneration for their labour and not work for free.

## GENERAL DISCUSSION

Some white participants appeared disinclined to engage in direct discourse on race – avoiding addressing race in survey questions that asked about race *and* class and drifting from a focus on race in their interviews – whilst participants of colour, and some white participants, addressed race with candour. Some (notably white) participants advocated for more limited solutions, such as the importance of people of colour in leadership positions acting as role models for potential trainees. Others advocated for a comprehensive restructuring and reorganisation of the profession in order to address structural racism and other inequities. There were lots of intersections between our findings and the priority areas identified in the BAMT Diversity Report for diversifying the profession. However, we argue that a strong response to racial and socioeconomic inequities in music therapy must be grounded in critical theory, a prioritisation of social justice and equity over equality, and a definition of racism that moves beyond intentionality to encompass unconscious bias and structural and institutional inequity, and a critical interrogation of Whiteness. We have presented CRT and Black feminism as fruitful frameworks for guiding research and discussions around race in UK music therapy.

As Daftary (2020) argues, researchers conducting CRT-informed research should outline measures needed to address oppressive structures and conditions. Therefore, we now synthesise participants' responses into recommendations for making UK music therapy a more equitable and just profession, noting points of convergence and divergence with the BAMT Diversity Report. The recommendations are directed to individual music therapists, and particularly to those who embody class and race privilege, and leaders within the profession. Domains of intervention include the "critical consciousness" (Fansler et al., 2019; Leonard, 2020) of individual music therapists, the curriculum, pedagogy and entry requirements of training courses, wider education, health policy and provision.

## Reflecting on Whiteness

Although the BAMT Diversity Report noted a general need for learning and reflection, and training on racism, there wasn't an overt emphasis on a critical interrogation of Whiteness – either by individual white therapists or at a broader level within the profession. The participants in the current study emphasised the need for reflection on racial privilege, and participants of colour in particular highlighted the need to reflect on the *implications* of Whiteness for people of colour (Hadley, 2013b; Imeri & Jones, 2022). Therefore, the first recommendation is that white music therapists continue to critically reflect on, and take responsibility for, their own racial identities and privilege, and the impact this may have within therapeutic and interpersonal relationships, particularly with people of colour.

Some participants also indicated that white, middle-class music therapists need to move beyond developing awareness and skills to actively working for social justice (Hadley & Norris, 2015). The BAMT Diversity Report emphasised the need to platform, support and increase the visibility of people of colour within the profession, but consistent with the lack of focus on Whiteness and white privilege in this report, there wasn't an emphasis on those in positions of power using their privilege in support of people of colour and from working-class backgrounds. Therefore, white, middle-class music therapists, particularly those in positions of leadership, are urged to advocate for those who are silenced (Rodriguez et al., 2021). The BAMT Diversity Report also emphasised the need for secure employment, but our participants went further and wanted socioeconomically privileged music therapists to acknowledge their role in making the profession inaccessible and financially unviable to those without such privilege and enabling the “hobby job” status of music therapy by working for free. Music therapists and their employers share an important responsibility for ensuring individuals receive fair remuneration for their labour and skills, recognising their value and worth from the outset.

## Diversifying training programmes

There was some acknowledgement in the BAMT Diversity Report of the dominance of the western classical tradition within UK music therapy. Our participants emphasised that at the time of their training, there featured very little input relating to working with musical traditions outside of the western classical tradition, and they described a therapeutic focus on Eurocentric psychodynamic theory (Fansler et al., 2019; Lindo et al., 2023; Vencatasamy, 2023). As previously noted, there has been considerable progress with regard to the emphasis on western classical music in training programmes, with most programmes broadening their musical entry requirements in recent years. Developments such as the community music therapy movement and neurologic music therapy have also broadened the range of practice within the profession (e.g., Ansdell & DeNora, 2012; Thaut & Hoemberg, 2014). Consistent with the emphasis in the BAMT Diversity Report on increasing the visibility and representation of people of colour within the profession, including in leadership roles, the participants articulated a need for a greater diversity of staff in training programmes, which – in turn – they argued could potentially lead to a greater diversity of trainees. A number of participants articulated that music therapy training would benefit from contributions from practitioners from a wide range of musical backgrounds, to offer a broadening of perspectives and support music therapy practitioners to work effectively with musical and cultural expressions different from their own.

