Provided for non-commercial research and education use.
Not for reproduction, distribution or commercial use.

This article appeared in a journal published by Elsevier. The attached copy is furnished to the author for internal non-commercial research and education use, including for instruction at the authors institution and sharing with colleagues.

Other uses, including reproduction and distribution, or selling or licensing copies, or posting to personal, institutional or third party websites are prohibited.

In most cases authors are permitted to post their version of the article (e.g. in Word or Tex form) to their personal website or institutional repository. Authors requiring further information regarding Elsevier's archiving and manuscript policies are encouraged to visit:

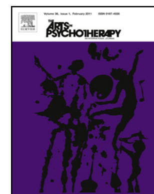
http://www.elsevier.com/authorsrights

Author's personal copy

The Arts in Psychotherapy 40 (2013) 373–381

Contents lists available at ScienceDirect

The Arts in Psychotherapy



Dominant narratives: Complicity and the need for vigilance in the creative arts therapies

Susan Hadley, PhD, MT-BC*

Department of Music, Slippery Rock University, USA

ARTICLE INFO

Keywords:
Feminism
Race
Disability studies
Sexuality
Social justice

ABSTRACT

We live in societies in which we are shaped and positioned by dominant/subjugating narratives including patriarchy, Eurocentricism, heterosexism, capitalism, psychiatry/psychology, and medical science. This paper explores the ways in which our understandings of ourselves and others are fundamentally shaped by such narratives. These narratives shape how creative arts therapists understand concepts such as therapy, health and wellness, and issues of identity such as gender, race, ability, and sexuality. The author contends that it is imperative that creative arts therapists examine all aspects of identity in therapy, not only aspects of the client's identity, but also those of the therapist, and how these aspects of identity impact, structure, and mediate the therapeutic relationship. That is, as therapists we are not above the fray of complex identity formation shaped by dominant/subjugating narratives. The author discusses the need for creative arts therapists to examine how dominant/subjugating narratives are communicated through the art forms that we engage in within the therapeutic process. Also explored are the ways in which creative arts therapists are complicit with these dominant/subjugating narratives through our educational and research practices. Finally, the author discusses the need for constant vigilance against such dominant/subjugating narratives in order to work toward anti-oppressive practice and social justice.

© 2013 Elsevier Ltd. All rights reserved.

"I am not ready to abandon the quest for a society in which human beings are appreciated for abilities and talents; assisted based on their needs; and where differences in skin color, gender, sexual orientation are not occasions for exclusionary or pejorative treatment."
—Adrienne Asche (2004, p. 10)

". . .therapy is absolutely a political act and no one can escape from the problem; there is no outside."
—Hiroko Miyake (2008, para 27)

Personal context

Before learning about music therapy in the 1980s, I wanted to work with homeless youth and decided that one way to build a relationship with them would be through music, an early belief in an approach that has become known as community music therapy. From early on in my privileged middle class life, I was concerned about the uneven distribution of power in society. I was always drawn to the plight of those who were not given the advantages that others were afforded. This was why music therapy was so appealing to me. In this profession, I could help groups of people who were disadvantaged in society. However, by the time I was nearing the end of my undergraduate studies in music therapy, I became worried that perhaps I was doing music therapy for the wrong reasons. Being a music therapist made me feel good about myself. It fulfilled my need to be needed, it gave me a sense of purpose, and I felt good that I was doing "good" *for* others. At the time, I worked through this struggle with my professor and felt comforted that having awareness of these feelings could help me not to fall prey to them. While this was an important place to be at that point in my life, I have since realized that while awareness is certainly an important component, it is not enough.

While engaging in graduate studies in music therapy in the 1990s, I learned more about the importance of therapist self-awareness in terms of recognizing the impact of one's feelings, attitudes, and actions on the client and the therapy process (AMTA, 2009). I was taught to be aware of my personal limitations, problems, and values that might interfere with my professional work and to take whatever action was necessary to ensure that services to clients were not affected by these limitations, problems, and values (AMTA, 2008). The underlying assumption was that these

* Correspondence address: Department of Music, Slippery Rock University, One Morrow Way, Slippery Rock, PA 16057, USA. Tel.: +1 724 738 2446.
E-mail address: susan.hadley@sru.edu

0197-4556/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.aip.2013.05.007

Author's personal copy

personal characteristics could be addressed at the individual level and rectified with focused attention.

At this time, outside of my music therapy classes, I was being introduced to concepts from Lewin's field theory (Wheelan, Pepitone, & Apt, 1990), the influence of Bertalanffy's general systems theory on family therapy (Nichols & Schwartz, 1995), social constructionism (Gergen, 1994), and narrative inquiry (Polkinghorne, 1988). What I learned from these schools of thought shifted my thinking in various ways. I could no longer see the individual without thinking about the myriad systems of which s/he is a part and to understand the importance of looking at *both* micro levels (e.g., individual) *and* macro levels (e.g., society), and the interdependence of various interlocking systems. I began to question grand narratives which espoused a single objective truth as I learned about the ways in which language, values, and social interactions inform our perception of reality. Thus, I became more skeptical about theoretical generalizations, realizing that they were "really only context-specific insights produced by particular discourse communities" (Brookfield, 2005, p. 1).

I also learned about the role of narrative in our lives (White & Epston, 1990). By that I mean the process by which we, as humans, create narratives about ourselves, our lives, and others, by linking various events together over time in order to interpret our experiences in meaningful ways. We use these narratives to explain and make sense of our experiences. These narratives shape and are shaped by individuals, groups, and societies—systems which are interdependent. Furthermore, we are always part of multiple narratives occurring simultaneously—narratives about our abilities, our struggles, our relationships, our work, our perceptions, etc. Given that we cannot weave all we experience into these narratives, certain events are selected and privileged over others. Over time, dominant narratives about ourselves and our experiences are formed and *seem* to become truths. Dominant narratives about others are also formed. As we have new experiences, certain events are selected to support these dominant narratives, and those that do not fit within the dominant narrative tend to remain hidden or less significant. These dominant narratives can be empowering; they can be oppressive. We are born into a socio-cultural historical matrix of dominant narratives which continually shape or position us in various ways. Within this inherited framework, though, there are many possibilities for how we narrate who we are. In other words, we both create narratives about ourselves and others while simultaneously narratives are always shaping who we are and how we see ourselves and others.

