

**ADDRESSING IMPERIALIST WHITE SUPREMACIST CAPITALIST  
ABLEIST CISHETEROPATRIARCHY IN MUSIC  
THERAPY EDUCATION**

---

A Dissertation  
Submitted to  
the Temple University Graduate Board

---

In Partial Fulfillment  
of the Requirements for the Degree  
DOCTOR OF PHILOSOPHY

---

by  
Vern Hansen Miller  
December 2025

Examining Committee Members:

Michael Zanders, Advisory Chair, Music Education and Music Therapy  
Wendy Magee, Music Education and Music Therapy  
Darlene Brooks, Music Education and Music Therapy  
Susan Hadley, Slippery Rock University  
Rollo Dilworth, External Reader, Music Education and Music Therapy

©  
Copyright  
2025

by

Vern Hansen Miller  
All Rights Reserved

## ABSTRACT

Music therapy education occurs within larger interlocking systems. The purpose of this study was to critically examine how music therapy educators understand interlocking systems and how these can reproduce harm and cause inequalities. Furthermore, this study sought to illuminate systems of oppression that shape music therapy education in the United States. This qualitative study used critical thematic analysis to analyze the data from eight music therapy professors working in the United States. Participants were recruited through purposive expert sampling using professional networks. Analysis revealed five central themes: interlocking systems of oppression in music therapy education, gatekeeping, and structural oppression in higher education, how structures of power influence curriculum design, power and oppression in retention practices, and pathways toward equity. These themes reflected the tensions and possibilities that exist in the interlocking systems that interface with and influence music therapy education in the United States. The findings highlighted the need for critical reflection in music therapy and institutional support for equity driven structures. This study contributes to the growing body of critical music therapy scholarship by illuminating how educators understand and enact social justice in their teaching. Implications for music therapy education, faculty and institutional leadership, accrediting and approval bodies, and future research are discussed.

To my parents

To my wife

To my children

To all that have been harmed or rejected when trying to receive a music therapy  
education.

## ACKNOWLEDGMENTS

To my wife, Jennifer, I love you. I am grateful for the ways you have challenged me to do better and be a better person. I am sorry for the undue burden that my pursuit of education has placed on you, our relationship, our finances, and our family. I hope the benefits of the sacrifices you have made, and the burdens you have had to bear for me and for our family come back to you in multiples.

To our children, Carissa, and Lydia, I love you both just as you are at each and every moment. I hope you find the strength or the foolishness to chase the things that are important to you throughout your life. Join with others to work against injustice and oppression. I am eternally grateful that I get to be your dad. I have loved watching you grow into being the people you are now and look forward to seeing who you become in the future. I am sorry for the times I have not been patient with you, any ways I have caused you harm, and for the potentially bad impression of higher education you may have received from watching me go through this educational process. It is not as painful as I have made it look.

To my friend, mentor, and colleague, Susan Hadley, your impact on my life made me want to be an educator, face my inner demons, see my privilege, and fight oppression. Thank you for being an exemplar of each of those things. Thank you for your high standards of me and my work. They taught me that I am worthy of effort and care, the work I do is important and of value, and that the people that receive my work are worthy and deserve my best efforts.

To my dissertation committee, thank you for the countless hours of reading, revising, and providing feedback that you offered toward this project. Through all of the twists and turns of how this research project has unfolded, I hope you can see your efforts, wisdom, and guidance reflected in this manuscript. I will look back on my doctoral program thinking fondly of each of you and the ways that you contributed to who I am as a music therapist, educator, and researcher.

To my students, past and present, this dissertation is in part because of what I have learned from you. Thank you for your patience with me and for challenging me.

To my friends, classmates, and colleagues, thank you for the encouragement and for checking in on me and my family. I have valued our conversations and hours spent writing together online. Thank you for helping me to not feel alone.

To Donald Sloan, my first mentor, thank you for expanding my view of the world and my ears. You taught me to love knowledge, to pursue wisdom, and the significance of kindness. It all starts with small changes now that we believe will later have a larger impact. I still have not forgotten my “why,” music heals.

## TABLE OF CONTENTS

	Page
ABSTRACT .....	iii
DEDICATION .....	iv
ACKNOWLEDGMENTS .....	v
LIST OF TABLES .....	xiii
CHAPTER	
1. INTRODUCTION .....	1
The Field of Music Therapy .....	2
Music Therapy Training .....	5
Recruitment and Audition Practices .....	6
Auditions in Music School .....	7
Curricular Practices .....	7
Curriculum in Music Therapy .....	9
Eurocentric Medical Model .....	10
Knowledge of Cultures/Values .....	11
Retention Practices .....	12
Situating Myself in This Study .....	12
Focus of This Study .....	17
2. LITERATURE REVIEW .....	18
Interlocking Systems of Oppression .....	18
Imperialism .....	19

White Supremacy .....	20
Capitalism.....	20
Ableism.....	21
Cisgenderism .....	22
Heterosexism .....	22
Patriarchy.....	23
The Whole .....	24
Music Therapy Education.....	24
Recruitment and Auditions in Music Programs .....	26
Curriculum in Music Programs .....	29
Student Retention .....	32
Conclusion.....	34
Purpose Statement and Research Questions.....	34
 3. METHOD.....	 36
Rationale and Design.....	36
Critical Framework and Transformative Epistemology .....	37
Reconciling Critical Theory and Constructivism .....	38
The Role of the Transformative Paradigm .....	39
Participants and Sampling .....	40
Inclusion Criteria .....	40
Scope and Justification for U.S.-Based Participants .....	41
Diversity and Participant Selection .....	41

Recruitment Process and Snowball Sampling .....	42
Data Collection and Analysis .....	42
Interview Process.....	43
Data Analysis and Thematic Coding.....	44
Clarifying the Systematic Connection Between Coding and Ideological Analysis .....	46
Reflections on Atlas.ti and Potential Limitations.....	46
Ethical Considerations.....	47
Ethics of Using Critical Theory in Research.....	48
Confidentiality, Data Security, and Participant Well-Being .....	49
Emotional and Psychological Considerations .....	50
Balancing Advocacy and Ethical Research Interpretation .....	50
Processes for Trustworthiness .....	51
4. FINDINGS .....	55
Interlocking Systems of Oppression in Music Therapy Education .....	61
Imperialism.....	62
White Supremacy .....	63
Capitalism.....	65
Ableism.....	66
Cisnormativity .....	67
Heteronormativity.....	68
Patriarchy.....	69
Gatekeeping and Structural Oppression in Higher Education.....	71

Gatekeeping in Music Therapy Education .....	71
The Role of Professional Organizations in Gatekeeping .....	74
Institutional and Interpersonal Obstacles as Forms of Gatekeeping .....	75
Structures of Power Influence Curriculum Design and Content .....	77
The Influence of Oppressive Systems on the Music Therapy Curriculum	77
The Dominance of Western Classical Music in Music Therapy Curriculum .....	79
The Endorsement of Medical and Behavioral Models .....	79
Financial and Institutional Constraints on Curriculum Change .....	81
Professional Organizations as Barriers to Curricula Change .....	82
Power and Oppression in the Academic System and Student Retention .....	83
Administration: Institutional Leadership and Barriers to Equity .....	84
Policy: Institutionalized Oppression and Bureaucratic Barriers.....	85
Financial Burdens and Attrition: The Economic Cost of Exclusion .....	86
Ableism and Lack of Accommodations: Barriers to Accessibility .....	87
Heteronormative and Cisnormative Barriers: LGBTQ+ Student Retention Challenges .....	88
Pathways Toward Equity.....	89
Faculty-Led Interventions .....	89
Structural and Institutional Change .....	91
5. DISCUSSION.....	99
Key Insights.....	99
Interlocking Systems of Oppression.....	100

Gatekeeping Practices .....	105
Curriculum Biases .....	107
Student Retention Challenges.....	107
Institutional Resistance.....	109
Interpretation and Analysis: Meaning and Significance of Findings .....	110
Oppression is Structural .....	111
Institutional Policies .....	111
Gatekeeping.....	111
Alternative Interpretations.....	112
Resistance to Change.....	112
Board Certification Standards .....	113
Institutional Inertia .....	113
Standards of Excellence .....	114
Patterns and Themes in the Findings.....	114
Eurocentrism.....	114
Economic Barriers .....	115
Institutional Inertia .....	115
Marginalization.....	115
6. CONCLUSION .....	118
Implications of Findings.....	118
Implications for Music Therapy Education and Training .....	118
Implications for Faculty and Institutional Leadership.....	121

Implications for Accrediting and Approval Bodies.....	123
Limitations of the Study .....	125
Scope Limitations .....	125
Sample Limitations.....	125
Methodological Limitations .....	126
Personal Limitations.....	126
Personal Insights Gained .....	128
Recommendations for Future Research.....	132
Implementing Structural Change.....	133
Recommendations for Structural Change in Music Therapy Education .	133
Recommendations for Structural Change in the Field of Music Therapy .....	135
Recommendations for Structural Change in Institutions and Policies ....	136
Final Thoughts.....	137
REFERENCES .....	139
APPENDICES	
A. EMAIL INVITATION TO PARTICIPATE IN A STUDY ON INTERLOCKING SYSTEMS OF OPPRESSION IN MUSIC THERAPY EDUCATION .....	150
B. INTERVIEW QUESTIONS.....	151
C. CODING SAMPLE.....	152

## LIST OF TABLES

Table	Page
1. Themes, Subthemes, and Sub-subthemes.....	59

## CHAPTER 1

### INTRODUCTION

Many different forms of oppression target historically marginalized people. Power is used to gain resources and to prevent other people from sharing them. Who gets to share these resources depends on the hegemonic structures. These structures are based on gender, race, ability, age, heteronormativity, and socioeconomic factors. These systems can be viewed on their own, or as interlocking systems of oppression.

To address these interlocking systems of oppression bell hooks used the term “imperialist white supremacist capitalist patriarchy” (hooks, 1994, 2003, 2010; Yancy & hooks, 2015). hooks linked these terms together, not giving preference to any one of them, as a means of naming and addressing them. In her interview with Yancy, hooks states, “We can’t begin to understand the nature of domination if we don’t understand how these systems connect with one another” (Yancy & hooks, 2015, p. 1). Susan Hadley (personal communication, May 18, 2023) added the terms “ableist” and “cishetero” to more fully describe the interlocking systems, using the phrase “imperialist white supremacist capitalist ableist cisheteropatriarchy.” With the addition of these terms, this phrase reflects a more comprehensive picture of the interlocking systems of oppression.

The phrase imperialist white supremacist capitalist ableist cisheteropatriarchy is intentionally thorough as it names systems of oppression that can be forgotten or obscured in academia. By explicitly listing these systems it highlights the variety of systems of oppression that impact marginalized communities. However, the term interlocking systems, and systemic oppression, used by scholars like Combahee River Collective and Patricia Hill Collins (2000; 2021), are used interchangeably with

imperialist white supremacist capitalist ableist cisheteropatriarchy to maintain readability and flow throughout.

Interlocking systems of oppression should be understood as a unique idea that is distinct from intersectionality (Crenshaw, 1989). Intersectionality considers how two or more marginalized identities, when combined, manifest a unique form of oppression. Conversely, interlocking systems of oppression are interconnected systems of power that reinforce and perpetuate each other. These forms of oppression intersect and overlap, creating complex experiences of oppression that are not isolated from each other. The focus is on the forms of oppression, not on a person's identity, and how they are positioned differentially based on the intersection of those identities.

Throughout the process of recruitment, curriculum, and retention in higher education, gatekeeping practices establish and maintain a particular set of standards of practice, as well as denying admission to persons who do not meet certain identified entry standards for music therapy education. Gatekeeping practices seek to maintain the status quo through overt and covert means.

### **The Field of Music Therapy**

The American Music Therapy Association (AMTA) is the professional organization that governs the field of music therapy in the United States. Currently, the field of music therapy faces several challenges. Financial leadership, membership, and social justice concerns are paramount challenges in AMTA. These struggles and concerns highlight the need for change, especially in those areas that address what are considered unjust practices in our field, professional organizations, and training programs (Fansler et al., 2019; Pickard, 2022; Pickard et al., 2020).

The field of music therapy in the United States engages in oppression in various areas. This happens at both preprofessional and professional levels. For example, for entry into professional practice, music therapy students must complete undergraduate education in music therapy (or the equivalent thereof). The requirements for this education focus on Western classical music tradition, favoring students who have had previous classical music training before entering college. This may exclude those that did not have means for private study of Western classical musical instruments and those that use electronic instruments and turntables as their primary instruments (Lavengood, 2021). While music is invariant among different cultures, this could also exclude instruments and musicians from non-Western cultures where music is used and understood differently than in the US (Hodges, 2019).

After completing coursework and pre-internship clinical hours, music therapy students must complete a six-month, usually unpaid internship. As a degree requirement set by our professional organization, these requirements can be perceived as a form of gatekeeping. There is no requirement by the professional organization that internship sites provide income for students to complete training as a part of their education. For some students with financial support, relocating to a different area to complete an internship with a chosen population or at a favored location did not pose any difficulty. However, for other students, the cost of relocating, working a full-time internship without pay, and taking out extra student loans to cover housing and other living expenses add to their debt burden after graduation.

An additional challenge faced by many students, especially those of color, is that the field of the music therapy workforce is approximately 88% white (The American

Music Therapy Association, 2021). This racial imbalance may be another barrier impacting internship choice or selection in some situations. Having supervisors or educators that are your same race, is a form of white privilege (McIntosh, 1990). It is possible that students of color may feel othered by the supervisor or by the training site itself. They feel expectations to prove their worth or value, and are often concerned with additional worries, like knowing how they will be received by patients, peers or supervisors.

For queer students, a barrier may be related to the personal beliefs of their supervisors, the patients, or the religious affiliations of the internship site. For trans and nonbinary students, the fear of rejection and unfair treatment of their gender identity is a cause for concern. Laws such as Title VII of the 1964 Civil Rights Act may or may not provide protection for gender identity in the workplace (ACLU, 2023). Students could be denied an internship or removed from their internship site without recourse, because of their gender identity.

When transitioning from a student music therapist to a professional music therapist, one of the final gatekeeping tasks in music therapy education and training is to prepare students to take a board certification exam. The board certification exam for music therapists can provide a burden for new professionals, not only in terms of time and effort to prepare for the exam but also in terms of financial costs associated with the process. The first-time candidate pass rate is approximately 70%, leaving 30% of the candidates to again pay the exam fee to retake the exam (*Exam and Certification Data*, 2024). The fees for the exam and subsequent certification maintenance, including continuing education, can be expensive for music therapists to start their careers with

student loan debts and other financial obligations. Furthermore, the test reflects the worldview of the test developers. The most recent CBMT exam committee is comprised of seven presumably white, one presumably Latina, and one presumably Asian, all of whom are presumably ciswomen (Buchanan Haynes, 2024)

### **Music Therapy Training**

Shulman (2005) stated that if you want to understand a field you should look at its training programs. It is possible to understand the problems that plague our field through our understanding of what is happening in our training programs. Even well-intentioned educators can cause harm in our music therapy training programs (Fisher & Leonard, 2022; Leonard, 2020; Sewepagaham et al., 2022; Webb & Abrams, 2022). Drop, fail, or withdrawal (DFW) rates throughout higher education in the US, in required courses are higher for under-represented minorities (URM) students (Drab-Hudson et al., 2012; Van Dusen & Nissen, 2020). While we do not have the statistics on DFW rates in music therapy, there are ways that our training programs unintentionally harm historically marginalized people and will continue to do so if issues are not recognized and addressed.

Within the field of music therapy, studies have explored the history of the music therapy curriculum and the changes that need to be made, including student satisfaction, academic achievement, amount of clinical experience prior to internship, and the need for more standardization and regulation of clinical training (Allen, 1996; Alley, 1978; de l'Etoile, 2000; Gault, 1978; Petrie, 1993). More recent additions to the discussion of the music therapy curriculum include critical approaches to pedagogy. For example, Hadley (2006a) shared her feminist approach to music therapy pedagogy. Hahna and Schwantes

(2011) looked at ways in which people use feminist principles in their teaching but do not claim the label of feminist. Baines et al. (2019) and Fansler et al. (2019) call for queering the music therapy curriculum, moving beyond reliance on heteronormative frameworks and fixed categories. Pickard (2022) brought a critical disability studies perspective to the music therapy curriculum, and recent work by several authors has explored decolonizing the music therapy classroom (Fisher & Leonard, 2022; Sewepagaham et al., 2022; Webb & Abrams, 2022). While recommendations for changes to music therapy training programs have been made, studies have not been conducted to explore those changes.

### **Recruitment and Audition Practices**

Recruitment in music programs is intricate and multifaceted due to the requirements that aspiring music majors must navigate to be admitted into the program. Academic prerequisites, auditions on primary instruments, music skills assessments, and interviews serve as gatekeeping mechanisms. They are intended to identify qualified candidates and to assess their ability to navigate the rigor inherent in pursuing a music degree. Recruitment efforts manifest through print materials, conference participation, campus events, and targeted engagement with music educators.

Exploring the preparation for music school auditions reveals a complex narrative, especially for students from traditionally marginalized or underrepresented minoritized communities. The focus on Western classical music as the benchmark for auditions and training programs creates an in-group and out-group for those auditioning to many music programs. The many resources and logistics involved in audition preparation presents barriers for these students, many of whom may have attended schools that were under

resourced and thus did not have the same music opportunities as more resourced schools. This divide extends to applied instruments of choice and repertoire preferences.

To address the disparity between students, foundational changes must be made in music program recruitment. Our awareness of these disparities must guide the changes. For example, to be effective, cultural relevance must be infused into all aspects of the education experience (McIntosh, 1990).

### ***Auditions in Music School***

There are many requirements that must be met before students become music majors. Students must meet the academic requirements of the college or university, audition on a primary instrument, complete a music skills assessment, and impress faculty in their interviews. These requirements are put in place supposedly to determine qualified candidates for music programs and to ensure that students can meet the rigor of being a music major and succeed in the music program. However, these are skewed towards certain potential students based on the requirements of the degree programs which were developed with students of the Western classical music tradition in mind.

### **Curricular Practices**

Music education and music therapy programs are characterized by their curriculum structures. Both degree programs share many elements of the curriculum including music theory, aural skills, music history, music technology, conducting, composition, and arranging. Recently, diverging perspectives on undergraduate music curriculum have prompted discussions on the need for diverse contemporary music skill development including improvisation and skills to meet the needs of the twenty-first century musician (Campbell et al., 2016).

While some music schools offer coursework or programs in jazz music, most music school curricula are based on Western classical music. During their studies, students are expected to demonstrate knowledge and competency on their major applied instrument, piano, voice, music theory, aural skills, and music history. Students are also required to demonstrate proficiency in music technology, composition, arranging, and conducting. Additionally, students may take courses that include further development of knowledge in music production, pedagogy, composition, music therapy foundations, and musicology.

Concerns have been raised about the current structure of the undergraduate music education curriculum. In 2013 through much of 2014, The College of Music Society's Task Force on the Undergraduate Music Major examined assumptions regarding music education curricula and the necessary skills needed for twenty-first-century musicians (Campbell et al., 2016). This task force suggested strategies that might allow students to develop the skills necessary to be contemporary improvisers, composers, and performers. These skills are reinforced through changes in private instruction, ensembles, new concepts of public schoolteachers, piloting new programs aimed at institutional reform, and joint initiatives with international groups or programs to change the culture of music studies (Campbell et al., 2016).

In a study on identity formation in education majors, Haning (2021) found that college classes were heavily focused on content-based courses and the development of students' identity as performers. Even the sequencing of courses focused on the development of students as performers first and educators later. The author's concern was that students did not fully develop their identity as educators during their college

education in a way that was consistent with other fields, such as mathematics teacher education and English teacher education.

### **Curriculum in Music Therapy**

In recent years, AMTA has offered guidelines related to addressing social justice issues in the music therapy curriculum and practice. However, these guidelines are general and left open for interpretation. There is no required coursework for diversity, equity, or inclusion in the United States (West, 2023). The amount of depth and range of topics related to systems of oppression in music therapy curriculum is not specified and it “is up to each professor to implement these factors into their curricula so they meet the competencies outlined by AMTA” (West, 2023). In West’s study, one participant suggested that AMTA needs to provide more detail in the competencies related to social justice so that professors would move more deeply into these topics in the curriculum (West, 2023).

AMTA has also established competencies related to cultural awareness, human rights, and the rights of the individual served. Again, while listed in the competencies, it is not yet widely evident in the curriculum in the majority of US music therapy programs. Noting this, Eslava-Mejía (2022) suggested that we include elements of social justice in the supervision of students and in our teaching.

In music therapy there seems to be a disconnect between the music that we ask students to prepare for audition and to learn as part of their required coursework, and the music that students are expected to know for clinical applications. While Western classical music is one form of music that requires great skills attainment, music therapy students need to develop knowledge and skills in music from various contemporary

genres as well as from various cultural groups. Western music therapy tends to view music as a tool that can be used for specific purposes (Webb & Abrams, 2022). As such, it is important to understand how music functions for a variety of purposes in various cultures. However, when engaging music and instruments from other cultures, given our current curriculum, music therapists may not understand the contexts and purposes of music in those cultures.

A common area of concern in music therapy training is the development of professional competencies. Inadequate music skills are often cited as requiring improvement while students complete their internships (Tanguay, 2008). While AMTA requires musical skills on keyboard, voice, guitar, and percussion, more time is spent training students in the Western classical tradition on their primary instrument. In addition, for physically disabled students or students with chronic medical conditions, these required musical skills may be restrictive. Furthermore, these instruments serve different purposes in different cultures, or there may be cultural restrictions on when and by whom these instruments can be played, which may provide barriers for therapists and clients (Fansler et al., 2019).

### ***Eurocentric Medical Model***

The Eurocentric medical model is a healthcare model most often presented in the music therapy curriculum (Sewepagaham et al., 2022). This model continues to support dominant narratives and support systems that exclude other models. We train our students to rely on the Western version of healthcare knowledge over all the other forms of knowledge. This, however, does not reflect the student population or the clinical populations we serve (Webb & Abrams, 2022). While it is essential to critically examine

the dominance of Western healthcare and musical traditions, it is also important to prepare students to navigate these systems. My aim is not to devalue Western theory or practice, but to advocate for a more balanced framework—one that positions these traditions alongside diverse cultural knowledge systems. Such an approach better reflects the varied backgrounds and needs of the clients we serve and promotes a more inclusive and responsive model of music therapy education. There is a need to change our curriculum because of our changing student demographics and the changing demographics of the people we serve (Eslava-Mejía, 2022).

### ***Knowledge of Cultures/Values***

In the field of music therapy, the music therapy classroom is the foundational place for knowledge creation and sharing. Through the adoption of Western traditions, we tend to favor an objective perspective of the world around us, as if we are separate from it and observe it. We favor the individual over the collective. We believe that there is a single correct way of knowing what exists (Webb & Abrams, 2022). This upholds oppressive systems that are harmful to many music therapy stakeholders. Because of this, there is a responsibility in music therapy educational settings to bring attention to different cultural identities, work towards greater self-reflexivity, and attend to the voices of those who historically and in the contemporary moment are marginalized and minoritized. Educators are responsible for the inclusion of diverse perspectives in the curriculum, which needs to more adequately reflect the perspectives of marginalized students and clients (Eslava-Mejía, 2022).

## **Retention Practices**

The issue of student retention is an important yet underexplored facet in music programs. While numerous studies have looked at the reasons why students withdraw from music programs, little is known about the proactive measures essential for retaining students within these programs. This gap in the literature highlights the need for investigations into the mechanisms that would enable students to persist in their pursuit of a music degree.

## **Situating Myself in This Study**

My interest in this research topic stems from a variety of personal and professional experiences. I am a white, cisgender, heterosexual, middle-aged, middle-class, mostly able bodied, neurodivergent, male educator. I was raised in a Mennonite church as the youngest of five biological children and two adopted siblings, one of which is a trans-racially adopted sibling. As such, I have unearned privilege within society. This privilege has afforded me opportunities and resources that may not be readily available to people without the same privilege I have access to. However, the mere recognition of my unearned privileges is not enough. It is crucial that I examine how my own actions and biases perpetuate systems of oppression within my own classroom and beyond.

I grew up in a small town in Northeast Ohio within a large Amish community. While my grandparents on both sides of my family had left the Amish church, we were raised in a Mennonite faith community. Within this small town, I often felt the push and pull of the tensions within and between the different religious communities and those outside of religious communities. While people would express negative beliefs against other groups, they still relied on each other and worked together for either mutual benefit

or the good of the community. For example, Amish people relied on non-Amish for transportation to work sites and longer distance destinations. Non-Amish people relied on income from providing transportation and benefitted from tourism based on outside interest in the Amish. I feel like I witnessed a complex social system within that small community. Within this complex system, I felt somewhere in between the Amish and non-Amish community members. My conservative religious upbringing meant that I did not completely identify with or was completely accepted by either group. This sense of not feeling a sense of belongingness in either group has influenced how I relate to this dissertation topic.

As a child, my parents adopted two boys who were younger than me, even though I was already the youngest of five biological children. One of my adopted brothers is Black. Although I was raised in a household that emphasized not being racist, I came to realize that I had still internalized racist beliefs from various forms of media and from those around me. This became painfully clear during a trip to the beach when I found myself distancing myself from my Black brother, not wanting others to associate us. At the time, I did not fully understand what was happening, but I now recognize that I had absorbed societal messages about race and what was deemed acceptable within white communities.

Similarly, when my sister dated, married, had children with, and eventually divorced a Black man, it sparked telling and often uncomfortable conversations within our family, our community, and within myself. My sister's experiences surfaced hidden assumptions and beliefs about race that I had not fully recognized before. I was surprised by some of the views held by members of my family, and by myself, especially

considering we had already welcomed a Black brother into our family. This contraction highlighted how deeply embedded racist beliefs were in the fabric of our local culture, even among those of us who did not see ourselves as racist or problematic. It was a sobering reminder that proximity to difference does not automatically dismantle bias.

Years later, my Black brother and I had conversation about how we each experienced race in our lives. I realized that his lived experience of being racialized was very different from what I observed as someone watching from the outside. In many ways, we each noticed things the other did not see. These moments of shared reflection revealed the complexity of racial dynamics and deepened my interest in this topic. They reminded me that understanding race requires not only personal introspection but also listening closely and centering the perspectives of others.

