Experiences of Music Therapists of Color Working with Autistic Individuals of Color

Kazuko Robinson

A Thesis Submitted in Partial
Fulfillment of Requirement
For the Master of Arts Degree

Master of Arts in Music Therapy Program
in the Departments of Graduate Studies
and Music and Theatre
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, Indiana

July 26, 2022

Abstract

Literature discussing the perceptions of racially/ethnically diverse music therapists is limited. This preliminary study aimed to explore the racialized experiences of music therapists of color who had experience working with autistic individuals with racially marginalized identities. For this study, three self-identified music therapists of color were interviewed. Thematic analysis was used to analyze the data retrieved from the interviews. The following four themes emerged: racialized experiences of music therapists of color, lack of education/professional training, perception of intersectionality and anti-oppressive framework, and lack of preparedness of the music therapy profession and recommendations. The findings demonstrated that music therapists of color experience racial/ethnic marginalization in their daily life in the music therapy field. The findings also suggested that the music therapy profession needs more diverse voices. Recommendations for the music therapy field and education, and for ~~the~~ future research, were presented.

Acknowledgement

I would like to thank my thesis committee, Dr. Tracy Richardson, Ph.D., MT-BC, Gray Baldwin, M.A. MT-BC and Dr. MingYuan Low, Ph.D., MT-BC, for your guidance, intellectual generosity, support, and patience.

Heartfelt gratitude to the participants of this study, for your courage and passion for this field. I see you!

To my cohort, thank you for all of your support and the time we spent together.

Special thank you to my husband, Denvil Robinson, for keeping your promise to "always be in my corner."

To my late father, Yasuhiko Ishimura, to whom I owe everything.

TABLE OF CONTENTS

ABSTRACT ii

ACKNOWLEDGMENTS iii

CHAPTER

I. INTRODUCTION 1

Background 1
Race, Culture and Music Therapy 4
Personal Context of the Researcher 6
Definitions 9
Purpose Statement 11
Research Question 11

II. REVIEW OF THE LITERATURE 12

Racialized Experience of People of Color 12
Racialized Trauma 12
Racial Microaggressions 13
Racialized Experience in Therapy 15
Intersectionality 17
Music Therapy 19
Critical Exploration of Medical Model of Music Therapy 20
Anti-oppressive Model 22
Cross-cultural Music Therapy 23
Feminist Theory and Music Therapy 24
Queer Theory and Music Therapy 26
Disability Theory and Music Therapy 27
Intersections Among People of Color 28

III. METHODS 30

Design 30
Participants 31
Procedure 31
Data Collection 31
Data Analysis 32
Ethical Considerations 32

IV. RESULTS 34

Participants 34

Theme One – Racialized Experiences.................................. 34
Identity Formation.. 35
Being the Only Person of Color and Importance of Support... 36
Dealing with Marginalization 38
Theme Two – Lack of Education/Professional Training 40
Theme Three – Perception of Intersectionality and Anti-oppressive Framework 42
Perception of Intersectionality 42
Perception of Anti-oppressive Framework 43
Cultural humility and sensitivity 45
Theme Four – Lack of Preparedness of Music Therapist 46
Preparedness of Music Therapist 46
Recommendation for Music Therapy Education 46

V. DISCUSSION 48

Discussion of Themes 48
Conclusion 53
Limitations 53
Recommendations for Future Research 53
Summary 54

VI. REFERENCES 55

VII. APPENDICES 69

Appendix A: Institutional Review Board Approval Letter 69
Appendix B: Consent to Participate in Research 70
Appendix C: List of Interview Questions 73

Introduction

Background

There has been an emerging interest in multiculturalism and cross-cultural therapy in the music therapy field. However, it appears that the discourse regarding the race of the music therapy clients and that of the music therapists is limited. When I consider my identity, my race is a significant part of who I am, and I imagine the same can be said of many music therapists and their clients of color. To meet the unique needs of diverse clients and promote their well-being, music therapists must responsibly consider the person holistically including their culture and experiences in daily life that include their racialized experiences.

The United States has a long history of racial injustice. Some of this includes trafficking and enslavement of African people, forced relocation and massacre of Native Americans, the Chinese exclusion act, mass removal of Mexican Americans, and Japanese internment camps (Belcourt-Dittloff & Stewart, 2000; Perretti, 2014; Hane, 1990). Although slavery was abolished and various civil rights actions contributed to the improvement of the status of people of color (POC; Gyant, 1996), there persists a perpetuating system of racial inequity. Black and Native American peoples are more severely affected by systemic racism as observed by a wealth gap, fewer employment opportunities, housing discrimination, mass incarceration, police violence, immigration arrests, and health inequity (Belcourt-Dittloff & Stewart, 2000; Perretti, 2014; Hane, 1990). Experiencing these types of extreme racial discriminations can affect the mental and physical health of POC and subject them to racial trauma (Comas-Diaz, Nagayama Hall, & Neville, 2019).

Racial trauma is defined as reactions to threatening events and real or perceived experience of racial discrimination (Comas-Diaz, Nagayama Hall, & Neville, 2019). Healing of racial trauma is challenging for numerous reasons. Racial experiences are imposed in sociopolitical contexts, some of which are historical and intergenerational (e.g., slavery, colonization, genocide, etc.). Racial trauma is not a one-time occurrence but is experienced throughout POC's lives. The exposures to these traumatic experiences in early stages of life impacts the sense of self, and can affect POC not only individually but also as a community of color (Comas-Diaz, Nagayama Hall, & Neville, 2019; Hardy, 2013). Although not every POC experiences extreme racial bigotry or hate crimes in the contemporary society, many experience racial microaggressions, which are more subtle discriminations based on their race/ethnicity in everyday life (Sue et al., 2007). These cumulative racial stressors contribute to the effect of racial trauma (Comas-Diaz, Nagayama Hall, & Neville, 2019).

POC who seek music therapy services may experience multiple oppressions due to their intersectional identities (Lindan, 2019). In addition to racial trauma which can cause harm to physical and mental health, they must navigate compound intersectional issues such as a lack of access to support services, discrimination by service providers, social stigma, gender bias, etc. (Annamma, Ferri, & Connor, 2018; Ervelles & Minear, 2010; Maroto, Pettinicchio, & Patterson, 2019). The compound effects of these intersectional issues exasperate health concerns of the clients of color. Thus, music therapists must be aware of various social contexts, including their own race/ethnicity, that impose oppressions on POC's lives.

While the United States' population continues to racially and ethnically diversify, and the White population has decreased to 60.1% of the population residing in the United States (U.S. census bureau, 2020), the music therapy field does not reflect the same diverse representation.

According to the American Music Therapy Association's (AMTA) 2019 survey, 85.1% of music therapists are White/European/Caucasian. Black/African Americans comprise 13.4% of the U.S. population while only 1.9% of music therapists are Black/African American. Hispanic or Latinx make up 18.5% of the U.S. population but only 3.7% in the music therapy field. Asian/Asian American music therapists comprise 5.8% , reflecting the U.S. population of 5.9%, and Native American/Alaska Native at only 0.3% compared to 1.3% of the U.S. population. Some music therapists identify as "Other race or origin not specified" (0.7%) and some as multiracial (AMTA, 2019; U.S. Census Bureau, 2020). One thing to consider is that there is a possibility that some music therapists in the marginalized groups decided not to contribute to the AMTA survey due to lack of access, representation, and/or support from the AMTA as well as the music therapy field.

This disparity of racial representation as well as representation of other marginalized cultures in AMTA membership partially explains why experiences of music therapists of color (MTOC) and other marginalized music therapists are not well studied.

Existing literature posits that the music therapy field centers around Eurocentric ideology, which has contributed to a marginalization of music therapists of color and clients of color alike (Baines, 2021; Low, Kuek Ser, & Kalsi, 2020; Hadley & Norris, 2016). Consequently, MTOC can experience an array of harmful effects such as discrimination, invalidation, isolation, lack of self-worth, and depression (Leonard, 2020; Norris, 2020; Lin, 2014; Swamy, 2011; Kim, 2008; Webb, 2019). It is imperative for the music therapy field to understand the effects of racialized experiences of people of color to attain emphatic understanding of their concerns, which are socially imposed (Timothy & Garcia, 2020). This paper aimed to explore and understand the experiences of music therapists of color who work, or have worked, with autistic clients of color

with a hope to explore ways to provide more effective and culturally sensitive services to diverse clients.

Race, Culture, and Music Therapy

Music therapists use the therapeutic relationship which forms through interactive musical experiences as a form of therapy (Bruscia, Hesser, & Boxill, 1981). Empathetic understanding of a client's cultural identity is a key component of building a therapeutic relationship. Therapists must be able to understand that their client's reality is influenced by ideals, values, and belief systems of others in their social group and that their experiences are culturally contextualized (Valentino, 2006). Clients of color who seek music therapy services experience multiple layers of burdens and disadvantages. In order to support them, music therapists must apply a critical lens to understanding multiple issues of their marginalization to conceptualize an intersectional framework.

Cultural diversity and multiculturalism have become relevant topics within the music therapy profession. However very few researchers have discussed racial and ethnic issues of clients. Additionally, although race and culture are often used interchangeably, there are distinct differences. Race is attributed to biological factors that encompasses physical traits and is often identified based on the color of skin. Race is often used as social and political construct (Tang & Gardner, 1999) and associated with class (Morales, 2014). Culture is defined as "those values, aspirations, and behaviors that are transmitted by conscious and unconscious processes through teaching, parenting, and modeling" (Tang & Gardner, 1999, p.2). Black people may be more subjected to racial stereotypes (e.g., being aggressive, from lower socio-economic background) while cultural stereotypes (e.g., culturally submissive) are often applied to East Asian people. On the other hand, East Asian people may experience both racial stereotypes (e.g., being a perpetual

foreigner in Eurocentric countries) and cultural stereotypes (e.g., being materialistic). Race and culture play different roles in power relations; however they are intertwined. Furthermore, each source of discrimination (race, gender, sexual orientation, age, religion, disability) affects persons differently (Tang & Gardner, 1999). Swamy (2014) emphasizes the importance of music therapists being cognizant of ethnic and cultural contexts, such as historical injustice, colonization, politics, and the legal system in which the clients live in. For instance, Low, Kuek Ser, and Kalsi (2020) described how the Eurocentric nature of music therapy could reinforce the oppression of the people in Malaysia, once a colonized country, if music therapists did not responsibly consider historical and cultural background (Low, Kuek Ser, & Kalsi, 2020). An intersectional framework assists therapists to identify the stressor of clients who are multiply marginalized.

After the brutal murder of George Floyd and other Black people by the police authorities and civilians in 2020 and subsequent Black Lives Matter movement, there was emerging literature by Black music therapists challenging the current Eurocentered state of the music therapy field and stating that music therapy education was inherently anti-Black (Leonard, 2021; Norris, 2020; Norris, 2021). Some mainstream music therapists showed their solidarity by making their social media profiles muted in black. However, more than a year has passed and White allyship appears to have receded (Menasce & Horowitz, 2021) while Black people, including Black music therapists, continue to fight against systemic oppressions and to recover from the devastation due to the Covid 19 pandemic (Norris, Williams, & Gibson, 2021; Yancy-Bragg, 2021). Music therapists, who are predominantly White, young, heterosexual, cisgender women, non-disabled and neurotypical create a dominant discourse within the field. This differential power as well as conscious and unconscious biases may contribute to disruption of therapeutic alliance with clients

of color, and to an erasure and marginalization of voices of music therapists of color and other music therapists who hold non-dominant position in the field (Webb & Swamy, 2020; Norris, 2020). Lindan (2019) referred to "privileging lived experiences as a legitimate form of knowledge" (Lindan, 2019, p. 27) in her thesis, in which she interviewed Baines, Bruce, and Kenny for their views on how the music therapists can resist oppression in the field. In the interview, Baines emphasized that music therapists must privilege clients' voice as a primary source over the expertized knowledge of therapists. Bruce and Kenny extended this notion to the scholarship to include the diverse voices of music therapists who align with different cultures (i.e., different abilities, neurodiversity status, sexuality, race/ethnicity) in academia (Lindan, 2019). To this end, it is my hope that exploring the experiences of MTOC will open a discourse to heighten the awareness to the disparity and to resist the oppression in the music therapy field.

