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Compassionate Human First, Music Therapist Second:

Music Therapy as a Radical Force for Social Justice in Institutions

Kate Apley [1*], Stella Hadjineophytou [2]

[1] Nordoff and Robbins, London, United Kingdom
[2] Nordoff and Robbins, Glasgow, United Kingdom
* kate.apley@nordoff-robbins.org.uk

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Abstract

In this paper we elucidate the concept that music therapy can be a radical force for social justice in institutions. We share our interactions with people in music therapy who have lived experience of disability and/or life-limiting health conditions as an impetus for exploring the intersections of social justice, radical and political action, and the institutional settings where music therapy work takes place. In doing so, we challenge definitions of professionalism in music therapy, invite speculation on how music therapy may contribute to systemic oppression and healthcare justice, and offer the idea that being a compassionate human might be the fundamental purpose of music therapy. The intention of this narrative-infused contribution is to encourage a shift within the current discourse from theoretical and idealistic engagement with social justice frameworks to empirical and critical understandings and approaches. We make use of Foluke Taylor's (2023) anti-oppressive and forgiving style of writing with "loose threads" to expand the scope of our discussion and to invite our audience into dialogue with us.

Keywords: music therapy; anti-oppressive practice; social justice; radical action; institutions; compassionate practice

Introduction

In this paper, we will explore the intersection of music therapy, social justice, radical and political action, and working in institutions. We will reflect on each intersecting strand

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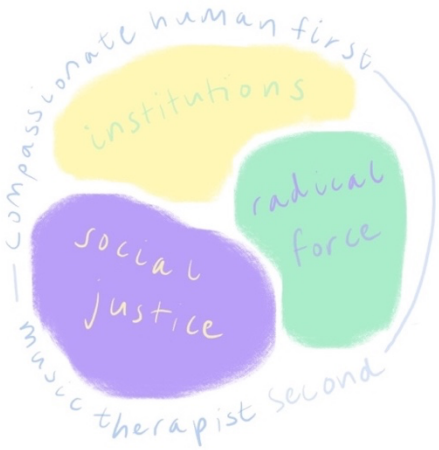
through the case stories of Marwan (exploring social justice), Josie (exploring radical and political action), and Charlotte (applying these ideas to work within institutions), as experienced and told by us as their music therapists. As we tell these stories, we will build towards the idea of music therapy as a radical force for social justice in institutions, before framing this within our concept of "compassionate human first, music therapist second," whereby we urge music therapists to think about themselves not as experts, but as people alongside other people.

Our approach of building through case stories towards theory, not the other way around, is inspired by the empirical approach of indigenous theory (see Aigen, 1991). This has helped us to come to a more compassionate, nuanced, and realistic position in our thinking about social justice and how it can be used as a lens in reflexive practice. We hope to cultivate an attitude of observing, listening, and responding, which can inform wider professional understanding of the myriad ways the concept of social justice relates to music therapy.

Figure 1. Visual representation of the threads of this position paper.[1] Image description: three coloured bubbles make up a circle. The purple bubble contains the words "social justice"; the green bubble contains the words "radical force"; the yellow bubble contains the word "institutions." Around the outside of this circle, a line connects them together that reads "compassionate human first, music therapist second."



Over the past four years, we have independently researched, presented on, and written about music therapy, power, oppression and social justice (Apley, 2025; Hadjineophytou, 2022, 2023; Hadjineophytou & Apley, 2024; Hadjineophytou et al., 2026). The first exhibition of our working partnership was at the British Association of Music Therapy (BAMT) conference in May 2024 where we delivered a presentation entitled *Music therapy is a radical force for social justice in institutions: Two complementary research projects* (Hadjineophytou & Apley, 2024). When we presented the ideas in this paper at the BAMT conference, some people found the concepts woolly and far away from their day-to-day; others felt overwhelmed by the sense of responsibility and did not know how to integrate it into their practice. This position paper is a natural progression from that presentation, intended to serve as a practical starting point for those who may feel unsure about the themes from our image above, but also an encouragement for those well-versed in them to explore more empirical engagement with the topic. As we have worked on this paper, we have at points struggled with the enormity of our topic, how to articulate how fundamental it is to our practice, and how to encapsulate the ways in which music therapy's contribution to justice and injustice co-exist alongside each other.

[1] All images in this article produced by Stella Hadjineophytou.

When overwhelmed by this, we were inspired by the words of Foluke Taylor (2023), introduced to us by our generous and supportive colleague Fatima Lahham[2]: "Writing is a practice of forgiveness made into a habit; the habit of laying down words while forgiving all the loose threads and dropped stitches; every frayed, uneven edge" (p. 23). In this vein, we write forgivingly, acknowledging the realms beyond our discussion and allowing ourselves to leave "loose threads and dropped stitches" to be picked up by those that wish to engage in this discourse. This topic is bigger than us and our experience, and this contribution is part of an expanding constellation. We invite our audience into dialogue with us, and to notice what comes to mind as they join us on this journey.

Position

We are music therapists working for Nordoff and Robbins[3], the largest music therapy charity in the United Kingdom (UK). Although our practical music therapy work is independent from each other's, we have identified a shared curiosity about how social justice features in and defines the work we do, which has inspired this partnership. Our interest in this topic is shaped by our own formative lived experiences, music therapy training, and work with individuals with lived experiences of significant systemic injustice. As we work in different geographical regions, the process of writing together has involved many conversations over video call, co-editing shared documents, and occasional inspiring in-person meetings.

We present three case stories in this paper from our own music therapy work. As our work and connection with Marwan, Josie, and Charlotte ended before we decided to write this paper, we do not have consent in place to share sensitive or personal/identifying information. We have protected their identities by changing and anonymising many personal details about them and have purposefully not identified which of us worked with each person. We are aware that this means that we have not been able to include their perspectives on the music therapy, which would have added value to our discussion. This is the first of the "loose threads" (Taylor, 2023, p. 23, as quoted above) we hope will be picked up by others as this conversation develops beyond this paper.

Due to the breadth of this topic, we have chosen to situate our examples of systemic oppression and social justice within the context of disability, because this is where we each have the most experience. We feel that our ideas are relevant and overlapping with all areas of music therapy work, and our intention is for people to reflect on the wider themes of this piece and apply these to their own interactions with systemic injustice. As Barnes (1996) writes: "It is impossible […] to confront one type of oppression without confronting them all and, of course, the cultural values that created and sustain them" (p. ix).

We believe that language is an important tool in representing perspectives. When describing disabled people in this paper, we have chosen to use identity-first language (such as "autistic person" or "disabled woman" rather than "person with a diagnosis of autism" or "woman with a disability"). This intentionally represents our alignment with socio-cultural understandings of disability which locate disability as a social construct and

[2] Fatima Lahham was until September 2025 a researcher at Nordoff and Robbins. Referencing the people who introduce us to ideas and sources of information is part of our transparent and collaborative approach to developing and writing about the topic of this paper. We recognise the importance and usefulness of drawing on the knowledge and experience of others.

