A Study on the Perception and Influence of Whiteness in White Music Therapists

Maria Abramovich

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A Study on the Perception and Influence of Whiteness in White Music Therapists

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

By

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Rockville Centre, New York

2021
MOLLOY COLLEGE

A Study on the Perception and Influence of Whiteness in White Music Therapists

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A Master’s Thesis Submitted to the Faculty of

Molloy College

In Partial Fulfillment of the Requirements

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Master of Science

May 2021

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5-5-21
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5-4-21
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Abstract

Whiteness pervades all aspects of western culture. As a western therapeutic modality, music therapy practice as well as its research and pedagogy are entrenched in Whiteness. While music therapy researchers have explored Whiteness, few studies center and explicitly study Whiteness in music therapy. This inquiry captures Whiteness as it is perceived and experienced by White music therapists. Two board-certified music therapists were interviewed, and interpretative phenomenological analysis was utilized to analyze the transcribed interviews and written responses of the participants. A total of eight themes and 12 subthemes were identified in the data. The results demonstrated that Whiteness suffused the personal and collective experiences of the participants. Gaining a more nuanced understanding of how Whiteness operates in the lives of music therapists and the field of music therapy is critical for the protection of clients and colleagues alike, the maintenance of best practices and delivery of the highest quality care, and the evolution of the field.

Keywords: Whiteness, Whiteness in music therapy, interpretative phenomenological analysis
Acknowledgements

I would like to thank my thesis committee for providing thoughtful commentary and support during the exaction of this project. I owe a great deal of thanks to my faculty advisor, Dr. Maria C. “Nina” Guerrero, for her poise and containment when I needed a good hose-down, and for her fervor when I required encouragement. To Dr. Suzanne Sorel, my academic advisor, thesis committee member, and professor, I give thanks and praise for her relentless support of my endeavors over the last three years. I share my deepest thanks to Dr. Sorel and Dr. Seung-A Kim, who believed in me and supported my return to the study of music therapy after a nine-year hiatus. To Dr. John Carpente, Elizabeth Schwartz, Lora Heller, and the other professors in the graduate music therapy department, I thank you for your tireless dedication to the students and to the field. I would like to honor and remember my first academic advisor and champion, Evelyn Selesky, for escorting me into my journey at Molloy and holding my hand through the first throes of my career.

I would not have endeavored to write this study were it not for my mentor and former therapist, Marcela Lichtensztejn. Her guidance and encouragement are the reason I pursued a career in music therapy. I am eternally grateful for her genius, gentleness, and constancy, and her monumental contributions to the field.

I thank the individuals who participated in the study for their contributions. I believe they are the first of many White music therapists who will endeavor to examine Whiteness in themselves and the field. I extend my extreme gratitude to my family, friends, and peers for their support and unyielding faith in me.
I dedicate this work to my children, Leonardo and Aeva, whose light and laughter, and tears and tantrums inspire me daily to choose fortitude and grace over all else. I know they will be part of a generation that ushers in a new age founded in equity and community.
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**Introduction**

This study aims to understand how White music therapists perceive and experience Whiteness. Through interviews and subsequent thematic analysis, I will identify emergent themes about White music therapists’ conceptualization of Whiteness.

Frankenberg (1993) defines Whiteness as “a location of structural advantage, of race privilege...[and] a set of cultural practices that are usually unmarked and unnamed” (p. 1). Whiteness is a lens through which White people see the world. It locates White people at the top of the hierarchy of humanity. The most remarkable part of Whiteness is that most White people often fail to identify it or associate with it. Whiteness has been formally studied by Black scholars since the 19th and early 20th centuries, while White theorists and researchers only began to study and publish work about Whiteness in the late 1980s (Levine-Rasky, 2013). White people are less aware of racism than are Black, Indigenous, and People of Color (BIPOC) and generally fail to see their own race (hooks, 1998; Salter et al., 2017). Whiteness prompts White people to separate themselves from others based on race by negating their affiliation with a racial group.

Critical race theory (CRT) posits that racism exists and has been normalized, and that unless White individuals recognize this and make systemic changes that support equity across all races, racism will continue to disproportionately hinder the progress of Black people in the United States. CRT aims to understand how White supremacy upholds racism and how the legal system maintains White supremacy (Ladson-Billings, 1998). White dominance negatively impacts the wellness of Black people in the United States, and has been shown to contribute to negative health outcomes in Black Americans (Lewis & Dyke, 2018). Due to the clear relationship between Whiteness and injury to Black people in the United States, it is imperative that music therapists consider and work through their White biases.
Other helping and healthcare professions have researched the impact of Whiteness in clinicianship (Gunaratnam, 2008; Hamrick & Byma, 2017; Hess, 2017; Malat et al., 2010; Nielsen et al., 2014; Parsi, 2016; Pennington et al., 2012; Schultz, 2019; Talwar et al., 2004; Tanner et al., 2018; Wolfgang, 2019). While music therapists who work with BIPOC and Black communities have stressed the importance of reflexivity as a method of identifying their biases in order to provide the best care for their clients (Viega, 2016), music therapy researchers have not overtly addressed the role of Whiteness for White clinicians in music therapy practice. There is a clear gap in music therapy research with regard to studying Whiteness as a factor in music therapists’ identities and practice.

At the time that this study was imagined, the United States was experiencing a revival of the Civil Rights movement. The murders of Ahmaud Aubrey, Breonna Taylor, George Floyd, Tony McDade, Dominique “Rem’mie” Fells, and Riah Milton ignited the globe and incited the largest civil rights movement in U.S. history (Buchanan et al., 2020). In the wake of the murders and subsequent state-sanctioned dismissal of murder charges against some of the White civilians and police officers that committed the homicides, many White people began to assess their role in upholding and maintaining White supremacy, and to evaluate how they have benefited from the structures that ensured their dominance over other races. While the Civil Rights movement in the United States is cited as having occurred from 1954 to 1965, civil rights activism has never ceased, as Black Americans have continued to face adversity and violence (Woodson, 2017).

The health of individuals depends on the health of the community, and vice versa. Evaluating Whiteness is elemental if not the catalyst for dismantling White supremacy, the system that maintains the legacy of racism that has plagued the United States and other nations. In order to truly meet clients, music therapists must face and critically interrogate their biases. As
I reflect and learn more about my own Whiteness, I have come to recognize the impact of the White perspective and believe that White music therapists must recognize their Whiteness in order to be ethical practitioners. While White music therapists have written about their personal experiences of Whiteness (Dos Santos, 2013; Hadley, 2013; Hunt, 2013; Lightstone, 2013; Merrill, 2013; Viega, 2013, 2016), no one has published a qualitative study explicitly examining the roles of Whiteness, White privilege, or White supremacy in clinical practice. Therefore, I felt compelled to study how White music therapists’ notions of their race impact their work.

As a White person, I believe I have a moral obligation to gain a deeper understanding of the role of Whiteness, particularly given the power dynamics of therapy. Recognizing that Whiteness exists is the first step to developing safe and ethical practices that help protect music therapy clients of Color. The AMTA reports that 88.4 percent of its members are White (A Descriptive, Statistical Profile of the 2018 AMTA Membership and Music Therapy Community, 2018). Because of the overwhelming majority of racially White clinicians present in our field, it is our ethical duty to examine how our dominance impacts our clinical work. I hope that this study will encourage music therapists not only to be reflexive practitioners but also to engage in antiracist work through gaining an understanding of Whiteness and how being White impacts therapeutic practice.

The Aims of the Study

In this study, I interviewed two White board-certified music therapists who work with BIPOC clients in order to understand their experience of their Whiteness. The research questions are as follows:

1. How do White music therapists perceive their race?

2. How do White music therapists experience their race in their practice?
3. How do White music therapists perceive the ways in which their Whiteness may impact the power dynamic in the therapeutic relationship?

**Literature Review**

**Whiteness: A System**

Whiteness buttresses and feeds racial hierarchy. Frankenberg (1993) posited that Whiteness presupposes its dominance, and that racism therefore permeates all intersections of White people’s lives. The author tracked and dissected Whiteness via the stories of White women. Through thirty interviews with White women ranging from 20 to 93 years of age from a variety of socioeconomic, professional, and relationship backgrounds, Frankenberg explored the intersections of Whiteness with chosen geographical location, place of origin, gender, political affiliation, ethnic background, and age. Intersectionality, a term first published and discussed in depth by law professor and Black feminist Kimberlé Crenshaw, J.D., refers to the convergence of multiple identities and the ways in which these personal experiences, when superimposed, interact and potentially conflate social issues such as prejudice and oppression (Clark, 2013). Frankenberg’s analysis (1993) revealed a way to trace and interpret Whiteness within the broader context of intersectionality and the lived experience of American, female Whiteness in the late 20th century. Her study generated evidence that racism is as much a White issue as it is an issue for BIPOC; that Whiteness reinforces White dominance, a product of racial stereotyping and systemic inequities such as economic and social barriers for BIPOC; that racism is a long, historical narrative that is deeply embedded in American culture; and that systemic reinforcement and coopting of racial stereotypes is what most prominently furthers racial oppression (Frankenberg, 1993).
Frankenberg found that explicit racism, the form of racism that justified the colonization of an inhabited continent and the trafficking and enslavement of people from the African continent, along with its cousin of “colorblind” racism, still exist in White women’s understanding of race. She observed that White women associated evasion of race with combating racism and being “good.” “Goodness” was critical to the women in the study; they often assumed the transitive property, that a “good” person could not be racist, to excuse and erase the racism ever-present in their upbringing and current social environments. Additionally, many White women in the study extended their understanding of innocence and purity to mean that children could not be marred by racism and racist ideals, redeeming them of the racism “of the past” and thus allowing them to insist upon their continued innocence and “goodness.”

Some participants in Frankenberg’s study embraced race cognizance and the reality that White women experience race as it relates to race privilege. These participants owned their racism, calling it out as theirs, something belonging to them. While they regarded racism as real and acknowledged that their lives had been shaped by their White privilege, they also strove for “goodness,” hoping that antiracist work would redeem them of their complicity in systemically racist structures. Additionally, while they named the structures that upheld Whiteness and colonialism, many were unable to name how Whiteness upheld racism in their own lives or ways of dismantling it. Even race cognizant White women were often preoccupied with defending their integrity at the expense of critical introspection, failing to decipher and name how they chose their own Whiteness in concrete and actionable ways in their daily lives. Some of the study participants had longer histories with antiracist work, and these White women were race cognizant and prioritized practicality and action over guilt and self-loathing. These women were able to identify where their racism existed in their daily experiences and the actions they took to
change their behavior. Frankenberg discovered that White women’s perception of their own Whiteness varied greatly, and that, more often than not, White women succumbed to agents of White supremacy, such as deflection of responsibility and denial of complicity, thus upholding Whiteness and White dominance (Frankenberg, 1993).

White privilege is a manifestation of Whiteness. It is a product of Whiteness, and a force that pervades society’s systems. Much like Frankenberg, Sullivan (2006) described White privilege as a “preconscious” habit that evades detection, blending into the mundane and seemingly meaningless behaviors exhibited by White people. The undetectable nature of White supremacy is what the author described as its “super power,” which allows White people to continue deflecting responsibility for their position of privilege. Because the habit of White supremacy is free of self-reflection due to its existence in preconscious or unconscious cognition, White people continue to act in ways that uphold White supremacy without seeing themselves as agents of oppression against People of Color. Sullivan (2006) explained that White privilege, as a function of Whiteness, promotes the separation of White people from Black people, therefore locking White individuals into a vicious cycle of ignorance in which they interact primarily with White people and therefore do not experience their race. She recognized, as W.E.B. Du Bois pointed out in the late 19th century, that White people often lack meaningful contact with Black individuals and therefore can maintain certainty of racist stereotypes and fears unchallenged by real-life representations of Black people and Black culture (Sullivan, 2006).

Sullivan proceeded to explain that White supremacy psychically influences White individuals and becomes embedded in their unconscious minds and other psychic structures immune to self-reflection. At an early age, individuals absorb White privilege as a “leading ideal,” or the dominant ideal of one’s social group that binds individuals to one another and gives
them a sense of unity and communal purpose. This “group think” construct replaces the inner moral compass or conscience in support of a sense of safety and belongingness, thus thwarting the individual’s agency and their ability to analyze and critique their personal belief system. In contrast, White supremacy is a leading ideal that resides in the conscious mind. Individuals choose to accept White supremacy and promote White supremacy, while White privilege is a veil that inconspicuously defines one’s perspective (Sullivan, 2006). Due to White privilege, Whiteness operates under the radar, deeply embedded in the psyches of White people, and can go unchallenged as a result.

