Freedom Dreams: What Must Die in Music Therapy to Preserve Human Dignity?

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Abstract
This commentary was written on the week of September 28, 2020, as grand jury decisions on the killing of Breonna Taylor in Louisville, Kentucky, United States, were publicly announced on news and media outlets. Six months after Breonna Taylor's brutal murder in Louisville, Kentucky (United States), justice for her life has not been actualized. The author reflects on this injustice and discusses its relationship to anti-Black violence and systemic oppression in music therapy culture and practice.

Keywords: police brutality, radical imagination, culturally sustaining practice, Black clients, Black aesthetics, protests, Breonna Taylor

Six months after 26-year-old Breonna Taylor's brutal murder, the cries from the streets have not waned, demanding justice for her life and the lives of Black people that have died at the hand of police brutality. Despite the pain wrenching anguish displayed on news and social media outlets, the murder of Breonna Taylor—a daughter, a sister, a friend, an essential worker—adds to the innumerable toll of Black people who were killed by systems of anti-Black violence and for whom justice has not been actualized. This week, lawyers announced that the Louisville, Kentucky, police officers who fired thirty-two bullets and shot Breonna Taylor six times while lying in her bed would not stand a lawful trial. Although surmounting evidence increased the plausibility of case hearings, a Kentucky grand jury refused to charge the three officers involved in Breonna's execution with murder or manslaughter. Instead, a twelve-million-dollar wrongful death settlement was paid to Breonna Taylor's family by the city of Louisville at record speed while criminal investigations were yet unfinished. In this particular moment, provisional justice undoubtedly demands reckoning for Breonna Taylor's life in a court of law with fair processes that would allow for substantiated evidence to be revealed and accountability ensured for all those who participated in her brutal killing. Actual justice, however, would supersede any dispensation of legal remuneration. True justice would not only have sought to declare the value in Breonna Taylor's life and her existence in the world, but also would have validated the fullness of her humanity contended by systems of anti-Black violence, because justice and equity are connected to
real people. They are connected to real lives and are tethered to real freedoms that all music therapists, living in dynamic socio-political contexts, are called to assert daily. In April 2018, I was asked to present a spotlight session, which also appears in this issue of Voices, on the topic of access and empowerment for the 16th Annual World Music Therapy Congress in Pretoria, South Africa. In light of the U.S. health disparities related to the COVID-19 pandemic, the killings of Breonna Taylor, Tony McDade, and Ahmaud Arbrey, and the public lynching of George Floyd, my message, entitled “A Call for Radical Imagining: Exploring Anti-Blackness in the Music Therapy Profession” (Norris, 2020) focused on critical discourses of anti-Blackness and the continuum of physical and social death (Patterson, 1982). Centering Black feminist thought and the peculiarities of justice and equity in music therapy cultural discourse, I asked, “What must die in music therapy to preserve human dignity?” (Norris, 2020). I asked this question recognizing the weightiness of the moment. I recognized the sensitivity of the time, as many undoubtedly grappled with the existential crisis of life and death. Comprehending the tenuous nature of racial discourse and the cognitive dissonance often experienced by privileged members of our profession within the U.S. context, I also knew that many might perceive an incompatibility in comparing societal violence with the harms enacted in the field. As an active member of the music therapy community for over ten years, I keenly understood our ethical mandate to “do no harm” and the implications in my line of questioning to U.S. professional licensure and music therapy’s legitimate standing within insurance-driven healthcare systems. Furthermore, I keenly understood the ways racial discourse is also deflected on the world stage as a U.S. phenomenon, yet, very present in our globalized context and deeply connected to the conditions of white supremacist, imperialist, capitalist, ableist, classist, hetero-patriarchy that pervades our shared social existence. However, I made these connections because I dually understood the ways anti-Black violence, systemic oppression, and other acts of injustice were perpetuated in music therapy culture and practice. These words were not cursory explorations of radical liberation or imitative forms of spectacle often assumed through the exploitation of Black communities’ pain. Instead, I magnified these connections as “theory in the flesh” (Moraga, 2015, p. 19) to amplify the violence upon the body inherent in all forms of racial injustice and to dislodge the white gaze (Yancy, 2016) that would seek to disconnect music therapy culture, theory, training, research, and practice from people. This call for all music therapy community members, subjugated and privileged, was to a) unearth the relationship between music therapy and the broader socio-political discourse, b) center a radical imaginative trajectory in music therapy theory and praxis, and c) usher the looming changes desperately needed within our profession as ethical imperatives that stand between us and effective practice.