[3] "Nordoff-Robbins" refers to the international approach to music therapy. "Nordoff and Robbins" refers to the UK charity. Paul Nordoff and Clive Robbins are the founders of the Nordoff-Robbins approach and the UK charity.

seek to remove stigma around disability being a core aspect of identity (Goodley, 2017; Hadjineophytou, 2022; Walker, 2021).

We recognise the importance of positioning ourselves in our work and being transparent about our power and our motivation for writing about social justice in music therapy (Hadley, 2013). We situate ourselves within a growing community of people who believe that music therapy is well-positioned to radically and politically disrupt oppressive systemic understandings of health and the human experience (see for example Baines, 2013; Pickard, 2023; Procter, 2013; Rolvsjord, 2006 and many others we will reference throughout our paper). Our work and writing is situated in the cultural context of the UK and cannot speak to wider global perspectives; we look forward to responses to our paper which draw comparisons to other cultures and contexts. We also recognise that the starting point of our discussion is with the context of UK, which, relative to many international contexts, has one of the most progressive social understandings of disability. We also recognise our relative privilege in being able to speak freely about the topic of systemic oppression and disability without fear of persecution or judgement, and we acknowledge the changing global discourse which may restrict others in sharing their valuable experience.

Kate (she/her): I am a white British woman in my late twenties. I grew up with significant financial, racial and educational privilege, and this has coexisted with experiences of oppression as a queer woman married to another woman and with a chronic health condition. These intersecting experiences have contributed to my interest in my position within social structures and how I can use this to affect positive change. This is one of the reasons I became a music therapist, and I have been working for Nordoff and Robbins in London for three years.

Stella (she/they): I am a British-Cypriot woman in my late twenties. I grew up in London, UK, in a diverse cultural scene surrounded by first and second-generation Middle Eastern immigrant peers. My family, coming from an island experienced in war and occupation, instilled in me a strong sense of justice. My intersecting experiences of financial hardship, misogyny, racism, being dyspraxic and dyslexic, whilst having education and health privileges have provided me with constant impetus for reflecting on power structures and the potential for social change. I have been working as a music therapist for four years for Nordoff and Robbins in Glasgow in a wide range of settings.

As Nordoff-Robbins Music Therapists

Whilst we are not directly representing Nordoff and Robbins in this paper, we acknowledge the charity's influence in shaping our outlook on social justice during our training in the Nordoff-Robbins approach and our subsequent employment. The foundational work of Paul Nordoff and Clive Robbins with learning disabled children in the 1960s and 1970s embodies a radical resistance to the views of disability of that time: we understand the Nordoff-Robbins approach to be radical and political at its heart (Nordoff & Robbins, 2004). There are of course aspects of their work which now come across as dated, not least in their use of language, and the approach has undergone significant development and modernisation over the last 50 years (Hadjineophytou, 2022; Simpson, 2009). Several key figures in the UK-based Nordoff-Robbins approach, such as Gary Ansdell, Mercédès Pavlicevic, and Simon Procter (many more could be named) have been integral in nurturing a socially, culturally, and politically critical perspective within the UK charity's work and the international approach in recent years (Ansdell, 2002; Ansdell & Pavlicevic, 2004; Procter, 2001, 2011).

This development is also reflected in the Nordoff and Robbins charity's recent brand reposition which emphasises the social-activist nature of its work, stating: "We understand music therapy as a form of social activism. We seek change not only for individuals but also for wider society. We hear the potential of each person we work with, and we want to help society hear this too" (Nordoff and Robbins UK, 2025a). This is not to say that the Nordoff-Robbins approach is therefore automatically and unthinkingly exemplary of social justice or that Nordoff-Robbins music therapists are the only practitioners capable of this work; rather we suggest that the approach's endeavour to work towards social justice is an impetus and supportive framework for our own engagement in the topic.

Nordoff and Robbins employs music therapists who are contracted to deliver work at a range of institutions who are partnered with the charity, such as schools, residential homes, day centres, hospitals, and hospices (Nordoff and Robbins UK, 2025b). Each partnership typically comprises between half a day and three days of delivery per week, which means the music therapist takes on something of an "insider-outsider" status (Annesley, 2014); this is also a common experience for UK music therapists not working with Nordoff and Robbins. This can give music therapists a complex position within institutions, which inevitably impacts how we think about and work towards social justice (Apley, 2025). There are other institutional bodies which impact music therapists, such as the UK music therapy profession's statutory regulator, the Health and Care Professions Council, or any union or membership body music therapists belong to (Hadjineophytou et al., 2026; Pickard, 2020); but for the purposes of this paper we are particularly interested in how the institutions which host day-to-day music therapy services influence and are influenced by music therapists' work.

Social Justice

We have intentionally not yet defined the term "social justice." While the term has become widely used, there is little agreement on a single definition for it (see Frederick, 2017 for a comprehensive review). Instead of offering our own definition, which might limit the sense of imagination and possibility in the discussion which will follow, we aim to allow an organic understanding of social justice to unfold throughout, within and alongside the case stories of Marwan, Josie, and Charlotte. However, to support this process, we offer a theoretical backdrop at this juncture to give an understanding of which "loose threads" we are picking up from others, before we lay our own.

Social justice is most easily understood as a reaction to systemic oppression. Disability rights activist James Charlton (2000) describes systemic oppression as occurring "when individuals are systematically subjected to political, economical, cultural, or social degradation because they belong to a social group. Oppression of people results from structures of domination and subordination and, correspondingly, ideologies of superiority and inferiority" (p. 8). It can be helpful to frame these structures and ideologies in terms of "kyriarchy," which, instead of isolating strands of oppression (such as patriarchy, racism or ableism) theorises a "complex pyramidal system of intersecting multiplicative social structures of superordination and subordination, of ruling and oppression" (Fiorenza, 2001). This framework enables us to understand "intersectionality" (Crenshaw, 1989), the intersecting aspects of identity such as race, gender, sexuality or disability which affect everyone's unique experience of oppression and/or privilege (Bhopal, 2020; Turner, 2021). It is also important to recognise that confidence in a status of superiority is founded on culturally-informed ideas of what it means to be "normal," which is used to then measure deviation or difference, leading to "othering" and marginalisation (Goodley, 2017). However, this notion of normativity is unhelpful and oppressive by its nature; as Moser (2000) points out, "There is probably no single person who can live up to the norm against

which disabled people are generally measured" (p. 209). In this way, social justice thinking and action is generally positioned as antidotal to systemic oppression.

The relevance of social justice and systemic oppression to music therapy is long-standing but has only been explicitly engaged with in recent years: Curtis (2012) highlights that, "Music therapists have been informally integrating [social justice] into their work, doing so independently and for a considerable time prior to any formal representation in the music therapy literature" (p. 209). Approaches that "informally" integrate social justice include, but are not limited to, resource-oriented music therapy (Rolvsjord, 2010), anti-oppressive music therapy (Baines, 2013; Baines & Edwards, 2015; Pickard, 2023), feminist perspectives in music therapy (Edwards & Hadley, 2007; Hadley, 2006; Hahna, 2013) and post-ableist music therapy (Shaw, 2019; Shaw et al., 2022).