As a non-traditional undergraduate music therapy student, I studied music therapy at the university where I now teach. It was during this time that I was first introduced to concepts of power, privilege, and systemic oppression through the works of authors such as Peggy McIntosh by Susan Hadley, my professor. I learned about the invisible knapsack where I carry special provisions, or unearned privileges, bestowed on me at birth due to my gender and race (McIntosh, 1990). Through coursework and personal interactions, I began to understand ways that I benefit from my race and my gender and other aspects of my identity. During this time, I was also introduced to the work of Paulo Freire and his critique of the banking system of education. I also began to understand that my experience of the world around me is not the same experience for others. Freire called this process raising critical consciousness (Freire, 2000). Since my time as an undergraduate music therapy student, I have continued to unpack my knapsack to become

more aware of interlocking systems of oppression in education (Freire, 2000; McIntosh, 1990).

Part of my role as an educator is that of a gatekeeper for the field of music therapy. Daily, there are decisions that I make such as deciding who is deemed acceptable for admittance into our music therapy program, who is chosen for student employment or research opportunities, and what music is selected for instruction. All of these decisions impact whether or not students feel a sense of belonging in our program and the music therapy profession at large. As a person who is not only in a position of power as an educator, but also due to my sociocultural location, it is my responsibility to be aware of and address oppressive practices that I engage in. It is not my student's responsibility to educate me on the ways my decisions negatively impact them. This study is part of my attempt to not only work to become more aware, but to also challenge the systems that uphold oppression and destabilize them.

I understand the world around me through a transformative paradigm (Mertens, 2024). Like the constructivist paradigm, the transformative paradigm accepts multiple versions of what is considered real. Informed by multiple perspectives such as feminism, critical race theory, queer theory, disability theory, and indigenous theory, the transformative paradigm challenges systems of power and seeks human rights. Unlike constructivism, the transformative paradigm critiques the ways that some voices are privileged and favored over others. The relationship between researcher and participant in transformative research involves recognizing and exploring the power differential and the complexities inherent in the research relationship (Mertens, 2024).

This dissertation stems from a desire to use my access to privilege to work towards systemic change, even if on a relatively small scale. I believe that social justice requires not only self-reflection but working towards dismantling the ways that we contribute to upholding these unfair and restrictive systems. My aim is to identify ways to disrupt these systems of oppression in music therapy education and more personally, in my life, home, and classrooms.

This research will be a journey of self-discovery and critical analysis. I am committed to leaning into this process with humility and a willingness to learn from the participants. My hope is that through this study, I can further develop my understanding of structures of oppression and also contribute to creating more equitable spaces in music therapy education.

I recognize that my social location because of my identities may make it more difficult for me to recognize the complexities of challenges faced by those who are marginalized based on their race, gender, sexual identity, ability, socioeconomics, or age. My education has taught me to be ignorant about much of the reality that many people who are marginalized and minoritized experience. I have been taught to dismiss this reality as exaggerated, misinterpreted, or even false. As such, I will need to be vigilant about making sure not to overlook what may not appear as significant to me. I will need to consult others who will keep me accountable as I engage in this research process.

It is important to acknowledge that conducting this research will benefit me. As easy as it would be to paint this as an altruistic project, it is the final step in completing my doctorate degree, giving me a higher status in the music therapy community and as an educator and researcher. I intend to use the completion of my degree to support my

application for promotion at my current job where I will benefit from the capitalist system. This is a tension that I hold on the one hand trying to dismantle oppressive systems and on the other gaining from those same systems.

### **Focus of This Study**

The purpose of this study is to explore the intentional or unintentional ways in which music therapy education works against historically minoritized groups of students and identify systems that cause harm to these students. This study seeks to shine a light on interlocking systems of oppression that disadvantage students and to provide new paths forward.

By interviewing faculty at a variety of music therapy institutions from diverse backgrounds and exploring related artifacts from related professional organizations and accrediting agencies, I hope to provide insight into the ways in which traditional forms of gatekeeping harm our field by limiting the full expression of humanity that wishes to participate in this form of music and health. My hope is that this research identifies the gatekeeping harm that exists in music therapy education and clinical practice, and that it can contribute to a more mature comprehensive understanding and implementation of music therapy education and training that results enhancing diversity, equity, inclusion and belonging in music therapy practice. This study seeks to move the field of music therapy education toward a more complex social consciousness.

## CHAPTER 2

### LITERATURE REVIEW

Higher education as a scholarly focus in research is a vast topic that is filled with many intricacies. After immersing myself in the literature, the topics of student recruitment, program curriculum, and student retention in the education process became the most meaningful and salient to me. These topics are places in the education process where the interlocking systems of oppression may be most visible, privileging some groups of students over other groups of students. These areas therefore were the focus of this literature review.

#### **Interlocking Systems of Oppression**

Systematic oppression refers to ways that institutions systematically marginalize or discriminate against groups of people based on identity factors such as age, race, ability, and sexual identity (Liedauer, 2021). Oppression is embedded in systems through policies, laws, and cultural norms. Systemic oppression is perpetuated by seeking to gain or maintain power or resources from minoritized groups of people. In education, we face systemic problems, problems that build off of each other (Apple, 2012). These systems of oppression are interlocking and interdependent. They work to strengthen and reinforce each other.

While this study will consider interlocking systems of oppression, it may be helpful to consider each of the elements of this interlocking system and their relationship to current music therapy practice and education. The following sections will consider each of these interlocking elements, white supremacy, imperialism, capitalism, ableism, cisgenderism, heterosexism, and patriarchy.

## *Imperialism*

Two different yet related forms of domination are imperialism and colonialism. “Imperialism can be understood as an ideology designed to sanctify and legitimize one nation’s control of another via economic and/or military means. Colonialism, however, refers specifically to the settlement of people in different lands” (Colonialism and Music Therapy Interlocutors (CAMTI) Collective, 2022). Both imperialism and colonialism have been linked to music therapy education and practice. Education itself is a tool of colonialism. It is used to promote Eurocentric values while suppressing other cultures (Pirbhai-Illich et al., 2017). Further supporting this Webb and Abrams (2022) stated:

Music therapy education has a colonial aspect to it. In fact, much of Western education supports colonialism in the sense that it maintains the superiority of a Eurocentric way of thinking, engaging, and being over other Indigenous ways of knowing and understanding. (The Meeting section, para. 35)

Colonization in music therapy can happen in different ways. The music we use in our programs to the ways we think about our clients can be forms of colonization. Bain (2023) urges music therapists to recognize the link between Western classical music, colonization, and imperialism. Many music therapy students consider themselves client-focused and only wanting to help or save people by acculturating them to the norms of society. This is colonizer thinking (Webb & Abrams, 2022). In fact, international music therapy service-learning projects can, too, be considered colonialist (Gilman, 2021). International service-learning is an experiential learning experience wherein students travel to other countries provide music therapy services to people deemed “in need.”

### ***White Supremacy***

White supremacy is the belief that people from white European backgrounds are the highest order in the hierarchy of race (Mineo, 2020). As white people, we are trained to not see the ways in which we benefit from our race, but instead assume that our experience is the norm, discounting the life experiences and contributions of other races (Hadley, 2013). Several examples of white supremacy can be found in music therapy education (Norris, 2020) from the centering of Western classical music traditions and theories, to the suppression of Black narratives in favor of focusing on pathology.

Music therapy students in the UK from ethnic minorities expressed a lack of support in the classroom (Lindo, 2023). They did not feel comfortable speaking about race and ethnicity in their classes. The student population is becoming more racially diverse, while the music therapy curriculum is not reflecting that diversity (Lopez, 2021). This is further compounded by the lack of racial diversity in music therapy professors and in clinical and internship supervisors (McBrien, 2021). Not only is there a lack of racial diversity in music therapy educators, but research participants also noted a lack of diversity in the people on their clinical caseloads. The diversity of the caseloads did not reflect the demographics found in the area (Lindo, 2023). These examples can be traced back to racist practices that both support white supremacy and are a result of white supremacy (McBrien, 2021).

### ***Capitalism***

Capitalism is closely related to colonialism. Many scholars feel that colonialism is an outgrowth of capitalism (Colonialism and Music Therapy Interlocutors (CAMTI) Collective, 2022). In the UK, it was found that the reason for the lack of diversity in the

field of music therapy could be traced back to the lack of accessible training courses at the university level (Lindo, 2023). In the UK, as well as in many other places in the world, tuition fees provide a barrier to accessing music therapy education. Of course, these financial barriers are even greater for international students. This financial burden presented a barrier for students who were not from the middle-class and who did not have Western classical music training (Lindo, 2023).

### *Ableism*

Ableism can be defined as social stigma and oppression against people that are physically or cognitively different (Lewis, 2013). In therapy we tend to focus on disability as the main aspect of the people we work with rather than other forms of identity such as gender, age, or race (Hadley, 2013). Ableism has been discussed in recent music therapy studies (Kalenderidis, 2020; Pickard, 2022; Warren, 2023). For instance, Warren's (2023) study revealed that music therapy students have experienced various forms of ableism, including interpersonal microaggressions that negatively impact their mental and physical health. These experiences, in some cases, led to students withdrawing from programs. Picard (2022) argues that universities perpetuate ableism by focusing on a narrow version of what is considered normal. This suggests a need for critical reflection and reform to create a more inclusive learning environment for students.

Furthermore, while ableism can create significant barriers for music therapists, research also acknowledges the potential strengths that disabilities can bring to music therapy practice. In their study, Kalenderidis (2020) investigated the experiences of music therapists with disabilities. The research focused on how therapist's disability

might influence or even enhance their work in music therapy. In line with this perspective Shaw (2022), based on their own experiences with disability, developed Post-Ableist Music Therapy (PAMT) emphasizing inclusive environments through music. This approach aims to dismantle ableist barriers and create new spaces for musical connection and experience.

### ***Cisgenderism***

The prefix cis means to be on the same side as something or someone (Stryker, 2009). The term is used to describe someone that identifies with the gender they were assigned at birth. Using the term cis subverts the idea that the terms man or woman automatically refer to a nontransgender man or nontransgender woman (Stryker, 2009). Cisgenderism is the systematic oppression of trans and nonbinary individuals (McSorley, 2020). One study has examined music therapists' experiences of cisgenderism in music therapy (McSorley, 2020). The trans and nonbinary participants in this study experienced both sexism and cisgenderism in education, clinical, and professional music therapy environments. McSorley (2020) stated:

The participants did believe some of the enactors were emboldened by social norms surrounding gender; however, in the majority of the described incidents, they perceived the enactor as unaware of the microaggression's occurrence. This demonstrates how our good intentions cannot always prevent us from enacting harm (p. 8).

### ***Heterosexism***

“Heterosexism is the promotion by institutions of the inherent superiority of heterosexuality and the assumption that everyone is and must be heterosexual” (Hadley, 2013, p. 378). There are not many studies that focus on heterosexism in the field of music therapy. Heterosexism has been addressed in the music therapy literature (Baines et al.,

2019; Boggan et al., 2017; Hadley, 2013; Perkins, 2021; Whitehead-Pleaux et al., 2012). Perkins, a black, gay, male, music therapist, gives insight into how heterosexism can impact an individual, their sense of self-worth, and their potential for being an effective therapist (2021).

Music therapy education has held heteronormative values, which favor heterosexual relationships and identities. Baines et al. (2019) challenge this by suggesting the field of music therapy embrace diversity through queer theory. This approach encourages music therapists to move beyond fixed narratives and celebrate difference in identity.

Music therapy education faces challenges addressing heteronormative narratives. As heteronormative narratives are pervasive in music therapy education, Hadley (2013) warns that heteronormative narratives shape how we understand the nature of therapy itself. Boggan et al. (2017) looked at LGBTQ+ music therapist's views on working with LGBTQ+ clients. Their research recognized that multicultural education often fails to adequately address issues like heterosexism.

### ***Patriarchy***

Patriarchy refers to more than the power of men over women, it refers to any master-slave relationship (Sajnani, 2012). Hadley (2013) states that hegemonic practices, such as patriarchy, are pervasive in music therapy. Patriarchy affects all of us in music therapy, including the people we serve (Hadley, 2013). This shows up in music therapy education in the Eurocentric theories such as psychodynamic, cognitive, and behavioral theories taught in our programs. These theories serve to create inequities in public health (Baines, 2021) through cultural exclusion and power imbalances.

## *The Whole*

While we have considered each of the elements of the interlocking system of oppression, it is important that we consider how these elements connect and work together. This study seeks to illuminate how these systems of oppression work together in music therapy education. This study will consider the ways that the education and training of music therapy students and practitioners with certain interlocking identities are supported in the context of Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy and disadvantage those that are not supported in this context.

## **Music Therapy Education**

While working as a music therapy educator and as a music therapy student, I encountered many settings and situations where I have noticed systems of oppression at play. I experienced this most acutely during auditions in the program, through teaching and grading, and while evaluating students' competencies.

Auditions are a common form of gatekeeping. Colleges want to accept students that they feel will demonstrate musical talent and academic potential to be successful in their programs. I have witnessed students' audition for acceptance into a program that were not prepared in the areas that are elevated in the majority of music degree programs. There are implicit and learned cultural audition norms that potential students are expected to meet. Often, these are learned through performance experiences prior to college auditions. Norms such as knowing where to stand in relation to the grand piano, how to address the faculty evaluating them, how to prepare music for their accompanist, can give students an advantage. Students who understand these norms tend to appear more relaxed and personable during the audition process. For students who had not had previous music

performance experiences, the setting was unfamiliar, and the implicit norms were unknown. These students appeared to feel nervous, out of place, or unaware of expectations. These students were evaluated on the basis of the norms which they may not have learned or consciously rejected. The decision to accept or not accept a student often has a significant impact on their lives.

Within my teaching, I have experienced a great deal of tension between the things that I would like to teach students and what I feel will prepare them for the Certification Board for Music Therapists (CBMT) exam. I would prefer to teach anti-oppressive ideas and create a culturally responsive classroom. I would like to provide students with time for self-reflection and personal development in the classroom environment. I would like to make room for more diversity in thoughts, responses, and approaches from students. However, because I feel compelled to maintain my role in preparing students for the CBMT exam, I often find myself prioritizing standardized content and competencies over the transformative, inclusive, and reflective practices that I believe are essential to meaningful and transformative music therapy education.

Gatekeeping is the practice of controlling access to information through a limited number of messages (Shoemaker & Vos, 2009). This occurs when an individual or group exerts influence over who has access to information, resources, or opportunities. Gatekeeping can be used as a means of providing advantages or privileges to some people and not others (Fansler et al., 2019).

Music therapy is often housed in schools of music. Therefore, the interlocking systems of oppression in music therapy are closely linked to those systems that are at play in the education of musicians. This literature review, therefore, does not consider

related fields of expressive and creative arts, but instead related fields of music, such as music education. While some of the interlocking systems of oppression may be present in other creative arts therapies, only the unique aspects of training musicians and music therapists will be considered.

### ***Recruitment and Auditions in Music Programs***

The recruitment of students is an important aspect of higher education no matter what subject area. The opportunity for schools to present the strengths of their programs and identify potential students is the blood of the music therapy program. Despite the importance of this aspect of music therapy education, few studies have been conducted on this topic.

Research has found that music teachers, both classroom and private, are highly influential on students' decisions to major in music therapy in colleges (Gooding & Springer, 2020). A follow-up study found that music teachers are most likely to recommend music education as a career (Springer & Gooding, 2023). Music performance and music therapy were recommended less frequently. Despite these findings, little is known about deliberate recruitment strategies for music therapy programs.

The preparation for music school auditions can be a lengthy and taxing process that requires many resources. Fitzpatrick et al. (2014) noted that students from marginalized communities recognized a lack of resources and preparation for auditions. Students cited their own hard work and dedication as ways of overcoming such situations (Fitzpatrick et al., 2014). Many students did not receive private music instruction outside of school on their primary instrument or participate in honor ensembles prior to attending college (Abramo & Bernard, 2020; Fitzpatrick et al., 2014; Robison et al., 2020). In place

of private instruction, students participated in school and community ensembles where music was taught by rote. If students did receive private instruction, it was free of cost but only sporadically provided (Fitzpatrick et al., 2014).

Coping with the logistics of the admissions process is a barrier to audition preparation. A significant amount of paperwork is involved in auditions, college applications, and financial aid. Furthermore, each college may have different audition requirements (Fitzpatrick et al., 2014). It is not uncommon that when they auditioned for music programs, students found that the written audition requirements did not match the actual audition requirements (Abramo & Bernard, 2020).

As previously stated, in many music schools in the US, Western classical music is considered the preferred acceptable genre for auditions to enter music programs. Western classical music and the skills used to perform it are considered benchmarks in our training programs (Fansler et al., 2019; Webb & Abrams, 2022). This creates in and out groups in music education. The in-group comprises non-disabled cis men and women trained in Western European classical music traditions (Fansler et al., 2019). The out-group comprises musicians who fall outside these categories. This focus on Western classical music traditions extends to what instruments are considered acceptable in music schools.

Music schools in the US engage in gatekeeping by requiring proficiency in specific Western classical music skills and history as benchmarks for our training programs. The focus on European classical music instruments is pervasive throughout the music curriculum rather than providing space for electronic instruments, turntables, and

instruments from outside European classical tradition (Fansler et al., 2019; Lavengood, 2021), which leads to challenges in music programs.

Because Western classical music is considered the standard to which students should aspire, students who have been steeped in other musical traditions outside of Western classical music may be excluded or discouraged from entering the field of music therapy even though this is not the music that is required in our clinical practice. As with other music programs, this exclusion represents an example of gatekeeping. This is related not only to the music used in auditions and college repertoires, but also to the instruments used to reproduce that music.

For admission into undergraduate music programs students are often required to audition on their primary applied instrument playing Western classical music (Robison et al., 2020). Students from marginalized communities may not have been exposed to the repertoire required for music school auditions. Because of this lack of exposure to it prior to the audition, many marginalized students did not play classical music in their auditions as it was not a genre they felt comfortable playing. Students were often not able, nor given the option, to choose the music that they preferred for music auditions. This provided a barrier for students to audition in music programs (Abramo & Bernard, 2020).

The field of music therapy faces additional challenges. It is a predominantly white field, where there is a need for more diversity in the field of music therapy (West, 2023). While it is possible that music therapy programs could recruit more students of color, there must be fundamental changes in music and music therapy programs that create a space of belonging for these students (Webb, 2019). Part of creating this space for

students of color includes moving beyond integration to the dominant narrative and moving to a place of justice (Leonard, 2020).

Allowing students to audition by playing music that is authentic to their culture might have positive implications for their clinical work as well as their sense of belonging (Webb & Abrams, 2022). Having Western classical music as the standard for auditions for entrance into music programs has implications for equity and access (West, 2023). A prerequisite for recreating Western classical instrumental music is the ability to read standard music notation and play Western orchestral instruments. This excludes musicians who make music by ear, create music on non-Western instruments, and use electronic devices to make music. To address this lack of equity and access to music therapy programs would necessitate changes to the National Association for Schools of Music (NASM) and the American Music Therapy Association (AMTA) program requirements as well as curricular changes (West, 2023).

### ***Curriculum in Music Programs***

Music programs engage in practices that keep out students who do not ascribe to Western notation and terminology (Fansler et al., 2019). This dependence on Western classical music overlooks music that has been generated by people of color, including electronic dance music (EDM) (Lavengood, 2021). If music schools make changes to the music curriculum that challenge classical music assumptions, these changes should be made at every level of the music education process (Fansler et al., 2019). This should happen beyond the audition or a single class and should be integrated throughout the curriculum.

Standards of education for music therapists have developed over 100 years of music therapy training (Hanser, 2015). According to Hanser, there are a variety of opinions on the most important elements of music therapy training, including awareness, reflexivity, maturity, knowledge of evidence-based practice, musicianship, clinical musicianship, and dedication to the field of music therapy.

While literature exists on descriptions of music therapy curriculum and clinical training and its evolution (de l'Etoile, 2000; Gault, 1978; Hanser, 2015; Iwamasa, 2023; Jensen & McKinney, 1990; Petrie, 1989, 1993), a critical examination of the music therapy curriculum as a whole is still missing. Studies have considered curriculum content (Iwamasa, 2023; Jensen & McKinney, 1990), and ethical considerations (Dileo & Bruscia, 1987). Other writings have explored critical approaches to teaching and curriculum (Baines et al., 2019; Hadley & Hahna, 2015). However, a critical analysis of the music therapy curriculum and how it relates to interlocking systems of oppression is currently lacking. This knowledge can then be used to advocate for change in the music therapy education system.

Wheeler and Grocke (2001) in their report from the World Federation of Music Therapy Commission on Education, Training, and Accreditation Education Symposium, recommended that undergraduate music therapy curriculum should provide entry-level competencies in the field of music therapy. Dvorak et al. (2017) in their grounded theory study, noted that competencies can be addressed in various ways, including coursework, lessons, ensembles, and practice. Other authors have recommended changes to the overall music therapy curriculum or to parts of the curriculum. Gardstrom et al. (2022), in their position paper, proposed that music therapy curriculum be changed to methods-based

curriculum, focusing on methods and interventions rather than clinical populations. DiMaio and Winter (2023), in their position paper, recommend curriculum redesign to reflect Integral Thinking in Music Therapy (ITMT). Fachner (2023) argued for the integration of information on music and the brain into music therapy curricula. Segall (2020), in her survey research, recommended changing the focus of the music therapy curriculum to include more education on wellness for aging populations. While these studies recommend changes to the music therapy curriculum, they do not examine the ways systems of oppression are harmful to students, professors, and future clients.

Especially pertinent to this current study, West (2023) researched critical pedagogy in music therapy. She explored why critical pedagogy is important and how educators have begun to incorporate critical pedagogy into their curricula (West, 2023).

The music therapy curriculum contains three core elements, music foundations, clinical foundations, and music therapy foundations and principles (Wheeler & Grocke, 2001). Each of these elements presents different challenges for students and educators. These elements are full of complexities related to race, gender, age, heteronormativity, ability, socioeconomic status, and values. Music foundations involve a Eurocentric bias in music theory and history (Ewell, 2023). Clinical foundations have a Westernized perspective on health. Music therapists need to be aware of potential limitations in their understanding of music therapy foundations and principles, especially if they have been shaped by the dominant narrative.

The interconnectedness of these elements highlights the complexities inherent in music therapy practice. With these complexities, Hadley and Hahna warn against limiting the curriculum to favor some voices over others, “We need to explore ways to make our

teaching practices more emancipatory, liberatory, or disruptive of the status quo and reduce ways in which they reinforce oppressive practices” (2015, p. 17).

The music therapy curriculum has been described as limited in scope, favoring some groups of people over others (Thomas & Norris, 2021). The education standards established by AMTA reflect those that have created them. For most of US music therapists who represent dominant groups in our society, our experience with the music therapy curriculum may be familiar and serve to confirm our own biases, because it comes from the dominant culture. If we are part of that dominant culture, we see ourselves reflected in the curriculum (Eslava-Mejía, 2022). Fansler et al. (2019) stated:

The vast majority of those credited with developing the professional field of music therapy are in the United States, and of music therapy educators over the course of our profession’s history, are white nondisabled heterosexual cis men and women. As such, what they deem the limits of acceptable knowledge is what is bearable for them and people like them to know. (p. 8)

### ***Student Retention***

Few studies have examined why students withdraw from music education programs. Studies suggest that a variety of factors impact students’ ability or desire to complete music education degrees. While there have been studies that looked at why students left music education programs, no studies have been conducted on how to retain students in music education programs.

One important case study in the field of music education explored the experiences of students from traditionally marginalized populations as they prepared for college, auditioned, and remained in their programs (Fitzpatrick et al., 2014). While the students in this study felt that they were not adequately prepared for music school auditions, they

were able to overcome this through perseverance. Their role models also provided guidance and inspiration as aids in their retention in their music education programs.

Another study examined why students withdrew from music education programs (Gavin, 2012). This study found that many students withdrew from music education programs because of their negative experiences in applied studios and ensembles. These negative experiences led to lower self confidence in the students. Students also experienced a change in how they perceived themselves as musicians and how they perceived their desire to teach, compared to their desire to participate in music.

AMTA requires music therapy programs to develop policies for admission and student retention (Goodman, 2011; Hsiao, 2014). Although universities have policies for student retention, little is known about how music therapy programs retain students. Goodman (2011) found that the average number of students leaving music therapy programs is 1-2 students per program each year. Goodman suggests meeting with students to help alleviate self-doubt and curb the desire to leave a program once others begin to leave it. Dvorak et al. (2017) suggested that a better understanding of the developmental process of music therapy students will improve key issues, such as recruitment and retention.

In the field of music therapy, student retention is often related to both overt and covert aspects of gatekeeping (Hsiao, 2014; Imeri & Jones, 2022). Music therapy competencies, as developed by AMTA, provide guidance on what is considered acceptable practice in the field of music therapy. If students are unable to meet these competencies, they are unable to remain in the field. Students who are racially minoritized have expressed not feeling supported in their studies by faculty (Imeri &

Jones, 2022). This in part has to do with experiencing a lack of belonging for several reasons, including the emotional cost of difficult conversations, defensiveness from classmates and supervisors, and retaliation from those in positions of power (Imeri & Jones, 2022; Thomas & Norris, 2021).

## **Conclusion**

There is a recognition that there are unjust practices in the field of music therapy as they similarly exist in the greater public (Fansler et al., 2019; Pickard et al., 2020). In response, Pickard (2022) called for the field of music therapy to move from an evidence-based model of practice to a more mature model of education, philosophy, and practice. To achieve a more mature model of practice, music therapy programs need to develop their training programs to accomplish this. Throughout this literature review it has been noted that not much is known or has been researched about the interlocking systems of oppression in music therapy education.

## ***Purpose Statement and Research Questions***

This study seeks to address the gaps in music therapy literature in the US by offering an analysis of how music therapy professors understand how interlocking systems of oppression shape music therapy education through recruitment, curriculum, and student retention. While previous scholarship has examined individual forms of oppression or proposed curricular reforms, few have explored how these systems operate collectively to gatekeep access, reinforce Eurocentric norms, and marginalize diverse communities within music therapy education, and the ways these systems of oppression can be addressed.

This study will address the following questions:

- a) In what ways do music therapy educators understand the interlocking systems of oppression that form the basis of music therapy education?
- b) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy play a role in gatekeeping who enters our programs?
- c) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy shape the overall music therapy curriculum?
- d) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy play a role in student retention?
- e) What can be done to address these systems of oppression?