Much like Sullivan (2006), Salter et al. (2017) explored how collective consciousness propagates acceptance of and engagement in racist behaviors and legal structures. The authors investigated racism as a systemic issue through a cultural psychological approach. They argued that culture and the psyche are inseparable and that, therefore, racist mindsets and behaviors reflect the racism inherent in global culture and its institutions. They posited that 1) racist ideals manifest in culture at large; 2) people around the world operate within systems that promote and propel racial hierarchy; and 3) people uphold and propagate racism through societally reinforced behaviors and perspectives. The researchers explained that racism performs a kind of auto-correction that allows it to remain undetected by the racial majority. The promotion of color-blindness and the reinforcement of ignorance around racism in White communities engenders complicity in upholding stark racial disparities and inequity. Additionally, they found that a widespread cultural acceptance of meritocracy cultivates individualism, a belief system that erases recognition and understanding of the systemic oppression of People of Color. They delineated ways in which revisionist history, individualism, and a widespread acceptance of
rational erasure generate and perpetuate systemic racial hierarchy that disadvantages People of Color (Salter et al., 2017).

Scholars have explored the phenomenon of Whiteness and its role in marginalizing Communities of Color. Ahmed (2007) studied the phenomenology of Whiteness, or Whiteness as a lived experience that affects everyone. She characterized Whiteness as a context within which people’s bodies exist. She explained that Whiteness makes racially White people the norm and therefore identifies People of Color as operating outside of the norm. Whiteness allows White people to ignore their race because their race is “of” Whiteness; because they are White, White people need not acknowledge their race. According to Ahmed (2007), Whiteness infiltrates institutions and spaces, such that People of Color who are embraced by and assimilated into these institutions become affiliated with Whiteness. This occurrence is known as “passing.” Ahmed (2007) used her experience as a Person of Color to demonstrate that Whiteness orients bodies and either protects them or squashes them. This depiction of Whiteness demonstrates the insidious nature of White dominance, which is perpetuated by maintaining its undetectability.

**Whiteness in Education, Art, and Music**

Dismantling White supremacy in spaces where music, art, and education intersect is critical in the fight for equity and justice for all people. Hess (2017) utilized critical race theory (CRT) as a basis for promoting concrete and explicit language around race in music education. She argued that by implementing the tenets of CRT, music educators can highlight Eurocentricity and Whiteness in music education, locating their field as a vessel for the promotion of Whiteness, White racial dominance, and White supremacy. Through the illustration of four case studies of music educators in Toronto, Canada, she demonstrated that music educators can dismantle White supremacy inherent in music education by both diversifying their
musical repertoire and using the music to clearly and truthfully relay stories of enslavement and the systemic oppression of Black, Indigenous, and People of Color (BIPOC). The music educators in the case studies promoted “race talk,” or candid discussions around race, and undercut White saviorism by overtly discussing White complicity in acts of violence against BIPOC (Hess, 2017). Instead of focusing on being “polite” through coded language such as “urban” or “at-risk,” the author recommended plainly discussing race and class in order to encourage honest discussions of social hierarchy and race inequity. Hess (2017) delineated practices that music educators can implement to dismantle white supremacy in their classrooms through acknowledgment of Whiteness and the elimination of coded language.

Museums, spaces where art and culture are preserved and heralded, serve as loci of cultural learning. Addressing Whiteness and White supremacy in these spaces is critical to furthering the aims of social justice. Scholars have cited the impact of Whiteness on pedagogy and art curation in museums. In their qualitative study, Fifi and Heller (2019) showed that White supremacy has dictated the curation of Afro-Caribbean cultural objects, and demonstrated that although White supremacy manifests differently in different localities, it is indeed a global affliction. In the first of two case studies, the authors discuss how the Barbados Museum and Historical Society (BMHS) decentralized the Eurocentricity of their exhibits. Historically, these exhibits framed the sharing of material culture from Indigenous African civilizations as a glorification of the brutalization and conquering of these cultures. By shifting the focus to honoring and celebrating the Black and African cultural heritage of Barbados, the curators of BMHS helped to bolster a new perspective on Caribbean heritage and self-identity.

In the second case study, the researchers examined how Whiteness inherently skews the interpretation of Afro-Caribbean material culture by White art museum educators (WAME).
They observed two WAME (WAME #1 and WAME #2) as they interpreted the art of Ebony G. Patterson, an Afro-Caribbean artist. They found that both WAME upheld their own comfort and fear of confrontation. While leading a group of high school students through the exhibit, WAME #1 used language that propagates Black stereotypes, such as “urban” and “thug,” and universalized the experience of Black people to all People of Color. Additionally, WAME #1 did not explicitly discuss race, but instead spoke around the subject by centering the discussion on class inequity as opposed to racial inequity. Similarly, WAME #2 discussed a child who was “killed” without mentioning his being Black or recognizing that he was murdered by police. This excision of race and the relationship between police brutality and systemic racism is a symptom of Whiteness and a pillar of White supremacy. Fifi and Heller (2019) explained that by negating the experiences of Black people, these White educators may silence students, due to the incongruity between the students’ lived experience and what they are learning.

Another theme the authors discovered in their research was the fear of confrontation, or a selectivity for politeness over having essential, often difficult conversations about race. Both WAME felt that it was better to follow a student-directed conversation, which did not center on race, and also felt that bringing up racial content around younger students would be inappropriate (Fifi & Heller, 2019). Overall, this study demonstrated that behaviors characteristic of White supremacy live in museums, spaces meant specifically to share cultural content and to educate. Additionally, the authors found that White museum employees were unaware of their complicity in upholding White supremacist ideals. Their research revealed that White supremacy is deeply embedded in institutions meant to preserve cultural heritage.

Music as an art form is a distinctive war front in the battle against White supremacy. Several researchers have explored the role of music and musical culture as a forum for furthering
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social justice ideals. Sulé (2015) explored the experiences of White hip-hop collegians from two midwestern, predominantly White colleges as they engaged in hip-hop culture. More specifically, the author aimed to understand how these students saw their race and whether their immersion in hip-hop culture influenced their views on racial equity and diversity. Hip-hop collegians are college students who engage in hip-hop culture and embed it into their academic, social, and professional lives. These individuals immerse themselves in hip-hop in a way that impacts their beliefs (Sulé, 2015). The author interviewed 25 White male students from two midwestern universities with a White student majority, conducting two-hour long semi-structured interviews with each student and two five-member focus groups from the pool of 25 interviewees to discuss the topic of diversity and interracial friendships. Using a three-step coding protocol, Sulé extracted themes from the interviews and other data sources. Four major themes emerged from the participants’ interviews and focus group dialogues: 1) Being immersed in hip-hop encouraged the participants to acknowledge their Whiteness and White racial identity; 2) Hip-hop operated as a platform for expanding the participants’ exposure to other points of view and lived experiences; 3) Immersion in hip-hop inspired the participants to seek out diverse relationships; and 4) Engagement in hip-hop culture motivated the participants to challenge systemic racism and White supremacist values often upheld by young White men. The author found that White hip-hop collegians can serve as social justice advocates and can redefine how Whiteness operates in Black spaces (Sulé, 2015). The research showed the value of music as a catalyst for dismantling White supremacy.
Eliminating Colorblind Rhetoric: The Importance of Naming Whiteness in Mental Health Professions

Clinical spaces are as vulnerable to White supremacist values as are art and educational fields. In their pioneering article, Sue et al. (2007) analyzed written accounts by psychologists of Color to better understand the phenomenon of racial microaggressions. Their analysis revealed three kinds of racial microaggressions: microassault, which manifests as overt and conscious racist acts; microinsult, which takes the form of a rude remark that belittles a Person of Color’s race and ethnic origin, and is often unacknowledged by the aggressor; and microinvalidation, reflected in remarks that deny the lived experiences of People of Color. The authors discovered nine categories of microaggressions distinguished by theme. The theme of “alien in one’s own land,” a microinsult, occurs when the aggressor assumes that the Person of Color is a foreigner. Another microinsult, ascription of intelligence, represents assumptions made about intelligence based on a person’s race and can also surface as the dominant culture requiring intellectual excellence amongst People of Color as a prerequisite for social acceptance. A microinvalidation, color-blindness, manifests when a person’s racial identity is rejected and denied. Assumption of criminality is a microinsult in which People of Color, particularly Black and Latinx individuals, are treated like thieves and threats. Two other microinvalidations include negation of individual racism, in which a White person rejects the notion that they are racist and belittles the lived experiences of People of Color; and upholding the illusion of meritocracy, in which the aggressor assumes that everyone has the same opportunities for growth and thus paints People of Color as undeserving of success because “they do not work hard enough.” Two final microinsults include pathologizing cultures and forms of communication, in which the dominant culture’s communication style is assumed as “normal” and any behavior that veers from the
accepted communication style is inappropriate; and deeming a person to be a second-class citizen, in which People of Color are treated as inferior to White people. Environmental invalidation, a form of racism that manifests in all three microaggression subcategories, takes the form of macroaggressions, such as systemic racism, in which White people are considered the standard, thus “othering” People of Color (Sue et al., 2007).

Sue et al. (2007) delineated four dilemmas that arise in the face of microaggressions. The first is an incongruence in the experience of racism by different races, in which White individuals often do not believe that they are racist or that they make racist remarks, while People of Color regard White people as being tactless and possessive of their social and financial privilege. The second dilemma relates to the covert nature of microaggressions; because White people do not recognize or acknowledge their personal biases, they often cannot recognize or acknowledge the racial microaggressions they commit. This allows the perpetrator to deny responsibility for injuring the victim. The third dilemma concerns the effects of the microaggression. Because society has deemed that overt and violent forms of racism are harmful but denies the existence of microaggressions, the lasting effects of racial microaggressions are similarly discounted. The researchers noted that microaggressions trigger memories of past microaggressions, which happen regularly to People of Color. These memories often bombard the victim and can lead to extensive emotional dis-ease. Because White people do not recognize their bias, they do not connect microaggressions with past harm, and therefore can continue to deny their individual racism. This dynamic, whereby the victims of racial microaggressions are left invalidated, causes extensive emotional and mental upheaval. The final dilemma concerns the decision to confront a microaggression. Should the Person of Color attempt to confront their aggressor, they risk being met with defensiveness and invalidation and may experience other
negative consequences. On the other hand, should the victim remain silent, they risk incurring psychological injury. The circumstances into which the aggressor forces the victim of racial microaggressions leaves People of Color in a precarious and vulnerable position and protects the perpetrator (Sue et al., 2007).

Sue et al. (2007) cited the importance of racial microaggressions in counseling, particularly given that most individuals in the mental health fields in the United States are White and educated from a western perspective. Additionally, the power dynamic in the therapeutic alliance can create an even starker divide between clients of Color and their therapists. The researchers hypothesized that racial microaggressions and foundations of White racial denial are the perfect storm that often drive People of Color out of therapy. They call for White therapists to begin their antiracist work by considering what it means to be White and how their Whiteness affects their practice. The study captured the insidious and deep-rooted consequences of Whiteness both in society at large and in the therapeutic milieu, and the necessity of racism research in psychology and related fields (Sue et al., 2007).

In order to combat Whiteness and racial violence in mental health professions, clinicians must implement multicultural perspectives and reflexivity in their practice. Lenes et al. (2020) noted the importance of color-consciousness in counseling, and of mindfulness and cultural competence in counseling curricula. They studied the impact of Color-Conscious Multicultural Mindfulness (CCMM) training on mindfulness, multicultural understanding, and color-blind perspectives on race. Their sample included graduate counseling students as well as pre-licensed counselors. The experimental group that received the training consisted of 18 individuals, and the control group contained 21 participants. The training addressed the following areas: foundational information regarding multicultural perspectives, color-blind approaches,
intersectionality, and mindfulness; discussion of privilege, societal conditioning, and bias, paired with mindful discourse; reflexive practices that expose countertransference responses to explicit acts of racism, paired with meditation techniques; and raising awareness in institutions of the implications for counseling fields, as well as more mindfulness methods (Lenes et al., 2020).

From data collected using three different measures, the Multicultural Awareness, Knowledge, and Skills Survey—Counselor Edition—Revised (MAKSS-CE-R), the Color-Blind Racial Attitudes Scale (CoBRAS), and the Five-Facet Mindfulness Questionnaire (FFMQ), the researchers found that the experimental group demonstrated statistically significant increases in multicultural knowledge and comprehension and mindfulness practices, specifically nonjudgment and nonreactivity, and statistically significant decreases in color-blind racial ideology. Additionally, while colorblind racial perspectives decreased significantly in the experimental group, the control group, which did not receive the training, showed an increase in CoBRAS scores. The researchers found that comprehensive multicultural and mindfulness training had a significant effect on the beliefs and perspectives of budding counselors. This study demonstrated that inclusion of multicultural perspectives and self-awareness in counseling training prompted a broadening of the participants’ empathic abilities and cultural competence (Lenes et al., 2020). These two legs of antiracist work, greater understanding of collective context and individual context, are critical for dismantling Whiteness in clinicianship.

