

POSITION PAPERS | PEER REVIEWED

Queering the Curriculum: Why Music Therapy and Other Creative Arts Therapy Trainings Need Queer Theory

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Abstract

Music therapy academic faculty responsible for teaching the next generation of healthcare practitioners have a responsibility to ensure that the learning environment is one in which the principles of equity and inclusion are upheld and practiced. Without queer perspectives included in the curriculum, promotion and continuation of heteronormative and cisnormative attitudes and beliefs increase. As media, culture, and society reflect increasing awareness of and open-mindedness toward queerness, so does the opportunity for reflection and questioning regarding binary identities and exploration of the need to shift to fluid, spectrum identity categories. This questioning begins with perceiving that contemporary social identities are formed from a limited conception of a normative binary that recognizes only heteronormative and cisnormative sexual orientation and gender identities, which can be extended to other inadequate and unhelpful binaries, for example dis/abled and racial binaries that entrench prejudice. Reviewing current teaching environments and methods allows for consideration of how social constructions limit the capacity of educators to fully include attention to, and critique of, all thoughtless binaries – whether gay/straight, female/male, old/young etc. In this paper we reflect on and reveal predominant heteronormative and cisnormative values in music therapy education, advancing ways to make classroom and practicum settings a safe and exploring space, with the potential to positively impact all students and their current and future clients.

Keywords: *queer theory, queer curricula, music therapy training, feminist theory, anti-oppressive practice theory, intersectionality, inclusion*

Locating ourselves

This paper was co-created by four authors. The first and last authors are experienced university teaching and research academic faculty. The other two authors recently

graduated and identify as queer music therapists. This collaboration sought to initiate a dialogue between academics and recent graduates as to how we can debate and trouble existing limitations of music therapy education and practice. As a study of student experiences on U.S. campuses reported, “When only 75 % of queer-spectrum students and 65% of trans-spectrum students report feeling a sense of belonging on campus, higher education is obligated to take notice” (Rankin, Garvey, & Duran, 2019, p. 448). We bring our curiosity to considerations about ways educators might work effectively to make music therapy courses and programs welcoming of queer bodies and identities through queering binary categories ubiquitous in social life and by disrupting the privilege of those who claim normative identities. By using a queer theoretical perspective to question what happens in the education space, we can develop better strategies to work toward curriculum and classroom experiences that are relevant for everyone. Also, beyond the classroom, the institutions in which music therapy course programs are received and supported have a remit to consider that all voices are heard and incorporated.

We aim to explore the topic of queering curriculum and challenging false binaries within training with reference to 1. music therapy literature, 2. the training of music therapists, and 3. professional practice.

Definitions of queer

Queer is employed here as an empowering inclusive term that describes multiple perspectives in which binary oppressions of identity categorizations, for example the gender trope of male–female, are disrupted and queried. As Hadley and Thomas (2018) explained in relation to queer humanism for music therapy practice: “To adopt a queer humanist approach means to understand that performing identity according to, for example, gender-based expectations from the dominant culture can limit a person’s range of experiences and can limit diversity within the social space” (p. 172).

Used negatively from within a stance of hatred or fear, it is important to remember that *queer* has a history of usages that were intended to denigrate and shame (Luhman, 1998). Queer is more recently a term described as having been “promoted from slur to affirmation” (Thomas, 2016, p. 35). However, as a complex term denoting pride in and acceptance of diversity, queer can function to indicate a reflexive, emancipatory position.

Our reference to queering curriculum considers the term queer both as an identity category and as a challenge to consider how to create queer-affirming spaces. We reflect as to how the curriculum and approach in music therapy might benefit from interrogating the binary categories of gender and sexuality, along with disability, health, and other binary oppositions which create and reinforce oppression.

The following terms are useful in the discussion that evolves throughout this paper – paraphrased from Robertson (2017) – 1. *Homophobia* is conscious or unconscious hatred/fear of queerness. It is considered a contested term because it normalises the experience of being afraid of something outside one’s experience. *Sexual prejudice* is considered a more useful term as it places homophobia and transphobia within the area of social studies concerning stigma and prejudice (Herek, 2016). However, the term homophobia is still widely used in queer theory scholarship, 2. *Heterosexism* is a belief that heterosexuality is the primary and natural inclination for all humans; morally superior to any other sexual orientations, and 3. *Heteronormativity* assumes heterosexuality whereby other options are only able to be considered when disclosed, and then *othering* occurs. Heteronormativity, manifested in heterosexist behaviours, is deeply embedded in our collective consciousness. It is only when outsider experience such as being marginalized, or when opportunities arise that permit critical reflection, that heteronormativity might be manifested, with constructions of gender able to be perceived as inadequate and flimsy (Carrera-Fernández, Lameiras-Fernández & Rodríguez-Castro, 2018).

