Voices
A WORLD FORUM FOR MUSIC THERAPY

OPEN ACCESS

POSITION PAPER | PEER REVIEWED

Music Therapy and Intersectionalities:

Critical Perspectives on Structural Dynamics of Violence and Oppression and How to Confront them Through Emancipatory Practices in Brazilian Music Therapy

Wagner Junio Ribeiro [1*], Luiz Paulo Ribeiro [1], Verônica Magalhães Rosário [1]

[1] Federal University of Minas Gerais, Brazil
* mtwagnerribeiro@gmail.com

Received 10 March 2025; Accepted 9 September 2025; Published 3 November 2025
Editors: Juan Pedro Zambonini, Virginia Tosto
Reviewer: Mauro Pereira Amoroso Anastacio Junior

Abstract

This paper reflects on the urgency of incorporating intersectional perspectives into music therapy practice, emphasizing the need for an intersectional approach that includes anti-racist, feminist, and LGBTQIA+ (queer) perspectives in order to transform healthcare and combat possible institutional violence. Based on a critical review of the literature, it offers reflections that point to the need for music therapy to expand its dimensions in order to integrate decolonial knowledge and anti-oppressive practices, recognizing the complex interaction between race, gender, and sexuality. The analysis reveals that historical structures of oppression, such as racism, sexism, and LGBTQIA+phobia, perpetuate inequalities and restrict access to quality health services. As a result, the text highlights the need to rethink music therapy training curricula, promoting critical awareness and the valorization of multicultural knowledge based on multiple epistemes. By proposing a music therapy practice committed to social justice, the study calls on professionals, educators, and managers to critically rethink their approaches, expanding spaces for listening, inclusion, and transformation, and thus contributing to the promotion of comprehensive and emancipatory health, capable of addressing the multiple dimensions of contemporary violence.

Keywords: music therapy; intersectionality; violence; health promotion; emancipatory practices

Publisher: GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)
Copyright: 2025 The Author(s). This is an open-access article distributed under the terms of the http://creativecommons.org/licenses/by/4.0/, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
DOI: https://doi.org/10.15845/voices.v25i3.4528

Editorial Comment

How complex music therapy is when we experience it at the intersection of race, gender, and sexuality! The authors have a deep understanding of this kind of intersectionality and generously invite us to explore this territory. They themselves acknowledge the work of many colleagues in Brazil who are working to confront the violence generated by colonialism in terms of inequality, injustice, and violence.

Introduction

I remember when I was working as a music therapist at a Psychosocial Care Center (CAPS) in 2022, in the city of Niterói, in the metropolitan region of Rio de Janeiro. One day, a service user, a black, bisexual man diagnosed with paranoid schizophrenia, was approached by the police right in front of the CAPS gate. With several guns pointed at him, the first reaction of those present (other users, family members, and staff) was to distance themselves from the possible trajectory of the bullets. Suddenly, I found myself there, also a black homosexual man, alongside the psychiatrist responsible for the medical treatment of the user in question, a black woman, the only ones who went against what the police were asking and attended to the others present. We placed our bodies between that man and the police and our identification badges in front of our skin color. Because the security agents had clear difficulty distinguishing us from the "crazy people" present there, almost all of whom were black. We had to repeat countless times that this was a mental health care facility and that we were professionals responsible for that man, who was in a delirious state, unable to accurately understand what was happening there at that moment.

That memory still reverberates and unsettles me. It insistently makes me reflect on how a professional music therapist can position themselves in the face of institutional violence promoted by racism, misogyny, LGBTQIA+phobia, and so many other forms of violence: what prepares us to understand what happened there and what made me confront the weapons and not hide from them, or even legitimize the actions of those who held them; and what motivates me so much to seek ways to educate ourselves collectively on such issues as music therapists, so that it is not a solitary act of resistance, but a collective one. As I once heard from Ekedi Sinha[1], studying, disseminating, and insisting on topics such as these is much more than an act of struggle and resistance, but a proof of love for one's own people.

Music therapy, defined as the professional use of music and its elements to promote health, well-being, and human development (World Federation of Music Therapy - WFMT, 2011), as a field of practice and research, has been expanding beyond traditional approaches, incorporating critical perspectives that question power structures and social inequalities. As an example, we have the recognition of other models and approaches by the WFMT. Music Therapy models and aproaches is starting from a less rigid and Eurocentric view, critical of the impositions of Western post-colonialism and attentive to cultural diversities and ways of doing and thinking about music therapy in the world (McFerran et al., 2023).

In practice, this expansion has been most evident in the areas of Social and Community

[1] Gersonice Azevedo Brandão – known as Ekedy Sinha - is one of the religious leaders of the Candomblé of Ilé Àṣẹ Ìyá Nassô Ọka, known as Terreiro da Casa Branca, located in Salvador, Bahia, Brazil. Candomblé is a Brazilian religion of African origin, a symbol of the epistemological and cultural resistance of black people who organized it in order to worship the sacred and their ancestry despite colonial persecution. Ekedy is a female position in Candomblé that refers to women whose role is to care for the orixás. Unlike the Mães de Santo (Yalorixás), the ekedys do not manifest orixás.

Music Therapy. Andressa Arndt, Rosemyriam Cunha, and Sheila Volpi (2016) indicate that the social and community perspective of Music Therapy "opens space for the verification that diversity is a constituent of a community and that inequalities must be targeted for transformation through actions that reduce the distances between classes, gender, race, or any other category" (p. 392).

Namely, intersectionality emerges as an essential theoretical and methodological tool for understanding how social markers such as race, gender, and sexuality intertwine and influence the experiences of individuals and communities in the most varied social spheres and, nevertheless, in music therapy thinking and practice. The concept of intersectionality, initially developed in the 1970s and 1980s by Kimberlé Crenshaw (2002), proposes, as Rodrigo Weimer (2021, p. 208) points out, that race and gender "are not identity facets that are simply added to social action, but, on the contrary, interfere with and mutually imply each other." Thus, it is understood that "the intersectional perspective offers more complex and effective forms of social analysis and political intervention" (Ibidem, p. 208).

Revisited, criticized, and expanded upon by authors such as Angela Davis (2016), Djamila Ribeiro (2018), bell hooks (2019), Carla Akotirene (2019), among others, intersectionality reveals how systems of oppression such as racism, sexism, classism, and LGBTQIA+phobia operate simultaneously and interdependently, shaping life trajectories and regulating access to social, economic, cultural, territorial, and, in the context of this work, therapeutic resources.

For Carla Akotirene (2019), racism, capitalism, and cisheteropatriarchy are inseparable, and reading reality from the perspective of intersectionality allows us to advance in social analysis. We Brazilians, and so many others throughout the Americas and Africa, cannot dissociate capitalism and cisheteropatriarchy from colonization. It is important to understand how the colonizing system and the experiences resulting from it for Black people continue to be decisive. According to João Gomes Junior (2023), in addition to the processes of genderization and racialization, which include the discursive construction of the "Black race" based on biological characteristics and as a white and Western imposition, colonial domination of the body still reverberates in contemporary times.

Abdias do Nascimento (2016) analyzes the history of racial rejection experienced by black people and how this colonial experience results in practices of annihilation or erasure of black experiences, manifesting itself through sexual exploitation, attempts at cultural and aesthetic whitening, and discrimination as the imposition of a racial reality. Achille Mbembe (2018) observes annihilation as a central process in the dynamics of colonial power, highlighting that necropolitics operates through the management of death, exclusion, and dehumanization of certain groups. He argues that colonial and contemporary regimes establish categories of people whose existence is considered disposable, legitimizing systematic violence and the denial of basic rights. This process manifests itself in the marginalization, exploitation, and physical or symbolic elimination of populations, reinforcing racial and social hierarchies.