Personal Context of the Researcher

I was always drawn to the subject of social justice. Over twenty years ago, I saw the news regarding the killing of an unarmed young Guinean immigrant, Amadou Diallo. I learned that this innocent man who came to the United States to seek an opportunity for a better life had recently been admitted to the community college just prior to being fatally shot forty-one times by four New York police officers in front of his apartment building. He was twenty-three years old at the time of the killing. I recall this incident deeply affected me and I felt the sense of mourning for the entire community of color. I was born and raised in Japan, which was mostly a homogeneous country at that time. Last year, as Black Lives Matter protests and marches had spread globally, including Japan, it also drew criticism for Japanese people to look inwardly and to confront the racial/ethnic discrimination in Japan. Due to the caste system in the feudal era, Japanese people in the lowest social level were ostracized and discriminated. Although this

system was abolished over a century ago, they continued to experience a social discrimination and housing discriminations. Despite the liberation and integration movements, there still exists a stigmatization and discrimination especially in marriage and employment. I recall these issues, as well as other discrimination issues, were discussed weekly in human rights/anti-discrimination classes in school. Under Japanese imperialism, indigenous people such as Ainu people in the northern island of Japan and people from Ryukyu Island which is a small south-western island were forced to relocate and to assimilate in Japanese culture. In these manners, ethnic discrimination has been perpetuated in Japan.

Some Japanese, especially those in older generations, also demonstrate xenophobic tendencies, which can lead to an avoidance or discrimination of foreigners residing in Japan. Biracial Japanese people, even those born in Japan who grew up in Japanese culture as Japanese citizens, are often perceived as non-Japanese.

Although discrimination against ethnic Japanese and “foreigners” living in Japan still existed in Japan as I grew up, I had not been subjected to a racism as a member of dominant race. I had some non-Japanese friends and co-workers who had diverse racial or ethnic backgrounds and countries of origins as well as Chinese and South Korean people who were born in Japan. Although my non-Japanese friends occasionally shared their experiences of differential treatment, ranging from positive to negative and including blatant discrimination, I had not been at the receiving end of racial discriminations until I immigrated to the United States. It is my belief that every person deserves equality and justice, and I took this basic human right for granted as a dominant member of homogenic society while I lived in Japan. I am a woman, person of color, Asian immigrant who came to the United States on my own as an adult. Since I immigrated, I have experienced, and still experience, oppressions of racism and sexism in overt

and covert ways, and experience objectification and being stereotyped as an Asian woman. I live in a diverse city in an urban area in which racism, racial profiling, and racial assaults, especially on black and brown bodies, are everyday occurrences and an inescapable reality. The killing of innocent Black, indigenous, and other people of color like Amadou Diallou, which I thought was an isolated event, has been actually ingrained in American history since the colonial era. As I reflect on my own overt and covert racialized experiences, I acknowledge that race is one of my identities and it cannot be separated from me. As the list of *Say Their Names* continued to grow and I continued to mourn for the lost lives, I noticed this vicarious grief became like an open wound that never heals.

Due to the recent pandemic of Covid 19 and misinformation of its origins, violent anti-Asian hate crime rose exponentially (Huan & Liu, 2020; Gover, Harper, & Langton, 2020). Asian and Pacific Islander people in the United States like myself had been experiencing discrimination and concerns for our own safety. While these incidents had garnered the attention of the broader U.S. population, and had brought attention to centuries old racial discriminations against Asian and Pacific Islander people in the United States, they also highlighted other systemic failures of health and judicial systems through skewed media coverage of anti-Asian assaults by Black assailants who were homeless with mental health issues; such coverage often spread rapidly through social media platforms. Black people also were disproportionately affected by the pandemic as health services underserved them.

I acknowledge that as a person of color with lighter skin-tone, I have been less subjected to color bias. I am also a cis-gendered and non-disabled person with college education that provides me a certain mobility in the society. I believe that I have gained more insight regarding systemic racism and institutional/societal discrimination against people of color through my own

experience of marginalization. I came to the field of music therapy later in my life after working in the legal and healthcare industries in a diverse environment in New York over the decades. Thus, I was surprised by the lack of diversity in the field of music therapy and my surprise turned to frustration as I have experienced and witnessed racial microaggressions throughout my music therapy education and training.

In this preliminary study, I chose to interview music therapists of color (i.e., music therapists who are not White) due to my assumption that they might share the experiences of racial marginalization in the music therapy field. I also assumed that music therapists of color may have more insights regarding socio-cultural contexts of therapy and the sociopolitical system of oppression compared to our White peers. My initial aim of the study was to study the therapeutic orientation of music therapists of color who work, or have worked, with autistic people of color to explore the framework of anti-oppressive/intersectional music therapy practice. However, after collecting data, there was a disjunct between the data and the way the study was framed. Therefore, upon consultation with my thesis committee, I revised the topic to center on experiences of music therapists of color

Definitions

Anti-oppressive practice

Anti-oppressive practice is an approach to "recognizing that the power imbalances in our society affect us all. It is a way of addressing the "problems" that our clients present within the context of their socio-political reality and resourcing both ourselves, and persons we serve to address social inequity toward the goal of creating a socially just future" (Baines, 2013, p. 5).

Intersectionality

The framework considers how overlapping and hierarchical social identities such as race, class, and gender contribute to the specific type of systemic oppression and discrimination experienced by an individual. It acknowledges how power is organized, distributed, maintained, and challenged based on these intersecting social categories. (Singh & Bunyak, 2019, p. 797)

Marginalize

To place in a position of minor or marginal importance, significance, relevance, or effect. To isolate or exclude from the dominant culture; perceive or treat as being on the fringe of a society or group (Dictionary.com).

Music Therapy

Music therapy is:

> a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research. (Bruscia, 2014, p. 34)

Person/people of color

A person who is not White.

Microaggression

Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership (Sue, 2010).

Social model of disability

Social model of disability posits that it is society "which disables people with impairments, and therefore any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation" (Barnes, Mercer, & Shakespeare, 2010, p. 163).

Purpose Statement

The purpose of this study was to explore the experiences of music therapists of color working with autistic persons of color. In this study, I sought to explore and highlight those voices of music therapists of color and how they perceive anti-oppressive, intersectional practice of music therapy.

Research Question

The guiding question of this study was: What are the experiences of music therapists of color in working with autistic clients of color. The sub-question was: What are their perceptions regarding anti-oppressive/intersectional practice in music therapy.

Literature Review

Racialized Experience of People of Color

Racial and ethnic identities have been used to impose oppression on others. People of color (POC) experience racial inequality due to bio-cultural differences from White people. Racial discrimination is pervasive and poses a serious harm on POC's life. These harmful experiences include racial trauma, racial microaggressions, and racialized experiences in therapy.

Racial Trauma

Ingrained in one's psyche and perceptions are cultural, individual, and social experiences that are a part of who they are. For many POC in the United States, racial oppression is a part of the fabric of their human experiences, whether it is experienced or learned. However, racial oppression is seldomly seen as a contributor to POC's life stressor (Hardy, 2013).

As these effects of racialized phenomena permeate the fiber of society, racial trauma is experienced as race-based stress by POC in response to dangerous events and actual and perceived experiences of racial discrimination. These experiences include physical and psychological threats and harm, humiliation, and shaming (Comas-Diaz, Nagayama Hall, & Neville, 2019; Helms, Nicolas, & Green, 2012; Carter & Forsyth, 2010; Sue et al., 2007).

Effects of racial trauma include hypervigilance to threat, flashbacks, nightmares, avoidance, distrust, and physical manifestations such as headaches and heart palpitations. Helms, Nicolas, and Green (2012) contend that racial trauma of POC can cause mental health responses similar to post traumatic stress disorder (PTSD). Being exposed to racial oppression over a lifetime, POC continuously internalize devaluation, injured sense of self, and voicelessness. These implications of race-related trauma can also manifest as a rage. Often therapists, including music therapists, attribute these reactions of POC (especially Black and Brown clients) as "acting

out", or manifestations of anger. These racial oppressions must be accurately named as a cause of the POC's wounds; otherwise, the issue may be attributed to behavioral issues or individual problems (Hardy, 2013). Racial trauma can also be vicariously triggered by witnessing other POC of the same identity group experiencing severe racism as well. For instance, Black people witnessing George Floyd's, and other Black people's, murders repetitiously through mass media are perpetually exposed to racial stress. A common type of racial oppression is racial microaggressions.

Racial Microaggression

Racial microaggressions are described as "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (Sue et al., 2007, p.271). They are the results of implicit bias against a structurally marginalized group. Unlike overt racial bigotry, delivery of microaggressions may be more subtle and ambiguous (e.g., snubs and dismissiveness tones). Nonetheless, the effect of microaggressions is detrimental for POC. Microaggressions are difficult to grapple with since slights are often disguised as innocent and nebulous and it is more difficult to identify. These phenomena occur in daily interactions; insults can be made inadvertently or unconsciously. Hence POC who are subjected to microaggressions may feel insulted but are sometimes unsure as to exactly why they feel this way. In addition, perpetrators often do not acknowledge that offense was made (Sue et al., 2010; Friedlaender, 2018; Sue et al., 2007). Microaggressions do not occur only on an interpersonal level but are also experienced environmentally (via mass media, social media, educational curriculums) and through offensive symbols, mascots and monuments.

Sue et al. (2007) explicated three types of microaggressions; they are microassaults, microinsults, and microinvalidations. A *microassault* is an explicit racial derogation such as name calling or avoidant behavior. Microassaults are most likely deliberate and conscious acts that are carried out in rather private settings where perpetrators feel safe to engage in this behavior. Examples of microassaults are addressing POC with racial epithets, deliberately serving White customers before POC, or displaying offensive symbols such as a swastika. *Microinsults* are subtle but rude communications or actions meant to insult POC's racial heritage or identity. For instance, when a White employee asks an employee of color "How did you get this job?", the question itself is not necessary demeaning; however it implies that the POC is not qualified for the position and/or that the POC must have obtained the position through affirmative action or diversity programs. Finally, *microinvalidations* negate or nullify POC's psychological thoughts, feelings, or reality of racial experiences. White people stating racism does not really exist in modern society, or claiming that they are "color blind," are the examples of microinvalidation (Sue et al., 2007).

In the same article, Sue et al. (2007) contended that there are conflicts in racial perceptions between White people and POC, in which White people tend to think that racism is in decline and no longer a significant problem in the society. Critics of microaggression theory asserted that POC are too sensitive or overreacting (Sue et al., 2007) and racial microaggressions are no different from everyday incivilities (Schacht, 2008). According to the recent NPR/ISOS survey (Florido & Penaloza, 2000), the majority of participants believed that there is systemic racism in American society; however differences of racial perceptions between White participants and POC were reported. For instance, 50% of White people believed that racism exists in American society while more than 67% of Asians, 69% Latinx, and 89% of Black

Americans stated that racism still exists. The survey also indicated significant attitudinal differences regarding racial issues and racial injustices between White and Black Americans. For instance, 49% of White Americans agreed that White people had advantages, yet 83% of Black Americans believed White people have advantages. Fifty-one percent of White Americans said the country needs to work on making changes, but 89% of Blacks, 66% of Asians, and 63% of Latinx believed that changes were necessary. The majority of Black, Asian, and Latinx Americans stated they experienced some forms of racial discrimination; 74% of White Americans answered they have no experience of such discrimination. On the question of whether certain behaviors are racist (such as mispronouncing someone's name, insisting people to speak English in public, telling someone of another race they are intelligent or articulate, and doubting the U.S. citizenship without any evidence), POC were more likely to perceive them as racist than White people. The collective denials of racial experiences of POC can perpetuate harm of microaggressions.

Racialized Experiences in Therapy

Helping professionals are not immune to racial oppressions, even in cross-cultural therapy, if they are not aware of the power dynamic in the therapeutic relations. A trusting therapeutic relationship is a key component to working towards common goals in any therapy sessions. This is even truer in cross-cultural therapy. In the aforementioned study, Sue (2007) stated that if therapists neglect to examine ones' own racial bias, microaggressions are prone to occur in therapy sessions. Therapists who deem themselves as ethical, unbiased, and good will not be able to assess properly when they take unintentional microaggression acts towards clients of color. Some therapists take a color-blind approach and resist or invalidate the racial experiences of clients of color. Due to the inherent power dynamics in the therapy, clients of

color are less likely to confront therapists who engage in racial microaggressions. Thus, Sue (2007) asserted that it is as important for therapists to make efforts to identify and monitor racial microaggressions as much as they become aware of the transference and the countertransference issues (Sue, 2007). Therapists' cultural incompetence and racial microaggressions were reported to be a cause of the clients' dissatisfaction towards their therapists and even the premature termination of the therapy sessions among clients of colors (Yeo & Toress-Harding, 2021; Anderson, Bautista, & Hope, 2019).