4. Additionally, we use the term *cisnormativity*, referring to the frequently encountered essentialist belief that all people are assigned a gender at birth and are required to consistently identify with that gender. Music therapy education needs to examine and disseminate understandings that promote discussion of heterosexism and cisgenderism.

As an identity category, some people prefer the umbrella term queer when referring to themselves, but others do not (Whitehead-Pleaux et al., 2012). These observations reflect some of the challenges that can arise in engaging shared meanings, pointing to the need to hold flexible and open positions when exploring this topic to avoid working from assumptions. For example, some commentators and scholars have reflected that the myth of a *monolithic gay identity* contributes to marginalization of identities considered non-normative, allowing gay men and women to flourish at the expense of those who do not consider their identity in such unitary and essentialist terms (Smith et al., 2017).

Sexuality, identity, and the social and personal contexts of these are not usually experienced as fixed and unwavering, despite widely prevalent strong normative attitudes. Queer theory “embraces the freedom to move beyond, between, or even away from, yet even to later return to, myriad identity categories” (Miller, 2015). As Misgav (2016) suggested “[...] queer geography is by no means a politics of identities but rather a non-identity that involves the dismantling of identities and understanding their fluidity” (p. 728). This uncertainty and complexity in use of queer theory and relevant terminology might potentially be frustrating or even confusing to negotiate in what has been termed a *post-normal* world (Thomas, 2016); this was described by Misgav (2016) as “the complexity of the queer world and the fluidity and variety of gender and sexual identities characterizing it” (p. 730). However, a strong dimension of the professional challenge and responsibility in creating a therapeutic approach within practice is the capacity to negotiate difficult, challenging, and confusing aspects of human experience (Lorenzo-Luaces & DeRubeis, 2018). This engagement, alongside the complexity of the process of creating therapeutic safety, must be employed from the first days of training for future work in music therapy.

Queer theory disrupts binary perceptions of sexuality and gender by considering the fluidity of these identity dimensions, rather than believing them to be unyielding and stable (Lesser & Pope, 2011; Munro, 2013). Queer theory intersects with feminism in challenging oppression and some researcher and activists consider them closely aligned (Marinucci, 2016; Misgav 2016).

Allyship

For the purposes of this paper, it may also be helpful to consider that therapists who adopt queer theory as a way of thinking about and contextualizing their work may not always identify as queer themselves but instead use queer theory as an emancipatory framework for their practice. Aiming to provide what has been described as *queer friendly* healthcare (Hudak & Bates, 2018) which can also be described as queer-affirming. Queer is a term that is sometimes used by straight cis people who engage in ally work to describe themselves (Reynolds, 2010). However, this usage has been contested because of the potential for appropriation (Marinucci, 2016). Undertaking ally work is not simply a matter of identifying as queer-affirming; allyship must be proven over and over again – not one act at one time but requiring acknowledgement of mistakes, and ongoing accountability for privilege (Reynolds, 2010). There is deep reflective work and on-going social action that needs to be done to respectfully claim oneself as an ally.

Queering our pedagogy

Queer theory, like other theories such as feminism, provides a way to expand discourses, and encourage acceptance and celebration of difference. Therefore, it is curious that music therapy – in many ways an outsider healthcare profession – has taken so

long to consider queer theory as a way to reflect on and improve practice. As therapists, we regularly perceive in our practice how disability, injury, and illness are marginalized by Western society through norms, prejudices, and outsider-ness maintained by structural binaries. Any limitations they might have met through appropriate support and care are amplified in the deficit model of healthcare to the extent that they struggle all the more unnecessarily with everyday life. In Marxist terms, this is a way for the state to abrogate responsibility because “[...] professionals are seen to act on behalf of the capitalist state by individualising social problems, and suggesting that individuals are essentially responsible for the plight in which they find themselves [...] which] shifts attention away from the structural inequalities” (Finlay, 2000, p. 83).