Sometimes a dominant narrative takes hold and limits the ways in which people perceive themselves and others. The narrative seems to become rigid and leads people to have what narrative therapists refer to as thin descriptions of a person, a relationship, or an event (Morgan, 2000). When this happens, people are in many ways oppressed by the dominant narrative and its resultant thin descriptions. Narrative therapists refer to cultures that have been oppressed as "subjugated cultures," and view capitalism, psychiatry/psychology, patriarchy, heterosexism, and Eurocentricity as "subjugating narratives" (Wever, n.d.). However, given that narratives are not static, in this theoretical framework the self is not fixed, and neither are groups or societies. When a narrative becomes rigid and limits perceptions, there is a need to foster alternative narratives, ones that allow for thicker descriptions, ones that are more liberating. The fluid nature of narratives provides us with the potential for shifting dominant narratives. Thus, there are various narratives or discourses that we may adopt or reject which play a part in structuring our "personal" and social identities.

This expanded way of thinking about identities was appealing to me. However, I became somewhat disillusioned with therapy and the focus on "changing" individuals or helping individuals to function more adequately in a system/world not wired for them. It seemed in many ways that the focus was going in the wrong direction. Why not work on changing the system, challenging dominant narratives? It became obvious to me that it was dominant systems/dominant narratives which were limiting what it was to be fully human. This was when I became engaged with movements that fall under the broader category of critical theories—feminism, disability studies, critical theories of race, and, queer theory/sexuality studies.

Dominant narratives/critical theories

In general terms, critical theories are ones which seek to expose and therefore create an impetus for action against subjugation. Thus, critical theory has been connected with many social movements. Critical Theory, in its original form, began with the development of the Institute for Social Research (1929–1930), and is associated with philosophers from the "Frankfurt School" including Horkheimer (1937, 1982), Horkheimer and Adorno (1972), Adorno (1972, 1973), Marcuse (1937, 1969), Benjamin (1936), Fromm (1941), and later Habermas (1971). Other philosophical approaches that can be under the umbrella of critical theories include feminism (Harding, 1991), critical race theory (Delgado & Stefancic, 2001), and queer theory (Butler, 1990; Rich, 1995). More recently, disability studies has also been linked with critical theory (Asche, 2004).

Drawing from the work of influential critical theorists, Brookfield (2005) outlines five distinctive characteristics of critical theory:

1) That it is grounded in a particular political analysis that shows that the "commodity exchange economy" that we find in capitalism inevitably creates tensions between those who desire emancipation and those who wish to prevent this desire from being realized.
2) That it is concerned with providing people with knowledge and understandings intended to free them from oppression.
3) That it breaks down the separation of subject and object and of researcher and focus of research.
4) That it not only critiques current society, but envisions a fairer, less alienated, more democratic world.
5) That verification of the theory is impossible until the social vision it inspires is realized.

Some of the important concepts in critical theory, according to Brookfield (2005), are to challenge ideology, contest hegemony, unmask power, learn liberation, and practice democracy. Ideology is viewed as "the broadly accepted set of values, beliefs, myths, explanations, and justifications that appear self-evidently true, empirically accurate, personally relevant, and morally desirable to a majority of the populace" (Brookfield, 2005, p. 41). Ideology refers to "*repressive trains of thought* that makes it possible for subordinates to accept their social position as 'natural' or 'inevitable'" (Stige, 2002, p. 332). Ideology is difficult to recognize because it is "embedded in language, social habits, and cultural forms" and because it appears "as common sense, as givens, rather than as beliefs that are deliberately skewed to support the interests of a powerful minority. . . . while appearing to advance the interests of all" (Brookfield, 2005, p. 41). Furthermore, it "conceals the power relations involved" (Stige, 2002, p. 332). Thus, in order to challenge ideology, or engage in "ideology critique," it is important to make visible the oppression and inequities that have been taken to be the natural order of things.

Hegemony is integrally related to ideology in that it is "the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us" (Brookfield, 2005,

Author's personal copy

p. 93), and accept them as natural, preordained, and as "part of the cultural air [we] breathe" (p. 43). People are not *forced* to assimilate the dominant ideology if hegemony is working. Rather, people willingly accept and support these beliefs and practices, seeing them as common sense. The mass media plays a crucial role in maintaining hegemony, including the music industry. One of the crucial steps in contesting hegemony is recognizing one's relative position in the system and unmasking power relationships, whether they manifest in class oppression, sexism, racism, ableism, or hetereosexism.

Power is infused in all of our relationships. It is important for us "to recognize the flow of power in [our] lives and communities . . . to appreciate that power is inscribed . . . in [our] everyday reasoning and actions" and "to redirect it to serve the interests of the many rather than the few" (Brookfield, 2005, p. 47). This can be very difficult, as we already have seen that these power imbalances are accepted as part of the natural order of things. We can see this in the discourse we use. In some cultures, we use phrases like "pulls himself up by his bootstraps," "self-made man," and "survival of the fittest," which all adhere to the Horatio Alger myth of the possibility of rags to riches scenarios in a meritocratic system. But, as Victor Lee Lewis in the documentary *The Color of Fear* (Lee et al., 2000) illustrates, some people pull and pull on their bootstraps, but those bootstraps just keep breaking off! Myers (2007) states that:

> We like to believe that we've earned our success through hard work and personal merit. It's much harder to accept the notion that our success *also* depends on our society's system of power and privilege, which favors some groups over others. This latent system of "unearned privilege" is about *having the benefit of the doubt*—not because of who you are and what you have done, but because of how people perceive you as a member of a favored group. Acknowledging unearned privilege means recognizing the advantages we've gained from a system stacked in our favor. (author's italics)

Feminist and whiteness studies theorist, McIntosh (1997) states:

> In my class and place, I did not see myself as racist because I was taught to recognize racism only in *individual acts of meanness* by members of my own group, *never in invisible systems* conferring unsought racial dominance on my group from birth. Likewise, we are taught to think that sexism or heterosexism is carried on only through individual acts of discrimination, meanness, or cruelty toward women, [and those from the Lesbian, Gay, Bisexual, & Transgender (LGBT) community], rather than in invisible systems conferring unsought dominance on certain groups . . . (p. 298) (author's italics)

She goes on to state:

> Disapproving of the systems won't be enough to change them. I was taught to think that racism could end if white individuals changed their attitudes; many men think sexism can by ended by individual changes in daily behavior toward women. But a man's sex provides advantage for him whether or not he approves of the way in which dominance has been conferred on his group. A "white" skin in the United States [and many other places in the world] opens many doors for whites whether or not we approve of the way dominance has been conferred on us. (p. 298)

And this is true of many of the dominant narratives in our society including those that are implicitly sexist, racist, heterosexist and ableist.