Music therapy practitioners are part of a vibrant profession that explores the broad and dynamic impact of musical relationship on physical, psychological, and spiritual well-being. Yet, like in many helping professions, we collectively diminish the effects of racial justice and equity on clients’ lives. Our practices exist on a continuum of help and harm that often wages against Black communities as with Indigenous and People of Color communities domestically and internationally. Our color-evasive and depoliticized stance perpetuates music therapy practices that attempt to:

1. depoliticize music as a cultural phenomenon that circumvents issues of racial oppression;
2. diminish the interaction between micro and macro systems on Black clients’ existence in the world and their presenting concerns;
3. decentralize the self-determination of Black clients to act as agents of their lived experiences;
4. conform Black client communities—their aesthetic being, cultural memory, musicking practices, language and communication styles, meaning-making processes, stress appraisals, coping mechanisms, and cultural existence—to dominant groups and norms;
5. dis-affirm the possibility of being anything other than Black—of not only holding multiple marginalized social identities that contribute to a non-monolithic experience of Blackness that adequately recognizes them as LGBTQ+, disabled, low-resourced, and/or members of marginalized faith-based or religious communities but also the possibility of existing as subjective beings having hopes, desire, pain, and pleasure indicative of their humanity dislodged from the white gaze;
6. resist efforts of Black clients to exercise power autonomously as political subjects that hold personal agency to empower themselves or be empowered through their communities;
7. negate therapeutic processes that critically examine the social positionality and intersectionality of both clients and therapists;
8. ignore the role of therapist-enacted cultural violence (e.g., microaggressions, microassaults, microinvalidations, microinsults) on Black clients’ therapeutic experience; and
9. suppress the liberatory function of music processes that deepen Black clients’ access to freedom (Norris, 2019; Norris & Hadley, 2019).

The unexamined utility of racially sanitized music therapy approaches within practice settings circumvents clients’ personhood and puts into practice tools of dehumanization that serve to superimpose devaluation and psychological assaults upon Black clients.

Grappling with these realities, I recenter the many calls made by Black peoples within music therapy to critically examine how our practices may produce, perpetuate, reduce, and eliminate harm towards Black clients. We must resist desires to depoliticize the therapeutic context and diminish Black clients’ lived experiences. We must become keenly aware of the systems that would seek to perpetrate violence upon Black client communities and those that support their ability to thrive. We must recognize how these systems influence Black clients’ ability to access freedoms that affirm their humanity. We must examine our own complicity in music therapy practices that would uphold anti-Black racism and white supremacy, and equally work to dismantle structural inequalities that perpetuate harm. We must resist the traditional "hierarchical nature of therapy that props individualistic concern for mastery and control reflected in the hetero-patriarchal imbalance of power in societies" and affirm Black clients’ need for support as well as their abilities to empower themselves or be empowered by their communities (Norris, 2020). We must radically reconceptualize music therapy spaces and create culturally sustaining theoretical frameworks, community-engaged models, and community-centered research to support Black clients’ musicking practices. And while we live in precarious times, we must recognize the ways death and dying are tethered to the radical imaginings of freedom, and consider how our professional practice connects with the political movements that resist the dehumanization of Black peoples. These demands supersede utopian dreams of justice but stand as ethical imperatives for culturally sustaining and anti-oppressive music therapy practices that would begin to affirm Black clients’ true value. Until these "freedom dreams" are actualized (Kelley, 2002, p. xii), we must continue to ask: "What must die in music therapy to preserve human dignity? What in music therapy must die so that freedom may be affirmed? And what are [Black] lives worth?" (Norris, 2020).

About the author
Dr. Marisol S. Norris is a board-certified music therapist, critical arts therapist educator, and founder of the Black Music Therapy Network, Inc. Her music therapy clinical and supervisory experience has spanned medical and community health settings and includes work with adult psychiatric and dually diagnosed populations, adolescents
facing homelessness, families within the city court system, and medically fragile children. These experiences have profoundly contributed to her critical culturally sustaining lens of music therapy theory and praxis and her dedication to expanding the understanding of Black clients’ aesthetic music and health experiences. Her current research focus includes discursive construction of race in music therapy theory and praxis, the role of cultural memory and aesthetics in client and therapist meaning-making processes, pedagogical approaches to culturally sustaining healthcare training and practice, and frameworks for healing justice within Black communities.

Marisol will be joining the College of Nursing and Health Professions’ Creative Arts Therapies Department at Drexel University as Director of Music Therapy and Assistant Clinical Professor winter 2021.

References