Being open to theories such as feminist, queer, and critical humanist theories that exist outside dominant cis- and heteronormative prejudice can expand therapists’ promotion of wellbeing for individuals that is focused holistically rather than symptom oriented, with the broader goal of enhancing communities and society. In training the music therapist, any first green shoots of this capacity to engage in radical and alternative systems-thinking for music therapy practice should be encouraged. In this paper, we use a combination of queer theory, social construction theory, and anti-oppressive practice theory (Baines D., 2017) to reflect on and reveal predominant normative structures in music therapy education and reflect on ways to make classroom and practicum settings emancipatory in intent and practice.

NARRATIVE: When Sue was an adolescent (mid-1970, ’s to early-80’s), she was frequently asked if and/or told that she was lesbian or bisexual. She found this confusing, as she was not, and wondered if it was because she wore her hair short, had strong feminist opinions, and preferred the androgynous fashions of the time. These questions were designed to pressure her to conform with more traditional behaviours congruent with women’s roles of the times which involved dying and curling mid-length hair, wearing feminine normative clothing, and acquiescing to dominant male needs and demands. Sue was living her life based on the statements she heard in the mainstream media that women’s time had come, that women could be anything they wanted to be. Her lived experience reflected the dominant culture’s discomfort with Sue’s creative expression of her authentic self and the continued marginalization of lesbian, bisexual, and other non-conforming community members.

This narrative indicates the need for everyone to take care with imposing their assumptions on others. In spite of prior opportunities for growth, we all have prejudices and assumptions that an open and progressive curriculum might assist us in peeling off for reflection and examination. By looking at possibilities fostered in music therapy by queer theory, we can follow up with recommendations as to how curriculum might be radicalized to include opportunities to consider gender, sexuality, and identity. This is not just for individual patients or clients but also in relation to addressing social norms, the influence of power, and the political investment in certain ways of thinking and doing.

Music therapy academic faculty responsible for teaching the next generation of healthcare practitioners can work to ensure that the learning environment is one in which the principles of equity and inclusion are consistently upheld and practiced (Whitehead-Pleaux et al., 2012; York & Curtis, 2015). As Linville (2017) has indicated,

What might it mean to make education more queer? Queerness is not a unitary identity (as is no identity) and queer is not a single way of thinking or being. Sometimes queer is opposition to outness, or resistance to acceptance, and exists in order to disrupt and discomfit. This, too, is queer. How might educators work to make schools more welcoming of queer bodies and identifications, queer the binary categories that define social life, and disrupt the differential privileging of those who claim normative identities? (p. 5)

When queer content is unavailable in the educational environment, it marks the presence of overt as well as covert hostility toward queer people and their identities; this is sometimes termed the *hidden curriculum* in medical and healthcare training (Bandini et al., 2017). Without queer references and content, the classroom is an unremarked heteronormative, cisnormative space that silences and oppresses a wider range of personal

experiences or orientations; students miss out on having the development of their perspectives and views enhanced through facilitated learning (York & Curtis, 2015).

Multiple papers have presented the value of queering the curriculum in higher education (Reddy, 2018); including within disciplines such as sociology (Yip, 2018), teacher education (Rosiek, Schmitke, & Heffernan, 2017), and medical education (Dudar et al., 2018). Resources that directly reference queering of the music therapy curriculum are sparse although many in music therapy have called for greater awareness in queer support training and practice (For example, Bain, Grzanka, & Crowe, 2016; Hadley & Gumble, 2019; Hadley & Thomas, 2018; Whitehead-Pleaux et al., 2012; York & Curtis, 2015). Training is not a magical process; students have to be engaged and understand the consequences for their future practice if they cannot integrate a broad and inclusive perspective about identity and the potential lack of fixedness and certainty of identity, especially with regard to such areas as gender and sexuality.