Without facing their Whiteness, White clinicians cannot fully accept and be present for their clients of Color. Schooley et al. (2019) completed a systematic review of 18 quantitative Whiteness measures created between 1967 and 2017 to see what the measures assessed, the validity of the measures, and how the measures had changed over time. The researchers collected studies that fit their inclusion criteria using multiple databases and completed a content analysis
of each of the Whiteness measures’ conceptual elements. They also collected psychometric information for each measure. They discovered that Whiteness measures developed between 1967 and 2017 assessed constructs from four different themes: perspectives on racial integration and beliefs about Black people and their right to social and economic advancement; definitions of modern racism; perceptions of White racial self-identity; and perceptions of White fragility, antiracism, and how White people perceive and combat racial inequity and White privilege. The definitions of modern racism explored in the measures included racism solely as an explicit force; color-blind racism, or the perspective that race does not exist; and symbolic racism, or the belief that Black culture is a single, uniform entity as opposed to a diverse and rich culture with many ethnic constituents, and that it lies outside of normative culture (Schooley et al., 2019).

The authors found that the Whiteness measures changed over time. The first measures, created during and soon after the decade of the Civil Rights Movement, focused on White perceptions of Black people outside the context of racism. The measures created during the 1980s and 1990s, a time during which many White Americans felt racism had nearly vanished and resented any social progress made by Black people, focused on White perspectives on modern racism. From 2004 to 2017, the measures focused on White racial identity and how it impacts inequity and fuels racism. Additionally, the latest measures include nuanced and comprehensive facets of Whiteness such as power, White guilt, and White privilege. This research on measures of Whiteness shows the evolving conceptualization of White racial identity over the past four decades and suggests ways in which Whiteness research and Whiteness scales can impact social justice in areas such as police brutality, xenophobia, and White supremacy in the far-right political arena (Schooley et al., 2019). The study draws connections between conceptualizations and theories of Whiteness and finding trends with regards to Whiteness via
quantitative research. Driving the theory home through research is critical for dismantling White supremacy.

**Whiteness in the Arts and Art Therapy**

Much like music therapy, art therapy is a predominantly White field and reflects Whiteness in its foundations and practice. Several art therapists have published papers on the manifestations and impacts of Whiteness and White supremacy in art therapy. Talwar et al. (2004) examined cultural competence in art therapy pedagogy. They noted that art therapy is based in Euro-American perspectives and lacks published discourse around sexual orientation, religion, racism, gender norms, ableism, socioeconomic privilege, and marginalization, among other social issues. In their view, these dynamics define art therapy as an ethnocentric monoculture, or a culture that has no outgrowth or diversity and that sees all other cultures through its own homogeneous lens. They regarded ethnocentrism as inherent to clinical practice in art therapy given that its clinical theory is based in tenets of “universal” psychology, which prescribes the same theories and methods for all individuals, regardless of their cultural identity and/or backgrounds. The researchers noted that due to the ethnocentric monoculturalism of art therapy, diversity in the field had not increased in over two decades, at the time of publication. They posited that the lack of vision regarding multicultural competence was captured in the decision of the American Art Therapy Association (AATA) to add a multicultural course requirement in art therapy curricula without requiring the instructor to be an art therapist. This decision demonstrated that the institution that shapes the profession did not prioritize multicultural competence in its leaders and educators. Additionally, the authors revealed that the field leaves the responsibility of discussing diversity and multicultural perspectives in the hands of art therapists who belong to cultures outside of the White, Euro-American norm.
As a whole, Talwar et al. (2004) argued, the field of art therapy absolves White art therapists of responsibility to address inequity in the face of White supremacy. By leaning on art therapists of Color to initiate and fuel the discourse around multiculturalism, leadership in the art therapy field upholds White privilege. The researchers explained that, while understanding every culture would be an insurmountable task, reflexivity and awareness of one’s racial biases is a necessity for art therapists. This paper captured the need for expansion of art therapy’s multicultural competency standards and reflexive engagement from White art therapists in order to break through the field’s ethnocentric monoculturalism (Talwar et al., 2004). The authors depicted ways in which White supremacy and White fragility manifest in arts-based therapies, fields that should embrace diversity and acknowledge cultural experiences and collective trauma.

Following in the footsteps of Talwar et al. (2004), Hamrick and Byma (2017) addressed Whiteness by naming the loci of racism in art therapy and holding White art therapists responsible for addressing systemic issues of racism. They cited that the fields of art therapy and psychology were born when overt segregation and criminalization of People of Color were commonplace both in medicine and in society at large. They pointed out that the AATA had not instituted any changes to diversify enrollment in art therapy programs. Other examples of the AATA’s oversight with regards to Whiteness in the field include its approval of a presentation, *Lessons from Ferguson*, that inaccurately depicted Ferguson as an “integrated” city and regarded the Black Lives Matter movement and protestors as violent and unnecessary. The authors noted that the AATA’s failure to address the blatant racism and White fragility in this presentation as well as the murders of Philando Castile and Alton Sterling, which occurred within hours of the presentation, was representative of the insidious and pervasive presence of White supremacy within the field of art therapy (Hamrick & Byma, 2017).
The authors suggested that in order to dismantle White supremacy in the field of art therapy, White art therapists must listen to the opinions and stories of People of Color who have been victimized by racism, heteronormativity, classism, ableism, and xenophobia, among other kinds of violence and oppression. They argued that reflexivity helps White art therapists locate and face their White fragility. By acknowledging how they have perpetuated violence against marginalized peoples, White art therapists could both validate the lived experiences of People of Color and continue to acknowledge and unmask their own Whiteness and racist conditioning. The authors also called on the AATA to uplift and prioritize presentations by art therapists of Color at conferences and urged that the Art Therapy Credentials Board (ATCB) require regular and comprehensive multicultural training as a continuing education requirement. On the pedagogical front, they recommended that art therapy programs drop Eurocentric multiculturism and embrace an approach centered on intersectionality, so as to foment discussions around power dynamics, marginalization, and White racial dominance and its effects (Hamrick & Byma, 2017). These authors continued the work of art therapists and activists who came before them, calling on a predominantly White field to accept the realities of Whiteness and assumed White dominance in order to unveil and divest from White supremacy.

**The Reflexive White Music Therapist**

The present-day field of music therapy has born approaches that confront Whiteness on the individual and systemic level. Feminist music therapy deliberately embraces the premise that societal power dynamics and sociopolitical constructs, both current and historical, exist within the therapeutic relationship and should be attended to in therapy (Curtis, 2012; Hadley, 2006). While community music therapy aims to improve social welfare, acknowledges systemic structures that act on individuals and communities, and operates via a resource-oriented lens, it
does not encourage explicit call-to-action and commitment to working through sociopolitical oppression in the therapeutic milieu (Curtis, 2012; Stige, 2004).

Before the formal establishment of the aforementioned approaches in the early and mid-2000s, multicultural music therapy, now referred to as culturally-informed music therapy, touted a holistic view of clients and their music and encouraged clinician-driven self-reflection around personal biases. In his seminal article about multicultural music therapy, Moreno (1988) noted that most American music therapists used predominantly Eurocentric, western music and treatment approaches in their practice. He called for music therapists to embrace music from their clients’ cultures, expressing the power of significance in familiar music as well as the indisputable fact that music and culture are deeply intertwined. While Moreno called out the field’s ethnocentrism and alluded to White European cultural dominance, he did not specifically encourage self-reflection or explore White dominance in any depth. In a review of the literature on multicultural music therapy in the United States, Chase (2003) compiled a list of best practices that included engaging in self-reflection, identifying personal biases, immersing oneself in “minority cultures,” and seeing each client as a person and not simply a reflection of their culture (p. 87). Although the author acknowledged important findings such as the prevalence of ethnocentrism in music therapy practice in the United States, the need for self-awareness in clinical practice, and the importance of listening to individuals and not categorizing them based on their cultural heritage, she did not name Whiteness explicitly, nor did she articulate the role of White dominance and the complicity of White music therapists in the marginalization and othering of nondominant cultures. The absence of explicit recognition of White supremacy in music therapy literature predating the mid-2000s captures the covert operation of Whiteness in a
predominantly White field, in the Eurocentric arenas of academia, research, and western clinicianship.

The body of literature in music therapy academic discourse around the subject of Whiteness has steadily grown out of a greater expansion of understanding around multiculturalism and the role of personal culture in the therapeutic relationship. In their article on the role of culture in music therapy, Hadley and Norris (2016) explored how musical multicultural competence correlates with multicultural knowledge in engendering equity in the therapeutic relationship. They identified the first step toward cultural competence as locating one’s own cultural stance and perspective in relation to one’s racial, ethnic, gender, socioeconomic, and geographic identity, in order to assess how these lenses might shape one’s views of their clients. The authors also noted that in order to adhere to best practices and embody the highest possible ethical standard in therapeutic practice, music therapists must go beyond self-awareness and grow their knowledge and understanding of the socially and politically driven systemic oppression of individuals belonging to nondominant cultures. Additionally, they called on music therapists to go beyond learning and engage in activism towards social justice. In their view, to properly learn and implement culturally relevant art and media in sessions as well as broaden their understanding of the culture of their clients, music therapists must engage in social activism and proactive allyship.

Hadley and Norris (2016) asserted that learning musical content and traditions from clients’ cultures without building self-awareness and participating in the dismantling of systems of oppression could harm the client and impair the therapeutic relationship. Given that individuals fall into categories of societal privilege and societal marginalization, all social interactions mirror social and political structures, and understanding these systems is critical to
building an adaptive therapeutic relationship. The authors noted the importance of the power imbalance in the therapeutic relationship, and that systems that reinforce privilege can exaggerate the therapeutic power differential. They acknowledged that the majority of music therapists are White, middle-class, educated, heterosexual, and without disabilities, and are thus privileged. Being in this privileged position warrants a higher level of awareness of the power dynamic in the therapeutic relationship and the ways that music therapists can leverage their position to support their clients. The authors stressed that identifying one’s power is challenging because society has been conditioned to believe that social hierarchy, which values individuals with privilege over individuals who are marginalized, is normal, even natural, as opposed to being a social order imposed and reinforced by systems (Hadley & Norris, 2016).

Hadley and Norris (2016) noted that the field of music therapy embodies Eurocentrism. Music therapy academic and clinical programs typically uphold the belief that western classical music and musical training embody the highest form of musical achievement and prowess, and as a result may discredit or marginalize other forms of music. In his article on the role and perception of Hip Hop Culture in music therapy practice, Viega (2016) explored the role of ethnocentrism when working with inner-city communities of Color. While the focus of this article is on Hip Hop Culture, its history, and how to best implement Hip Hop in clinical practice, Viega (2016) noted that Hip Hop was born of the circumstances generated by the sociopolitical marginalization of inner-city communities, and underscored White supremacy’s central and dominant role in the oppression of BIPOC. More importantly, beyond simply acknowledging the systems of oppression in our society, Viega (2016) asserted his obligation as a White person and White music therapist to examine his own prejudices before and while utilizing Hip Hop in his practice, as failure to do so would severely compromise the therapeutic
relationship and potentially harm the client. He stressed the importance of competence in at least one aspect of Hip Hop culture in order to attain cultural competence and respect for clients’ identities, a practice often recommended in music therapy literature and required by the AMTA.

Viega (2016) went beyond simply naming the importance of recognizing and learning more about client musical identity, asserting that clinicians outside this culture may hold prejudices towards Hip Hop and rap because of preconceptions reinforced by systemic racism, classism, and sexism. He suggested that music therapists aim to see the power of Hip Hop as a platform for self-expression, and identified resource-oriented music therapy, feminist music therapy, community music therapy, and music- and culture-centered approaches as methods conducive to the most ethical implementation of Hip Hop in music therapy practice. He voiced the importance of self-awareness and reflective practice for clinicians when implementing Hip Hop in sessions in order to center the interventions on client goals and perspectives as opposed to the clinician’s outlook into the role of Hip Hop in the client’s life and healing. Viega (2016) closed his article with an excerpt on reflexivity in which he named his Whiteness; discussed his efforts to honor Black ownership of Hip Hop and reflect Black and marginalized perspectives as opposed to analyzing the music and culture from his perspective as a White, male, middle-class clinician and researcher; and shared his process of intentional empathy, tapping into the narratives and tensions represented in Hip Hop in order to locate his own privilege while also feeling the emotions Hip Hop artists share in their music. By turning inward and observing his own experience of Hip Hop, Viega (2016) embodied the kind of best practice that is critical for the highest level of ethical practice for White music therapists.

Music therapist researchers have delineated clear-cut ways in which White music therapists can observe, reflect, and contend with their complicity in White supremacy. In the
introduction to her book *Experiencing Race as a Music Therapist*, Hadley (2013) sets forth a process similar to that of Viega (2016) in his exploration of Hip Hop. She encourages White music therapists to confront their Whiteness and experience of their race by learning more about race and racism, immersing themselves in the experiences of others, and allowing their preconceptions and current beliefs to fall apart so as to lay the groundwork for true self-awareness and empathy for others. This process is a clear and direct avenue by which White music therapists can engage in dismantling their own Whiteness and divest from systemic White dominance. While White music therapy researchers and clinicians have thus explored Whiteness in their own work, to date none have published studies specifically exploring the role of Whiteness in the power dynamics of the therapeutic relationship.