However, recent global movements and events have increased public awareness of the nature of privilege and oppression, such as proposals to legalise assisted dying in the UK, the Black Lives Matter anti-racism movement following the murder of George Floyd in the United States, gender apartheid in Afghanistan, reduced access to abortion services in the United States following the overturning of Roe v. Wade, and violence towards women highlighted by the #MeToo social media movement which began in the United States and spread globally (Barr, 2024; BBC News, 2025; Burke, 2025; Planned Parenthood Action Fund, Inc., 2025; Silverstein, 2021). This has been echoed in music therapy literature in the explicit linking of social justice frameworks from related disciplines, such as anti-racism (Napoleon, 2021; Norris, 2020; Norris & Hadley, 2019), Disability Studies (Pickard et al., 2020; Voices Special Issue, 2014), the neurodiversity movement (Davies, 2022; Hadjineophytou, 2022; Pickard & Davies, 2024) and queer theory (Fansler et al., 2019; Gumble, 2020; Scrine, 2019). This has encouraged music therapists to reflect on their power to perpetuate or disrupt systemic oppression (Turner, 2021; Whitehead-Pleaux & Tan, 2016). Mains, Clarke and Annesley's (2024) provocatively titled study "Music therapy is the very definition of white privilege" highlights systemic inequities within the profession affecting training, practice, and representation. The BAMT conference in May 2024, called "About All of Us, For All of Us, By All of Us," reflected the profession's effort to challenge systemic oppression (see for example Tang et al., 2024).

However, as Murphy and McFerran (2017) observe, "outdated 'expert' models of working persist," even in music therapy work which promotes itself as anti-oppressive. There is a tendency in music therapy literature to focus on the construction of expert frameworks, such as standardised assessments, as a legitimising part of the profession. However, this can contribute to an oppressive "all-knowing" stance and increasingly limited space for under-represented and marginalised groups to offer their testimony and experiences (Fricker, 2007). Additionally, for many music therapists in the UK, engagement with systemic or socio-political issues may feel beyond their scope of practice, despite there being clear expectations in the Health and Care Professions Council's Standards of Proficiency for practitioners to understand the relevance of "intersectional experiences" and how to practice "in a non-discriminatory and inclusive manner" (Davies et al., 2024; Hadjineophytou et al., 2026; HCPC, 2023; Pickard, 2020). One reason for this may be that there is much work to be done on understanding how music therapists' positionality and lived experiences might inform their sense of responsibility with regards to social justice. Music therapists with lived experience of oppression have contributed important reflections on their work with people who have similar lived experiences to them, and in doing so, have raised the profession's collective consciousness on ideas of responsibility, allyship, and advocacy in music therapy practice (Davies, 2022; Norris, 2020; Pickard et al., 2020; Shaw, 2019; Shaw et al., 2022), but there is much research to be done to understand how music therapists engage with people who have markedly different lived experiences from their own. We hope this paper will provoke reflection about these responsibilities and the acceptance of political agency within the profession.

Having outlined our position, some context for systemic oppression and social justice, and our approach to letting definitions unfold through the body of this paper, we now progress to explore our central idea of music therapy as a radical force for social justice in institutions, through the case stories of Marwan, Josie, and Charlotte. As we break down this idea, we build towards our approach of "compassionate human first; music therapist second."

Marwan

Marwan is a 5-year-old non-speaking autistic boy who was referred to the music therapy service within an Additional Support Needs school by his teacher, Jess: "We're not doing anything for him, he's a bit of a mystery. He doesn't seem able to play. He constantly throws things on the floor, we pick them up, he throws again and gets upset. We think it's because it's a busy class, maybe he wants attention? It would be great if he could stop the throwing, he's broken my phone!" When I observed Marwan in class, he was clearly the outlier of the group, circling and ducking interaction yet drawing attention to himself by throwing objects onto the floor. He was not visibly distressed, his expression unchangingly blank. Staff had not found a way to communicate with him, but their exasperation lay with him, rather than themselves.

In our first music therapy session, Marwan alternated between meandering through the instruments or tucking himself into a chair. I provided spacious, situational music about being in the room, singing and playing the guitar as I matched his movements. I left spaces to learn what he might bring to the interaction. Marwan avoided touching the instruments, save for pushing over the cymbal and bongos with an almighty crash! Boom! I set the instruments back in place, only for Marwan to push them again with more urgency. After a third time, Marwan showed some frustration in his gesture and voice—"Ahhh! Ah!". I started to feel trapped in this cycle, losing my sense of direction in the session. I left the instruments where they lay and soon finished the session to give myself some time to think.

The following week, I prepared for our second session by laying the instruments on the floor. On entering, Marwan weaved around them, occasionally tapping a drum with his toe as I provided similar music to our first session. He started to vocalise long and loud: "Ahhh!" After a while, he sat swinging his legs and smiling, surveying the instruments from his birds-eye view. He suddenly slapped the table next to him, rapid hits in groups of 5 or 6. My music changed accordingly, becoming less of me, more of us. Over the weeks, I learned Marwan's preferred positioning of the instruments on the floor, which he sometimes adjusted to be "just so."

Figure 2. Bongos go "boom!" Image description: coloured line drawing of bongos on a stand, being pushed over by a pair of hands. Words underneath read "bongos go 'boom!'"

Figure 3. Marwan's view from above. Image description: coloured line drawing of a ukulele, cymbal, tambourine and slit drum with two beaters from above. Words winding between the instruments read "Marwan's view from above as he moves." The winding line made by the words is continued by six footsteps.

> By our fifth session, Marwan was more settled and starting to offer more of his own sounds. Despite this progression, I was getting strong feelings of being unheard, ignored, limited to simply reacting to Marwan and unable to enter a state of more mutual music-making. I wondered if he could really hear me, not just with his ears but in the sense of hearing me inviting him into participation. This curiosity overcame me in a way that urged me to go beyond the realms and parameters of the music we were making, to reach outside of the border I had created for myself. I walloped the cymbal as loud as I could, breaching the boundary of volume I had set for myself up until now. "CRASHHH!"—Marwan's face broke into a huge smile, and he squealed with delight. I immediately moved to the keyboard and played huge, thick, tintinnabular parallel chords. Marwan started to vocalise loudly, "Ahhhhh!," matching pitches in the chords. For 20 minutes we were captive in each other's urging on of the music and I felt connection to him.
>
> I learned later that day that Marwan had never had a hearing test, as he had not been able to tolerate wearing the test headphones. Over the coming weeks, alongside exploring loud and ringing music, I noticed that Marwan seemed to fall back into his "unhearing" state when I sang unaccompanied. That same curiosity to move beyond the parameters of my own music-making instincts led me to work with the staff to find out if we could incorporate consensual touch into the music-making. We found that Marwan liked to feel pressure on his back, and so we discovered that if I sang whilst patting his back in the rhythm of the melody, he smiled, vocalised, and tapped the table in time with me.
>
> Although I advocated for Marwan's hearing to be re-checked, our work together finished before I could find out if Marwan was deaf, or if he simply enjoyed the sound of objects hitting the ground, loud ringing sounds, and the feel of "musicalised" touch. Whilst this was important information to find out, it was interesting to me that this was not at the centre of our sessions and did not hold us back from progressing into a more intimate, meaningful musical relationship: we were simply connecting with the tools we had.