NARRATIVE: In her early 50s was the first time Jane was ever asked in a consultation – with a medical practitioner younger than her – whether she was gay. As she is not gay hearing this question suggested to Jane the doctor had already formed a view, and was trying to be inclusive rather than using a more open “what is your sexual orientation?” or even “do you feel comfortable sharing your sexual orientation with me?” When Jane indicated she was heterosexual the next question doctor asked her was “have you bred?” Because it was an unexpected question Jane thought she couldn’t have heard correctly so asked for the question to be repeated; which it duly was. If a straight person can feel so uncomfortable about their sexual orientation and reproductive status in a medical appointment there is still a long way to go for everyone to experience inclusive, accepting, open listening about their identity, in telling their story.

Reviewing Literature in Music Therapy

The primary healthcare service delivery system worldwide continues to be the medical model, especially in urban centres (Baines, 2016). The medical model is not the dominant narrative in all music therapy training programs around the world, or in all global music therapy contexts. However, too often music therapy has furthered unremarked Eurocentric traditions of white, cis-, and heteronormative male supremacy to the detriment of marginalized people which requires critique and remedial action. Queer theory can offer understanding and social reconstruction.

In terms of the acknowledgement within music therapy literature of the diversity likely to be encountered in practice, there are few resources available. Chase (2004) offered guidance to practitioners in music therapy working with lesbian and gay clients, including that if practitioners are uncomfortable, they should consider referring on. Ahessy (2011) called for open dialogue in music therapy regarding practice with lesbian, gay, and bisexual persons. Ahessy’s research results showed that most music therapy educators and practitioners do not specifically address issues of sexual orientation and/or gender when offering training, or in therapeutic work. If one assumes that there are a similar proportion of queer individuals in every country, it is concerning that almost all of the programs Ahessy surveyed that addressed issues specific to queer clients were located in Canada and the United States.

In comparison, a steadily growing body of literature about gender has been developed within music therapy. O’Grady (2011) provided a deep analysis of the performance of gender in music, researching how dividing gender into binary opposites of man and woman fosters dominant patriarchal discourses that privilege one false opposite against another. O’Grady explored many dimensions of gendering in music including constructing gender through music-making – from Western opera to Madonna – as well as perceptions of gender in music instrument and listening choices. O’Grady’s research revealed the need for further gender analysis in all aspects of music therapy.

As the decade progressed, further in-depth gender studies appeared (Baines & Edwards, 2019; Curtis, 2013a,, 2013b,, 2013c,, 2015a,, 2015b; Hadley & Gumble, 2019; Halstead & Rolvsjord, 2017; Rolvsjord & Halstead, 2013; Rolvsjord & Stige, 2015). A special issue on gender in the creative arts therapies was published by *The Arts in Psy-*

chotherapy in 2013 with guest editor Professor Sandi Curtis. Other publications have presented aspects of gender in relationship to specific music therapy practices (Curtis 2013d; Rolvsjord & Stige 2015; Streeter 2013; Kim 2013; York & Curtis 2015). Gender was included in a critique of the use of the arts in international development (Pavlicevic & Impey, 2013), and a call for radically inclusivemusic therapy was published (Bain et al., 2016). Hadley (2013), Hadley and Gumble (2019), and Whitehead-Pleaux et al. (2013) further extended this work broadening gender awareness. The majority of music therapists that Whitehead-Pleaux et al. (2013) surveyed were unfamiliar with the term *heteronormativity*, and fewer than half of those surveyed that integrated gender-neutral language in their workplaces. Clients' sexual orientation was not considered in devising and facilitating therapy serves by about half of the respondents. These oversights highlight the power of the dominant binary cis and heterosexual culture to marginalize and ignore minority groups – the importance of which needs to be discussed during training. Preliminary results showed that the field of music therapy needs to develop competencies around queer practices by valuing, supporting, and affirming identities in all aspects of music therapy (Whitehead-Pleaux et al., 2013). These results are echoed by Bain et al. (2016) and endorsed by Hadley's prior critique of *dominant narratives* (2013).

The music therapy literature provides limited resources about queering and queer topics, but the small green shoots evident in journals and books are promising. While the term *queer* appears sparsely in the music therapy literature, one notable exception is the queer music therapy model developed by Bain et al. (2016) and Boggan, Grzanka, and Bain (2017). The authors of the model conducted interviews with practitioners about the value and utility of the model and found that most participants described it as useful. Additionally, Whitehead-Pleaux et al. (2012) developed a best practice guide for music therapists working with non-dominant gender and sexual identities written by a group of nine authors, reminding us that: "LGBTQ individuals come from all cultures, ethnicities, religions, and ages. There is no single "gay culture" within the LGBTQ community: there is a wide variety of subcultures" (p. 163).

