

Recognizing and Navigating Dynamics of Power in the Therapeutic Relationship:  
Music Therapists' Perspectives

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Thesis Submitted to  
Slippery Rock University, Pennsylvania  
in Partial Fulfillment of the Requirements for  
the Degree of Master of Music Therapy

2024

## Approval of Thesis

### Recognizing and Navigating Dynamics of Power in the Therapeutic Relationship: Music Therapist's Perspectives

This Thesis by Emily O'Sullivan has been approved by the committee members below, who recommend it be accepted by the faculty of Slippery Rock University in partial fulfillment of requirements for the degree of

#### Master of Music Therapy Endorsement in Mental Health Counseling

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## Abstract

This critical thematic analysis study aims to explore how music therapists identify and navigate the complex dynamics of power in therapeutic relationships. Current literature illustrates how various theoretical lens' view and address power structures in therapy, pointing to a multifaceted understanding of power in therapy. Participants (n=6) were selected purposively to represent music therapists who had access to varying degrees of power in the therapeutic context as a result of their identity markers. They each completed a 45-60 minute interview that included questions related to sociocultural identity, understanding of power, dynamics of power in music therapy, how they navigate power dynamics, and reflexive practice. The interviews were coded and analyzed, then grouped into themes. Six themes and 36 sub themes emerged in the data: dynamics of power (inherent, multifaceted, intersectional and contextual, reciprocal, relational, omnipresent, systemic, privilege, access), associations with power (negative, neutral, positive), therapist responsibilities (safety of client, supervision and accountability, reflexivity, acuity, humility, curiosity, supportive, music as container, honesty), external expectations (therapist as expert, parent and guardian expectations, pressure to comply, loss of power, idealization of therapist), missed opportunities (advocacy, connection, humanizing therapist), and strategies of navigating power (challenging ideology, contesting hegemony, unmasking power, overcoming alienation, learning liberation, reclaiming epistemic agency, practicing democracy). From the findings, it is evident that music therapists may hold largely negative perceptions of power and could benefit from a more nuanced understanding as they address power imbalances in therapeutic contexts.

## Acknowledgements

This study was not completed in a vacuum and would not have been possible without the support of some many wonderful and supporting people in my life. My immense gratitude for each of them knows no bounds.

To Dr. Sue Hadley: thank you for your unending guidance, support, challenges, and encouragement. You have helped me navigate through numerous professional and identity crises over the past five years. Your knowledge and genuine care for your students have been invaluable, and I would not be the ever growing therapist I am today without your wisdom.

To my peers and professors for holding me accountable for my words and actions and supporting our collective growth. It has been a pleasure to learn alongside and explore the many complex facets of music therapy with you all.

To my readers, Dr. Cindy LaCom and Vern Miller, and the participants in the study. Thank you for your time and willingness to engage with me in this research. Your input and ideas have helped me grow and bring this study to life.

To my dear friends and family for your understanding when I have had to cancel to write papers or read articles, your generosity with your time to meet me at odd hours to co-work so I could focus, and your constant encouragement when I felt overwhelmed and tired. I would not have made it through the stressful finals weeks without you all.

To my partner, Michael, for your infinite love and patience through late night working sessions and cranky mornings when my to do list was longer than I felt I could manage. Your belief in me means more than you know. Thank you for bringing me tea, giving the very best hugs, and making sure I ate and slept enough throughout this journey!

From the bottom of my heart, thank you all.

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## Introduction

Since beginning my journey as a music therapist, the aspect of the work that I have connected with most has been the relationship that develops between therapist and client. Each interaction is unique to the individuals involved and the circumstances at play, making every therapeutic relationship significant to those involved. Once I began the master's program at Slippery Rock University, I viewed the elements of each relationship more critically and became increasingly aware of how I was impacting the interactions between myself and the client, as well as how the clients were contributing to the relationship. The element that continually emerged in my exploration of the relational aspect of therapy was power—how it impacted interactions, goal setting, rapport building, and music making.

I have spent five years working as a music therapist in a school setting and approximately two years working with clients through my own private practice. In the school setting, I observed how power dynamics between therapist and client, as well as teacher and student, impacted the relationship and the student's progress in a multitude of ways. I was particularly interested in power imbalances in the therapeutic relationship. As a therapist, there is an inherent element of power and authority as the "expert," compounded by the age difference between staff and students. Additionally, I observed how my relationships with clients would shift when considering factors such as gender, race, and ability status. At times, the intersection of sociocultural identities of therapist and client could enhance the therapeutic process by providing a container for students to seek support, but at other times, they could create barriers to effective therapy. In the private practice setting, additional influences such as the client's choice to pursue services and the financial considerations that come along with that decision also impacted the therapeutic relationship. What I witnessed and experienced in both work contexts encouraged me

to explore ways that power imbalances were identified and addressed in different therapeutic relationships.

Another motivating factor for engaging in this research was my own experiences of power with peers and colleagues in professional settings. As a white, cis-gender, non-disabled woman, I have access to unearned privilege in many environments. While in classes I was “called in” by classmates and professors due to the ignorance my privilege allowed me to live with. Becoming more aware of my unearned privilege and the ways I do or do not have access to power in everyday situations, such as the classroom or social interactions, and the time spent in self reflection, increased my curiosity about the impact of this power in different therapeutic settings and relationships. My hope is that throughout the process of this thesis I am able to continue the work of acknowledging power in both personal and professional settings and being reflexive regarding the ways I do or do not utilize that access to power, as well as how I engage with power in ways that oppress or support others or that disrupt oppressive systems.

In addition to my interest in the interaction of power dynamics and therapeutic relationships, I wanted to explore the unique concept of power dynamics in the context of music therapy. By exploring this concept, I aim to investigate the specific ways that engaging in music can impact the therapeutic relationship. Utilizing music in a therapeutic context or as a therapeutic medium can empower clients to express themselves in ways they cannot or do not in other settings. However, it is also important to acknowledge that the music therapist is often the one who holds control over the musical elements incorporated into sessions, therefore potentially amplifying existing power imbalances.

## Literature Review

### **Power in Therapy**



The concept of power is perceived differently depending on one's theoretical lens. For the purpose of this study and the intersectional nature of the work, I reviewed literature from Feminist Theory, Disability Studies, Critical Theories of Race, and Queer Theory. A common factor in each approach to therapeutic work is the idea that power dynamics will arise in all therapeutic relationships in some form. There are additional theories that address power and therapeutic relationships, but for the scope of this project, only four were chosen. This review will briefly explore how the concept of "power" and "power dynamics" are considered through different theoretical frameworks, focusing on elements of identity that impact the power imbalances within the working alliance between client and therapist. The research reviewed was limited to the past twenty years to include the most up to date information.