Marwan's case is an example of how music therapy can be a force for social justice. Marwan's experience of systemic oppression is heavily influenced by being autistic and learning disabled (we use this latter term to anonymise the specific diagnosis given to Marwan). Modern-day oppression of autistic people in the UK (and, of course, in many other international contexts) has been influenced by the establishment of modern medicine and the subsequent medical model of disability, which promotes a "pathology

paradigm" and observes a binary of "abnormal" and "normal" biomedical health (Cameron, 2014; Goodley, 2017; Shakespeare, 2010; Walker, 2021). When applied without nuance and taken to the extreme as a standalone perspective, the pathology paradigm supposes autism and other forms of neurodivergence to be individualised abnormalities requiring remedial intervention (Moser, 2000; Walker, 2021). Calibrating evaluations of health, productivity, and worth against this cultural concept of normativity serves to confuse the distinctions between what is human and what is normal, and reduces the social capital of disabled people, cultivating individualisation in favour of collective social responsibility (Moser, 2000; Procter, 2011, 2013).

Whether or not they are aware of it, the people involved in Marwan's story are operating within this cultural context. Taylor (2023) explains: "As modes of orientation, the models we have been taught to rely on have been coded to view certain spaces, experiences, and ways of being/knowing as superfluous; as footnotes; as unnecessary divisions" (p. 3). In this way, Marwan's way of being has become divided from a perceived "normality," indicated by his being labelled a "mystery" by his teacher. By "Othering" him as a result of his disability (Goodley, 2014; Moser, 2000), possibilities for finding value in Marwan's way of being become shrouded, thereby oppressing both his development and the staff and music therapist's growth in understanding. It is also likely that Marwan's position as the only person (pupils, staff and music therapist included) in his class group from a cultural and ethnic background which is minoritised and stigmatised in the UK further contributes to his compounding, intersecting experiences of being positioned as "not normal." We have chosen not to specify what this cultural and ethnic background is, to protect Marwan's anonymity; we suggest that the minoritised position of this background is significant enough to make it more likely that people around him misinterpret or miss possibilities for communicating with him (Golson et al., 2021).

It might even be the case that the perceived need for Marwan to attend therapy is a form of music therapy's collusion with the systemic perspective of the school and the wider pathology paradigm. The music therapy profession's knowing or unknowing alignment with medicalised and normalising aims for disabled people, leads to questions such as Honisch's (2014): "For whom is the therapy?" We add: What is the purpose of the therapy? When Jess referred Marwan, what was she hoping would happen? That he would return from his sessions changed, his behaviour of throwing objects gone? When the music therapist accepted the referral, were they aligning themselves with the staff's perception of Marwan; that something was wrong with him? Is Marwan is being referred for music therapy in order to be normalised? If the systemic, oppressive perspective of the community around Marwan is a factor in him being identified as "needing therapy," should music therapy not be for the community instead? Moser (2000) critiques such agendas which seek to "normalise" disabled people through a cycle of identifying and rectifying difference: "Normalisation is an attempt to include by means of an exclusive manoeuvre. First you are marginalised and excluded, so that in the next turn you have to be included and rehabilitated" (p. 210). If this is the case, we might understand that when therapy seeks to normalise someone, it is ineffective. It should become clear at this point that systemic oppression is entangled in the very rationale for therapeutic intervention, and the potential pathways for Marwan's experience of therapy depend on a variety of contextual, cultural, social, and personal factors. More plainly, what will his music therapist decide to do based on their own background and perspectives, their understanding of him, and their relationship to the school? What, then, is the purpose of therapy?

In the face of this challenge, we argue that endeavouring towards social justice should be a fundamental purpose of music therapy, helping to navigate risks of collusion, attempts at normalisation, and therefore oppression. In the case of Marwan, music therapy might disrupt systemic injustice by applying alternative critical perspectives on disability and

challenging "normocentric" positions (Pickard et al., 2020). For example, disability activists have responded to medical and normalising perspectives by redefining disability as a social, cultural, and political phenomenon, giving rise to social, holistic, and cultural models of disability and neurodiversity-affirmative and neuroqueering paradigms (Autistictic, 2020; Leza, 2020; Oliver, 1990; Snyder & Mitchell, 2006; Walker, 2021). Rolvsjord (2014) explains that within the social model of disability, "disability can be described as the societal reaction to (or lack of flexibility towards) an impairment . . . A person in a wheelchair is not disabled before she meets obstacles that hinder her mobility"; a perspective that affirms impairment or difference as a natural part of being human (Moser, 2000). This subversion of the pathology paradigm challenges the traditional patient-therapist dichotomy in which the patient presents with something "wrong," and the therapist employs an existing knowledge base to "fix" the issue (Rolvsjord, 2006; Tsiris, 2013).

Winter (2012) articulates the approach of "maximisation" to counter oppressive attempts at normalisation, which aims to offer conditions for someone to thrive to their maximum potential. The application of this idea to music therapy has been in explored in other literature (Pickard et al., 2020). In Marwan's case, we see that the therapist does seek to uncover these conditions and change the systems around Marwan, rather Marwan himself. Although the therapist is at first challenged by Marwan's throwing of the instruments, they seek to reframe this action by travelling outside the parameters of their understanding to learn about Marwan's own rationale. The first significant "maximisation" step they take is not problematising Marwan's favoured position of objects on the floor. They are instead curious about why it is happening and, instead of removing the instruments or introducing negative consequences (such as the music ending), they imagine a new possibility: the instruments belong on the floor. This disrupts the existing narrative that Marwan's aim was to throw for attention and uncovers the knowledge that Marwan prefers objects to be pre-positioned on the floor. By allowing this new knowledge to come forward, the therapist opens up other possibilities, such as in the exploration of "hearing" in the sessions through volume, touch, and musical invitation, and allows this new knowledge to ripple into Marwan's environment, rewriting systemic understandings of him. This approach positions Marwan and his therapist intrepidly alongside each other in a journey of curiosity, demanding unknowingness and inexpertise from the therapist (Hadjineophytou, 2022). In this way, we observe social justice to be worked towards through music therapy. At this juncture we add social justice as the first piece of our image which will be added to as we work towards our framing concept of "compassionate human first, music therapist second."

Figure 4. Social justice. Image description: purple bubble containing the words "social justice", one part of the image in Figure 1.