## Lobbying for funding and greater access to music therapy training and services

The BAMT Diversity Report emphasised the importance of funding for training, and our participants highlighted the importance both of funding for training and for music therapy services to increase their accessibility (see also Lindo, 2023). They argued that the music therapy profession must also lobby for greater recognition from the UK National Health Service, for music therapy services to become more widely available. In line with the BAMT Diversity Report, our participants also argued that music therapists must advocate for wider access to music education and community music-making, particularly in more socioeconomically deprived areas. Furthermore, music therapy as a potential career and an intervention needs to be promoted in accessible and inclusive ways; this is an area strongly indicated for future research.

## Study evaluation and reflection

In line with CRT principles, it is important to reflect on and be transparent about how our, and particularly the first author's, positioning as white and middle-class impacted the research (Daftary, 2020). The first author did not disclose her race/ethnicity or class on the premise that the participants could then project their own idea of who the researcher might be. The first author had not fully considered that as a white person she had been taught to not see her race as relevant (McIntosh, 1989); her lack of disclosure therefore could be interpreted as a tacit disclosure of Whiteness. Researcher transparency is an important consideration when researching race and class and, in future research, we recommend that researchers consider disclosing their positioning from the outset, especially if they occupy positions of social privilege. Researcher disclosure may be particularly important for participants from marginalised groups with regard to the need to feel safe to speak openly.

As noted, an online qualitative survey was chosen to generate data as we assumed participants would welcome the high levels of felt anonymity associated with this method (Terry & Braun, 2017). This choice was validated indirectly through detailed and frank reflections in the survey responses, and more directly by participants explaining their reluctance to be interviewed: "This is an incredibly small nepotist profession and what you say matters. I would have been contacted for a follow-up interview but I was too worried about the implications for my career." This in itself speaks volumes about white normativity and fragility within the music therapy profession and is an important consideration for future research in this area. The lack of anonymity in a small profession is particular a concern for music therapists of colour. One participant stated that it was impossible to participate in this research as a music therapist of colour and be anonymous because of the small number of people of colour within the profession. This raises questions about the ethicality of the obvious next step for research, from a CRT standpoint, of conducting qualitative research with UK music therapists of colour and from working-class backgrounds to develop counter narratives based on their experiences (Daftary, 2020). However, since this paper was submitted for review several such papers have been published, including music therapists of colour reflecting on their own experiences (Myerscough & Wong, 2022; Vencatasamy, 2023) as well as researching the lived experiences of other music therapists of colour (Lindo, 2023).



As noted, the participants of colour were open and articulate about race and racism within UK music therapy. White participants tended to focus more on social class and topics more indirectly related to race. On reflection, the first author observed that, as a trainee music therapist, she struggled with intervening into the participants' narratives to bring them "back on track" and to push them to dwell with something they clearly found uncomfortable. We recommend that in future research on race and racism, researchers keep in mind that a willingness to participate in research on race and racism may not equate to a willingness to and comfort with talking openly about this topic. Researchers conducting interviews should reflect on their positioning in relation to participants and develop workable strategies for keeping interviews focused on the topic at hand.

As demonstrated in the analysis, white normativity shaped the responses of some white participants in various ways and, as previously noted, it is also probable that concerns about social desirability had an impact. At the same time, it is likely that music therapists who volunteered for the study were highly motivated to engage in discussions around race and class, and so the accounts we have presented provide a particular analysis of the "problems" of race and class in music therapy and potential "solutions."