Counseling and psychotherapy have been based on western ideologies of individualism, self-sufficiency, self-growth, and independence from the family (Corey, 2014; Constantine & Sue, 2017). Most theories assume that favorable outcomes are due to personal responsibility and clients' ability to succeed in the society. When treating POC, they negate the systemic causes (such as a lack of opportunities or discrimination) and misattribute etiology of concerns as personal or internal factors rather than structural racism (Constantine & Sue, 2007). Additionally, an individualistic approach of problem solving may not be appropriate for some clients of color who have different family or community values. When clients of color express their cultural values and therapists interpret it as a resistance, it is possible that they may feel misunderstood, and an impasse can occur (Tan & Gardner, 1999). Music therapists in the United States being overwhelmingly White, heterosexual, cisgender and non-disabled, they can unintentionally pose an oppression to the clients of color if they are not actively engaging in the narrative of marginalized clients, and not applying a critical analysis.

Music therapists adhere to different theoretical foundations, including psychotherapy theories, many of which are Eurocentered (Bains, 2013; Hadley & Norris, 2016). Hadley and Norris (2016) described that Eurocentrism permeates music therapy field as well through

musical, research, and educational practice. Hence, she contended that music therapists need to be aware how their cultural identity interact with clients of color. Low, Kuek Ser, and Kalsi (2020) similarly contend that music therapy, through its Eurocentric lens privileges the aesthetic of Western music. By doing so, music therapists can engage in the act of colonization and invalidate the music expression of people from non-western cultures.

When therapists of color work with White clients, there are some nuances to consider. Clients may project their racial stereotyping on therapists of color, seeing MTOC as inferior. Tang and Gardner (1999) described the event in which a White client walked straight to the wall to inspect a Black therapist's credential in the initial consultation. Kelly and Green (2010) also described that racial and cultural stereotypes are often applied to Black women therapists, which can affect therapeutic relationship. There have been assumptions that when therapists and clients are from the same racial background, the therapeutic bond can be attained more easily, and clients may feel that they are understood (Tan & Gardner, 1999; Kim & Kang, 2018; Townes, Chavez-Korell, & Cunnigham, 2009). This is true for many cases; however some clients may be concerned that the therapist represents many cultural values they may be trying to escape. In addition, therapists may overcommit or overidentify with clients of color due to the therapists' own marginalized experiences (Tan & Gardner, 1999)

Intersectionality

The term intersectionality was coined by Kimberle Crenshaw in 1989, centering Black women's experiences, as a way to explicate how race and gender interact to form compound oppressions (Crenshaw, 1989). She critiqued court findings which failed to properly address complex social issues of Black women by applying a single-axis analysis that treats race and sex as mutually exclusive. Black women were excluded from White feminist theory because of their

race, and from antiracist policy because they were women. Their rights were defended only when their experiences of discrimination coincided with other two groups. Crenshaw further analyzed how Black women were multiply burdened thus it requires different methods to navigate compound oppression (Crenshaw, 1989). Intersectionality as a framework gained much popularity and its approach has been adapted to other disciplines and used in analysis of various contexts. Subsequently there have been bountiful accounts of scholarship published. In the process, definitions became somewhat fluid, diluted, and in some cases, politically neutralized (Grzanka, 2020). Collins (2015) delineates characteristics of intersectionality as:

> (a) Intersectionality as a field of study, e.g., its history, themes, boundaries, debates, and direction; (b) intersectionality as an analytical strategy, e.g., how intersectional frameworks provide new angles of vision on social institutions, practices, social problems, and other social phenomena associated with social inequality; and (*c*) intersectionality as critical praxis, e.g., how social actors use intersectionality for social justice projects. (Collins, 2015, p. 3)

According to these definitions, intersectionality addresses power relations and social inequities. In the present paper, I refer to intersectionality mainly as an analytical tool due to its definition as "the critical insight that race, class, gender, sexual identity, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities" (Collins, 2015, p. 2). The next section will focus on the music therapy practices that incorporate intersectional/anti-oppressive framework.

Music Therapy

In the United States, music therapy was established as a profession in 1950s and continued to grow. Music therapists have been serving in various settings including schools, nursing homes, pediatric and general hospitals, psychiatric facilities, veterans' affair facilities, forensic facilities, recovery facilities, child/adolescent services, community-based services, private practices, and so on (Wheeler, 2015). Music therapists use musical experiences and therapeutic relationship to optimize health of people they work with (Bruscia, 2014).

Music therapists work with diverse clients with various levels and kinds of needs. In past two decades, interest in multicultural music therapy practice has increased; however education and training efforts mainly have focused on a musical competency approach (such as learning ethnic/cultural music) or a manual type of approach (providing general information regarding specific ethnic/cultural group; Moerreno, 1988; Shapiro, 2005; Goelst, 2016). Toppozada (1995) posited that misconception of the multicultural training is to provide formulas which lead to a stereotyping of clients, but rather the purpose of multicultural training is to increase awareness of variety of worldview and value systems among different culture groups. In the national survey Toppozada conducted, the majority of respondents was in support of multicultural training however there were discrepancies in the opinions as to how much should be addressed. Furthermore, the result showed many respondents employed a color-blind approach when working in cross-cultural therapy (Toppozada, 1995). It should be noted that this study was conducted over twenty years ago. Although the comments regarding a color-blind approach seemingly intended to show the respondents' un-biased attitude, Toppozada (1995) stated that this type of approach was simplistic and naïve. More recently, Hadley and Thomas (2018) asserted that "Idealistic concepts sometimes ascribed to humanism—like "color-blindness" or the

decision to "not see race"—have the potential to undermine contextual awareness, and, ultimately, quality of care" (Hadley & Thomas, 2018, p. 10). Interestingly, they referenced a 2013 study regarding the individuals' experiences at the outpatient mental health clinic, where racial and ethnic issues were rated as more important to clients of color than to their White peers.

More recently, some music therapy scholars expanded the meaning of culture to better support diverse clients and meet their unique needs. Culture here is referred to as shared beliefs, mannerism, customs, arts of a particular social group that includes but is not limited to social/economic status, gender/sexual identity, religion, disability, illness, age, and race/ethnicity (Dileo, 2000). By expanding the meaning of a culture, music therapists can bring multicultural focus into practice and seek to understand diverse people music therapists work with by understanding their cultures. Through this cultural lens, what is more important is a music therapist's reflexive self-awareness to understand the therapist's own culture, positionality in a therapeutic relationship, and cultural humility to acknowledge that clients are the experts of their own culture (Hahna, 2017; Whitehead & Kim, 2015; Hadley & Norris, 2016; Hadley & Thomas, 2018). These principles are the fundamental of some music therapy approaches that are culturally centered and socially conscious. Below, I will delineate some of the anti-oppressive framework of music therapy. First, I will introduce the critical discourse regarding current state of music therapy practice identified through literature.

Critical Exploration of the Medical Model of Music Therapy

Multiple scholars within and outside of music therapy field contended that music therapy practice prevalently follows the medical model of practice (Rolvsjord & Stige, 2015; Aigen, 2015; Cameron, 2014; Straus, 2014; Hadley, 2014). These critiques lie upon the perspective of the medical model, which sees disabilities and mental health conditions as pathological deficits

and abnormalities that require medical intervention that focuses on normalization of persons. This tenet contributed to the historical oppression of disabled people (Haegele & Hodge, 2016). AMTA states, " music therapist is the clinical and evidence based musical interventions" (AMTA, 2005). This behavioral approach of music therapy mainly focuses on functional goals of clients to eliminate certain behaviors or replace them with what is perceived as normal behaviors (Kern et al., 2013; Kim, Wigram, & Gold, 2009). In this method, music therapists use music to ameliorate illness or pathological condition, and as a possible pathway to cure or normalize conditions of the clients. Common language utilized to describe music therapy practice such as "intervention", "patient", and "disorder" dictate the therapeutic approach and inform how music therapists perceive health. Consequently, the language influences therapeutic relationships with clients. Furthermore, medicalized language assigns labels to clients and conditions based on their physical, cognitive, or emotional functions.

Aigen (2015) posited that music therapy scholars sought acceptance by medical field in order to establish the legitimacy of clinical works in its infancy. Aigen argued that evidence-based practice placed higher value on quantitative methodology in research. Subsequently it focused on narrowly defined efficacy that was embedded in medical framework and neglected the aesthetic, humanistic values of music therapy and therapeutic relationship. For instance, establishing a therapeutic relationship is not an "intervention" and not quantifiable since the process is highly individualized and variable (Aigen, 2015). The medical model sees disabled people as dependent and recipients of care, and views a health care provider as an expert of conditions. Additionally, the medical model upholds a social ideology of "health" as a normative state. By situating themselves within this theory, music therapists emulate the position of power and expertise to restore the health of clients. However, for some condition such as autism, cure

is not attainable or desired (Strauss, 2014).

Therapeutic relationship inherently disposes positional power. While the medical model places a therapist as an expert in position of power, the social model of disability sees the therapeutic relationship as collaborative and client-centered. Thus it is imperative for music therapist to examine power difference and how it is communicated in music (Hadley, 2013).

Anti-Oppressive Model

The opposite end of medical model is the anti-oppressive approach of music therapy. Baines introduced the framework of anti-oppressive music therapy in 2013 as an approach to an emancipatory practice dissembling oppressions and increasing social justice in the music therapy field (Baines & Edwards, 2018). Since then, anti-oppressive music therapy has made tremendous contributions to the music therapy pedagogies that influence critical music therapy frameworks. Since forms of oppression do not occur in one dimension, anti-oppressive practice apply intersectionality. Comparable with the counseling field, Baines stated that the Ethnocentric tradition of music therapy contributes to oppression in the field which perpetuates systemic oppression if not critically probed (Baines, 2020). It is imperative for music therapists to adapt anti-oppressive practice to minimize the risk of perpetuating oppression of marginalized clients (Mahorney, 2015).

Hadley (2013) posited that our society is shaped by dominant narratives such as Eurocentrism, patriarchy, heterosexualism, and medical science, which influence how music therapists understand ideas of health, therapy, and social and cultural identities. Furthermore, it subjugates those who do not fit in with the idealism. Ideology is defined as “the broadly accepted set of values, beliefs, myths, explanations, and justifications that appear self-evidently true, empirically accurate, personally relevant, and morally desirable to a majority of the populace”

(Brookfield, 2005, as quoted in Hadley, 2013). It appears as widely accepted *common sense* and appears to benefit all; however it is designed to disguise the power which, in actuality, is only advantageous to the few who are in the position of power. These narratives must be carefully analyzed and challenged by applying critical frameworks such as cross-cultural therapy, feminist theory, disability studies, queer theory and critical race theory (Hadley, 2013).

Cross-Cultural Music Therapy

When music therapists work with clients from different cultures, power differences can be heightened. Cross-cultural therapy is that in which a client and a therapist are from different cultural backgrounds. Regardless of a cultural context, music therapists must be aware that clients' worldviews have developed over time with influences of the ideals, beliefs, and values of the cultural context (Valentino, 2006). Since both counselors and clients represent a certain culture, all counseling is in nature of cross-cultural (Lee & Park, 2013). As aforementioned, majority of music therapists in the United States are within the dominant group who hold the privileged position in the society (Hadley, 2013). In addition, therapists generally occupy the position of power. Hence when music therapists work with clients from marginalized, non-dominant social groups, the cultural difference can be significant. This cultural difference between clients and therapists can cause higher risk of misunderstanding or misinterpretation of clients' worldview and affect therapists' ability to use cultural empathy (Valentino, 2006).

In order to enhance cultural sensitivity, Hadley and Norris (2016) posited that music therapists must increase self-awareness regarding their own cultural identities and unconscious assumptions, biases, and awareness regarding the socio-political position of marginalization of our clients (Hadley & Norris, 2016). Hence, when working with clients from different cultural backgrounds, therapists must increase the sensitivity to enhance cultural empathy to meet

clients' unique needs. Furthermore, awareness of a therapist's own cultural identity, cultural biases, and musical biases should be examined since the music and culture relationship is pervasive (Valentino, 2006).

Feminist Theory and Music Therapy

In the realm of anti-oppressive framework, feminist music therapy explores the correlation of gender and power, and challenges socio-political discourse. Feminist theory has multiple approaches to address the nature of gender inequality. Historically, the first wave of the feminism movement began in 1830s focusing on suffrage and equal wages for women (Edwards & Hadley, 2007). The second wave of modern feminism emerged in 1950s – 1960s and focused on women's civil rights and political positions. The third wave movement embraced diversity and ambiguity, and shifted towards post-structuralism and post-colonialism (Edwards & Hadley, 2007). Curtis (2012) describes her feminist music therapy as:

> At its core is an understanding of the socio-political context of the lives of women and men, with a specific focus on dimensions of power and privilege in cultures characterized by institutional sexism, along with the interplay of other such oppressions as racism, classism, heterosexism, ageism, and ableism. It is understood that gender and power analysis are integral to the work of feminist music therapy. (Curtis, 2012, p. 211).