### **Feminist Theory**

Feminist work can be an approach, a perspective framework and a theoretical orientation when considered within the field of music therapy (Bodry & Schwantes, 2021). According to Sandra Curtis, feminist theory purports that all interpersonal relationships should strive to be egalitarian, which includes therapeutic relationships (Curtis, 2012; Curtis, 2015). The consideration and critique of traditional power structures in therapy is crucial in order to move toward an egalitarian relationship in the therapy setting. One way to address this is to hold the client's perspective as truth and honor their lived experiences (Bodry & Schwantes, 2021; Schwantes, 2009). Most of the music therapy literature about power and feminist theory does not include research studies but instead focuses on providing information about the theory and its relevance to music therapy through book chapters, literature reviews, and peer reviewed articles. These resources highlight the use of feminist theory in the field to address power differentials in

order to support emancipatory practice, egalitarian relationships, and reflection on music therapist positionality (Curtis, 2015; Hadley & Edwards, 2004; Hadley, 2006; Hanha, 2013).

### **Disability Studies**

Disability studies scholars describe disability as a social construct. Individuals may have impairments, but they are disabled by conditions such as their environment and society. Within disability studies there is a focus on shifting away from a medical model view of disability to a social model. Gross (2023) argues for a “postmodern music therapy” that moves away from the medical model in a way that is proactively focused on differentials of power. He suggests that the client is not the only entity that benefits from a therapeutic relationship and as a result, therapists should strive for equal partnerships in the therapeutic process, similar to views expressed in feminist therapy. There are in fact many overlaps between feminist theory and disability studies with both focusing on analyzing dynamics of power, reflexivity, egalitarian relationships, collaboration, and understanding of the personal as political (Cameron, 2014; Gross, 2023; Low et al., 2022). Bringing a disability studies lens to music therapy is both necessary and important. Incorporating this theoretical lens both challenges and supports the work as a whole and helps to push clinicians to take a closer look at the ways in which they may be disabling clients through imbalances of power in the therapeutic relationship, how they recognize and work through internalized ableism, and how they manage power dynamics within the therapy process (Metell, 2014; Rolvsjord, 2014; Rolvsjord, 2006; Shaw, 2022).

When considering language and communication, some authors have explored how power shifts when working with speaking vs non-speaking individuals and posited ways of adapting therapist approaches to understanding of the expression of “no” by nonspeaking individuals and building stronger therapeutic alliance in order to empower clients (Hadjineophytou, 2022;

Rafieyan, 2022). In addition others have researched the impact of including clients in the therapeutic process in order to engage in effective communication and build mutual understanding between therapist and client (Hadjineophytou, 2022; Cook & Monk, 2020; Lin, et al., 2023; McIvor, 2023; Medlicott, et al., 2022).

### **Critical Theories of Race/Anti-Oppressive Practice**

The literature regarding critical theories of race and the field of music therapy has shown that the systemic and institutional influences of power are present in all music therapy relationships. Baines (2013) wrote about how music therapy and mental health are impacted and sometimes embedded in the profit model of patriarchal, racialized, homophobic, and colonial capitalist systems. Norris (2020) encourages music therapists to find ways to resist the “hetero-patriarchal imbalance of power in societies” in order to support clients of color in their ability to empower. It is important that music therapists acknowledge this element of therapeutic relationships. Critical theories of race provide frameworks for therapists to examine how race, power, and privilege intersect in music and how these systems appear in their therapeutic relationships or interactions with clients.

Race and ethnicity are both important parts of identity that come into play when exploring and shaping power dynamics in therapy. Mayor (2012) and Okun et al. (2017) discuss the importance of considering race and ethnicity in therapeutic relationships, highlighting how working toward cultural competence can mitigate power imbalances and support a more equitable therapeutic environment. Part of this process requires naming the power differential due to sociocultural location and race in the therapeutic relationship. Specifically, the analysis of the therapeutic relationship requires unpacking how whiteness and Eurocentric cultural values

impact the field and practice (Chang et al., 2023; Norris, 2020; Thomas & Norris, 2021) in addition to naming the position of power.

Although they specifically discuss navigating topics of race and racism in supervision, Imeri & Jones' (2022) research identifies themes that may arise in the therapeutic relationship as well with clients. They identified themes of vulnerability, power differentials, patterns of acknowledgement with lack of action, and exasperation that Black music therapy students experience in supervision. These themes are likely mirrored in therapeutic relationships as well, highlighting the importance of recognizing and addressing racial dynamics in all therapy-related relationships.

### **Queer Theory**

Queer theory challenges normative assumptions about sexuality and gender that are socially and culturally constructed by dominant narratives. Similar to feminist theory, the approach addresses power imbalances and oppression based on sexuality or gender identity. According to queer theory, power relations are everywhere, whether they are named and perceived or not (Bain et al., 2016). Biedka (2022) notes that music therapy relationships are contextual frameworks where music therapist and client identities, values, attitudes, and beliefs meet and interact. They further express that within these contexts, therapists are an active part of the therapeutic relationship and “can either stabilize or destabilize systems of power” (Biedka, 2022).

As stated by Biedka (2022), if music therapists do not acknowledge marginalized gender identities and sexual orientations, they are in fact participating and perpetuating the systems of oppression in therapeutic relationships. By avoiding the naming of the power imbalance, therapists may reinforce inappropriate dynamics, participate in microaggressions, or could react

instead of responding to countertransference if it arises. Queer theory as an interdisciplinary field seeks to destabilize rigid and normative categories of sexuality and challenges the concept of normal and fixed identities (Bain et al., 2016; Scrine, 2016). The education structure of music education and music therapy has been criticized by Scrine (2016) through the lens of queer theory, noting that the traditional pedagogical approach has been identified as upholding dominant or oppressive narratives. As a result, the practice of music therapy and music therapy relationships are directly influenced. Researchers suggest a focus on empowerment over “fixing” in order to combat dominant cisnormative or heteronormative ideas of identity (Bain et al., 2016; Hadley, 2013; Scrine, 2016).

One additional aspect of identity to consider in power dynamics is gender identity and expression. Bain et al. (2016) and Biedka (2022) identify how social and systemic influences often alienate individuals in the queer community. They explore how therapists can create more inclusive environments for clients with marginalized gender identities and sexual orientations by acknowledging similar or different identities, challenging heteronormative and cisnormative assumptions, and noting the part that oppressive systems play in the therapeutic relationship (Scrine, 2016).

