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Equity, Diversity, Inclusion, and Belonging in Canadian Music Therapy

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Abstract

Issues of equity, diversity, inclusion, and belonging (EDIB) are urgent priorities for an increasing number of minoritized and allied music therapists. With the aim of addressing gaps in the current music therapy literature and inspired by the British Association for Music Therapy's 2020 Diversity Report, the research team developed a questionnaire that was distributed to all Certified Music Therapists in Canada. This questionnaire asked for demographic data in addition to exploring Canadian music therapists' perspectives, priorities, and concerns regarding EDIB within the professional landscape. This paper explores participants' answers to three qualitative questions, where results from data analysis are delineated by three overarching themes: Power and Representation, The Role of Music, and Advocacy. We share our perspectives on key findings from the data analysis and connect our discussion to broader discourse surrounding systemic inequalities in healthcare, music practices, and society from our perspectives as minoritized and allied Canadian music therapists. We present ideas for future research and explore how our findings contribute to vital dialogue that challenges inequality, removes barriers, and supports progress toward becoming an inclusive profession that fosters belonging and represents the communities we serve.

Keywords: music therapy; equity; diversity; inclusion; belonging; social justice; education

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Purpose and Team Introduction

The purpose of this study is intertwined with the experiences and observations of our research team. We noted clear under-representation of minoritized experiences and perspectives in the music therapy literature at large, with this absence especially evident in the Canadian music therapy context. In fact, there are no studies that examine understandings of equity, diversity, and inclusion or experiences of belonging (EDIB) in general, and no publicly available data exists on the diversity of the profession in Canada. We therefore aimed to examine the diversity of practising music therapists in Canada, identify their perceptions of issues and inequities within the profession, and connect emergent themes to broader discourses of systemic health inequities and music therapy practices.

All members of this research team come to this EDIB-focused work with various intersecting identities that bring their collective experiences of privilege and oppression into meaningful dialogue. We also bring a collective commitment to allyship and to the continuous promotion of EDIB principles in the profession of music therapy and beyond. Our team came together in 2021 out of a shared concern that minoritized music therapists in Canada might be experiencing a precarious sense of belonging in the profession. Priya, Dan, and Sarah worked together from 2020 to 2021 as members of an Equity Advisory Council to the Canadian Association of Music Therapists—a council that consisted of nine Canadian music therapists of diverse identities. They were inspired by the British Association for Music Therapist's (2020) survey and subsequent Diversity Report to conduct a similar questionnaire-based study of Canadian music therapists. They sought support from Elizabeth, a music therapist with a shared interest in this topic and also an institutional affiliation, an important consideration, and arguably, a barrier, within Western academic research. Elizabeth suggested that a further colleague—Cynthia—join the research team, given her scholarly work and lived experiences in the area of the study.

For the sake of transparency regarding some of the possible challenges of EDIB-centred work, we want to acknowledge up front the tension that existed in our research team when we started our work together. This tension arose, in part, out of the necessity for Priya, Dan, and Sarah to contact an academic to obtain the required Research Ethics Board approval. Irrespective of that academic's commitment to EDIB work, this barrier within Western scholarship influenced our team dynamic and immediately highlighted issues that exist in the broader music therapy field—and academia more generally—regarding access, privilege, and gatekeeping. Our commitment to dialogue and allyship helped us work through these professional tensions and we will return to these dynamics at the end of the paper and to the way our team represented a microcosm of the profession in this domain.

Elizabeth (she/her) is an Assistant Professor of Music Therapy at Wilfrid Laurier University in Ontario, Canada. She is a white, cisgender, abled woman who has increasingly and consistently engaged with critical theories and lived experiences of minoritization to learn, unlearn, and relearn in order to disrupt the status quo. Priya (she/her) is a brown, abled, cisgender woman of Indian heritage who works as a music therapist and supervisor in adult mental health and as a Contract Teaching Faculty member in Wilfrid Laurier University's Master of Music Therapy program. She leans into vulnerability and lived experience to facilitate difficult conversations about difference with students and supervisees. Daniel (he/him) is a queer, brown psychotherapist based in Toronto, Canada. His practice centers around grief and trauma work, particularly related to queer, trans, and racialized experiences. He holds a master's degree in music therapy and practiced music therapy briefly before leaving the profession. Sarah (she/her) works as a music therapist, trauma therapist, and substance use therapist with veterans and first responders in inpatient care. Her master's research explored Indigenous healing methods and her Métis ancestry. Cynthia (she/her) is an Associate Professor of Music

Therapy at Concordia University in Quebec, Canada. She is a blind activist who mobilizes the lived experience of disability and ableism to create capacity for greater equity and accessibility in the profession of music therapy.