Goals and approaches of feminist music therapy vary greatly; however there appear to be common goals which are: 1) increasing understanding of the sociopolitical underpinnings of the lives and experiences of men and women; 2) empowering women and others oppressed; 3) fostering recovery from the harms of oppression; and 4) bringing about personal and social change (Curtis, 2016; York & Curtis, 2015). Feminist music therapy may particularly benefit abused women, immigrant women, and women with trauma, chronic pain, or mental health

issues (Curtis, 2015). However, Curtis asserts that the practice of feminist music therapy is not limited to women but is appropriate for any individual who is impacted by various intersections such as gender, age, ability, ethnicity, socioeconomic status, sexual identity, and indigenous heritage.

The criticism towards the second wave of the feminist movement was exclusion of women of color, women who were economically disadvantaged, and queer women (Hadley, 2007). Given that the feminist community primarily consisted of White middleclass women, no adequate attention was given to the significance of race, class, age, ability, and sexual orientation (Hadley, 2007). Crenshaw's Intersectionality framework was constructed out of necessity for remediation of race and gender discrimination against Black women. She explained that Black women experience discrimination similarly to, and differently from, White women's experience of sexism and Black men's experience of racism (Crenshaw, 1989). More recently, Kendall (2020) denoted that mainstream feminism privileges the interests of middle to upper class White women in their fight to advance their positions in society prescribed by cisgender White men. In the process, struggles of marginalized women (namely women of color), trans women and trans women of color are grossly neglected (Kendall, 2020). Those struggles include fundamental access to housing, food, work, legal protection, and even access to a public bathroom. To analyze social inequity and organizational power, it can be better understood by considering multiple axes of one's context working and influencing together, as one's life is not shaped by a single axis (Collins & Bilge, 2016). Therefore, feminist music therapy must bring clients' intersecting identities to the forefront in therapeutic experiences. In addition, with the notion that gender is socially constructed, contextual, and not absolute, feminist music therapy should create a space

for clients to express themselves in their own way without imposing any expectation or stereotype due to their gender (Hadley & Thomas, 2018).

Queer Theory and Music Therapy

When applying an anti-oppressive approach to LGBTIQA+ context, heteronormativity is located as a source of oppression. Heteronormativity is a discourse that privileges the binary way of viewing gender and sexuality. Historically, homosexuality was considered as a mental illness; thus LGBTIQA+ people have been subjugated by health and human services and mental health professions (Whitehead-Pleaux, 2012; Bains, Grzanka, & Crowe, 2016). Queer theory challenges this idea of gender and sexuality as fixed binary identities as normative and emphasizes fluidity of identities (Bains, 2020). Furthermore, an anti-oppressive queer practice acknowledges the social and political identities of LGBTIQA+ people and honors their perspectives as they experience marginalization (Hadley & Thomas, 2018).

Due to societal stigmatization and oppressions, LGBTIQA+ people, especially adolescents, are susceptive to mental health issues. In fact LGBTIQA+ youth show high suicide risk (Bains, Grzanka, & Crowe, 2016). Although there has been a growing opportunity and interest in the music therapy filed to work with LGBTIQA+ people, the scholarship, education, and training opportunities regarding this type of work is limited. Whitehead-Pleaux et al. (2013) reported that according to the survey they conducted with music therapists, more than half of the participants indicated that they did not have any training working with LGBTIQA+ people, and those who received the training still did not feel prepared. Some participants responded that they did not use gender-neutral language or music. However, most of the participants stated that they felt comfortable working with LGBTIQA+ people to a degree ranging from very comfortable to somewhat comfortable. The scholars stated that this contradiction was concerning and there was

a need in music therapy field for a further education and training (Whitehead-Pleaux et al., 2013; Whitehead-Pleaux, 2019).

Baines et al.(2016) contend that developing the music therapy framework for LGBTIQA+ people is more complex than mere inclusion. Considering a therapist is located in the position of power in therapeutic setting, a cisgender music therapist from the dominant group must critically examine how the oppressions towards LGBTIQA+ people were imposed by the mental health services (Baines et al., 2016). Some studies posited that LGBTIQA+ people of color with intersecting identities experience greater discrimination and cumulative minority stress hence at a higher risk of poorer mental health (Cyrus, Sutter, & Perrin, 2016).

Disability Theory and Music Therapy

Anti-oppressive perspectives frame disability as an oppression imposed by an ableist culture. In music therapy literature, there is little attention given to intersectionality when discussing disability. Hadley (2013) described how our society is ableist and devalues the potential of disabled people. Rolvsjord (2010e) referred to this dichotomous idea of illness/health as "illness ideology" and addresses power relations in therapeutic settings. Similarly, LaCom and Reed (2014) examined the hierarchical relations of therapist/client, teacher/student, helper/helped and able-bodied/disabled and they encourage music therapists to be cognizant of their embodied privilege and to examine their own relationship to disability. The social model of disability challenges society to shift the perspectives of disability and asserts that disability is imposed on impaired individuals by social barriers and by not providing appropriate structural and attitudinal accommodation (Barnes, 1991). Barnes explained that the industrial revolution in the West caused further exclusion of individuals with impairment from the labor market and led to marginalization (Oliver & Barnes, 2012; Barnes, 1991). Other scholars proposed that the

disability construct is rather fluid when applying the intersectional analysis (Ben-Moshe & Magaña, 2014; Erevelles & Minear, 2010). They agreed that disability is socially constructed, as are the concepts of race, gender, and class. One cannot understand the experience of disabled individuals without other intersectional attributes (Haegele & Hodge, 2016). For instance, disabled women of color are less likely to report domestic abuse and seek formal help than non-disabled women due to the marginalization, exclusion, and vulnerability due to their intersectional status. In the education system students of color, especially Black and Latino students, have been disproportionately represented in special education. Erevelles & Minear (2010) alluded that this is a product of colonial ideology, which views the colonized race as degenerative and needing to be controlled by segregation or destruction. This oppressive system of segregation carried out under Jim Crow laws is now noticeable by overrepresentation of marginalized people in special education. Although students of color are more likely labeled with disability and sent to segregated special education, when they encounter law enforcement, they are not given the benefit of doubt of being disabled and deemed as noncompliant or violent (Gindal et al., 2019; Erevelles &Minear, 2010).

Intersections Among People of Color

According to a study, a significantly higher number of Black, Hispanic, and Asian Americans reported perceived discrimination while receiving healthcare, which contributes to poorer health (Lee, Ayers, & Kronenfeld, 2009). Another study indicated higher suicidality among LGBTQ people of color due to multiple discriminations (Sutter & Perrin, 2016). The COVID-19 pandemic further highlighted these inequities in health care and mental health services as the Black community suffered disproportionately high mortality and Asian people experienced heightened racism and violence (Chae et al., 2021).

This systematic form of marginalization has been also identified in the special education system. Since the desegregation of school systems numerous studies have indicated that Black, Hispanic, and other students of color have been disproportionately overrepresented in special education in the categories of learning disability, mild intellectual disabilities, and emotional disturbance (Continho & Oswald, 2000; Dunn, 1968; Artiles & Trent, 1994). In addition, Black, Hispanic, and Native American students in special education are placed in the most restrictive environments with harsh disciplinary sanctions such as suspension, expulsion, referral to juvenile and criminal justice system, arrest on the school premises and subsequent detention/incarceration. These arrests can be made for nonviolent offenses such as bringing a cough syrup to the school or a camping utensil in a lunch box, which induce detrimental adverse effect especially on young disabled students of color (Annamma, Ferri, & Connor, 2018; Stanford & Muhammad, 2017). As such, students of color with disabilities experience historical, structural, and compounding forms of exclusion and less likely to graduate compared to their White counterparts (Hetherington, 2012).

Summary

POC have many intersectional identities. In addition, MTOC often work with clients of color who experience intersectional identities. Thus music therapists must keep their racial/cultural identities in the forefront of therapeutic process. The present study aims to explore the experiences of MTOC working with autistic people of color.

Methods

The purpose of this study was to explore the experiences of music therapists of color working with autistic persons of color. In this study, I sought to explore and highlight those voices of music therapists of color and how they perceive anti-oppressive, intersectional practice of music therapy. The guiding question of this study was: What are the experiences of music therapists of color in working with autistic clients of color. The sub-question was: What are their perceptions regarding anti-oppressive/intersectional practice in music therapy.

Design

This qualitative study sought to explore the experiences and perspectives of music therapists of color who work, or have worked, with autistic clients of color. Qualitative interviewing generally involves unstructured and open-ended questions to elicit views of participants (Creswell, 2014). The method of this study was thematic analysis. Thematic analysis explores the subjective experience of a person, with objectives to analyze, interpret, and code patterns of emergent themes (Braun & Clarke 2006). Thematic analysis allows researchers to work flexibly without being confined to a specific methodology (Braun & Clark, 2006).

The interviews were transcribed and coded in order to identify themes. These themes were represented with narrative description. In addition to this method's flexibility and ability to help the researcher understand qualitative data, I chose to use thematic analysis because the steps were clearly delineated and easy to follow. This method was also suggested to be suitable for novice researchers, and through its flexibility it can provide a rich and detailed account of data (Hayfield, Clarke, & Braun, 2017; Braun & Clarke, 2007).

Participants

Participants of this preliminary study were self-identified music therapists of color. Other inclusion criteria were: 1) have been practicing as a board-certified music therapist for more than two years, and 2) work, or have experience working, with autistic individuals with racially marginalized identities. Participants were recruited using purposive sampling in order to identify participants who would best fit these criteria. In addition, a recruitment notice was posted on a social media page specific to music therapists. Three candidates who were interested in this preliminary study contacted me via e-mail. The response was sent to each candidate with further explanation of the study and the interview protocol. All candidates agreed to volunteer in this study.

Procedures

Once the candidates confirmed participation in this study, they were sent the informed consent forms and web-link for the virtual meeting via e-mail. All participants were interviewed individually over the zoom platform. I chose to employ a semi-structured interview with open-ended questions (Appendix C) in order to obtain unique perspectives of the participants. Some probing questions were asked when needed to clarify the answers or further details.

Data Collection

The interview lengths ranged from forty to sixty minutes. All interviews were recorded to their entirety. Once all interviews were complete, the audio recording of each interview was transcribed. The transcriptions provided me with the data needed for the thematic analysis process.

Data Analysis

I followed the steps of the thematic analysis outlined by Braun and Clark (2016). First, I read the transcripts multiple times in order to familiarize myself with the data and to generate initial ideas (Phase one – Familiarizing yourself with your data). Then I began identifying and marking notable phrases systematically. They were identified due to one of the following: their repetitive occurrence, the participants explicitly stating that they were important, the topics appeared in relevant literature and articles, or they were unexpected to me. I highlighted each code as a segment of raw data without assigning any value or category at this stage (Phase two– Generating initial codes). Subsequently, they were grouped according to their relevance in order to identity the overarching theme. I placed codes with similar meaning together then re-organized them a few times until they fit under the temporary assigned themes. Then they were also divided into smaller sub-categories (Phase three – Searching for the themes). In the next step, I eliminated overlapping themes and re-organized codes. I then evaluated the relationships of codes and themes to see if they followed coherent patterns and rephrased the themes (Phase four – Reviewing themes). At this point, I began gathering narratives for sub-categories and further refined the themes (Phase five – Defining and naming themes). In the final step, I reported the results in narrative description (Phase six – Providing the report) (Braun & Clarke, 2016).

Ethical Considerations

This preliminary study was begun upon approval of the Institutional Review Board at St. Mary-of-the-Woods College (Appendix A). The participants signed the informed consent prior to the interview and were reminded of the voluntary nature of the interview. In order to maintain

the confidentiality of the participants, identifiable information was omitted from the report. The audio recordings of the interviews were stored electronically on my password protected computer and they will be deleted after two years.

Results

The purpose of this qualitative study was to explore the experiences and practices of music therapists of color who work/have worked with autistic clients of color. The study was guided by the question: What are the experiences of music therapists of color in working with autistic clients of color? The sub-question was: What are their perspectives of anti-oppressive framework of music therapy?