In conclusion, white, middle-class music therapists in the UK are called on to continue to reflect on and interrogate their Whiteness and white privilege, and those in positions of leadership especially are encouraged to use their privilege in support of music therapists who are racially and socio-economically marginalised. Training programmes would strongly benefit from continuing to broaden their frameworks to include theories and psychologies from beyond the traditional western canon and an anti-racist lens. Trainees of colour and from working-class backgrounds need "self-relevant role models" (Covarrubius & Fryberg, 2015) when training. Music therapists should also lobby for removing barriers to accessing music therapy training and services.

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## **«Η μουσικοθεραπεία είναι ο ορισμός του λευκού προνομίου»: Οι απόψεις των μουσικοθεραπευτών σχετικά με την φυλή και την κοινωνική τάξη στη μουσικοθεραπεία του Ηνωμένου Βασιλείου**

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### ΠΕΡΙΛΗΨΗ

Η ανάδυση του κινήματος Black Lives Matter το καλοκαίρι του 2020 μετά το θάνατο του George Floyd επεσήμανε, για ακόμη μια φορά, τις φυλετικές και τις κοινωνικοοικονομικές ανισότητες που διαπερνούν τις δυτικές χώρες και κινητοποίησε τους μουσικοθεραπευτές στο Ηνωμένο Βασίλειο και σε άλλες χώρες να αναλογιστούν τη σημασία της φυλής και της κοινωνικής τάξης στο επάγγελμά τους και στη θεραπευτική τους πρακτική. Αυτές οι συζητήσεις έχουν πιο μακρά ιστορία στις ΗΠΑ· στο Ηνωμένο Βασίλειο βρίσκονται σε πρώιμο στάδιο. Στηριζόμενη στην αναφορά για τη διαφορετικότητα (Diversity Report) που δημοσίευσε το 2020 ο Βρετανικός Σύλλογος Μουσικοθεραπείας (Langford et al., 2020), η παρούσα μελέτη είχε ως στόχο να συμβάλει στην αναπτυσσόμενη συζήτηση της Βρετανικής μουσικοθεραπείας, καλώντας εκπαιδευόμενους και καταρτισμένους μουσικοθεραπευτές να σκεφτούν πώς οι – συχνά αλληλοεπηρεαζόμενες – φυλετικές και κοινωνικοοικονομικές ανισότητες επηρεάζουν την εκπαίδευση και την πρακτική της μουσικοθεραπείας και ποιες αλλαγές χρειάζονται για να καταστεί η μουσικοθεραπεία πιο σχετική και αντιπροσωπευτική για τις μειονοτικές κοινότητες. Τα δεδομένα παρήχθησαν με τη χρήση μιας διαδικτυακής ποιοτικής δημοσκόπησης (N=28) και πέντε επακόλουθων τηλεφωνικών συνεντεύξεων, γεγονός που επέτρεψε εύρος αλλά και βάθος σε έναν τομέα όπου υπάρχει έλλειψη έρευνας, καθώς και ένα υψηλότερο επίπεδο «αισθητής ανωνυμίας» για ένα δυνητικά ευαίσθητο και απειλητικό θέμα. Η αναστοχαστική θεματική ανάλυση, ενημερωμένη από την κριτική φυλετική θεωρία, χρησιμοποιήθηκε για την ανάπτυξη τριών θεματικών εννοιών από τα δεδομένα: 1) Εύπορες λευκές κυρίες: Η τυπική μουσικοθεραπεύτρια, 2) Λευκή κανονιστικότητα και ευθραυστότητα στη μουσικοθεραπεία, και 3) Μουσικοθεραπεία: Υποτιμημένη και πολύ δαπανηρή. Στα συμπεράσματα, συνθέτουμε τις αφηγήσεις των συμμετεχόντων σε συστάσεις για τη διαφοροποίηση του επαγγέλματος της μουσικοθεραπείας στο Ηνωμένο Βασίλειο.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ταξισμός, μεσαία κοινωνική τάξη, άνθρωποι του χρώματος, ποιοτική έρευνα, ρατσισμός, θεματική ανάλυση, λευκή ευθραυστότητα, λευκή κανονιστικότητα, λευκό προνόμιο, εργατική τάξη