Regarding the genocide of black people in Brazil, Abdias do Nascimento (2016) argues that it goes beyond physical violence, also constituting a process of epistemicide, that is, the systematic destruction of black knowledge, traditions, and culture. The author points out that, by imposing a Eurocentric model of knowledge, power structures marginalize and erase the historical and cultural contributions of black peoples, undermining their identity and autonomy. According to Nascimento (2016), this cultural annihilation is not accidental, but a deliberate mechanism for maintaining the hegemony of the dominant culture, which perpetuates racism and inequality. Thus, epistemicide acts as an instrument of oppression, preventing the appreciation and transmission of ancestral knowledge that could strengthen the identity and emancipation of Black people.

The intersectionalities are diverse and may include correlations of race, ethnicity, gender, sexuality, class, among many others. Here, we limit ourselves to the relationships between

race, gender, and sexuality, understanding that it would be impossible to cover all social markers and their intersectionalities in the limited space of a single article, and that in attempting to cover so many categories, we would end up emptying their discussions of meaning. Thus, we start from intersectional feminist perspectives based on Ribeiro (2018), Akotirene (2019), and hooks (2019); from decolonial references such as Nascimento (2016), Mbembe (2018), and from LGBTQIA+[2] (queers) from Marco Aurélio Máximo Prado and Frederico Viana Machado (2008), Toni Reis (2015; 2018), Toni Reis and Simón Cazal (2021), and Wolf (2021), who tells us that we must pay attention to how oppression of LGBTQIA+ people, as well as racism and sexism, are ways of dividing the working class, especially in the struggle for economic and social justice. Akotirene (2019) argues that oppressions cannot be ranked in a hierarchy, as they are interconnected.

Just as there are many possibilities for intersectional relationships, there can be many approaches and findings on the subject. Therefore, we do not intend to provide definitive answers, given the complexity of each social marker in itself, let alone their intersectional correlations and even more so from the perspective of other possible epistemological approaches. Here, we intend to discuss the concepts in a correlational manner, inspired by the Historical-Dialectical Materialist understanding and based on a Social Community music therapy perspective.

Based on the assumption that the application of intersectional theories in music therapy is urgent, we believe that models that consider intersectionalities are fundamental to decolonizing therapeutic practices and promoting more inclusive and culturally sensitive approaches.

Between Violence and Normalization: The Context of Healthcare

Institutional violence is a complex, multifaceted, and highly prevalent global phenomenon that manifests itself with serious consequences and harm in various spheres of society, from public safety to health, education, and justice. According to Priscilla Ladeia, Tatiana Mourão, and Elza Melo (2016, p. 399), "institutional violence is defined as violence perpetrated by public agencies and officials who are responsible for the care, protection, and defense of citizens." The authors also define it as a form of violence that is often invisible, perpetuating cycles of oppression and social exclusion, with racial inequalities maintained and reinforced by institutions, challenging the false narrative of racial democracy (Ladeia, Mourão, & Melo, 2016).

Institutional violence in Brazil has deep racial roots. The narrative of racial democracy serves to mask the disparities and racial discrimination that permeate Brazilian institutions (Soares et al., 2021). According to the authors, institutional violence—institutional racism—is a reflection of slavery and colonial violence, which are produced as a kind of social legacy. Soares et al. (2021, p. 142) also point to the quality of white domination for "maintaining the status quo and subjugating Black people, refuting the idea of integration through miscegenation."

Still from the perspective of inequalities, Ladeia et al. (2016) inform us about occurrences of institutional violence in health, demonstrating that the targets tend to be based on race, gender, sexuality, and social class, as well as discrimination related to cultural values and moral judgment, that is, women, the elderly, Black people, LGBTQIA+ people, and low-income people tend to be more commonly victimized. Nevertheless, it is important to examine institutional violence from an intersectional perspective. Thus, it can be observed that although universal and equitable access to healthcare actions and

[2] The choice of this acronym format is based on the suggestion in the 2nd edition of the "LGBTI+ Communication Manual" by the National LGBTI Alliance / GayLatino - REIS, 2018.

services is legally guaranteed, it is not fully ensured for Black, quilombola, and indigenous populations. The same is true for LGBTQIA+ people, rural and peripheral populations. These communities are especially vulnerable to social and racial inequalities in the field of health, which compromises the effectiveness of access to this right (Ladeia et al., 2016).

An example of this is the way black women face double discrimination, both racial and gender (intersectional). They are the most vulnerable to obstetric violence. Studies, such as that by Maria do Carmo Leal et al. (2020), show that black women are often treated with disrespect and negligence during childbirth, and are also 1.49 times more likely to receive less anesthesia during the process. They also have less access to quality health services, resulting in higher rates of maternal and infant mortality. According to Maryah Hillesheim da Silva et al. (2024), based on analyses of the Ministry of Health's Epidemiological Bulletin for the year 2023, black women (black and brown) represent 70% of cases of inadequate prenatal care in Brazil, a number three times higher than that observed among white women, and that the mortality rate among black women was 87.4% higher than among white women in the period from 2018 to 2021. Furthermore, the lack of effective public policies to combat domestic and gender violence demonstrates how institutions fail to protect women, perpetuating a cycle of violence and impunity (Leal et al., 2017).

Angela Davis, in 1981, pointed out that black men also faced consequences related to the intersection of race and gender, being the target of stereotypes, lynchings, and racial classifications that, for example, unfairly accuse them of being sexual abusers of white women (apud Akotirene, 2019).

Data from the Brazilian Forum on Public Safety (2024) show that the majority of victims of intentional violent death in Brazil are Black people, accounting for 78% of all records. They also represent the largest proportion of victims of police interventions, 82.7%, the vast majority of whom are young Black men.

This reality is a reflection of the racist structure of Brazilian institutions, which treat Black bodies as threats and subjects susceptible to violence. These findings reveal how institutional violence is intensified by skin color, with policies and practices that systematically discriminate against racialized individuals. Black individuals are at a disadvantage when accused in criminal proceedings compared to white individuals from so-called "superior" social strata (Soares, 2021). The racial profile of homicide victims highlights the racial selectivity of lethal violence in Brazil.

Discrimination based on sexuality is another crucial dimension of institutional violence. According to the Brazilian Forum on Public Safety, underreporting continues to be a hallmark of homotransphobia and violence against LGBTQIA+ people, resulting in a form of hidden violence. This reality prevents many victims from receiving legal protection, contributes to impunity, and highlights the lack of action on the part of the Brazilian state.

According to the Atlas of Violence (Cerqueira & Bueno, 2023), data on the profile of victims of violence based on sexual orientation and race/color recorded between 2020 and 2021 indicate that black homosexuals and bisexuals were the most affected, accounting for 55.3% and 52.2% of cases of violence, respectively. Among trans women, 58% of victims are black, while among trans men, this percentage was 56%, compared to 35% and 40% of white trans women and men, respectively. In addition, black transvestites accounted for 65% of cases, compared to 31% of white transvestites, highlighting that black and young transvestites are the most victimized.

We see that LGBTQIA+ people are particularly vulnerable to institutional violence, especially when they belong to other violently marginalized groups (intersectionality). LGBTQIA+ people are often targets of violence and discrimination within institutions that should protect them. Ladeia et al. (2016) point out that violence that does not cause physical injury tends not to be understood as violence in its definition and severity. This invisibility, together with the marginalization of these identities, reinforces institutional

violence, creating an environment of hostility and exclusion.

When we analyze institutional violence from the perspective of gender and sexuality, especially in relation to transgender people (transvestites, transgender, and transsexuals), the scenario becomes even more alarming. According to research by Felipe Costa and Luciana Melo (2024), the trans population is one of the most vulnerable to violence and discrimination in health services. The barriers range from refusal of care to a lack of professionals trained to deal with their specific needs. This violence is amplified by the failure to comply with existing public policies and the prevalence of homophobic and transphobic attitudes based on value judgments and false morality in institutions, values that are often influenced by religious dogma.

Institutional transphobia is a reflection of a society that still does not fully recognize the rights and dignity of transgender people. In many cases, the healthcare system not only fails to provide adequate care, but also perpetuates violence through disrespect and the pathologization of trans identities. These experiences generate mistrust and alienation from healthcare services, which aggravates the health conditions of this population (Costa & Melo, 2024).