### **Identity and Intersectionality**

Power imbalances in interpersonal relationships are typically based on the sociocultural locations of each individual and how those elements interact. When considering sociocultural implications in relationships, it is important to include the work of Kimberlé Crenshaw and her concept of intersectionality. She developed the notion of intersectionality to address the unique experiences of Black women who held multiple marginalized identities and the various ways those identities interacted with one another (Crenshaw, 1989). Not only does each individual

identity marker affect the negotiation of power in the therapeutic relationship, but also the ways that multiple sociocultural identities interact with each other. The notion of intersectionality is important to consider in this research as I am looking at how the many different aspects of an individual's identity can affect the power dynamics between therapist and client. Those facets of self include age, race, class, gender identity and expression, health, ability status, sexual identity, income, and geographic location (Baines, 2013).

The concept of intersectionality is also relevant in music therapy, where the therapeutic relationship can be significantly impacted by the multiple layers of sociocultural identities. Baines (2013) discusses how music therapists need to be aware of their own identities, as well as the sociocultural locations that clients bring into the therapy space. The identities of both parties influence the power negotiations and dynamics throughout the process of therapy. Cook & Monk (2020) also highlight the need to recognize and be responsive to power differentials to invite clients in, paying close attention to the client's boundaries in the relationship. This helps to effectively navigate complexities of identity in therapy.

There is also literature about age and the impact on power differentials. Several articles addressed the particular power imbalance when adult therapists are working with children or adolescents. It is important for therapists to acknowledge the imbalance and explore those dynamics openly, as it is natural for children to use the therapy setting to test them during these developmental phases (Cook & Monk, 2020; Klyve, 2019). When working with children or disabled clients, Rickard, Hevey, and Wilson (2021) emphasized the need to reflect on the physical space and proximity during sessions to address power imbalances, although this consideration can apply to any person with whom a therapist is working. They suggest stepping

back, practicing power sharing, and empowering clients to take the lead in how they prefer the physical set up of space and bodies.

### **Music and Power**

The unique aspect of music therapy that can impact power dynamics is simply the use of music. The therapeutic use of music can either reinforce or challenge existing power structures, depending on the approach taken by the therapist (Scrine, 2016; Parsons, 2022; Biedka, 2022). Depending on the type of music, how the session is structured, the artists presented, and the engagement in music suggested, power can move between the therapist or client(s) and can be inclusive of multiple identities or exclude representation of some identities.

In an article by Bain, Grzanka, and Crowe (2016), music therapists reported not considering gender neutral music or language in choices for sessions. As a result, music therapists can unintentionally reinforce heteronormative or cisnormative narratives. Music therapists hold an incredible amount of power if they are selecting the music for therapeutic use, and the music that is chosen can reinforce or destabilize gender stereotypes (Bodry & Schwantes, 2021). Metell (2014) also discusses how making music with clients can be a political and powerful act in the way therapists approach musicking as well as through the language or discourse used. There are opportunities within music therapy to explore personal and vulnerable topics related to identity politics that may not arise in other therapeutic settings.

In one research paper, study participants who engaged in music therapy as clients, spoke about how music is presented in therapy sessions and how it can be perceived. Some viewed the therapist's music skills as overwhelming and identified negative experiences of power imbalance, feeling the need to meet a certain musical skill expectation (McIvor, 2023). It is clear that the

selection of music, how it is presented, the lyrics in songs, and who selects the pieces are all important factors to consider when it comes to music and power.

### **Identified Strategies**

In the process of reviewing current literature, it became clear that awareness of power dynamics within therapeutic relationships has been a long discussed topic in the field of music therapy. Much of the research highlights the need for music therapists to gain awareness of their power and how it can potentially influence the therapeutic process and relationship (Rolvsjord, 2006; Biedka, 2022; Curtis, 2015; Hadley, 2013). This is noted across multiple theoretical approaches, not just a single one, although the approach may be slightly different in each.

Music therapists who work through a feminist lens advocate for considering personal bias and inherited structural power to emphasize an egalitarian relationship in therapy (Bodry & Schwantes, 2021; Curtis, 2012; Hadley & Edwards, 2004; Hahna, 2013). Those using a disability framework focus on addressing societal influence on power through disclosure and challenging ableist narratives, as well as including client voices in the therapeutic process (Cameron, 2014; Gross, 2023; Klyve, 2019; LaCom & Reed, 2014; Metell, 2014; Rolvsjord, 2014; Shaw, 2022). Therapists who focus on critical theories of race highlight the need to name power given due to sociocultural identity and reflecting on one's own power and privilege in order to support client empowerment (Baines, 2013; Mayor, 2012; O'Connor, 2022; Norris, 2020; Rizkallah, 2022; Rafieyan, 2022; Rolvsjord, 2006; Thomas & Norris, 2021). Those who practice through the lens of queer theory challenge the idea of normative or fixed binary identities and acknowledge the ways they perpetuate patriarchal systems of oppression (Bain et al., 2016; Biedka, 2022; Hadley, 2013; Scrine, 2016).



The literature also explores the importance of anti-oppressive practice regarding the repair of ruptures in therapeutic relationships due to power dynamics or other factors. Chang et al. (2023), suggest that this approach is vital in restoring the relationship and addressing underlying power issues that may emerge in therapy. Researchers identified the need for transparency for building trust in the therapeutic rapport and addressing systemic racial oppression in therapy. There are myriad articles and studies that review how elements of identity impact interpersonal experiences in therapy and the development of rapport. There is even more content that explores how different theoretical perspectives suggest addressing them, but very little literature seems to exist that investigates specific ways that music therapists actually navigate the threads of power when working alongside clients.

While there are many publications that address the concept of power through various theoretical lenses and ways in which power dynamics may present in therapeutic relationships, very few explicitly state how therapists navigate those imbalances in the moment or later during self-reflection. Through this research, I hope to begin to bridge that gap. Thus, the purpose of this research is to investigate the experiences of music therapists regarding power dynamics in therapeutic relationships and to examine how they navigate these dynamics with clients in the moment and as a reflective practice. For the duration of this research, power dynamics will be broadly defined as the structures and sociocultural influences impacting the balance of control between individuals engaged in therapeutic relationships and interactions.

## Method

**Research Design.** This study adopts a subjectivist perspective, which asserts that reality is socially constructed and shaped by cultural influences of individual experiences. This approach does not claim to find objective truths in the study, but instead explores insights and experiences

of individual participants related to power. The research is a critical thematic analysis of how power dynamics show up in therapeutic relationships, the experiences of music therapists in those circumstances, and how participants navigate those dynamics in therapy. The use of a critical theory lens allows the researcher to explore the intersectional elements of identity that come into play when considering power differentials in therapeutic relationships. Taking a critically oriented subjectivist research approach also allows the discussions to challenge how therapists view power relations and the concept of objectivity (Matney, 2019).