Queer and queering have been mentioned within feminist perspectives in music therapy (for example, Hadley & Edwards, 2004), but it is often not clear how queer is understood or what it represents as reported in the literature. For example, queer sometimes appears in a list alongside sexual identities such as lesbian and gay (Hadley & Edwards, 2004). A further example from music therapy is Swami's writing (2014) in which they identify as queer without further explanation of what that might mean; similarly, LaCom and Reed's article in *Voices* (2014) refers to *queer* and *queer theory* without explanation. Nonetheless, it is important to note that these historical references exist with the opportunity to be cited and the invitation to be expanded upon.

Training Music Therapists: A road map for change: curriculum ideas, anti-oppressive practices theory

Queering curriculum involves many actions including the opportunity to reflect on the impact of critical pedagogy and queer theory (Luhmann, 1998). Critical theory appears to be accepted in many school contexts because of its inclusion in teacher education (Coll et al., 2018). Both queer theory and critical theory endorse disruption of societal tropes, aligning with our interests in feminism and anti-oppressive practice.

We agree with Miller (2015) that queering curriculum provides the space in which we can "[...] challenge the taken-for-granted demarcations of gender and sexuality assumed under patriarchy and hidden within curriculum" (p. 40). A review of current teaching approaches and methods in music therapy requires critical engagement with social constructions that limit educators to fully acknowledge and include queer theory, along with diverse perspectives and content that challenge cis- and heteronormative assumptions which exclude queer and queering considerations.

NARRATIVE: Today, Jude is an out nonbinary queer person; pronouns are they/them. During their Bachelor of Music Therapy degree was a time of questioning and exploring their queer identity – finding a safe place of acceptance for them to be themselves. In the course of an introduction to counselling skills exercise regarding hypothetically counseling your opposite that took place in the last class of Jude’s 3rd year of undergraduate music therapy degree, through chance, they were assigned to work with a religious heteronormative identifying white male. At that time, Jude was newly outed to the class in the previous semester having come out to their peers and professor during a different class as well as to their piano teacher, co-author Sue. The cisman peer opened the dialogue stating that they were unaware of how to talk to a queer person. Jude responded, “You are doing well. Human to human works best, I find.” The fellow classmate was clearly uncomfortable with this response and a discussion responding to his needs ensued. This reminded Jude of their experience in the dominant culture. Once again, they were having to sacrifice their own needs and space for that of a cishetero white man’s privileged needs. There was not enough space for Jude’s needs; they were not responded to by their peer/partner during the exercise, suppressed by the needs of a cis-hetero normative classmate. There was a long moment where Jude felt like a token. The female assigned at birth, non-binary/ androgynous genderqueer, person of colour, partnered with the cisnormative hetero conservative, white, Christian, male, to help him overcome his ignorance. This experience deeply reflected situations they experienced daily in the dominant culture. Despite being annoyed by the situation (not with him personally) Jude led him through the exercise with support and kindness but took no space for themselves as per expectations of the dominant culture. Jude had hoped that because this counselling exercise that included opportunity to acknowledge the LGBTQ+ community, more safe space would have been created and provided for them, a queer person, to share and unload some of their own trials. While there was time made for anyone to speak up and say something about their experience, that doesn’t make a space safe. That just makes space and Jude kept quiet. In a predominantly cishetero religious class, Jude chose to stay silent as queer people are expected to. Who expects this really? The culture. Safe enough to feel non threatened. But not safe enough to disclose. There is a difference. Similar to session space. For a moment Jude wondered if somehow, they had been paired with him specifically; to guide him, safely, through his experience and this felt endearing. Then Jude realized there may have been only one other openly queer person in the room at that time. And suddenly Jude felt isolated, exposed, and exploited. Why was Jude, on top of feeling marginalized, now having to hold the space for a cishetero white normative religious man going through an ignorant awakening around the realization that queer people essentially exist? Who was holding the space for Jude? For queer students? In this space where religion, transphobia, and homophobia could come up, Jude wondered how they, a newly openly identifying queer person, had been paired with this openly hetero normative and religious white man classmate without more support for them in this process. It is easy to see the benefit of this experience for him. For Jude, they saw themselves once again having to hold the space for “privilege”.