**Methodology**

**Epistemology as It Relates to the Methodology of the Study**

I have always been interested in the subject of race and societal inequity. As a White person born in Latin America, at an early age I became aware of the fact that the color of my complexion set me apart from other Latin Americans and put me in a place of privilege. I understood that many of the wealthy people I knew were White. The adults around me talked about skin tone and race, and often made it clear that individuals with darker skin tone were Indigenous and, consequently, poor. I was raised in a home of economists who worked in development, and there was often talk of that Indigenous populations in Latin America had little access to educational, health, and financial resources, and how White Latin Americans and Americans were planning to help them.

I attended grade school at a well-known private school in a wealthy suburb in the United States. As a child of a single mother, I was the only person I knew at my school who lived in an
apartment. My peers were far wealthier than I was, but even though I felt different, I looked like them and was accepted by them. I often felt that I did not belong, but was rarely the target of bullying due to my ethnicity. That being said, my peers often referenced my “Latinness,” making comments about the way I dressed and acted. They seemed intrigued as opposed to threatened by my ethnic background. I realized that because I looked like my peers, they were comfortable with my “otherness.” This experience of feeling that I did not belong, combined with the understanding that I was accepted due to the color of my skin, fueled my interest in racial identity.

As I entered adulthood, my conversations about Whiteness centered around oppression and the patriarchy that was aiming to kill and maim women and Black, Indigenous, and People of Color (BIPOC). Whiteness was touched on but not elaborated upon. The focus was always on marginalized communities and nondominant cultures. As time passed and the political landscape evolved from the Bush presidency to the Obama presidency, I was exposed to overt White supremacy in the United States. During the Trump presidency, White supremacist groups and White fragility revealed themselves explicitly. In the past several years, I have grown to understand that in order to address the oppression of BIPOC, White people must address the issue of Whiteness in this country.

As a budding music therapist, in a field that works with marginalized populations and in underserved communities, I recognize that it is imperative for this overwhelmingly White field to begin to explicitly discuss Whiteness. Music therapy researchers have published endlessly on culture, culturally informed care, the dynamics of cross-cultural therapy, and the cultural implications of using music from different cultures. However, there has been little research explicitly focused on the phenomenon of Whiteness in White music therapists.
I have selected a qualitative, interpretivist approach because there is a need in our field to understand the phenomenon of Whiteness as it impacts the identity of White music therapists, a demographic that encompasses a large percentage of the field. Interpretivism posits that human understanding grows out of one’s perspectives on their personal experiences as they move through life (Hiller, 2016). I believe that knowledge is subjective and shaped by the context in which individuals exist. This perspective is important to the proposed study because of the salience of racial inequity at the time of the study and the significance of race in the field of music therapy. In a survey of American Music Therapy Association members, 88.4 percent of respondents reported their race as White (A Descriptive, Statistical Profile of the 2018 AMTA Membership and Music Therapy Community, 2018). The purpose of this study will be to capture the phenomenon of Whiteness as it is perceived by White music therapists through data gathered from interviews. Darrow (2016) explained that interpretivist research that seeks to understand the experience of a participant attempts to explore “covert and unobservable processes that occur in relation to an event, object, or person” (p. 413). Whiteness, White privilege, and White supremacy all operate in implicit as well as explicit ways. Additionally, living as a White Latin American has demonstrated to me that a person’s experience of their race is nuanced. I can best capture the participants’ experience of Whiteness using phenomenological inquiry.

Phenomenological theory suggests that only by experiencing a phenomenon consciously can one gain understanding of it. Because the nature of the study requires introspection and phenomenological inquiry requires a high level of intentional, focused awareness, I have chosen phenomenological inquiry as a method for this study. Phenomenology necessitates an inward dive in order to take a deeper look into the way individuals perceive a specific object of study.
This process makes phenomenological inquiry a natural fit for the process of understanding Whiteness in White music therapists (Jackson, 2016).

Because racial identity is something that is lived, I have selected an interpretivist approach through phenomenological inquiry. White people typically experience their race when they are with people of other races. A function of White supremacy is that White individuals are raised to believe that they are simply “normal,” not “White.” This perception fuels White discomfort around race, an experience that is heightened during cross-racial interactions, including cross-racial therapy (Levine-Rasky, 2013). To best capture the lived experience of White music therapists, I interviewed participants who work with individuals of Color.

Using interpretative phenomenological analysis (IPA), a qualitative, interpretivist approach to research that aims to understand the experiences of a small, homogeneous sample through semi-structured interviews, I extracted common themes, associations, and patterns from the interview transcripts in order to glean a better understanding of the phenomenon of Whiteness as it manifests in White music therapists (Smith et al., 2009). Additionally, each participant was invited to improvise on an instrument of their choice in order to reach a deeper level of processing around their experience of their Whiteness. Participants verbally shared about their improvisations.

Like Marom (2004), who studied spiritual experiences as lived by music therapists, I aim to investigate subjective and interpretivist research questions, and have thus selected a qualitative research method. Phenomenological inquiry suits my study because this method captures experience as a unique event that occurs when an individual interacts with their environment. Muller (2008), who studied music therapists’ experience of the here-and-now with clients, selected phenomenological inquiry because he wanted to capture the essence of the phenomenon,
separate from the conditioned definitions he may have had about therapeutic presence. Similarly, Fox (2019) used phenomenological inquiry in order to get a complete image of the experiences of music therapists working in a hospice setting with patients who were actively dying. These researchers honored the value of individual experience even in the face of a universal phenomenon. Because Whiteness is a lived experience, I believe that phenomenological inquiry is the appropriate methodology for this study.

**Research Design**

The research design utilized in this study is existential phenomenological inquiry. Phenomenology allows researchers to study aspects of the human experience that cannot be quantified, and thus expands our understanding of humanity and human creative capital. Phenomenological inquiry is an interpretivist design that seeks to understand the human experience from the first-person perspective. Phenomenological philosophy posits that in order to understand the crux of a particular state of being, researchers must gather the “perceptions, constructs, and interpretations” of the individual experiencing that state (Jackson, 2016). Existential phenomenological inquiry focuses on seeking the meaning behind lived experience, a process which necessitates deep self-reflection in order to understand how experiences, such as experiences of a system of oppression, may be operating within the self (Jackson, 2016). Blom (2011) utilized existential phenomenological inquiry to study transpersonal experience in the Bonny Method of Guided Imagery and Music (BMGIM), and Solli (2015) utilized this research design in order to understand a patient’s experience of music therapy. Both studies aimed to understand the lived experience of the participant through descriptive data. This study aims to understand music therapists’ lived experience through their descriptions of their consciousness of Whiteness.
Participants

I recruited two music therapists as participants in this study. The inclusion criteria were as follows:

1) The participants must be board-certified music therapists.
2) The participants must have at least two years of clinical experience as board-certified music therapists.
3) The music therapists must identify as racially White.
4) The music therapists must work with Black, Indigenous, and People of Color as clients.

Following Institutional Review Board (IRB) approval (Appendix A), I recruited participants from a convenience sample of board-certified music therapists who were members of music therapy Facebook groups. I secured the emails of five music therapists from the Facebook group “Music Therapists Unite!” and sent a cover letter via email to potential recruits stating the inclusion criteria and inviting them to participate in the study (Appendix B). I selected the first two respondents meeting the inclusion criteria to participate in the study. The participants signed the informed consent forms that ensured their understanding of the project as well as their right to leave the study at any time (Appendix C). The participants’ names were omitted from the study data and replaced with pseudonyms in order to protect their identities.

Sarah

Sarah, a woman in her twenties, studied and now practices music therapy in the mid-Atlantic region of the U.S. Her family is of Western European descent and identifies as such. She was raised in a predominantly White, suburban neighborhood and went to public schools where the student body was predominantly White. She consented to participate in the study due to her interest in anti-racist work and her commitment to the work as a music therapist.
Colleen grew up in a conservative, predominantly White, suburban town and neighborhood in the mid-Atlantic region. Her family is of European descent. Although her parents are of different faiths, Colleen was raised in the Christian faith. She attended public schools with predominantly White student bodies. Colleen participated in the study because of her interest in social justice and her desire to share how systemic racism manifests at the hospital where she works.

Ensuring Trustworthiness

Lincoln and Guba (1985, as cited in Cho & Trent, 2014) discussed the elements of rigor in qualitative research. They identified trustworthiness as the qualitative equivalent of validity in quantitative research. They delineated four indicators of trustworthiness: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985, as cited in Cho & Trent, 2014). In this study, I utilized member checking, prolonged engagement, and triangulation to bolster the credibility of the study, and thick description to support the transferability of the study (Arnason, 2016). Additionally, I conferred the confirmability of the study through reflexive notating via analytic memos and through the utilization of bracketing while coding the data (Cho & Trent, 2014). Because my preconceptions could impact my analysis of the data, and vice versa, it was important for me to identify them and set them aside via bracketing while also noting how they shifted as I continued to interpret the data. This cyclical form of bracketing protected the integrity of the study by ensuring that the interpretation of the data captures the phenomenon of Whiteness in the experiences of the participants of the study and not my notions of the experiences of the participants (Smith et al., 2009). The cyclical bracketing also served as
an opportunity for me to embody the self-study required to face my Whiteness. In addition to the aforementioned techniques to ensure trustworthiness, I reviewed the themes drawn from the data with my thesis advisor, and met with a group of peers to discuss our processes and experiences.

**Data Collection**

Each participant took part in one 45-to-60-minute interview via videoconference. Consent to record the interview was verbally confirmed. At the end of the interview, the participants had the opportunity to engage in a musical improvisation to support processing of the experience, along with cathartic release. The participant who chose to improvise engaged in a brief verbal reflection following their improvisation. The video recording of the interview was saved on the desktop of my password-protected personal computer, and was backed up in Dropbox, a cloud server that encrypts data. The interview was transcribed, and the transcript was shared with the interviewee for a period of 72 hours so that they were privy to the data. The participants recorded any reactions to their interview responses in written form. Because the purpose of the study was introspection, member checking gave the participants an opportunity to review the transcript for accuracy and reflect on their words before the researcher interpreted the data, and generated a second data set. Collecting oral and written data over an extended period of time and in two different settings allowed for triangulation of the data, and strengthened the credibility of the study. The interview transcripts were saved on my personal laptop as well as in a Dropbox folder.

**Sample Interview Questions**

The semi-structured interview included questions such as the following:

1) Tell me a little about you and your background and where you come from.

2) How would you define Whiteness?
3) When was the first time you recognized your own Whiteness?

4) How do you experience Whiteness in your practice as a music therapist?

Data Protection

I used my private, password-protected, university-affiliated email account to correspond with participants. The virtual interviews occurred while both the participant and I were alone and in spaces that provided the maximum amount of privacy to ensure that the interviews remained confidential. Videoconferencing software with end-to-end encryption was utilized for the interviews. Each videoconference was recorded and downloaded directly to the desktop of my password-protected personal computer, to which I have sole access. A separate audio recording was also downloaded. Along with the video and audio recordings, the interview transcripts and all material generated during data analysis were saved on my personal computer and backed up in a secure folder on Dropbox. The participants’ names were omitted from the study data and replaced with pseudonyms in order to protect their identities. Participants were given access to their respective transcripts via Dropbox for 72 hours, for purposes of member checking and personal reflection. The recordings and transcripts will remain in secure storage for at least three years following completion of the study.

Equipment

This study required the use of a Macbook laptop and a digital audio recorder, exclusively. All correspondence and data exchange with interviewees was completed using the Macbook and the aforementioned online tools. The study participants utilized musical instruments to which they had immediate access at the time of the interview for their improvisation.
Data Analysis

Once the interview transcripts had been checked by the interviewees, I used *epoché* and bracketing to identify and set aside any personal biases and preconceptions I had that could affect the data analysis. I continued to review my biases throughout the coding, analysis, and writing processes through the use of analytic memos (Saldaña, 2014). This reflexive procedure supported the confirmability of the study. I utilized interpretative phenomenological analysis (IPA), as stipulated by Smith et al. (2009), to code and analyze the data. I codified the transcript by creating descriptive comments in which I captured what the participants may have been communicating, and exploratory comments identifying my own understanding of their words. I then extracted emergent themes from the data, which included descriptive and exploratory comments, my written reflections throughout the entirety of the research process, and the interview transcripts. I used this analytical method to assess transcripts of participants’ interview responses and oral reflections following their process-oriented musical improvisation, and participants’ written reflections on the interview.