**Situating Researcher.** As a white, cis-gender, queer, thin, middle-class, and non-disabled woman, I approach this research process with an understanding and acknowledgement of the many ways I have access to power in everyday situations, therapeutic relationships, and researcher-participant dynamics. Transparently, my identity impacted the questions I asked in the structured interviews and likely how I interacted with each participant, even subconsciously. This research came about based on my own journey of understanding the ways I have access to power in therapeutic relationships and in the world.

## **Research Methodology**

**Rationale for interviews and analysis.** The use of semi-structured interviews and critical thematic analysis for this research was important to gain a deeper understanding of power dynamics in therapy. Semi-structured interviews were used to maintain consistency with each participant, asking the same questions each time, and made data collection and comparison as effective as possible. It also allowed the researcher to ask follow up questions to gain greater clarity when necessary. Having a set structure to the interviews also reduced interviewer bias and enhanced validity of the information gathered. Reviewing data using a critical thematic analysis helped to uncover salient themes in participant answers and explore how the themes relate to therapeutic relationships as well as social and cultural contexts.

**Recruitment procedures.** A written request for participation in the study was sent to a purposive sample of music therapists. Potential participants were asked to be part of the study based on their understanding of approaches that are related to critical theories, including but not limited to a disability studies focus, feminist theory, queer theory, and critical theories of race. It was also important for the participants to represent a diverse group of music therapists and to include people who hold multiple identities that provide them with varying levels of power in therapy spaces. Participants who expressed interest in participating were sent a digital consent form and coordinated with the co-researcher to schedule a 45-60 minute recorded interview. Due to the nature of the study and the limitations of the researchers, participants needed to:

- a.) be proficient in English,
- b.) have access to a computer and the Internet,
- c.) be a board certified music therapist,
- d.) have previously worked or currently work with clients.

### **Data Collection**

Once consent forms were signed and interviews were scheduled, some participants requested access to interview questions ahead of time to collect their thoughts. The open-ended questions (see Appendix) focused on themes related to power in therapy and included overarching topics of:

- 1.) Music Therapist Identity
- 2.) Understanding of Power
- 3.) Dynamics of Power in Music Therapy
- 4.) Navigating Power Dynamics
- 5.) Reflexive Practice

Each interview was recorded and transcribed then uploaded to Atlas.ti for coding purposes.

**Ethical Considerations.** This study was approved by Slippery Rock University's Institutional Review Board. Participants of this study were not deceived or misled and were made aware of the intent of the research throughout the process. Consent to take part in the study was voluntary and participants could choose to stop at any time. There were no anticipated risks or discomforts in taking part in the study, but there was a possibility of experiencing strong emotions related to power, power dynamics, and identity during the interview. All participants were trained music therapists with professional skills and resources to cope with emotional responses. It should also be noted that as a white cis-gender person conducting the interviews and study, I held varying degrees of power based on my race, ability status, and gender in relation to those of some of the participants. To maintain confidentiality, each participant personally selected or was given a pseudonym to be used throughout the research. Furthermore, I provided participant demographics in aggregate form.

### **Trustworthiness**

**Member checking.** Following analysis of interviews and identification of theme groups, the results were written as comprehensively as possible to encompass the most salient elements of what participants had shared. The findings section was sent to participants to review for accuracy and representation of the data collected from their interviews. If changes were requested, they were made and a final check for accuracy and additional feedback was completed.

**Prolonged engagement.** In order to reduce bias in the analysis and interpretation of the data, I read and reread each transcript multiple times, taking notes of my reactions, keeping an open attitude, and practicing self-reflection to recognize personal biases throughout the process.

**Reflexive journaling.** Throughout the process, I maintained a reflexive journal documenting personal thoughts, biases, and reflections.

**Peer debriefing.** Throughout the coding and analysis process, I consulted with my research advisor, to review my interpretations and findings in order to minimize researcher bias.

### **Data Analysis and Interpretation**

Following completion of the interviews and transcriptions, I read each of the interviews once to familiarize myself with the responses of each participant. After reading the interviews a second time, I took notes on what stood out to me as the researcher. I utilized reflexive journaling about the words, themes, or interviews that I felt drawn to and what that might mean for the interpretation of the data. Next, I uploaded transcribed interviews into Atlas.ti software and read through the six interviews a third time and identified codes. I used in-vivo coding to represent the participants' own words in the data as well as descriptive coding to summarize phrases or ideas presented by participants during the interviews. My research advisor and I reviewed the codes separately to group them into potential themes. Next we shared them with each other and noticed how similar our themes were. We spent time reviewing the codes that crossed over among our differing themes and code groups. Finally, we reworked the themes to be more expansive or focused and collaboratively created the six final themes.

### **Findings**

The purpose of this study was to explore ways power differentials present in therapeutic relationships and how music therapists navigate those dynamics in therapy. Six individuals (see Table 1) participated in a semi-structured interview with a total of 13 questions that were recorded, transcribed, and coded.

### **Participants**

There were six participants interviewed for this research study with a range of different sociocultural identity markers. They were selected in order to gather data and information from a diverse group of therapists. Some participants chose to omit elements of their identity for anonymity or gave more general information. Due to the relatively small number of music therapist identities outside of dominant groups and to maintain as much confidentiality as possible, the participant demographics are provided in aggregate form in Table 1. Pseudonyms will be used through this section for clarity of reading and continuity of participant thoughts across themes.

Table 1

*Participant Demographics*

<b>Race</b>	<b>Gender</b>	<b>Sexuality</b>	<b>Ability</b>	<b>Education</b>	<b>Years in the Field</b>
BIPOC (n=3) <i>Black, Indigenous, Lantix, &amp; Asian</i>	Gender queer (n=2)	Heterosexual (n=1)	Disabled (n=2)	Master's degree (n=2)	Less than 5 years (n=1)
White (n=3)	Cis woman (n=2)	Queer (n=3)	Non-disabled (n=4)	Doctoral candidate (n=2)	Between 5-10 years (n=3)
	Cis man (n=2)	Nondisclosed (n=2)		Doctorate (n=2)	Between 10-25 years (n=2)

Six themes and 36 subthemes emerged in the data. The six major themes were: 1) dynamics of power, 2) associations with power, 3) therapist responsibilities, 4) external expectations, 5) missed opportunities, and 6) strategies of navigating power. Participant responses depended on their own sociocultural identities and contexts, but the overarching

themes could be found in each interview. See Table 2 for a comprehensive list of themes and subthemes. In this section, I will explore each theme and subtheme that emerged throughout the research process and provide narrative input from participants through the inclusion of quotations.