As throughout our culture instead of receiving support for their needs, Jude found themselves holding space for cishetero man who confided that he didn’t know how to talk to a queer person.

RESPONSE: In consultation with and supported by Jude, in response to Jude’s narrative, Sue connected with the professor in question. Sue learned that like all professors, he reviewed his courses yearly and had noticed the complex timing of this learning. Before learning of Jude’s story, he had chosen to move it from third year into the final semester of the degree. The professor felt that students needed increased sophistication to benefit more deeply from the learning offered by the assignment. Further consultation reviewed faculty responsibility to demonstrate and ensure that students have ethical responsibility to offer deep respect to all persons in the classroom, their practicums, and across the culture, from the first day of the program, in all classes, and in the field. As a result of this consultation, this out queer professor felt enlightened by the learning opportunity and asked Sue to let Jude know that they were sorry for Jude’s experience in this situation, asking Sue to approach Jude for further consultation. The professor offered to go for a walk and a talk or talk and tea indicating their desire and willingness to develop increased sensitivity going forward. Importantly, the professor also indicated that they are foundationally more deeply sensitized to the truth of needing to teach the status quo to specifically offer support and make space for marginalized voices in the classroom.

Providing case material that shows sensitivities and issues that are queer relevant is important. This can sometimes be prepared by the class facilitator – lecturer, profes-

sor, tutor etc. – or gleaned from elsewhere. Checking-in with other faculty members outside of music therapy about the materials can be useful. Through honesty and consultation, all faculty members can strive to enhance the educational environment for both learning and safety for all.

Faculty members may need to be quite patient and supportive with students who can feel their own position is invalidated by having to learn about non-hetero- and cisnormative orientations and experiences of others as per Jude's story above. Some students can dismiss this information as not important, either because they believe it is not applicable for their future practice – what Robertson (2017) described as the *ir-relevance narrative* – or think that as they are liberal-minded they are incapable of prejudice. For those of us who have survived generations of students who have claimed that feminism is not needed anymore because men and women are now *equal*, we have lived to tell the tale of the patience needed to support students to engage with course topics in more open and inquiring ways.

NARRATIVE: Jane taught a class outside music therapy focused on early developmental trauma. Class members were postgraduate students from backgrounds in teaching, social work and clinical psychology. All of her case material for teaching is based on her own experiences. She is careful to change the identities of any people, and to mostly use composite cases. She distributed a case for discussion in a tutorial which included a couple – two Mums – who had separated; with custody for the child attending therapy only granted to one parent. In the case outline the description indicated the child was brought to the session by a non-custodial grandparent and the therapist got quite stressed not being sure about the legal situation and what they should do. The class were asked to reflect on how they would feel, and what they would consider doing to ensure the safety of the child, and the integrity of the session. Various members of the class got quite heated saying the case was fanciful and this kind of situation never happens. Interestingly, the teachers in the tutorial were the ones who indicated this kind of situation was well within their regular experience of classroom leadership. They contributed to the discussion that usually schools have protocols in place, and wouldn't therapy services also? However, Jane wondered whether some of the students might never have encountered same-sex parenting in their practice, and their anxiety about the tutorial materials might have originated from a concern that they should not have to read and reflect on case studies in which there were family configurations unfamiliar to them.

Preparing materials for the curriculum is inadequate if it is not also backed up by academic faculty's self-awareness about sexuality and gender tropes – what Corturillo, McGeorge and Carlson (2016) have called *self-work*. To transform curriculum is not simply to tweak what already exists inside teaching spaces. Academic staff must be prepared to reflect on and consider their own prejudices and positions – not only the extant ones of which they are aware but also being prepared to uncover and mull unexpected thoughts and attitudes. This is a continual process. Informed by this reflection, the approach in class with students, and between faculty and class participants, needs to focus less on *who are they?* and include more emphasis on *who am I* and perhaps also *what am I missing?* This is recommended with the caveat that it can be highly inappropriate to ask outsider or non-dominant representatives in class to discuss their position and explain to the group what it means for them. From time to time, there may well be class members who relish this role, but it is important as educators not to rely on them to respond to and hold difficult situations.