## CHAPTER 3

### METHOD

#### **Rationale and Design**

This study explored how music therapy educators understand interlocking systems of oppression in music therapy education, specifically in the United States. In doing so, it critically examined how these systems shape pedagogy, recruitment, curriculum, and student retention. The primary objective was to understand educators' perspectives on these systemic structures, while the secondary aim was to raise critical consciousness and consider pathways toward equity and change in music therapy education (Patton, 2015). While a comprehensive analysis of these complex systems was beyond the scope of this research, this study sought to highlight key ways in which they manifest and influence educational experiences.

To achieve these goals, this study was grounded in a transformative research paradigm, which emphasized critical inquiry as a means of challenging social inequities. The methodological approach was designed not only to interpret participants' perspectives but also to critically analyze the power structures shaping their experiences.

This study employed critical thematic analysis, an approach that identifies shared themes within participant narratives while positioning them within broader socio-political and institutional contexts (Lawless & Chen, 2019). Critical thematic analysis was particularly suited for this research because it aligned with the study's focus on power, discourse, and ideology—key concerns of critical theory. Through this framework, the research sought to amplify marginalized perspectives, expose structural inequities, and contribute to ongoing conversations about systemic change in music therapy pedagogy.

Furthermore, thematic analysis allowed for a structured yet flexible approach that was not bound to a singular theoretical perspective (Braun & Clarke, 2006). In this study, however, critical thematic analysis was intentionally used to interrogate systems of power through Lawless & Chen's (2019) two-phase process of open and closed coding. Open coding enabled an initial identification of key themes emerging from participants' experiences, while closed coding situated these themes within larger socio-political structures, such as capitalism, patriarchy, and systemic racism. By integrating this analytical approach, the study remained consistent with critical theory's aim of exposing power relations and structural inequalities.

Finally, the choice of critical thematic analysis directly supported the study's research questions, which sought to explore how music therapy educators perceive oppression in education, how these perceptions reflect broader systemic patterns, and how these insights can inform equity-driven change in pedagogy. This methodological transparency ensured that the study does not simply document experiences of oppression but actively critiqued and contextualized them within the broader structures of music therapy education.

### ***Critical Framework and Transformative Epistemology***

This study was situated within the transformative paradigm, which draws from critical theory to examine how power is constructed, maintained, and challenged within society (Denzin & Lincoln, 2018; Mertens, 2024; Patton, 2015; Rolvsjord & Hadley, 2016; Zanders, 2025). Critical theory, both as a philosophical foundation and a research approach, prioritizes exposing inequalities, centering marginalized voices, and generating actionable insights that address systemic oppression. It operates from the premise that

knowledge is not neutral; rather, it is shaped by power relations that either reinforce or disrupt social hierarchies.

A core component of critical theory is its emphasis on three interconnected elements of change:

1. Investigating systems of social injustice
2. Critiquing existing structures
3. Using findings to inform and mobilize change (Patton, 2015, p. 999).

This study engaged with each of these elements by examining how music therapy educators perceive and navigate oppression within their professional roles, particularly in relation to student recruitment, curriculum design, and retention policies.

Additionally, the integration of critical thematic analysis strengthens the connection between epistemology and methodology. By using Lawless & Chen's (2019) critical thematic approach, the study moved beyond traditional thematic coding by linking participant discourse to broader systems of power and structural inequities. This methodological choice ensures that themes were not merely descriptive but actively interrogate the social and institutional forces that shape them.

### ***Reconciling Critical Theory and Constructivism***

Critical theory has traditionally been associated with a realist ontology, positing that systemic power structures exist independently of individual perception. In contrast, constructivism suggests that knowledge is socially created through human interaction and interpretation (Crotty, 1998; Patton, 2015). While these perspectives may seem contradictory, they can be reconciled through a hybrid epistemological approach—one

that acknowledges that while power structures operate independently of individuals, their effects are experienced, interpreted, and contested within specific sociocultural contexts.

This study integrated elements of constructivist epistemology to examine how educators perceive and make meaning of oppression in music therapy education while remaining grounded in critical inquiry, which situated these perceptions within broader systemic realities. This approach ensured that participant narratives were not only described but critically analyzed in relation to the structural forces that shape them. Further, critical thematic analysis aligns with this epistemological framework by blending participant-driven themes (constructivist elements) with structural critique (critical theory). The closed coding phase explicitly integrated macro-level power structures into the analysis, reinforcing critical theory's emphasis on power, discourse, and ideology (Lawless & Chen, 2019).

### ***The Role of the Transformative Paradigm***

The transformative paradigm builds upon interpretivist methodologies but moves beyond them by explicitly critiquing power dynamics and advocating for social change (Mertens, 2024). While interpretivism seeks to understand meaning in human experiences, critical inquiry actively challenges the status quo by examining how meaning is shaped by structural inequalities (Crotty, 1998).

Crotty (1998) contrasts these paradigms, emphasizing that:

It is a contrast between a research that seeks merely to understand and a research that challenges... between a research that reads the situation in terms of interaction and community and a research that reads it in terms of conflict and oppression...between a research that accepts the status quo and a research that seeks to bring about change (p. 113).

Through this lens, researchers do not act as neutral observers but as allies in the pursuit of equity. In this study, I engaged in critical reflection throughout the research process to examine how sociopolitical structures influence music therapy education and to contribute to discussions on dismantling these barriers. By focusing on the voices of educators, this study aimed to highlight how power operates within academic institutions and music therapy training programs.

Moreover, critical thematic analysis reinforces this transformative lens by ensuring that findings do not simply report participants' perspectives but actively interrogate them within larger systems of power. The closed coding phase makes explicit the institutional and ideological influences embedded within participant discourse, linking their experiences to broader patterns of systemic oppression. This process aligns with the transformative paradigm's goal of generating knowledge that is both critical and action oriented.

### **Participants and Sampling**

This study employed expert sampling, a form of purposive sampling, to identify participants with relevant expertise, lived experiences, and critical awareness of how social power structures operate within music therapy education. Participants were selected based on their ability to provide meaningful insight into interlocking systems of oppression in music therapy education. A total of eight participants were recruited.

### ***Inclusion Criteria***

To ensure participants had a strong foundation in music therapy education, the study included only full-time faculty members holding the rank of assistant, associate, or full professor (or equivalent) at National Association of Schools of Music (NASM)

accredited and American Music Therapy Association (AMTA) approved institutions. Participants also met the minimum teaching requirements set by NASM and AMTA. To maintain confidentiality, institutional affiliations remain undisclosed.

### ***Scope and Justification for U.S.-Based Participants***

While this study aimed to examine how interlocking systems of oppression are understood in music therapy education, the decision to limit participants to U.S.-based educators was made to ensure a focused analysis within a shared educational and sociopolitical context. Given the structural differences in higher education systems, accreditation requirements, and sociopolitical landscapes across countries, maintaining a domestic scope allowed for a more coherent comparison of participant perspectives.

Participants were identified through two primary methods:

1. Academic Publications and Expertise – Faculty with publications addressing oppression, equity, or related topics in music therapy education were invited.
2. Committee Recommendations – Faculty recommended by dissertation committee members for their knowledge and engagement in issues of systemic oppression were contacted.

### ***Diversity and Participant Selection***

To capture a broad range of perspectives, the study included participants with diverse cultural identities (e.g., gender, race, ability, and age) and professional backgrounds. Efforts were made to include:

- Educators from both dominant and historically marginalized groups to provide a comprehensive view of systemic power dynamics.

- Faculty from various institutional settings (e.g., liberal arts colleges, conservatories, public and private universities) to reflect a range of educational environments.
- Participants with varying levels of teaching experience to explore differences in how oppression is perceived across career stages.

### ***Recruitment Process and Snowball Sampling***

Recruitment was conducted primarily through direct email contact, using publicly available university faculty directories (see Appendix A). In addition, snowball sampling was attempted, where participants were encouraged to refer colleagues who met the inclusion criteria. However, this approach did not yield additional participants, likely due to time constraints, research topic sensitivity, or participant hesitancy to self-identify as engaging in critical discussions on oppression.

### **Data Collection and Analysis**

As an epistemological paradigm, qualitative research involves the use of multiple sources of data to develop a comprehensive understanding of a given subject (Denzin & Lincoln, 2018; Patton, 2015). Each source contributes a different perspective, allowing researchers to analyze a phenomenon from various angles. This study primarily relied on semi-structured qualitative interviews as its main data source, supplemented by documents from the Certification Board for Music Therapists (CBMT), the American Music Therapy Association (AMTA), and the National Association of Schools of Music (NASM), which were accessed through their respective websites.

During the initial stage of data collection, I retrieved relevant documents from CBMT, AMTA, and NASM, including:

- The Board Certification Domains (CBMT)
- The Standards of Education and Clinical Training (AMTA)
- The NASM Handbook

These documents were reviewed both before and after interview data analysis to assess their relevance in shaping or reinforcing themes. However, they did not serve as a primary framework for guiding the analysis. Instead, the analysis was primarily grounded in participant interview data, with the documents consulted to contextualize emergent themes.

### ***Interview Process***

Interviews were conducted via Zoom and recorded for accuracy. Transcriptions were automatically generated and subsequently reviewed to ensure correctness. The semi-structured format allowed for flexibility in question order, with follow-up questions used to explore emergent themes in greater depth. Interview questions addressed:

- Recruitment and auditions
- Curriculum
- Student retention
- The broader impact of these elements on music therapy education and clinical practice (see Appendix B).

Each interview lasted approximately 120 minutes, with the shortest lasting 115 minutes and the longest 137 minutes. No follow-up interviews were conducted.

### ***Data Analysis and Thematic Coding***

Interview transcripts were analyzed using Atlas.ti, a qualitative research software that facilitated data organization, coding, and memo writing. All transcript data were de-identified before being uploaded to a secure cloud-based version of the software.

Data were analyzed using critical thematic analysis, which integrates traditional thematic analysis with critical perspectives on discourse, power, and ideology (Lawless & Chen, 2019). This approach allows for analyzing individual experiences while situating them within broader social and institutional structures.

To ensure systematic analysis, I applied Lawless & Chen's (2019) two-phase coding process, supplemented by Owen's (1984) criteria for identifying discourse patterns.

**Phase 1: Open Coding.** The first stage of analysis focused on open coding, in which interview transcripts were read multiple times to identify significant statements. Codes were initially assigned based on Owen's (1984) three criteria:

1. Recurrence – Instances where participants expressed similar implicit meanings, even if phrased differently.
2. Repetition – Explicitly repeated keywords, phrases, or statements.
3. Forcefulness – Instances where participants emphasized ideas through tone, volume, or pauses (Owen, 1984, p. 275).

During this stage, I identified and categorized key quotes that reflected these patterns. Codes were then grouped into preliminary themes, closely aligned with participant experiences. For instance, recurrence occurred with several participant with the concept of advocacy. They highlighted ways that they advocate for students,

encourage students to advocate for themselves and others, and the way they advocate for the people that receive music therapy services. Repetition was seen through the words “Western classical.” Participant 3, Participant 7, and Participant 8 used these words three times each, while Participant 2 used them eight times. A noteworthy example of forcefulness occurred when Participant Six said, “But I'm like, if you're going to have power, wield it in a way that doesn't oppress everybody!”

**Phase 2: Closed Coding and Thematic Refinement.** The second phase involved closed coding, in which identified themes were situated within broader sociopolitical and institutional frameworks. In this step, I examined how participants’ discourse intersected with larger systemic ideologies, such as:

- White supremacy
- Imperialism
- Capitalism
- Ableism
- Heteronormativity
- Cisgenderism
- Patriarchy

This phase required careful consideration of both explicit themes and absences within participant discourse. I critically analyzed:

- What ideologies, positions of power, or status hierarchies were recurring and forceful?
- What structural patterns influenced participants' perspectives?
- How did systemic oppression manifest in the narratives shared?

By linking participant experiences to larger institutional and ideological structures, this phase ensured that analysis was not solely descriptive but also critically engaged with broader systems of oppression.

### ***Clarifying the Systematic Connection Between Coding and Ideological Analysis***

To avoid assumptions in linking themes to broader ideologies, I ensured that the transition from open to closed coding was explicit and reflexive. This was achieved by:

1. Comparing preliminary themes with existing literature on power and oppression in education to identify patterns that aligned with broader systemic forces.
2. Using direct participant statements as evidence rather than inferring ideological connections without textual support.
3. Engaging in reflexivity by critically questioning whether identified themes were shaped by researcher bias rather than participant discourse.
4. Utilizing memo writing in Atlas.ti to document decision-making processes in assigning themes to systemic frameworks.

These steps strengthened the methodological rigor of the analysis, ensuring that broader ideological connections were not imposed but rather emerged from the data itself.

### ***Reflections on Atlas.ti and Potential Limitations***

Atlas.ti facilitated efficient organization and retrieval of data, particularly when managing multiple levels of coding and memo writing. However, like all qualitative research software, it has limitations:

- It does not automatically generate meaning—interpretation remains researcher-driven, requiring consistent reflexivity to prevent over-reliance on automated categorizations.
- Closed coding within Atlas.ti required additional manual steps, as the software does not inherently support linking codes to broader ideological frameworks. This required additional researcher oversight to ensure accuracy in theme development.
- Software limitations in handling non-textual elements—as forcefulness was a criterion in coding, some tonal variations or pauses in speech were not fully captured in transcript-based analysis.

### **Ethical Considerations**

Ethical principles for conducting research with human participants include respect for autonomy (informed consent and the right to withdraw), nonmaleficence (avoiding harm), beneficence (maximizing benefits), and justice (ensuring fair treatment in research) (Beauchamp & Childress, 2019; Guillemin & Gillam, 2004). Beyond these general principles, this study was guided by a commitment to epistemic justice to counter epistemic injustice, which occurs when individuals' knowledge and experiences are dismissed due to prejudice or systemic bias (Fricker, 2007).

Guillemin and Gillam (2004) differentiate between procedural ethics (formal ethics approval) and ethics in practice (ongoing ethical considerations that arise during research). This study adhered to procedural ethics by obtaining approval from the Temple University Institutional Review Board (IRB). However, ethical challenges cannot always be anticipated. To navigate ethics in practice, I engaged in ongoing reflexivity and peer consultation to ensure ethical rigor throughout the research process. Reflexivity, often

associated with ensuring qualitative research credibility, was also used to critically examine power relations in research design, data collection, and interpretation (Guillemin & Gillam, 2004). I maintained reflexive journals and participated in supervision with dissertation committee members, focusing on how my position as a researcher influenced the study.

### ***Ethics of Using Critical Theory in Research***

Because critical theory actively critiques power structures and advocates for social change, its use as a research framework raises ethical considerations regarding researcher positionality, bias, and advocacy. Unlike paradigms that emphasize neutrality, critical theory acknowledges that research is inherently political, requiring careful attention to how power and ideology shape both data interpretation and researcher-participant interactions.

To ensure ethical fairness and avoid imposing an ideological framework on participants, I took the following steps:

- **Reflexivity and Positionality:** I critically examined how my own perspectives and assumptions shaped the research process. Through reflexive journaling and discussions with my dissertation committee, I remained attentive to how my own position in academia and music therapy education influenced data collection and analysis.
- **Member Checking:** Participants were invited to review preliminary findings to ensure that their perspectives were accurately represented and not reframed through an ideological lens. This process helped mitigate potential bias in interpretation and reinforced participant agency in knowledge production.

- Peer Consultation: I engaged in ongoing discussions with scholars familiar with both critical theory and music therapy education to evaluate the ethical implications of advocacy within research and ensure that findings were interpreted with integrity.

By integrating these ethical safeguards, this study ensures that critical analysis does not overshadow participant voices but rather amplifies their insights within the broader context of systemic structures in music therapy education.

### ***Confidentiality, Data Security, and Participant Well-Being***

To protect participants' privacy and confidentiality, all identifying information was removed from the data, and pseudonyms were used. Data was stored securely in three locations:

1. Temple University OneDrive (cloud-based storage)
2. An encrypted external hard drive
3. My computer's password-protected hard drive

To ensure long-term participant anonymity, all interview data will be destroyed after five years. Careful precautions were taken to prevent participants from facing professional, social, or institutional repercussions due to their involvement in discussions of power, oppression, and inequity in music therapy education.

Interviews were conducted via Zoom in private and secure settings to minimize the risk of unintended disclosure. I used earbuds to ensure participant confidentiality and encouraged participants to select a private and comfortable location for their interviews.

### ***Emotional and Psychological Considerations***

Although the study did not anticipate high emotional distress, it was possible that discussions on systemic oppression and power structures could evoke difficult emotions.

Participants were informed of their right to:

- Decline to answer questions
- Take breaks at any point
- Withdraw from the study without consequence

As an additional safeguard, I identified mental health resources that participants could access if needed, including:

- BetterHelp (betterhelp.com)
- TalkSpace (talkspace.com)
- The NAMI National HelpLine Resource Directory

At the conclusion of each interview, I offered debriefing sessions to address any lingering concerns, validate participant contributions, and provide closure. However, no participants requested additional support.

### ***Balancing Advocacy and Ethical Research Interpretation***

Given that critical theory inherently involves advocacy, a key ethical challenge in this study was ensuring that research findings remained participant-centered rather than shaped by researcher assumptions. To balance advocacy with ethical interpretation, I:

- Engaged in prolonged immersion with the data to ensure themes emerged organically rather than being predetermined by theoretical assumptions.
- Used multiple layers of verification (peer consultation, member checking, and committee feedback) to confirm the integrity of findings.

- Acknowledged limitations and alternative perspectives, recognizing that no single theoretical framework can fully encapsulate the complexity of oppression in music therapy education.

By implementing these ethical safeguards, this study upholds both the transformative goals of critical theory and the ethical responsibility of fair representation in research.

### **Processes for Trustworthiness**

Trustworthiness in qualitative research is assessed through four key criteria: credibility (confidence in the truth of the findings), transferability (the extent to which findings can be applied across contexts), dependability (stability of the data over time and conditions), and confirmability (assurance that the findings are shaped by participants rather than researcher bias) (Lincoln & Guba, 1985). To ensure trustworthiness, this study employed multiple strategies throughout data collection, analysis, and reporting. These included the use of primary sources, triangulation, prolonged engagement, persistent observation, confirmability audits, peer debriefing, direct participant quotes, and member checking. Additionally, the coherence of the narrative further strengthens the study's trustworthiness.

Data for this study were collected from primary sources, specifically interview transcripts from research participants, as well as documents from relevant professional and accrediting agencies.

Triangulation was used to enhance credibility by cross-checking qualitative data from multiple sources. This study employed triangulation of qualitative data sources and critical friend review (Patton, 2015). A critical friend serves as a trusted individual who

offers fresh insights, asks thought-provoking questions, and provides constructive critiques (Patton, 2015, p. 967). In this study, a professional outside of the research committee—either a music therapist or an expert in a related field—was engaged as a critical friend. This individual possessed an advanced level of education, research experience, and a thorough understanding of power dynamics, marginalization, discrimination, structural inequality, and intersectionality. Their feedback helped refine the analysis by ensuring that these factors were critically considered in the interpretation of data.

To ensure prolonged engagement and persistent observation, I engaged extensively with the data to explore its breadth and depth (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Patton, 2015). Prolonged engagement involved immersing myself in the data to fully understand its scope, while persistent observation involved repeated reading, analyzing, theorizing, and refining codes to ensure that key themes emerged (Korstjens & Moser, 2018). Codes were reassessed and relabeled as needed until the data provided the necessary depth and clarity.

A confirmability audit was conducted by a committee member to ensure that the findings were grounded in the original data and that the coding process maintained transparency and rigor. This audit verified that codes accurately represented the context of interview data and were appropriately categorized within overarching themes (Mertens, 2024). In addition to the audit, peer debriefing was regularly conducted with select committee members. These discussions provided external perspectives on the data, helping to identify potential biases in my interpretations. Given my sociocultural position as a white, heterosexual, cisgender male researcher engaging with critical theory, these

debriefing sessions were particularly valuable in maintaining reflexivity throughout the analytical process.

Direct participant quotes were integrated into the findings to enhance credibility, offering readers an opportunity to engage directly with participants' perspectives. This not only deepens understanding but also strengthens the alignment between the findings and participants' lived experiences.

Following the initial data analysis, member checking was conducted to validate the interpretations with participants (Korstjens & Moser, 2018). Because participants were considered experts on the research topic, their input on a near-final version of the findings (McKim, 2023) contributed to the study's credibility. Each participant was asked to reflect on the accuracy of the findings through the following questions:

1. How accurately do you feel the findings captured what you shared?
2. What, if anything, would you want added that would better capture your thoughts/experiences?

Any requested revisions were incorporated into the final report. To further strengthen credibility, a brief reflection on whether participants challenged or disagreed with interpretations has been included.

Finally, the study presented its findings through a coherent narrative structure, weaving themes together in a systematic and meaningful way. By organizing data into clearly defined themes, the study provided a structured and logical flow that allows for deeper engagement with the findings. This thematic organization not only ensured clarity in the presentation of results but also highlighted the interconnections between different aspects of the data. Through this approach, the findings were contextualized within the

broader research framework, allowing for a more nuanced understanding of the participants' experiences and perspectives. Additionally, this structure facilitated a comprehensive interpretation of the data, reinforcing the study's credibility and ensuring that the insights gained contribute meaningfully to the existing body of knowledge.

## CHAPTER 4

### FINDINGS

This chapter presents the findings from participant engagement, structured around the central research questions guiding this study. Through thematic analysis, the data revealed the pervasive ways in which systemic oppression operated within music therapy education, affecting admissions, curriculum design, faculty practices, and student retention. The voices of music therapy educators provide a critical lens into how dominant structures—such as white supremacy, capitalism, ableism, heteronormativity, and patriarchy—manifest in institutional policies and pedagogical approaches. These findings not only highlight the barriers within music therapy education but also illuminated areas where faculty are working toward more socially just and inclusive practices.

To ensure a rigorous and reflexive analytical process, I adopted a critical thematic analysis approach (Lawless & Chen, 2019) that integrated traditional thematic analysis with a critical examination of power, discourse, and ideology. The process was facilitated through Atlas.ti, a qualitative research software that supported systematic coding, memo writing, and organization of participant statements. Data analysis followed a two-phase coding process that transitioned from open coding, which identified recurring themes in participant discourse, to closed coding, which situated those themes within broader sociopolitical and institutional frameworks.

During Phase 1, *Open Coding*, participant interviews were analyzed for key patterns using Owen's (1984) criteria: recurrence (similar meanings expressed across different statements), repetition (explicit use of repeated phrases), and forcefulness

(emphasized ideas conveyed through tone or emotional intensity). This phase ensured that themes were grounded in participant discourse rather than researcher assumptions. For example, discussions of financial gatekeeping emerged through repeated concerns about unpaid internships, tuition costs, and application fees, which disproportionately impact marginalized students. Similarly, Eurocentrism in curriculum was frequently identified through recurring references to Western classical dominance and the exclusion of non-Western musical traditions.

Through Phase 2, *Closed Coding* refined these themes by linking participant experiences to larger ideological structures. This involved a critical interrogation of how systemic oppression operates through institutional policies, accreditation standards, and faculty decision-making. The analysis was guided by key questions: *What ideologies are being reinforced through these practices? How do positions of power shape faculty and student experiences? What silences or omissions exist within participant discourse?* This phase ensured that the findings did not merely describe participant experiences but critically engaged with how music therapy education is shaped by broader systems of oppression.

To begin the analysis, I immersed myself in the data by reading and rereading each transcript two to three times. This initial phase allowed me to become intimately familiar with the content and context of each participant's narrative. I approached the data using Owen's (1984) criteria—recurrence, repetition, and forcefulness—to identify meaningful patterns. Through this process, I generated over 1,000 initial codes, capturing a wide range of ideas, experiences, and expressions. These codes were not immediately organized into themes but served as a foundational layer for deeper analysis. I then

revisited the transcripts multiple times, refining and connecting codes to uncover thematic relationships. This iterative process of reading, coding, and re-reading helped me move beyond surface-level observations and begin to identify overarching themes that reflected the complexities of participants' experiences.

As the coding progressed, I transitioned from an inductive approach—where themes emerged organically from the data—to a more deductive strategy. This shift was guided by the study's research questions and the conceptual framework of interlocking systems of oppression. During this phase, I intentionally linked emerging themes to broader ideological structures such as white supremacy, capitalism, ableism, and cisheteropatriarchy. This deductive coding process clarified how the data addressed the research questions and allowed for a more nuanced understanding of systemic power within music therapy education. Ultimately, this refinement led to the identification of five central themes, 22 subthemes, and 15 sub-subthemes. This layered thematic structure reflects both the depth of participant insights and the complexity of the systems under examination. A brief example of the coding process is available in Appendix C.

Throughout the coding process, I maintained reflexivity to mitigate researcher bias and avoid making unwarranted ideological assumptions. This was accomplished by, in no particular order:

- A. Comparing emergent themes with existing literature on power and oppression in education.
- B. Using direct participant statements as primary evidence rather than imposing theoretical interpretations without textual support.

- C. Documenting analytical decisions through memo writing in Atlas.ti to track the rationale behind coding choices.
- D. Critically questioning whether identified themes emerged from participant narratives or researcher assumptions.

By employing this systematic and reflexive approach, the findings presented in this chapter provide a nuanced examination of both the oppressive structures entrenched in music therapy education and the efforts made to challenge them. The following sections detail these themes, illustrating the tensions between exclusionary practices and faculty-led initiatives for change.

Eight participants consented to participate in this study and were interviewed via Zoom. Interviews lasted approximately 113 to 130 minutes. Participants taught at eight different institutions: six located in urban or suburban areas and two in rural settings. Five of the seven regions of the American Music Therapy Association were represented, four participants from the Mid-Atlantic Region, two from the Southeastern Region, one from the New England Region, and one from the Southwestern Region. The institutions included three private schools and five state universities.

In terms of sociocultural demographics, participants represented a diversity of identities. In terms of racial identities, four of the participants are members of historically marginalized racial groups, Black, Hispanic, and Asian. While participants were not asked to disclose their gender identities or sexualities, one participant disclosed being heterosexual, and another identified as a cisgender woman. From their publicly available academic bios, Zoom screen names, and/or email signatures, the current gender identities of the participants are five ciswomen, one nonbinary individual, and two cismen. Three

participants shared personal experiences with disabilities and one participant self-identified as neurotypical. Ages ranged from the twenties to the sixties, and teaching experience varied from a few years to near retirement.