Table 2

*Themes*

<i>Themes</i>	<i>Subthemes</i>	<i>Endorsements</i>
Dynamics of Power	Inherent Multifaceted Intersectional & Contextual Reciprocal Relational Omnipresent Systemic Privilege Access	6 6 5 3 3 3 6 5 6
Associations with Power	Negative Neutral Positive	5 4 3
Therapist Responsibilities	Safety of client Supervision & Accountability Reflexivity Acuity Humility Curiosity Supportive Music as container Honesty	5 6 5 4 4 6 3 5 2
External Expectations	Therapist as expert Parent/guardian expectations Pressure to comply Loss of power	6 2 3 2

	Idealization of therapist	4
Missed Opportunities	Advocacy	2
	Connection	3
	Humanizing therapist	4
Strategies of Navigating Power	Challenging ideology	3
	Contesting hegemony	4
	Unmasking power	6
	Overcoming alienation	3
	Learning liberation	3
	Honoring epistemic agency	5
	Practicing democracy	6

### **Dynamics of Power**

All six participants explored the idea of what power is and how it presents in the world, in the therapeutic relationship as well as a more generalized context. There were ten subthemes in this area including: inherent, multifaceted, contextual, reciprocal, intersectional, relational, omnipresent, systemic, privilege, and access.

***Inherent.*** All six participants discussed the nature of the therapeutic relationship and how there will always be a power imbalance due to each person's position. Wren noted, "There is power playing out in that structure, you know it's not a matter of, like, negating it or erasing it or undoing it, like, it is inherent to it." Bei spoke about the many ways that therapists can navigate that power differential, but stated that the dynamic would remain, saying, "The power still lies within, upon the therapist rather than the client, despite we're trying to equalize the power, we're trying to empower the client. But you're the one who's in charge of the relationship. So you have the ultimate power right now." Throughout the interviews, participants reiterated that there are power imbalances and shifts among all relationships influenced by many factors, making it an inherent part of moving through the world.

***Multifaceted.*** Another dynamic of power highlighted among all participant responses



was the idea that there were many layers of power and its impact. Several spoke to the different dimensions of power differentials that arise in therapeutic settings. Bei explained, “power dynamics comes into play there. Societal norms, culture, norms, political norms of the world, and where you are sociogeographically. Those all come into play with power. The therapist's own beliefs, sociocultural identity, identity, and all that gives someone power.” James stated, “power can be multidimensional,” referring to the idea that power is not a single, one-dimensional entity, there are many ways that it shows up in the therapeutic relationship and many factors that influence who holds power and why.

***Intersectional & Contextual***. The idea of power continued to present in interviews as being incredibly contextual and intersectional, dependent on the setting, the people involved, and the interaction of their identities. Sequoia said, “I am continually moving across a spectrum of both privilege and oppression, depending on how my identities interact with one another in different settings.” She highlighted the idea that depending on the situation, the power she has access to changes based on who and what is involved. Just as it is contextual, the power that a person has access to in varying relationships depends on the intersection of identities. Lucy said, “we will carry different aspects of power and different facets of our identities and in our relationships. And so it's always sort of like moving. It's malleable.” Five of the six participants referenced the idea that there is a contextual and intersectional element of power that is experienced differently by each person as a result of unique identities, cultural backgrounds, lived experiences, and their context at that point in time.

***Reciprocal***. Three participants spoke to the concept of power and benefits being reciprocal in the therapeutic relationship. They noted that while they were present to support a client, that did not mean they were not benefitting from the interaction in any way. James shared

about his experience with a client who enjoyed superhero stories and stated, “It was a lot of fun and it was very, um, it was a very equitable trade. This kid had a lot of input.” He noted that although the power dynamic may not have been completely equalized, both individuals found benefit in the relationship and interaction. It also supported the growth of the relationship that the therapist was invested in this circumstance and helped to build rapport and collaboration between client and therapist.

***Relational.*** Three participants identified that there is a relational aspect of power to consider. Tyler discussed their personal experience of identifying with clients and shared, “I’m often working with people who have a lot in common with me. Which has its pros and cons.” Later in the interview they explored the fact that identities can be similar or different, but they can still impact power dynamics in relationships. Having similar identities can foster a sense of connection which can help the therapeutic rapport but can also make it more difficult for the therapist to provide support if they are experiencing any transference or it can complicate the therapeutic relationship.

***Omnipresent.*** Half of the participants discussed the ways that power is omnipresent and shows up in different forms and in different relationships. Lucy spoke to the fact that power dynamics do not appear and then go away; in fact, “the power differentials are going to be shifting maybe at all times, or maybe they’re always going to be in a particular like stance.” She focused on the idea that power is in fact always affecting the interactions in therapy.

Later in the interview, the same participant spoke about the fact that power differentials also show up in other therapeutic settings such as supervision. “I find that supervision, it’s another one of those sort of power dynamics, but it’s one of the spaces that also is like generative for me. Not that my need is to like meet my needs when I’m in this space, but if we’re really

working collaboratively in supervision, right. And using, and I'm using myself in that sort of relational, egalitarian way. I get a lot from it too.” She identified that power imbalances can occur in many types of relationships related to therapy and can bring benefit to many different parts of the situation, including the person with more or less power.

**Systemic.** Another subtheme that arose was the acknowledgement of the systemic impact and influence of power. All six participants noted that power imbalances in therapeutic relationships can be a direct result of larger systemic or institutional influences and how therapists interact with that framework. Wren shared, “part of what's unique about the role as a therapist is like, that, that you're taking an intentional, like, stance of holding that space or of like I mean, even then, like, you're a player in the system.” James spoke to how financial considerations can impact how therapists approach therapy and said, “I find that the emphasis is always on, um, this highly medicalized sort of version of music therapy because that's what insurance will pay for.” There was also a positive view to therapists holding power within a larger system and Sequoia explored the thought that, “because I am paid by this agency. I'm protected by the agency. I have influence over what happens next to this person in terms of the care that they get,” insinuating they could work within the structure to advocate for clients due to their access to power.

**Privilege.** The concept of privilege was brought up by five of the participants and how privilege can give someone more or less access to power. Idea of privilege in the interviews included the idea of academic privilege, epistemic privilege of a therapist, and the privilege to ignore power dynamics. Bei identified that, “the privilege to go through music therapy training gives you power.” He acknowledged that access to education and professional training is a privilege that can impact power dynamics. As a result, therapists often have access to additional

power due to their training and may be deferred to for input instead of a client. Wren described this concept as, “assuming that someone in a therapist role knows what a person needs better than they know for themselves.” One more area of discussion that was mentioned related to privilege was about being in a position of power and not addressing the imbalance. Sequoia said, “I think it's also kind of diminishing...the like privilege that people have to like, ignore the institution and ... free themselves of it.” Privilege was an important concept to discuss related to power and how it can impact therapeutic relationships and how power is experienced.