In medical training it has been noted that “Queer people who are not gay men are completely absent from case studies; thus, they are made invisible by the heteronormativity and homophobia of the case studies,” (Robertson, 2017 p. 168). It is important, therefore, that music therapy training resources do not fall into this trap and include a wider range of case materials along with first person accounts of accessing healthcare and therapy services from people who identify as queer.

What needs to change in the classroom and why

When offering educational opportunities to students in a creative and safe learning environment, we need to provide a curious and questioning approach. It can be helpful

to develop discussion about the assumptions about what is *normative* and its associated privilege in order to offer equity to all.¹ Through actively shifting from binary to fluid language, a greater sense of safety might be experienced by students, clients, and faculty. Many institutions have not considered the need for safety by people who do not want to be identified by binary gendered pronouns. We must create awareness and understanding of the process from birth name to dead name to name used now and lobby our institutions to do the same. The term *preferred pronoun* can be a microaggression because it suggests that, as it is individually “preferred,” it can then be socially conferred as optional, with the individual calling for some kind of special status and treatment. By removing the word *preferred*, the person chooses how they should be addressed.

NARRATIVE: Through the writing of this paper, Sue has noticed her sensitivity and capability to respond supportively to her queer students, clients, family, friends, and colleagues is improving. In particular, Sue has noticed her use of inclusive language has expanded creating increased safety and support for all of her queer connections. This narrative is offered as evidence that information is power, and sensitization creates positive change.

Queer Music Therapy

Queer and allied music therapy participants in Boggan, Grzanka and Bain’s (2017) qualitative study provided insights as to the significance of queer music therapy. These authors identified queer music therapy’s foundation in queer theory, rejected the pathologizing of queer identities, and voiced the importance of group contexts where *common cause versus commonality* could be explored. The lack of diversity in the field of music therapy born from privilege and structural barriers of music training programs combined with scant training in cultural competence in the core curriculum of undergraduate degree programs in music therapy were named. Research participants’ responses did not correspond with the queer music therapy model’s regard for the importance of intersectional queer identity with gender, age, and ability status. Participants also revealed a reluctance to address these political topics at the undergraduate level. Further results revealed that queer music therapy must integrate intersectionality theory to serve all queer clients not just non-disabled queer adolescents.

Queer theory (Lewis, 2013; Pickett, 2018), in conjunction with other theoretical positions, requires that educational theorists and researchers stop focusing on student deficits, and rather investigate the structural impediments that prevent students from succeeding. That is that those in responsible positions in education should be “attending to the conditions that allow normalcy its hold” (Britzman, 1995, p. x). This happens most successfully when faculty use themselves and their self-work as the starting point for this change.

The multi-faceted amalgamated social problems confronting humanity cannot be dealt with by single theories. Anti-oppressive practice (AOP) theory, a heterodox or multi-dox approach offers a framework to address increasingly global, complex, deeply entrenched problems (Baines, 2017). In accord with its emancipatory stance, AOP’s politicized practices readily shift with changing social circumstances and needs. This intersectional general theory connects critical theories towards furthering social justice. AOP practitioners are part of larger movements for social change, offering spaces to collaborate to address social issues.

Conclusion

Ever-present power inequities addressing forces of oppression that systematically block, restrain, and contain members of marginalized groups require examination (Đorđević et al., 2015). Better methods to assess quality of care designed to be gender-aware are needed (Mitchell & Schlesinger, 2005). The practice knowledge of music therapists must be continually updated to defend and develop strategies that amplify all voices and bring the needs of marginalized clients and communities to the attention of decision makers (Baines, 1988). The goal of respectful practice in music therapy is

developed organically through cultural humility (Baines 2014; Hook et al., 2013), and cultural accountability (NiaNia, Bush, & Epston, 2016). In practice, gender analysis contributes to this accountability (Baines & Edwards, 2019). As Edwards and Hadley (2007) have proposed,

The therapist is not a benign helper but rather actively undertakes social and political work. This happens because the helper believes that through belonging to a particular professional occupation and orientation, they are qualified to prompt and support change in others. Believing such interventions are necessary, required, and helpful, the helper takes particular actions. We are not separate from these interactions and experiences in music therapy, but actively engage in their construction, interpretation, and consequently their meaning (p. 202).