Results

The nature of this study calls for a preface with regards to data interpretation. Whiteness is both pervasive and evasive in White culture and beyond, and ever-present in higher education and research (Corces-Zimmerman & Guida, 2019). Thus, data analysis in this study went beyond identifying the participants’ words and positioning and also drew upon their more subtle forms of communication. Haviland (2008) found that in academic settings, Whiteness impacted the ways in which White students engaged in racial discourse. Their speech patterns, word choices, and other behaviors exemplified ways in which their Whiteness evaded notice or, alternately, emphasized White dominance (Haviland, 2008). Hytten and Warren (2003) similarly found that
students’ discursive language deflected the responsibility of owning Whiteness. The authors noted that these tactics are tried and true methods of upholding a dominant position (Hytten & Warren, 2003). Applebaum (2010) argued that language as a literal representation of intent ignores the role of power structures like Whiteness, as well as that of performative language largely influenced by social constructs and norms. Given the role of Whiteness in discourse, particularly that of higher academia, I endeavored to look beyond the language of the participants and discern the possible meaning behind the language, the silences, the stutters, and other verbal and affective material. Additionally, because of my own Whiteness and that of the participants, I felt that it was my duty to explicitly name Whiteness as it emerged in the data, to proactively move towards divestment of it. For the reasons stated above, my findings include observation of Whiteness as it manifested beyond the words shared during the interviews, and explicitly refer to it as such.

The study yielded themes in two separate categories. One category consisted of themes related to the participants’ experience of Whiteness in their personal lives; the other category consisted of themes related to their experience of Whiteness in collective social contexts, including the field of music therapy. I discovered four themes within the participants’ experience of Whiteness in their personal lives, one of which has four subthemes. Their experience of Whiteness in collective social contexts revealed four themes. The themes are detailed in Figure 1.
Experiences of Whiteness in Personal Life

The participants described ways in which Whiteness manifested in their personal lives, relationships, and day-to-day experiences. The themes are as follows: *Whiteness operates covertly*, *Whiteness implies privilege and power*, *Whiteness: an uncomfortable truth*, and *recognizing Whiteness engenders guilt and fosters investment in actionable change*.

**Whiteness Operates Covertly**

The first theme revealed that Whiteness is surreptitious in its influence. The interview transcripts demonstrated that there were several ways in which Whiteness embedded itself into the foundations of the two participants’ lives without being noticed. Within this theme, three subthemes emerged: *Whiteness is revealed in the face of other races*, *White racial identity is the norm*, and *The limitations of a homogeneous upbringing*.

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**Whiteness Implies Privilege and Power**

**Whiteness: An Uncomfortable Truth**

**Recognizing Whiteness Engenders Guilt and Fosters Investment in Actionable Change**

**Whiteness Lives in Music Therapy Pedagogy and Clinical Practice**

**Music Therapy Pedagogy is White**

**Whiteness Promotes Client Profiling**

**Whiteness in Music Therapy Program Development**

**Whiteness Impacts Therapeutic Rapport**

**Music Therapy and Its Reliance on Music Therapists of Color**
norm, language of avoidance versus language of differentiation and hierarchy, and the limitations of a homogeneous upbringing.

**Whiteness Is Revealed in the Face of Other Races.** Both Colleen and Sarah expressed that they were unaware of their race until they were faced with the race of another. Having grown up in predominantly White environments, neither Sarah nor Colleen was exposed to individuals who were not White. Colleen reported that the first time she felt White and thus integrated her White racial identity was during her music therapy internship at a school with a predominantly Black student body. She explained that she only acknowledged her race because she was in the minority: “It was the first time I ever had the experience of being the minority… I never had to feel that [before]… You don't get that when you're around a bunch of White people and you're White.” Sarah expressed that her first experience of noting her White racial identity coincided with her learning that economic hierarchy existed. She described that in middle school, her friend, who was Black, was unable to afford tickets for a concert they wanted to attend. Sarah shared, “You know, …I'm very privileged, I grew up in an upper-middle class family; that's never been an issue for me. So, in terms of… economics, that certainly opened my eyes a little bit towards my Whiteness.” Sarah went on to comment that when she went to college, she was exposed to a greater breadth of racial diversity among the student body and, as a result, was able to see her own privilege: “Going off to college…which [was] incredibly diverse – that really opened my eyes to the way other people live and offered a doorway into my own privilege.”

Both Sarah and Colleen have also faced their Whiteness in their professional lives. Sarah explained how her client, Rory, a Black woman in her thirties with multiple comorbidities in a psychiatric setting, confronted her Whiteness in their work together. When Rory told Sarah that she would never understand her, Sarah acknowledged Rory’s experience:
I would never be able to understand what it is that [Rory has] gone through and what [she is] currently going through. I will never, no matter how hard I try; and you can tell me how hard it is. But I will, and I can certainly, you know, be there for you and empathize but I will never fully understand.

Sarah shared that this experience was the first time she had to acknowledge her Whiteness as a clinical music therapist. Rory’s explicit naming of their differences spurred Sarah’s first impression of her own Whiteness and White racial identity within her clinical work, which she recognized because Rory expressed how her experience differed.

Colleen shared that her awareness of her White racial identity as a music therapist stemmed from her experiences with clients of various races and ethnicities. She found that her musical repertoire consisted mostly of music popular amongst White patients:

I realized that…I'm great at Beatles songs, and that's a very White thing that a lot of White people understand. I understand that…not every person of every race, who has dementia, likes Frank Sinatra. Like, that's a very White thing.

She discovered that her musical knowledge coincided with her White heritage, and that the music she was familiar with was not familiar to people of other backgrounds. Like Sarah, Colleen found that she only acknowledged her White racial identity when her clients’ culture, their lives and their music, differed from her own. Both participants’ experiences demonstrated how White individuals recognize their race when encountering the races of others.

**White Racial Identity Is the Norm.** The study participants experienced White racial identity as the “norm.” Sarah defined Whiteness as “normal,” while also noting that Whiteness implies that “everyone else is not [normal].” Colleen, describing her first experience of “being the minority” as an intern at a school in Brooklyn, shared that being “different” was foreign to
her: “It felt weird. And you knew that you were different. And I never had to feel that [before]. Like...actually being seen as being different.” Both participants derived this sense of the standardization of Whiteness from their experiences of being White.

**Language of Avoidance versus Language of Differentiation and Hierarchy.** Sarah and Colleen both revealed aspects of Whiteness through their word choice in discussing their experiences. As Frankenberg (1993) has found, Whiteness ensures that racial conversations be uncomfortable, designate the naming of race as impolite, and uphold colorblind racism. Language of avoidance refers to the use of words which serve to mask racism. Haviland (2008) described how Whiteness pervades language in ways that either deny or soften its impact, as well as embolden and affirm its power and influence. Language of differentiation and hierarchy consists of vernacular, turns of phrases, and ideologies that are implicitly or explicitly racist.

Colleen captured the insidiousness of Whiteness in her examination of her family’s use of language that implicitly indicated separation and hierarchy. When asked to communicate how Whiteness manifested in her life and upbringing, she shared that in middle school, when she invited a Black friend over to her home, her parents touted colorblindness, telling her, “You don’t see color.” In another instance, Colleen noted that her family and friends demonstrated their objectification of Blackness in their lauding of Colleen and Caleb’s fictional, biracial future children, exclaiming that she and Caleb “would make the most beautiful babies.” Her response was saturated with pauses and interjections such as “um,” clearly demonstrating discomfort. Comments such as those made about Colleen and Caleb promote inequity by either denying that race exists or drawing on historical fetishization of Blackness and miscegenation without explicitly stating it as such. Colleen’s response to the statements revealed her discomfort in the face of Whiteness in her lived experience.
The Limitations of a Homogeneous Upbringing. Both Sarah and Colleen described having no concept of White racial identity while growing up in predominantly White environment. Sarah shared that being around predominantly White people limited her understanding of race and identity: “For me…growing up in that environment, interacting with people who I identify with…and nobody else, I kind of develop[ed] just a very linear, narrow-minded way of [understanding] how people live. And [I thought] this [was] how [life was].” Colleen found that Whiteness cut her off from understanding racism as experienced by her former boyfriend, Caleb, who is Black. She expressed that her predominantly White environment impeded her education. Because she could not see systemic racism in action, she could not comprehend Caleb’s experience of it. She stated, “A lot of misfortune was going on in his life that I didn't understand… And he would say… ‘It's because I'm Black,’ and I…didn't think that was a thing.” In both cases, Whiteness constricted the participants’ awareness of others, most specifically individuals of Color and others subjected to marginalization and oppression.

Whiteness Implies Privilege and Preference

The participants defined Whiteness from their perspectives as access to power, privilege, and preferred status, and offered illustrations from their own lives that reflect their access. Colleen referred to Whiteness as “a perception of superiority” as well as an “ease in life.” Sarah defined Whiteness as “the upper tier…it's the normal, and everyone else is not.” She observed that Whiteness grants White people “[the] privilege of…not having the obstacles that other people, Black folks and Hispanic folks and People of Color, have to go through.” She recognized that because of Whiteness, “there are people [who] because of the way they look…have to work extra hard, and…they have more obstacles.” Sarah shared that due to her Whiteness, she has “been set up in a society…to succeed. And…that's never been questioned throughout [her] entire
life.” Colleen also acknowledged that Whiteness afforded her a special status that “ma[de] things a lot easier” for her, noting that many of her clients of Color do not “have something that…is just so simple.”

Colleen shared specific instances in which Whiteness and her privilege interfered in her life. She shared that Whiteness cleaved her apart from Caleb: “It was very hard for me, as a privileged White girl, to relate to Caleb.” In her professional life, Colleen shared that the status granted to her by her Whiteness served as a protection at her place of work: “But thank God, I'm White, thank God – I feel like it would be so much harder if I was a person of Color or minority or anything like that.” In both instances, Whiteness set Colleen apart, offering her a special status that, while it protected her, also alienated her from someone she cared about deeply. Similarly, Sarah noted that Whiteness offered her a reprieve from acknowledging and working through racism and White supremacy: “Here I am…being White, and…I can turn off that switch [of my awareness] if I wanted to. But for…people [of Color], that's on 24/7.” These comments illustrate that Whiteness is a position of power and status, granting protection in order to uphold White dominance, and clemency in order to preserve White innocence.

**Whiteness: An Uncomfortable Truth**

Both participants experienced a series of evidently uncomfortable responses when discussing Whiteness. Their descriptions of their experiences in confronting Whiteness highlighted the unpleasantness of acknowledging the realities of Whiteness. Sarah used the word “uncomfortable” to describe two instances in which she was faced with her Whiteness. She shared that she felt “uncomfortable” when she “assumed” her friend in middle school could buy tickets to a Christina Aguilera concert. When Sarah’s client Rory asserted that Sarah’s Whiteness encumbered her ability to understand Rory’s experience, Sarah explained that it was
“uncomfortable for [her]…to acknowledge that things are easier for [her] because [she is] White.” Sarah related to the exploration of Whiteness as a struggle.

Colleen referred to experiences of Whiteness as “awkward.” She noted that it was “awkward” to discuss Whiteness with her conservative family: “It's awkward because, you know, my family, they are…big old Trump supporter[s].” She shared that she felt “awkward” when family friends targeted Caleb at a party they attended. Her statements profess that Whiteness is distressing.

Both Sarah and Colleen demonstrated discomfort when speaking on the subject of Whiteness, embodying in a literal sense the unease of unearthing Whiteness. Colleen used humor seemingly to distract from the emotional charge of Whiteness, while Sarah struggled to articulate her answers when asked questions explicitly addressing Whiteness. When asked about the first time she experience her race, Colleen responded with a joke about her skin tone: “I knew I was White by never getting a tan, but by getting sunburned.” At the start of the interview, Sarah presented with disjointed speech. She acknowledged this experience during the interview, stating that her answers were “getting stuck in [her] voice…stuck in [her] throat”:

In the beginning, when you asked me the first question, [even] before I hopped on… I'm like, “All right, this is gonna be fine.” Like, you know, I'm relaxed or whatever. And then you just, you asked me, you know, to describe myself, and I immediately kind of tensed up a little bit. I'm like, oh, okay, I'm, yeah, I mean, I know what, I knew what I was in for, but I'm just, it's important, even though it might be a little uncomfortable.

Both participants demonstrated and shared how disquieting Whiteness is through their speech patterns, affective presentation, and word choice.
In Sarah’s description, Whiteness arose in the form of defensiveness. Sarah both described and personified this resistance. When depicting her confrontation with her client, Rory, Sarah acknowledged that her initial reaction to Rory’s remarks was self-preserving: “My initial reactions [were] all these, you know, Id feelings…like guilt, shame, anger, defensiveness.” In another instance, while she acknowledged that reverse racism does not exist, Sarah also alluded to how People of Color misinterpret her because she is White: “Knowing that people are…passing judgment on me…because [of] the way I look, it's, it's disheartening for sure. But at the same time, I'm aware of how other people who are not White are being perceived.” She followed her statement with an acknowledgment of systemic societal bias against People of Color. Her initial statement about how she is perceived seemed to be a reflexive reaction, spurred by the sort of feelings she described in her encounter with Rory. While she initially reverted to feelings characteristic of Whiteness, she acknowledged them as such and found her footing in a more equitable perspective.