We close this section by summarising that music therapists have the potential to challenge systemic oppression by defining the purpose of their work and the value of the people they work with in line with social justice thinking. Music therapists' unique approach of listening, empowering, enabling, and transforming understandings of the self and others affords systemic disruption and advocacy (Procter, 2001, 2011, 2013; Rolvsjord, 2006). We would like to caveat what we have shared so far with the caution that promotion of this approach must not devalue crucial, life-improving medical intervention: the two should co-exist and interrelate as important forms of healthcare justice, with the understanding that music therapy can contribute to this partnership by noticing and celebrating other ways of being healthy and human (Kim & Fox, 2006; Moser, 2000). This can be seen as a challenge to the music therapist's healthcare practitioner identity, but we prefer to understand this as a healthy, radical redefinition of healthcare itself. To explore this further, we turn to the case of Josie.

Josie

Josie is a woman in her forties with a keen interest in the natural world, who used to work for a technology company. She lives in supported accommodation after being affected by a stroke, which has led to aphasia, right-sided weakness and some cognitive impairment. She no longer has any rehabilitation in the community, and was perceived to have reached her maximum rehabilitative potential. When I first met Josie in a drop-in group music therapy session, she was quiet and reserved, playing a tambourine very gently and without much relationship to the rest of the group music. She seemed unsure of how to engage with the other residents musically or socially; she didn't talk much, and I was unsure whether this was the effect of her aphasia, low confidence, or a combination of the two.

Josie was interested in one-to-one music therapy sessions alongside continuing to attend the group. She was determined from the outset to learn pieces of music on the piano. It was not an easy process for her. I would demonstrate a few notes of a melody line at a time and Josie would copy them. We repeated this process numerous times, slowly building up the length of the fragment, and by the end of a 30-minute session Josie might be able to play one phrase of music. When we returned to the piece the following week, we generally had to start almost from scratch. I was worried that this was a frustrating and demoralising process without any sense of achievement, but Josie was determined to persevere.

Figure 5. Josie perseveres at the piano. Image description: Coloured line drawing of two people sitting at a piano, facing away from us. There is a colourful picture hung on the wall in front of them. Words above the piano read "Josie perseveres at the piano."

> I was astonished by Josie's commitment to this learning process, and I realised that my expectations of her had been limited by mine and others' perceptions of her having reached "maximum function." Gradually there was noticeable progress to celebrate: the first time she recalled everything we had learnt the week before without any prompting; the first time she played a complete piece of music; the first time she played using both hands together; the first time she shared what she had learnt with other residents. Josie's confidence blossomed through this process, and it was a joy to witness her pride and excitement at her own progress. These changes also rippled out into the group sessions which Josie still attended. She began to play more loudly and confidently, introducing new musical ideas, listening with increasing precision, and showing a growing ability to share a pulse with other group members. Beyond the music-making, she was more confident talking to me and other residents; she looked out for opportunities to support others and to ensure I was offering them the support they needed to access the music. She repeated to me every week, "Music makes me happy."
>
> Over time, I noticed that Josie's musical development was inherently functional development, which countered the narrative that she had reached her maximum rehabilitation potential. Her memory for music was improving, the strength and dexterity in her right hand were increasing, and her speech seemed to have become clearer and her language recall more precise. I spoke to her support staff, emphasising the changes I had seen in Josie and what they might mean for her life beyond music therapy. They shared with me that they too had noticed these changes in her daily life: music therapy was enabling Josie to show us all that she was capable of more than we had assumed. With support from the staff and input from Josie, I referred her for further neurological rehabilitation in the community with the hope of building on these developments. Josie asked me to ensure I emphasised in her referral that she would like to re-learn to read. The waiting lists in her region are long, but I am hopeful that further specialist treatment will support Josie to flourish and grow in her daily life and functioning as she has in music therapy.

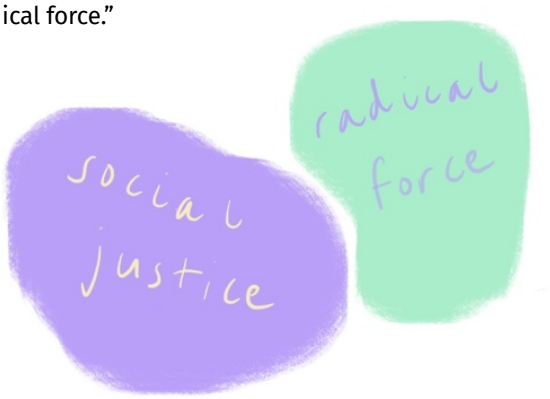
Josie's story confirms that it is unnecessary, and even harmful, to create a binary opposition between recognising medical and/or developmental needs (as in the medical model of disability) and celebrating what someone can do (as in the social model of disability) (Evans, 2004; Goering, 2015, p.135). In response to these "fixed" perspectives, other models of disability such as a relational model of disability or a holistic model of disability (as explained in Marwan's case) promote the merging of multiple models of disability to help us to understand that an individual's unique needs and wants can form the basis of a bespoke healthcare journey (Autistictic, 2020; Hadjineophytou, 2022; Kim & Fox, 2006; Moser, 2000). In music therapy, Josie is recognised as an individual with creative resources, the capacity to determine her own musical process and goals, and the potential for musical development: the therapist seeks to use a social justice framework by celebrating and building on what she can do and what she wants to do, rather than defining the aims of therapy by her limitations and problematising her access needs. Just as Marwan is given space to play instruments in a way that does not conform with ideas of normality, Josie's physical and cognitive impairments are accepted, and an accessible learning process is collaboratively established. Concurrently, the therapist realises that Josie has greater potential in terms of her medical and developmental growth than may have been realised by both Josie and those around her, and the opportunity arises for them to act both within and beyond the music in response.

In Marwan's case story, we explored concepts of oppression and social justice; Josie's case story invites us to add to these concepts by reflecting on radical action. This begins with reminding ourselves that systemic oppression is not passive but is established and upheld by the action and inaction of individuals. It is so culturally ingrained (i.e., systemic) as to become an unquestioned part of society, making any actions to disrupt it inherently

radical. The term "radical" has negative and often racialised connotations linked to extremism, including through programmes such as the UK's Counter-Extremism programme, Prevent (Open Society Justice Initiative, 2016). Nevertheless, Davis (1990) reminds us of the importance of the definition of the term "radical": "if, indeed, we wish to be radical in our quest for change—then we must get to the root of our oppression. After all, *radical* simply means 'grasping things at the root'" (p. 14). We appreciate that the idea of being radical will challenge some music therapists' sense of boundaries, professionalism and responsibility. However, we feel it is irresponsible *within* the boundaries of the profession not to engage with people's social contexts (Hadley, 2013). Indeed, the UK's Health and Care Professions Council's Standards of Proficiency (5.5-5.6) require arts therapists to "actively challenge these barriers [to inclusion]" (HCPC, 2024), highlighting anti-oppressive practice as a requirement of music therapy work.