*Access.* The concept of accessibility was a subtheme that was prevalent in all six interviews for this thesis. Participants spoke about access to mobility, resources, and music. Wren shared their point of view, “thinking of power in terms of like your access to movement, like your access to social, spiritual, like whatever, like mobility, you know what your, what your options like really actually are.” Tyler expounded on their thought, stating, “what someone does or doesn't have, or maybe even some combination of does and doesn't have access to, um, both, like, internal resources, like, I'm thinking, like, confidence, or, like, skills, or, like, in your person, and then external resource, like, money.” Sequoia spoke more specifically to the accessibility of music for clients in therapy. She expressed, “I think that connects to so many messages we have about who is allowed to make music right. And to me, the undercurrent of that is like you went to school for this, so you do it better than us.” Each participant's comments note how access to resources, or lack of resources, can impact and shape power dynamics. If clients do not feel they have the capacity or allowance to make music, this will directly affect the process of music therapy and the relationship built in that setting.

### **Associations with Power**

This theme arose due to the participant's perceptions and personal experiences of power. Their associations and connotations were influenced by their own sociocultural identities, experiences of power dynamics, and history as music therapists. Some participants noted they had difficulty viewing power as a positive force while others asserted that it should be seen as ambiguous and to be used for the benefit of clients. The participant's perceptions of power were separated into sub themes of negative, neutral, and positive.

*Negative.* Five participants had extremely potent and negative preconceptions of power that included ideas of control, violence, harm, oppression, force. Wren named that there is a “connotation for me between power and violence,” and that they were currently in the process of exploring how power could be considered a positive or neutral force. While reflecting on that journey, they shared a thought process that often occurs: “I think that there's a way that sometimes I can operate where it's like, okay, I'm in a position of power here and how do I mitigate that or lessen that or sort of like, you know, compensate for it or something like that, like, what are the considerations and then it's very easy to get wrapped up in like, ‘Oh, my God, I'm just always doing harm. What's good? What's bad? Like, am I ever good enough? Am I just like an agent of like, whatever violence?’” They even said they sometimes felt, “bamboozled into participating in structural violence and calling it help.”

Some participants did not specifically identify power as negative, but still noted resistance to viewing it as a positive force. Sequoia said, “I feel funny saying like, well, it can sometimes be good.” When asked if there are ways they find power dynamics to be a positive force in the therapeutic relationship, Tyler said, “Yeah, I do and I feel weird saying that, but I do.” It was clear that some participants experienced some inner conflict associating power as a positive force, even when it is being used to make positive change.

*Neutral.* Four participants also identified some level of a neutral view of power in therapeutic relationships, noting that it could be considered a tool, a skill set, or even knowledge to be used in different ways. James described power as “a tool. It's not necessarily a good thing or a bad thing. It's just, it's a tool that's there. Often people abuse tools. Um, I mean, you know, you can, you can, you can use a hammer to hammer nails. You can use a hammer to hit someone. I mean, so, you know, tools are also multivalent.” He believed that power as a concept is not exactly positive or negative but is codified by how it is used in various circumstances. Sequoia seemed to agree by sharing, “power as dynamic as having like a function, how it's utilized. [it's] dependent.” She also stated, “power, yes, it can be extremely harmful, depending on what you do with it,” and “it can also be leveraged to really bring about change and access,” further supporting the idea that the impact of power is dependent on its use. The thought of power as a neutral force was related to the concept of privilege by Bei who said, “I don't know if I want to consider power a bad thing, it but it's similar to conversations on privilege. Right?” These participants' thoughts suggest that power, like privilege, is not inherently good or bad, but its value is contingent on its use and impact.

*Positive.* Three of the six participants interviewed for the thesis identified a positive association with the concept of power, highlighting that power can be choice, consent, healing, empowerment, advocacy, and can be used to benefit clients in therapeutic relationships. Wren shared about an experience of a young client who wanted to role play being the adult and had the therapist act as the child. Reflecting on the experience, the participant shared, “there is part of me that believes it might be possible for power differentials to have a healing capacity or for a healing capacity to be like integrated into those dynamics,” and further explored how it was healing for the child to be in a position of power in the therapeutic setting. Sequoia discussed

how therapist's use of power, "can also be leveraged to really bring about change and access," focusing on how power can be used to bring about positive outcomes and to advocate for client wellbeing. Similarly, Lucy stated that, "part of my positionality as a music therapist has been to like, do advocacy and use my power and my position as a provider to individuals or to, you know, who received care to then advocate for them." These comments from participants again highlight that power, when used appropriately and reflexively, can be a positive force.

### **Therapist Responsibilities**

Within this theme, participants explored the key qualities they believed therapists should have in order to address power differentials in therapeutic relationships. All six participants mentioned several of the subthemes and discussed the importance of each quality they valued. The subthemes that emerged were: safety of the client, reflexivity, acuity, humility, curiosity, supportiveness, offering music as a container, and honesty.

***Safety of the client.*** One of the most prevalent points brought up in interviews was about who was responsible for the safety of the client. The concept of safety that five participants discussed included both physical and emotional safety. Bei shared his belief that "the safety of the client, the physical, emotional safety of the client, whatever elements of safety. Ultimately the therapist is responsible for it. They're the ones getting paid. They're the professional." The same participant also recognized and questioned, "does the therapist know what is safety for the clients is another thing?" He further explained that it is the therapist's responsibility to be reflexive and listen to what safety might mean for each client, because it is likely not the same for everyone. Further supporting this idea, Lucy reflected, "there's a big myth that safety is just assumed," identifying that therapists need to engage in discovering what safety is for the client and then going a step further to respect and put it into action.

***Supervision & Accountability.*** All six participants discussed the need for accountability as a crucial element to growing as a practitioner. Tyler shared their experience of difficult situations in the professional field and said, “That’s one of the reasons why I feel like I’m going to perpetually be in supervision, um, and I will die on the hill of like, we should be, that should be a requirement for our profession.” They expressed that being able to reflect and have an objective professional provide input on complicated power dynamics was essential for their practice. Sequoia even said, “I needed more supervision out of school, I mean, there was a lot going on as a student, but now, being out in the world in the work, there’s so much stuff that I did not foresee that I need.” Lucy noted, “I don’t have a music therapy supervisor here, but I pay out to get clinical supervision so that I can engage in that reflective practice. I also do peer supervision here at my job,” emphasizing the need for professional supervision as well as peer support. Sequoia shared that in addition to supervision and peer support, “I’m in my own therapy.” The use of any of these strategies reinforces the importance of engaging in self-reflection as a music therapist who manages power dynamics in every therapeutic relationship.