**Recognizing Whiteness Engenders Guilt and Fosters Investment in Actionable Change**

Sarah and Colleen described processing feelings of guilt in their confrontations with Whiteness. When discussing her experience of witnessing systemic racism at her job, Colleen shared that she “feel[s] bad” and “used to feel bad about being White…because of…everything going on in the world.” She explained that initially she believed being White sullied her: “I thought it was a bad thing, especially with the whole privilege conversation. And, you know, I actually had to do a lot of personal work to realize that I'm not a bad person.” Colleen disclosed that becoming aware of her privilege motivated her to aid others in her work as a music therapist: “Because of all this…privilege that I have [that] makes things a lot easier for me…I want to use
that to help people as best as I can.” Recognition of her Whiteness triggered a sense of duty and responsibility to serve.

Much like Colleen, Sarah also experienced guilt as a propeller for personal evolution. She detailed how she went from feeling guilt and other negative emotions to feeling compelled and ready to change when her client, Rory, confronted her about Whiteness. She described her initial feelings of guilt, anger and defensiveness changing:

Once I had those reactions, I was like, I need to put my ego aside here…Then the humility started to set in. And…I accept that I have these feelings, and I'm acknowledging…the reality of it. But I want to change, I want to enforce change. And especially with this client right here because…this is their world… My purpose is to, is to help them.

While it is evident that their awareness of their Whiteness initially promulgated negative, egocentric emotions, both participants ultimately felt a call to action and service that supports antiracist ideals.

**Experiences of Whiteness in Collective Contexts**

In their interviews, the participants revealed that their understanding and perception of Whiteness was not limited to their own experience but was intrinsically connected to societal presentations of Whiteness and systems entrenched in Whiteness. I found four major themes in this category, two of which had a total of eight subthemes.

**Whiteness and Hierarchy**

Colleen identified structures of hierarchy, situated in a framework of Whiteness, at the hospital where she worked. She found that Whiteness operated in three distinct ways at the hospital: the relationship between race and job title; the relationship between race, financial
assets, and access to care; and the relationship between positions of power and access to
knowledge.

**The Relationship Between Race and Job Title.** When asked how Whiteness incarnated
in her clinical experiences, Colleen identified instances of systemic racism and inequality. She
observed that, at the hospital where she works, race and positions of power are closely linked: “I
do notice a huge gap in different professions and skin tones, like a lot of the aides, a lot of the
CNAs, they're Latino or Black, whereas…doctors are either Asian or White.”

**The Relationship Between Race, Financial Assets, and Access to Care.** Colleen noted
that at the hospital where she worked, many of her clients of Color who have limited financial
resources and/or are underinsured are denied access to the care they need:

All the acute rehabs…won't accept you if you don't have…the best insurance... And, you
know, people might need that, but they just can't get in, and they're sent elsewhere. And
they don't get the help that they need. And…other people might be getting to heal quicker
than the people who don't have that [insurance].

**The Relationship Between Positions of Power and Access to Knowledge.** Colleen
noted that doctors often speak to patients in language they do not understand, and thus bar them
from making informed decisions with regards to their care: “I've even seen doctors…tell my
patients…things that they don't understand.”

**The Denial of Systemic Whiteness Using the Guise of “Logic”**

On several occasions, Colleen shared how the hospital system had taken measures that
injured and isolated BIPOC in the name of following practical procedures. Many of Colleen’s
patients are long-term because they do not have the means or insurance necessary for transfer to
acute services. During the onset of the COVID-19 epidemic, the hospital leadership deemed
Colleen “non-essential,” and as a result, she was not fitted for an n95 mask. This decision barred her from seeing her patients, who are mostly BIPOC with limited access to financial means:

I tend to see people who've been in hospital for a long time, mostly [because of] insurance…and they can't bring the person to a rehab because they don't have insurance…So I tend to see a lot of people who are either immigrants, a lot of Spanish speakers, Black people…just not really too many White people… There was a big thing with people with aerosolizing procedures…[Leadership was] like, you need to wear a n95. And they wouldn't fit test me because I'm not essential enough…I wasn't able to see [my long-term patients].

In this example, the hospital had made a decision in order to protect patients. When they deemed Colleen non-essential, they precluded Colleen’s clients—most of whom are long-term patients at the hospital because they are underinsured or uninsured and are already receiving less-than-specialized care—from receiving her specialized services.

In another example, Colleen shared that less privileged patients experience barriers to self-advocacy in the wake of medical decisions. She told the story of a pediatric patient being treated for cancer who was isolated due to the COVID-19 epidemic, leaving her without familial support or an advocate:

So with COVID…there was a family who, you know, mom's a single mom, they're Spanish speaking…Mom wasn't allowed to see her kid who was in the hospital for cancer treatment for like, a month… But things started taking a turn for the worse. [The] kid ended up passing away in the hospital, Mom was able to see her for like, maybe the last week of her life… I guarantee if Mom was there, she wouldn't have gotten that infection that killed her… This whole no-visiting thing’s crazy. People can't have advocates.
Colleen followed the story with the anecdote that the visitation rule was lifted when a White family complained publicly about the rule.

**Naming Whiteness Propels Anti-Racist Evolution**

Both participants found that identifying Whiteness engenders a desire to confront racism. Sarah shared that talking about Whiteness spurs positive change: “I think it's important to have these conversations [about Whiteness]. And…the only way that we can really move forward, you know, is to have it be vulnerable and have these difficult conversations.” Colleen acknowledged that the public exposure of Whiteness that occurred in the spring of 2020 informed her and helped her see how Whiteness operated at the hospital: “I don't know if I would have seen it without everything going on in the world.” For both participants, discussing Whiteness and witnessing its dismantling fueled their own path towards the deconstruction of Whiteness.

**Whiteness Lives in Music Therapy**

Music therapy is a western clinical practice with predominantly White pioneers from Western Europe and the United States. The AMTA reported that 88.4 percent of its members are White (*A Descriptive, Statistical Profile of the 2018 AMTA Membership and Music Therapy Community*, 2018). Due to its history and the demography of the community, music therapy is entrenched in Whiteness. I found five subthemes capturing Whiteness in music therapy in Sarah and Colleen’s interviews.

**Music Therapy Pedagogy Is White.** Sarah noted that music therapy pedagogy mostly features western psychological concepts and western musical traditions: “Philosophy and…theory…both are…taught from a White European pedagogy. And…that's not world music, that's, that's European…that's westernized music.” She also recognized that most of the music therapy literature disseminated in her classes was written by White authors: “The literature…I
was told to read and the people who we discussed about were White men and White women...more so of White men, which is interesting to me, because the field...is...largely compiled of women.” Sarah acknowledged that music therapy embraces White male dominance by featuring mostly White male music therapists in music therapy curricula. She also explicitly stated that the field does not “voice [its] Black colleagues enough.” The prominence of White perspectives demonstrates how music therapy pedagogy reinforces Whiteness in the field. Additionally, Sarah found that at the undergraduate level, discussions of Whiteness were lacking in the classroom: “That was something that was not brought up, in terms of...working with being white and acknowledging your own intersectionality, and working with People of Color.”

**Whiteness Prompts Client Profiling.** Sarah noted that Whiteness in music therapy materializes in the form of stereotyping and similar microaggressions. She observed that students with improper training often turn to music based on how people appear, with little understanding of the music or the client’s background: “A lot of these students who are fresh out of college, and... are interacting with People of Color...they break out the staple, Bob Marley, ‘Redemption Song,’ which is great, but at the same time...so wrong on so many levels.”

**Whiteness in Music Therapy Program Development.** Music therapy collegiate programs operate from a White privileged perspective. Music therapy internships, which consume a considerable amount of students’ time and resources, rarely offer compensation. Sarah explained that several of her peers had to delay their studies in order to save money in preparation for their internship. She regarded such practices as exclusionary: “What I've been hearing...from colleagues of mine [was that] they had to take a year off... work a bunch of jobs, or that they can only apply to internships in a specific area, because they couldn't afford to
move.” In Sarah’s view, Whiteness in the form of financial privilege pervades music therapy programming and certification.

**Whiteness Impacts Therapeutic Rapport.** Sarah found that Whiteness and her White identity influence the development of the therapeutic relationship. She described how being White and holding privilege affect her process of rapport-building with clients:

What I’ve found [is] that there’s a little bit of a tension in the beginning of the therapeutic relationship… I’ve found that with working with…clients who are not White…the beginning stages and building that trust and establishing that rapport, is extremely important, and that takes a little bit of time sometimes.

Sarah expanded on the role of her White identity and privilege as it related to the power dynamic in the therapeutic relationship. She noted that acknowledging Whiteness in the context of its impact on clients of Color, like Rory, as well as differently-abled clients, aided in fostering equity in the relationship:

There's already a power dynamic between client and therapist. Being a White, able-bodied therapist with a Black client, who has a disability…there’s so many differences there. And I think acknowledging it…the parallels and the power dynamic…but, too, it's about what you do with that acknowledgment in that understanding.

She continued to explain how she contends with Whiteness in the therapeutic relationship, establishing that she and her client are equals:

I try extra hard to establish that trust that I am not above [them], that we are both equals in this relationship…that I am not better than them and that they’re not better than me, that we’re just two people and we have two different roles in this situation…having [it]
clearly understood that I am not this White Savior coming in to fix [them]; that’s not
what this is.

In her responses, Sarah delineated a process by which Whiteness reveals its hold on the
therapeutic relationship and her method of mitigating the structural advantages that she has in
order to engender trust within the therapeutic milieu.

Music Therapy and Its Reliance on Music Therapists of Color. Sarah noted that
White music therapists lack training in music of Black and Indigenous cultures, as well as
cultures of Asia, Africa, Central and South America, and the West Indies, among others. As a
result, they often turn to music therapists from the aforementioned cultures to bring them up to
speed. She reflected: “We shouldn’t expect our colleagues to have to feel like they have to
educate us…I think we need to take more responsibility.”

Discussion

Whiteness is elusive in American culture because of the social and legislative leanings
that prevail in this country. In their paper on the psychology of White supremacy and White
privilege, Phillips & Lowery (2018) noted that on an individual level, Americans use
meritocracy to conceal their access to privilege. On a systemic level, herd invisibility, upheld by
aggregate denial of the existence of White racial privilege by White Americans, protects the
innocence of White people and ensures White control and dominance (Phillips & Lowery, 2018).
Because of this, all White people in America benefit from White dominance, even those who
disagree with it.

This study aimed to capture how White music therapists experience Whiteness. I
discovered four themes pertaining to personal experiences of Whiteness and four themes
witnessed and lived in the collective experience. The themes operating in individual lived
experiences were as follows: \textit{Whiteness operates covertly}, \textit{Whiteness implies privilege and power}, \textit{Whiteness: an uncomfortable truth}, and \textit{recognizing Whiteness engenders guilt and fosters investment in actionable change}. The themes existent in the collective experience included the following: \textit{Whiteness and hierarchy}, \textit{the denial of systemic Whiteness using the guise of “logic”}, \textit{naming systemic Whiteness propels anti-racist evolution}, and \textit{Whiteness lives in music therapy pedagogy and clinical practice}. I will discuss the findings of this study with respect to its guiding research questions below.

**Question One: How Do White Music Therapists Perceive Their Race?**

Sarah and Colleen acknowledged that they experienced their race when confronted with the races of others. Sarah described that she became aware of her White racial identity when she befriended individuals of other races. Colleen acknowledged that she first distinctly sensed her race when interning at a school attended by a predominantly Black student body. Their experiences mirrored the invisibility of Whiteness as described by Frankenberg (1993) and Sullivan (2006).

Both Sarah and Colleen recognized that, while they abhor White dominance and want to participate in antiracist work personally and societally, they are the products of Whiteness. They shared that they grew up in homogenized environments, supported by zoning laws that upheld White supremacy, granting White people environmental, social, and economic advantages and excluding Black, Indigenous, and People of Color (Goetz et al., 2020). They also observed that they had no understanding of their own race until their adolescences, noting that they had considered themselves “normal” and not “White.” As Bonds and Inwood (2016) argue, the perspective that White is “human” is intentionally ingrained into the minds of White people and acts as a vector for exclusion and oppression of people of other races. Sarah mentioned the
transitive property of White normalcy: everyone who is not racially White is “other.” Colleen shared that, due to her Whiteness and her White privilege, she was limited in her ability to understand her former boyfriend, Caleb. Her privilege exempted her from the oppression Caleb experienced as a Black man, and also blinded her to the existence of White violence. She acknowledged that overt instances of White violence, particularly those that occurred in the spring and summer of 2020, revealed the destruction that Whiteness leaves in its wake.