Josie's case highlights the unique and privileged position of music therapists to take radical action as a key part of their anti-oppressive practice. Music therapists often have extended one-to-one time with people, time to reflect on and plan for their work together, and the medium of music to work within therapeutically: this can offer a unique opportunity for acting *radically*. It is also interesting to consider that whilst Josie's support staff clearly appreciated that music therapy would bring something positive to the residents when they contracted the service, they may not have expected music therapy to change their professional opinions and inform their medical assessments. Further to this, Josie elects herself for music therapy, suggesting that she recognises the provision of music therapy as offering a space which counteracts her existing contextual narrative. Josie is then able to radically perform her potential as musical health, in the vein of Stige's idea of "health musicking" (2012). Performances of musical health can radically oppose ongoing systemic oppressive perspectives, and enabling Josie to access further specialist support based solely on her musical capacity demonstrates how music therapy can be a radical force for social justice. As such, we find excitement in the possibilities presented by radical action, because it affords music therapists the power to become allies, advocates, and activists. At this point, we add "radical force" to our image alongside "social justice."

Figure 6. Social justice and radical force. Image description: two bubbles from Figure 1 come together. A purple bubble reading "social justice" is drawn alongside a green bubble reading "radical force."



We also argue that this type of radical action is inherently political. This refers to the way in which our decisions and actions are demonstrative of our personal perspectives and contribute to wider cultural politics. In their editorial, "The Myth of Political Neutrality," Hadley and Honig (2024) point out that by being citizens of a society, none of us are politically neutral, and this should be recognised in the music therapy profession. They highlight that political apathy is a passive act of permission for injustice to continue, and call to music therapists to actively engage with their political agency. In Josie's case, the

therapist is "being political" in recognising Josie's experience of oppression as a disabled person, reflecting on alternative pathways in collaboration with the staff, and actively challenging injustice, giving political agency to Josie's "health musicking" which acts as a catalyst for further radical action.

The notion of radicalism here can be playfully applied to the very fact of radically using music as an indicator of health (DeNora, 2014; Stige, 2012), which we only lightly touch upon here as any in-depth exploration would require many more words. The music therapy profession has historically struggled with the stigma of being an arts-based therapy and sought to establish itself within the canon of medical practices, bending its practice into a legitimate "shape" (Ansdell, 2005; Eide, 2020; Register, 2013). Several authors have highlighted this as a paradoxical and debilitating process, with Ansdell (2005) critiquing what he conceptualises as the "consensus model" of music therapy, described as "constructing music therapy as a paramedical/psychological intervention." Procter (2011) highlights that, in working to become accepted as a healthcare practice, music therapy has been separated from fundamental and uniquely beneficial musical experiences such as performance. Solli and Rolvsjord (2015) highlight music's radical and subversive value, summarised in their research by a hospital patient as "the opposite of treatment." We agree with these perspectives and argue that music therapy fits better as a non-normative, alternative endeavour rather than as a paramedical intervention, making its use as a therapeutic medium inherently radical. Procter (2001) also articulates this idea elegantly:

> Music therapy has come from the outside, from radical musicianship. We must not merge entirely into a medicalised professional hierarchy: to empower and enable, wherever we work, we need hearing minds and radical hearts. And if that means being regarded as mavericks or naïve, then so be it. ("Reflections" section, para. 6)

With this understanding of the interplay between social justice, radical and political action in music therapy, we now move to situate this within the context of music therapy facilitation in institutions.

Charlotte

Charlotte has Downs syndrome and was born blind. When Charlotte was a young woman, her mother passed away and Charlotte's remaining family felt unable to continue caring for her. She was placed at a residential home for people with neurological illnesses and injuries such as Huntington's disease and Traumatic Brain Injury. At this point, Charlotte used language to communicate and had full mobility, using the rails which lined the corridors to guide her. I met Charlotte four months into my music therapy training, on my second student placement. She had been living at the home for 25 years. Over this time, she had taken on the characteristics of the illnesses and injuries of the people around her. She gradually moved and spoke less and started to demand full-time attention through stripping and crying. The busy, understaffed care workers acquiesced, transporting her around the home in a wheelchair, and there were no alternative communication methods in place. By the time I met her, Charlotte had become completely non-speaking and could only transition to different spaces through use of a wheelchair or hoist. She spent most of her day sat on a beanbag in her room, listening to the radio.

Figure 7. Charlotte on her bean bag. Image description: coloured line drawing of a woman sitting cross-legged on a bean bag, with her hands placed on her legs, looking upwards. Words underneath read "Charlotte on her bean bag."

> My arrival coincided with a change of management at the home. The new manager, Liv, recognised Charlotte's problematic situation and asked me to work with her. The music came quick and easy, like turning on a tap. Charlotte needed little encouragement beyond a few introductory chords—and we were off! She threw back her head with long improvised vocalisations. Melismatic "ahhh"s and "ehhh"s outlined her huge pitch range and she enjoyed sustaining vocal fry. Charlotte showed awareness and enjoyment of phrase, creating musical structure, and back and forth communication. She swept me along. The richness of our music showed that Charlotte was able to do so much more than was attributed to her and highlighted the inappropriacy of her environment. However, Liv explained to me that Charlotte would not move to a more suitable placement, as people with Downs syndrome typically have a shorter life expectancy of around 60 years. They were waiting for her to die.

Like Marwan and Josie, Charlotte is experiencing systemic oppression as a disabled person as her potential is less valued than that of a non-disabled person. When she first came to the home, the contemporary social perception of her needs and value may have made her placement there acceptable; but over 25 years, these attitudes failed to shift, becoming entrenched as part of Charlotte's narrative. With her access needs not recognised, she has experienced a significant reduction in her physical and cognitive functioning and quality of life, and this is so clear as to be shocking to the music therapist and care home manager as newcomers. When oppression becomes normalised in an institution in this way, this is institutionalisation: "When things become institutional, they recede. To institutionalize *x* is for *x* to become routine or ordinary such that *x* becomes part of the background for those who are part of an institution" (Ahmed, 2012, p. 21). Charlotte's inappropriate placement in this care home has, as Ahmed says, "receded," and this has become "routine" for the institution. In this light, we now progress to situate our understanding of using music therapy as a radical force for social justice in the context of institutions.

Figure 8. Social justice, radical force, institutions. Image description: the three bubbles from our picture in Figure 1 come together. The purple bubble contains the words “social justice”; the green bubble contains the words “radical force”; the yellow bubble contains the word “institutions.”