The findings in this chapter serve to answer the research questions.

- a) In what ways do music therapy educators understand the interlocking systems of oppression that form the basis of music therapy education?
- b) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy play a role in gatekeeping who enters our programs?
- c) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy shape the overall music therapy curriculum?
- d) In what ways does Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy play a role in student retention?
- e) What can be done to address these systems of oppression?

**Table 1**

*Themes, Subthemes, and Sub-subthemes*

<b>Themes, Subthemes, and Sub-subthemes</b>
<p><b>Interlocking Systems of Oppression</b></p> <ul style="list-style-type: none"> <li>• Imperialism</li> <li>• White Supremacy</li> <li>• Capitalism</li> <li>• Ableism</li> <li>• Cisnormativity</li> <li>• Heteronormativity</li> <li>• Patriarchy</li> </ul>

**Table 1** (continued)

<p><b>Gatekeeping and Structural Oppression in Higher Education</b></p> <ul style="list-style-type: none"><li>• Gatekeeping in Music Therapy Education<ul style="list-style-type: none"><li>○ Auditions and Musical Expectations as Gatekeeping</li><li>○ Financial and Structural Barriers as Gatekeeping</li></ul></li><li>• The Role of Professional Organizations in Gatekeeping</li></ul>
<ul style="list-style-type: none"><li>• Institutional and Interpersonal Obstacles as Forms of Gatekeeping</li></ul>
<p><b>Structures of Power Influence Curriculum Design and Content</b></p> <ul style="list-style-type: none"><li>• The Influence of Oppressive Systems on the Music Therapy Curriculum</li><li>• The Dominance of Western Classical Music in Music Therapy Curriculum</li><li>• The Endorsement of Medical and Behavioral Models</li><li>• Financial and Institutional Constraints on Curriculum Change</li><li>Professional Organizations as Barriers to Curricula Change</li></ul>
<p><b>Power and Oppression in the Academic System and Student Retention Practices</b></p> <ul style="list-style-type: none"><li>• Administration: Institutional Leadership and Barriers to Equity</li><li>• Policy: Institutionalized Oppression and Bureaucratic Barriers</li><li>• Financial Burdens and Attrition: The Economic Cost of Exclusion</li><li>• Ableism and Lack of Accommodations: Barriers to Accessibility</li><li>• Heteronormative and Cisnormative Barriers: LGBTQ+ Student Retention</li></ul>
<p><b>Pathways Toward Equity</b></p> <ul style="list-style-type: none"><li>• Faculty-Led Interventions<ul style="list-style-type: none"><li>○ Commitment to Social Justice</li><li>○ Facilitators of Student Resources</li><li>○ Subversive Practices for Institutional Change</li></ul></li><li>• Structural and Institutional Change<ul style="list-style-type: none"><li>○ Gatekeeping and Power Dynamics</li><li>○ Revising Accreditation and Institutional Policies</li><li>○ Feelings of Frustration and Burnout</li><li>○ Recognizing and Accepting Limitations</li><li>○ Systemic Solutions and Alternative Accreditation Models</li></ul></li></ul>

## **Interlocking Systems of Oppression in Music Therapy Education**

Music therapy education is embedded within multiple interlocking systems of oppression, including imperialism, white supremacy, capitalism, ableism, cisnormativity, heteronormativity, and patriarchy. These forces influenced faculty decision-making, curriculum structures, institutional policies, and student experiences, reinforcing exclusionary and hierarchical dynamics. Participants in this study identified these oppressive frameworks as pervasive, shaping everything from accreditation standards to daily classroom interactions.

A dominant theme emerging from participants' reflections was the prioritization of Western classical music traditions, which often marginalizes non-Western, popular, and culturally diverse musical practices. Many educators questioned the reliance on Eurocentric frameworks in defining musicianship, wellness, and therapeutic intervention, arguing that these paradigms exclude and devalue other cultural perspectives. Participants reported that both faculty and students also reported encountering rigid academic norms that uphold white, cisheteropatriarchal, and ableist expectations. One example cited was the requirement for students to demonstrate proficiency in piano and guitar while excluding functional skills in music technology, despite the increasing use of digital tools in contemporary music-making.

Participants emphasized that these systems do not function in isolation but are interconnected and mutually reinforcing. The Interlocking Systems subtheme highlighted how faculty and students often experience marginalization in multiple ways simultaneously. For example, an LGBTQ+ student of color may face overlapping systems of racial and sexuality-based discrimination that are not merely additive but

structurally interconnected. These systems are designed to reinforce one another, creating compounded barriers that shape the student's access to training and professional development in ways that are sustained by institutional norms and practices.

Participants also reflected on how universities, professional organizations, and accreditation bodies reinforce these oppressive structures by prioritizing “elite,” Western knowledge while failing to acknowledge or accommodate diversity of knowledge systems. Institutional policies and accreditation standards tend to favor historically dominant groups, limiting access for those from marginalized backgrounds and restricting the evolution of more inclusive pedagogical approaches.

The following interlocking systems of oppression shape music therapy education, influencing everything from curriculum design and faculty recruitment to student access, retention, and professional identity formation. These systems—imperialism, white supremacy, capitalism, ableism, cisnormativity, heteronormativity, and patriarchy—function simultaneously, to uphold exclusionary structures within the field.

### ***Imperialism***

Imperialism is manifested in the prioritization of Western classical music traditions and the marginalization of non-Western, Indigenous, and culturally diverse musical practices. By positioning Western music theory, notation, and therapeutic frameworks as the standard, music therapy education reinforced cultural imperialism, limiting the inclusion of alternative music traditions and alternative healing traditions that may be equally or more relevant to certain communities. This dominance also extended to pedagogical approaches, where behavioral models rooted in Western medical-

industrial ideologies are privileged over more community-centered, holistic, or Indigenous wellness practices.

Imperialism in music therapy education similarly manifested through the prioritization of certain subject matter, knowledge hierarchies, and restricted pedagogical approaches. Participants noted that Western classical traditions are prioritized over other musical genres, often minimizing or excluding traditions such as gospel, hip-hop, and music created through digital production. This bias is reflected in AMTA accreditation standards, which require proficiency in certain traditional instruments while failing to acknowledge the relevance of music technology and non-Western musical instruments and genres in contemporary practice. Participant One criticized this approach, stating:

We make guitar and piano mandatory functional skills, right? And that might have worked well back in the day when we didn't have a lot of people relying on technology to make music... But we aren't making music that way in our training.

Additionally, the imperialist mindset extended to wellness frameworks. Several participants challenged the assumption that music therapy, as defined by dominant Western models, is universally necessary or beneficial. Participant One observed:

There's so many different cultures and communities [that] have their own forms of preventative wellness, of responding to crisis. And that sort of a thing and maintaining wellness. So, who's to say therapy, as we understand it, is necessary, is needed in that way, you know?

### ***White Supremacy***

Closely tied to imperialism, white supremacy upholds Eurocentric norms in curriculum, faculty hiring, and accreditation standards. The field of music therapy remains overwhelmingly white, both in its professional organizations and its educational institutions. Given the predominance of whiteness in the field, and the privilege of

Western frameworks, it is likely that white ways of thinking and being are held as the standard against which all other frameworks are evaluated. Participant One noted, “people might have different cultural styles of saying things and doing things, and how they present themselves,” emphasizing that these differences are overlooked in education settings. This supremacy manifested in admissions criteria that prioritized Western musicianship, hiring practices that favor white faculty, and a lack of intentional recruitment efforts to support students and educators of color. White supremacy is also reflected in who is seen as the “ideal” music therapist, with the profession historically centering white, middle-class perspectives while marginalizing those with different cultural backgrounds.

Participants described how white supremacy operates in music therapy education by privileging Eurocentric norms in pedagogy, admissions, and professional identity formation. The centering and privileging of white cultural values influences everything from hiring practices to the definition of professional competence. Participant Four noted that many colleagues were aware of the need to recruit diverse students and move beyond a white Western European mindset. Participant Eight mentioned efforts to feed department members information increased sensitivity and created a critical mass of support for diversity, equity, and inclusion. A lack of recruitment efforts targeting communities of color in both students and faculty was identified as a key barrier to increasing diversity within the profession. Participant Five stated, “When we don’t have anybody whose job it is to reach out to communities of color... that, to me, was the oppressive part.”

In addition to structural barriers, the white savior complex was a recurring theme. Participants described how music therapy often operates under the assumption that the ideal therapist is a white, middle-class individual who "rescues" marginalized clients. This perpetuates a sense of superiority among practitioners and reinforces unexamined authority. Participant One described this as "White Savior, doing good stuff."

### ***Capitalism***

Capitalism intersected with these oppressive systems by creating financial barriers that disproportionately limited access to music therapy education for students from historically excluded backgrounds. The cost of tuition, private instruction fees, textbooks, application costs, and unpaid internships created a significant burden, making it difficult for lower-income students to enter or remain in programs. Participant Six described the cost of textbooks as oppressive, "required textbooks...make things inaccessible. And they're just oppressive."

Budget cuts and an emphasis on profit-driven models of education further exacerbated these inequities, leading to overworked faculty, underfunded diversity initiatives, and limited resources for students in need of support. Participant One noted, "That person left, and that positions was not replaced. And so, a lot of their responsibilities got absorbed by the program directors and our department project coordinator." This strain on resources is further exacerbated by reliance on clinical supervisors' unpaid services. Participant one expressed their desire to properly compensate supervisors, "I wish we could compensate supervisors. I really do."

Additionally, the expectation that music therapy students provide free labor during clinical training, especially the six-month internship, reinforced exploitative

financial structures, disproportionately impacting students who cannot afford to work without compensation.

### *Ableism*

Ableism was embedded in academic policies, curriculum structures, and certification requirements, marginalizing neurodivergent and disabled students and faculty. Many university policies failed to provide adequate accommodations for students with disabilities and chronic illnesses, forcing them to navigate inaccessible learning environments, rigid attendance policies, and standardized exams that do not account for diverse cognitive and physical needs. Participant Eight retold the instances where students struggled to have their accommodations recognized when taking the board certification exam, “I’ve heard from so many students to get back to me and say I can’t get my accommodation. They grill me about my disability before, you know. So, the letter from my university is no longer enough.” Participant Eight felt that this interrogation process was inappropriate and disrespectful as it treated individuals with disabilities as if they were attempting to cheat rather than seeking an equal playing field.

Similarly, faculty members with disabilities and chronic illnesses often faced discrimination in hiring, promotion, and workplace accommodations, reinforcing the expectation that the “ideal” music therapist should fit within able-bodied, neurotypical standards of professionalism. The board certification process further exemplified these biases, requiring individualized competency assessments that conflict with disability communities’ emphases on collective and adaptive learning. Participant Three noted, “one person is responsible for all things, or capable of doing all of these things.” This

approach is not reflected in disability communities, where collaborative communities are favored.

Ableism is deeply embedded in academic policies, board certification exams, and faculty attitudes. Participants highlighted how rigid academic structures fail to accommodate neurodivergent and disabled students. Participant Three noted, “This process where you’re given a task, and you get it done, that deprioritizes people with all kinds of neurodiversity. There are not many people for whom academia is well designed.” The individualized nature of the board certification exam reinforces ableist assumptions about what constitutes competence. Participant Six noted, “The test is still behavioral... rooted in medical and behavioral industrial complexes and those value systems which we are a part of.”

Barriers extended to faculty experiences, where disabled educators face discrimination in hiring, promotion, and accommodations. Participants described how their requests for reasonable accommodations were met with skepticism, reinforcing ableist notions of competency.

The lack of representation of disabled students in music therapy education was a particular concern, as it impacts the broader field. Participant Seven reflected:

I think it hurts the field that some of our students who identify as disabled and minorities do not get the chance to be in the field and serve clients, and they could be uniquely poised to serve them because they might have a background or identity that is similar to the client, and that they can understand.

### ***Cisnormativity***

Cisnormativity refers to the assumption that all students and professionals conform to a binary gender system, and that their gender identity matches their sex

assigned at birth, leaving little room for individuals whose gender extends beyond and between the binary. Music therapy education often lacks gender-inclusive policies, language, and training, making it difficult for LGBTQ+ students to navigate institutional structures. Participant Four highlighted this by stating, “we know that we are predominantly a white, cis, female field.” Gendered expectations in dress codes, vocal training, and clinical interactions further reinforce the notion that students must fit within traditional gender roles to succeed in the field.

The experiences of the non-binary students illustrate the challenges posed by cisnormativity. Participant Seven recounted the story of a non-binary, non-white student who struggled to navigate the university system due to a lack of knowledge about available resources and support. The student was dismissed from the university, highlighting the systemic barriers faced by those who did not fit the dominant demographic profile.

Participant Eight expressed concerns about the potential harm caused by graduating predominantly white cisgender music therapists. They noted that this lack of diversity could present greater potential for harm to clients who do not share the same background.

### ***Heteronormativity***

Similarly, heteronormativity shapes music therapy education by positioning heterosexuality as the default identity and failing to account for the experiences of LGBTQ+ students and clients. Participants described instances where internship sites enforced discriminatory policies, preventing LGBTQ+ students from expressing their identities openly.

Furthermore, faculty and supervisors often fail to integrate LGBTQ+ perspectives into coursework, leaving gaps in students' understanding of how to provide affirming care for diverse populations. The historical pathologization of queerness in medical and psychological fields continues to linger within music therapy education, as LGBTQ+ topics are frequently treated as specialized areas of study rather than essential knowledge for all practitioners. Participant Six noted that, while the history of homosexuality as a diagnosis was mentioned in an abnormal psychology class, it was not critically examined, which failed to address the harmfulness of such perspectives.

### ***Patriarchy***

Finally, patriarchy remains deeply ingrained in music therapy education, reinforcing male-centered power structures while marginalizing voices that challenge traditional hierarchies. Despite the field being predominantly composed of women, men still hold a disproportionate number of leadership positions, faculty roles, and decision-making power. Institutional policies often fail to address issues of gender-based discrimination, harassment, and exclusion, leaving faculty and students vulnerable to workplace inequalities. Title IX issues were prevalent with participants recounting numerous instances of sexual harassment and assault. The lack of timely and effective responses to these issues left victims in the same environment as their oppressors, exacerbating their trauma and sense of helplessness. Female students faced additional challenges, such as being penalized for needing to use the restroom during rehearsals. At Participant Seven's university, students got marked absent because they had to use the restroom during rehearsal. This lack of accommodation for basic needs underscored the differential treatment of female students.

Additionally, professional organizations have historically resisted efforts to center feminist, womanist, and gender-expansive perspectives, further sustaining patriarchal dominance in curriculum development and policy decisions.

Together, these oppressive systems do not operate in isolation but are deeply interconnected, shaping who is welcomed, valued, and supported within music therapy education. By examining how these structures reinforced inequities in access, curriculum, accreditation, and professional opportunities, the findings highlighted the urgent need for systemic change in order to create a truly inclusive and equitable field.

The interwoven nature of these oppressive systems compounds the challenges faced by students and faculty with multiple marginalized identities. Participant Two noted that students with financial constraints, caregiving responsibilities, and racial or gender-based marginalization face layered barriers that make degree completion significantly more difficult. The underfunding of Historically Black Colleges and Universities (HBCUs) further restricted access to music therapy training for Black students. Participants also struggled to navigate institutional resistance to change. Participant Two questioned, “Do faculty even have the time and energy to deal with that when they themselves are navigating systems of oppression?”

By centering participant experiences, this study revealed how oppressive systems in music therapy education reinforce inequality, limit access, and sustain exclusionary practices. These findings illustrated both the structural barriers that maintain the status quo and the efforts made by some educators to challenge these systems.

## **Gatekeeping and Structural Oppression in Higher Education**

### ***Gatekeeping in Music Therapy Education***

While some gatekeeping practices are important in the health professions for the safety of clients and to ensure ethical practice, based on the responses, much gatekeeping within music therapy education functions as a mechanism of exclusion, systematically privileging dominant groups while limiting access for marginalized students. At the same time, our understanding of what constitutes client safety is evolving. Practices such as respecting pronouns, affirming gender identity, and acknowledging cultural and neurodivergent differences are now recognized as essential components of ethical care. These shifts challenge traditional notions of professionalism and competence, urging educators to reconsider how gatekeeping can be reimagined to promote inclusion rather than reinforce exclusion.

The admissions process, accreditation standards, financial structures, and faculty biases all served as barriers that disproportionately favor white, cisgender, able-bodied, and financially privileged individuals while making it difficult for students from other cultural, economic, and gendered backgrounds to enter the field. Participant Seven described instances where faculty prejudged students based on their non-traditional musical backgrounds, such as being self-taught or not classically trained. These exclusionary practices were deeply embedded in imperialist, white supremacist, capitalist, ableist, and cisheteropatriarchal structures, reinforcing a rigid professional identity that prioritized Western classical traditions, financial privilege, and normative identities.

From stories participants shared, this study identified multiple problematic gatekeeping mechanisms that operate at various levels of music therapy education, from admissions and curriculum standards to clinical training and professional certification. These mechanisms manifest as both explicit barriers such as audition requirements favoring Western classical music. Participant Four highlighted that schools of music primarily teach Western European classical music and require auditions that necessitate pre-existing musical skills, creating barriers for students from diverse backgrounds. Structural burdens such as unpaid internships, faculty biases, and accreditation policies also exclude diverse musicianship.

**Auditions and Musical Expectations as Gatekeeping.** One of the most prevalent and exclusionary gatekeeping mechanisms in music therapy education is the requirement to demonstrate proficiency in Western classical music traditions during auditions. Participants emphasized that these Eurocentric expectations privilege students with formal training in classical music while disadvantaging those whose musical expertise lies outside of Western classical music—for example, gospel, hip-hop, Indigenous, electronic, rock, pop, folk, or non-Western music traditions. The prioritization of notation-based, Western harmonic structures over other forms of musicianship created an elitist barrier that limited access for students from diverse cultural and musical backgrounds. Participant One notably expressed frustration with how restrictive these admissions policies are, noting, “We miss out on so much more... we do ourselves a disservice as a profession... [we] stunt our growth.”

The theme of excluding musical traditions that are deeply embedded in Black, Indigenous, Latinx, and other historically marginalized communities, perpetuated

imperialist, and white supremacist hierarchies. Participant Two noted, “students who learn from an oral tradition over Western classical music are still at a disadvantage.” They later said, “When we are exclusionary of certain forms of music, like electronic music, or like rap, or some Americana music, like those oral traditions of music...I think we’re missing out on the ways that clients engage with music.” As a result, respondents noted that the field will remain overwhelmingly white and middle class, reinforcing a narrow definition of what qualifies as "therapeutic" music and who is deemed a "qualified" therapist.

Additionally, as previously stated, Participant One criticized how classical instrument proficiency requirements fail to reflect modern music-making practices, particularly those using digital music technology.

By resisting the integration of contemporary musical forms and digital tools, the findings reinforced outdated hierarchies that alienate students whose musicianship is rooted in different cultural and technological traditions.

**Financial and Structural Barriers as Gatekeeping.** Gatekeeping in music therapy programs is further reinforced by financial barriers that disproportionately impact students from historically excluded backgrounds. Participants identified key economic obstacles that limit access and persistence in music therapy education, including:

- Private music instruction costs required for audition preparation, which create financial barriers for students who cannot afford expensive lessons. Participant Two noted, “The biggest system of oppression is...access to lessons and instruments...prior to coming to college.”

- Expensive textbooks and course materials, which increase the cost of education and disproportionately disadvantage lower-income students.
- Unpaid internships, which require students to work without financial compensation, making it difficult for those who rely on paid employment.
- Transportation and accessibility barriers, particularly for students required to travel long distances for clinical training with no financial support.

Because music therapy education remains tied to capitalist structures, students with economic privilege are more likely to succeed, while those with limited financial resources face increased attrition rates. Participant Four reflected on this systemic inequity, stating, “We are losing students to other programs because they’re offering them a full ride.”

Additionally, participants emphasized how LGBTQ+ students face discrimination in admissions and clinical placements. Some internship sites imposed religious or ideological restrictions, forcing LGBTQ+ students to either conceal their identities or risk being excluded from placement opportunities. Participant Four recounted that students were told they did not belong in the program due to their identities or disabilities. Participant Two noted the harm in a situation where a queer student’s identity was not respected by a co-intern from another university. This systemic bias is another example of how cisheteropatriarchy actively gatekeeps who can enter and thrive in the profession.

### ***The Role of Professional Organizations in Gatekeeping***

Participants identified NASM, AMTA, and CBMT as major gatekeeping entities, reinforcing exclusionary policies through rigid accreditation and certification standards. These organizations dictate curriculum requirements that privilege Western musicianship

while excluding diverse theoretical and cultural frameworks, thereby controlling who can enter and succeed in the profession. Participant Six noted the unwillingness of these organizations to challenge the status quo, explaining, “They might say, ‘yeah, we know this sucks,’ but they’re not going to put in the effort to try to think about the alternatives.”

### ***Institutional and Interpersonal Obstacles as Forms of Gatekeeping***

Gatekeeping extends beyond admissions and financial barriers to include institutional and interpersonal obstacles that create additional burdens for both students and faculty members. These burdens are direct consequences of oppressive systems and function as structural deterrents that discourage marginalized students from persisting in music therapy education. Participants identified five central barriers:

1. Upholding Norms – The resistance to change that maintains exclusionary policies, Eurocentric traditions, and faculty homogeneity. Participant One warned that current policies keep the field of music therapy Eurocentric and middle class, limiting the potential for the field of music therapy. Participants expressed frustration with the unwillingness of these organizations to challenge the status quo. One participant noted, “They might say, ‘yeah, we know this sucks,’ but they’re not going to put in the effort to try to think about the alternatives.”
2. Work Stresses – The additional burdens placed on faculty and students, leading to burnout, exhaustion, and emotional distress. Participant Four described the program as “an intense major,” requiring students to manage a heavy workload with high expectations. This intensity often led to burnout among students and faculty.

3. Unsupportive Colleagues – The lack of collaboration and institutional resistance to diversity and inclusion efforts. Participant Six described how colleagues were resistant to updating harmful practices because they have been teaching at the same university for a long time and were not willing to change.
4. Limited Availability of Adjunct Faculty and Clinical Supervisors – The overreliance on underpaid adjuncts, leading to inconsistencies in student learning experiences. Participants One and Five indicated the students’ need to adapt to varying teaching styles and availability.
5. Lack of Resources – The absence of financial support, student services, and accessible educational pathways, making success in the field unattainable for many. Participant Four questioned, “who gets to be a music therapist?” and noted that policies impacted who could enter the field and serve clients. This lack of pathways for students with diverse musical backgrounds, such as those interested in hip hop. Participant Five noted that there may not be a pathway for those musicians to receive training in music therapy programs.

Participants particularly criticized the lack of diversity in faculty hiring, with Participant Six noting, “A lot of students of color don’t feel supported at all. They don’t feel represented both in the faculty...or in the readings.” This lack of representation reinforces exclusionary norms, leaving students of color without mentors or role models who understand their lived experiences. Additionally, faculty who advocated for change often face institutional resistance, as described by Participant Eight, “We have to have faculty approval to make these changes. We’ve never been able to get faculty approval from our colleagues.”

Gatekeeping in music therapy education is a deeply embedded practice that operates through imperialist, white supremacist, capitalist, ableist, cisheteropatriarchal structures. These exclusionary mechanisms shape who is welcomed, supported, and able to succeed in the field, and who is systematically denied access.

By prioritizing Western classical musicianship, reinforcing financial barriers, sustaining faculty and accreditation biases, and failing to address systemic discrimination, music therapy education continues to uphold exclusionary norms that limit diversity in the profession. Without deliberate systemic change, gatekeeping will continue to restrict who has the opportunity to become a music therapist, whose knowledge is valued, and whose voices shape the field.

### **Structures of Power Influence Curriculum Design and Content**

#### ***The Influence of Oppressive Systems on the Music Therapy Curriculum***

The curriculum in music therapy education is shaped by historically dominant systems of power, reinforcing imperialist, white supremacist, capitalist, ableist, cisheteropatriarchal structures. These oppressive frameworks dictate what knowledge is valued, whose musical traditions are prioritized, and how therapeutic competence is defined. Participants in this study described how music therapy curricula systematically uphold exclusionary norms, making it difficult to diversify content, integrate alternative healing approaches, and prepare students to work effectively with marginalized populations.

Key areas where oppression is embedded within the curriculum include:

1. The Dominance of Western Classical Music – Eurocentric frameworks define musical proficiency, marginalizing non-Western, popular, and culturally diverse

traditions. Participant One highlighted that musicianship should not be solely defined by the ability to play classical music. Participant Four mentioned advocating for students who might not have formal training but showed potential as music therapists.

2. The Endorsement of Medical and Behavioral Models – Therapeutic approaches are rooted in white, ableist, and capitalist healthcare structures, limiting holistic and community-based interventions. Participant Four noted that the field had become overly focused on behavioral approaches and outcomes to legitimize itself. This focus overshadowed other valuable approaches to the practice of music therapy.
3. Financial and Institutional Constraints on Curriculum Change – Faculty who attempt to change curriculum to incorporate critical, inclusive, and anti-oppressive content often face institutional resistance and financial barriers. Participant Eight mentioned that they were working with an outdated curriculum because they could not get faculty approval for changes from colleagues. Participant Four described the time-consuming process of making course material accessible, such as manually correcting documents, illustrating the lack of institutional support and resources for accessibility.
4. Professional Organizations as Barriers to Change – NASM, AMTA, and CBMT reinforce rigid accreditation standards that prioritize dominant cultural knowledge while resisting alternative models of certification and pedagogy. Participant Six mentioned that requirements from AMTA, NASM, and CBMT all filtered into the curriculum, creating a complex web of standards that programs had to navigate.

### ***The Dominance of Western Classical Music in Music Therapy Curriculum***

A central theme in participant discussions was the continued dominance of Western classical music within music therapy education. Western music theory, classical performance, and notation-based learning remain the standard, positioning other musical traditions as secondary, elective, or supplemental rather than essential. This Eurocentric bias limits both the diversity of students who can enter the field and the range of therapeutic interventions that music therapists are trained to use.