Deeply reflexive practice is needed, which can critique viewpoints informed from privileged white, cis, masculine, heterosexual, middle/upper-class, Christian, and nondisabled perspectives (Ellis et al., 2011). This is negotiated alongside an understanding that the social world of gender norms continues to evolve. Our goal needs to be gender and queer affirming healthcare practice in order to best support all of our clients and our community. Being educated within a binary perception of humanity is limited. The opportunity to broaden faculty and students' scope of consciousness, expand their awareness to be compassionate, and engage in *radical mutuality* (Kenny, personal communication with the first author, 2016) projects us toward a more socially just future.

About the authors

Professor Sue Baines, PhD, MTA. Sue started her post-secondary education with a Bachelor of Music from University of Calgary, AB, Canada, completed in 1984. Her music therapy studies include an Honours Bachelor of Music Therapy (1989), Wilfrid Laurier University, ON, Canada, Master of Arts in Music Therapy (1992), New York University, NY, USA, Fellow of the Association for Music and Imagery (1999), Southeastern Institute for Music Centered Psychotherapy, Atlanta, GA, USA, and PhD in Music Therapy (2013), University of Limerick, Ireland. This international experience has fed her social justice work in music therapy. Sue has taught in the Bachelor of Music Therapy program at Capilano University in North Vancouver since 1997, supervising interns since 1995. She is the editor-in-chief of the Canadian Journal of Music Therapy and reviews for The Arts in Psychotherapy Journal. Dr. Baines's current music therapy practice is in long-term care, acute mental health and addictions, and community mental health.

Jude Pereira is an accredited music therapist. They have a lifelong interest in the role of creativity in human health. Jude started exploring this vocationally 10 years ago while working for a non-profit organization where they created and ran a music programs for adults with developmental delay and mental health conditions in a variety of day program settings. This experience led them to complete an undergraduate degree in music therapy from Capilano University, North Vancouver, BC, Canada in 2017. Since then their music therapy practice includes clients aged 3–107 with a variety of needs, from developmental delay and/to mental health to long-term care. They work within a community based, humanist, anti-oppressive, feminist, trauma informed, multi medium framework. Jude is interested in the intersection of culture, gender, and play.

Jennyfer Hatch, MTA is a music therapist, music instructor, healthcare advocate, and nature lover. Their clinical focus in mental health and trauma recovery with folks of all ages is contained within the framework of client-centered, anti-oppressive, and humanistic approaches to holding and being with in community, both in and out of the music.

Professor Jane Edwards, PhD RMT. Jane is a qualified music therapist with a PhD in Paediatrics and Child Health from the Faculty of Medicine at The University of Queensland. She was a music therapy educator and course director for about 25 years in various universities before she branched off into management within Higher Education.

She is Editor-in-Chief for *The Arts in Psychotherapy*, an international journal, and was sole editor for *The Oxford Handbook of Music Therapy* (2017). She has published on a range of topics, notably infant mental health and music therapy in family centered healthcare. She is President and Chair of the Board for the Association for the Wellbeing of Children in Healthcare. She recently completed the Harvard Program in Refugee Trauma. She is currently Associate Dean at the University of New England in Armidale Australia, where she is a member of the Academic Board and Chair of the UNE Research Committee. She is a Founding Member of the International Association for Music & Medicine and served as the inaugural President (2009-2016).

Notes

1. There are multiple sites and resources to support educators in increasing their awareness of the needs of multiple groups. For example, the SOGI123 Curriculum <https://www.psst-bc.ca/resources/discrimination/> is a guide for teaching inclusivity in primary and secondary education. Sexual Orientation and Gender Identity (SOGI) is a guide for teachers, students, and parents. It provides information to create safe learning spaces for all children. Qmunity, British Columbia, Canada's queer, trans, and two-spirit resource offers queer competency training to organizations such as police departments, airports, universities, and more <https://qmunity.ca/learn/training/>. The provincial health authority of British Columbia, Canada, has created a guide called "Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit" which is available on-line here <http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf>. The Canadian Human Rights Commission offers this on-line resource <https://www.chrc-ccdp.gc.ca/eng/content/lgbtq2i-rights>. The aforementioned resources are local to Sue, Jude, and Jennyfer's employment but by no means the only options available. They offer a glimpse into the type of work that is being done and the availability of online resources created toward initiating a more socially just community for all.

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