This study took place on Turtle Island[1], the unceded Indigenous lands now known as Canada. We are grateful for the First Nations, Inuit, and Métis peoples who have lived here since time immemorial and who have been stewards of the land on which Canadian music therapists live, learn, and work. We recognize past and present colonial violence and its devastating and ongoing impact upon Indigenous peoples, communities, and cultural practices. We also acknowledge that though we use the words "Canada" and "Canadian" throughout this paper, not all Indigenous peoples in this place identify as Canadian.

Literature Review

The published experiences and perspectives of minoritized music therapists highlight the under-representation, discriminatory experiences, and burdensome additional labour they often face. Yet, daring to centre the voices of those who are most impacted by injustice to ensure they are not overshadowed by dominant, or even allied, voices can create precarity for those who already experience marginalization (Swamy & Webb, 2022). Discussing experiences of oppression is vulnerable, "especially when discussing [these experiences] with the people who belong to the group enacting oppression" (Swamy & Webb, 2022, p. 123). This precarity also reinforces the marginalized position of minoritized music therapists, which, in turn, tends to amplify the music therapy profession's alignment with systems of oppression and maintain the boundaries that reinforce outsider and insider narratives (Thomas & Norris, 2021).

Education and training contexts within music therapy have been specifically described in the literature as spaces where minoritized students experience the harms of marginalization and a diminished sense of safety. For example, explicit acts of disability-based discrimination in music therapy teaching and learning relationships, can silence disabled students and leave them feeling as though they, and their accessibility needs and rights, are an unwanted imposition on abled others (Bruce, 2016). Participants in Gombert's (2022) phenomenological interview study also highlighted the harsh reality of already marginalized voices being silenced in music therapy teaching and learning relationships. These participants were specifically concerned about the troubling role that music therapy education and training often plays in the de-centring of marginalized voices in the discourse surrounding cultural intersections, equity, and diversity within the field of music therapy. Some participants, for example, said they experienced significant tension and defensiveness accompanied by the silencing of their perspectives when they wanted to discuss issues of equity and diversity in their classes (Gombert, 2022).

This un/intentional de-centring, or silencing, of minoritized perspectives arguably jeopardizes one's sense of belonging in the classroom and the profession. Webb (2019) interviewed ten Black music therapy students, clinicians, and educators who explicitly said they did not feel as though they fully belonged in the profession. They also highlighted the problematic and inconsistent attention paid, in the American music therapy context, to addressing diversity, cultural awareness, and cultural sensitivity issues. We have already noted the violent legacy of colonialism in Canada that stripped Indigenous peoples of lands and basic human rights, including the right to culture, language, and music (McLeod, 2024). Educational settings—including music therapy training programs—can be viewed as ongoing tools of colonialism (Colonialism and Music Therapy Interlocutors Collective, 2022) and are, therefore, essential sites for de-centring dominant voices and centring of Indigenous voices (Hutchings, 2021). Another "contemporary manifestation" of colonialism in music therapy practice is "the elevation of evidence-based research above

all else and an ongoing silencing or appropriation of Indigenous knowledges in 'scientific' spaces" (Colonialism and Music Therapy Interlocutors Collective, 2022, p. 40). As music therapy researchers navigate pressure to use "evidence-based practices" as defined by Western science, the relationship between music therapy and the healing and spiritual practices of Indigenous communities is often erased or appropriated.

Other minoritized and allied music therapists have highlighted the harms that may be enacted by maintaining the expert therapist and pathologized client binary as the normative construction of the therapeutic relationship. This binary constitutes and perpetuates an unequal power dynamic that arguably obscures our understanding of the presence of oppressive social structures in the therapeutic relationship (Rolvsjord, 2014). It can also create a variety of safety concerns for disabled and neurodivergent students and those who live with chronic physical or mental health conditions—individuals who have said that this enforced binary creates barriers to disclosure (Shaw et al., 2022). These safety-diminished and marginalizing spaces, then, often require minoritized music therapy students to, "take responsibility for educating and alleviating the discomfort in non-minoritized populations" (Gombert, 2022, p. 167). This education role often comes with the need to navigate the good/bad dichotomy with other music therapists in classroom and conference settings—a challenge that entails engaging with those who may resist examining how they participate in the maintenance of oppressive systems because they see themselves as "good" because they are doing "good" by helping others (Gombert, 2022). These realities create a double bind for minoritized music therapy students, and especially for those who live at the intersection of multiple systems of oppression. They must either expend additional labour to evidence their struggle and reality or suffer in silence which only intensifies feelings of isolation (Myerscough & Wong, 2022).