Participants criticized the exclusionary nature of Western classical requirements, arguing that these standards privilege students with formal classical training while systematically disadvantaging those whose expertise lies in gospel, hip-hop, Indigenous, electronic, rock, pop, folk, or non-Western music traditions. Participant Five described this imbalance, “Some of our students of color that audition...in gospel or some that have inquired...in hip, hop, that's been a hindrance as well.” They went on to say, “Let's say, somebody is within hip hop. Do we have the people to teach that? Is that something that we've given resource to?”

By failing to integrate diverse musical and cultural traditions, the curriculum reinforced a Eurocentric hierarchy of knowledge, sending a message that certain forms of musicianship are more legitimate than others. Participant One noted, “I've heard musicians...they would have phenomenal presence and experience as music therapists, but they don't know how to read music, or...they don't have the classical background.”

### ***The Endorsement of Medical and Behavioral Models***

Beyond musical content, participants also described how the curriculum perpetuates a medical and behavioral framework, reinforcing capitalist, ableist, and

patriarchal values in therapeutic practice. Many music therapy programs remain deeply tied to medical models that emphasized:

- Pathology and Diagnosis – Viewing therapy participants as patients needing treatment rather than individuals with unique cultural, emotional, and social experiences. Participant One identified that certain behaviors that are normal in one culture are misinterpreted as negative in another culture. This lack of cultural awareness undermines the therapeutic relationship and effectiveness of therapy.
- Behavioral Outcomes and Standardized Assessment – Prioritizing measurable progress within a capitalist productivity framework rather than focusing on relational, community-based, or culturally specific healing approaches. Participant Six noted, “the [CBMT exam] is still behavioral...it’s still rooted in medical and behavioral industrial complexes.”
- Individualized, Expert-Led Therapy – Positioning the therapist as an authority figure, often at the expense of client agency and collective healing approaches.

Participant One raised concerns about how therapy itself is framed within a Western, capitalist, and ableist lens, questioning whether music therapy is always needed in the ways it is currently structured: "There are so many different cultures and communities that have their own forms of preventative wellness, of responding to crisis, and maintaining wellness. So, who's to say therapy, as we understand it...is needed in that way?"

By centering medicalized approaches, participants noticed how the curriculum often neglected culturally affirming, community-based, and non-Western models of care.

### *Financial and Institutional Constraints on Curriculum Change*

Efforts to revise music therapy curricula to be more inclusive are often met with financial and institutional resistance. Participants who sought to integrate anti-oppressive frameworks, queer theory, disability justice, and culturally responsive pedagogy frequently encountered pushback from colleagues, administrators, and accrediting bodies.

Participants described several key barriers to curriculum change:

- **Limited Funding** – Programs that wish to expand course offerings in anti-oppressive music therapy, hip-hop therapy, or global music traditions often lack the financial support to hire faculty with expertise in these areas.
- **Institutional Pushback** – Participants who advocated for curriculum revisions often face resistance from colleagues and administrators who are invested in maintaining the status quo.
- **Accreditation Restrictions** – Programs must align with NASM and AMTA requirements, which prioritized Western musicianship and behavioral models over alternative approaches.

Participant Eight expressed frustration with the structural barriers to change, stating, “We’ve always had resistance [to change] ...my predecessor also had resistance.” Another participant noted the role of financial constraints in maintaining exclusionary curricular structures. Participant One highlighted that budget cuts and efforts to streamline operations resulted in reduced resources and increased responsibilities for the remaining staff. They noted, “That person left and that position was not replaced. And so, a lot of their responsibilities got absorbed by the program directors and our department project coordinator.”

Without institutional commitment to funding and supporting these changes, these participants remain limited in their ability to transform music therapy education.

### ***Professional Organizations as Barriers to Curricula Change***

Participants highlighted how NASM, AMTA, and CBMT uphold rigid accreditation requirements that reinforce existing power hierarchies. These organizations dictate program standards, often resisting efforts to introduce alternative accreditation models, competency frameworks, or non-Eurocentric training methods.

Participant Seven described the restrictive nature of NASM requirements often felt like “a whole bunch of check boxes,” which could feel meaningless. This rigidity was also reflected in the tightly managed degree structures, which another participant described as feeling as if they were “almost a cage.” This rigidity can prevent programs from adapting to new ideas and approaches, further stagnating the field.

Participants expressed frustration with AMTA regarding its reductive definition of music therapy in its official definition of music therapy, and inadequate standards of clinical musicianship in its Standards of Clinical Practice. Participant One felt that AMTA needed to “reevaluate what counts as musicianship,” suggesting that current standards might not adequately reflect the skills needed for effective music therapy practice. Participant Two noted the reductive aspects of defining music therapy due to its diverse practices, stating, “it’s like trying to put language on something that is impossible to describe.” The difficulty in defining music therapy due to its diverse practices underscores the complexity of the field. However, reevaluating, and broadening standards of clinical musicianship would make the field more inclusive and equitable by recognizing a wider range of musicianship skills and approaches.

Overall themes from participants related to how music therapy curriculum is deeply shaped by oppressive systems, reinforcing imperialist, white supremacist, capitalist, ableist, and cisheteropatriarchal norms. These frameworks dictated which musical traditions were valued, how therapy is conceptualized, and who has access to education and professional opportunities.

By prioritizing Western classical music, medical and behavioral models, and rigid accreditation standards, the curriculum excluded alternative perspectives, limited cultural responsiveness, and upheld systemic inequalities. Efforts to challenge these norms are often blocked by financial constraints, institutional resistance, and professional organizations that enforced outdated accreditation policies.

### **Power and Oppression in the Academic System and Student Retention**

Participants identified multiple areas within university structures that contribute to the attrition of marginalized students. These barriers, deeply embedded in the academic system, reflect broader systems of oppression that shape higher education. Marginalized students face disproportionate challenges in completing their degrees due to financial burdens, ableist academic policies, lack of institutional support, and discriminatory practices in clinical placements. While elements of the academic system could be leveraged to address these inequities, this section focuses on how the system reinforced and perpetuated systemic oppression, thereby impacting student retention.

Among the most prominent barriers to student retention were financial burdens, ableism, and lack of accommodations, and heteronormative and cisnormative barriers—all of which disproportionately affected students from historically excluded communities. These systemic issues manifested within various components of university structures,

including administration, policy, physical location, collaboration, student resources, recruitment and auditions, curriculum, and retention strategies.

The following subthemes emerged as critical factors affecting student retention within the broader academic system:

1. Administration: Institutional Leadership and Barriers to Equity
2. Policy: Institutionalized Oppression and Bureaucratic Barriers
3. Financial Burdens and Attrition: The Economic Cost of Exclusion
4. Ableism and Lack of Accommodations: Barriers to Accessibility
5. Heteronormative and Cisnormative Barriers: LGBTQ+ Student Retention

Challenges

***Administration: Institutional Leadership and Barriers to Equity***

Participants described university administration as a key factor in shaping student experiences, particularly in navigating systemic oppression. Leadership decisions, administrative turnover, and bureaucratic inefficiencies created obstacles that disproportionately impacted marginalized students. Participant Two emphasized the role of administrative leadership in addressing student needs at a systemic level: "That takes effort from our...dean, from our administration."

This comment highlighted the necessity of proactive and informed leadership to enact meaningful change. However, other participants expressed frustration with administrative turnover, which led to confusion in university policies and processes, making it more difficult for students to navigate the system. A recurring sentiment was that administration often acted as an obstruction rather than a support system. Participant Seven stated, "The administration seems to be getting in the way."

Decisions driven by financial interests or institutional tradition, rather than student well-being, exacerbated barriers for marginalized students. In particular, administrative resistance to policy changes that promoted equity contributed to student attrition. Participant Seven discussed the impact of policy changes on transfer students. These students lost credits when transferring and faced an extended time to degree completion. Supporting transfer students with equitable policies provides greater access to education and opportunities for success.

***Policy: Institutionalized Oppression and Bureaucratic Barriers***

University policies played a crucial role in either reinforcing or mitigating systemic oppression within academic programs. Participants described policies that disproportionately affected marginalized students, particularly regarding syllabus requirements, musicianship standards, and transfer student policies.

Participant Four underscored the role of power in policymaking: "Having some policies, having some guidelines, they are necessary... Obviously, the discussion lies in what that looks like, who gets to decide what that is? That's where I think those systems of oppression, unfortunately, very easily creep in."

Rigid and bureaucratic policies often create unnecessary burdens on students, particularly those who already face systemic disadvantages. Participant Six described frustration with an excessively detailed syllabus requirement, stating, "I have a twenty-page syllabus, because they force us to put every single policy as a legal contract in there." These policies, while sometimes well-intended, can feel punitive rather than supportive.

Policies regarding transfer students also disproportionately affected marginalized students. Participant Seven described how a shift toward a conservatory model resulted in students losing multiple course credits upon transferring: "Our administration decided to convert us to a more conservatory model...So now the transfer students lose anywhere between 3 to 5 classes when they transfer in with an associate's degree." This policy extended students' time to degree completion, increasing financial strain and discouraging retention.

Additionally, attendance policies, which often lacked flexibility, disproportionately impacted students with disabilities, chronic illnesses, or other personal obligations. Participant Three remarked, "There are lots of changes with policies that haven't been adequately communicated to students. So, at a bureaucratic level, navigating that system can be really demoralizing for students." This lack of transparency and accessibility created further challenges, especially for students from historically excluded backgrounds.

### ***Financial Burdens and Attrition: The Economic Cost of Exclusion***

Participants widely acknowledged that the financial demands of higher education disproportionately impact marginalized students. Participant Two stated, "The biggest barrier is the financial piece." The high cost of tuition, required materials, and unpaid internships often forced students to leave their programs before completion.

Students from low-income backgrounds struggled to balance academic demands with the need to work multiple jobs. The financial burden of education and living expenses forces students to make difficult decisions, such as working multiple jobs or withdrawing from programs, thus impacting student retention. Students may struggle to

schedule classes according to their work schedules. This financial strain is compounded for students who also need to support their families, making it challenging to balance work, classes, and clinical experiences. Working outside of classes and clinical work may also lead to low academic performance and limited access to scholarships.

Unpaid internships, which make up the majority of internships in the US, proportionately affected students who cannot afford to work for free. The expectation that students will self-fund their practicum experiences reinforced capitalist structures that favor those with financial privilege. Participant Three noted, “The internship is in many ways going to be the most intense clinical experience music therapists ever have. And that's even before you factor in how financially onerous it is...So, you start already on empty”

### ***Ableism and Lack of Accommodations: Barriers to Accessibility***

Ableist policies and academic structures created significant obstacles for neurodivergent students and students with disabilities and chronic illnesses. Participants cited rigid attendance policies, inaccessible classrooms, and administrative resistance to accommodations as contributing to dropout rates. The requirement for in-person attendance, as highlighted by Participant One, reflects a rigid policy that may not accommodate all students' needs. This suggests the need for more flexible attendance policies that can adapt to various circumstances, such as transportation issues or illness.

Faculty described instances in which students had to repeatedly justify their accommodation needs to administrators, highlighting the systemic nature of ableist practices. Participant Four shared, “Some students have been like, ‘[this professor] wouldn't give me this accommodation, or I've really had to go back to this professor

multiple times because they're not honoring my accommodations.” This constant battle for accommodations resulted in mental and emotional exhaustion, leading students to leave their programs prematurely.

### ***Heteronormative and Cisnormative Barriers: LGBTQ+ Student Retention Challenges***

Participants noted that LGBTQ+ students frequently experience discrimination in clinical training and internship placements, which directly affected retention rates. Some clinical sites impose heteronormative expectations on students, requiring them to conform to traditional gender roles or avoid disclosing their identities.

Participant Seven shared an account of an LGBTQ+ student facing discriminatory practices in a clinical setting. A student who identified as LGBTQ+ wanted to focus their internship project on LGBTQ+ issues in hospice care. The clinical supervisor dismissed the relevance of the topic stating, “Well, that’s not a thing here,” citing no issues related to LGBTQ+ in hospice care.

Participant Seven mentioned that students who transferred from institutions where the student population was predominantly white and heterosexual experienced a better fit in their program. These examples of hostile learning environments created psychological distress and contributed to attrition among LGBTQ+ students.

The elements of the academic system—administration, policy, financial structures, accessibility, and clinical training—are deeply intertwined with Imperialist White Supremacist Capitalist Ableist Cisheteropatriarchy. The systemic barriers identified by participants highlighted the ways in which oppressive structures persist within music therapy education, disproportionately disadvantaging marginalized students.

## **Pathways Toward Equity**

This theme explored faculty-led interventions, structural and institutional changes, and broader systemic solutions aimed at dismantling oppressive barriers in music therapy education. Faculty members play a critical role in enacting change through social justice advocacy, subversive practices, and student mentorship. Additionally, institutions and accrediting bodies like NASM and AMTA are being called upon to revise exclusionary policies and promote equity-driven reforms.

### ***Faculty-Led Interventions***

**Commitment to Social Justice.** Participants emphasized their deep commitment to social justice, which influenced their teaching, recruitment, curriculum design, and advocacy efforts. This commitment was rooted in critical awareness and anti-oppressive pedagogy. Participant One reflected on this ongoing process of self-awareness: “I think there’s still aspects of ableism... as much as faculty try to be critically aware... we all have biases, some things we’re not as aware of.”

Several of the participants took active steps to increase financial accessibility by choosing to work at institutions that were more affordable and inclusive. Faculty also integrated social justice frameworks into their pedagogy. Participant Two explained, “What you teach is as important as how you teach.”

Participants also played a role in challenging Eurocentric biases in music therapy education by recruiting students from diverse backgrounds. Participant Four noted, “Most of my colleagues in the music division are aware... that teaching only from a white Western European mindset is not the answer.”

In addition to curriculum changes, faculty members provided direct advocacy for students facing systemic barriers as noted by Participant Six: “Students just have to navigate an incredibly harmful institution. If they have at least one advocate in there who will scream to the skies for them... that’s gonna [sic] trickle down.”

Participants also recognized the importance of mentorship in preparing students to engage in music therapy through a critical and inclusive perspective.

**Facilitators of Student Resources.** Participants noted they worked actively to secure scholarships, financial aid, and accommodations for students facing financial and logistical barriers. Some educators intervened in cases where students were at risk of losing financial support. Participant Seven shared, “I had to do a whole lot of work so she could keep her scholarship for the next year, and she came back, and it was fine.”

Participants also facilitated practical solutions to logistical challenges, such as Participant Three arranging transportation for students: “I think about who has cars and pair them together. There have been a couple times that the supervisor has actually driven them.”

Despite these efforts, faculty members highlighted that advocating for students often required significant additional labor that went unrecognized by their institutions. Participant Eight noted, “Our colleagues don’t understand how much time we spend with individual students.”

**Subversive Practices for Institutional Change.** In response to systemic oppression within academic and professional spaces, some participants engaged in subversive practices as a means of resistance and transformation. These acts of quiet defiance included challenging restrictive institutional policies, embedding historically

marginalized perspectives into curricula, and engaging in subtle yet impactful activism. Rather than outright confrontation, these practices functioned as strategic interventions designed to disrupt dominant narratives and create space for alternative epistemologies.

Participant Four reflected on their approach, weighing the balance between resistance and sustainability within their institution: “How much do I stir the waters...kind of indirectly?” This sentiment encapsulates the careful negotiation required to foster change while navigating institutional constraints. Participant Six highlighted their intentional efforts to center marginalized perspectives in their teaching, emphasizing the necessity of amplifying voices historically silenced within the field: “I prefer to use as many marginalized music therapy perspectives as possible because they have historically been hidden in the profession.”

Through these deliberate and often understated forms of resistance, participants actively worked to deconstruct dominant Eurocentric frameworks within music therapy education. Their efforts illustrate how subversive practices can serve as powerful catalysts for institutional change, fostering a more inclusive and equitable academic environment.

### ***Structural and Institutional Change***

**Gatekeeping and Power Dynamics.** The role of faculty as gatekeepers within music therapy programs emerged as a complex and often contentious issue. While some viewed gatekeeping as a necessary mechanism for upholding professional standards, others challenged this view, arguing that actions grounded in advocacy, protection, and mentorship should not be considered gatekeeping. Participant Six articulated this perspective, emphasizing the distinction between harmful control and ethical guidance:

Gatekeeping is power laden and wielding power in harmful ways, in my understanding. And so, if somebody is wielding their power in positive and impactful ways, and they're being protective, they're being supportive, they're advocating, they're engaging in allyship. They're not serving as the barrier. Gatekeeping for me is the barrier.

However, participants also acknowledged the inherent biases embedded within admissions processes and professional expectations, raising critical questions about how traditional metrics of competency may inadvertently exclude students from diverse backgrounds. Participant Six reflected on an admission challenge:

...they have things, like they can't pitch match for the life of them. And so that becomes a challenging part, because... I really have to sit with myself and think like, how much does being able to sing a tune and carry it mean?

This reflection highlighted the tension between upholding certain technical proficiencies and recognizing that rigid adherence to conventional musical competencies may limit access to the profession for students with alternative strengths.

A broader concern emerged regarding the balance between accessibility and professional standards. Participants wrestled with the challenge of ensuring that students meet necessary competencies to practice ethically and effectively while also fostering a more inclusive and liberatory approach to education. Participant Six encapsulated this dilemma, "How can we be more liberatory in our education while still meeting the necessary...milestones to get somebody into working with therapy participants where it's not going to harm the therapy participants?"

These discussions underscore the need for a critical reassessment of admissions policies and evaluative criteria that may disproportionately exclude students from non-traditional backgrounds. Similarly, institutions must recognize that a commitment to

equity, accessibility, and diversification strengthens, not compromises, the rigor and relevance of professional practice.

**Revising Accreditation and Institutional Policies.** Efforts to challenge oppressive policies within the NASM and AMTA are ongoing, with proposals aimed at revising accreditation standards to incorporate more diverse musical and theoretical frameworks. These initiatives seek to expand the field's epistemological foundations, ensuring that historically marginalized traditions are valued. However, the pace of change has been a source of frustration for many advocates, particularly in light of what they perceive as a lack of accountability within professional organizations.

Participant Four voiced concerns about the disconnect between stated commitments to diversity, equity, and inclusion (DEI) and the tangible actions taken by governing bodies, "I believe in what AMTA could be, to have policies and systems that are less oppressive, that are more inclusive. So, it really breaks my heart when...white fragility continues to keep popping up." This critique mirrored a similar participant response on the persistent barriers to meaningful institutional change, where resistance often emerges in the form of defensiveness, reluctance to relinquish power, or superficial commitments that fail to result in structural transformation.

Beyond professional organizations, participants described significant resistance from universities when advocating for systemic change. Institutional inertia, coupled with political and ideological opposition to DEI initiatives, created challenges for those striving to embed more inclusive frameworks within music therapy education. In increasingly restrictive political climates, faculty and practitioners found themselves navigating policies that actively opposed the principles of equity and inclusion. For

example, Participant Two articulated this precarious reality, expressing concern about the risks of pushing for change in hostile environments, “How are we working as the school of music to pivot and change...and also remain on no one’s radar about the work we’re doing?”

This representative question underscored the difficult balance between advocacy and self-preservation, as participants committed to transformative change must strategize ways to sustain their efforts without jeopardizing their positions or programs. Participants emphasized the need for collective action, strategic coalition-building, and sustained institutional pressure remain critical in ensuring that DEI initiatives are not only protected but expanded within music therapy and higher education more broadly.

**Feelings of Frustration and Burnout.** Several participants expressed deep frustration with the slow pace of institutional change, the lack of administrative support, and the immense personal and professional labor required to push for meaningful reform. Faculty members who were actively engaged in DEI efforts often found themselves burdened with additional responsibilities, frequently without adequate compensation, recognition, or institutional backing. The emotional and physical toll of this work led to feelings of exhaustion and, in some cases, disillusionment with the possibility of sustained progress.

Participant Seven, reflecting on their decision to step away from a leadership role, voiced their frustration with the untenable demands of advocacy within rigid institutional structures, “that’s part of the reason why I said, you know you can take this program director job and shove it... it’s not sustainable.”

This candid statement underscored the unsustainable expectations placed on many of the participants, particularly those from marginalized backgrounds, who are often tasked with driving institutional change while simultaneously managing the demands of teaching, research, and service.

Beyond workload concerns, several participants also pointed to the disheartening reality of performative social justice efforts within their institutions. While some universities and professional organizations publicly embraced DEI rhetoric, exclusionary practices remained entrenched, limiting the actual impact of these initiatives. Participants described instances where institutional leadership would champion inclusivity in name only yet fail to implement policies that meaningfully address systemic inequities. This disconnection between stated commitments and actual practices further exacerbated feelings of burnout and disillusionment.

As institutions continue to navigate calls for structural change, their responses highlighted the urgent need for not only symbolic gestures of support but substantive policy shifts that distribute the labor of equity work more fairly, provide adequate resources, and address systemic barriers in a meaningful and lasting way.

**Recognizing and Accepting Limitations.** Participants acknowledged the inherent limitations of their training, institutional resources, and personal experiences when striving to create more inclusive and equitable learning environments. Several reflected on the challenges of balancing their dual roles as educators and therapists, noting that their formal education had primarily prepared them for clinical work rather than pedagogical responsibilities. Participant Two expressed this tension candidly,

“We’re not trained to be teachers...Our primary training is being a therapist. I think that’s to our detriment sometimes when working with students.”

This recognition emphasized a broader concern within music therapy education, the expectation that faculty seamlessly transition into teaching roles without sufficient preparation in pedagogy, curriculum design, or culturally responsive instructional methods. Without intentional professional development opportunities, faculty may struggle to effectively mentor students and integrate anti-oppressive frameworks into their teaching.

Beyond gaps in pedagogical training, some participants also reflected on the ways their own social positions and privileges shaped their perspectives, often limiting their ability to fully understand the challenges faced by marginalized students. Participant Eight acknowledged this reality, “I have a lot of privilege because of my race, and so there's a lot of stuff that I can't, I don't see. I just can't see it.”

This self-awareness underscored the importance of ongoing critical reflection and professional development, particularly for faculty committed to anti-oppressive education. Recognizing one’s positionality is a crucial first step, but institutional support, such as structured training in anti-racist pedagogy, mentorship programs, and policies that actively address inequities, is essential for faculty to move beyond self-awareness toward meaningful action.

By openly acknowledging these limitations, participants not only modeled humility and lifelong learning for their students but also advocated for systemic changes that equip educators with the tools necessary to foster more inclusive and equitable learning environments.

**Systemic Solutions and Alternative Accreditation Models.** Given the persistent challenges participants faced in enacting change within existing institutional structures, some participants proposed systemic solutions that extend beyond individual efforts, advocating for broader policy reforms and alternative accreditation pathways. These approaches sought to dismantle entrenched inequities within music therapy education and create more inclusive, responsive systems that better serve diverse student populations.

Several participants emphasized the potential for alternative accreditation models to address systemic inequities in music therapy education. Current accreditation structures, governed by organizations such as NASM and AMTA, have been criticized for reinforcing Eurocentric musical traditions and privileging specific theoretical frameworks that may not reflect the diverse cultural, musical, and therapeutic needs of contemporary practice.

Participants suggested by developing accreditation pathways that prioritize multiple musical epistemologies, diverse theoretical perspectives, and culturally responsive pedagogies, music therapy education could become more inclusive and accessible. Participants also suggested that alternative models could place greater emphasis on community-based learning, non-Western music traditions, and interdisciplinary approaches that challenge conventional notions of expertise and competency. These shifts would not only expand access for students from historically marginalized backgrounds but also ensure that the field evolved in ways that reflect the realities of the people it serves.

In addition to rethinking accreditation standards, some participants stressed the need to acknowledge and address the systemic resistance faculty face when advocating

for change. The challenges of enacting institutional transformation, ranging from administrative pushback to restrictive policies, often place an undue burden on individual educators who must navigate these barriers while continuing to meet their professional responsibilities. One participant reflected on the difficulty of sustaining advocacy efforts within an unsupportive institutional climate, noting that faculty members often encounter both overt and covert forms of resistance when pushing for anti-oppressive policies and curriculum reform.

Throughout the study, participants repeatedly highlighted the challenges faculty face in enacting change within institutional structures, emphasizing that these struggles are not isolated experiences but reflective of broader systemic rigidity. Many described how resistance to reform stemmed not from individual faculty shortcomings but from entrenched institutional barriers that hinder progress.

Participants also underscored the need for policy changes that provide structural support for educators, noting that the burden of change too often falls on individuals rather than being embraced at an institutional level. Discussions around systemic inequities in music therapy education frequently pointed to the importance of both immediate and long-term solutions. Several participants suggested that alternative accreditation models, coupled with stronger institutional advocacy, could help create more inclusive and sustainable frameworks. By rethinking accreditation standards and ensuring faculty have the necessary resources and protections to challenge existing systems, participants envisioned a pathway toward a more equitable future for the field.

## CHAPTER 5

### DISCUSSION

This chapter presents the interpretation and analyzation of the findings presented in Chapter 4, situating them within broader academic discourse. It discusses the significance of the findings, explores patterns, compares them with existing literature, and examines alternative explanations.

This study explored the systemic barriers that shape access, curriculum, and retention in music therapy education. The research was guided by the following questions:

1. How do music therapy educators understand interlocking systems of oppression in music therapy education?
2. How does oppression influence gatekeeping in admissions?
3. How do systemic inequalities shape the music therapy curriculum?
4. What role do these oppressive structures play in student retention?
5. What actions can be taken to dismantle these systems?

These questions provided a framework for understanding the ways in which white supremacy, capitalism, ableism, patriarchy, and other oppressive systems interact to shape music therapy education. The research aimed to uncover both the explicit and implicit barriers that prevent equitable access and inclusion as well as provide ways to address these barriers.

#### **Key Insights**

The findings presented in Chapter 4 reveal that music therapy education is deeply entangled with historically dominant systems of power that shape access, curriculum, and

professional standards. These findings underscore how the field is not neutral but instead reflects broader social and institutional dynamics.

A key insight is that music therapy education is influenced by multiple, intersecting systems of oppression—including imperialism, white supremacy, capitalism, ableism, cisnormativity, heteronormativity, and patriarchy. These forces collectively shape curriculum design, faculty hiring, admissions policies, and the overall experiences of students within music therapy programs.

### ***Interlocking Systems of Oppression***

Music therapy education is shaped by interlocking systems of oppression. Participants' narratives underscore that these systems do not operate in isolation but are mutually reinforcing, creating compounded barriers for individuals with intersecting marginalized identities. For example, a trans student of color may simultaneously navigate racialized and gendered microaggressions, and institutional erasure, experiences that are often ignored within the dominant discourse of professionalism in music therapy education.