We cannot ignore the strong link between health and violence. Cecília Minayo (2006) emphasizes that violence must be understood as a complex social phenomenon with profound implications for public health. For her, violence cannot be analyzed in isolation, as it is intrinsically linked to structural factors such as social inequality, discrimination, and poor access to basic rights.

To the extent that the health sector should be responsible for the physical and mental care of individuals involved in situations of violence, ensuring full health in all its biopsychosocial aspects, paradoxically, it is also these health services and their professional staff who are perpetrators of violent acts (Ladeia et al., 2016). Violent acts do not only occur in encounters between health professionals and users, but also through the denial of such encounters, that is, through the difficulty of accessing health services and the precarious situation in which many of them find themselves (Ladeia et al., 2016).

The invisibility of institutional violence perpetuated by health professionals, as well as the silence surrounding it and its normalization, highlights the urgent need for a better understanding of these acts of violence and effective actions to combat them. Often, even when health service users are aware of and conscious of violent acts, they do not speak out for fear of reprisals or ignorance of their rights (Ladeia et al., 2016).

Institutional violence in Brazil is a deep-rooted phenomenon that disproportionately affects marginalized populations. An intersectional analysis reveals how interactions between race, gender, and sexuality amplify this violence, as well as how class divisions cut across various populations, aggravating the marginalization of these individuals. Thus, addressing violence in the field of health requires an interdisciplinary perspective, involving sectors such as education, social assistance, and public safety, in order to develop effective prevention and response strategies (Ladeia et al., 2016). Music therapy (music therapists) needs to be integrated into this process.

Music Therapy and Intersectionalities: Between What Flourishes and What Escapes Us

Music therapist Jennifer Reis and her collaborators (2024), in their work on “Music Therapy with Black Women,” bring us an important discussion about the relationship between race, health, and music therapy. According to the authors, there is a consensus that the high prevalence of diseases and conditions related to psychological disorders, stress, depression, and mental disorders are the result of the physical and psychological unhealthiness to which Black people are subjected as a result of racism rooted in Brazilian

society and the legacy of the colonial process.

From an intersectional perspective, in the work of Reis et al. (2024, p. 15), recurring themes in music therapy sessions with black women were highlighted, such as: “machismo, racism, loneliness, hope, awareness, art, empowerment, survival, structural, feelings, music therapy, neglect, and resistance,” with the concept of ‘structural’ understood as “elements integrated into the economic, political, and social organization, such as racism and machismo” (Reis et al., 2024, p. 15).

Michele Mara Domingos and Rosemyriam Cunha (2017; 2021) already addressed in an intersectional manner the understanding of black women’s processes of thinking and feeling based on the intersection of gender, race, and class issues, not as isolated markers, but as interdependent ones. According to the authors, one of the functions of music therapy professionals is to promote the health of the Black population through music. This process allows, for example, Black women to express their feelings, strengthen each other, and transform their trajectories, seeking to take control of their lives. It is up to them to understand their social place and recognize the legitimacy of their thoughts and feelings, as well as how these can influence the course of their lives through struggle, education, work, and overcoming adversity.

In research published in 2021 on music therapy, gender, and sexualities with a focus on the LGBTQIA+ population, Wagner Junio Ribeiro, Frederico Gonçalves Pedrosa, and Verônica Magalhães Rosário (2021) observed that although there is a growing awareness of the contextual and political aspects of music therapy, discussions about LGBTQIA+ gender and sexuality diversity remain on the margins of Brazilian productions and that, as of 2021, nothing had been published in Brazil correlating music therapy practice with the idiosyncrasies of this population.

It is very important to highlight that although there were suggestions for applicability, the authors did not find guidelines for specific techniques and/or methodologies for the LGBTQIA+ population, but rather an understanding of how knowledge and understanding of gender and sexual diversity, as well as the aggression and violent relationships resulting from a binary and heteronormative view of these diversities, can impact each individual, society and, consequently, music therapy practice and the lives of the people served, because, as Junio Ribeiro et al. (2021) point out, the main implications for LGBTQIA+ people in music therapy stem from the reproduction of oppressive and exclusionary structures, both inside and outside the therapeutic context. In other words, these implications result from the perpetuation of attitudes stemming from hetero-cis-normative, binary, and violent relationships against LGBTQIA+ identities.

According to research conducted by Annette Whitehead-Pleaux and colleagues (2012; 2013) in several countries, less than half of undergraduate and graduate programs in music therapy had studies related to serving LGBTQIA+ people. Eva M. Steward (2019), in her work on Queer Music Therapy and music therapy education programs, demonstrates that many therapists do not have sufficient training or understanding of sexualities to work affirmatively with LGBTQIA+ people.

Based on the understanding that race, gender, and sexuality are fundamental aspects of the constitution of individuals, it is essential that music therapy professionals understand the intersectionalities involved and the effects of the social constructions of these markers on people’s lives. Ignoring these dimensions can compromise professional ethics, the quality of music therapy practice, and, consequently, the well-being of the individuals served (Bain et al., 2016; Hadley & Thomas, 2018; Whitehead-Pleaux et al., 2012, 2013). For truly effective health promotion, it is essential that music therapists recognize how these issues permeate people’s socio-political daily lives and what subjective impacts they have.

Today in Brazil, there are some policies designed to address the specific health demands of women, the black population, indigenous peoples, and LGBTQIA+ individuals. These

are, respectively: National Policy for Women's Health Care - PNAISM (2004); National Policy for Comprehensive Health Care for the Black Population - PNSIPN (Brazil, 2007); the National Policy for Indigenous Peoples' Health Care - PNASPI (Brazil, 2002) and the National Policy for the Comprehensive Health Care of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals - PNSI LGBT (2013). However, what we see are policies that are rarely applied, often due to issues related to racism, sexism, and LGBTQIA+phobia among managers and even a lack of knowledge about these policies, reflecting a lack of preparation to serve these populations (Araújo & Ribeiro, 2025).

As evidenced by Kézia Paz (2022), it is very common to see decolonial aspects linked to the contexts of Community Social Music Therapy, reflecting how we need to discuss decolonization in music therapy in its entirety, as an essential practice, not only in the field of socio-community work. We believe that decolonial and intersectional perspectives should be implemented in whatever music therapy model or approach is used, since all of them will be dealing with people and, therefore, with all of these issues that affect them. According to Paz (2022, p.7), music therapy is positioned as a practice capable of bringing about change. It also assumes itself as a partial and, therefore, political practice—biopolitical. In this sense, it is important to "question whether the positioning of music therapy is committed to disciplinary and regulatory dimensions, or to participatory and emancipatory practices."

Marcelo Porto, Diogo Rocha, and Marina Fasanello (2021) argue that emancipatory processes are directly related to social and environmental justice, requiring an approach that goes beyond the biomedical and technocratic model. For the authors, emancipation occurs when historically marginalized communities and individuals become protagonists in the construction of public policies and care practices, strengthening autonomy and self-determination. This perspective values popular knowledge, equity, and social participation as fundamental elements for transforming health into an effective right, combating inequalities, and promoting more sustainable and dignified ways of life.

Epistemological Crossings (Others)

Legitimately embracing intersectionality also means accepting (admitting) people's way of being in the world. Their religions, their cosmogonies, their philosophies, etc. Both individually and collectively. Especially when music therapists deal with an audience that is socio-politically different from themselves. Emily Rose Mahoney (2015) warns us that a therapist from a dominant culture, when working with people from a marginalized culture, faces many challenges, as they already occupy a position of power due to their dominant culture. This power can be exacerbated by the therapeutic function and contribute to oppression, unless an anti-oppressive approach is adopted, otherwise the therapist may perpetuate oppression.