Bain and Gumble (2019) suggest an embracing of queer theory as a means of challenging harmful and reductionist binaries. Queering music therapy includes affirmation of diverse identities in the areas of sexual orientation and gender, while more broadly asking all of us "to call into question, to critique, to dismantle, to unsettle—dominant and normative ways of existing with both ourselves and with others in music therapy practice, education, and research" (para. 3). Regardless of specific theoretical adherence, the literature calls us, as music therapists, to examine and disrupt our individual and systemic complicity with dominant narratives and systems of oppression that inevitably cause harm (Hutchings, 2021). Harms are all too easily produced in training and professional contexts where dominant perspectives situate music, therapy, and music therapy within white, European, and ableist standards that often fail to honour, and thus further marginalize, the experiences of many students, therapists, and clients (Gombert, 2022; Mains et al., 2024; Pickard, 2020). Understanding these harms can help marginalized individuals to claim their voice and assert the legitimacy of their lived experience as knowledge. In doing so, marginalized individuals can interrupt the dominance of oppressive structures in the profession (Bruce, 2022) and counter narratives that situate disabled success as nothing more than inspirational overcoming—narratives that deny the reality that positive resources can be generated out of lived experiences of disability (Shaw et al., 2022).

This growing body of evidence points to isolation as an all-too-common experience for minoritized music therapists (Imeri & Jones, 2022; Myerscough & Wong, 2022). These professionals end up coming together to resist the ever-present oppressive forces that shape their sense of belonging and thwart their efforts to work with one another in solidarity (Leonard, 2020). As Norris (2020) recounts:

> Marginalized music therapists, like me, often navigate a barren disciplinary landscape with little to no scholarly distinction of the socio-political, socio-cultural, socio-structural realities that mark both our own and our clients' existence… [we] often seek and cherish other marginalized music therapists, author-activists, and community leaders of our field, whose

> voices have been suppressed. (p. 4)

The current research strove to take up Norris's above call in its intent to highlight the realities that impact marginalized music therapists. The methodological framework upon which this study was conducted is detailed in the next section.

Methodology

Our overall initial aim was to address two existing gaps in current music therapy literature: the lack of current or historic data capturing demographic data on Certified Music Therapists (MTA[2]) in Canada, and a dearth in understanding of what it means to be an equitable profession or what steps were necessary to advance equity and social justice commitments in professional associations. We therefore aimed to collect demographic data on MTAs in Canada in order to identify patterns of exclusion and under-representation. We also generated qualitative data that might support an enhanced understanding of issues and necessary action related to EDIB from the perspective of MTAs in Canada. The study received approval from the Wilfrid Laurier University Research Ethics Board and Concordia University's Human Research Ethics Committee.

This cross-sectional study (Curtis, 2016) gathered data by distributing a questionnaire developed by the research team. All MTAs in Canada received an email invitation in October 2022, distributed by the Canadian Association of Music Therapists (CAMT), to complete the online questionnaire. The research consent form appeared at the beginning of the online questionnaire. Participants, therefore, could not proceed to the questionnaire without indicating that they had read and understood the conditions of participation and had consented to the use of their data as described in the form. Participants had the option to provide additional consent for the use of their de-identified quotations in dissemination activities. Participants were able to choose whether to complete the questionnaire in English or in French.

The questionnaire aimed to produce two data sets. First, demographic information was collected through multiple choice and multiple select questions. Demographic data collected included age, gender identity, sexual orientation, race/ethnicity, religion, languages spoken, disability, household income, and population of primary place of residence. Despite Canada's expansive geography, many regions of Canada are not densely populated, so participants were not asked to identify their province, territory, or region of residence because this information could compromise some participants' anonymity.

Second, participants were asked to respond to three qualitative questions. These questions sought participants' perspectives on current issues and strengths related to EDIB within the Canadian music therapy community. It also probed their understanding of EDIB and how they manifest in the profession. These questions are listed in the Appendix.

Of the approximately 915 music therapists eligible for participation in this study, 75, or approximately 8% of certified music therapists in Canada, responded. Twenty-eight respondents completed the demographic questions but left the qualitative portion blank. The relatively small proportion of Canadian music therapists who participated in this research means the demographic data did not constitute a representative sample. Therefore, the research team decided not to proceed further with quantitative data analysis at this time. This article, therefore, focuses on an analysis of participants' qualitative responses. Each participant has a unique numerical identifier; when participants are directly quoted in this paper, they are referred to by that number (ex., Participant 1 is referred to as P1).

The team approached qualitative analysis from a constructivist epistemology, a perspective "that views meaningful human reality not as objective—not out there to be discovered or uncovered—but rather as constructed by individuals through their

interactions with and interpretations of the world and each other" (Hiller, 2016, "Constructivism and Social Constructionism," para. 1). NVivo data analysis software was used to support initial coding, where participants' responses were repeatedly reviewed with increasing analytic depth. Smaller, individual codes were gradually grouped together into larger meaning units, until three large overarching themes emerged.

Results

Results from our qualitative analysis are delineated by three overarching themes: Power and Representation, The Role of Music, and Professional Advocacy.