***Reflexivity.*** The concept of being reflexive as a therapist emerged several times across interviews. Five participants discussed the need for clinicians to critically look at their own biases, reasons for their choices, and the impact of their actions. James discussed how engaging in documentation helped him be reflective about the therapeutic relationship and think, “You know, was I effective in that relationship? Um, what were my own motivations in that relationship? Was I, was I tempted to try to be the expert so that I could wield, you know, petty power, or was there some other motivation? Was the client’s best interest my motivation truly?” Lucy focused on the importance of self reflection and awareness for music therapist, stating,



“you have to become aware of your own biases. You have to become aware in that self reflection. The self reflection of like privileges and the ways in which the biases and the privileges exert unintentionally or intentionally, you know power over the people we serve.” The process of engaging in critical self-reflection helps therapists to be mindful of the power they have access to and how they utilize it. Tyler shared that they sometimes utilize other methods of reflection when they said, “I feel like journaling and, like, creative arts are also helpful ways for me to, like, creatively reflect on power dynamic stuff coming up without relying on words.” Reflexivity can take many forms, but it is important that music therapists are continuously engaging in the reflective practices in order to maintain focus on the client’s needs and best interests.

***Acuity.*** The concept of awareness was noted by four participants as an important responsibility of the therapist in order to maintain ethical and effective practice. Bei expressed that, “We naturally want to get the things that we want right that inherently puts us a place that we seek privilege. We seek power. I guess it comes with humility, and recognizing when your privilege and power is doing harm or in therapeutic case, not um, if it is the cause of your clients who not be able to grow, that they, the way that they want to, and the way that they need that's where power and privilege needs to be questioned. So starts with awareness, I guess.” His reflection calls attention to the need for therapists to be continually vigilant about their intentions and impacts on the therapeutic relationship. Wren spoke about the importance of acuity related to identity and context. In relation to clients they work with, they identified, “I'm always being a white therapist on the res for one, I'm always being an adult who works with kids for another.” They indicated that their identity and power they had access to had an immense impact on therapeutic rapport, so it was critical they were constantly reflecting and adjusting.

***Humility.*** Another essential quality four participants identified that therapists need to focus on, was the idea of humility in regard to knowing their limits of knowledge, understanding the impact of their power, and recognizing potential for harm or biases that might influence relationships with clients. James was recounting an experience with a Latino child he was working with and said, “I think in some ways they might, the kid might have been served better with an actual Latino therapist, but I did the best I could trying to be conscious of the power dynamic, you know, that, you know, white people tend to step in and be authorities in all situations, um, or most situations anyway. And I knew that I was not an authority on Latino culture.” Lucy spoke more generally about maintaining humility as a professional, stating, “I actually realized as I went through my career that it was far better to have sort of a humble space of not saying I’m the expert in what I do.” James shared a similar sentiment, saying, “it’s important for a therapist to know when it’s appropriate to upend the, um, the, the power dynamics where the therapist is always one up at all times, because if you do that, you miss a lot. You, you have a lot to learn, I think sometimes from clients, even kid clients, um, as a therapist,” Both participants recognized the value in engaging as a practitioner in a genuine and humble manner in order to meet the needs of clients and build a positive therapeutic rapport.

***Curiosity.*** The idea of remaining curious as a therapist was noted as a valuable and necessary trait for music therapists to possess by all participants, with the goal of approaching therapeutic work with an open mind and willingness to learn from others. Bei maintains curiosity in sessions through asking questions. He shared, “I try my best to come off as an equal as much as possible in the sessions. Always checking in with the clients what they want today, what they want from music today, what do they want to work on today?” James echoed this approach and added, “and being very open to the answers and being very flexible and fluid regarding whatever

you might find.” He highlighted the need for therapists to not only remain curious to client perspective, but also to be accepting and responsive to whatever they may share.

***Supportiveness.*** Three participants stressed the need for music therapists to be supportive of clients as they engage in their journey. Sequoia discussed her position as a therapist and how she discusses her role with clients. She added, “hopefully my job here is like to facilitate and support you in uncovering a different way of understanding yourself and experience in the world but, like I don't know anything you know more than you do.” She reinforced the idea that clients know more about their world and lived experiences than any therapist would. The therapist should act as a guide and support instead of a director.

***Music as container.*** An important element that sets music therapists apart from other therapists, is the unique use of music. Five participants identified that it is the responsibility of the music therapist to bring music into the therapy space in a way that holds space for client exploration and accessibility. Tyler reflected on the concept of holding expertise and feeling conflicted about approaching sessions as an “expert.” However, they said, “there is some truth in, in me having some expertise, expertise to sharing, like, some kind of path forward, or at the very least, like, potential steps, um, along the path forward,” acknowledging that the music therapist bringing their expertise in as a way of supporting a client’s creative exploration is an important part of the process. They also shared, “I feel like communication like within the relationship itself is like the biggest thing, like, offering lots of opportunities for that to happen.” James noted that because music therapists do hold additional musical knowledge, “It was up to me to like, do things like pick the key, pick sort of a tempo, maybe, you know, again, these are all I mean, keys, tempos, dynamics, these are all kind of musical frameworks that were starting points” and “it's up to the therapist to put, you know, clients, you know, sort of at ease. And, and emphasize that

there's no judgment involved musically.” As music therapists, music can be used to create a welcoming and structured environment when done with appropriate intention.

**Honesty.** A final responsibility and quality of a music therapist that two participants reflected on was remaining honest about the dynamics and the limitations of their role as therapists. Some participants discussed the importance of direct and open communication as a foundation for building trust in a therapeutic relationship. Bei explained, “I feel like communication like within the relationship itself is like the biggest thing is like offering lots of opportunities for that (addressing power dynamics) to happen.” Sequoia described an experience with a client who was unhappy with a facility the therapist was a part of. She shared, “I located myself about my relationship to the institution,” as a way to acknowledge the limitations of what she could change and to offer some ways she could advocate for the client in her position of power. Using transparency and honesty is a key part of building rapport and effectively addressing power differentials.

### **External Expectations**

Several participants shared experiences of pressure and expectation, although sometimes from different sources. Some identified systemic and institutional expectations to provide therapy that met a predetermined standard while others noted they often had to contend with client expectations that the therapist would be able to resolve their problems. Across the interviews, the subthemes identified were: therapist as expert, parental expectations, pressure to comply, loss of power, and idealization of therapist.

**Therapist as expert.** All six participants noted experiences of expectations from clients and others of the therapist being the expert. Many noted that clients often believed that the therapist held the answers due to their training, expertise, and social ideas of what a therapist is.

Bei reflected on the field of music therapy and noted “the common, strongest lore in music therapy is that the music therapist has all the training and expertise in the process of using music to support our clients, growth and health.” He viewed the *therapist as expert* concept to be a negative expectation, potentially shifting the epistemic knowledge from the client to the therapist.