Participants

Three participants were recruited; all were board-certified music therapists with experiences ranging from two to five years of practice. One participant had completed her graduate study in music therapy and other two were currently completing their graduate degrees in the field. All participants self-identified as music therapists of color. Participant 1 was Chinese American who also self-described as a transracial adoptee. Participant 2 was an Indian immigrant. Participant 3 was Lebanese American, who was born in Lebanon and immigrated to the United States when she was a child. All participants stated that they had experiences working with autistic individuals with various comorbidities who were also from racially marginalized background. They also described their music therapy theoretical orientation as humanistic and person-centered. One participant mentioned that she also utilized holistic and eclectic orientations in her practice. All participants were women. They expressed their desire to participate in the interview and stated that the topic of this preliminary study was important.

Theme One – Racialized Experiences

After careful analysis of data, four themes emerged. These themes are: Racialized experience of MT of color, lack of education/professional training, perception of intersectionality and anti-oppressive framework, and lack of preparedness of music therapist.

Participants discussed many examples of racialized experiences (Theme One) in their lives. As I sifted through their interviews, three categories emerged: identity formation, being the only POC, and dealing with marginalization.

Identity Formation

One's identity is formed interpersonally and socially. In regard to POC's identity, their racial and ethnic identities play significant roles in their personal identity development. Furthermore, how their ethnic/racial identity is perceived by other people is significantly linked to how POC ascribe to their respective ethnic/racial community. When there is a disparity in perceptions of racial/ethnic identity experienced by POC in the form of discrimination or microaggressions, they may feel rejected by the dominant society or feel the pressure to conform to a cultural norm for the sake of comfort of a dominant group. In order to forge a strong sense of racial/ethnic identity, POC need to be aware of the societal contracts that pose a threat to their sense of identities.

Discussion regarding identity arose multiple times. All participants mentioned directly or indirectly that their lived experiences as POC somehow had influence on their worldviews as MTOC. Two participants stated that they constantly explore their identities as a music therapist, a person of color, having a certain ethnicity, and how those identities intersect with clients' identities in therapeutic experiences. Personal identity formation was also discussed as an ongoing growth process as a person and a professional. Several quotes are provided below.

> I had extra layers of stuff that I had to work on as far as identity and identity formation and understanding my place in two different communities and not really fitting into

either my whole life… I'm always hyper aware of, what identities I'm bringing into the space and what identities the client is bringing into the space, and how those are overlapping and reflecting one another (Participant 1).

That has shaped some of my views on certain things like… my understanding for the importance of understanding culture, and respecting it, having an understanding of what it's like to be (in) "other" or have an outside perspective… (Participant 3).

When considering ethnic identities, a simple thing such as a person's name bears a significance and is a symbolic representation of how the person perceives self. On some occasions, people make assumptions and judgement by person's name. "Ethnic sounding" names can trigger reactions such as discomfort, resistance, and stereotyping discrimination and can affect the MTOC's self-acceptance negatively.

Considering my name can be very difficult to pronounce… I was going by just (Abbreviated nickname) instead of (Participant's full first name) and that was easier for clients to say, and it was easier to explain had them ask less question and created less awkwardness… (Participant 2).

This type of scenario can also illuminate the dilemma MTOC often have to navigate, that is whether to prioritize clients' comfort or how to manage/address the situations when racial-related interactions arise in therapy or professional settings.

Being the Only Person of Color and Importance of Support System

All participants shared the experiences of feeling not accepted or understood due to their racially/ethnically minority status and their gender. Two participants commented that they were often the only MTOC or MT student of color, which was associated with a sense of isolation or loneliness.

> There aren't too many diverse classmates that I have and, and I'm probably one of the only person of color there (Participant 2).
>
> When the Black Lives Matter movement was at a really high peak and in the social media a lot after George Floyd's murder, that became something that weighed heavy on me and when I was the only music therapists of color on a team of 14 music therapists, that was really difficult. Because I didn't have anyone to talk to about it in my workplace and they were just going about business as usual (Participant 1).

The importance of having a support system was discussed. Two participants stated that finding a MTOC support group, having someone who can relate and understand their experiences were tremendously helpful.

> So that has been a really wonderful turning point for me to have a community and to not be alone anymore and to have people that truly get it… those things still happen to me. Experiencing the racism and the microaggressions, but to have a community to support you makes the world of difference (Participant 1).

Participants' comments indicate that having this type of community creates a safe space for them to discuss their difficult experiences, where they can feel a sense of belonging and validation of their racialized experiences, subsequently affirmation of their racial/ethnic identities.

> We talk a lot about this in our music therapists of color meeting, we talk a lot about this and in that, we realize that we have way more experiences like these… (Participant 2).

Dealing with Marginalization

As indicated through the literature, experiencing racial marginalization is a part of daily life for POC. MTOC are not immune to these racialized experiences. All participants stated that they had various experiences from racial microaggressions, covert racism from their peers to "blatant racism" from their supervisors.

> Everyone just like... so nice and so polite and so passive. But it's really just passive aggressive and racist. That was a lot of what I experienced in my internship, not only from patients that I worked with but from my supervisors too. Unintentionally, of course…. (Participant 1)

Two participants also described experiences of racial discrimination and stereotype from the clients and sometimes it led to losing their clients or terminating their services. Oversimplified stereotypes can trigger various negative emotions.

> One time, a client's grandmother asked me during Christmas time,
> like, oh, you probably don't celebrate Christmas and I kind of felt a bit offended.
> I think more so because even though it isn't culturally what I do, it's something my family and I have always celebrated anyways since we were little. So for her to ask me that was very stereotypical and presumptuous (Participant 2).

Additionally, the current Covid-19 pandemic brought stereotype of East Asian people to a new height and in some cases it led to losing the clients.

> Especially with the COVID pandemic, having families that just didn't want to work with me because of what I looked like (Participant 1).

One participant shared the experience of meeting the client for the first time in person after initiating the contracts via e-mail.

> When I go in their homes then they see my face and wonder what my name is, you know, that can always be a little unsettling for them (Participant 1).

The same participant expressed her frustration for a lack of respect as a professional from her client's family when they continued to cancel or change the appointments and accused her of inflexibility.

> I think maybe it is their perception of my ethnicity and they feel like, oh, this brown person, can and should be expected to come in anytime, and serve my child any time and so I wonder if that's where that comes from, because when you see my color, shows kind of… in that sense of this is a person who provides service, who does the work, because that's how a lot of people of my ethnicity have been seen that way. And it's not just that, but also the color of the skin. I think there's a kind of expectation where this person is coming in to do work, and so they should be expected to come according to me, at any time and not so much as this person has this as a job and they get to choose when to do things and they have other people they're working with…. (Participant 2)

She also described an experience of the family of her clients who were the same ethnicity with her and that they valued White ABA therapist's expertise more.

> They are from the same area, but they really did not trust me for some reason. They did not want me to have a session with their child in my own space. They wanted the ABA therapist there the entire time, and the ABA therapist that I've ever met at their house, they're all White. And, so to see that they trusted this person so much more than me was hard to deal with (Participant 2).

Theme Two – Lack of Education/Professional Training

All participants reported they did not receive any education regarding intersectionality or anti-oppressive framework in their undergraduate curriculum. Two participants stated that they had opportunities to participate in transcultural experiential learning in which they were able to travel abroad and be immersed in the cross-cultural environments. All participants expressed the importance of including these topics in undergraduate music therapy education.

> When I went to college I was thrust into this program where I was often the only person of color in the entire program. But we never talked about identities. We never talked about race. We never talked about the things that clearly have effect on therapy and that we need to be learning, but we didn't and so my senior year I did a cultural immersion trip to (South Asian country) (Participant 1).

This participant further described how impactful this cultural immersion experience was and that she was able to "be more connected with my own sense of identity". She made a presentation regarding importance of cultural humility upon return which was received very positively by her institution. This granted her more opportunities to be involved in facilitating some changes.

> …and they started asking me, clearly this is important to you, clearly, we need to be making some changes, like what should we do. So that was a really big deal, but it was also a lot to put on the shoulders of a 22-year-old who isn't even a music therapist yet. Like you should be teaching me this. I shouldn't be teaching you this (Participant 1).

Another participant shared that despite the lack of any course work in undergraduate curriculum, she worked with extensive range of diverse clients during her internship.

As for a graduate curriculum, provision of courses regarding intersectionality or anti-oppressive framework largely depended on the institution. Two participants stated that their institutions provided course works such as feminist theory, intersectionality, and cross-cultural awareness. Only one participant stated that her institution did not provide any course work regarding intersectionality or anti-oppressive framework. However, this participant added that the topic of intersectionality was once mentioned in the unrelated course.

Most participants agreed that these topics require ongoing training. The participant who shared regarding her ethnic name in the previous section further described how the training program helped her resolving identity issue by applying a critical perspective.

> So we had a workshop last year with (music therapy professor) and she questioned me. No one had really questioned me, at least no White person had questioned me like why do you go by (participant's nickname) and why not your full name… But (music therapy professor) challenged that and she really kept questioning like, "So what?" I mean "so you basically decided that you were going to change your name for the convenience of White people?" and I hadn't thought of it that way. But I was like, yeah, you're right, that is... that's true. That's exactly it. So in that I think during that workshop where I had the realization and then my whole department started calling me by my full name (Participant 2).

She further described how she publicly shared her full name ask people to call her with her real name.

> But yeah, I just wanted people to learn and to understand because (participant's nickname) without (participant's first name) doesn't really have much meaning to it. It's

> more used as a prefix, (participant's first name) as a whole has a meaning, otherwise my name would be pretty meaningless.

Theme Three – Perception of Intersectionality and Anti-oppressive Framework

This theme entailed discussions of how the participants framed the intersectionality and anti-oppressional music therapy approach, if they incorporate this framework into their practices, and their understanding of each framework.

Perception of Intersectionality

When asked if they incorporate intersectional framework, all participants stated they do. However, the perception of intersectional framework varied depending on their familiarity to the concept and the theory. They all emphasized their desire to learn clients' backgrounds and incorporate intersecting identities into music therapy work. One participant mainly discussed a culture-centered approach and how she incorporated clients' cultural music in her sessions. Two participants mentioned language and food as cultural phenomena and stated that they created musical experiences around those subjects.

One participant described her perception of intersectionality as a framework and not a particular way of practice.

> It informs me with what's going on and helps me to be more aware. It doesn't necessarily make me do a certain thing or certain experience within the therapy itself, but it just makes me more conscious of what's going on because it's affecting the relationship (Participant 1).

Discussion of this theme included the awareness of a therapist's identity in relation to clients' identities in therapeutic relationship.

…something that I'm always hyper aware of, is what identities I'm bringing into the space and what identities the client is bringing into the space, and how those are overlapping and reflecting one another (Participant 1).

When asked if they consider clients' racial/ethnic identities in their practice, which intersect with their other identities, all participants said they incorporated them into their practice.

We definitely like talk through things of race, gender, but also (dis)ability (Participant 2).

However many discussions also involved cultural elements such as ethnic music, food and language.

I think it's a mix of understanding the students' cultural backgrounds and their ethnicities and the way in which they are responding to each other and to the music (Participant 3).

Using songs…in their languages was something that really connected us together and not just learning those songs but also learning about them (Participant 2).

These comments indicate some of the participants view intersectionality through all-inclusive, multi-cultural lens and they create musical experiences around clients' ethnic cultures.

Perception of Anti-oppressive Framework

Anti-oppressive practice is centered around social justice framework for it works to locate structural system of oppressions and to promote societal changes that perpetuate the oppressions. The participants described varied approaches such as incorporating social justice in their music therapy work; however few examples of action to facilitate transformation were given. One participant stated that she aimed to amplify clients' perspectives and it is important to be aware of clients' context, "to stay up to date with what's going on in a client's world, especially when you don't share that identity" (Participant 1). Another participant shared the

opportunity of in-house event she planned with her client, in which her client independently gave a presentation regarding his cultural background and perspectives of social and political matters.

> So we did a presentation where it was all about the client and what they want to communicate and how they communicate…. and so he did a whole presentation about his identity and how it has shaped from his politics (Participant 2).

Two participants stated that they incorporated race, gender, and disability aspects of their clients the most.

> Social justice came into play with a racial factor and a disability factor, and when that intersection occurs, clearly as we know, disabled people of color have a different, I think are framed in the disabled community different than White disabled (persons) (Participant 1).

The terms empowerment and equality were mentioned multiple times when the participants described the music therapy experiences such as girls' empowerment group in which they discuss perceived gender roles in society and "have discussion surrounding that through songs"; in addition, they have a children of color empowerment group.