Power and Representation

Many participants spoke directly to power and representation. They raised both power and representation as issues of concern in settings including the professional community, educational institutions, and professional leadership.

Professional community

Participants commonly indicated concern about the community of music therapists not being representative of the diversity of Canadians, specifically pointing out that the field is primarily populated by white, cisgender females:

> As a profession, our membership should more or less reflect the diversity of the greater population. The music therapy profession will become more diverse only if we carefully examine the reasons why it is currently so homogenous and strive to make radical change. (P15)

There was specific mention of the strong English and French colonial presence, and clear recognition that other cultural groups are not well represented among music therapists in Canada. Several participants observed that Indigenous voices and teachings are largely absent from our professional discourse, with one participant stating, "In my direct experience, the biggest concern is the sidelining or absence of Indigenous voices in the music therapy profession" (P24). In addition to Indigenous voices, some participants acknowledged the absence of disabled voices, even in specific conversations about EDIB in the profession. One participant shared, "Language such as 'special needs' and 'fighting the illness' come up far too often for a group of professionals almost entirely working with disabled people" (P5). This participant also noted that many music therapists work with disabled people yet very few have had the opportunity to learn from a disabled therapist or educator. Participants spoke about the need for increased awareness and education surrounding how to work in allyship with disabled, neurodivergent, and Indigenous clients.

Participants also spoke about how the experience of belonging for Canadian music therapists is complicated by the size of the country and the fact that the music therapy community is geographically dispersed. Some participants shared that their sense of belonging is impacted by the frequency with which they see other music therapists; they noted that although the annual conference provides this opportunity, travel to conferences is not possible for many music therapists, often for financial reasons. One participant expressed curiosity about privilege and its possible impacts on others' sense of belonging:

> I understand that not every MTA feels like they belong in the Canadian music therapy professional community, particularly [Black, Indigenous, and Persons of Colour] MTAs. I need to reflect more on my personal role in this. I have the privilege of feeling like I belong, but I don't want that to be a privilege unique to people who share my identifiers (white, settler, etc.). (P15)

Educational institutions

Several participants wrote about the role of universities as "gatekeepers" that decide who is admitted to music therapy educational programs and, accordingly, who is represented in the profession. For example, some participants mentioned the audition process, which has historically been tailored to favour musicians trained in the Western European Classical tradition and has disadvantaged and excluded others. There was recognition from other participants that this is gradually shifting, and that many programs in Canada now accept students from diverse musical backgrounds.

Other participants critiqued university degrees more strongly, and some questioned the very requirement to hold a university degree to practice music therapy. They pointed out that acceptance generally requires extracurricular music training, which, like pursuing postsecondary education, requires a level of socioeconomic privilege. One participant noted that the intensity of the education programs makes it challenging to work while attending school, and other participants pointed out that the profession is skewed not only towards those who can afford university—and in some Canadian provinces graduate level training—but also those who can afford to complete an unpaid internship and to be "comfortable with the reality that one may not have a steady income/employment on graduation" (P3). P43 noted that "unpaid internships cause…an entrance 'fee' to being a music therapist, requir[ing] folks to have the financial resources and support to work full-time but not get paid. This is not a feasible option for lots of folks." Though the requirement to pursue a university degree creates a "huge barrier to equity" as P44 noted, this participant also acknowledged, "I don't know how you grapple with that while keeping standards in place. Scholarships?"

Aside from universities' power to decide who gets admitted to music therapy training programs, some participants found the actual content of university programs problematic, stating the focus upon Western music and philosophy as one of the primary concerns:

> Our training programs are not accessible due to financial requirements, Western music requirements, and Western philosophy expectations/requirements. This makes the trainings harmful for students who fall outside of these limited norms. These training programs have produced generations of privileged music therapists with minimally to completely unexamined privilege. This is harmful to the music therapy participants we support. (P41)

This participant speaks to the harms caused by the dominance of Western perspectives and unexamined privilege. The assertion that university faculty, along with all leaders in the profession, must examine their biases so that a greater diversity of students and clients will experience belonging came up often.

Professional leadership

Many survey respondents asserted a need for more diverse voices within positions of power and leadership, in order for our profession to better identify and address gaps in the areas of EDIB. For example, one participant posed the question, "How do we diversify the profession so young people potentially interested in pursuing music therapy as a career see themselves in the folks leading and representing our community?" (P71)

One participant expressed a need for stronger allyship, exemplifying a theme identified in the literature regarding the burden upon minoritized music therapists to educate others and implement change:

> Individuals who identify as being a minority in our profession are being burdened with the task of educating the privileged. Having greater leadership amongst the privileged will have a greater impact in supporting the minority music therapists in our community. (P7)

This tension also begs the question—how does allyship work? How can we support and elevate each other's voices in this work?