Music therapists have a fascinating relationship with the institutions they work in, which include hospitals, care homes, schools, hospices, day centres, community hubs, and more. There has been considerable exploration of the position of music therapy within institutions, including research on collaboration between music therapists and institutional staff such as nurses, teaching assistants and multi-disciplinary teams (Hadley, 2017; Maclean & Tillotson, 2019; Rickson & McFerran, 2014; Strange, Odell-Miller & Richards, 2017; Tomlinson, 2020), as well as reflections on the interactions over conflicting priorities between music therapists and educational establishments (Annesley, 2014; Roman, 2016; Wettone, 2021). Pavlicevic (2003) uses Systems Theory to understand institutions as complex systems of interrelated, associated and interdependent parts, highlighting to music therapists the complexity of relationships that must be navigated when establishing a service within an institution, and the impossibility of music therapy existing in a vacuum. While this is fertile ground, Kate’s previous research (Apley, 2025) is the only literature we are aware of which considers, as a primary focus, the position of music therapy within institutions from the specific perspective of using music therapy as a force for social justice and radical action. This third section of our paper positions us at this intersection.

Unless employed directly by institutions, music therapists are likely to have something of a partnership status or freelance agreement which partially externalises them from the institution and their culture. At Nordoff and Robbins, for example, a standard music therapy service comprises one or two days of facilitation per week. Despite working so intimately with the population of these institutions, music therapists often have to sign in every working day as a visitor, borrow a room that is usually occupied, sign in on the guest WiFi, and so on. These small but regular reminders of their outsider status contribute to an overall sense, for music therapists, institutional staff, and those accessing music therapy, that the music therapist is not fully embedded in the institution. This externalisation reflects deeper insecurities, too: music therapists in the UK worked hard through the 1970s and 1980s to gain recognition as a “legitimate” profession, finally becoming registered as a “Health Profession” in 1999 (see Ansdell, 2002 for more of this history), and efforts to fit into healthcare models persist. This process of legitimising continues in each institution where a music therapist works (one of our authors is reminded of being asked, “Are you that person that goes and plays the bongos in hospitals?”). Eide (2020) observes:

> Music therapists often have to legitimize their role and practice in order to get access to patients and systems, and they spend time informing and educating decision-makers, managers and other colleagues about music therapy. These communications and interactions might be seen as constant processes of institutionalizing music therapy, that is, of music therapy becoming permanent and taken for granted in the organization. (p. 461)

Despite music therapists' tendency to want to be embedded in institutions, Annesley (2014) shares that "as a therapist within a school I try to become part of the institution, but to some extent I am bound to fail, and this failure is therapeutically useful" (p. 42), as this dynamic "can involve allowing things to happen in therapy which might not be accepted in the classroom" (p. 37). We extend Annesley's idea to say that this failure is *radically* and *politically* useful in the pursuit of social justice. As outsiders with a unique agenda and medium, music therapists have the option to observe from a different angle and may see more clearly what has "receded" in an institution, establishing "an orientation in which some things come into view that had previously been obscured" (Ahmed, 2012, p. 10). The institutional acceptance of Charlotte's oppression is more easily visible to the outsider music therapist than to an insider member of staff. This outsider position can also make it easier to act and have this action accepted as, in Annesley's words, "therapeutically useful." We do not mean to say that all staff in institutions are working in oppressive ways and that music therapists are unquestionably saving the day: of course, music therapists are also capable of perpetuating oppression, and have their own biases and experiences of privilege and oppression that can impact what they are able to see most clearly. As Annesley (2014) cautions, "it would be tempting to present the therapist as a 'loner-hero,' battling on the clients' behalf against the 'uncaring' establishment" (p. 39): this would diminish the caring and positive intentions of many staff, as well as ignoring the lack of power and agency that many staff may have within their institutions. Care staff around Charlotte were aware of the injustice of her situation; Josie's support workers were interested in the improvements she made through music therapy; Marwan's teachers knew that they were not reaching him and wanted to be able to. As outsiders to institutions, music therapists not only have a privileged position of seeing what has become normalised but have the opportunity to communicate this and bring about radical action within the scope of their work.

Eide (2020) extends their ideas (referenced above) to say that "The music therapists' creative approaches in this ongoing legitimating process, can be conceptualized by considering music therapists as institutional entrepreneurs: as agents that create new or transform existing institutional frameworks" (p. 462). This imagines even greater potential for the music therapist's insider-outsider status. According to Eide's idea, Charlotte's experiences of social justice in music therapy are not limited to just her but have the potential to transform the "existing institutional frameworks" of the care home by bringing to light the systems that have enabled perceptions of her and attitudes towards her to become accepted and unquestioned. The push and pull of music therapists embedding themselves within an organisation, while retaining the privileged position of seeing what might have become normalised, offers music therapists the power to contribute to the structures and systems of institutions to the benefit of people within them. Again, this may challenge many music therapists' understanding of their scope of practice, but as Taylor (2023) explains, the process of legitimising can ultimately be harmful:

> I am asking how definitions that shape and guide therapeutic practice might (also) be doing *anti*-therapeutic work. How to qualify to be defined as *therapist*—to fit more neatly into a model, school, or institution—can mean surrendering what we know (and *how we know*, and *where we know from*). (p. 43)

One of the themes from the data of Kate's research (Apley, 2025) demonstrates a way in which music therapists can harness their insider-outsider status, by sharing with the institution the witnessing of music therapy either first-hand or via a recording. Ahmed (2012) writes, "When your task is to get out information that is less valued by an organization, the techniques for moving information around become even more important. You have to persist because there is a resistance to the information getting through" (p. 30). Music therapists are uniquely positioned to "mov[e] information around" their institutions by showing people "health musicking" (Stige, 2012). By allowing oppressed voices to move this information themselves in a musical medium, music therapists are not just "battling on the clients' behalf" as Annesley puts it (2014, p. 39), but actually transferring their political, radical agency to others, thereby enacting social justice more widely.

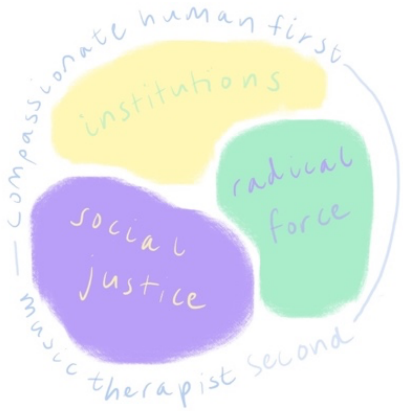
We are naturally aware of the limitations of this endeavour. For instance, in Charlotte's case, the music therapist was on a time-limited student placement, with less confidence and experience than they have now. The music therapy did not materially change Charlotte's situation or context, nor did it bring about drastic change in the institution. However, this does not mean the attempt to "persist" (Ahmed, 2012, p. 30) should be abandoned. Music therapy was resisting the process of Charlotte's injustice "receding" into the "routine" of the institution, and through her display of musical health, injustice, and therefore the possibility of justice, was witnessed.