One participant stated that she did not discuss social justice matters in music therapy experiences since her clients were children, however she mentioned that she essentially practices social justice by honoring the clients' culture.

> We honored the celebrations throughout the year with music, and that's kind of like one way in which you're celebrating like justice and recognizing some of these contributions by racially diverse members of society (participant x).

These statements indicate that there are varied perceived understandings regarding social justice frameworks among the participants. These discrepancies can be linked to the participants' educational and training experiences.

Cultural Humility and Sensitivity

Each participant discussed several principles of the intersectional/anti-oppressive frameworks. All participants echoed that cultural humility and cultural sensitivity are most essential to these approaches.

> …. having that cultural humility and wanting to learn from them and not going into it, as I know everything about you and about how to work with you, just being a really humble learner and taking that approach (Participant 1).

Being a humble learner and learning from their clients were emphasized multiple times especially when working with autistic clients. In addition, presuming clients' competence, respecting their expertise, and giving ownership in their cultural matters were mentioned.

> (when working with non-speaking client) the only way he would communicate was showing me his preferences on YouTube. So he was able to show me all these songs (from his ethnic origin) that I would have never heard of (Participant 2).

> Presuming competence. I think it's really important to remember that they are fully capable and living their best lives and it's not really my job to come and fix everything or come and save them from whatever… (Participant 1)

One participant stated that honoring authenticity in music culture is also important as a music therapist.

> Genuine with the students and being respectful and honoring music. And being willing to share some of my talents, when the music is fun, like just down to earth fun… they want to be part of that (Participant 3).

Theme Four – Lack of Preparedness of Music Therapist

Finally, the participants shared their perception of the current state of mainstream music therapy field. In addition, the participants made specific recommendations in music therapy education to incorporate intersectional/anti-oppressive frameworks for the growth of the field.

Preparedness of Music Therapists

When asked if music therapists in general were prepared to support autistic clients from racially marginalized community, all participants agreed there were potential areas to grow. Similar reasons were mentioned as to why they perceived unpreparedness of mainstream music therapists such as lack of education, training, personal experiences, also lack of exposure to diverse clientele.

> I think that music therapists still have quite a bit of room to grow in areas of supporting culturally diverse students (Participant 3).

> Just because you have to do a lot of internal work to fully support an individual from a marginalized or racially marginalized community… (Participant 1).

Recommendation for Music Therapy Education

All participants proposed that music therapy education should include classes regarding intersectionality and anti-oppressive frameworks in undergraduate curriculum. One participant posited that to obtain "more knowledge and understanding of cultural awareness" should be a requirement for a board certification. In addition, another participant discussed the mindset of music therapists in general in contrast to be a humble learner.

I think just being able to be flexible when you have to be flexible, which means going against what you were expecting. A lot of my peers, they seem to expect certain things, and when it doesn't happen, they're very disappointed. We're not really in the position to be disappointed, or to be proud of ourselves or disappointed of ourselves… learning how to be more comfortable in those uncomfortable spaces. Yeah, and I know it's easier said than done, but I think it will be for the better (Participant 3).

Discussion

This preliminary study sought to explore and understand the experiences of music therapists of color who work/have worked with autistic clients of color with a hope to explore ways to provide more effective and culturally sensitive services to diverse clients. Three MTOCs' experiences were studied, and four themes emerged through thematic analysis. These themes include: racialized experiences, lack of education/professional training, perception of intersectionality and anti-oppressive framework, and lack of preparedness of music therapists and recommendation.

Theme One: Racialized Experiences

This study centered the perceived racialized experiences of MTOC. Data corroborated that MTOC experienced challenges due to their racial/ethnic identities in their daily living and a professional setting (Sue et al., 2007), yet they are also resilient and have developed coping strategies (Comas-Diaz, Nagayama Hall, & Neville, 2019). Data indicated that MTOC were keenly aware of their racial/ethnic identities, their differences, and their experiences of otherness due to their racial/ethnic identities.

The participants narratives indicated that all participants had experienced racial and ethnical marginalization in general and in the music therapy field ranging from stereotyping, awkward reactions by the clients' family members when meeting them for the first time to being fired due to the participant's race. Two participants expressed that their skills and expertise were not validated due to their race/ethnicity (Tang & Gardner, 1999).

These experiences of racial marginalization are reported to be a common occurrence among POC in their daily life (Sue et al., 2007), in higher learning (Young, Anderson, & Stewart, 2015; Sue et al., 2019; Sue et al., 2011; Sue, 2013; Upshaw, Lewis, & Nelson, 2020), in

counseling and psychotherapy (Constantine, Smith, Redington, & Owens, 2008; Tang & Gardner,1999), gendered racism (Kim, 2020; Essed, 2001) and in the music therapy field (Leonard, 2021; Norris, 2020). As described in the literature review section, microaggressions that appear innocuous or unintentional put POC in peculiar positions. They must navigate milieu of emotional and psychological processes such as pondering if microaggressions actually occurred, if there were any racial intent involved in assaults, etc. To determine whether to react or not to the assaults, and how they should react is another dilemma and emotional turmoil POC have to face. To analyze if microaggression occurred or if they should react or not, POC must rely on

their past experiences of countless similar incidents. Whether POC choose to react or not, there are tremendous emotional toll and accumulative negative effect. As a part of helping professions, who are trained to prioritize clients' needs and worldview, experiencing microaggressions from the clients put them in very nuanced position.

Harmful consequents of accumulative marginalization and its effect on POC's racial/ethnical identities are documented in the literatures (Iwamoto & Liu, 2010; Forsyth & Carter, 2012). Their experiences highlight how racial/ethnic identities as a cross-racial adoptee, as an immigrant with diverse ethno-cultural background and often being the only one in the dominant social group affect their sense of self (Sellers, Copeland-Linder, Martin, & Lewis, 2006). All participants shared that it is imperative for POC to invest in some time and process to navigate their racial, ethnic, and gender identities. There was a comment postulated that these personal experiences of marginalization contributed to feel more affinity to the clients who are multiply marginalized. Coincidentally, two participants emphasized the importance of being

aware of socio-cultural context of their clients when the music therapists do not share the same identities and their own privileges.

Two participants emphasized how they found the strength in a social support group with whom share experiences of racial/ethnical marginalization in a similar manner the international students found support through mutual understanding of their culture and translated MT practice in their cultural context (Lin, 2014). Furthermore, one participant shared that a sense of belonging and solidarity in the support group inspired them to move into the action, subsequently they collectively presented regarding MTOC peer supervision group. Being the only MTOC in their surroundings, whether it is in education or in professional settings, can affect their sense of self. Experiencing otherness and racial microaggressions exacerbate the sense of isolation and negative effects on MTOC's emotional and psychological well-being (Helms, Nicolas, & Green, 2012; Comas-Diaz, Nagayama Hall, & Neville, 2019). Consequently, this oppression may stifle MTOC's voices and effort to further their participations in the endeavor to promote the anti-oppressive environment in the music therapy field.

Theme Two – Lack of Education/Professional training

This theme revealed a lack of education regarding intersectionality/anti-oppressive practice in music therapy undergraduate program, and inconsistency in providing curriculum in graduate level of study. All participants contended that these subjects are extremely important, and two participants stated that they are actively seeking educational and professional training opportunities regarding these topics. One participant stated that regardless of her not receiving any education, she was thrusted into the extremely diverse setting for her internship training. Unpreparedness for the training in the racially/ethnically diverse setting leads to a compromise to

a quality care for the clients of color and it can indicate the ethnocentric nature of music therapy field.

Incorporating intersectionality and anti-oppressive framework in the music therapy education was unanimously supported by the participants. To advance this idea, it is only a natural course of action to diversify the faculty and the leadership in institutions/organizations.

Theme Three – Perception of Intersectionality and Anti-oppressive Framework

All participants stated that they consider their clients' racial/ethnical, gender, social and ability/disability identities and incorporate them into their music therapy practices. The importance of music therapists understanding clients' social, cultural and political contexts was established in the literature (Rolvsjord & Stige, 2013), as well as music therapists' reflexive awareness of their own privilege and power dynamics situated in the therapeutic settings (Hadley, 2013; Hadley & Norris, 2016).

The participants also expressed a strong desire to understand their clients' cultural background and incorporate their music culture along with other ethnical culture such as food.

In respect to the participants perception of social justice framework, their response indicated various level of understanding of the tenet. One participant described how she facilitated presentation in collaboration with her client. In this event, a client himself presented his disability and his identity in socio-political context, the approach similar to a Community Music Therapy (Vaillancourt, 2012). Facilitating a variety of empowerment group through music and songs were described. However, little social works to transform the society (Baines, 2013, 2021) was mentioned. A lack of understanding of social justice framework indicated in some participants' responses reinforce the need of further education in music therapy curriculum.

As for an important principle, all participants mentioned a cultural humility as the most important aspect followed by presuming clients' competency. Previous literature supported that cultural humility, regarding them as experts and respecting clients' ownership in regard to their culture, regardless of what the culture represents, are the essential aspect of anti-oppressive framework (Hana, 2017; Whitehead & Kim, 2015; Hadley & Norris, 2016; Hadley & Thomas, 2018).

Theme Four – Lack of Preparedness of Music Therapists

In terms of preparedness of mainstream music therapists, all participants shared the sentiment that they were not adequately prepared to work with autistic clients of color who are multiply marginalized. Some recommendation that the subjects made included increasing music therapists' self-awareness through reflexive identity work (Hadley & Norris, 2016). Increased course work regarding intersectionality/anti-oppressive framework in music therapy education in undergraduate level was also recommended. One participant suggested a certain level of cultural awareness should be a pre-requisite for a board certification.

Through the themes Three and Four, the concepts of cultural humility, being a humble learner permeated through the participants narratives. The participants posited that to attain this cultural humility, self-awareness of the music therapists is required. Currently, multicultural competency is often discussed as an approach to support diverse clients. However, the competency puts focus on the music therapists' knowledge and skillsets. Instead, cultural humility encompasses the music therapists' attitude, openness and genuine desire to know the clients holistically (Whitehead & Kim, 2015; Gonzalvez Schimpf & Horowitz, 2020). The music therapists need to embody this cultural humility in supporting the diverse clients and engaging with peers collectively in order to transform the field to the anti-oppressional space.

Conclusions

The primary focus of this study was to explore experiences of MTs of color and their perception of intersectionality and anti-oppressive framework. Narrative of participating MTOCs evidenced that they had shared racially marginalized experiences in music therapy field as well as in their educational settings. The results indicated that the participants struggled with the experiences of racial discrimination, microaggression, and having to navigate their intersecting identities in their relationship with the clients, the colleagues, and the supervisors. The results also showed that MTOCs considered their personal experiences provided them with better comprehension of intersectionality and anti-oppressive frameworks. However, their perceptions regarding intersectionality and anti-oppressive frameworks showed variations depending on their level of education and training on these subjects.

Limitations

This preliminary study was limited by several factors. First, the sample size was extremely small. Second, the amount of time for the study was limited due to semester length. Third, due to participants' strong interest in this topic the data may contain similar responses. In addition, as a novice researcher and interviewer, the follow up questions during the interviews could have been navigated better to provide the participants the opportunities to respond with more clear and focused idea of what was being asked.

Recommendations for future research

This preliminary study sought to explore the MTOS's experiences in the music therapy field and with working with the autistic clients of color. Although it is emerging, considering that the number of studies regarding the experiences of MTOC is still limited, it is recommended that this topic be further examined with larger samples and more diverse participants. In addition,

studies of how the mainstream White music therapists perceive and understand the racialized experiences of MTOC within the music therapy field may benefit to ascertain a contrast or similarity of their perception, in order to bridge the gap and to promote the anti-oppressive environment in the music therapy field.

Summary

The purpose of this preliminary study was to explore the racialized experiences of MTOC. Via virtual interviews with three MTOC, it was learned that these MTOC had a plethora of racialized experiences that affected them in emotional and psychological ways. These experiences have implications on how MTOC provide a therapeutic space and the process of healing for autistic clients of color.

Additionally, the field of music therapy can benefit and learn from the voices of MTOC. Platforms to amplify their voices including more MTOC authorship in journal articles and textbooks is much needed. Diversifying the publications is important, moreover providing an independent platform to marginalized voices is essential. Additionally, the participants' narrative indicated that the mentorship and the support provided by MTOC is beneficial as well as collective learning regarding the cross-cultural supervision and mentorship.

As one participant stated, "(music therapy professionals) have a long way to go". The music therapy profession needs to make a genuine effort towards a change to dismantle anti-oppressive practices and create a safe healing space, not only for the clients of color we serve but also for the MTOC for moving forward.