There was tension in the data between those participants who expressed appreciation for the progress made and those who expressed disappointment linked to a *lack* of progress. For example, among participants who expressed appreciation, some noted the creation of the Equity Chair on the CAMT Board of Directors, as well as an equity committee, and another observed that music therapists are "seeking to learn about how to do the work of decolonization, such as unlearning white supremacy" (P15). Another participant observed that there has been ongoing conversation about these topics in the Canadian music therapy community and reflected, "You don't know what you don't know, and talking about it is the first step towards meaningful change" (P5).

In contrast, other participants observed dissonance between how we *speak* versus how we *act* with regard to EDIB. One participant noted this incongruence, sharing, "Lots of folks are happy to say they support [equity, diversity, and inclusion] policies, but somehow, we seem slow to change" (P3). Others shared disappointment around the abundance of discussion and lack of action.

> I think we talk a big talk. We have lots of learning opportunities (i.e. continuing education) about inclusion and diversity, and a lot of MTAs focus on those topics when speaking about music therapy, posting on social media, etc. But when it comes down to ACTUAL change, it's difficult. We have theories and ideas of how to move forward, but there are a lot of barriers (real and imagined) that seem to be in the way. How do you actually achieve these goals? Not just theoretically, but practically? (P46)

Role of Music

In describing the strengths and challenges related to EDIB in Canadian music therapy, many participants reflected upon the role that *music* plays in exploring these questions. As discussed further below, we also observed a tension between some of the responses, wherein some participants emphasized music's ability to foster relationships and to actively bring diverse and intersecting experiences into a space, and other participants noted that music therapy practices may be part of and reflective of oppressive systems.

Music therapists' flexible perspective on music

A number of participants noted that music therapists typically have a broad and flexible view of music and musical participation. For example, P9 noted that "music can be used flexibly to meet individual needs." Several participants noted that the flexibility that they ascribe to music-making allows them to foster inclusivity and diversity in their practice, and in fact, that they see inclusive and accessible music-making at the core of what music therapists do. P60 described music therapy as a "highly accessible modality which can draw many people from different walks of life" and P70 stated, "Music therapy seeks to make its sessions accessible to all individuals and create a welcoming and safe space for all individuals." P6 portrayed music therapists as having a "diverse way of thinking about delivering musical experiences" and accepting many types of sounds as musical, describing, as one example, their understanding of "the throaty sound of a person I'm working with as...a valid form of singing" (P6). Another participant wrote,

> We learn as music therapists to create situations to connect to our clients through music …We also are trained (or at least I hope) to assess and treat a client as a whole person with all their contexts and complexities. When we consider concepts like intersectionality within the EDIB world…hopefully the music therapy community is well prepared to understand the complexities of things like this. (P8)

Similar to the previously cited participants who noted music therapists' ability to promote inclusivity and diversity, P8 here overtly connects music therapists' training and scope to EDIB work more broadly. They propose that music therapists hold holistic perspectives on clients in all of their human complexities, and that this skill may transfer to an ability to also grasp the complex nature of peoples' intersecting identities.

Music exists across cultures and communities

Some participants noted music's value as a therapeutic tool in the context of EDIB work given the fact that all human cultures have and participate in music. One participant wrote, "Canadian music therapists are likely to encounter multiple cultural/ethnic backgrounds in their work, and it is a foundational skill to be able to recognize and give voice to these cultures within music therapy sessions, whenever appropriate" (P24). Another participant stated, "Music is a language that we can all share in" (P3).

Several participants noted their observations of music's ability to foster community and relationships, implying that music therapy might be well suited to EDIB work. For example, one participant wrote, "Music itself is a form of connection that includes all from any language background or level of skill" (P8). Other comments regarding this topic included, "Music provides a way to quickly forge a therapeutic relationship with clients that is unique to other therapies" (P9) and "Music therapy is a natural way to offer a sense of community" (P6).

Connected to participants' observations about the role of music, in the context of EDIB, were assertions about the types of people who choose to become music therapists and the training that we/they receive. These respondents connected music's use as a flexible and inclusive tool in therapy to the flexible and inclusive therapist facilitating musical experiences. One participant described the professional community in Canada as "open, concerned, and changing" (P6) and another said, "I think that compared with other professions, music therapy is more inclusive and accepting of diversity" (P36). Another participant reflected, "I think due to the fact that most people work in environments where we are advocating for inclusivity or equity for clients that it's been an easier shift as a whole to move towards EDI within the profession" (P44).

The risks of generalizations

Providing tension and contrast to these previous points about the characteristics of music and therapists that render them well-suited to incorporating principles of EDIB into music therapy practice, some participants recognized the inherent risks in making these types of assumptions or generalizations about the character of therapists or the benefits or universality of music or music therapy. One participant summarized this notion: "The use of music is fraught with power imbalance and meanings reflective of systemic oppression —we need to have conversations about this, even though it's scary" (P50). Another participant wrote about the risks of choosing music for clients based upon stereotypes related to age or cultural background, and another noted that music therapists do not learn enough diverse musical styles, songs, and history to reach diverse peoples.