In addition to the work of ideology critique, challenging hegemony, and unmasking power, in critical theory it is important to work toward individual and collective liberation from oppressive beliefs, values, and practices and to practice true democracy. This requires reflexivity, moral consciousness, and "communicative action." Brookfield (2005), drawing from the work of Habermas, describes communicative action as "step[ping] out of our normal frames of reference to see the world as someone else sees it" (p. 253). Many critical theorists "contend that the perspectives of the discriminated-against, oppressed individual or group must be better understood by the larger society and that the law should look not to wrongs of perpetrators but to helping those who have been victims of discrimination" (Asche, 2004, p. 10). It is important to note, however, that it is common that when a person from an oppressed group describes their experiences of being insulted or discriminated against, their experiences are often trivialized, or worse, discounted altogether, with accompanying claims that the person experiencing the discrimination is wrong, too sensitive, or being unfair (Asche, 2004).

The socio-political and the creative arts therapies

In the spirit of Forinash (2004), my aim in this paper is to explore the interrelationship between the socio-political and creative arts therapies. Forinash (2004) suggested that perhaps some of us believe that politics should be kept separate from our professional roles. However, as feminists have long contended, the personal *is* political. Saying that the personal is political means that our "personal lives [are] reflected in the politics and values of the culture and vice versa" (Sajnani, 2012, p. 187). In my opinion, to think that we can keep our professional roles separate from the political is to come from a position of privilege in our society. That is, when we are part of the dominant group, we are trained to "not see" the political in the personal and yet it is always present. When we are not from the dominant group or the advantaged group, the political is much more visible to us. I believe that we are born into a socio-cultural historical framework in which ideologies of capitalism, patriarchy, whiteness, etc., shape us, and in which hegemonic practices of exploitation and oppression of others, based on gender, race, class, age, ability, sexuality, religion, and national identity are pervasive. These hegemonic practices or dominant narratives have a tenacious grip from which it is difficult to disentangle ourselves. These dominant practices are affecting all of us, including those to whom we provide our professional services (our clients).

There are many things that we have been taught as creative arts therapists that lead me to believe that because our gender, race, ability, sexuality, socioeconomic status, religion, geographic location, etc., all come together in the formation of our identities, then each of these things are important for us to explore about ourselves. Try as we may, we cannot simply split ourselves into professional and personal identities. Our personal identity *is* our professional identity. As Rickson (2010) notes, "The importance of knowing who we are and what our values are in order to understand others and to be authentic as therapists has been strongly reinforced in the . . . literature. Identity is often considered in broad terms of gender, class, religion, sexuality, race, and so on, and it is easy to understand the importance of acknowledging, understanding, and using these aspects of our identity in our work" (para 2). While it may be easy to understand the importance, the actual process of acknowledging and understanding how these aspects of identity impact our relationships is not easy, given how power works in our culture. For example, psychologist Beverly Tatum (2003) regularly asks students to complete the sentence "I am ________", using as many descriptors as they can think of in 60 s (p. 20). After years of doing this she has noticed that while non-white often include their racial or ethnic group, white students rarely mention being white. She has noticed similar patterns in terms of gender, religion, and sexuality. I am certain that this also happens with disability. She notes

Author's personal copy

that "Common across these examples is that in the areas where a person is a member of the dominant or advantaged social group, the category is usually not mentioned. That element of their identity is so taken for granted by them that it goes without comment. It is taken for granted by them because it is taken for granted by the dominant culture" (Tatum, 2003, p. 21). It is invisible. So, as therapists, we are expected to recognize the impact of our feelings, attitudes, and actions, in fact our very embodied being, on the client and the therapy process. But, how can we do this if we are not critically aware of what that means? We need to understand how we are perceived by those with whom we work and also be aware of our assumptions about them.

Much of the current focus in my work and in my teaching has been in terms of unveiling sites of privilege in order to expand the therapist's self-awareness. It is really interesting that when I talk about feminism, racism, heterosexism, and belief systems with my students, often someone will ask what any of this has to do with being a therapist. Often someone will say that they can see why we look at disability, but not the other aspects of identity. While, in a postmodern world, we can critique such "essentialist" categories[1] as race, gender, ability, sexuality, etc., I ask them to tell me how many of the people they work with have a gender, how many have a racial identity, how many have a sexual identity. Then I ask them how many of them have a gender, a racial identity, a sexual identity, etc. So, why do we privilege disability as the main aspect of identity when we work with people? Perhaps we are seeing that aspect of their identity as pathology rather than an aspect of identity. This, then, leads us to examine the ideology that informs this judgment. I will say more about this later.

Our identities are shaped by our social and cultural groups. These are shaped by narratives or ideologies which position groups differently in terms of the flow of power in relationships. So, it is not just a question of identities when we think about whether or not therapists engage in politics. We live in a social world where, as Stige (2002) states, we either "contribute to social control or to social and cultural change" (p. 278). Thus, if we are not actively working toward social change, we are implicated in a system which is unjust and that is disempowering and oppressive for various groups of people. It is useful to note that "the alternative to social change is not equilibrium, but injustice, social control, and subjugation" (Stige, 2002, p. 278). Similarly, Edwards (2002) stated that therapy "is always a socio-political work—in simple terms, what we do with our clients and their families in turn effects our society simply by being part of the warp and weft of the fabric of our community behavior . . . it is impossible to live without consciousness of the ways in which our society and community shape our perspective to 'other' whether we understand that in Marxist terms or . . . Kristeva's" (para 4).

Furthermore, given the centrality of discourse in our practice (Ansdell, 2003), it is important to realize that our theories and practices are not neutral, but contribute to either the conservation or destabilization of certain values and practices in the wider community (Rolvsjord, 2010). As such, therapists are engaging in political choices all the time, although often unwittingly. How we write and talk about our practice has political implications. Given this, it is imperative that creative arts therapists become more conscious about the political choices they are engaging in on a daily basis. In order to do this, I draw on a number of critical approaches—feminist theory, critical theories of race, disability studies, and queer theory/sexuality studies.

[1] Many critical theorists hold to the view that identities (that is, what constitutes a racial category, what constitutes a gender category, what constitutes an impairment or disability, what constitutes one's sexuality) are socially constructed. However, while these categories are not "real," this does not mean that they are not experienced or *felt* as real, or that the impact of oppression based on these constructed categories is any less impactful.

Feminist theory

The main aspects of feminism that shape my views in terms of therapy are that individual problems are related to the social and political context of the person; the therapeutic relationship should be collaborative and transparent; it is important to respect and value personal experience; it is important to examine power differentials in various contexts; and, it is important to work toward social justice. One of the main critiques I receive regarding feminism is that it is too narrowly focused on women. However, the ideology of patriarchy impacts us all. Some suggest that it is much better to be a humanist. However, humanism does not critique ideology, does not challenge the unequal distribution of power, and does not work toward ending all forms of oppression in a patriarchal society. In fact, some would argue that our understanding of the human is that which is white, male, heterosexual, middle-class, and able. That is, the human that goes unmarked. In the way that I understand patriarchy, it is not only about the power men have over women, but as critical race feminists suggest, it is reflected in all instances of the "master–slave" dynamic (Sajnani, 2012). This can be seen in terms of not only gender, but race, class, religion, sexual identity, and ability. Given this, many third wave feminists see the body, in all of its variations, as a site of political and social struggle. Thus, as Sajnani (2012) concludes, as creative arts therapists we need to encourage *response-ability* in our practice—that is, the *ability* to *respond* amidst suffering and against oppression. She states that we need to form "collaborative relationships based on respect for our clients' wisdom about their own lived experiences" and we need to be willing "to make our values and assumptions transparent" (p. 189). She also encourages us to think about the politics of representation, that is, how bodies and histories are signified in various arts media, and the politics of witnessing, that is, how we honor the experiences of those who have experienced personal and social trauma.