References

Aigen, K. (2015). A critique of evidence-based practice in music therapy. *Music Therapy Perspectives*, *33*(1), 12-24.

American Music Therapy Association. (2019). Member survey and workforce analysis 2019: A descriptive statistical profile of the AMTA membership. Retrieved from https://www.musictherapy.org/assets/1/7/2019WorkforceAnalysis.pdf

American Music Therapy Association. (2005). AMTA official definition of music therapy. Retrieved from https://www.musictherapy.org/about/musictherapy/

Anderson, K. N., Bautista, C. L., & Hope, D. A. (2019). Therapeutic alliance, cultural competence and minority status in premature termination of psychotherapy. *American Journal of Orthopsychiatry*, *89*(1), 104 – 114, https://doi.org/10.1037/ort0000342

Annamma, S. A., Ferri, B. A., & Connor, D. J. (2018). Disability critical race theory: Exploring the intersectional lineage, emergence, and potential futures of DisCrit in education. *Review of Research in Education*, *42*(1), 46 – 71 https://doi.org/10.3102/0091732X18759041

Artiles, A. J., & Trent, S.C. (1994). Overrepresentation of minority students in special education: A continuing debate. *The Journal of Special Education, 27*(4), 410-437. https//doi.org/10.1177/002246699402700404

Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy, 40,* 1 -5

Baines, S. (2021). Anti-oppressive music therapy: Updates and future considerations. *The Arts in Psychotherapy*, *75*, Article 101828.

Bains, C. L., 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

Baines, S., & Edwards, J. (2018). A constructivist grounded theory research project studying music therapy as an anti-oppressive practice in long-term and psychiatric residential care. *The Arts in Psychotherapy*, *60*, 1-8.

Barnes, C. (1991). *Disabled people in Britain and discrimination: A case for anti-discrimination legislation*. Hurst Co.

Barnes, C. (2012). The social model of disability: Valuable or Irrelevant? Retrieved from http://citeseerx.ist.psu.edu/viewdoc/ download?doi=10.1.1.459.1606&rep=rep1&type=pdf

Barnes, C., Mercer, G., & Shakespeare, T. (2010). The social model of disability. In A. Giddens & P. Sutton (Eds.), *Sociology: Introductory readings* (3rd ed., 161-166). Polity Press.

Ben-Moshe, L., & Magaña, S. (2014). An introduction to race, gender, and disability: Intersectionality, disability studies, and families of color. *Women, Gender, and Families of Color, 2*, 105–114.

Belcourt-Dittloff, A., & Stewart, J. (2000). Historical racism: Implications for Native Americans. *American Psychologist, 55*(10), 1166–1167. https://doi.org/10.1037/0003-066X.55.10.1166

Belkhir, J. A. (1998). Intelligence and race, gender, class: the fallacy of genetic determinism: rethinking intelligence from the position of the oppressed. *Race, Gender & Class, 5*(3), 136-176.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.

Bruscia, K. E. (2014). *Defining music therapy (3rd ed.)*. Barcelona.

Bruscia, K. E., Hesser, B., & Boxill, E. H. (1981). Essential competencies for the practice of music therapy. *Music therapy*, *1*(1), 43-49.

Cameron, C.A. (2014). Does disability studies have anything to say to music therapy? And would music therapy listen if it did? *Voices: A World Forum for Music Therapy: Special Issue on Music Therapy and Disability Studies, 14*(3). https://voices.no/index.php/voices/article/view/2222

Carter, R. T., & Forsyth, J. M. (2010). Reactions to racial discrimination: Emotional stress and help-seeking behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy, 2,* 183 – 191.

Chae, D. H., Yip, T., Martz, C. D., Chung, K., Richeson, J. A., Hajat, A., ... & LaVeist, T. A. (2021). Vicarious racism and vigilance during the COVID-19 pandemic: Mental health implications among Asian and Black Americans. *Public Health Reports*, *136*(4), 508-517.

Collins, P. H. (2016). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, *41*, 1-20.

Collins, P. H., & Bilge, S. (2020). *Intersectionality*. John Wiley & Sons.

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, *74*(1), 1-5.

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, *54*(2), 142-153

Corey, G. (2014). *Theory and practice of group counseling* (9th ed.). CENGAGE Learning Custom Publishing.

Coutinho, M. J., & Oswald, D. P. (2000). Disproportionate representation in special education: A synthesis and recommendations. *Journal of child and family studies*, *9*(2), 135-156.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum. 140,* 139-167

Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43(6)*, 1241-1299.

Curtis, S. L. (2012). Music therapy and social justice: A personal journey. *The Arts in Psychotherapy*, *39*(3), 209-213.

Curtis, S. L. (2015). Feminist music therapists in North America: Their lives and their practices. *Voices: A World Forum for Music Therapy, 15*(2).

Curtis, S. L. (2016). Music therapy for women who have experienced domestic violence. In Edward. J (Ed.). *The Oxford Handbook of Music Therapy* (pp. 289-298). Oxford University Press.

Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health*, *21*(3), 194-202.

Dunn, L. (1968). Special education for the mildly retarded— Is much of it justifiable? *Exceptional Children, 35(1), 5-22.*

Dileo, C. (2000). *Ethical thinking in music therapy*. Jeffrey Books.

Edwards, J., & Hadley, S. (2007). Expanding music therapy practice: Incorporating the feminist frame. *The Arts in Psychotherapy*, *34*(3), 199-207.

Erevelles, N., & Minear, A. (2010). Unspeakable offenses: Untangling race and disability in discourses of intersectionality. *Journal of Literary & Cultural Disability Studies*, *4*(2), 127-146.

Florido, A, & Penaloza, M (2020). As nation reckon with race, poll finds White Americans least engaged.
Retrieved from https://www.npr.org/2020/08/27/906329303/as-nation-reckons-with-race-poll-finds-white-americans-least-engaged

Friedlaender, C. (2018). On microaggressions: Cumulative harm and individual responsibility. *Hypatia*, *33*(1), 5-21.

Forsyth, J., & Carter, R. T. (2012). The relationship between racial identity status attitudes, racism-related coping, and mental health among Black Americans. *Cultural Diversity and Ethnic Minority Psychology*, *18*(2), 128-140.

Goelst, I. (2016). *Multicultural music therapy: A manual on cultural sensitivity in music therapy practice* (Master's thesis). Retrieved from ProQuest Dissertations & Theses Global Database. (1795577720).

Gonzalves Schimpf, M., & Horowitz, S. (2020). Cultural humility in clinical music therapy supervision. In M. Belgrave & S. Kim (Eds.), *Music therapy in a multicultural context: A*

handbook for music therapy students and professionals, (pp. 157-183). Jessica Kingsley Publishers.

Grindal, T., Schifter, L. A., Schwartz, G., & Hehir, T. (2019). Racial differences in special education identification and placement: Evidence across three states. *Harvard Educational Review*, *89*(4), 525-553.

Grover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian Hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American Journal of Criminal Justice*, *45*(4), 647–667. https://doi.org/10.1007/s12103-020-09545-1

Grzanka, P. R. (2020). From buzzword to critical psychology: An invitation to take intersectionality seriously. *Women & Therapy*, *43*(3-4), 244-261.

Gyant, L. (1996). Passing the torch: African American women in the civil rights movement. *Journal of Black Studies*, *26*(5), 629-647.

Hadley, S (2013). Dominant narratives: Complicity and the need for vigilance in the creative arts therapies. *The Arts in Psychotherapy, 40*(4), 373-381

Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, *34*(2), 129-137.

Hadley, S. (2013). *Experiencing Race as a Music Therapist: Personal Narratives*. Barcelona Publishers.

Hadley, S & Thomas, N (2018). Critical humanism in music therapy: Imagining the possibilities. *Music Therapy Perspectives 36*(2), 168–174. https://doi.org/10.1093/mtp/miy015

Haegele, J. A., & Hodge, S. (2016). Disability discourse: Overview and critiques of the medical and social models. *Quest*, *68*(2), 193-206.

Hahna, N. (2013). Towards an emancipatory practice: Incorporating feminist pedagogy in the creative arts therapies. *The Arts in Psychotherapy, 40*(3), 436–440. https://doi. org/10.1016/j.aip.2013.05.002.

Hane, M. (1990). Wartime internment. *The Journal of American History*, *77*(2), 569–575. https://doi.org/10.2307/2079186

Hardy, K. V. (2013). Healing the hidden wounds of racial trauma. *Reclaiming Children and Youth*, *22*(1), 24.

Helms, J. E., Nicolas, G., & Green, C. E. (2012). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology*, *18*(1), 65-74.

Hetherington, S. A. (2012). *"They think we don't have the knowledge": The Intersection of Autism and Race*. (Publication No. 3508412) [Doctoral dissertation, University of Rochester]. ProQuest Dissertations & Theses Global.

Hoskyns, S. (2016). Thematic Analysis. In B. L. Wheeler & K.M. Murphy (Eds) *Music therapy Research* (3rd ed., pp. 894-905). Barcelona Publisher.

Huang, J., & Liu, R. (2020). Xenophobia in America in the age of Coronavirus and beyond. *Journal of Vascular and Interventional Radiology*, *31*(7), 1187-1188.

Iwamoto, D. K., & Liu, W. M. (2010). The impact of racial identity, ethnic identity, Asian values and race-related stress on Asian Americans and Asian international college students' psychological well-being. *Journal of Counseling Psychology*, *57*(1), 79–91. https://doi.org/10.1037/a0017393

Kelly, J., & Green, B. (2010). Diversity within African American, female therapists: Variability in clients' expectations and assumptions about the therapist. *Psychotherapy: Theory, Research Practice, Training, 47*, 186-197

Kendall, M. (2021). *Hood feminism: Notes from the women that a movement forgot*. Penguin.

Kern, P., Rivera, N. R., Chandler, A., & Humpal, M. (2013). Music therapy services for individuals with autism spectrum disorder: A survey of clinical practices and training needs. *Journal of Music Therapy*, *50*(4), 274–303. https://doi.org/10.1093/jmt/50.4.274

Kim, M. (2020). Intersectionality and gendered racism in the United States: A new theoretical framework. *The Review of Radical Political Economics 52*(4), 616-625. https://doi.org/10.1177/0486613420926299

Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. *Qualitative Inquiries in Music Therapy, 4*, 1 – 44.

Kim, S., Whitehead-Pleaux, A. (2015). Music therapy and cultural diversity. In B.L. Wheeler (Ed.), *Music therapy handbook*, (pp. 51-63). Guilford Press.

Kim, J, Wigram, T, & Gold, C. (2009). Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. *Autism 13*(4), 389–409.

Kim, E., & Kang, M. (2018). The effects of client–counselor racial matching on therapeutic outcome. *Asia Pacific Education Review*, *19*(1), 103-110.

LaCom, C., & Reed, R.(2014). Destabilizing bodies, destabilizing disciplines: Practicing liminality in music therapy. *Voices: A World Forum for Music Therapy 14*(3).

Lee, C., Ayers, S. L., & Kronenfeld, J. J. (2009). The association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. *Ethnicity & Disease*, *19*(3), 330–337.

Lee, C. & Park, D. (2013). A conceptual framework for counseling across cultures. In Lee (Ed.), *Multicultural Issues in Counseling: New Approaches to Diversity* (pp. 3–12). American Counselling Association.

Leonard, H. (2021). A problematic conflation of justice and equality: The case for equity in music therapy, *Music Therapy Perspectives, 38*(2), 102- 111.

Lin, Y. Y. (2014). Understanding the benefits of an Asian music therapy student peer group. *Australian Journal of Music Therapy*, *25*, 28–44. https://search.informit.org/doi/10.3316/informit.472573547466199

Lindan, V. (2019). Beyond a socially just profession: Perspectives of music therapists in Canada*. Canadian Journal of Music Therapy, 25*, 22-49.

Low, M. Y., Kuek Ser, S. T. K., & Kalsi, G. K. (2020). Rojak: An ethnographic exploration of pluralism and music therapy in post-British-colonial Malaysia. *Music Therapy Perspectives, 38*(2). 119-125 https://doi-org.proxy.ulib.uits.iu.edu/10.1093/mtp/miaa014.

Mahoney, E. R. (2015). Multicultural music therapy: An exploration. *Voices: A World Forum for Music Therapy,15*(2). https://voices.no/index.php/voices/copyright

Maroto, M., Pettinicchio, D., & Patterson, A. C. (2019). Hierarchies of categorical disadvantage: Economic insecurity at the intersection of disability, gender, and race. *Gender & Society*, *33*(1), 64-93.