Regarding the notion that music can create community, one participant offered, "Music is an amazing tool for facilitating belonging…but it can also create in and out groups, so we have to be careful" (P69). A different participant cautioned about the risk of seeing music therapists as naturally "inclusive" people, stating that we have to actively interrogate "whether therapy practices are non-oppressive and not rooted in colonial/patriarchal/euro-centric modalities only" (P60). It was evident that among the music therapists who participated in the study, there were contrasting viewpoints surrounding the assumptions we can make about music and the critical analysis that we must undertake as therapists.

Professional Advocacy

This final theme concerns the labour of advocacy for the field of music therapy. Continued advocacy for the legitimacy of the profession, for music therapists' roles as members of interprofessional teams, and thus for music therapy's very existence, is necessary in many contexts globally, including ours in Canada. Music therapists often undertake such professional advocacy in the hopes of increasing access to music therapy services for clients and financially sustainable jobs for themselves (Branson, 2023). A final overarching theme that emerged strongly from the data was the need for professional advocacy for music therapy across many contexts, along with contrasting perspectives on what advocacy might look like.

Advocacy benefits clients

One of the most common themes in the data was participants' wish to increase access to music therapy services and training, pointing out that barriers, including financial and geographical location, greatly affect the accessibility of music therapy for many who need services. For example, P2 wrote, "We also need to improve equity in terms of access to music therapy services for people who may not be able to pay for sessions" and P16 noted, "I believe that all persons deserve the right to access music therapy services. I know this is a challenge both financially and geographically in our country." Several participants noted that financial barriers for clients demand that music therapists advocate for increased government funding for our work. The frequency with which this theme arose represents participants' strong commitment to serving *any* client, rather than only those who can personally afford therapy services.

Advocacy benefits music therapists

Participants observed that we as music therapists often do not experience belonging in our workplaces, with one participant noting, "Music therapists are not always included into healthcare discussions in various settings—they are not always/consistently a part of rounds, meetings, etc." (P2).

The idea that music therapists must generally have a level of socioeconomic privilege was already noted in the first section surrounding the role of the educational programs; it is worth noting again here, given its prevalence in the data. One participant wrote that they were "planning to leave the field because it is not sustainable. If things continue this way, the only people who'll apply to be music therapists are those who choose to work, not have to work" (P51). Another participant noted, "My program was primarily white and middle class because that is who could afford to study classical music and have the luxury of pursuing a potentially not-so-lucrative career" (P15). More jobs and better compensation for existing jobs would, according to participants, increase access for clients and create space for more diverse music therapists to enter training and to remain music therapists.

What kind of advocacy?

An interesting tension also emerged as participants shared their personal perspectives on the nature of advocacy within healthcare systems and the directions that this should take. Some participants persuasively argued for the need for music therapy to be respected by and valued within the Western healthcare system. For example, one individual wrote that music therapy needs "increas[ed] advocacy for the profession at large in different areas of healthcare" and also "recognition…by insurance companies as a funded rehabilitation profession" (P14).

Contrasting these perspectives were those participants who challenged music therapy's embeddedness in Western healthcare systems. These participants painted a picture of a professional community fighting for its place amidst an oppressive system, and in doing so, losing track of values such as inclusion that should be inherent to our work. One participant shared, "We seem to be on a high horse about what music therapy isn't and that excludes far too many people. We are trying so hard to be thought of as professionals, we have chosen to belong to a College[3] that further complicates these issues" (P67). As another participant succinctly summarized, "There is more exclusion than inclusion because so many people are trying to protect their job" (P52). One participant stated that music therapy has been deeply inspired by Indigenous knowledge and that by embedding ourselves in Western systems we risk erasing this history. Another participant said that we need "more education and awareness surrounding how we can ally with and support Indigenous colleagues and clients, in line with the recommendations of the [Truth and Reconciliation Commission[4]]." (P69)

Discussion

Music and Harm

Despite those participants who noted the potential harm that can occur through music and music therapy, it is worth noting that *many* more people made generalized comments about the benefits of music and the positive qualities about the types of people who become music therapists. As active music therapists, fully invested in the potential benefits of musical engagement, the authors recognise the need for university programs and CAMT to expand discussions about the potential harms that clients can experience in their work with us. Murakami (2021), for example, has detailed six potential sources of harm in her Music Therapy and Harm Model. This model includes ecological factors which, at the macro-level, may include "the negative physical and/or psychological impact of racism, sexism, ableism, or other systemic forces of oppression" ("Harm arising from ecological factors," para. 4). We assert that we must acknowledge the history of harms enacted upon marginalized communities by those within the "helping" professions. We propose that all music therapists must take personal responsibility to better understand these historic and contemporary harms and actively work to dismantle oppressive structures in healthcare while acknowledging where they have harmed and where they have helped. To believe that music is universally helpful is not enough and is potentially dangerous.