Crenshaw (1989) identified the relationship of two or more minoritized identities in her theory of intersectionality, which emphasizes how systems of power interlock to produce unique experiences of oppression. This theory of intersectionality also echoes critiques from scholars in music therapy (Bain et al., 2016; Gombert, 2022; Hadley, 2013; Leonard, 2020; Norris, 2020; Pickard, 2022; Stige et al., 2010) who argue that the field has historically privileged Eurocentric, able-bodied, and heteronormative frameworks.

This theme challenges the field to move beyond inclusion toward structural transformation. It calls for a reimagining of music therapy education that centers anti-oppressive practices, decolonial thought, and epistemic justice.

**Imperialism.** Participants' critiques of the dominance of Western classical music in curricula are examples of epistemic violence (Mignolo, 2009; Spivak, 1988), the erasure of non-Western ways of knowing through colonialism. By requiring proficiency in piano and guitar while ignoring music technology or non-Western instruments, AMTA has perpetuated a narrow definition of competence. This not only limits the pool of potential music therapy students but also limits the therapeutic relevance of music therapy by excluding culturally relevant modalities. These findings echo the link between Western classical music and Eurocentric therapeutic practices highlighted as barriers in music therapy education in Bain's (2023) study on culturally responsive music therapy education.

The critique of Western behavioral and medical models as the default therapeutic framework exposes the imperialist underpinnings of the field. Participants' acknowledgement of diverse approaches to music therapy challenges the assumption that Western-defined therapy is universally applicable (Pirbhai-Illich et al., 2017). Webb and Abrams' (2022) similarly critiqued music therapy education as a colonized space favoring Western knowledge systems.

**White Supremacy.** Participants identified how white supremacy is embedded in the architecture of music therapy education. The prioritization of Western classical music and musicianship, such as proficiency in classical instruments, reflects what Ewell (2020) describes as the white racial frame that privileges white music theory, composers, and

theorists prevalent throughout music education and in the concert hall. Similarly, Gombert (2022) found that music therapy education is framed through a Eurocentric perspective that centers white standards as the norm.

The lack of recruitment efforts targeting communities of color reflects a broader pattern of institutional neglect. As Participant Five noted, “When we don’t have anybody whose job it is to reach out to communities of color...that, to me, was the oppressive part.” Ahmed (2012) critiqued how institutions often rely on the unpaid or underrecognized labor of individuals to carry out diversity work, without making structural commitments to equity.

**Capitalism.** The findings point to budget constraints and profit driven models that undermine diversity and inclusion efforts. Faculty described being overworked and under-resourced, with limited institutional support for equity initiatives. This mirrors broader patterns in academia, where the pursuit of efficiency and revenue comes at the cost of social justice work (Slaughter & Rhoades, 2004).

The expectation that students provide unpaid labor during their internship further highlight injustices in music therapy education. While framed as a necessary component of professional preparation, this model exploits students’ time and labor, particularly those who cannot afford to work without compensation. It reflects a broader trend in capitalist economies where unpaid or underpaid labor is normalized in the name of “experience” or “training,” often at the expense of marginalized groups. This trend is prevalent in music performance contexts, such as charity events, community events, ceremonial events, educational institutions, online content creation, and religious gatherings as well, where the expectation is for performers to offer their services for

“exposure.” The trend extends to music therapy contexts such as health care facilities during pilot programs, long-term care facilities, and hospice settings where music therapists or music therapy students are asked to provide their services for free because of a lack of funding or to demonstrate their value to the facility.

**Ableism.** Participants described how rigid academic policies, such as rigid attendance requirements, standardized tests, and inflexible course structures, fail to accommodate diverse cognitive and physical needs. These practices reflect the medical model of disability, which locates the problem within the individual rather than addressing systemic barriers (Oliver, 1990; Umeda, 2025a). In contrast, the social model (Oliver, 1990) emphasizes the need to transform environments and expectations to be inclusive of all bodies and minds.

The expectation that the ideal music therapist is physically non-disabled and neurotypical reinforces norms of competence (Pickard, 2022). This is evident in the board certification process, which participants critiqued as being rooted in behavioral and medical ideologies. This individualized, standardized assessment model stands in contrast to disability communities’ emphasis on collective, adaptive, and relational forms of learning and knowing.

Ableism extends to faculty experiences, where disabled educators face barriers in hiring, promotion, and access to accommodations. Participants described how their requests for reasonable accommodations were met with skepticism, reinforcing the notion that disability is incompatible with professional success. Dolmage (2017) explained this experience of disabled faculty as epistemic exclusion, that is, the devaluation of their knowledge and contributions due to ableist assumptions.

**Cisnormativity.** Participants described how music therapy programs often lack gender-inclusive policies, languages, and training. This silence and omission around gender diversity in the classroom places the burden on students to educate their peers about the variety of expressions of gender (McBride & Neary, 2021).

Additionally, the field reinforces traditional gender roles through gendered expectations in dress codes, vocal training, and clinical settings making it difficult for those who do not fit within cisgender categories to succeed. For example, vocal pedagogy may assume cisgender vocal ranges and ignore the needs of trans students undergoing voice transition (Gumble, 2020). This lack of inclusivity not only marginalizes individuals who are not cisgender but also limits the profession's ability to provide affirming care to all clients.

**Heteronormativity.** Participants described how LGBTQ+ perspectives are often absent from curricula or treated as niche topics rather than integral to professional competence. This marginalization of these perspectives is similar to the pathologization of queerness in medical and psychological fields, where non-heterosexual identities were once classified as disorders (Drescher, 2015). The failure to integrate LGBTQ+ content into core coursework reinforces the idea that heterosexuality is the norm and queerness is an exception. This omission withholds knowledge from students and contributes to a professional culture in which LGBTQ+ clients may not receive competent care (Bain et al., 2016; Boggan et al., 2017; Whitehead-Pleaux et al., 2012).

**Patriarchy.** Participants noted that men continue to hold a disproportionate number of faculty and leadership positions in music departments, despite being a numerical minority in the field (Hadley, 2006b; Overland, 2016). This can be described

as the glass escalator effect, where men in female-dominated, or non-male dominated, professions are often fast-tracked into positions of authority (Williams, 1992). Men in non-male dominated fields do not experience discrimination in these occupations. This highlights the persistent influence of patriarchal norms and the needs for systemic change to address these inequities.

While not an exhaustive examination of all systems of oppression at play in music therapy education, the previously discussed structures affect curriculum design, faculty hiring, admissions policies, and student experiences.

### ***Gatekeeping Practices***

Another key insight from the data is structural barriers such as Eurocentric admissions requirements, financial constraints, and rigid accreditation standards are forms of gatekeeping that disproportionately limit access for marginalized students.

Gatekeeping is used to form in and out groups in the field of music therapy based on what knowledge is considered either acceptable or unacceptable (Fansler et al., 2019). Structural barriers such as Eurocentric admissions requirements, financial constraints, and rigid accreditation standards disproportionately limit access for marginalized students. These gatekeeping practices are supported through additional barriers and burdens further serving to discourage marginalized students from completing their music therapy education.

**Eurocentric Admission Requirements.** Western classical music traditions are prioritized and favored in music therapy auditions. These audition practices serve to limit who is able to enter music therapy programs and subsequently who is able to practice music therapy (Fansler et al., 2019). Furthermore, these practices have implications for

what music is considered therapeutic and useful in the clinical setting. This limits the scope and effectiveness of the field of music therapy (Fansler et al., 2019).

**Financial Constraints.** Participants identified several key financial obstacles that hinder access to and persistence in music therapy programs. These include the high cost of private music instruction prior to auditioning for music programs, the cost of textbooks and course materials, unpaid internships, and transportation costs for clinical placements. This aligns with critiques of neoliberalism in higher education (Giroux, 2014) where students' ability to pay for professional training is privileged over merit or potential. Financial constraints were affirmed by a panel of music therapy educators from around the world as a barrier to studying music therapy (Clements-Cortés et al., 2024).

**Rigid Accreditation Standards.** Participants described how accreditation standards placed by NASM, AMTA, and CBMT are other forms of gatekeeping. While privileging Western classical musicianship and excluding diverse theoretical and cultural frameworks for music therapy practice, these organizations limit the scope of the field while prioritizing certain *musics* (Eslava-Mejía, 2022; Fansler et al., 2019; Webb & Abrams, 2022). This reflects a pattern of institutional inertia, where organizations acknowledge problems but fail to act (Ahmed, 2012).

The participants' reflections on institutional complicity, particularly through accreditation standards and curriculum design, highlight how gatekeeping mechanisms uphold normative knowledge hierarchies and restrict the inclusion of diverse belief systems and pedagogies.

### ***Curriculum Biases***

Curriculum biases in music therapy curriculum are manifest in how Western therapeutic traditions continue to dominate music therapy curricula, excluding diverse musical and therapeutic traditions (Webb & Abrams, 2022). Furthermore, certification standards prioritize individualized, medical models of therapy over community-centered, holistic, and culturally diverse healing practices (Pickard, 2022; Umeda, 2025a).

Participants described how curriculum requirements such as Western music theory, and reliance on Western classical notation privilege students with formal classical training while marginalizing those whose musical expertise lies in gospel, hip-hop, electronic production, or non-Western traditions (Jones et al., 2025), and even various popular and folk music traditions.

### ***Student Retention Challenges***

Marginalized students experience significant attrition due to financial barriers, lack of institutional support, ableist academic policies, and discriminatory clinical placement practices. Retention barriers disproportionately affect students with marginalized identities due to financial struggles, inaccessible policies, and discrimination in clinical placements.

Policies are not created in a vacuum; they reflect the values of those in power. When policies fail to account for the diverse needs of students, they become tools of exclusion rather than inclusion. University policies function as mechanisms of control that disproportionately burden marginalized students. Participants described policies that were rigid, bureaucratic, and misaligned with the lived experiences of students from historically excluded backgrounds. For example, excessively detailed syllabi and

inflexible attendance requirements were not experienced as supports for students but may be perceived as exclusionary measures that cause stress and hindered academic success.

Financial burdens emerged as a factor in student retention, particularly for low-income and first-generation students. The cost of tuition, materials, music training, and unpaid internships created conditions where students needed to choose between meeting basic financial needs for daily living and academic persistence. As one participant noted, “when you have to choose between paying rent or buying books, it’s not hard to see why students drop out.”

Economic pressures are not merely logistical challenges; they are manifestations of a capitalist structure that privileges those with greater financial means and punishes those without those means. The expectation of students to fund their education, including internships, reinforces the capitalist system in which only well-resourced students are able to persist in their degree program (Umeda, 2025b).

Participants also highlighted the ableist underpinnings of academic structures, particularly in relation to accommodations and accessibility. Rigid attendance policies, inaccessible learning environments, and administrative resistance to accommodations created significant barriers for students with various disabilities. The need to “jump through so many hoops” for basic support reflects a system that views disability as an inconvenience rather than a dimension of human diversity.

Ableism not only undermines student success but contributes to emotional exhaustion and burnout, increasing the likelihood of not completing their degree program. The lack of proactive, inclusive design in academic policies and spaces signals

to students with disabilities that they are not fully welcome or valued (Gibson et al., 2024).

The findings revealed that LGBTQ+ students have faced identity-based discrimination in clinical placements, where heteronormative and cisnormative expectations persist. Being told to ‘not bring that part of yourself into this space’ exemplifies the erasure of their identities. These experiences not only compromise students’ mental health but also undermine their professional development. These discriminatory practices are not anomalies; they are part of a system that privileges conformity over authenticity.

### ***Institutional Resistance***

While some faculty members actively work toward more inclusive educational practices, their efforts are often met with resistance from colleagues, administrators, and accrediting bodies who uphold the status quo. The findings of this study underscore the multifaceted and deeply embedded nature of systemic oppression within music therapy education. Faculty members emerged as pivotal agents of change, navigating the tension between institutional constraints and their commitment to social justice. Their efforts, ranging from curriculum reform to subversive resistance, highlight the complex interplay between individual agency and structural transformation.

Participants’ reflections reveal a profound commitment to anti-oppressive pedagogy grounded in ongoing self-reflection and critical awareness. The acknowledgment of persistent ableism, even among well-intentional educators, illustrates the necessity of continuous self-interrogation. This commitment reflects Freire’s (2000) concept of “conscientization,” where educators must remain vigilant of their own

positionalities and the ways in which they may inadvertently reproduce oppressive norms.

Faculty members' decisions to work at more accessible institutions and their integration of social justice frameworks into pedagogy reflect a deliberate alignment of values and practice. In addition to the "where you teach" aspect, the assertion that "what you teach is as important as how you teach" encapsulates a pedagogical philosophy that centers both content and method as vehicles of equity. This echoes hooks' (hooks, 1994) advocacy for engaged pedagogy, where teaching becomes a site of liberation.

The findings also illuminate the extensive, often invisible labor faculty must undertake to support students navigating systemic barriers. From securing scholarships to arranging transportation, these acts extend beyond traditional academic responsibilities. Yet, as participants noted, such labor is frequently unrecognized by institutions, reflecting a broader devaluation of relational and emotional labor in academia (Ahmed, 2012).

These findings underscore that the barriers within music therapy education are not isolated incidents but rather systemic in nature, demanding intentional and sustained interventions to create more equitable pathways.

### **Interpretation and Analysis: Meaning and Significance of Findings**

The study's findings highlight that the barriers to inclusion in music therapy education are not merely unintentional oversights but structural reinforcements of long-standing oppressive hierarchies. These findings align with Freire's (2000) argument that education is often used as a tool for maintaining systems of dominance rather than as a means for liberation. The following insights emerged from the findings.

### ***Oppression is Structural***

The findings of this study reinforce the understanding that oppression within music therapy education is not the result of particular incidents or individual biases, but rather the outcome of deeply embedded and interlocking structures. The persistence of Eurocentric curricula, financial gatekeeping, and rigid accreditation standards suggest that exclusion is institutionally sanctioned. These barriers are not accidental, they are the result of systems that shape who is allowed to enter, remain in, and ultimately influence the field of music therapy.

### ***Institutional Policies***

The findings of this study reinforce that institutional policies actively reproduce inequality. Music therapy programs prioritize certain musical and therapeutic frameworks while sometimes simultaneously marginalizing and appropriating non-Western healing traditions, Indigenous knowledges, and alternative therapy models while finding non-music therapists doing this work to be inferior. This hierarchy of musical and clinical knowledges suggest that institutional policies are purposeful in excluding various types of knowledge and ways of knowing that shape what is taught and how music therapy is practiced.

### ***Gatekeeping***

As I have delineated, music therapy education functions as a gatekeeping mechanism. Admissions policies that require Western classical musicianship proficiency inherently privilege students with access to formal European-based music education, systematically disadvantaging students from other cultural and musical backgrounds. This study reaffirms Duggar's (1980) concept of institutional power, in which

professional standards and credentialing bodies act as regulatory structures that control who is deemed competent or legitimate within a given field. By upholding Eurocentric traditions and capitalist educational models, music therapy education remains deeply exclusionary.

Gatekeeping practices such as privileging Western classical music in auditions, requiring costly private instruction, and maintaining rigid accreditation standards serve to delineate in-groups and out-groups based on whose knowledge is deemed legitimate (Fansler et al., 2019). This structural exclusion is compounded by financial burdens and institutional inertia, where even acknowledged inequalities are left unaddressed (Ahmed, 2012). The persistence of these barriers must be critically examined and dismantled if the field is to become truly inclusive.

### **Alternative Interpretations**

According to scholarly conventions, it is expected that alternative interpretations are provided. While this is the case, it feels that by doing so I am affording those who are invested in remaining willfully ignorant about the interlocking structural oppressions that have been explored in this study a way to hold on to their dominant ideologies and practices. As such, I feel some inner conflict as I enter into this section.

### ***Resistance to Change***

While the findings highlight systemic exclusion, alternative interpretations suggest that some of these issues may be symptoms of larger institutional challenges rather than deliberate attempts to exclude marginalized groups. For instance, resistance to making changes in curriculum may be due to faculty workload constraints or even lack of personal payoff.

Faculty often face heavy teaching loads, administrative responsibilities, and limited institutional support. While it may be true that faculty are limited by time constraints, this is a direct outcome of deeper structural inequities. Ahmed (2012) argues that institutions may acknowledge the need for change but fail to act, not only due to logistical barriers, but also as a means of maintaining the existing status quo. This protects the existing power structure. In this way, it may appear to be passive resistance but may function as a form of strategic inaction.

### ***Board Certification Standards***

Board certification standards are shaped by historical norms rather than explicit exclusionary intent. These certification standards reflect historical norms that prioritized assumptions about who is qualified to practice music therapy (Cassel, 2008; Hanser, 2015). While the systems created by accreditation and certification bodies may have not been created with malicious intent and intended to protect those served by music therapy, they may still reproduce exclusionary practices. Meadows and Eyre (2020) highlight that music therapy program directors perceive the Certification Board for Music Therapists (CBMT) board certification exam results reflect a student's ability to take standardized tests rather than their clinical ability. Furthermore, standardized tests, competency frameworks, and access barriers, disproportionately impact students with marginalized identities (Au, 2007).

### ***Institutional Inertia***

It is possible that music therapy institutions are slow to enact changes that foster anti-oppressive educational practices due to institutional inertia, not outright opposition. While institutional inertia explains how organizations can struggle to make changes, it

can also be used as a means to maintaining the status quo (Ahmed, 2012). This institutional inertia reflects the hoarding of time and resources of those that seek change. By becoming so large and seemingly immovable, institutions cause people to give up hope of change (Ahmed, 2012).

While these interpretations do not negate the reality of oppression in music therapy education, they highlight the complexity of institutional inertia in academia.

### ***Standards of Excellence***

It could be argued that standards of excellence in areas such as auditions, serve as tools for quality control rather than mechanisms of oppression. While the intent may be to assess readiness or competence, these standards reflect dominant cultural norms rather than objective measures of musical aptitude. The notion of “excellence” is not universally defined, it is shaped by Eurocentric, classist, and ableist perspectives that privilege students that align with dominant norms. As such, standards of musical excellence tend to reward cultural conformity more than evaluate diverse forms of musical skill and potential.

### **Patterns and Themes in the Findings**

Several broad trends emerged across the study. These trends are eurocentrism, economic barriers, institutional inertia, and marginalization in music therapy education.

#### ***Eurocentrism***

Eurocentrism has historically shaped the foundation of music therapy education in the United States. However, this framework no longer aligns with the evolving populations served by music therapists today. According to the U.S. Census Bureau (*U.S. Census Bureau QuickFacts*, 2025), the three largest racial groups are estimated 58%

white, 14% Black, and 20% Hispanic or Latino. In contrast, the music therapy profession remains predominantly white, with approximately 88% white, 2% Black, and 4% Hispanic or Latino practitioners (American Music Therapy Association, Inc., 2021). This stark disparity underscores the disconnect between the demographic realities of the United States and the lack of diversity within the field, highlighting the need for a more inclusive and culturally responsive approach to music therapy education.

### ***Economic Barriers***

Students from marginalized backgrounds face significant economic barriers that hinder their music therapy educational journey. These financial obstacles limit access to academic programs, create ongoing challenges throughout their studies, and often result in long-term debt after graduation for which the typical music therapist salary is not sufficient. Many students are forced to work while attending school, leading to increased stress and burnout.

### ***Institutional Inertia***

Faculty resistance is rooted not merely in overt individual biases, but in institutional inertia. It is important to distinguish that the focus here is on structural bias, rather than individual actions or attitudes of individuals alone. Although individual faculty members may demonstrate resistance through personal biases, it is the entrenchment in institutional inertia that fundamentally sustains systemic barriers to change.

### ***Marginalization***

BIPOC, first generation college students, LGBTQ+ and disabled students face systemic exclusion in both education and clinical practice. A contributing factor is the

limited training that music therapists receive regarding LGBTQ+ issues (Whitehead-Pleaux et al., 2013). This educational gap not only limits the cultural competence of the field but contributes to an environment where LGBTQ+ students may feel ignored, underappreciated, and misunderstood.

The findings from this study point to a music therapy educational system that is limited by its historical rootedness and urgently in need of transformation. The identified trends—Eurocentrism, economic barriers, institutional inertia, and marginalization—are not isolated issues but interconnected forces that collectively shape the culture, accessibility, and future of the profession. Together, they reveal how music therapy education privileges certain ways of knowing, being, and practicing, while often failing to address the realities and needs of an increasingly diverse and economically challenged student body.

These patterns speak to a deeper tension within the field: the contrast between music therapy's stated values of inclusivity, empathy, and human connection, and the structural inequities that persist within its own educational systems. The predominance of Eurocentric frameworks not only limits the scope of musical and cultural understanding but also implicitly reinforces hierarchies of value that exclude other musical traditions and healing practices. When combined with economic barriers and institutional inertia, this creates a self-perpetuating cycle where students who might bring new perspectives, cultural insights, and creative innovations are systematically pushed to the margins.

Furthermore, the findings raise critical questions about the kind of music therapy profession we are preparing future therapists to enter. Without deliberate interventions—such as expanding culturally responsive curricula, rethinking admissions, and hiring

practices, and addressing the devaluation of relational and emotional labor—the field risks becoming increasingly disconnected from the diverse communities it aims to serve. What is at stake is not just equity within education but the profession’s ability to remain relevant, ethical, and effective in a rapidly changing world.

## CHAPTER 6

### CONCLUSION

#### **Implications of Findings**

The findings from this study have significant implications for the future of music therapy education, accreditation, institutional policies, faculty training, and professional development. If music therapy education is to become truly inclusive, decolonized, and anti-oppressive, then substantial structural changes are necessary. The following sections outline these implications.

#### ***Implications for Music Therapy Education and Training***

The dominance of Eurocentric frameworks in music therapy curricula means that students are trained primarily in Western classical music traditions and therapeutic approaches, often at the expense of non-Western, community-based, and culturally diverse music and therapeutic approaches. This limitation affects who enters the field and whose musical traditions are considered legitimate. This is reflected in the AMTA Commission on the Education and Clinical Training of 21<sup>st</sup> Century Music Therapists' (2024) recommend changes in competencies and curricula to better reflect the diversity present in the field of music therapy.

**Curricular Reform.** Curricular reforms in music therapy must prioritize culturally sustaining pedagogies by embracing a wide spectrum of global and contemporary music and healing practices, including hip-hop therapy, Indigenous music therapy approaches, electronic music production, and other culturally rooted traditions (Jones et al., 2025; Paris & Alim, 2014). This shift requires moving beyond the dominant focus on Western classical music and its associated instruments, national systems, and

pedagogical frameworks. This reform should include expanding the definition of clinical musicianship to include non-Western instruments, digital instruments, DJ technology, and software-based performance tools reflect the musical realities of the communities music therapists serve. Technologies such as real-time pitch correction, adaptive tempo control, and AI-generated accompaniments can support students with varying skill levels and open new pathways for therapeutic engagement. While these technologies may create additional financial burdens, they still create additional earning opportunities and may be less expensive than years of formal music training in Western classical traditions.

**Training Standards.** Accreditation bodies (NASM, AMTA, CBMT) must critically reevaluate training standards to ensure that non-Western therapeutic models are treated as essential knowledge rather than electives. A wide range of alternative and complementary frameworks already exist that could enrich the field.

**Therapeutic Models.** Music therapy education should shift toward participatory approaches that are culturally sustaining and anti-oppressive, moving beyond the constraints of the behavioral model rooted in the medical-industrial complex. These include community music therapy, anti-oppressive models such as queer music therapy, feminist music therapy, critical disability studies, anti-oppressive, anti-racist, culturally responsive practices, positive psychology, Indigenous methodologies, and other models yet to be discovered or created. This dominant framework often centers Western therapeutic norms, marginalizing alternative ways of knowing and healing (Pickard, 2020).

These needed reforms align with Stige's (2002) concept of culture-centered music therapy, which emphasizes that therapeutic practices should be shaped by the cultural

contexts and lived experiences of diverse populations, rather than imposed Western ideals. Similarly, Aigen's (2005) music-centered music therapy and Kenny's (2014) field of play model offer alternatives that prioritize the musical and relational aspects of therapy over clinical standardization.

However, while these models provide valuable alternatives, they often lack the critical interrogation of power, privilege, and systemic oppression that is central to critical theories. Integrating critical perspectives is essential for exposing how the behavioral model can reinforce hierarchies within the therapeutic relationship and uphold broader systems of power.

To move the field forward, music therapy education must not only adopt alternative frameworks but also embed critical pedagogies that challenge dominant ideologies and interrogate the social, political, and historical forces shaping therapeutic practice. This includes examining how whiteness, colonialism, capitalism, and ableism have influenced what is considered valid or scientific in music therapy. Without this critical lens, even well-intentioned reform risks reproducing the very systems they aim to dismantle.

Mullan's (2023) work offers a powerful framework for this work. She critiques the mental health industrial complex as a violent, Eurocentric system that disconnects practitioners and clients from ancestral knowledge, community, and land. Her work calls for a return to culturally rooted politically conscious healing practices that center the experiences of those with marginalized identities.

### ***Implications for Faculty and Institutional Leadership***

Faculty members serve as both gatekeepers and advocates within music therapy education. Their choices regarding admissions, curriculum design, and pedagogy significantly impact the inclusivity of the field. However, lack of training in critical theories of education and training, faculty workload constraints, institutional politics, and resistance from colleagues often make implementing change difficult.

**Recruitment and Curriculum.** Faculty must take an active role in recruiting students with underrepresented identities and advocating for anti-oppressive curriculum reform. Without intentional outreach, many students may remain unaware that music therapy is a viable career path or may not feel welcomed into the field. Passive recruitment strategies tend to favor students from well-resourced communities, reinforcing existing inequities and placing the burden of diversity on external factors beyond faculty control. The AMTA Commission on the Education and Clinical Training of Music Therapists (2024) recommends expanding recruitment and admissions requirements to include students that are not trained in Western classical music.

In addition to recruitment, faculty must champion curriculum changes that challenge oppressive norms and promote inclusivity throughout the music and music therapy curriculum (Ewell, 2023). These efforts require support not only within individual institutions but also from accreditation bodies and professional organizations that shape music therapy education. When these governing entities resist change, it becomes harder to implement reforms at the university level. Systemic support is essential to ensure that anti-oppressive practices are embedded throughout the educational pipeline.