Sarah and Colleen shared how their understanding and sensing of their White racial identity motivated them to educate themselves and take action with respect to racism. Sarah explained that once she became aware of the emotions associated with Whiteness, such as defensiveness, she felt compelled to change and to commit to confronting the Whiteness in herself. Colleen expressed a desire to serve that stemmed from her awareness of her privilege as a White person. While White pity tends to perpetuate anti-Blackness and breed performativity (Matias & Zembylas, 2014), White guilt, an emotional state that has adaptive properties (Benetti-McQuoid & Bursik, 2005), has been shown to inspire antiracist perspectives (Grzanka et al., 2020). Colleen and Sarah’s responses to recognizing their Whiteness exemplified this tendency.

The participants also unconsciously reflected Whiteness during the interviews. When describing Whiteness, Sarah reiterated that she had earned what she had achieved through diligence and hard work: “I acknowledge that I am privileged, but [not] in the sense that I don't appreciate what I have, or I haven't worked hard for the things I have in life. I have, I certainly have worked extraordinarily hard.” In this instance, the false narrative of meritocracy imbued her words and her sentiment. Sarah consciously identified feelings of defensiveness symptomatic of Whiteness in her interview, but was also subconsciously influenced by its pull and direction.
This example demonstrates how powerful Whiteness can be, weaving itself into the mannerisms and beliefs of individuals who are intent on dismantling it.

**Question Two: How Do White Music Therapists Experience Their Race in Their Practices?**

Colleen and Sarah also explored what White racial identity and Whiteness represented to them in their professional lives. Colleen’s appraisal of Whiteness in her workplace revealed the trends of Whiteness and its oppressive tactics in health care. She witnessed a racial divide that coincided with a racial stratification in professional roles. She found that doctors were mostly White or Asian, and nurses’ assistants and custodial staff were Black or Hispanic. This imbalance in positions of power with regards to race in health care facilities is well-documented. In 2020, the Bureau of Labor Services reported that 89 percent of physicians were White or Asian, and 49 percent of nursing assistants were either Black or Hispanic (*Employed Persons by Detailed Occupation, Sex, Race, and Hispanic or Latino Ethnicity*, n.d.). The U.S. 2019 Census identified that the population of the U.S. by race is divided as follows: 60.1 percent White, 5.9 percent Asian, 13.4 percent Black, 18.5 percent Hispanic or Latino (*U.S. Census Bureau QuickFacts*, n.d.). The proportion of White people in the highest-paying healthcare positions outweighs the proportion of White people that make up the U.S. population, while the percentage of Black and Hispanic people in lower-paid positions, such as nursing assistants, is far greater than their relative percentages in the U.S. population. Colleen recognized a trend that prevails across the United States whereby White people secure higher paying positions and power, while Black and Hispanic people occupy lower-paid positions (Assari, 2018). Similarly, Colleen observed that patients of Color were routinely denied access to acute rehabilitation centers due to being uninsured or underinsured. This exclusionary process mirrored a common trend in the U.S., in which People of Color receive substandard care that results in poorer health outcomes.
(Assari, 2018; Wang et al., 2013). Colleen identified another exertion of hierarchy in the physician-patient dyad, whereby doctors often used inaccessible, medical language that patients could not understand. Doctors’ regular use of medical jargon with patients, who may not have the language or context to understand this communication, can confuse and create a rift with patients, isolating patients and rendering them unable to self-advocate (Castro et al., 2007; Koch-Weser et al., 2010). The participants found numerous examples of Whiteness operating in their professional environments and relationships.

In their article about the relationship between Whiteness and property in the U.S., Harris (1993) indicated that Whiteness confers the social and legal right to personhood. This privilege implies that White people are the ones to define the rights of others. For White people to hold this level of power is inequitable and dangerous. Research has demonstrated that organizations run by White people work to conserve White interests (Phillips & Lowery, 2018). Colleen saw Whiteness operating in this fashion, eliminating access to care for People of Color. In one case, Colleen cited that the decisions “for the good of all,” such as barring of visitors during the outset of the COVID-19 pandemic, disproportionately affected patients of Color. Wright and Merritt (2020) detailed the ways in which Black people have been hardest hit during the COVID-19 pandemic, noting that underrepresented and marginalized communities are the most vulnerable in a health crisis for a plethora of reasons related to structural racism. Western health care and scientific research are stewards of Whiteness (Corces-Zimmerman & Guida, 2019; Foucault, 1983). As social fixtures, both operate with the assumption of White dominance (Bonilla-Silva, 1997). Because these institutions were built and are currently run by White individuals, system-wide decisions, many of which are soundly backed by science and research, negatively impact
marginalized communities (Bonilla-Silva, 1997; Feagin & Bennefield, 2014). This manifestation of Whiteness is particularly insidious given that it is masked with the pretense of good intent.

Sarah’s experience of Whiteness in her clinical practice and professional life differed from that of Colleen. Sarah uncovered the role of Whiteness in her professional life through recounting a session in which her client, Rory, pointed out the stark differences in their lived experiences. Sarah explained that initially, she felt defensive and hurt, feelings which she recognized as symptomatic of her Whiteness. She used the opportunity to validate Rory’s observations and feelings, and to center Rory and their relationship instead of herself. She raised the concept of “White Saviorism”, stating that she worked to nullify this construct in her work. Sarah cited her humanistic underpinnings as her guiding light in the eradication of inequity in her clinical work. Like Hadley and Norris (2016), she acknowledged that the forces of Whiteness were present in her relationships with her clients, and that she was committed to self-reflective work in order to dismantle Whiteness within and without.

**Question Three: How Do White Music Therapists Perceive the Ways in Which Their Whiteness May Impact the Power Dynamic in the Therapeutic Relationship?**

Sarah and Colleen chronicled ways in which Whiteness impacted the therapeutic relationship with respect to power. Suchet (2007) described that Whiteness delegates power and incites the replaying of the roles of enslaver and enslaved in therapy as well as other system and relationships. Sarah discerned that Whiteness affected rapport between herself and her clients of Color. More specifically, she noted that Whiteness caused trust to build more slowly over time, and that Whiteness caused tension at the beginning of the therapeutic relationship. Sarah also noted that her Whiteness granted her power beyond her professional title and responsibilities as a therapist, and that acknowledging her status, particularly when working with clients of Color,
was paramount in order to cultivate equity and trust in the relationship. Baima and Sude (2020) found that, in order for mental health professionals to address their Whiteness so that they may best serve their clients, they must build their own self-awareness. Therapists should therefore proactively engage in deconstructive self-work in order to become attuned to systems of power and cultural normativity that imbue their work.

Sarah described an explicit power differential whereby her privileged status starkly contrasted with Rory’s marginalization. Another, more covert expression of Whiteness in the power dynamic within the therapeutic relationship is the cultural countertransference, or the unspoken normative Whiteness understood as the dominant culture (Lee & Bhuyan, 2013; Maurer, 2016). Therapists often unreflectively affirm the normativity of Whiteness and can conflate assimilative goals with therapeutic goals (Lee & Bhuyan, 2013; Maurer, 2016). This normative ideal pervades all therapeutic relationships, particularly in Eurocentric, western cultures like that of the United States. As described above, the most effective way of abolishing this mindset in the therapeutic milieu is to encourage self-awareness and to educate therapists about Whiteness (Baima & Sude, 2020).

**Unconscious Manifestations of Whiteness: An Epilogue on the Invisibility of Whiteness**

While there were moments in which the participants appeared to acknowledge and contend with Whiteness, there were instances in which Whiteness unconsciously imbued their responses. As Haviland (2008) and Applebaum (2010) noted in their respective works, the employment of power-evasive language is a manifestation of Whiteness. Colleen employed such language when describing racist comments from family friends, who expressed disdain and concern when she and her boyfriend at the time, Caleb, who is Black, arrived at a party. She used the phrases “some comments” and “comments like that” when referring to their racial profiling
of Caleb. She initially expressed that the experience was “awkward,” before acknowledging that it was “upsetting.” Her use of neutral descriptions seemed to soften the discomfort of racism in the scenarios she described, codifying the invisibility of Whiteness as described by Frankenberg (1993), Sullivan (2006), and Applebaum (2010).

Both participants externalized Whiteness through the creation of exemptions and shielding of esteemed individuals from complicity in Whiteness. Colleen shared that her family members were conservative, and that they were not going to change their minds, which exempted them from confronting their Whiteness: “My grandparents are still wonderful people… I mean, I get the, you know, don't be silent…speak up. But when it comes to…my grandparents, it's so different, and I just feel like…why kick a dead horse… They're not going to lighten up, so I don't see the point.” While Colleen was explicit in her pardoning, Sarah’s approach was more implicit. She appeared to want to absolve her professors from complicity in propagating Whiteness in music therapy by applauding their efforts to promote racial equity in the classroom, before arguing that music therapy pedagogy centered White music therapists:

You know, the professors at [my university] really made the classroom…a space of equity, really, which I really appreciated. But again, in terms of just the education, [we learned] about these…White philosophers and these…White men and women who have benefited the field of music therapy, and not really…too much on…People of Color and Black women and Black men.

In both instances, the participants appeared reluctant to assert that individuals that they admired played a role in furthering White supremacy. Their remarks conveyed a sense that discussions of racial bias are “bad” and should be avoided.
Implications for Music Therapy Practice

Sarah identified multiple ways in which Whiteness manifests in music therapy education and training. She shared that her course curricula were dominated by White music therapy scholars. Foucault (1983) argued that theory and philosophy and the emergent body of scholarly work cannot exist outside of frameworks, such as Whiteness, that pertain to the time and place in which they were ideated. As borne out by Sarah’s observations, music therapy theory and research are not an exception to this rule. Additionally, Sarah identified that the unpaid internship requirement is exclusionary. According to a survey of AMTA members, the average yearly salary for a music therapist is $48,835 (A Descriptive, Statistical Profile of the 2018 AMTA Membership and Music Therapy Community, 2018). Requiring an immense investment in resources to commit to unpaid work in addition to paying for college tuition is extraordinarily prohibitive and is therefore selective of individuals who have income security and financial privilege.

Sarah uncovered ways in which the invisibility of Whiteness operates within music therapy programs, even in diverse regions like the one where she studied. While remarking on music therapy’s ethnocentric monoculturalism, like that of art therapy as described by Talwar et al. (2004), Sarah also shared that at the undergraduate level, she did not engage in discussions regarding White supremacy. This is especially troubling because board certification in music therapy occurs at the bachelor’s level. Without addressing Whiteness in undergraduate coursework, budding therapists will be unprepared to identify Whiteness in themselves, their clients, and in society at large. Lee and Bhuyan (2013) found that social workers who were not in regular review of how Whiteness operated in their practice made erroneous clinical decisions and followed inappropriate courses of treatment for patients of Color. In addition to undertaking a
complete review of music therapy pedagogical curricula, there is a need for the field of music therapy to center the importance of dismantling Whiteness in clinical practice. Clinical supervision in which Whiteness is explicitly acknowledged and challenged would be vital to this effort.

Whiteness perpetuates the myth of homogeneity within ethnic categories, as in the concept of Latinidad, which reduces various ethnicities to a homogeneous group identifiable by token cultural artifacts, fashions, and tastes. Sarah chronicled this in her statements recounting how music therapy pedagogy and musical training directly galvanizes the perpetuation of racial profiling and cultural erasure in music therapy clinical practice. Music therapy university and internship programs must find ways to examine Whiteness so that students can be more aware of its function in their treatment planning and interventions, and embrace their clients as people instead of an amalgam of socially constructed perceptions.

Whiteness ensures that professional and academic music therapy programs protect the interests of White people at the expense of BIPOC (Foucault, 1983; Phillips & Lowery, 2018; Bonilla-Silva, 1997; Feagin & Bennefield, 2014; Matias et al., 2014; Castagno, 2014). The expectation of White supremacy is that White people benefit from the labor of People of Color (Bonilla-Silva, 1997). Sarah shared that this principle of Whiteness operates within the field of music therapy in her descriptions of her work with clients as well as her interactions with music therapists of Color. As a matter of lawful practice and adherence to the AMTA’s Code of Ethics (“Code of Ethics,” 2019), White music therapists must recognize the ways in which their places of employment ensure White dominance and privilege and work to dismantle attitudes and operations that promulgate Whiteness. Notably, Whiteness also pervades all avenues of research and research methodology (Corces-Zimmerman & Guida, 2019; Chadderton, 2012). There is
thus a need for academic and professional music therapy departments to undertake implementation of Critical Racial Theory and Critical Whiteness Studies and related research methodologies in their curricula, practice, and research endeavors.

**Limitations and Future Research**

This study had several limitations. Given the truncated timeline for the study, I recruited a small sample size of two participants. A larger sample size would have captured a more representative sample, generating a nuanced and dynamic view of Whiteness as it is experienced by music therapists. I utilized a convenience sample for my participant pool. I recommend a randomized selection of respondents from a broader audience, such as collegiate and professional networks. I interviewed the participants, and transcribed and analyzed the data. I recommend enlisting separate individuals to perform each of these tasks to ensure greater credibility and thus overall trustworthiness of the study.