Compassionate Human First, Music Therapist Second

> *Lost as we feel, there is no better*
> *Compass than compassion.*
> *We find ourselves not by being*
> *The most seen, but the most seeing.*
> *(Gorman, 2021, p. 48)*

We have been building through this paper to the encompassing aspect of our approach to music therapy as a radical force for social justice: our concept of "compassionate human first, music therapist second." This embraces the etymology of the word compassion, of feeling or suffering "*together with* another" (Oxford English Dictionary, n.d., our emphasis). We suggest that in order to succeed in using music therapy to radically promote social justice in institutions, music therapists engage more confidently with their natural compassion as a tool in their work, placing themselves as people alongside other people and recognising when notions of expertise might get in the way of their work. By placing themselves alongside others and valuing compassionate humanity as a central part of their professionalism, music therapists might start to question the hierarchical systems, narratives, and knowledge bases inherited in their training and found within the organisations in which they work. In this way, we imagine the ethos of "compassionate human first, music therapist second" to hold together and form the foundation of the strands of practice we have discussed.

Figure 9. A repeat of Figure 1. Visual representation of the threads of this position paper. Image description: three coloured bubbles make up a circle. The purple bubble contains the words "social justice"; the green bubble contains the words "radical force"; the yellow bubble contains the word "institutions." Around the outside of this circle, a line connects them together that reads "compassionate human first, music therapist second."



Our description and exploration of this approach to music therapy is intentionally not complete, both because it has arisen from examples of therapy work and because we believe that any attempt to summarise the approach would fail to account for the many nuances and pathways to be found within it. As such, we return to the words of Foluke Taylor (2023): "Writing is a practice of forgiveness made into a habit; the habit of laying down words while forgiving all the loose threads and dropped stitches; every frayed uneven edge" (p. 23). We have left many loose threads and dropped stitches in exploring these ideas in this paper, and we hope that the community of music therapists around us will pick them up and weave their own journeys in practice, research, and literature.

Concluding with "Loose Threads"

In this paper, we have explored the idea of music therapy as a radical force for social justice in institutions. Through the cases of Marwan, Josie, and Charlotte, we have considered how social justice in music therapy might be understood as radical and political. We have contextualised the dynamic interplay between systemic oppression and social justice within institutions where music therapy takes place and explored music therapists' role here. This has encouraged us to contemplate how music therapists might be uniquely placed to contribute to or disrupt oppressive systems. In positioning ourselves at the intersection of these ideas, we have built towards an approach to practice which defines the social justice-oriented music therapist as a person in society who is able to be an activist, using music as a tool to radically create opportunities for social justice and affect positive systemic change.

The topic of social justice in music therapy suffers from being discussed mostly as a theoretical concept and considered an optional add-on to practice. We propose that music therapists move away from viewing social justice as a discreet "top-down" framework to be engaged with from time to time. Instead, we suggest that social justice can be used both as a constant lens for reflexive practice and integrated into the very purpose of music therapy work. We believe that to respond compassionately in music therapy requires holding contextual understanding of systemic injustice in mind whilst responding to the unique examples that people bring to therapy. In pursuit of this, we began each aspect of our discussion in this paper with an example from practice, and we present others with a "loose thread" to pick up and ask questions such as: what are the tools of a music therapist

working towards social justice? When is this work most effective for people experiencing systemic oppression? What would a just society look like?

We also recognise that the emotional motivation and investment to challenge injustice at every turn results in significant emotional labour and even emotional exhaustion and burnout (Gorski, 2018; Hochschild, 1979, 1983; Snow et al., 2024); something which has been documented in activism, social welfare work and the process of de-colonising pedagogy (Akhtar, 2022; Gunaratnam & Lewis, 2001; Snow et al., 2024). The idea of emotional labour was raised by delegates in response to our presentation at the BAMT conference, who expressed a sense of hopelessness and struggle against "the system." Whilst we ourselves have experienced this emotional labour, we believe that this is an indicator that the effort is even more worthwhile, as well as a reminder that the compassionate centre of our approach includes compassion towards ourselves in this challenging work. A "loose thread" here is that there is opportunity for music therapists to share more examples of how they navigate oppression and justice in their work, to share emotional burden and add voices to this community of practitioners. Another "loose thread" could be consideration of the position and purpose of supervision in reflecting on anti-oppressive practice and how well-equipped music therapy supervisors may feel to hold these bigger social questions. A third loose thread might be improving understanding of how emotional labour is shared and affects all those within an institution (Gunaratnam & Lewis, 2001, p. 138).

Part of engaging with this topic in a practical and integrated way involves reflecting with the people who access our services; another "loose thread" of this paper is our limited inclusion of the voices of those we work with. While we feel that there is value in the approach we have taken, we also hope it will inspire others to develop these ideas further using co-production methods and participatory action research (Myerscough, 2024; Rickson, 2014; Roman, 2022; Scrine, 2019). We want to learn more and have our ideas challenged by the perspectives of those who access music therapy. For example, do people accessing music therapy through an institution experience the music therapist as an insider, an outsider, or an insider-outsider (Annesley, 2014)? Does the music therapist offer something different to the institution, and in what way is it different? To play devil's advocate here, it might well be the case that someone experiences music therapy to be *more* oppressive than the institution, and we are well aware that there will be examples where this is true. There is a need for greater investigation into the experiences of social justice in music therapy from the perspective of those who access its services.

As we stated in our introduction, this paper has focused on the theme of social justice in music therapy with disabled people with high levels of unmet need, as this is where the majority of our work is based. There are many "loose threads" to be taken up with regards to exploring other forms of systemic injustice and how they intersect. We encourage application of our examples to these other experiences and therapy journeys and we are curious to see how the idea of music therapy as a radical force for social justice in institutions applies to contrasting contexts of work. We repeat Barnes's (1996) statement: "It is impossible (…) to confront one type of oppression without confronting them all and, of course, the cultural values that created and sustain them" (p. ix).

When we presented the ideas of this paper at the BAMT conference, we were moved by the sense of concern, care, and compassion, which created a strong sense of community in the room. We end our paper with an invitation to music therapists to engage in their communities with this same compassion and care. We (music therapists, people who come to music therapy, staff at institutions which host music therapy, families, friends, and carers) are all part of the same social structures, experiencing intersectionality differently, and bringing unique perspectives to this work. As Whitehead-Pleaux and Tan (2016) urge, "without joining together, we will be unable to truly make movement in the dismantling of the oppressive systems" (p. 260).

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About the Authors

Kate Apley, Nordoff and Robbins Music Therapy UK, trained as a music therapist with Nordoff and Robbins, qualifying in July 2022. Since then, she has worked for Nordoff and Robbins across North London and Central England in schools, care homes and hospitals. Kate is interested in the social justice power of music therapy and the potential for music therapists to challenge oppression through and around their work.

Stella Hadjineophytou, Nordoff and Robbins Music Therapy UK, born in London, UK, trained as a music therapist with Nordoff and Robbins, qualifying in July 2021. Since then, Stella has been working for Nordoff and Robbins in Glasgow, Scotland, delivering music therapy in recovery settings, care homes, and a range of educational institutions. Stella is interested in the topics of disability, language, and social justice in music therapy. Stella is a trustee of the Scottish Music Therapy Trust and a PhD student at Nordoff and Robbins/Goldsmiths, University of London.

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