Similarly, Edwards (2006), understands contemporary feminists as working "to think about, deconstruct, disrupt, and interrogate existing values that operate in the construction of social values with the goal of emancipation and positive social change through encouraging and valuing the human agency of all citizens" (p. 367). She examines issues of representation in music therapy, including how clients' bodies are viewed by themselves or others, how the discourse of health and illness is formed and framed by patriarchy, by our understandings of gender and sexuality, and by the ways women are represented in music.

Rolvsjord (2010) wrote that "feminist theory, feminist research, and feminist critique of research contribute knowledge about the mechanisms of oppression" (p. 2). She is particularly interested in the role that "language plays in the construction of meaning as well as in its functions in stabilizing, conserving, or destabilizing the status quo" (p. 2). Drawing on postmodernist and poststructuralist traditions, Rolvsjord sets out to challenge hegemony and unmask power. She notes that to date in music therapy "a feminist critique has largely been absent from the discourse," and insightfully unveils the power-relations in language used to talk and write about music, clients, pathology, the therapeutic relationship, gender, and so on, in music therapy, focusing specifically on the use of "mother" concepts (p. 311).

While there has been some groundbreaking work examining feminist approaches in the area of art therapy (Hogan, 1997), music therapy (Curtis, 2000; Hadley, 2006a), and dance/movement therapy (Allegranti, 2009), we need to continue to bring strong feminist critiques to the creative arts therapies.

Author's personal copy

Critical theories of race

When I moved to Philadelphia from Australia I became acutely aware of my whiteness. I have been white all my life, but I became much more aware of my whiteness living in a predominantly African American neighborhood than when I was surrounded by a sea of whiteness. I began to explore this more. Given my personal and social contexts, I began to witness the ways in which whiteness afforded me unearned privileges. As the mother of biracial children, I have since become more aware of the multiple and fluid processes of identification in relation to so-called race which can sometimes shift according to context. Speaking to this fluidity, Hua (2003) advocates the use of the term "subject-in-process" rather than "identity," and "communities in the making" rather than "community." These terms highlight the process of negotiation and struggle in the formation of subjectivities and communities rather than suggesting an essence.

I was aware of race and racism from a very young age. It was easy for me to see the ways in which others were racist. What was more difficult was to come to terms with what Jenson (2011) refers to as "the pathology of whiteness that is at the core of our racial system" (p. 19), that is, to understand that racism is essentially a white problem. Jenson writes that it is imperative that we make the category of white visible, that we challenge unspoken assumptions of white-as-norm, and that we dismantle the ever-present explicit and implicit claim that white is superior. That is, the ideology of whiteness must be identified and analyzed. I see this as akin to the need for the ideology of patriarchy to be identified and analyzed. It has not been easy to own my own racism and the ways that I cash in on my whiteness on a daily basis. Again, as Jenson (2011) writes, "White people's belief in their special status has demonstrated an incredible tenacity; even when it is widely agreed to be morally bankrupt and intellectual[ly] indefensible, the idea of whiteness and the accompanying white-supremacist system remain deeply woven into the fabric of society" (p. 24). I see this repeatedly when we examine issues of race and racism in my classes. There is no limit to the distancing strategies and denials of white privilege (Applebaum, 2010; Yancy, 2012). It seems difficult for whites to really bear witness to the experiences of non-whites in a society which deems white to be the benchmark. It takes what Yancy (2012) refers to as fearless or courageous listening, that is, listening without responding defensively, without minimizing, or even denying, the experiences of those sharing their experiences (p. 71). As I became more aware of how whiteness operates in my life and in our society more generally, I realized the need to bring these understandings into music therapy.[2] In music therapy, race and culture are mostly discussed in terms of finding ways of including the music of people from cultures different from the majority culture and of learning about how to work with people from other cultures. The focus is almost always in an outward direction with little explicit naming of whiteness as normative and problematic. It is the opposite side of the coin that I want to consider. It is imperative that white therapists examine their whiteness and the invisible privileges that they carry around every day, based on the fact that they are white. White creative arts therapists must examine the insidious ways that their whiteness impacts therapy and the therapeutic relationship. Oosthuizen (2009) has reflected on her whiteness, stating:

> It is uncomfortable to fully and honestly know my collective identity as a white South African, along with the privileges, wealth and resources that this identity has afforded me. It is uncomfortable to honestly accept that the past of this country, for the most part, places me on the side of the oppressor. It is even more uncomfortable to know this in relation to what the black identity of the women in this group has afforded each one of them. Some have little educational qualifications, some are unemployed. Those who have jobs are mostly domestic workers earning a minimal wage, probably working for white employers. No matter how uncomfortable it may be, however, in my work with this group I embody not only an identity of being a musician, therapist or woman. I am also a white person and embody what it means, for each group member present, to be white. To be authentic as a therapist in this context requires acknowledging how this part of my identity can affect my work. (para 7)

Understanding the hegemony of whiteness in a place with a history like South Africa, and some would say in a place with a history like the United States, seems obvious. But in my opinion, it is in precisely those places where we do not notice explicit problems of racism that we need to look. There has been little attention to the ideology of whiteness in the creative arts therapies and it is an area much in need of focus, given the predominance of whiteness in our professions (Liebman, 1999; Mayor, 2012; Reed, 2004; Sajnani, 2012).