Menasce Horowitz, J (2021). Support for Black Lives Matter declined after George Floyd protests, but has remained unchanged since. *Pew Research Center*. Retrieved from https://pewrsr.ch/3EWeZUd

Morales, E. (2014). Intersectional impact: Black students and race, gender and class microaggressions in higher education. *Race, Gender & Class, 21*(3/4), 48 - 66

Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of music therapy*, *25*(1), 17-27.

Norris, M (2020). A call for radical imagining: Exploring anti-blackness in the music therapy profession. *A World Forum for Music Therapy, 20* (3) https://doi.org/10.15845/voices.v20i3.3167

Norris, M., Williams, B., & Gipson, L. (2021, April). Black Aesthetics. *Voices: A World Forum for Music Therapy, 21*(1). https://voices.no/index.php/voices/article/view/3287/3187

Oliver, M., & Barnes, C. (2012). Back to the future: The world report on disability. *Disability & Society*, *27*(4), 575-579.

Oswanski, L, & Donnenwerth, A. (2019). Allies for social justice. In A. Whitehead-Pleaux and X. Tan (Eds.). *Cultural intersections in music therapy: Music, health and person* (pp. 257-270). Barcelona Publisher

Owen, J., Tao, K. W., Intel, Z. E., Wampold, B. E., & Rodolfa, E. (2009). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research & Practice 45* (4), 283–290.

https://doi-org.ezproxy.smwc.edu/10.1037/a0037420

Pellitteri, J. (2000). Music therapy in the special education setting. *Journal of Educational and Psychological Consultation 11*(3 & 4), 379–391

Peretti, B. W. (2008). *Lift every voice: The history of African American music.* Rowman & Littlefield.

Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy 24*(1), 44-66, doi: 10.1080/08098131.2013.861502

Saunders, P. (2018). Neurodivergent rhetorics: Examining competing discourses of

autism advocacy in the public sphere. *Journal of Literary & Cultural Disability Studies, 12*(1), 1-17. doi:10.3828/jlcds.2018.1Schacht, T. (2008). A broader view of racial microaggression in psychotherapy. *American Psychologist, 63,* 273.

Sellers, R. M., Copeland-Linder, N., Martin, P. P., Lewis, R. L. (2006). Racial identity matters: The relationship between racial discrimination and psychological functioning in African American adolescents. *Journal of Research on Adolescence, 16*(2), 187–216.

Shapiro, N. (2005). Sounds in the world: Multicultural influences in music therapy in clinical practice and training. *Music Therapy Perspectives*, *23*(1), 29-35.

Sellers, R. M., Copeland-Linder, N., Martin, P. P., & Lewis, R. L. H. (2006). Racial identity matters: The relationship between racial discrimination and psychological functioning in African. *Journal of Research on Adolescence*, *16*(2), 187-216.

Singh, J. S., & Bunyak, G. (2019). Autism disparities: A systematic review and meta-ethnography of qualitative research. *Qualitative Health Research*, *29*(6), 796-808.

Stanford, S., & Muhammad, B. (2017). The confluence of language and learning disorders and the school-to-prison pipeline among minority students of color: A critical race theory. *American University Journal of Gender, Social Policy & the Law.*, *26(2*) 691-718

Straus, J. (2014). Music therapy and autism: A view from disability studies. *Voices: A World Forum for Music Therapy 14*(3). https://voices.no/index.php/voices/article/view/785/656

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation.* John Wiley & Sons.

Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist*, *68*(8),

663-672.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271-286.

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist*, *74*(1), 128 – 142

Swamy, S. (2011). "No, she doesn't seem to know anything about cultural differences!":Culturally centered music therapy supervision. *Music Therapy Perspectives, 29*(2), 133 - 137

Sutter, M & Perrin, P (2016). Discrimination, Mental health, and suicidal ideation among LGBTQ People of Color. *Journal :of Counseling Psychology 63* (1), 98 –105

Tang, N. M., & Gardner, J. (1999). Race, culture, and psychotherapy: Transference to minority therapists. *The Psychoanalytic Quarterly*, *68*(1), 1-20.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The SAGE Handbook of Qualitative Research in Psychology*, *2*, 17-37.

Timothy, R., & Garcia, T. (2020). Anti-oppression psychotherapy: An emancipatory integration of intersectionality into psychotherapy. *Psychotherapy and Counselling Journal of Australia, 8*(2).

Retrieved from https://pacja.org.au/2020/12/anti-oppression-psychotherapy-an-emancipatory-integration-of-intersectionality-into-psychotherapy-2/

Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a

Black counselor. *Journal of Counseling Psychology*, *56*(2), 330-336.

Toppozada, M. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy XXXII(2)*, 65-90.

Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a Black counselor. *Journal of Counseling Psychology*, *56*(2), 330.

Upshaw, N.C., Lewis, D.E., Jr., & Nelson, A.L. (2020). Cultural humility in action: Reflective and process-oriented supervision with Black trainees. *Training and Education in Professional Psychology 14*(4), 277-284. https://doi.org/10.1037/tep0000284

U.S. Census Bureau (n.d.), Quick Facts United States.

Retrieved from https://www.census.gov/quickfacts/fact/table/US/PST045221.

Valentino, R. E. (2006). Attitudes towards cross-cultural empathy in music therapy. *Music Therapy Perspectives*, *24*(2), 108–114

Vaillancourt, G. (2012). Music therapy: A community approach to social justice. *The Arts in Psychotherapy*, *39*(3), 173-178.

Webb, A., & Swamy, S. (2020). Introduction to the focus on social justice. *Music Therapy Perspectives 38*(2), 100–101. https://doi.org/10.1093/mtp/miaa013

Wheeler, B. L. (1981). The relationship between music therapy and theories of psychotherapy. *Music Therapy*, *1*, 9–16

Wheeler, B. L. (Ed.). (2015). *Music therapy handbook*. Guilford Publications.

Whitehead-Pleaux, A. (2019). Queering music therapy. *Arts Therapies and Gender Issues: International Perspectives on Research*, 22 – 36/

Whitehead-Pleaux, A., & Tan, X., Eds. (2017). *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.

Yancy-Bragg, N. (2021, May 25). This is America: One year later. Where's the change? *USA TODAY*. https://www.usatoday.com/story/opinion/2021/05/25/one-year-since-george-floyds-murder-little-has-changed/5238970001/

Yeo, E., & Torres-Harding, S. R. (2021). Rupture resolution strategies and the impact of rupture on the working alliance after racial microaggressions in therapy. *Psychotherapy, 58*(4), 460–471. https://doi.org/10.1037/pst0000372

York, E., & Curtis, S. L. (2015). Music therapy for women survivors of domestic violence. In B. L. Wheeler (Ed.), *Music therapy handbook* (pp. 379-389). The Gilford Press.

Young, K., Anderson, M., & Stewart, S. (2015). Hierarchical microaggressions in higher education. *Journal of Diversity in Higher Education*, *8*(1), 61-71.

Appendix A

MEMO

To: Tracy Richardson, Ph.D., MT-BC

Kazuko Robinson

From: Lamprini Pantazi, Ph.D., & Chair of the Human Subjects –Institutional Review Board

Date: August 30th, 2021

Re: Human Subjects Institutional Review Board Application

Thank you for submitting a Human Subjects proposal entitled **"Autism disparities: Experiences of music therapists of color with autistic individuals with racially marginalized identities".**
The Institutional Review Board (IRB) of Saint Mary-of-the-Woods College has **approved your research.** Unless renewed, this approval will expire on August 29th, 2022.
If any changes need to be made during implementation of this research project, please submit those changes to the IRB for its approval. Also, if any incidents occur, please notify the IRB as soon as possible.
We wish you success with your research project.

Institutional Review Board members:

Lamprini Pantazi, Ph.D.
Kimberly Lacomba, Ph.D. Scott
Ripple, MD
Douglas Sperry, Ph.D.
Christine Wilkey, MSW, LCSW
Yei-Jin Yeom, Ph.D., RN

Appendix B

Saint Mary-of-the-Woods College
CONSENT TO PARTICIPATE IN RESEARCH

Title of the Research Study: Autism disparities: Experiences of music therapists of color with autistic individuals with racially marginalized identities
Principal Investigator: Tracy Richardson, Ph.D., MT-BC, Saint Mary of the Woods
Co-investigator: Kazuko Robinson, MT-BC, Saint Mary of the Woods
Study Sponsor: None

You are being asked to participate in a research study about music therapy service for autistic individuals with racially marginalized identities. Key information for you to consider is provided below. Please carefully consider this key information and read this entire form to obtain more detailed information about this research study. Please feel free to ask questions about any of the information before deciding whether to participate in this research project. Participating in this research project is voluntary.

Key Information

- Purpose of the researcher study
: This study is to explore the racial disparities in autism support services, how music therapists support autistic clients with racially marginalized identity, and if intersectional approach is used.
- Procedure and Duration
: Web-based or telephone interview. The interview will take approximately 30 - 45 minutes.
- Risks and discomfort
: -minimum to none.
- there is always a possibility that someone might be able to identify the participant
- Potential benefits
: Benefits that may be expected from this research study include none.
- Participation is voluntary.

Purpose of the Research

The purpose of the research study is to explore the racial disparities in autism support services, how music therapists support autistic clients with racially marginalized identity, and if intersectional approach is used.
You are being asked to participate because you hold a unique position in the profession as a music therapist of color, have experience of two years or more working with autistic individuals with racially marginalized identities, and have experienced racial marginalization yourself.

Procedures

You will be asked to participate in the semi-structured interview regarding your theoretical orientations, perspectives about intersectional issues, your work as a music therapist with autistic

individuals with racially marginalized identities and your experience as a music therapist of color. This interview will take approximately 30 - 45 minutes.

Risks or Discomforts
Risks or discomforts from this research study are minimum to none. There is always a possibility that someone who will read the paper might be able to identify you although all effort will be taken to de-identify data hence the confidentiality cannot be guaranteed.

Potential Benefits
There is no direct benefit from the study. However, this study can provide information which will assist music therapists to adapt critical lens to incorporate intersectional approach of music therapy practices, which can subsequently promote well being of clients with racially marginalized identities.

Confidentiality
Only principal investigator and co-investigator will have an access to data.
Any of your information that can directly identify you will be stored separately from the data that will be maintained for a period of three years in a password-protected electronic storage.

Voluntary Participation
It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You can withdraw from the study at any time without penalty by contacting the co-investigator, Kazuko Robinson , at kazuko.robinson@smwc.edu even if you decide to be part of the study now.

Use of Data for Future Study
Data that does not contain information directly identifying you could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

If you have questions about this research study, please contact the principal investigator or co-investigator.

Principal Investigator
Tracy Richardson, PhD, MT-BC
1st Mary of Woods Coll, Saint Mary of the Woods, IN 47876
trichardson@smwc.edu

Co-investigator
Kazuko Robinson, MT-BC
Kazuko.robinson@smwc.edu

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on ______________________. If you have questions or concerns about your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board.

Chair, IRB

Dr. Lamprini Pantazi, Chair, Human Subjects Institutional Review Board
Saint Mary-of-the-Woods College
Saint Mary of the Woods, IN 47876
(812) 535-5232
lpantazi@smwc.edu

My signature below indicates that I am 18 years of age or older, I have been informed about this study, I consent to participate, and I have received a copy of this consent form.

__________________________________ _________________________

Signature Date

Note: If participant is under the age of 18, participant's parent or guardian must sign the consent form and the participant must sign an assent form.

Updated 01/14/2019

Appendix C
Interview questions

Background questions

1. How do you define your race/ethnicity?

2. Please tell me your background as a music therapist. This includes your education, years of practice, in what region you currently practice, your current position and theoretical orientations.

3. Tell me about your experience with autistic clients with racial marginalized identities (employer/facility, age range of clients, type of sessions – individual or group, comorbidities of clients, etc).

Research questions

1. Do you use an intersectional framework? If yes, please describe that framework.
** Intersectional framework herein is defined as a method that analyses how overlapping and hierarchical social identities such as race, class, and gender contribute to the specific type of systemic oppression and discrimination experienced by an individual (Singh & Bunyak, 2019)*

2. Do you factor clients' race/ethnicity/cultural background in your music therapy practice?

3. In what way do you incorporate social justice in your work with this clientele?

4. What do you think are the most important principles when working with autistic individuals with racial marginalized identities?

5. What are your experiences as music therapist of color?

6. Have you had any classes or trainings in your education/career regarding intersectional approach? If so, what class/training?

7. Do you feel that music therapists in general are well prepared to support autistic individuals with racial marginalized identities? If not, what will have to change?