Intersectionality can also be understood as an epistemic vision. It is not just a matter of pointing out the violence suffered as a result of the intersectional crossings already mentioned, but of recognizing and using the knowledge and insights that come from them, recognizing the culture and scientific processes that come from diverse cultural roots, not just those of the global north. Akotirene (2019) states that it is counterproductive to use intersectionality only to identify institutional discrimination and violence against groups such as indigenous peoples, immigrants, women, black people, Candomblé practitioners (African-based religion), fat people, and other diverse identity groups.

An example of practices that value cultural and epistemological diversity is that of the National Health Council, which in 2023, based on the strategic guidelines for the Multi-Year Plan and the National Health Plan from the 17th National Health Conference, (re)recognized the manifestations of popular culture of traditional African-based peoples

and Traditional African-based Territorial Units (terreiros, terreiras, barracões, religious houses, etc.) as complementary spaces for health promotion (Ministry of Health, 2023).

The National Health Council (Ministry of Health, 2023) emphasizes that the SUS's health promotion and complementary healing facilities play an important role in the health promotion process, functioning as the first point of entry for those most in need, in addition to offering a space for healing mental, psychological, social, and nutritional imbalances. The approach seeks to respect the cultural complexities and traditional peoples of African origin and is aligned with public health policies to combat racism, rights violations, and religious discrimination. Terreiros are spaces of wisdom and knowledge. Planted on resistant epistemologies, where knowledge passes through another time. In Candomblé, we often say that there is no time, but a time for everything to happen.

The African cosmogonies that survive in the terreiros teach us other ways of seeing political-social and ecological relationships and the balance between health and illness. In them, sacred knowledge is deeply intertwined with everyday practices. Unfortunately, contrary to this vast wisdom and some (re)cognition, we see a growing number of reports of religious racism and persecution of African-based religions (JusRacial, 2024). This is no different in healthcare settings.

Religious racism operates on a daily basis. It restricts, silences, (re)colonizes, and violates people belonging to African-based religions. According to a survey by the startup JusRacial, in 2023 there were 176,000 cases of racism pending in Brazilian courts, a third of which (33%) involved religious intolerance (JusRacial, 2024).

Still on the intersections of African cosmogonies and epistemes, Nigerian music therapist Charles Onomudo Aluede (2006) in "*Music therapy in traditional African Societies: Origin, Basis and Application in Nigeria*" informs us that the healing properties of music are known not only in religious circles but also in the daily lives of Africans. This belief is maintained and explored, but what surprises those who research these references is the rarity of documented facts.

In the same work, Aluede (2006, p.1) provokes by raising questions such as: "Is music therapy a recent phenomenon in African culture?" Confronted with the colonial view, where reports of practices observed in the past, as well as the 'rule' that establishes what is or is not considered music therapy practice, are regulated by the culture of the colonizers (white Europeans). We must not forget that it is often they who learn (hijack) healing practices from African and indigenous cultures, cast them in sanitized articles, and return them as rules to be followed, but referenced by European or American (white) authors, stripped of the cultural richness of their origin and dressed in (un)questionable scientific garb. Mahoney (2015) comments that music therapy has adopted a predominantly Eurocentric approach, with most of the field being composed of white women. This may be one of the reasons for the growth of feminist music therapy, "however, the Eurocentrism and whiteness of music therapy still have a long way to go in terms of inclusion" (Mahoney, 2015, p. 7).

This dynamic of hijacking and exclusion also permeates the cultural repertoire. Artistic expressions that originated or are widely disseminated in the peripheries (by black people) continue to be criminalized (Gomes, 2023). Isadora Almeida Rodrigues and Roniere Menezes (2018) observe that the treatment given to samba in the past and to rap and funk in the present by Brazilian society explicitly and symptomatically shows us racism in Brazil.

We believe that music therapy practice does not escape this dynamic. Music of peripheral (black) origin is often sidelined, attacked, and discarded in music therapy processes. Whether by the professionals themselves, or by the coordination of the spaces, or by family members and the community. And with regard to religious music, the use of Christian songs in music therapy practice is very common. However, are we, as music therapists, prepared to use songs, rhythms, and instruments belonging to different religions? Are we prepared to understand human subjectivity based on an understanding of other epistemes?

As an example, that of Exu, as the orisha lord of the paths?

Of course, we could ask ourselves why we should think about the concept of Exu, since the most widespread religions (Christian) do not worship Exu, but what if the religion and/or philosophy of the people, group, or community we serve does? Would we be prepared to resort to the racist idea that Exu is the devil and understand that, because he does not belong to Christian cosmogony, Exu has nothing to do with the Christian villain? And what if someone being treated by music therapists at that moment sees Exu as the one who organizes chaos, who governs the verb-word, as Exu is seen in Yoruba culture and in Brazilian Candomblé terreiros (Beniste, 1997, 2006; Prandi, 2001), and is therefore fundamental to the subjective organization and assimilation of the therapeutic and healing process of these individuals in question.

Beyond the provocations, it is important to be aware, based on these assumptions, of how colonized and colonizing music therapy practices can be. And there is no health promotion through colonizing actions. For anti-oppressive practices to be effectively achieved, we need to invest in the training of music therapists. And this implies discussing intersectionalities and processes of Health Promotion and Violence Prevention within music therapy training courses.

For an Anti-Oppressive Music Therapy

Sue Baines (2013) proposes Anti-oppressive Music Therapy as a comprehensive and heterodox term that incorporates elements from various theories, such as: Marxism, feminism, anti-imperialism, anti-racism, critical postmodernism, and poststructuralism, to explain how power imbalances are rooted in factors such as race, ethnicity, gender identity, sexual orientation, geographic location, health, age, class, and income. Officially recognized as a music therapy approach since 2023, Anti-oppressive Music Therapy acknowledges that individual problems are closely linked to oppressive structures, such as patriarchal, racialized, homophobic, and colonial capitalism, and its proposal includes raising critical awareness, solidarity, amplifying the voices of the people served, and articulating with social movements, professional organizations, and music therapy training (McFerran et al., 2023).

Two other approaches recognized in 2023 are allied with anti-oppressive practices correlated with the intersectional view of race, gender, and sexuality, the first being Feminist Music Therapy, developed from the ideas of Sandra Lynn Curtis (1996) and Susan Hadley (2006). Grounded in feminist belief systems and their sociopolitical understanding of the experiences of women, men, and non-binary people in a patriarchal culture, this approach is based on principles such as: the notion that the personal is political, a commitment to social transformation, the valuing of egalitarian relationships, both personally and therapeutically, and the valuing of diverse perspectives. And the second, Queer and Trans Music Therapy by Candice L. Bain, Patrick R. Grzanka, and Barbara J. Crowe (2016). It brings the implications of Queer Theories to a radically inclusive music therapy, incorporating a practice explicitly focused on LGBTQIA+ clients and their needs, as well as Queer Theories to inform and influence music therapy, emphasizing the role of queer and trans music therapists and their allies in creating and promoting anti-oppressive approaches (McFerran et al., 2023).

In Brazil, despite the various barriers already listed here, music therapists have been seeking ways to provide emancipatory discussions and spaces through music therapy. See, for example, research on music therapy and black women, such as that by Michele Mara Domingos et al. (2017; 2021), Kézia Paz (2021; 2022), Jennifer Reis et al. (2024), and Maria Luiza Silva Pinho (2025). The latter is an experience report on the work developed during the undergraduate music therapy internships at the Federal University of Minas

Gerais. It began as part of the extension project "Social Music Therapy in Minas Gerais."

"Social Music Therapy in Minas Gerais" in the Tina Martins House, the first women's occupation in Latin America, which took over an abandoned building in the city of Belo Horizonte, transforming it into a center for reception, care (welfare, legal, and health), and shelter for women victims of domestic violence and in situations of social vulnerability. Although it is not possible to delimit the intersectional issues of race among the population served, we see here a profound intersection of class and gender.