Disability studies

Disability Studies theorists have reassigned the meaning of disability from a medical definition, that is, disability as a marker of impairment, to a political category, that is, disability as a marker of identity, a group bound by common social and political experiences. This shift is designed to create social change. However, as Linton (1998) states,

> divesting of [disability's] current meaning is no small feat. As typically used, the term disability is a linchpin in a complex web of social ideals, institutional structures, and government policies. As a result, many people have a vested interest in keeping a tenacious hold on the current meaning because it is consistent with the practices and policies that are central to their livelihood or their ideologies. (p. 10)

Certainly, the livelihoods of creative arts therapists have been predicated on disability as a marker of impairment. As creative arts therapists, we must become more aware of the disability studies movement. Rolvsjord (2010) notes that in therapy the medical model is a "grand narrative that is taken for granted and not discussed explicitly" (p. 25). Discussing "illness ideology," she illustrates how health and disease are seen as dichotomous, where "health is seen as the usual state of being and disease the unusual state" (p. 29). This "illness ideology" is on a par with "disability ideology." Similarly, there is a dichotomy between ability and disability, with the disabled as having the problem. However, as Asche (2004) illuminates, "the physical, cognitive, sensory, and emotional make-up of the individual [is] not the problem but [is] a problem only because social institutions and human-made environments

[2] My spouse commented once after teaching a class in which they were discussing the movie, *Guess Who's Coming to Dinner?*, "It is interesting that Joey's parents say that they taught her not to think she was any better than anyone else. White parents who are anti-racist and liberal teach their children not to think of themselves as superior to people of other races." He said, "Black parents don't do that. They say, you are just as good as anyone else." This comment had a profound impact on me. I kept thinking about how ingrained these narratives are. Even the most liberal whites feel that supremacy of whiteness and have to teach their kids not to act on it, but by phrasing it that way the implicit message still supports the myth that they are superior. I then thought about gender and how my spouse and I instill in our boys not to talk about girls in ways that would suggest they are any less than they are. But, growing up as a girl I was taught that I could do anything that anyone else could do and I could do it just as well (implicit message, anything that any male could do). Males were the benchmark. It was assumed they would do well. In these statements, I wonder whether we are still being complicit with these dominant narratives.

Author's personal copy

were created without taking into account the characteristics of all people" (p. 13). She also states that "instead of discussing which kinds of people have impairments or disabilities and which people do not, instead of saying that some members of society are disabled and some are not, we should consider which people cannot perform which activities in given environments and question how to modify the environments so that they are not disabling" (p. 16). Asche continues by describing a human variation model, one in which all humans vary in terms of physical and mental functioning that can be the cause of differential advantage or disadvantage in various settings. Rolvsjord (2010) similarly discusses a continuum model in which "health and illness are seen as opposite poles of a continuum" and that there are "varying degrees of sickness and normality" (p. 29). In line with critical race theorists, Asche (2004) contends that society "will balk at making modifications that include everyone unless dominant members of that society can be perceived to benefit as a by-product of those changes" (p. 14). She then outlines brilliantly the ways in which accommodations to the environment are made for people who do not take a chair everywhere with them, who need light to see things, who need amplification to hear (rather than see) a speaker, who need street signs to let them know where they are, and so on. She also illuminates the ways in which we all need the assistance of others (e.g., mechanics to fix our cars), but unlike people with disabilities, we are not devalued as a result, not considered to be some kind of "burden" on society.

We must acknowledge that we live in an ableist society. Ableism points to the practices and dominant attitudes in society that devalue and limit the potential of people with disabilities. Ableism is a set of practices and beliefs that assign inferior value (worth) to people who have developmental, emotional, physical, or psychiatric disabilities. The world is wired for non-disabled people. It may be invisible to those who do not have disabilities. An ableist society treats non-disabled individuals as the standard of "normal living," which results in public and private places and services that are built to serve "standard" people, thereby inherently excluding those with various disabilities. In fact, we even have in place prenatal screening so that we can decide what to do if we find out that we are going to, or likely to, have a child with a disability. Furthermore, there are pamphlets and counseling for parents in terms of raising and caring for a disabled child. Asche (2004) notes that unlike for families in a racial group, where the parents "imagine a shared common identity and community with any future child, [there is] a marked contrast with the typical nondisabled prospective parent who fears that a future child's impairment will thwart parental hopes for a fulfilling family life" (p. 26).

As I became aware of the field of disability studies, my ideas about therapy and disability shifted. However, I kept falling into an ableist mindset. I continued to see myself as someone on their side who was doing good things *for them*. I could see how society, with its ableist norms, was disadvantaging people with disabilities, but what was more difficult for me was becoming aware of the ways in which I had internalized beliefs about people with disabilities and coming to terms with the realization that my livelihood has been predicated on maintaining the current medical definition of disability.

Asche (2004) notes that "people with disabilities are expected to play no adult role whatsoever; to be perceived as always, in every social interaction, a recipient of help and never a provider of assistance" (p. 11). She notes that before people introduce themselves to her at conferences, they ask her, because she is blind, to let them know how they can help. She also describes how close friends do not feel comfortable accepting her offer to contribute food for a dinner party, or babysit children she has known since birth, or join them when they go to meet new people because they see her as a social liability.

Queer theory/sexuality studies

Queer theory is a field of critical theory that challenges essentialist notions of sexuality, instead claiming that sexual acts and sexual identities are socially constructed. Queer theorists challenge heterosexual ideology and contest the categories of gender and sexuality, viewing identities as not fixed, but fluid. Fixed notions are "generally assumed in conceptions of the sexed self (like masculine—male/feminine—female) and in notions of sexual desire (like heterosexual/homosexual) however these sexual identities might be valued" (Beasley, 1999, p. 97). The aim is to destabilize heteronormative discourse and focus on a continuum of non-heteronormative sexualit*ies* and sexual practices. Significant scholars in queer theory include Foucault (1979), Butler (1990), Rich (1995), and Ahmed (2006). The term "queer" is chosen to denote broader categories of sexuality than heterosexuality and homosexuality, to include bisexuality, transexuality, intersexuality, asexuality, and the possibility of moving between categories. In addition, reclamation of this historically derogatory term is a powerful act of rebellion against such hate speech.

Sexuality Studies covers a variety of theories of sexuality. Sexuality studies theorists explore the concept of sexuality by examining variations in sexual cultures, sexual practices, sexual expressions, sexual identities, representations of sexualities, gender role formation, and the social, cultural, historical and ethical foundations of sexuality. People in sexuality studies focus on social justice in terms of its relationship to sexuality, including community building and looking at social inequality in terms of marriage laws and homophobia and how these impact sexual well-being and sexual health across the lifespan. Part of sexuality studies is unmasking heterosexism. Heterosexism is the promotion by institutions of the inherent superiority of heterosexuality and the assumption that everyone is and must be heterosexual. Like racism, sexism, and other forms of prejudice and discrimination, heterosexism awards privilege to members of the group with more power (heterosexuals). This discrimination can be seen in the fact that nonheterosexuals have historically been diagnosed as mentally ill and in need of "fixing." After all, until 1973, homosexuality was considered a mental illness in the Diagnostic Statistical Manual of the American Psychiatric Association. Indeed, "many LGBTQ individuals were subject to a variety of treatments to 'cure' their homosexuality, bisexuality, gender expression, and/or gender identity" (Whitehead-Pleaux et al., 2012, p. 159). And, people who were born intersexed have been rendered "symbolically, if not literally, neutered or 'fixed"' (Colligan, 2004, p. 45).