Advocacy and Survival

All five authors were surprised by the significant role that music therapy advocacy played in the results. Certainly, advocacy for our profession does have major relevance in terms of enacting our EDIB values, given that if we do not have adequate employment opportunities, and if the only services available are for those clients that can pay full market value, then we cannot serve the population in an equitable manner. Additionally, we have clinicians in Canada who are skilled, educated, and eager to contribute to the field but cannot make a living as a music therapist. As several respondents noted, this job insecurity means that some people who cannot afford to take this kind of financial risk are likely deterred from entering the field in the first place. We must take this seriously as a profession in order to increase diversity and accessibility and to avoid perpetuating homogeneity.

The authors revealed a more interpretative take on the emergent focus on advocacy from the data. It is clear that many music therapists are living in a kind of "survival mode" professionally speaking; this was evident in the data and is certainly backed up by our

anecdotal observations from our own careers. Music therapists are often struggling to make enough money, or they *are* making enough money but are living in fear that their contracts will not be renewed, or they are exhausted and frustrated from feeling undervalued in their workplaces and constantly having to explain and justify their professional existence. These types of concerns require a lot of time and emotional energy and understandably feel burdensome. In turn, many of the music therapists who are focused on these particular struggles have minimal professional energy remaining to engage in other types of advocacy. The risk here is that many music therapists then may not be fully able to see, comprehend, or engage with broader issues of injustice within healthcare systems, including the ways in which many of our colleagues are being marginalized by this system, because we are exhausted from our own professional fight. This struggle or inability to engage with broader injustices, that is, beyond feeling marginalized professionally as music therapists, is distressing and feels like an injustice itself. We note that this struggle also acts as a barrier to the collaborative work required to dismantle broader inequities in the profession and in healthcare.

We acknowledge that music therapists' experiences of being devalued in their workplaces are valid and are worthy of taking up space. Branson's (2023) recent study noted the "burden" of having to advocate for our profession's existence is a significant reason that American music therapists choose to leave the field altogether. Mondanaro (2019) described the "marginalization" faced by music therapists within the "hierarchical healthcare paradigm" (p. 120) and Johnson (1994) detailed a culture of shame within the creative arts therapies, which he suggests is linked to "pervasive cultural denigration and disinterest in art, women, and therapy" (p. 173).

We also acknowledge that there appears to be a limited capacity across the profession to advocate for ourselves while also advocating for our minoritized colleagues who may be facing different barriers and discrimination based on their intersecting identities. There is a level of privilege in being able to have the capacity to fight for the profession; those of us that do hold this capacity for professional advocacy must remember that we have colleagues that are fighting to simply exist as persons. As we advocate for a seat at the healthcare table, we must remember that we are seeking to find belonging in a system that has historically oppressed many people. For example, as one participant pointed out, promotion of "evidence-based practice" as currently defined in healthcare may risk further distancing our field from music's roots as cultural knowledge/healing and Indigenous knowledge.

Norris (2020) also explores this issue of music therapy's so-called "marginalization" and the costs of our advocacy work that seeks recognition within traditional healthcare spaces:

> Although often narrated as a small but growing profession, even marginalized in comparison to traditional healthcare approaches, music therapy holds the vestiges of White European settler colonialism and is founded upon prevailing cultural values and ideals that support its existence, and that simultaneously benefit and harm client communities. As the field attempts to increase professional legitimacy within research and reimbursement-driven healthcare systems, practice based on empirical data has become a growing priority, and of lesser concern are the peoples at the margins that have been decentered in our collective work. (Norris, 2020, p. 4)

We suggest that our individual professional advocacy has often come at the cost of our systemic activism. If this is the case, then we need to consider how we might turn our learning and reflections into something actionable. If we acknowledge that a collective experience of being hurt, undervalued, and underrepresented has contributed to an individualistic survival response, how can we move forward?

Limitations and Areas for Future Research

While our project garnered rich responses to its narrative questions, we did not receive the overall number of participants that we had hoped for, impeding our ability to make meaningful assertions about the overall demographics of MTAs in Canada. It is our recommendation that future researchers, and/or CAMT, consider a demographic survey of Canadian music therapists. This would provide an invaluable snapshot of the identities of music therapists currently practicing in Canada, while simultaneously identifying patterns of exclusion and under-representation.