Still from a gender perspective, we see multiple challenges to the consolidation of effective practices for men's health. Priscila Henrique Bueno dos Santos (2017) informs us that among the factors, we see the non-recognition of men as people to be cared for in health. The incompatibility with work schedules that hinders access to health centers and the difficulty of verbalizing what one feels, stigma imposed by a macho culture that dictates the behavior of men as someone who should not show weakness. We infer that these are some of the possible reasons for the difficulty in finding specific studies on music therapy for men in Brazil.

With LGBTQIA+ people, we have the research by Junio Ribeiro et al. (2021), which proposes a path towards a perception attentive to the complexities and intersections of social and institutional violence in music therapy care for this population, providing opportunities for qualified listening and music therapy conduct based on evidence and intersectional perspectives.

Emancipatory Practices in Music Therapy

The developments of the research cited here are observed in projects that, based on these reflections, propose emancipatory and decolonizing actions in health promotion.

In São Paulo, the project "Sons de Marias" (Sounds of Marias), carried out at Casa de Marias by music therapist Kézia Paz, uses music and collective musical experiences informed by the socio-political contexts of these women to establish spaces for listening and welcoming among black women from the periphery.

In relation to music therapy projects with indigenous people, we have the example of the "Transcultural Outpatient Clinic" of the Institute of Psychiatry (IPUB) of the Federal University of Rio de Janeiro (UFRJ) carried out in Aldeia Maracanã - Pluri-ethnic Indigenous University, led by Chief Urutau Guajajara and Potyra Guajajara. Starting in 2024, through the "Rodas do Bem Viver" (Rounds of Good Living), collective music therapy sessions were held as part of the UFRJ's academic extension program in the form of training internships coordinated by music therapist Mariana Mayerhoffer and psychiatrist Bruno Reis. The project arose from a demand from the Aldeia collective itself, coordinated by educator Luciana Guajajara. The actions unfolded into a discipline and event such as "Transfluência de Saberes" (Transfluence of Knowledge) based on the ideas of Nego Bispo by the research group "Music Therapy and Psychoanalysis - decolonialities and counter-colonialities," which continue the themes raised throughout the extension project.

Another example is the work conceived by music therapist Wagner Junio Ribeiro, the project "Diversxs - musicovivências queers" (Diverse - queer music experiences), carried out from a social, anti-oppressive, and decolonial perspective. The project promoted free music therapy sessions for LGBTQIA+ people in socially vulnerable situations at the LGBTQIA+ Community Center aKasulo and the LGBT Shelter of the City of Belo Horizonte, Minas Gerais. The proposal used music therapy techniques, focusing on musical composition practices, seeking to provide a welcoming and safe environment for sharing experiences through music (music experiences). The stories that emerged bring shared intersectional elements and, based on these elements, songs were composed that will be

part of an EP being recorded by LGBTQIA+ musicians from the city of Belo Horizonte.

From a national perspective, we have Musicoteraprets, a collective of music therapy students and professionals formed by Black and Indigenous people that proposes a space based on the centrality of racial discussion in music therapy. In 2024, the collective celebrated its fourth anniversary, holding the fourth edition of the "Encontro Nacional Musicoteraprets" (National Musicoteraprets Meeting), an in-person event with some hybrid activities (in-person and synchronous online) over three days in November, Black Awareness Month in Brazil. It featured roundtable discussions, presentations of work, and cultural presentations under the theme: "Decolonial Crossings - Ethnic and Racial Diversity, Health Promotion, and Music Therapy."

The Meeting also promoted an epistemological provocation by bringing together, with the main theme, the crossing of three African philosophies: Sankofa, Ubuntu, and Aláfia. Establishing three temporal pillars of the proposed decolonial crossings. Far from attempting to provide a profound definition of the philosophical and epistemological concepts of these ancestral technologies, let us think in an introductory way about the concepts of Sankofa, Ubuntu, and Aláfia, understanding that they were chosen in an attempt to outline the idea of past, present, and future that would promote "belonging." Sankofa is thus understood as the act of looking back to learn and seek wisdom in the ancestral teachings of the past, but with our feet pointing toward the future (Dravet & Oliveira, 2017).

Ubuntu, on the other hand, refers to Collectivity, to the present moment. Originating from the Bantu peoples, ethnic groups from sub-Saharan Africa, mainly in the southern part of the African continent, Ubuntu makes us reflect on interdependence, respect for diversity, compassion, care, and collective responsibility. "I am because we are!" (Dju & Muraro, 2022).

Representing the future, they brought Aláfia - the Positive Conclusion. From the Yoruba tradition, Aláfia (*Àlàáfíà*) means, in short, Confirmation, Good Luck, and Peace. (Beniste, 1997; 2006). Aláfia is the future confirmation of what is harvested in the past, replanted and cultivated in the present, and harvested again in the future—cyclically and spirally.

What connects the above-mentioned works, beyond the intersectional approach to individuals, is the intersectional-epistemological approach. Recognizing and valuing diverse ways of conceiving the world, individuals, their subjective issues, and their territorialities, which once again brings us back to the importance of music therapy training that includes intersectionalities and anti-oppressive, decolonial, and emancipatory practices in its curriculum.

Towards Decolonial Training: Intersectionalities and Emancipatory Practices in Curricula

Thinking about the training of music therapists who are sensitive and attentive to intersectional issues is urgent. As mentioned above, health policies are not properly implemented due to various political, social, and structural factors, one of which is the lack of preparation of health professionals. This lack of preparation is a consequence of racism, LGBTQIA+phobia, and machismo (cis-hetero-patriarchy), but also of the lack of adequate training on such issues. And such training should not be the responsibility of a few people (mostly women, Black or Indigenous people, and/or LGBTQIA+ people) who end up seeking this training outside of music therapy courses.

As Mahoney (2015) points out regarding music therapy curricula, even though they seem to require students to demonstrate knowledge, respect, and skill in working with culturally diverse populations, programs do not always provide the necessary tools for students to examine their own cultural backgrounds and challenge their own prejudices. We must

think about spaces within music therapy training courses themselves that meet this urgent need.

> The classroom is not the place for common sense; it has a responsibility to break with this common sense through other forms of knowledge and understanding. To problematize is to place what we think and do in the midst of the history of thought. (Oliveira & Ferrari, 2018, p. 23)

Sue Baines et al. (2019) propose reflection on the heteronormative and cisnormative values that predominate in music therapy training, suggesting ways to make classroom and internship environments safe and powerful spaces that positively impact students and the people being served. They indicate that the practical knowledge of music therapists must be continuously updated to defend and develop strategies that amplify all voices and bring the needs of people involved in music therapy processes and marginalized communities to the attention of decision-makers.

Thinking about intersectional training also means thinking in a decolonial way, and thus breaking with the logic of establishing music therapy solely from a Eurocentric and/or American (colonial) perspective. Understanding that Western music therapy traces its origins to the systematization of musical practice for therapeutic purposes implies that we understand the origins of musical practices for therapeutic purposes from other ethnic/racial and cultural groups as legitimate.

It is necessary to rethink the disciplines that deal with the history of music therapy. At the very least, a pluralistic view is urgently needed. In a parallel line of thought, Paulo Castagna (2013) criticized the teaching of music history, where the author criticizes Eurocentric, linear (and colonizing) thinking. We see how common it is to trace the history of music from European composers and structured under a dynamic of colonizing nations. It is no different with the history of music therapy.

For this thinking to take hold, it is essential that we see music therapy as something political. Kezia Paz (2022) explains how clinical practice takes place on a micro-political level and, like politics, is guided by the desire for change through actions that alter the condition of human beings. “Thus, it is a partial and, therefore, political practice” (Gondar apud Paz, 2022, p. 3). The World Federation of Music Therapy also establishes the political importance of defining music therapy and its practices, stating that “research, practice, education, and clinical training in music therapy are based on professional standards in accordance with cultural, social, and political contexts” (WFMT, 2011).

Bárbara Carine S. Pinheiro (2023) points out that an anti-racist educator must, first and foremost, be aware of their place in society and the prevailing system of oppression. Combating racism must be a daily practice. It is important to note that, from an anti-racist perspective, ethnic and racial issues should be addressed not out of mere obligation, but out of a commitment to social awareness and historical reparation.