Pelton-Sweet and Sherry (2008) state that "art therapy as used in the treatment of those in the LGBT community is still underexplored, but it has unlimited potential" (p.1 73). This seems to be true of all of the creative arts therapies. Ahessy (2011) found that while music therapists find issues surrounding sexuality important, "they are largely overlooked in the literature and are relatively neglected in curricula, education and professional development" (p. 11). He goes on to state that because of the prejudice that sexual minorities experience in society, in healthcare, and in legal systems, that it is imperative to foster affirmative approaches in music therapy, in which non-heterosexual identities are valued and supported (p. 28). Pelton-Sweet and Sherry (2008) also noted that while many art therapists work with clients in the LGBT community, "the American Art Therapy Association (AATA) does not publish specific guidelines for working with LGBT clients within its ethical document" (p. 173). Addressing a similar issue in music therapy, Whitehead-Pleaux et al. (2012) have developed a set of LGBTQ best practices in music therapy because of their collective concern about "the wide discrepancy in the quality and availability of training, treatment, supervision, and understanding of LGBTQ clients, coworkers, and students" (p. 160). It is also important to note, that as part of a

Author's personal copy

faculty–student research project I collaborated on in 2012, we sent out a survey which asked for demographic information including age, gender, race, religion, sexuality, and any disability for music therapists completing the survey and for those with whom they work (Hadley and Neil, 2012). When it came to sexual orientation, their own and that of the people with whom they work in therapy, some music therapists responded, "It's irrelevant" or "It's none of your business," "Does it really matter?" and "It is irrelevant to my work." No-one said this for any other marker of identity.

Complicity

As creative arts therapists, we need to be aware of the multiple ways in which we are complicit with dominant narratives in our professions, our education and training, and in our practice.

Politics of demographics

We must explore the ways in which the demographics of our professions are reflective of privileged groups in society. We need to also examine the demographics of those with whom we work and see in what ways these differ from the demographics of the therapists. As I have discussed elsewhere, the sheer numbers of women in music therapy has not resulted in countering patriarchal narratives (Edwards and Hadley, 2007; Hadley and Edwards, 2004; Hadley, 2006a), so we can only extrapolate how difficult it must be for those therapists who are not white, heterosexual, or non-disabled, to counter the various hegemonic narratives in our professions. For example, given that creative arts therapists are predominantly white, heterosexual, and able-bodied, it is easy to be complicit with these dominant narratives in our society. We need to work actively to increase diversity within our professions. There are very few counter-voices in our professions and they may be reticent to share their experiences or may not feel safe to do this. In recent years, I have had multiple discussions with music therapists about their experiences of their race in music therapy settings (Hadley, 2013). In these discussions, there were many narratives that illustrate how dominant narratives shape how we teach and practice music therapy.

We need to ask ourselves in what ways we, as therapists, are complicit with the dominant narratives or ideologies discussed in this paper. In what ways do we cash in on unearned privileges? In what ways are these privileges invisible to us? And how is it manifested in our profession and in our clinical practice in music therapy and in other creative arts therapies?

Politics of therapy

There are many different definitions of therapy, but the majority of them discuss therapy as "a systematic process of intervention wherein the therapist helps the client to promote health" (Bruscia, 1998, p. 20). It is important to note that definitions such as this adhere to an illness or disability ideology in that there is a health "problem" that resides in an individual and that there is a hierarchical relationship in that the therapist "helps" the client by assessing their needs, providing an intervention of treatment, and then evaluating the client's progress. Rolvsjord (2010) critiques the unreflective use of the term "intervention" in music therapy discourse, a term "associated with military language," which "implies that someone from the outside is taking action" and is "problematic in a discourse emphasizing equality and mutuality" (pp. 22–23).

So, we need to ask ourselves, how does the way that we practice therapy reinforce dominant narratives? How do we see ourselves as experts? How do we understand the people with whom we work? How do we understand illness/health, disability/ability? What are the goals that drive us in our work? Who establishes these? How do we understand the therapeutic relationship? In what ways do our understandings or philosophy of therapy reflect our understandings of ourselves, and of those with whom we work, in ways that are complicit with dominant narratives which privilege certain groups and perspectives over others? In what ways does our form of creative arts therapy function as a means to social conformity?

Politics of our art forms

We need to become more aware of the politics of our respective art forms? In what ways do we, and the departments in which we trained, privilege the music, art, dance/movement, drama/psychodrama, poetry of certain cultures? How are power relations communicated in these art forms? How does our art form reinforce or destabilize gender politics, sexual politics, racial politics, and ability politics? How does the art form we use speak to social class? What aspects of our art form are not taught at the university level? How does that play into cultural capital? (Procter, 2004) How do we contribute to the colonization and Westernization of various art forms? How does our use of our art form in therapy empower or disempower various groups? For example, in music therapy, how do we privilege classical music training in our selection process for degree programs, in our skill set as music therapists, etc.? In what ways is this complicit with dominant narratives about Western classical music? Why do we not teach more about rap music, for example? (Yancy and Hadley, 2011)

Politics of research

Historically, randomized controlled trials have been "commonly accepted as the gold standard research design for evaluating the efficacy of healthcare interventions" (Bradt, 2012, p. 120). However, a more liberatory approach to research is found in participatory action research (PAR). This kind of research "not only involves active lay participation in the research process, it also involves shared ownership of the research. . . . [and] it is aimed at solving problems as they are experienced by a group or community" (Stige, 2002, p. 277). Furthermore, PAR is "linked to concerns about social justice and change" (Stige, 2005, p. 404). Another research methodology that could be more widely used in the creative arts therapies is critical ethnography, which aims to reveal ideology, and to examine the historical, cultural, and social frameworks of the research participants (Madison, 2005). A further aim is to disrupt power relationships and social inequities. In addition, feminist research broadly construed is founded on the principles of critical theory, being both critical and emancipatory (Sarantoakos, 2005, p. 54).

So, we need to ask ourselves, in what ways do our approaches to research reinforce dominant narratives? How do we judge this? And, in what ways do the topics of our research contribute to empowering narratives, ones that challenge and decenter dominant narratives? Also, who gets the intellectual capital for the dissemination of the research?

Politics of education

It is really important in the creative arts therapies that we explore ways to ensure that our curriculum is inclusive of non-dominant narratives. We need to explore ways to make our teaching practices more emancipatory, liberatory, or disruptive of the status quo and reduce ways in which they reinforce oppressive practices. This exploration must include an examination of the pedagogical styles we adopt.

In music therapy, for example, Ahessy (2011) has noted a significant lack of attention to issues regarding sexuality in the music therapy curriculum. In my experience, even less attention is given to the question of whiteness and white privilege in therapy classes.