Researching Whiteness in music therapy is critical for the field as well as society at large. Scholars often write about the effects of racism or the importance of multiculturalism instead of naming the culprit responsible for marginalization: Whiteness. Related literature in various fields demonstrates time and again that the systems and infrastructure currently in place are overwhelmingly White and significantly harmful to anyone “othered” by Whiteness. Future research should reflect the multifaceted ways in which Whiteness operates, so that individuals and organizations alike can identify it and take action to bring about systemic change. Possible areas of research may involve capturing Whiteness in music therapy pedagogy, through studying the experiences of music therapy trainers and educators with respect to Whiteness in music therapy curricula. Another possible avenue of study may focus on Whiteness in music therapy via the experiences of music therapists working in state-funded institutions, such as hospitals or
schools. The aforementioned studies would provide a greater breadth of data on how Whiteness in music therapy reflects and contributes to systemic Whiteness in wider societal contexts. Qualitative research can best support individual efforts to dismantle Whiteness as well as a collective endeavor to subvert Whiteness in the field.

**Conclusion**

Whiteness works to underscore the race of others while ignoring White privilege. This perspective ensures that White dominance remains unexamined and unquestioned (Goetz et al., 2020). Moreover, White dominance establishes that White people continue to label and exert control over others. Wildman and Davis (1997, as cited in Brainard, 2009) delineated aspects of White privilege, the first being that the dominant group defines the norms of society. White people understand and believe that they have the power to define what is “normal” and what is “other.” As a result, the burden of being different falls on People of Color, who are forced to contend with and defend their identities and their lives. Ostracism is psychically harmful and bolsters structural racism, which syphons resources away from marginalized communities and threatens their lives (Goetz et al., 2020; Rudert & Greifeneder, 2016).

The purpose of this study was to shed light on Whiteness and examine the experience of it, in order to counteract the very tenets that uphold it. This study aimed to put the responsibility of Whiteness in the hands of White people by focusing on the problem instead of the consequences of Whiteness. Academic literature often focuses on the plight of Black, Indigenous, and People of Color without making mention of the cause: Whiteness. By placing Whiteness at the center of the study, I hope to be part of the movement to dismantle White supremacy by explicitly naming it and exploring it. White music therapists have an ethical duty to examine their Whiteness as individuals and practitioners in order to reduce harm in their work.
and in their personal lives. I hope that this study is the first of many examining Whiteness in music therapy as a proactive effort of divestment from White supremacy.
References


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https://doi.org/10.1080/08098131.2014.907334


Appendix A

IRB Approval Letter

DATE: February 4, 2021
TO: Maria Nina Guerrero
FROM: Molloy College IRB
PROJECT TITLE: [1689366-2] Graduate Thesis
REFERENCE #: Amendment/Modification
SUBMISSION TYPE:
ACTION: ACKNOWLEDGED
EFFECTIVE DATE: February 4, 2021
EXPIRATION DATE: December 1, 2023

Thank you for submitting the Amendment/Modification materials for this project. The Molloy College IRB has ACKNOWLEDGED your submission. No further action on submission 1689366-2 is required at this time.

The following items are acknowledged in this submission:

- Amendment/Modification - Amendment_Revision_Application_pdf_2018.pdf (UPDATED: 01/23/2021)
- Consent Form - Abramovich-Petis Informed Consent.docx (UPDATED: 01/23/2021)
- Letter - Abramovich-Petis Cover Letter.docx (UPDATED: 01/23/2021)

Please refer to Molloy College IRB Policies and Procedures for required submission process if any changes to this project.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board
Appendix B

Cover Letter for Participants

Graduate Music Therapy Program
Music Department
Molloy College
1000 Hempstead Ave
Public Square 220
Rockville Centre, NY 11571

Dear [Prospective Participant],

Thank you for expressing interest in participating in my study. This letter is a formal invitation to participate in the study. The purpose of this research is to explore the perception and influence of Whiteness in White music therapists. This invitation confirms that you are a board-certified music therapist with a minimum of five years of clinical experience working as a board-certified music therapist, identify as racially White, and work with clients who identify as Black or Indigenous People of Color (BIPOC). The faculty advisor overseeing this study is Maria C. "Nina" Guerrero, PhD, MT-BC, Adjunct Instructor in the Graduate Music Therapy Program at Molloy College.

Should you agree to participate in this study, you will be required to attend a one-on-one virtual interview with me, via FaceTime or Google Meet, lasting approximately 45 minutes. In this semi-structured interview, I will ask you questions regarding your personal and professional experience of Whiteness as a White person and White music therapist. You will also be given the opportunity to improvise musically as a way of processing the content of the interview, and verbally reflect on your improvisational experience.

With your consent, the interview will be video recorded using a screen recorder on my personal laptop, and audio recorded using a digital voice recorder. Only the audio file will be shared with a professional transcription service. Once the interview is transcribed, you will be given access to the transcript over a 72-hour period via a secure Dropbox folder. You will be asked to check the transcript for accuracy, and to write down your reactions to your interview responses and to the interview as a whole. The interview will take place before March 30th, 2021, and the transcript will be available to you within 30 days of the interview. I will utilize the video and audio recordings, the transcript of the interview, and your written reflections to extract themes for analysis.

Safeguards have been adopted to ensure the highest level of confidentiality of the interviews, including the use of an end-to-end encrypted videoconferencing platform, and the password protection of electronic files, personal laptops, and cloud storage platforms. Dr. Guerrero and I alone will have access to all of the interview recordings, transcripts, and analysis, and the professional transcription service will only have access to the audio recordings of the interviews. In the analysis of data and presentation of findings, a pseudonym will be used in place of your name in order to protect your identity.

Molloy College IRB
Approval Date: February 4, 2021
Expiration Date: December 1, 2023
While there are no known risks or liabilities posed by the research that exceed those present in your daily life, should there be a data breach, information about your personal and professional life could be exposed. Although the study is not designed to provide participants with specific direct benefits, indirect benefits of participation may include exploring and assessing one’s experience of Whiteness, delving into anti-racist work which benefits society as a whole, and contributing to a body of work related to Whiteness in music therapy that could significantly impact the field.

Participation in this study is voluntary, and you may request to withdraw from the study at any time and for any reason without penalty. If you are interested in learning more about the study, please carefully read the attached Informed Consent Form. If you choose to participate, please print out and sign the form, scan the completed form, and return the scan to me via email. Should you have any questions or concerns regarding the study or your participation, please feel free to contact me, Maria Abramovich-Petis, at mabramovich-petis@lions.molloy.edu or 347-261-1540, or my faculty advisor Dr. Maria "Nina" Guerrero at mguerrero@molloy.edu. If you have questions about your rights, an unresolved question, or a concern or complaint about this research, you may contact the Molloy IRB office at irb@molloy.edu or 516-323-3000. Thank you for your consideration.

Sincerely,

Maria Abramovich-Petis
Appendix C

Informed Consent Form

Title of Study:
“A Study on the Perception and Influence of Whiteness in White Music Therapists”

This study is being conducted by:
Maria Abramovich-Petis, graduate music therapy student: mabramovich-petis@lions.molloy.edu
Maria C. “Nina” Guerrero, PhD, MT-BC, faculty advisor: mguerrero@molloy.edu

Key Information about this study:
This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however, you can find more detailed information later on in the form.

- The purpose of the study is to explore the phenomenon of Whiteness as it is perceived and experienced by the participants in this study.
- In order to participate in this study, the following must apply to you:
  - You must be a board-certified music therapist with a minimum of five years of clinical experience as a MT-BC.
  - You must identify as racially White.
  - You must have clients who identify as Black or Indigenous People of Color.
- The study protocol is as follows:
  - Once you agree to participate in the study, the graduate researcher will schedule a virtual interview with you through videoconference, at a time in which both you and the researcher can be in a private place to ensure confidentiality.
  - With your consent, the 45-minute semi-structured interview will be recorded by a screen recorder on the researcher’s personal computer as well as on a digital audio recorder.
Why am I being asked to take part in this study?

The purpose of the study is to contribute to a body of work investigating the phenomenon of Whiteness in White music therapists. Through interviews with White music therapists who work with clients identifying as Black or Indigenous People of Color, and subsequent interpretative phenomenological analysis of the transcribed interviews, the research will explore how study participants experience and perceive Whiteness as individuals and as music therapists.

What will I be asked to do?

You will participate in a semi-structured interview with the researcher in which you will answer questions about your experience and perception of Whiteness in your personal life and as it relates to your work as a therapist. The interview will last approximately 45 minutes. Following the interview, you will have the option to process the experience via musical improvisation. You will then be asked to share a brief verbal reflection on your musical improvisation. Once the interview is transcribed, you will receive a link to access a copy of the transcription for review via Dropbox. You will be given 72 hours to check the transcript for accuracy, reflect on your interview responses, write down your reactions, and send them back to the researcher via email.

Where is the study going to take place, and how long will it take?

The interview will take place virtually via Facetime or Google Meet and will be recorded, with participants’ consent, using a screen recorder option on the researcher’s personal Macbook and a digital audio recorder. The interview will last approximately 45 minutes. Participants will also be asked to review and respond to the transcript of their interview.

What are the risks and discomforts?

The nature of the questions on Whiteness may bring up feelings of self-doubt, guilt, shame, or confusion, among others. Additionally, although data will be kept anonymous through the use of pseudonyms, a data breach may lead to the unauthorized release of information shared during the
A Study on the Perception and Influence of Whiteness

Interview, including information about participants' physical characteristics, personal historical information, current geographical location, and personal perspectives.

While the researcher cannot determine all risks and liabilities posed by the research, they have considered risks related to data privacy and identified the safest, most secure options to ensure the highest level of data protection and identity protection for participants. Additionally, by providing two additional forms of self-expression via musical improvisation and written reflection, the researcher will offer substantial opportunities for emotional processing.

What are the expected benefits of this research?

Individual Benefits: Although the study is not designed to provide specific direct benefits to participants, they will be offered a safe space to reflect on their experience and perception of Whiteness using multiple expressive modalities. This kind of introspection and processing may lead to greater self-understanding and empathy for self and others, particularly with regards to race.

Do I have to take part in this study?

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this study?

Instead of being in this research, you may choose not to participate.

Who will have access to my information?

The virtual interviews will be held in private spaces both on your end and the researcher’s in order that only the two of you are present during the interview. The researcher and faculty advisor will have access to all of the interview data, including the screen recording of the interview, the audio recording of interview, and the interview transcript, as well as your written reflection. The audio recording of the interview will be sent to a professional transcription service to ensure your confidentiality. The transcript of the interview on Dropbox will be available to you for 72 hours, for your review and response. All of the data will be saved on the researcher’s personal, password-protected computer. A Dropbox folder with all of the data will be shared exclusively with the faculty thesis advisor. A pseudonym will be used in the analysis of data and presentation of findings in order to protect your identity.

How will my [information/biospecimens] be used?

Molloy College IRB
Approval Date: February 4, 2021
Expiration Date: December 1, 2023
The data from the interview and your written reflection will be analyzed, and the findings from the analysis will be presented in the published study. A pseudonym will be used in the study to protect your identity.

To ensure that this research activity is being conducted properly, Molloy College’s Institutional Review Board (IRB), whose members are responsible for the protection of human subjects’ rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Can my participation in the study end early?

Participation in the study is entirely voluntary. You may withdraw from the study at any time, and for any reason, without penalty.

Will I receive any compensation for participating in the study?
No.

What happens if I am injured because of the study?

In the unlikely event that you experience emotional injury during the course of the study, you are advised to seek professional support from a licensed mental health professional. Should this occur, please contact Dr. Maria “Nina” Guerrero at mguerrero@molloy.edu. You are financially responsible for the aforementioned treatment. This does not mean that you are releasing or waiving any legal right you might have against the researcher or Molloy College as a result of your participation in this research.

What if I have questions?

Before you decide whether you’d like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Maria Abramovich-Petis at mabramovich-petis@lions.molloy.edu, or Dr. Maria “Nina” Guerrero at mguerrero@molloy.edu.

What are my rights as a research participant?

You have rights as a research participant. All research with human participants is reviewed by a committee called the Institutional Review Board (IRB) which works to protect your rights and welfare.

If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the Molloy IRB office at irb@molloy.edu or call 516 323 3000.
Documentation of Informed Consent:

You are freely making a decision whether to be in this research study. Signing this form means that
1. you have read and understood this consent form
2. you have had your questions answered, and
3. after sufficient time to make your choice, you have decided to be in the study.

You will be given a copy of this consent form to keep.

________________________________________________________________________  ___________
Your signature                                                Date

________________________________________________________________________  ___________
Your printed name                                              Date

Participant additionally consents to the audio and video recording of the interview:

________________________________________________________________________  ___________
Your signature                                                Date

________________________________________________________________________  ___________
Your printed name                                              Date

________________________________________________________________________  ___________
Signature of researcher explaining study                      Date

Printed name of researcher explaining study