**Mentorship programs.** To promote equity in higher education, institutions should establish and expand mentorship programs that support students from marginalized backgrounds (Cooperdock et al., 2021). These programs are essential in helping students navigate the financial and academic challenges that often hinder access to and persistence in college. First generation college students and those with marginalized identities frequently face additional, complex barriers, many of which involve navigating systems that rely on tacit knowledge not readily accessible to all.

Providing structured mentorship can help reduce these power imbalances by offering guidance, resources, and support tailored to students' unique needs. This, in turn, can open pathways to higher education and career advancement for a broader range of students. However, mentorship should not be limited to students alone. Faculty also need access to mentorship and training programs that challenge dominant pedagogical norms and expand their understanding of inclusive, culturally responsive teaching. As educators, we often teach what we know, and what we know is shaped by what we are taught. Without intentional efforts to disrupt this cycle, dominant frameworks continue to be passed from generation to generation.

Systemic change is necessary at every level, but institutions play a particularly critical role. Universities should not only implement such mentorship programs but also ensure their quality and accessibility. While some institutions already offer these services, there is a need to expand them across more campuses and enhance the effectiveness of existing programs to better serve those who stand to benefit the most.

**Faculty Workload.** Addressing faculty workload empowers educators to engage in meaningful curriculum reform, diversity, equity, and inclusion initiatives, and student

advocacy. This need aligns with Brown-Jeffy and Cooper's (2011) framework on culturally relevant pedagogy, which highlights the need for educators to intentionally create inclusive learning environments. Faculty are often tasked with driving institutional change while maintaining their teaching, service, and scholarship workloads. This challenge is particularly acute at institutions where faculty workloads are significantly heavier than at others, a reality that must be acknowledged when proposing systemic reforms. Without providing workload relief, faculty experience burnout, and disillusionment in unsustainable work environments. Sustainable change requires structural support, revising faculty workload policies ensures that efforts toward equity and innovations are effective and enduring.

### ***Implications for Accrediting and Approval Bodies***

The study's findings indicate that accreditation and certification bodies play a significant role in maintaining exclusionary structures. The AMTA, NASM, and CBMT currently enforce rigid Western music competency standards that limit access to the profession for students with alternative musical training.

**Accreditation Standards.** Accreditation standards must recognize and validate multiple forms of musicianship, including digital music production, community-based music therapy, and non-Western traditions. With the increasing accessibility and affordability of music technology, along with its widespread use in popular music, integrating these tools into music therapy offers a flexible, engaging, and inclusive way to connect with clients.

Community-based music therapy, practiced globally for many years, continues to face resistance in the United States, where it is not fully recognized by professional

organizations as a legitimate clinical model. Despite this, it holds potential to expand access to music therapy service and reach underserved populations.

Similarly, incorporating non-Western music and healing traditions allows music therapists to offer culturally relevant care for the people that receive music therapy.

**Certification Processes.** Certification processes should be critically reviewed to ensure they are accessible and equitable for disabled students. Current board certification requirements include competencies that may reflect ableist assumptions, potentially excluding individuals with disabilities from full participation in the profession. Additionally, the process for obtaining accommodations for the board certification exam has been reported as unnecessarily burdensome, creating further barriers for disabled candidates.

Research and anecdotal evidence suggest that board certification exams may disproportionately disadvantage individuals with marginalized identities (Furnas, 2023), raising concerns about systemic exclusion within the credentialing process. Overall, the structure and implementation of board certification warrant a comprehensive reevaluation to address these concerns. The AMTA Commission on the Education and Clinical Training of 21<sup>st</sup> Century Music Therapists (2024) similarly recommends a review of reasonable expectations addressed in competencies for undergraduate, graduate, and certificate study.

**Financial Support.** To promote equity in music therapy education, comprehensive financial support must be established to address the burdens of tuition, unpaid internships, and the cost of private lessons. The absence of such support creates significant barriers for many aspiring students. Tuition fees and related education

expenses can be prohibitive, particularly for those from marginalized backgrounds. Although unpaid internships are illegal in some states, they continue to exist, compounding financial strain and limiting access to the profession. Additionally, the high cost of private instrument instruction prior to college can deter potential students from pursuing music therapy. Offering free or subsidized lessons would help bridge this gap and support great inclusion. These recommendations align with **Ahmed's (2012)** findings on institutional resistance to change, which emphasizes that without pressure from faculty and students, professional organizations are unlikely to revise exclusionary policies.

### **Limitations of the Study**

While this study contributes to a growing body of literature on oppression in music therapy education, it is not without limitations.

#### ***Scope Limitations***

The study focuses primarily on faculty perspectives, with student voices as secondary sources. While faculty insights are valuable, they inherently reflect the viewpoints of individuals operating within the very systems that perpetuate oppression in music therapy education. The absence of students' perspectives limits the depth of understanding regarding how these systems are experienced by those most impacted.

#### ***Sample Limitations***

The study sample was drawn from a specific demographic of faculty members, which may limit the transferability of the findings across all music therapy programs. The primary aim was to offer a rich, contextual understanding of a particular group of music therapy educators in the United States. While the findings are not universally applicable, they are intended to provide a sense of transferability to other contexts and provide

greater insight for readers. Future research should explore comparisons across institutions with different accreditation standards, geographic regions, and pedagogical models to deepen and diversify the understanding of music therapy education. Although snowball sampling was employed to broaden participation, additional recruitment was unsuccessful. This may be due to several factors, including limited availability of faculty during the data collection period, competing professional responsibilities, lack of interest or perceived relevance of the study, and possible discomfort with the topic or research process.

### ***Methodological Limitations***

This study employed critical thematic analysis, an interpretive approach that is inherently shaped by the researcher's positionality and perspective. As such, the analysis and findings reflect the researcher's biases, the guidance of research supervisors, the findings of previous scholars, and foundational principles. While steps were taken to maintain transparency of these influences, it is possible that certain narratives were emphasized over others and that certain biases were not explored or adequately communicated in this paper.

### ***Personal Limitations***

Throughout this research process, I have encountered many personal limitations, some I was aware of, others I have only come to recognize along the way, and many I am sure I have yet to uncover. One moment of new awareness that stands out, though I have not been able to locate the original source despite sustained effort, came from a podcast. The speaker suggested that white people often perceive racism differently than people of color, comparing this dynamic to how a dog sees color. While dogs do see color, their

perception is limited compared to the human eye. That metaphor resonated deeply with me. It feels true not only in relation to race, but also to gender, sexuality, ability, age, and socioeconomic status. If I cannot perceive the full spectrum of oppression, then I must trust and validate the experiences of those who can. Thus, the need to focus on the experiences of those who have been oppressed in and by our educational spaces.

At the outset of this research, I attempted to center and amplify the voices of people from marginalized communities in terms of a more intentional politics of citation (Ahmed, 2017). While I have done this to some extent, I recognize that I have also drifted back toward familiar voices, those that reflect my own identity and comfort zone. I have often drawn on the work of white cis hetero males in music therapy. This was pointed out to me by a reader, and I have gone back to include more voices from more diverse perspectives.

This research has required me to sit with discomfort. I have wrestled with difficult questions about my role in it. As a white, cisgender, heterosexual, middle-class, man I have asked myself if I have a place in this work. And if so, what is that place? Does this research help in the way I intend, or does it only serve to further reproduce harm?

Throughout this process, several moments have prompted reflection, particularly around the implications of my sociocultural identities and how they intersect with others involved. When I began this dissertation, I was under the supervision of a Black woman. Over time, I was advised by two different cis het white women. And by the end of the writing process, my dissertation chair was switched to a cis het white man. What are the implications of these changes on the ways in which I have interrogated the materials and myself? Is there a way in which this has let me off the hook from looking more deeply

into my intrapersonal processes given that now I hold many of the same sociocultural identities as my dissertation chair? I do know that it has left me with some conflicting feelings. I feel discomfort about how this has left members of my committee feeling, particularly the original chair. Furthermore, I feel discomfort about how this may have given me a sense of comfort or familiarity, while serving to confirm my existing beliefs and biases.

These limitations align with Maxwell's (2013) discussion on qualitative research validity, which acknowledges that interpretive analysis always involves researcher influence. Qualitative research validity in this sense is understood as a means of referring to the credibility of the research.

### **Personal Insights Gained**

As a music therapy graduate student, I encountered threshold concepts (Meyer & Land, 2003) that fundamentally shifted my worldview. These concepts, rooted in feminist theory, challenged me to think in new ways, and furthered concepts I had been introduced to as an undergraduate. I experienced a transformation, one that made it impossible to return to my previous ways of thinking. Through engaging with anti-oppressive and liberatory theories and practices, I came to understand that unlearning harmful beliefs and behaviors would be a lifelong journey. I also learned that unlearning beliefs is not enough, critique and advocacy are necessary for greater equity. Engaging in this research made me reflect on these processes and how I need to remain vigilant about ways I avoided uncomfortable truths.

Learning through what the participants in this dissertation shared with me made me reflect on my experiences as an educator and confirmed many of the experiences I

have had. In my work as a music therapy educator, I have experienced Black students demanding change in our department due to them not feeling that the curriculum or the faculty and student body reflected them and that they had to find community outside of the department to feel a sense of belongingness. I have experienced trans students demanding change in terms of the gendered language used to describe voice parts in the vocal ensembles. I have experienced disabled students and neurodivergent students struggling without needed accommodations. I have witnessed students from lower socioeconomic statuses struggle and working long hours outside of their courses in order to afford to stay in school. From these experiences and those shared by the participants, I am reminded of the personal work I must continue to do, especially in relation to social justice. While my experiences in my family and schooling perhaps helped to make me more open to conversations around race, as a music therapy educator my belief systems keep being challenged by meeting people that were different than me, and perhaps even different than other people I had previously known. Having direct experiences with people that either directly pointed out the ways that I was being harmful, or by reflecting on the assumptions I held about people upon first meeting them or learning more about them, taught me that I have internalized many automatic negative views of people that are different than me. I have actively had to challenge these views within myself and try to remain open to learning about the individual in front of me from a position of humility, curiosity, and an open heart.

As with the participants in this research, in both my clinical and education roles, I have witnessed people say and do deeply harmful things, often rooted in long-held beliefs. In those moments, I have struggled with how to respond. Should I intervene

directly? Should I hold space and allow others to work through it themselves? Should I use the moment as a teaching opportunity? I have tried all of these approaches and more. Yet, regardless of how I responded, or did not respond, I have consistently been left feeling uncomfortable and unprepared. More often than I would like to admit, I have found myself wanting to retreat rather than engage. This discomfort has become a signal for me, and indication that there is something within myself I need to confront. This dissertation is part of that process, an effort to face the parts of myself that I would rather avoid, to look honestly in the mirror, and to engage more fully with the difficult conversations I have often hesitated to enter.

Through the process of writing this dissertation, I came to a profound new understanding of myself. During my dissertation proposal defense, I found myself unable to focus on the questions being asked. Instead, I became fixated on the interpersonal dynamics unfolding between committee members. Although I passed the defense, it was clear that the experience did not go well. This promoted me to reflect deeply on what had happened.

Through conversations with my children, my wife, and healthcare providers, I came to understand that I am neurodivergent. This realization has reshaped how I understand my experiences, not just during the defense, but throughout my academic and professional life. It has also added another layer of complexity to the self-examination that this dissertation represents.

This is a new and evolving understanding of myself and my past. I continue to wrestle with accepting it, owning it, and fully grasping how it has shaped my life and relationships. Looking back, I recognize that I have not always been as patient or

understanding with neurodivergent students as I wish I had been. I now see that, in many cases, I was projecting my own struggles, struggles I had not yet acknowledged, onto them. My difficulty in extending compassion to myself made it harder to extend it to others.

I hope this awareness will help me better support the diverse needs of my students moving forward. At the same time, my neurodivergence is something I have shared with very few people. This has helped me appreciate how difficult it can be for students to seek accommodations, especially in the face of stigma or feelings of inadequacy. These insights are pushing me to be more open, more empathetic, and more intentional in creating inclusive spaces for learning and growth.

I have spent a long time with this research, developing my skills as a researcher, educator, writer, and as someone committed to liberation. Still, I often feel inadequate in each of these roles. Sometimes that sense of inadequacy stems from internal doubt, other times it reflects real gaps in my preparation or understanding. But these limitations simply reflect where I am right now. I am not certain of what will change in the future, but I remain willing to pursue self-reflection and growth.

I am acutely aware that the burden of systemic change is too often placed on those with marginalized identities. I believe it is my responsibility, as someone who had benefited from these systems, to contribute to their dismantling. I know that my efforts may sometimes be misinformed, inadequate, or even harmful. I do not claim to have the answers. But I do know that I have a role to play in this work, and I am committed to engaging in it with humility, accountability, and persistence. In conducting this research study, I am deeply aware of the burden I may have placed on the faculty members who

participated, many of whom come from marginalized communities. I asked for their time, their insights, their reflections, and their trust in me as a researcher. Many of these individuals are already experts in this field, having written and spoken extensively on these topics, yet they generously agreed to engage further for the sake of this study. By participating in this study, I have placed them in a more vulnerable place by asking them to possibly risk their safety and livelihoods for the cause of this study and for the cause of anti-oppressive work. I cannot comprehend the depths of kindness and generosity these participants freely offered, especially given the lack of kindness and generosity shown to marginalized music therapists in our educational institutions. By participating, they accepted a level of vulnerability, potentially risking their safety and professional standing in service of anti-oppressive work. I am profoundly humbled by the depth of generosity, courage, and trust they extended to me, gifts I do not take lightly and cannot fully repay. It is in this spirit that I have engaged in a level of vulnerability and explored these personal reflections of my own.

### **Recommendations for Future Research**

Future research should expand the scope of research by centering student experiences and considering non-Western training models of music therapy education. Longitudinal studies are needed to examine the educational journeys of students from historically marginalized backgrounds, including those who are non-white, have disabilities, identify as LGBTQ+, or come from low-income settings. Such studies should also examine non-Western training models that challenge the traditional models of education used in the United States.

## **Implementing Structural Change**

The findings of this study highlight the urgent need for structural transformation across every level of music therapy education and practice. Addressing systemic inequities requires moving beyond surface-level reforms to fundamentally reimagine the frameworks that shape curricula, certification, institutional policies, and professional leadership. Structural change must not only dismantle oppressive systems—such as eurocentrism, economic gatekeeping, and institutional inertia—but also cultivate equitable, inclusive, and culturally responsive alternatives. Drawing on critical scholarship, the following recommendations emphasize the importance of integrating diverse cultural knowledge systems, supporting marginalized voices in leadership, and redefining professional pathways. The following sections outline recommendations for structural change at three interconnected levels: music therapy education, the broader professional field, and institutions and policies that govern both. Each set of recommendations builds on the study’s findings, offering pathways to dismantle systemic barriers while fostering inclusivity, cultural responsiveness, and equity. By addressing these areas collectively, the profession can move toward a more just and sustainable future.

### ***Recommendations for Structural Change in Music Therapy Education***

The following are recommendations for structural change in music therapy education. It is important to consider and integrate community-based approaches that reflect diverse cultural perspectives and healing practices. Additionally, training programs should actively engage students in sociocultural self-reflexivity, encouraging

them to critically examine their own identities, assumptions, and positionalities within the therapeutic contexts (Hadley & Norris, 2016).

Another recommendation to consider is faculty training programs. Specifically, these programs would focus on anti-oppressive and culturally responsive pedagogy. These programs would explore the foundations of anti-oppressive work, engage in critical self-reflection, explore ways that education can be liberatory, develop inclusive curriculum designs, develop equitable classroom practices, engage in community development, and engage in advocacy and institutional change.

Increasing representation of marginalized faculty in leadership roles is a crucial step toward an inclusive academic environment. This process must begin with intentional efforts to recruiting students with marginalized identities, ensuring that the pipeline to leadership is diverse from the onset. Equally important is the active recruitment and hiring of faculty with marginalized identities, which not only enriches the academic environment but provides mentorship and representation for students. By actively engaging in equity in the hiring process and leadership development, institutions can further dismantle the systemic barriers that discourage diversity efforts.

Developing anti-racist and decolonial curricula is essential for challenging the dominant narratives that have historically shared music therapy education through imperialist and white supremacist frameworks. Such curricula aim to center the voices, histories, and knowledge systems of communities marginalized or erased in the dominant curriculum.

These recommendations align with Smith's (2021) work on decolonizing methodologies, which suggests that academia must look beyond traditional Western

research frameworks to develop equitable alternatives, and with hooks' (1994) philosophy that education should be a practice of freedom where students engage in transformative pedagogy.

### ***Recommendations for Structural Change in the Field of Music Therapy***

There is a need to broaden professional pathways available for music therapy certification beyond the current board certification exam structure. At present, the route to becoming a board-certified music therapist is narrowly defined, creating barriers for talented musicians who may not align with Western classical models of musicianship of who face financial constraints that make current training models inaccessible. These limitations not only restrict entry into the profession but also constrain the field's potential to grow and serve diverse communities.

Similarly, the board certification exam should be revised to recognize functional musicianship beyond the scope of Western classical instruments. The current emphasis on Western classical traditions acts as a gatekeeping mechanism, excluding skilled musicians from other traditions who could bring valuable perspectives and practices to the field. Expanding the definition of acceptable musicianship would foster a more inclusive and culturally responsive profession, ultimately enhancing the accessibility and effectiveness of music therapy services.

Increasing representation in leadership roles promotes structural change within the field. However, this must not translate in an undue burden on individuals from underrepresented backgrounds. Instead, leadership pathways should be intentionally designed to be accessible and supportive. It is the responsibility of current leaders to

actively create space, provide mentorship, and remove systemic barriers so that merging leaders from diverse backgrounds can thrive in leadership.

Current training models must evolve to incorporate the knowledge and perspectives of lived experience. Lived experience is a legitimate and valuable form of expertise (Collins, 2000; Harding, 2004), particularly for music therapists from marginalized communities. Integrating these perspectives into educational frameworks not only enriches the training process but also ensures that future practitioners are better equipped to serve diverse populations with empathy and cultural competence.

### ***Recommendations for Structural Change in Institutions and Policies***

Institutional and policy reforms in music therapy education must prioritize liberation, inclusivity, and accessibility to ensure the field evolves in a socially just and equitable trajectory. This involves a critical restructuring of accreditation standards to dismantle Eurocentric frameworks that have historically defined what constitutes legitimate knowledge and practice in music therapy. Educational institutions should expand their curricula to include culturally responsive and community-informed approaches, recognizing the value of diverse musical traditions, healing practices, and lived experiences. Furthermore, systemic barriers, such as financial inaccessibility, rigid admission criteria, and exclusionary pedagogical models, that disproportionately affect students from marginalized backgrounds must be actively identified and removed.

Access to financial aid and scholarship need to be expanded to reduce financial gatekeeping in music therapy education. The high costs of tuition, training, and certification often exclude potential students, particularly those from low income and marginalized backgrounds, from entering the field. To truly promote equity, financial

support should not be limited to specific institutions. Instead, aid and scholarships should be made portable, allowing students to apply them wherever they choose to study. This flexibility would empower students to select programs that best align with their values, needs, and cultural contexts. These efforts must also be accompanied by transparent application processes and proactive outreach to ensure that financial resources reach those who need them most.

Accreditation standards should undergo regular, transparent review and revision to ensure they remain responsive to the changing demographics, values, and needs of the field. As the profession becomes increasingly diverse, it is essential that these standards reflect a broader range of cultural perspectives, therapeutic approaches, and lived experiences. Central to this process must be the intentional inclusion and prioritization of voices from marginalized communities. Their insights are critical for identifying systemic barriers and for shaping standards that promote equity, cultural responsiveness, and social justice.

These changes align with Spivak's (1988) argument in the book chapter *Can the Subaltern Speak?*, which calls for the inclusion of historically silenced voices in academic and professional spaces.

### **Final Thoughts**

This study highlights the deeply entrenched systems of oppression that shape music therapy education. Without meaningful structural change, these barriers will continue to restrict who has access to the field, whose voices are heard, and whose knowledge is valued. These findings serve as a call to action for faculty, students,

professional organizations, and universities to dismantle these systemic inequalities and build a more just and inclusive profession.

This study contributes to the field of music therapy by critically examining the structural, educational, and cultural barriers that limit access, representation, and innovation within the profession. It offers a set of recommendations aimed at liberating music therapy education and practice, including the expansion of certification pathways, the integration of culturally sustaining and community-informed curricula, and the redefinition of clinical musicianship to include contemporary and global musical practices. This study also highlights the need for inclusive leadership, equitable access to financial resources, and the incorporation of lived experience as a valid form of knowledge. By advocating for systemic reforms in accreditation, training, and assessment, this work challenges the field to become more inclusive, adaptive, and socially just, broadening its reach and relevance in diverse communities.

It is essential to emphasize that meaningful and lasting change in the field of music therapy must occur across all levels of the system. This transformation requires the active participation of individuals from both dominant and non-dominant identities, working collaboratively toward equity and inclusion. Central to this process is the prioritization of voices that have historically been marginalized, ensuring that their lived experiences and insights guide the direction of reform. However, this work must be approached with care to avoid placing undue burden on those it seeks to include. Sustainable change must be structurally supported, equitably distributed, and rooted in shared responsibility, so that inclusion does not come at the cost of further labor or harm to those already navigating systemic barriers.

## REFERENCES

- Abramo, J. M., & Bernard, C. F. (2020). Barriers to access and university schools of music: A collective case study of urban high school students of color and their teachers. *Bulletin of the Council for Research in Music Education*, 226, 7–26. <https://doi.org/10.5406/bulcouresmusedu.226.0007>
- Ahmed, S. (2012). *On being included: Racism and diversity in institutional life*. Duke University Press. <https://doi.org/10.1215/9780822395324>
- Aigen, K. (2005). *Music-centered music therapy*. Barcelona.
- Allen, M. L. (1996). Dimensions of educational satisfaction and academic achievement among music therapy majors. *Journal of Music Therapy*, 33(2), 147–160.
- Alley, J. (1978). Competency based evaluation of a music therapy curriculum. *Journal of Music Therapy*, 15(1), 9–14.
- American Music Therapy Association, Inc. (2021). *A descriptive, statistical profile of the 2021 AMTA membership and music therapy community* [Workforce Analysis]. The American Music Therapy Association.
- AMTA Commission on the Education and Clinical Training of 21st Century Music Therapists. (2024). *The Final Report of the AMTA Commission on the Education and Clinical Training of 21st Century Music Therapists*. [https://www.musictherapy.org/final\\_report\\_of\\_the\\_amta\\_commission\\_on\\_the\\_education\\_and\\_clinical\\_training\\_of\\_21st\\_century\\_music\\_therapists/](https://www.musictherapy.org/final_report_of_the_amta_commission_on_the_education_and_clinical_training_of_21st_century_music_therapists/)
- Apple, M. W. (2012). *Education and power* (2nd ed.). Routledge.
- Au, W. W. K. (2007). *Unequal by design: High-stakes testing and the standardization of inequality*. University of Wisconsin-Madison.
- Bain, C. (2023). Potentials and barriers to culturally responsive music therapy education in the U.S.: Perspectives of music therapy educators. *Qualitative Inquiries in Music Therapy*, 17(6), 92–128.
- Bain, C., Grzanka, P. R., & Crowe, B. J. (2016). Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy. *The Arts in Psychotherapy*, 50, 22–33. <https://doi.org/10.1016/j.aip.2016.03.004>
- Baines, S. (2021). Anti-oppressive music therapy: Updates and future considerations. *The Arts in Psychotherapy*. <https://doi.org/10.1016/j.aip.2021.101828>
- Baines, S., Edwards, J., Hatch, J., & Pereira, J. (2019). Queering the curriculum. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2676>

- Boggan, C. E., Grzanka, P. R., & Bain, C. (2017). Perspectives on queer music therapy: A qualitative analysis of music therapists' reactions to radically inclusive practice. *Journal of Music Therapy, 54*(4), 375–404. <https://doi.org/10.1093/jmt/thx016>
- Brown-Jeffy, S., & Cooper, J. E. (2011). Toward a conceptual framework of culturally relevant pedagogy: An overview of the conceptual and theoretical literature. *Teacher Education Quarterly, 38*(1).
- Buchanan Haynes, B. (2024, March 13). *Facebook Post*. Facebook.
- Campbell, P. S., Myers, D., & Sarath, E. (2016). *Report of the task force on the undergraduate music major* (Transforming Music Study from Its Foundations: A Manifesto for Progressive Change in the Undergraduate Preparation of Music Majors). The College Music Society.
- Cassel, C. K. (2008). Professionalism and accountability: The role of specialty board certification. *Transactions of the American Clinical and Climatological Association, 119*, 295–304.
- Clements-Cortés, A., Mercadal-Brotons, M., Leonard, H., Trondalen, G., Stingl, T.-D., Stegemann, T., & Zanini, C. (2024). Global perspectives on addressing systemic issues in music therapy curricula and healthcare. *Voices: A World Forum for Music Therapy, 24*(1).
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (Rev. 10th anniversary ed.). Routledge.
- Colonialism and Music Therapy Interlocutors (CAMTI) Collective. (2022). *Colonialism and music therapy*. Barcelona.
- Combahee River Collective. (2021). A Black feminist statement. In C. Moraga & G. Anzaldúa (Eds.), *This bridge called my back: Writings by radical women of color* (Fortieth anniversary). SUNY Press.
- Cooperdock, E. H. G., Chen, C. Y., Guevara, V. E., & Metcalf, J. R. (2021). Counteracting systemic bias in the lab, field, and classroom. *AGU Advances, 2*(1), e2020AV000353. <https://doi.org/10.1029/2020AV000353>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. In A. Phillips (Ed.), *Feminism and politics* (pp. 314–343). Oxford University Press.
- de l'Etoile, S. (2000). The history of the undergraduate curriculum in music therapy. *Journal of Music Therapy, 37*(1), 51–71. <https://doi.org/10.1093/jmt/37.1.51>
- Dileo, C., & Bruscia, K. (Eds.). (1987). *Perspectives on music therapy education and training*. Temple University, Esther Boyer College of Music.