In this way, proposing training that is conscious of historical and political intersections in music therapy, observing cultural diversity and committed to combating violence, brings us closer to a more assertive, anti-oppressive, and emancipatory practice. Cristiane Sousa da Silva and Joselina da Silva (2020) observe that intercultural education is related to anti-racist education, and based on this thinking, it is possible to pursue the positive recognition of diversity, promoting a daily life that respects difference not only in discourse but also in practice.

The authors also emphasize that, by strengthening ties with historically marginalized territories, universities can contribute to social transformation and the overcoming of historical inequalities. This shows that anti-racist education not only favors the construction of a more inclusive and democratic educational environment, but also constitutes an indispensable tool for promoting social justice and combating institutional

racism (Silva & Silva, 2020).

Final Considerations

The existing literature points to the need to rethink music therapy training in order to incorporate anti-racist, feminist, and LGBTQIA+ (queer) perspectives that recognize and value individual and cultural diversity. Mahoney (2015) states that we must understand how our own cultures shape our values and beliefs and how these factors influence our identities as therapists. In addition, it is essential to acquire cultural knowledge about other groups, including the music of different cultures and the role that music plays in them.

At the same time, we see that the inclusion of music therapy in the Unified Health System, in order to guarantee free care to the population, is still far from what it should be. This further reduces the possibilities of music therapy interventions that serve these people. Music therapy (music therapists) needs to respond to this violence. We need to base our practices in line with the Public Health Policies established for the assistance and care of women, black people, indigenous people, and LGBTQIA+ people.

By bringing these discussions into the field of music therapy, this work seeks to contribute to the construction of a music therapy practice that not only recognizes but also confronts structural inequalities, promoting practices that respect and celebrate the intersectionalities of race, gender, and sexuality, as well as combating institutional violence. As stated by Gayatri Chakravorty Spivak (2010), one cannot speak on behalf of the subaltern, but it is possible to act against subalternity, creating conditions for them to articulate themselves and have their voices recognized and heard. Adopting an intersectional approach in the formulation of public policies includes: a) training professionals on topics that address issues of race, gender, and sexuality; b) reviewing and reformulating institutional policies to ensure that they are inclusive and equitable, considering the specificities of vulnerable populations; c) involving affected communities in the creation and implementation of policies, ensuring that their voices and needs are heard and met, as well as d) establishing mechanisms for the continuous monitoring and evaluation of institutional policies and practices to identify and correct inequalities.

Therefore, we call on music therapy students and professionals, as well as teachers and administrators of undergraduate and graduate music therapy programs, to reflect on how we think about and practice music therapy, from a critical and self-critical perspective, by questioning hegemonic logics in health and taking responsibility for an emancipatory (decolonial), accessible, inclusive, and anti-oppressive music therapy practice.

About the Authors

Wagner Junio Ribeiro: Master's student in Health Promotion and Violence Prevention and Bachelor's degree in Music Therapy from the Federal University of Minas Gerais – Brazil (UFMG). Specialist in Mental Health and Psychosocial Care. Volunteer professor in the Music Therapy course at UFMG. Conducts research on music therapy, health promotion, and intersectionalities, with a focus on studies of race, gender, and LGBTQIA+ sexualities. Founder and current coordinator of the Musicoteraprets Brasil Collective.

Luiz Ribeiro: Psychologist, PhD in Education from the Federal University of Minas Gerais (UFMG), Associate Professor at the Department of Applied Sciences to Education of the School of Education at UFMG, and member of Tinkuy: International Observatory of Practices and Research on Mental Health in Educational Communities. His research focuses on school mental health, social representations, and school coexistence, with

particular interest in rural and LGBTQIAPN+ educational communities.

Verônica Magalhães Rosário: PhD in Neuroscience and Master's in Music from the Federal University of Minas Gerais (UFMG). Bachelor's in Music Therapy from the Faculty of Arts of Paraná (FAP). Adjunct Professor in the Department of Instruments and Singing at the UFMG School of Music and member of the Center for Studies in Music Therapy (CEMt). Works in the care of women survivors of domestic violence, in the development of assessment tools and clinical protocols, and in the neurological rehabilitation of individuals with neurodevelopmental disorders.

References

Akotirene, C. (2019). *Interseccionalidade (Coleção Feminismos Plurais) [Intersectionality (Plural Feminisms Collection)]*. Pólen.

Aluede, C. O. (2006). Music therapy in traditional African societies: Origin, basis and application in Nigeria. *Journal of Human Ecology*, *20*(1), 31–35.

Araújo, I. L. F., & Ribeiro, L. P. (2025). A saúde da população negra e as políticas no século XX: É nas encruzilhadas que encontramos resistências, emancipações e mortes [The health of the Black population and policies in the 20th century: It is at the crossroads that we find resistance, emancipation, and death]. *Cadernos de Saúde Pública*, *41*, e00080224. https://www.scielosp.org/pdf/csp/2025.v41n4/e00080224/pt

Arndt, A. D., Cunha, R., & Volpi, S. (2016). Aspectos da prática musicoterapêutica: Contexto social e comunitário em perspectiva [Aspects of music therapy practice: Social and community context in perspective]. *Psicologia & Sociedade*, *28*, 387–395. https://www.scielo.br/j/psoc/a/4sqmqK54YDF8xTvqvjbZnJd/abstract/?lang=pt

Bain, C. L., Grzanka, P. R., & Crowe, B. J. (2016). Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy. *The Arts in Psychotherapy*, *50*, 22–33. https://www.researchgate.net/publication/297226118_Toward_a_Queer_Music_Therapy_The_Implications_of_Queer_Theory_for_Radically_Inclusive_Music_Therapy

Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy*, *40*(1). 1–5. https://www.researchgate.net/publication/235912808_Music_Therapy_as_an_Anti-Oppressive_Practice

Baines, S., Pereira, J., Edwards, J., & Hatch, J. (2019, October). Queering the curriculum: Why music therapy and other creative arts therapy trainings need queer theory. *Voices: A World Forum for Music Therapy, 19*(3). https://voices.no/index.php/voices/article/view/2676/2833

Beniste, J. (1997). *Òrun-Àiyé: O encontro de dois mundos: Sistema de relacionamento nagô-yorubá entre o céu e a terra [Òrun-Àiyé: The meeting of two worlds: the Nagô-Yoruba relationship system between heaven and Earth]*. Bertrand Brasil.

Beniste, J. (2006). *As Águas de Oxalá – Àwon Omi Òsàlá [The Waters of Oxalá - Àwon Omi Òsàlá]*. Bertrand Brasil.

Brasil. Fundação Nacional de Saúde. Política Nacional de Atenção à Saúde dos Povos Indígenas [Brazil. National Health Foundation. National Policy on Health Care for Indigenous Peoples].

https://bvsms.saude.gov.br/bvs/publicacoes/politica_saude_indigena.pdf

Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher: princípios e diretrizes. Brasília: Ministério da Saúde, 2004 [Brazil. Ministry of Health. Secretariat of Health Care. Department of Strategic Programmatic Actions. National policy for comprehensive women's health care: principles and guidelines. Brasília: Ministry of Health, 2004.]. https://www.gov.br/mdh/pt-br/navegue-por-temas/politicas-para-mulheres/arquivo/central-de-conteudos/publicacoes/publicacoes/2015/pnaism_pnpm-versaoweb.pdf

Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais / Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa [Brazil. Ministry of Health. Secretariat for Strategic and Participatory Management. Department for Support to Participatory Management. National Policy for Comprehensive Health Care for Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals / Ministry of Health, Secretariat for Strategic and Participatory Management, Department for Support to Participatory Management]. Brasília: 1. ed., 1. reimp. Ministério da Saúde, 2013. https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf

Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa e ao Controle Social. Política Nacional de Saúde Integral da População Negra: uma política para o SUS [Brazil. Ministry of Health. Secretariat for Strategic and Participatory Management. Department for Support to Participatory Management and Social Control. National Policy for Comprehensive Health Care for the Black Population: a policy for the SUS]. Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa e ao Controle Social. 3. ed. – Brasília: Editora do Ministério da Saúde, 2017. https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_populacao_negra_3d.pdf

Castagna, P. (2013). Projeto para a substituição das disciplinas "História da Música I e II" e "História da Música Brasileira" pela disciplina "Música, História, Cultura e Sociedade I e II" [Project to replace the courses "History of Music I and II" and "History of Brazilian Music" with the course "Music, History, Culture, and Society I and II."]. São Paulo. https://archive.org/details/MusicaHistoriaCulturaESociedade/page/n17/mode/2up

Cerqueira, D., & Bueno, S. (coord.). *Atlas da violência 2023 [Atlas of Violence 2023]*. Ipea; FBSP. https://forumseguranca.org.br/wp-content/uploads/2023/12/atlas-da-violencia-2023.pdf

Costa, F.F.A., & Melo, L.C.S.R. (2024). Transfobia Institucional: Um desafio para a efetivação do direito à saúde da população trans [Institutional Transphobia: A challenge to the realization of the right to health for the transgender population]. *Dossiê Conflitos e Disputas em Torno de Gênero e Sexualidade no Brasil (5)*1. https://periodicos.ufpb.br/index.php/rappgs/article/view/69177/38980

Crenshaw, K. (2002). Documento para o encontro de especialistas em aspectos da discriminação racial relativos ao gênero [Document for the meeting of experts on gender-related aspects of racial discrimination]. *Estudos Feministas, 10*, p. 171–188.

Cunha, R. (2016). Musicoterapia Social e Comunitária: Uma organização crítica de conceitos [Social and Community Music Therapy: A critical organization of concepts].

Brazilian Journal of Music Therapy, [S. l.], 21. https://musicoterapia.revistademusicoterapia.mus.br/index.php/rbmt/article/view/68

Curtis, S. (1996). *Singing subversion, singing soul: Women's voices in feminist music therapy* [Doctoral dissertation]. Concordia University.

Davis, A. (2016). *Mulheres, raça e classe. Candiani, Heci Regina [Women, race, and class. Candiani, Heci Regina]*. Boitempo.

Dju, A. O., & Muraro, D. N. (2022). Ubuntu como modo de vida: Contribuição da filosofia africana para pensar a democracia [Ubuntu as a way of life: The contribution of African philosophy to thinking about democracy]. *Trans/Form/Ação*, *45*, 239–264. https://www.scielo.br/j/trans/a/jpHyJCYDK3MwBDN3Qdk7YqH/?format=pdf&lang=pt

Domingos, M., & Cunha, R. (2017). Os sentimentos que mulheres negras expressam em atividades musicoterapêuticas [The feelings black women express in music therapy activities]. *Anais do XVIII Fórum Paranaense de Musicoterapia, 18*, 79–83. https://amtpr.com.br/wp-content/uploads/2021/03/2017-XVIII-Anais-Forum-Paranaense-de-Musicoterapia.pdf

Domingos, M., & Cunha, R. (2021). Os sentimentos que mulheres negras expressam em atividades musicoterapêuticas [The feelings black women express in music therapy activities]. In: *Arte: multiculturalismo e diversidade cultural 2* / Organizador Fabiano Eloy Atílio Batista. Atena, p. 96–108. https://www.researchgate.net/publication/355137153_OS_SENTIMENTOS_QUE_MULHERES_NEGRAS_EXPRESSAM_EM_ATIVIDADES_

Dravet, F. M., & de Oliveira, A. S. (2017). Relações entre oralidade e escrita na comunicação: Sankofa, um provérbio africano [Relationships between oral and written communication: Sankofa, an African proverb]. *Miscelânea: revista de literatura e vida social*, *21*, 11–30. https://seer.assis.unesp.br/index.php/miscelanea/article/view/8/1

Fórum Brasileiro de Segurança Pública (2024). 18º Anuário Brasileiro de Segurança Pública. Fórum Brasileiro de Segurança Pública [18th Brazilian Public Security Yearbook. Brazilian Forum on Public Security]. https://publicacoes.forumseguranca.org.br/handle/123456789/253

Gomes Junior, J. (2023). Masculinidades colonizadas: A construção [Colonized masculinities: The construction]. *Enfoques*, *19*(1), 67–80. https://revistas.ufrj.br/index.php/enfoques/article/view/46271

Gomes, M. N. (2023). Funk ni amefricanidade [Funk and Afro-Brazilian culture]. *NJINGA e SEPÉ: Revista Internacional de Culturas, Línguas Africanas e Brasileiras (ISSN: 2764–1244)*, *3*(2), 165–177.

Hadley, S. (2006). *Feminist perspectives in music therapy*. Barcelona.

Hadley, S., & Thomas, N. (2018). Critical humanism in music therapy: Imagining the possibilities. *Music Therapy Perspectives*, *36*(2), 168–174. https://academic.oup.com/mtp/article-abstract/36/2/168/5049722?redirectedFrom=fulltext

hooks, b. (2019). *O feminismo é para todo mundo: Políticas arrebatadoras [Feminism is for everyone: Sweeping policies]*. Trad. Ana Luiza Libânio. 5. ed. Rosa dos Tempos.

Junio Ribeiro, W., Pedrosa, F. G., & Magalhães, V. R. (2021). Musicoterapia, gênero e sexualidade: Perspectivas acerca da população LGBTQ+ no pensar e fazer musicoterapéutico [Music therapy, gender, and sexuality: Perspectives on the LGBTQ+ population in the thinking and doing music therapy]. *Brazilian Journal of Music Therapy*, 59–80. https://www.musicoterapia.revistademusicoterapia.mus.br/index.php/rbmt/article/vie

w/345/368.

Ladeia, P. S. D. S., Mourão, T. T., & de Melo, E. M. (2016). O silêncio da violência institucional no Brasil [The silence of institutional violence in Brazil]. *Revista Médica de Minas Gerais*. https://rmmg.org/artigo/detalhes/2186

Leal, M. D. C., Gama, S. G. N. D., Pereira, A. P. E., Pacheco, V. E., Carmo, C. N. D., & Santos, R. V. (2017). A cor da dor: Iniquidades raciais na atenção pré-natal e ao parto no Brasil [The color of pain: Racial inequalities in prenatal and childbirth care in Brazil]. *Cadernos de Saúde Pública*, *33*(Suppl 1), e00078816. https://www.scielo.br/j/csp/a/LybHbcHxdFbYsb6BDSQHb7H/?format=pdf&lang=pt

Mahoney, E. R. (2015, June). Multicultural music therapy: An exploration. *Voices: A World Forum for Music Therapy, 15*(2). https://doi.org/10.15845/voices.v15i2.844

Mbembe, A. (2018). *Necropolítica [Necropolitics]*. Tradução de Renata Santini. N-1 Edições.

McFerran, K., Chan, V., Tague, D., Stachyra, K., & Mercadal-Brotons, M. (2023). A Comprehensive review classifying contemporary global practices in music therapy. In: J. Yip & J. Zambonini (Eds.), *Proceedings of the 17th World Congress of Music Therapy. Special Issue of Music Therapy Today, 18*(1), p. 474–493. https://issuu.com/presidentwfmt/docs/mt_today_vol.18_no._1

Minayo, M. C. (2006). *Violência e saúde [Violence and health]*. Editora FIOCRUZ.

Ministério da Saúde. Conselho Nacional de Saúde. Plano Plurianual e Plano Nacional de Saúde. Resolução Nº 719, de 17 de agosto de 2023 [Ministry of Health. National Health Council. Multi-Year Plan and National Health Plan. Resolution No. 719, dated August 17, 2023.]. https://www.gov.br/conselho-nacional-de-saude/pt-br/atos-normativos/resolucoes/2023/resolucao-no-719.pdf/view

Nascimento, A. (2016). *O genocídio do negro brasileiro: Processo de um racismo mascarado [The genocide of black Brazilians: A process of masked racismo]*. Ed. Perspectiva.