In the early stages of this project, we intentionally chose *not* to partner with CAMT to conduct our study; we felt that participants might be more comfortable sharing their concerns regarding the profession if the study was conducted by researchers situated at an arms-length from the national association. While this may have been the case, it could also be the case that a survey disseminated by CAMT, particularly if that survey only asked demographic questions, would garner more responses than our questionnaire did. Additionally, though the study itself was not affiliated with CAMT in any way, we each as individual researchers have held affiliations on some level. At the time of recruitment, Elizabeth was the CAMT's Ethics Chair, a role that Cynthia had held previously, and, Priya, Dan, and Sarah had all recently been members of the Equity Advisory Council to the CAMT. It is a small professional community, a small subset of which has direct involvement with social justice-related work. Though data was collected anonymously, it is possible that some individuals chose not to respond to the questionnaire due to the sensitive nature of the questions and concern about whether their responses might inadvertently identify them.

Focus groups among Canadian music therapists could be an optimal setting in which to explore the themes emerging from this questionnaire in a more in-depth manner. It would also be interesting to repeat this study in a number of years to assess areas of progress and stagnation regarding EDIB issues. Additionally, from observations from the data collected, there is a strong need for research that specifically examines EDIB in music therapy *education* programs in Canada, including existing efforts to diversify curriculum and support inclusion. We recognize anecdotally, along with some of our participants, that positive change may be happening in this area already, but there is not adequate data at this time to support these observations or to indicate the extent of any changes in this area.

Conclusion

This study contributes to the literature regarding EDIB within professional music therapy practice, identifying key areas of concern, as well as areas of strength and potential, for music therapists moving forward. Though all study participants were certified in Canada, undoubtedly this research holds significance for music therapy communities in many contexts and countries. Issues of power and representation, exploration of the relevance of the medium of music, and the tensions inherent in our professional advocacy efforts are all pertinent considerations for our field as we move forward. As a research team, it is our hope that these themes will be considered by new and experienced therapists alike and particularly taken seriously by those in positions of leadership within our profession, including those teaching within educational institutions or providing governance within professional associations and other governing bodies.

In this paper's introduction we noted that tension existed within our research team at the outset of the project. The themes of privilege, gatekeeping, and access shared by the participants were issues we had to acknowledge as existing among the five of us, specifically due to the barriers faced by Priya, Dan, and Sarah in embarking upon research knowing that they would need to partner with an academic for the research to be deemed

"credible" within Western scholarly spaces. We chose as a team to openly acknowledge the bitterness understandably created by this situation, and in time we witnessed this bitterness softening as we worked together, built collaborative working relationships, and held space for one another's complexities. We recognized, in the building of our relationships, the strong urge to defend our own position when we felt oppressed, a parallel noted in the data. Without careful consideration, the risk of decreased empathy and silencing of the experiences and marginalization of others becomes prevalent.

We are choosing to share this experience here because of our shared commitment to collaboration, dialogue, and pluralism, and our recognition that "difficult conversations are expected" if we are to "meaningfully enact increasingly articulated social justice commitments" (Brault et al., 2025). This shared commitment to challenging institutional oppression increases our own confidence that our profession can and must move towards greater embodiment of EDIB principles. We recognize that *belonging*, an experience and feeling that we believe is possible for all music therapists in Canada, cannot be achieved without intentional work from all of us to foster greater equity, diversity, and inclusion in our profession.

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[1] Many Indigenous peoples in the northeastern part of North America use the name “Turtle Island” to refer to the continent. There are various stories of Turtle Island within Indigenous communities, with the name often arising in creation stories specifically (Robinson, 2018).

[2] The Canadian Association of Music Therapists (CAMT) utilizes the title “MTA” to designate music therapists who have successfully completed the certification process. MTA stands for “music therapist accredited,” however, common parlance in Canada is to refer to MTAs as “Certified Music Therapists.” Readers can visit www.musictherapy.ca for more information about the CAMT and the certification process.

[3] A number of provinces in Canada have begun regulating the practices of counselling and psychotherapy at the provincial level. In some Canadian provinces, music therapists are able to become regulated members of these Colleges.

[4] The Truth and Reconciliation Commission of Canada’s mandate was to “inform all Canadians about what happened in residential schools” (National Centre for Truth and Reconciliation, 2024). Their reports, available at https://nctr.ca/publications-and-reports/reports/, include ten principles for reconciliation and 94 calls to action that hold relevance for all facets of Canadian society.

Appendix

Questionnaire – Qualitative Questions

1. Briefly describe what comes to mind when you consider each of the following in the context of the music therapy profession/community in Canada (e.g., your perspective on each concept's definition, role, or anything else you believe is important).

Equity
Diversity
Inclusion
Belonging

2. In your experience, what are the current strengths/successes related to equity, diversity, inclusion, and belonging within the music therapy profession/community in Canada?

3.In your experience, what are the most pressing concerns related to equity, diversity, inclusion, and belonging within the music therapy profession/community in Canada?