- DiMaio, L., & Winter, T. (2023). Applying integral thinking to music therapy education. *Voices: A World Forum for Music Therapy*, 23(1). <https://doi.org/10.15845/voices.v23i1.3334>
- Dolmage, J. (2017). *Academic ableism: Disability and higher education*. University of Michigan Press. <https://doi.org/10.3998/mpub.9708722>
- Drab-Hudson, D. L., Whisenhunt, B. L., Shoptaugh, C. F., Newman, M. C., Rost, A., & Fondren-Happel, R. N. (2012). Transforming introductory psychology: A systematic approach to course redesign. *Psychology Learning & Teaching*, 11(2), 146–157. <https://doi.org/10.2304/plat.2012.11.2.146>
- Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences*, 5(4), 565–575. <https://doi.org/10.3390/bs5040565>
- Dugger, W. M. (1980). Power: An institutional framework of analysis. *Journal of Economic Issues*, 14(4), 897–907.
- Eslava-Mejía, J. (2022). Borders, translation, and cultures in music therapy education, research, and politics: Reflections on the roles of colonizer and colonized. In Colonialism and Music Therapy Interlocutors (CAMTI) Collective (Ed.), *Colonization and music therapy*.
- Ewell, P. A. (2020). Music theory and the white racial frame. *Music Theory Online*, 26(2). <https://doi.org/10.30535/mto.26.2.4>
- Ewell, P. A. (2023). *On music theory, and making music more welcoming for everyone*. University of Michigan Press.
- Exam and certification data*. (2024). CBMT. <https://www.cbmt.org/educators/exam-and-certificand-data/>
- Fachner, J. (2023). Music and the brain—Core knowledge integrated into curriculum. In K. D. Goodman (Ed.), *Developing issues in world music therapy education and training: A plurality of views*. Charles C Thomas.
- Fansler, V., Reed, R., Bautista, E., Taylor, A., Perkins, F., & Hadley, S. (2019). Playing in the borderlands. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2679>
- Fisher, C., & Leonard, H. (2022). Unsettling the classroom and the session: Anti-colonial framing through hip hop for music therapy education and therapeutic work. In Colonialism and Music Therapy Interlocutors (CAMTI) Collective (Ed.), *Colonization and music therapy*.

- Fitzpatrick, K. R., Henninger, J. C., & Taylor, D. M. (2014). Access and retention of marginalized populations within undergraduate music education degree programs. *Journal of Research in Music Education*, 62(2), 105–127. <https://doi.org/10.1177/0022429414530760>
- Freire, P. (2000). *Pedagogy of the oppressed* (30th anniversary ed.). New York : Continuum.
- Furnas, H. J. (2023). Overcoming barriers to board certification. *JAMA Surgery*, 158(8), 785. <https://doi.org/10.1001/jamasurg.2023.0523>
- Gardstrom, S. C., Hiller, J., Heiderscheid, A., & Jackson, N. L. (2022). Music therapy pre-internship education and training: Support for a methods-based approach. *Music Therapy Perspectives*, 40(1), 14–22. <https://doi.org/10.1093/mtp/miab026>
- Gault, A. (1978). An assessment of the effectiveness of clinical training in collegiate music therapy curricula. *Journal of Music Therapy*, 15(1), 36–39.
- Gavin, R. B. (2012). An exploration of potential factors affecting student withdrawal from an undergraduate music education program. *Journal of Research in Music Education*, 60(3), 310–323. <https://doi.org/10.1177/0022429412454662>
- Gibson, S., Williams-Brown, Z., Shute, J., & Westander, M. (2024). Higher education and ableism: Experiences of disabled students in England during the Covid-19 pandemic – stepping into inclusion. *The International Education Studies Association*.
- Gilman, V. (2021). *Ableism and colonialism in international music therapy service-learning settings: A critical discourse analysis*. Slippery Rock University.
- Giroux, H. A. (2014). *Neoliberalism's war on higher education*. Haymarket Books.
- Gombert, D. J. (2022). Who Is being silenced?: Sociocultural and privilege dynamics within music therapy education. *Music Therapy Perspectives*, 40(2), 164–173. <https://doi.org/10.1093/mtp/miac023>
- Gooding, L. F., & Springer, D. G. (2020). Music therapy knowledge and interest: A survey of music education majors. *Journal of Music Therapy*, 57(4), 455–474. <https://doi.org/10.1093/jmt/thaa020>
- Goodman, K. D. (2011). *Music therapy education and training: From theory to practice*. Charles C Thomas. <http://libproxy.temple.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=389208&site=ehost-live&scope=site>
- Gumble, M. (2020). Gender affirming voicework: A queer autoethnographic account. *Voices: A World Forum for Music Therapy*, 20(2). <https://doi.org/10.15845/voices.v20i2.2916>

- Hadley, S. (2006a). Developing a feminist pedagogical approach in music therapy. In S. Hadley (Ed.), *Feminist perspectives in music therapy* (p. 18).
- Hadley, S. (2006b). Embracing feminism: An overview. In S. Hadley (Ed.), *Feminist perspectives in music therapy*. Barcelona.
- Hadley, S. (2013). Dominant narratives: Complicity and the need for vigilance in the creative arts therapies. *The Arts in Psychotherapy*.  
<https://doi.org/10.1016/j.aip.2013.05.007>
- Hadley, S. (2023, May 18). *Dissertation Check-In* [Personal communication].
- Hadley, S., & Hahna, N. (2015). Feminist perspectives in music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (Vol. 1). Oxford University Press.  
<https://doi.org/10.1093/oxfordhb/9780199639755.013.7>
- Hadley, S., & Norris, M. S. (2016). Musical Multicultural Competency in Music Therapy: The First Step. *Music Therapy Perspectives*, 34(2), 129–137.  
<https://doi.org/10.1093/mtp/miv045>
- Hahna, N., & Schwantes, M. (2011). Feminist music therapy pedagogy: A survey of music therapy educators. *Journal of Music Therapy*, 48(3), 289–316.  
<https://doi.org/10.1093/jmt/48.3.289>
- Haning, M. (2021). Identity formation in music teacher education: The role of the curriculum. *International Journal of Music Education*, 39(1), 39–49.  
<https://doi.org/10.1177/0255761420952215>
- Hanser, S. B. (2015). Music therapy training requirements. In J. Edwards (Ed.), *The Oxford handbook of music therapy*. Oxford University Press.  
<https://doi.org/10.1093/oxfordhb/9780199639755.013.36>
- Harding, S. (Ed.). (2004). *The feminist standpoint theory reader: Intellectual and political controversies*. Routledge.
- Hodges, D. A. (2019). *Music in the human experience: An introduction to music psychology* (2nd ed.). Routledge.
- hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. Routledge.
- hooks, b. (2003). *Teaching community: A pedagogy of hope*. Routledge.
- hooks, b. (2010). *Teaching critical thinking: Practical wisdom*. Routledge.
- Hsiao, F. (2014). Gatekeeping practices of music therapy academic programs and internships: A national survey. *Journal of Music Therapy*, 51(2), 186–206.  
<https://doi.org/10.1093/jmt/thu010>

- Imeri, J. P., & Jones, J. D. (2022). Understanding the experience of discussing race and racism during clinical supervision for black music therapy students. *Music Therapy Perspectives*, 40(2), 174–181. <https://doi.org/10.1093/mtp/miab027>
- Iwamasa, D. A. (2023). Music therapy education in the United States: From competencies to board certification. In K. D. Goodman (Ed.), *Developing issues in world music therapy education and training*. Charles C. Thomas.
- Jensen, K. L., & McKinney, C. H. (1990). Undergraduate music therapy education and training: Current status and proposals for the future. *Journal of Music Therapy*, 27(4), 158–178.
- Jones, J., Leonard, H., & Johnson, K. (2025). Tapped in: A collaborative thought approach on reimagining positionality, hip hop, and therapy education. *Voices: A World Forum for Music Therapy*, 25(2). <https://doi.org/10.15845/voices.v25i2.4365>
- Kalenderidis, Z. (2020). The great reveal: The experiences of an Australian registered music therapist with a disability, an arts-based research project. *Voices: A World Forum for Music Therapy*, 20(1). <https://doi.org/10.15845/voices.v20i1.2873>
- Kenny, C. (2014). *Music and life in the field of play*. Barcelona.
- Lavengood, M. L. (2021). Timbre, rhythm, and texture within music theory's white racial frame. In L. M. Garcia-Mispireta & R. James (Eds.), *The Oxford handbook of electronic dance music*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190093723.013.17>
- Leonard, H. (2020). A problematic conflation of justice and equality: The case for equity in music therapy. *Music Therapy Perspectives*, 38(2), 102–111. <https://doi.org/10.1093/mtp/miaa012>
- Lewis, B. (2013). A mad fight: Psychiatry and disability activism. In L. Davis (Ed.), *The disability studies reader*. Taylor & Francis Group. <https://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?docID=1125176>.
- Liedauer, S. (2021). Dimensions and causes of systemic oppression. In W. Leal Filho, A. Marisa Azul, L. Brandli, A. Lange Salvia, P. Gökçin Özuyar, & T. Wall (Eds.), *Reduced inequalities*. Springer International. <https://doi.org/10.1007/978-3-319-95882-8>
- Lindo, D. (2023). Examining the accessibility of MA music therapy training in the United Kingdom for ethnic minority communities. *British Journal of Music Therapy*, 37(1), 5–16. <https://doi.org/10.1177/13594575231154491>

- Lopez, M. (2021). *Representation matters: Curriculum interrogation through a culturally responsive lens* [Ed.D., Arizona State University].  
<https://www.proquest.com/docview/2610489049/abstract/D45D59D4BAC04417PQ/1>
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). SAGE.
- McBride, R.-S., & Neary, A. (2021). Trans and gender diverse youth resisting cisnormativity in school. *Gender and Education, 33*(8), 1090–1107.  
<https://doi.org/10.1080/09540253.2021.1884201>
- McBrien, K. (2021). *An historical analysis of white supremacy in music therapy education: Examining music therapy program directors' awareness*. Saint Mary-of-the-Woods College.
- McIntosh, P. (1990). *White privilege: Unpacking the invisible knapsack*.
- McSorley, K. (2020). Sexism and cisgenderism in music therapy spaces: An exploration of gender microaggressions experienced by music therapists. *The Arts in Psychotherapy, 71*, 101707. <https://doi.org/10.1016/j.aip.2020.101707>
- Meadows, A., & Eyre, L. (2020). Program directors' perceptions of the CBMT exam. *Voices: A World Forum for Music Therapy, 20*(3), 21.  
<https://doi.org/10.15845/voices.v20i3.2930>
- Mertens, D. M. (2024). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (6th ed.). SAGE.
- Meyer, J., & Land, R. (2003). *Threshold concepts and troublesome knowledge: Linkages to ways of thinking and practicing within the disciplines* (Occasional Report No. 4). Oxford Centre for Staff & Learning Development.
- Mignolo, W. D. (2009). Epistemic disobedience, independent thought and decolonial freedom. *Theory, Culture & Society, 26*(7–8), 159–181.  
<https://doi.org/10.1177/0263276409349275>
- Mineo, L. (2020, September 4). *How textbooks taught white supremacy*. The Harvard Gazette. <https://news.harvard.edu/gazette/story/2020/09/harvard-historian-examineshow-textbooks-taught-white-supremacy/>
- Mullan, J. (2023). *Decolonizing therapy: Oppression, historical trauma, and politicizing your practice*. W. W. Norton.
- Norris, M. S. (2020). A call for radical imagining: Exploring anti-blackness in the music therapy profession. *Voices: A World Forum for Music Therapy, 20*(3), 6.  
<https://doi.org/10.15845/voices.v20i3.3167>

- Oliver, M. (1990). *The individual and social models of disability*. Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians.
- Overland, C. (2016). Gender Composition and Salary of the Music Faculty in NASM Accredited Universities. *College Music Symposium*, 56.
- Paris, D., & Alim, H. S. (2014). What are we seeking to sustain through culturally sustaining pedagogy? A loving critique forward. *Harvard Educational Review*, 84(1), 85–100. <https://doi.org/10.17763/haer.84.1.9821873k2ht16m77>
- Perkins, F. (2021). On the outside, always looking in: A queer black man’s search for acceptance. In S. Hadley (Ed.), *Sociocultural identities in music therapy* (pp. 313–330). Barcelona.
- Petrie, G. E. (1989). The identification of a contemporary hierarchy of intended learning outcomes for music therapy students entering internship. *Journal of Music Therapy*, 26(3), 125–139. <https://doi.org/10.1093/jmt/26.3.125>
- Petrie, G. E. (1993). An evaluation of the National Association for Music Therapy undergraduate academic curriculum: Part II. *Journal of Music Therapy*, 30(3), 158–173.
- Pickard, B. (2020). A critical reflection on the Health and Care Professions Council Standards of Proficiency for music therapists: A critical disability studies perspective. *British Journal of Music Therapy*, 34(2), 82–94. <https://doi.org/10.1177/1359457520971812>
- Pickard, B. (2022). Anti-oppressive pedagogy as an opportunity for consciousness raising in the music therapy profession: A critical disability studies perspective. *British Journal of Music Therapy*, 36(1), 5–15. <https://doi.org/10.1177/13594575221078582>
- Pickard, B., Thompson, G., Metell, M., Roginsky, E., & Elefant, C. (2020). “It’s not what’s done, but why it’s done.” *Voices: A World Forum for Music Therapy*, 20(3), 19. <https://doi.org/10.15845/voices.v20i3.3110>
- Pirbhai-Illich, F., Pete, S., & Martin, F. (Eds.). (2017). *Culturally responsive pedagogy*. Springer International. <https://doi.org/10.1007/978-3-319-46328-5>
- Robison, T., Williams, B., Hoffman, E., & Eros, J. (2020). Music teacher recruitment of precollegiate and marginalized populations: A review of the literature. *Update: Applications of Research in Music Education*, 38(2), 20–28. <https://doi.org/10.1177/8755123319884989>
- Sajnani, N. (2012). Response/ability: Imagining a critical race feminist paradigm for the creative arts therapies. *The Arts in Psychotherapy*, 39(3), 186–191. <https://doi.org/10.1016/j.aip.2011.12.009>

- Segall, L. (2020). Exploring music therapists' attitude toward wellness for successful ageing and its inclusion in music therapy training curricula. *Approaches: An Interdisciplinary Journal of Music Therapy*, 12(2).
- Sewepagaham, S., Bell, S., Gladu, S., & Baines, S. (2022). Uncovering colonialism in music therapy through indigenous Canadian music therapists' stories and anti-oppressive music therapy analysis. In Colonialism and Music Therapy Interlocutors (CAMTI) Collective (Ed.), *Colonialism and music therapy*. Barcelona.
- Shaw, C. M. (2022). An Autoethnographic Journey in Developing Post-Ableist Music Therapy. *Voices: A World Forum for Music Therapy*, 22(1).  
<https://doi.org/10.15845/voices.v22i1.3314>
- Shoemaker, P., & Vos, T. (2009). *Gatekeeping Theory* (1st ed.). Taylor & Francis Group.
- Slaughter, S., & Rhoades, G. (2004). *Academic capitalism and the new economy: Markets, state, and higher education*. Johns Hopkins University Press.
- Smith, L. T. (2021). *Decolonizing methodologies: Research and Indigenous peoples* (3rd Edition). Bloomsbury Academic & Professional.
- Spivak, G. (1988). Can the subaltern speak? In *Marxism and the interpretation of culture* (pp. 271–313).
- Springer, D. G., & Gooding, L. F. (2023). Music therapy knowledge, interest, and career recommendations: A survey of music educators. *Music Therapy Perspectives*, miad014. <https://doi.org/10.1093/mtp/miad014>
- Stige, B. (2002). *Culture-centered music therapy*. Barcelona Publishers.  
<http://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?docID=4617349>
- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (Eds.). (2010). *Where music helps: Community music therapy in action and reflection*. Ashgate.
- Stryker, S. (2009). *Transgender history*. Seal Press.  
<https://ebookcentral.proquest.com/lib/sru-ebooks/detail.action?docID=680024>.
- Tanguay, C. L. (2008). Supervising music therapy interns: A survey of AMTA national roster internship directors. *Journal of Music Therapy*, 45(1), 52–74.  
<https://doi.org/10.1093/jmt/45.1.52>
- The American Music Therapy Association. (2021). *2021 workforce analysis*. American Music Therapy Association.

- Thomas, N., & Norris, M. S. (2021). “Who you mean ‘We?’” Confronting professional notions of “belonging” in music therapy. *Journal of Music Therapy*, 58(1), 5–11. <https://doi.org/10.1093/jmt/thaa024>
- Umeda, L. S. (2025a). Disability in music therapy education and clinical training. *Voices: A World Forum for Music Therapy*, 25(1). <https://doi.org/10.15845/voices.v25i1.4257>
- Umeda, L. S. (2025b). Ethical considerations in United States of America music therapy higher education. *Voices: A World Forum for Music Therapy*, 25(1). <https://doi.org/10.15845/voices.v25i1.4183>
- U.S. Census Bureau *QuickFacts: United States*. (2025, August 8). United States Census Bureau. <https://www.census.gov/quickfacts/fact/table/US/PST045224>
- Van Dusen, B., & Nissen, J. (2020). Associations between learning assistants, passing introductory physics, and equity: A quantitative critical race theory investigation. *Physical Review Physics Education Research*, 16(1), 010117. <https://doi.org/10.1103/PhysRevPhysEducRes.16.010117>
- Warren, R. (2023). *Examining Ableism in Music Therapy Education and Clinical Training: Student and Educator Perspectives*. Lesley University.
- Webb, A. A. (2019). “The full has never been told”: An arts-based narrative inquiry into the academic and professional experiences of Black people in American music therapy [Ph.D., Temple University]. In *ProQuest Dissertations and Theses*. <https://www.proquest.com/pqdtlocal1005760/docview/2239976566/abstract/8D29C4106E4B4DDDPQ/1>
- Webb, A. A., & Abrams, B. (2022). Imaging postcolonial music therapy education. In *Colonialism and Music Therapy*. Barcelona Publishers.
- West, R. (2023). Critical pedagogy in the undergraduate music therapy curriculum: A grounded theory study of music therapy educators. *The Arts in Psychotherapy*, 85, 102068. <https://doi.org/10.1016/j.aip.2023.102068>
- Wheeler, B., & Grocke, D. (2001). information sharing: Report from the World Federation of Music Therapy Commission on Education, Training, and Accreditation Education Symposium. *Music Therapy Perspectives*, 19(1), 63–67. <https://doi.org/10.1093/mtp/19.1.63>
- Whitehead-Pleaux, A., Donnenwerth, A. M., Robinson, B., Hardy, S., Oswanski, L. G., Forinash, M., Hearn, M. C., Anderson, N., & Tan, X. (2013). Music therapists’ attitudes and actions regarding the LGBTQ community: A preliminary report. *The Arts in Psychotherapy*. <https://doi.org/10.1016/j.aip.2013.05.006>

Whitehead-Pleaux, A., Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash, M., Hearn, M., Anderson, N., & York, E. (2012). Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy. *Music Therapy Perspectives*. <https://doi.org/10.1093/mtp/30.2.158>

Williams, C. (1992). The glass escalator: Hidden advantages for men in the “female” professions. *Social Problems*, 39(3), 253–267.

Yancy, G., & hooks, b. (2015, December 10). bell hooks: Buddhism, the beats and loving blackness. *The New York Times*.

Zanders, M. (2025). *Philosophy and theory in music therapy: Navigating the labyrinth*. Barcelona Publishers.

## APPENDIX A

### EMAIL INVITATION TO PARTICIPATE IN A STUDY ON INTERLOCKING SYSTEMS OF OPPRESSION IN MUSIC THERAPY EDUCATION

SUBJECT: Invitation to participate in a study on interlocking systems of oppression in music therapy education

Dear [Professor's Name],

I hope this message finds you well. My name is Vern Miller. I am a doctoral student at Temple University. I am reaching out to invite you to participate in a research study that aims to understand how interlocking systems of oppression are understood by music therapy professors. To participate, you must be currently employed as a full-time music therapy educator at the rank of assistant, associate, or full professor (or their equivalent) at a college or university in the US. Your identity and the identity of your school will remain confidential in the final written report. This study aims to recruit participants from varying cultural identities, length of experience in music therapy education, and from differing regions in the US. Your insights and participation would greatly contribute to our understanding of this important topic.

If you are interested in participating or would like more information, please reply to this email or contact me at [tud51744@temple.edu](mailto:tud51744@temple.edu). Due to the sensitive nature of the topics that will be discussed, anyone interested in taking part in this study should make sure to respond using a personal rather than work email address. Thank you for considering this invitation, and I look forward to hearing from you.

Kindest regards,  
Vern Miller

## APPENDIX B

### INTERVIEW QUESTIONS

#### **Recruitment and Auditions**

Describe the ways your music therapy program recruits potential students.

In what ways does this provide advantages or disadvantages different groups of students?

Are there policies developed by your program, department, university, accrediting agencies, or related professional organizations that you possibly consider oppressive to different groups of potential students, their recruitment, and their auditions for the program?

In what ways do interlocking systems of oppression play a role in who enters music therapy programs at your university?

#### **Curriculum**

In what ways do interlocking systems of oppression play a role in the music therapy curriculum at your university?

Are there parts of the curriculum developed by your program, department, university, accrediting agencies, or related professional organizations that you consider oppressive to different groups of students?

Does your university have policies on syllabus content?

What do you believe could be done to improve music therapy curriculum at your university so that it counteracts systems of oppression?

#### **Student Retention**

What policies developed by your program, department, university, accrediting agencies, or related professional organizations do you consider possibly oppressive to different groups of current students that may impact student retention?

In what ways do interlocking systems of oppression play a role in the student retention at your university?

What do you believe could be done to improve student retention at your university so that it counteracts systems of oppression?

#### **Impact**

How do policies related to recruitment, curriculum, and retention benefit the profession?

How do policies related to recruitment, curriculum, and retention limit the profession?

How do policies related to recruitment, curriculum, and retention benefit music therapy clients?

How do policies related to recruitment, curriculum, and retention harm music therapy clients?

#### **Closing Question**

Are there questions that you perhaps wished I had asked or topics which you would wish to discuss related to the topics we discussed today?

## APPENDIX C

### CODING SAMPLE

#### Raw Data Excerpt

Vern Miller (he/him): In what ways to interlocking systems of oppression play a role in who enters music therapy programs at your university.

Participant 2: I think what I see as the biggest system of oppression is like students, access to lessons and instruments and advanced training prior to coming to college. So, in terms of like the, it's not that they don't have inherent talent, but in order to get into the door they have to have a certain skill set, and if they don't have that, even if they have the talent to develop that. I feel like that's probably the biggest barrier is the financial piece. And so, what I see from our students is like the ones who have multiple marginalized identities, for example, have you know their families are paying for healthcare, or they're having to work jobs. So, they don't have the time to develop those music skills in the way that their peers who do have those resources or don't have healthcare issues, or don't have family issues like they don't have that same amount of time to devote to their craft or to their academic work.

Vern Miller (he/him): Um hmm

Participant 2: Also, I would say that students who learn from an oral tradition over Western classical music are still at a disadvantage. Students who don't have the basic theory. Who don't have the ability to read music. Those are the folks that are gonna be marginalized.

## Initial Coding (Open Coding) Examples

Excerpt	Code
“access to lessons and instruments and advanced training”	Cost of training prior to applying
“not that they don’t have inherent talent...they have to have a certain skill set”	Skill based admissions
“the biggest barrier is the financial piece”	Financial barrier
“multiple marginalized identities...families are paying for healthcare...working jobs”	Multiple barriers or forces
“students who learn from an oral tradition...at a disadvantage”	Cultural disadvantage
“students who don’t have the ability to read music”	Music literacy as barrier

These codes were then combined with similar codes. Codes were combined and renamed to better reflect the quotes contained in those codes. This was an iterative process and continued until themes implicitly emerged. Both inductive and deductive coding was used.

The codes above were combined with other codes resulting in the new codes.

Excerpt	Initial Code	New Code
“access to lessons and instruments and advanced training”	Cost of training prior to applying	Capitalist
“not that they don’t have inherent talent...they have to have a certain skill set”	Skill based admissions	Recruitment and Auditions
“the biggest barrier is the financial piece”	Financial barrier	Capitalist
“multiple marginalized identities...families are paying for healthcare...working jobs”	Multiple barriers or forces	Interlocking Systems
“students who learn from an oral tradition...at a disadvantage”	Cultural disadvantage	Upholding Norms
“students who don’t have the ability to read music”	Music literacy as barrier	Ableist

It was during this phase that code began to move into Phase 2 (Closed Coding). I grouped codes into themes.

**Initial themes:**

Barriers and Burdens

Upholding Norms: “students who learn from an oral tradition...at a disadvantage”

Elements of the Academic System:

Recruitment and Auditions: “not that they don’t have inherent talent...they have to have a certain skill set.”

Engaging Anti-Oppressive Practice

Oppressive Systems:

Capitalist: “access to lessons and instruments and advanced training”

Capitalist: “the biggest barrier is the financial piece”

Interlocking Systems: “multiple marginalized identities...families are paying for healthcare...working jobs.”

Ableist: “students who don’t have the ability to read music”

Perspectives of Students’ Strengths, Needs, and Experiences

Professional Organizations

Qualities of Faculty

Tenets of Anti-Oppressive Practice

After grouping codes into the above initial themes, I felt that they did not provide a clear picture of how they address my research questions. I then moved codes into themes that related to my research questions. This helped to provide a framework for structuring my analysis.

**Revised Thematic Grouping**

In the Findings chapter, this data was grouped under the following themes, subthemes, and sub-subthemes:

“access to lessons and instruments and advanced training”

Theme: Gatekeeping and Structural Oppression in Higher Education

Subtheme: Gatekeeping in Music Therapy Education

Sub-subtheme: Financial and Structural Barriers as Gatekeeping

“not that they don’t have inherent talent...they have to have a certain skill set” was not referenced in this study.

“the biggest barrier is the financial piece.”

Theme: Power and Oppression in the Academic System and Student Retention Practices

Subtheme: Financial Burdens and Attrition: The Economic Cost of Exclusion.

“multiple marginalized identities...families are paying for healthcare...working jobs” – was referenced in the conclusion section of the Theme: Interlocking Systems of Oppression in Music Therapy Education.

“students who learn from an oral tradition...at a disadvantage”

Theme: Gatekeeping and Structural Oppression in Higher Education

Subtheme: Gatekeeping in Music Therapy Education

Sub-subtheme: Auditions and Musical Expectations as Gatekeeping.

“students who don’t have the ability to read music” was not directly referenced but a similar quote was presented in The Dominance of Western Classical Music in Music Therapy Curriculum