Oliveira, D. A., & Ferrari, A. (2018). Interseccionalidade, gênero, sexualidade e raça: Os desafios e as potencialidades na invenção de outros currículos [Intersectionality, gender, sexuality, and race: The challenges and potentialities in the invention of other curricula]. *Diversidade e Educação*, *6*(1), 21–29. https://periodicos.furg.br/divedu/article/view/8234/7166

Paz, K. (2021). *Musicoterapia e interseccionalidades: Experiências musicais de grupos de mulheres [Music therapy and intersectionalities: Musical experiences of women's groups]*. https://dx.doi.org/10.31533/pubsaude6.a149

Paz, K. (2022). A perspectiva política nas práticas clínica e sociocomunitária da musicoterapia no Brasil [The political perspective in clinical and community-based music therapy practices in Brazil]. *ECOS*, *7*. https://sedici.unlp.edu.ar/handle/10915/140185

Pinheiro, B. (2023). *Como ser um educador antirracista [How to be an anti-racist educator]*. Planeta Brasil.

Pinho, M. L. (2025). Clandestinas: Musicoterapia comunitária com mulheres sobreviventes de violência doméstica [Clandestinas: Community music therapy with women survivors of domestic violence]. [Monografia bacharelado em música com habilitação em musicoterapia]. Universidade Federal de Minas Gerais. https://musica.ufmg.br/musicoterapia/wp-content/uploads/sites/10/2024/09/TCC-Maria-Luiza-S-Pinho.pdf

Porto, M. F., Rocha, D. F., & Fasanello, M. T. (2021). *Saúde, ecologias e emancipação: Conhecimentos alternativos em tempos de crise(s) [Health, ecologies, and emancipation:*

Alternative knowledge in times of crisis(es)]. Hucitec.

Prado, M. A., & Machado, F. V. (2008). *Preconceito contra homossexualidades: A hierarquia da invisibilidade [Prejudice against homosexuality: The hierarchy of invisibility]*, pp. 67–82. Editora Cortez.

Prandi, R. (2001). *Mitologia dos Orixás [Mythology of the Orixás]*. Companhia das Letras.

Processos de racismo crescem 17.000%: A emergência da jurimetria racial – JusRacial, 2024 [Racism cases increase by 17,000%: The emergence of racial jurimetrics – JusRacial, 2024]. https://jusracial.com.br/processos-de-racismo-crescem-17-000-a-emergencia-da-jurimetria-racial/

Reis, J. S., Pedrosa, F. G., Arndt, A., & Mara, M. (2024). Atendimentos de Musicoterapia com mulheres negras [Music therapy sessions with black women]. *O Mosaico*, *18*(1), 1–22. https://periodicos.unespar.edu.br/mosaico/article/view/8405/6142

Reis, T., & Cazal, S. (Orgs). (2021). *Manual de educação LGBTI+* [LGBTI+ education manual] [livro eletrônico]. IBDSEX, https://vtp.ifsp.edu.br/images/NUGS/manual_de_educao_gaylatino_2021_v_25_11_2021_-_WEB.pdf?utm_source=chatgpt.com

Reis, T. (2015). *Homofobia no ambiente educacional: O silêncio está gritando [Homophobia in the educational environment: Silence is deafening]*. Appris.

Reis, T. (Org). (2018). *Manual de comunicação LGBTI+ [*[LGBTI+ education manual]. 2ª ed. Aliança Nacional LGBTI / GayLatino. https://www.grupodignidade.org.br/wp-content/uploads/2018/05/manual-comunicacao-LGBTI.pdf

Ribeiro, D. (2018). *Quem tem medo do feminismo negro? [Who is afraid of black feminism?]* Cia. das Letras.

Rodrigues, I. A., & Menezes, R. (2018). Cultura negra e sobrevivência: Samba, rap, funk e o racismo sintomático [Black culture and survival: Samba, rap, funk, and symptomatic racismo]. *Aletria: Revista de Estudos de Literatura*, *28*(4), 137–154. https://periodicos.ufmg.br/index.php/aletria/article/view/18828/15792.

Santos, P. H. (2015). *Saúde do homem: Invisibilidade e desafios na atenção primária à saúde [Men's health: Invisibility and challenges in primary health care]*. I Seminário Nacional de Serviço Social, Trabalho e Política Social. Universidade Federal de Santa Catarina. Número ISBN: 978-85-65044-13-4. https://seminarioservicosocial2017.ufsc.br/files/2017/05/Eixo_3_084-2.pdf

Silva, C. S. (2020). Educação antirracista no sertão central cearense: Construindo pontes entre a extensão universitária e quilombolas [Anti-racist education in the central hinterland of Ceará: Building bridges between university extension programs and quilombola communities]. *Revista da Associação Brasileira de Pesquisadores/as Negros/as (ABPN)*, *12*(32), 231–251. https://abpnrevista.org.br/site/article/view/754

Silva, D. S. N., de Miranda, M. H. G., & Santos, M. D. C. G. (2020). Homofobia e interseccionalidade: Sentidos condensados a partir de uma pesquisa bibliográfica [Homophobia and intersectionality: Meanings condensed from a bibliographic review]. *Interritórios*, *6*(10), 200–224. https://periodicos.ufpe.br/revistas/index.php/interritorios/article/view/244903/34872

Silva, M. H., Mendonça, M. C., Rezende, K. S., & Candeia, R. M. S. (2024). Óbitos maternos de mulheres negras no brasil de 2018 a 2021 [Maternal deaths among Black women in Brazil from 2018 to 2021]. *Revista Foco*, *17*(4), e4898-e4898. https://ojs.focopublicacoes.com.br/foco/article/view/4898/3500

Soares, P. S. G., Oliveira, T. B., & Pereira, M. C. B. (2021). A violência institucional e o mito da democracia racial de um ponto de vista jurídico [Institutional violence and the

myth of racial democracy from a legal perspective]. *Confluências, 23*(3), 140–160. https://periodicos.uff.br/confluencias/article/view/42201/30494

Spivak, G. Ch. (2010). *Pode o subalterno falar? [Can the subaltern speak?]* Tradução de Sandra Regina Goulart Almeida; Marcos Pereira Feitosa; André Pereira. Editora da UFMG.

Steward, E. M. (2019). Queering music therapy: Literature review of queer music therapy and music therapy education. *Expressive Therapies Capstone Theses, 225*. https://digitalcommons.lesley.edu/expressive_theses/225/

Weimer, R. A. (2021). Alguém falou em teoria queer? Pensando raça e sexualidade a partir da crítica de intelectuais LGBTQIA+ negres norte-americanes à teoria queer [Did someone mention queer theory? Thinking about race and sexuality based on the critique of queer theory by Black LGBTQIA+ intellectuals in the United States]. *Revista Brasileira de História, 41*(88). http://dx.doi.org/10.1590/1806-93472021v41n88-11

Whitehead-Pleaux, A, Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash, M., Hearns, M., Anderson, N., & York, E. (2012). Lesbian, gay, bisexual, transgender and questioning: Best practices in music therapy. *Music Therapy Perspectives, 30*, 158–166. https://doi.org/10.1093/mtp/30.2.158

Whitehead-Pleaux, A., Donnenwerth, A. M., Robinson, B., Hardy, S., Oswanski, L. G., Forinash, M., & Tan, X. (2013). Music therapists' attitudes and actions regarding the LGBTQ community: A preliminary report. *The Arts in Psychotherapy*, *40*(4), 409–414.

Wolf, S. (2021). *Sexualidade e socialismo: História, política e teoria da libertação LGBT [Sexuality and socialism: History, politics, and theory of LGBT liberation]*. Autonomia.

World Music Therapy Federation [Federação Mundial de Musicoterapia]. 2011. https://www.wfmt.info/about