Author's personal copy

And while everyone talks about disabilities, it is generally from a medical standpoint of pathology and not as a cultural and political marker as it is described and defined by disability studies theorists. Recently, some scholars have explored a critical feminist pedagogical approach in the creative arts therapies (Hadley, 2006b; Hahna, 2011, 2013).

The need for vigilance

Once we begin to notice these invisible systems that parade as normal and neutral, we need to be vigilant and ever mindful of their presence all around us. We need to provide alternative narratives that will minimize or even eradicate the damage that these oppressive dominant narratives do for people who are not in the advantaged groups, we need to establish anti-oppressive practices in the creative arts therapies (Baines, 2013) which strive for greater social justice (Curtis, 2012; Landers, 2012; Slayton, 2012; Vaillancourt, 2012; Wittig and Davis, 2012). However, it is important to note that these dominant narratives have a way of rebuilding themselves constantly even when being dismantled. Thus, working against dominant narratives is a never ending process, much like cleaning a house. It is something that we need to work at daily because if we let things go for a while and do not pay attention to them, they become much larger and require much more work to clean up. There is no point of arrival per se. But we must continue to work at it. Some people will argue that it seems pointless to try if we never get there. The same can be said for cleaning, but we have to do it if we do not want to live in the funk. One way to do it is to help others become aware of all that has been invisible and paraded as normal. Another way is to truly honor the experiences of those who are not in the advantaged groups. And when these experiences are shared with us, we need to believe them, to bear witness to them, and to be moved by them. As therapists we are not dealing with just one part of a person's identity, but the entirety of their "subject-in-process" or their "community-in-the-making." And they are dealing with all aspects of ours. This is precisely why we need to be ever vigilant.

References

Adorno, T. W. (1973). *Negative dialectics*. New York: Seabury Press.

Ahessy, B. T. (2011). Lesbian, gay, and bisexual issues in music therapy training and education: The love that dares not sing its name. *Canadian Journal of Music Therapy*, *17*(1), 11–33.

Ahmed, S. (2006). *Queer phenomenology: Orientations, objects others*. Durham, NC: Duke University Press.

Allegranti, B. (2009). Embodied performances of sexuality and gender: A feminist approach to dance movement psychotherapy and performance practice. *Body, Movement and Dance in Psychotherapy*, *4*(1), 1731.

American Music Therapy Association. (2009). *Professional competencies*. Retrieved from http://www.musictherapy.org/about/competencies/

American Music Therapy Association. (2008). *Code of ethics*. Retrieved from http://www.musictherapy.org/about/ethics/

Ansdell, G. (2003). The stories we tell: Some meta-theoretical reflections on music therapy. *Nordic Journal of Music Therapy*, *12*(2), 152–159.

Applebaum, B. (2010). *Being white, being good: White complicity, white moral responsibility and social justice pedagogy*. Lanham, MD: Lexington.

Asche, A. (2004). Critical race theory, feminism and disability: Reflections on social justice and personal identity. In B. G. Smith, & B. Hutchison (Eds.), *Gendering disability*. New Brunswick, NJ: Rutgers University Press.

Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy*, *40*, 1–5.

Beasley, C. (1999). *What is feminism: An introduction to feminist theory*. London: SAGE.

Benjamin, W. (1936/1968). The work of art in the age of mechanical reproduction. In H. Arendt (Ed.), *Illuminations*. London: Fontana.

Brookfield, S. D. (2005). *The power of critical theory: Liberating adult learning and teaching*. San Francisco, CA: Jossey-Bass.

Bradt, J. (2012). Randomized controlled trials in music therapy: Guidelines for design and implementation. *Journal of Music Therapy*, *49*(2), 120–149.

Bruscia, K. E. (1998). *Defining music therapy* (2nd ed., pp.). Gilsum, NH: Barcelona Publishers.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

Colligan, S. (2004). Why the intersexed shouldn't be fixed: Insights from queer theory and disability studies. In B. G. Smith, & B. Hutchison (Eds.), *Gendering disability*. New Brunswick, NJ: Rutgers University Press.

Curtis, S. L. (2000). Singing subversion, singing soul: Women's voices in feminist music therapy. (Doctoral dissertation Concordia University, 1997). *Dissertation Abstracts International*, *60*(12-A), 4240.

Curtis, S. L. (2012). Music therapy and social justice: A personal journey. *The Arts in Psychotherapy*, *39*, 209–213.

Delgado, R., & Stefancic, J. (2001). *Critical race theory: An introduction*. New York: New York University Press.

Edwards, J. (2002). Re: Debating the winds of change in community music therapy. *Voices: A World Forum for Music Therapy*,. Retrieved from http://www.voices.no/?q=content/re-debating-winds-change-community-music-therapy

Edwards, J. (2006). A reflection on the role of informants from feminist theory in the field of music therapy. In Susan Hadley (Ed.), *Feminist perspectives in music therapy* (pp. 367–388). Gilsum, NH: Barcelona Publishers.

Edwards, J., & Hadley, S. (2007). Expanding music therapy practice: Incorporating the feminist frame. *The Arts in Psychotherapy*, *34*, 199–207.

Foucault, M. (1979). *The history of sexuality, Volume 1: An introduction* (R. Hurley, Trans.). London: Allen Lane [1976].

Forinash, M. (2004). Music therapy and politics—Do they mix? *Voices: A World Forum for Music Therapy*,. Retrieved from http://testvoices.uib.no/?q=fortnightly-columns/2004-music-therapy-and-politics-do-they-mix

Fromm, E. (1941). *Escape from freedom*. New York: Holt, Rinehart and Winston.

Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.

Habermas, J. (1968/1971). *Knowledge and human interests*. Boston: Beacon Press.

Hadley, S. (2013). *Experiencing race as a music therapist: Personal narratives*. Gilsum, NH: Barcelona Publishers.

Hadley, S. (2006a). Embracing feminism: An overview. In Susan Hadley (Ed.), *Feminist perspectives in music therapy* (pp. 393–413). Gilsum, NH: Barcelona Publishers.

Hadley, S. (2006b). Developing a feminist pedagogical approach in music therapy. In Susan Hadley (Ed.), *Feminist perspectives in music therapy* (pp. 393–413). Gilsum, NH: Barcelona Publishers.

Hadley, S., & Edwards, J. (2004). Sorry for the silence: A contribution from feminist theory to the discourse(s) within music therapy. *Voices: A World Forum for Music Therapy*,. Retrieved from http://www.voices.no/mainissues/mi40003000152.html

Hadley, S., & Neil, M. (2012). Issues of power and privilege in song lyrics: Implications for music therapy. In *Presented with Megan Neil. Mid-Atlantic Region American Music Therapy Association Conference, March* Baltimore, MD.

Hahna, N. (2013). Towards an emancipatory practice: Incorporating feminist pedagogy in the creative arts therapies. *The Arts in Psychotherapy* (Special Issue on Gender, Health and the Creative Arts), http://dx.doi.org/10.1016/j.aip.2013.05.002

Hahna, N. (2011). Conversations from the classroom: Reflections on feminist music therapy pedagogy in teaching music therapy. *Dissertation Abstracts International: Section A. Humanities and Social Sciences*, *72*(07), 0413.

Harding, S. (1991). *Whose science? Whose knowledge?* Ithaca, NY: Cornell University Press.

Hogan, S. (1997). *Feminist approaches to art therapy*. New York: Routledge.

Horkheimer, M. (1937/1976). Traditional and critical theory. In P. Connerton (Ed.), *Critical sociology: Selected readings*. Harmondsworth: Penguin.

Horkheimer, M. (1982). *Critical theory*. New York: Seabury Press.

Horkheimer, M., & Adorno, T. W. (1972). *Dialectic of enlightenment*. New York: Seabury Press.

Hua, A. (2003). Critical race feminism: In pedagogy and practice. In *Canadian Critical Race Conference University of British Columbia* Vancouver, Canada, May 2–3,

Jenson, R. (2011). Whiteness. In S. M. Caliendo, & C. D. McIlwain (Eds.), *The Routledge companion to race and ethnicity*. New York: Routledge.

Landers, F. (2012). Urban play: Imaginatively responsible behavior as an alternative to neoliberalism. *The Arts in Psychotherapy*, *39*, 201–205.

Lee, M. W., Hunter, M., Goss, R., Bock, R. C., Stir-Fry Productions, & Stir Fry Seminars & Consulting. (2000). *The color of fear: A film*. Oakland, CA: Stir-Fry Seminars & Consulting.

Liebman, M. (1999). Being white: Engaging with a changing world. In J. Campbell, M. Liebmann, F. Brooks, J. Jones, & C. Ward (Eds.), *Art therapy, race and culture* (pp. 256–273). London, UK: Jessica Kingsley Press.

Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York: New York University Press.

Madison, S. D. (2005). *Critical ethnography: Method, ethics, and performance*. Thousand Oaks: Sage Publications.

Marcuse, H. (1937). Philosophie und kritische theorie. *Zeitschrift für Sozialforschung*, *I*, 3.

Marcuse, H. (1969). *Negations*. Boston: Beacon Press.

Mayor, C. (2012). Playing with race: A theoretical framework and approach for creative arts therapies. *The Arts in Psychotherapy*, *39*, 214–219. http://dx.doi.org/10.1016/j.aip.2011.12.008

McIntosh, P. (1997). White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies. In Richard Delgado, & Jean Stefancic (Eds.), *Critical white studies: Looking behind the mirror* (pp. 291–299). Philadelphia, PA: Temple University Press.

Miyake, H. (2008). Rethinking music therapy from the perspective of bio-politics. *Voices: A World Forum for Music Therapy*, *8*(3). Retrieved from https://normt.uib.no/index.php/voices/article/viewArticle/413/337

Author's personal copy

Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide, South Australia: Dulwich Centre Publications.
Myers, V. (2007). *Understanding unearned advantage*. Retrieved from http://www.vernamyersconsulting.com/Articles/Understanding%20Unearned%20Advantage%20by%20Verna%20Myers.pdf
Nichols, M. P., & Schwartz, R. C. (1995). *Family therapy: Concepts and methods* (third ed., pp.). Needham Heights, MA: Allyn and Bacon.
Oosthuizen, H. (2009). Some thoughts on being a white music therapist. *Voices: A World Forum for Music Therapy*. Retrieved from http://testvoices.uib.no/?q=coloosthuizen021109
Pelton-Sweet, L. M., & Sherry, A. (2008). Coming out through art: A review of art therapy with LGBT clients. *Art Therapy: Journal of the American Art Therapy Association*, *25*(4), 170–176.
Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany, NY: SUNY.
Procter, S. (2004). Playing politics: Community music therapy and the therapeutic redistribution of music capital for mental health. In M. Pavlicevic, & G. Ansdell (Eds.), *Community music therapy* (pp. 214–232). London: Jessica Kingsley Publishers.
Reed, K. R. (2004). *Claiming whiteness: A heuristic study of a white art therapist in relationship with Black and Latino adolescents*. Chicago, IL: School of the Art Institute of Chicago.
Rich, A. (1995). *On lies, secrets and silence: Selected prose 1966–1978*. New York: W.W. Norton & Company (reissue edition).
Rickson, D. (2010). More thoughts about identity. *Voices: A World Forum for Music Therapy*,. Retrieved from http://testvoices.uib.no/?q=colrickson080210
Rolvsjord, R. (2010). *Resource-oriented music therapy in mental health care*. Gilsum, NH: Barcelona Publishers.
Sajnani, N. (2012). Response/ability: Imagining a critical race feminist paradigm for the creative arts therapies. *The Arts in Psychotherapy*, *39*, 186–191.
Sarantoakos, S. (2005). *Social research* (third ed., pp.). NY: Palgrave MacMillan.
Slayton, S. C. (2012). Building community as social action: An art therapy group with adolescent males. *The Arts in Psychotherapy*, *39*, 179–185.
Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona Publishers.
Stige, B. (2005). Participatory action research. In B. Wheeler (Ed.), *Music therapy research*. Gilsum, NH: Barcelona Publishers.
Tatum, B. D. (2003). *Why are all the Black kids sitting together in the cafeteria? And other conversations about race*. New York: Basic Books.
Vaillancourt, G. (2012). Music therapy: A community approach to social justice. *The Arts in Psychotherapy*, *39*, 173–178.
Wever, C. (n.d.) A narrative perspective. Retrieved from http://www.thenarrativecentre.com.au/page5.htm
Wheelan, S. A., Pepitone, E. A., & Apt, V. (1990). *Advances in field theory*. London: SAGE.
White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: WW Norton.
Whitehead-Pleaux, A., Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash, M., et al. (2012). Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy. *Music Therapy Perspectives*, *30*(2), 158–166.
Wittig, J., & Davis, J. (2012). Circles outside the circle: Expanding the group frame through dance/movement therapy and art therapy. *The Arts in Psychotherapy*, *39*, 168–172.
Yancy, G., & Hadley, S. (2011). Give 'em just one mic: The therapeutic agency of rap and hip-hop. In S. Hadley, & G. Yancy (Eds.), *Therapeutic uses of rap and hip hop*. New York: Routledge.
Yancy, G. (2012). *Look a White! Philosophical essays on whiteness*. Philadelphia, PA: Temple University Press.