Other participants noted the expectation of the therapist holding additional knowledge and expertise as an opportunity. James expressed, “sometimes the client does find it reassuring to have the music therapist to be the expert. I mean, it's not always out of bounds.” Tyler echoed the sentiment, saying, “I think it can be helpful that there's times when I'm just given the benefit of the doubt, where I'm given some degree of trust in my perspective and my thoughts, because I'm viewed as having more power than somebody where, because I'm the expert, because I'm put in that position.....I'm thinking about the mental health work I do and how sometimes people have to borrow my hope that, like, things will get better.” Holding that additional expertise can be helpful when supporting clients through difficult times.

***Parental/guardian expectations.*** Two participants who worked with children or individuals with legal guardians mentioned expectations of the therapist or therapy itself from the view of a parent or guardian. Participants discussed how the addition of other expectations in the therapeutic can complicate or influence the therapeutic dynamic. James conveyed, “That makes a lot of difference because there's a third dynamic in the, in the parent, in the, when you're working with kids and that's the parent and the parent has a lot of influence too, and a lot of power.” Therapists also need to consider the power dynamic of caregivers in their therapeutic relationships, who may have their own beliefs or expectations about how therapy is conducted or the goals they have in mind for clients.

***Pressure to comply.*** The pressure to comply with professional, systemic, and educational expectations also emerged within this theme. Three participants explored how their education and societal norms sometimes influenced their therapeutic decision making. Wren described an experience, saying, “that creates professional pressures to like, you know, again, like be a ‘real therapist,’ meaning to always be sort of reasserting your power and you're like shoring up your own position as like the helper and being different from the person that you're with.” Music therapists experiencing this pressure to comply with systemic standards can impact decision making in therapeutic decisions which can lead to prioritizing compliance with standards over client wellbeing.

Lucy also considered the experience of clients and their feeling of pressure to comply with therapist directives. She said, “it does lead to sort of like, there's almost like a level of compliance that ends up happening where people we serve end up being compliant with suggestions or expectations, you know what I'm saying rather than expressing their own true thoughts or feelings, as a result of this role or use of power in the space.”

***Loss of power.*** Two participants also discussed the experience of a loss of power, specifically related to external expectations that might undermine therapist confidence. Some examples discussed were related to musical expertise and clients who may come to therapy with more musical skill or knowledge than their therapist. Tyler reflected on this experience and shared, “I'm thinking about like what happens internally for me and how that can off kilter me from being aligned with my own power, like my own like confidence and my own like I know what I'm doing kind of thing. That, like, I can lose access to that confidence not because it was a false confidence but because it taps into some old wounds around musicality and like being good

enough.” They later explored how their experience and personal expectations led them to feel a loss of power in the situation.

***Idealization of therapist.*** Four participants identified that an expectation they have been affected by in their work is when clients idealize the therapist, almost revering their knowledge and expertise. Sequoia shared that they believe this idealization occurs “Based on idea of what therapists’ roles are and music therapists’ skills as musicians.” She also spoke about how she subverted this belief from the beginning of the relationship in order to start from a more egalitarian point sharing, “I think my clinical experiences drive me to get ahead of that assumption because of anecdotally what I have noticed, which I again think has been like socially determined about who therapists are and what they know.”

Tyler stated that some clients “assume in our early sessions that I'm just going to tell them exactly what to do to get to what you want to be.” The music therapist noted it can be difficult to get to a place where the work is collaborative when clients begin by assuming therapists have a perfect understanding of their needs. The same participant also discussed how music therapists in particular manage an idealization of their musical skills. They shared about an experience working with a client on vocal exercises and acting as an example and “showing all of that, and sometimes folks can, like, get off kilter, and we get into this hierarchy thing of, of, like, positioning me as somehow like, ‘Oh, you're, you're so skilled.’” The idealization of the therapist can create distance between client and music therapist, which poses a challenge for addressing power dynamics in those relationships.

### **Missed Opportunities**

Only a few of the participants specifically named moments of missed opportunity, but each person shared at least one moment that they could have done something differently to

address a power dynamic. Multiple participants also shared specific ways they would have changed their approach which would have presented opportunities for the three subthemes: advocacy, connection, and humanizing the therapist.

**Advocacy.** Two participants reflected on situations when they could have used their position of power to advocate more effectively for their clients, specifically in moments when they recognized systemic issues that were negatively affecting individuals. James shared they felt regret about witnessing an autistic child's negative response to the use of Applied Behavioral Analysis (ABA) and not speaking up, stating, "My regret is that I didn't stand up against this ABA thing and give my opinion. I never did. And I feel like in some ways I, maybe I should have, I don't know if it would have done me any good. I probably would have been immediately fired from the case." Other participants described similar situations in which, when looking back, they wished they had used their position of power and expertise to stand up or speak out.

**Connection.** Three participants reflected on missed opportunities for connection and rapport building with clients. Wren shared, "I had certain clients that I was just like, I had, they're just so resistant or whatever, and now I'm like, they just didn't want to do that." In the moment, they explained they were using their power as a music therapist to bring the client back to the music they were sharing, but now recognize that their use of power in their role as therapist had gotten in the way of understanding what the client needed. They had missed the opportunity to connect and better understand their experience. They elaborated, "what's happening is, the relationship between us, and if what's happening in the relationship between us is that they don't want to interact with me, like, that's part of it too." It is important to the participant to now focus on being open to moments of connection that may arise in any form. By acknowledging those missed moments of connections, the therapist is able to be more responsive and connected.



***Humanizing therapist.*** Four of the participants spoke about missing opportunities to humanize themselves with clients either through language or music making. Bei shared about a moment with a client where he became distracted by his need to prove his musical abilities. Looking back, he said, “I missed that opportunity to humanize myself and to equalize the power dynamic.” Lucy shared about a similar experience where she wished she had taken a moment to reflect, “hey, no I can’t play that right now, like, I don’t have those skill sets...I want to learn this, maybe not be able to replicate it in the immediacy, and be like, I actually need to practice that. To me it felt more humanizing as a person where people could then realize that like, hey, she’s not perfect.” Many participants noted that it would have been helpful to share those vulnerable moments with clients and could have helped to reduce power differentials within the relationship.

### **Strategies of Navigating Power**

Upon reviewing the codes related to navigating power among the six participants, it appeared that the many strategies identified actually fit well into Brookfield’s (2005) seven learning tasks of critical theory. The seven subthemes included: challenging ideology, contesting hegemony, unmasking power, overcoming alienation, learning liberation, reclaiming epistemic agency, and practicing democracy.

***Challenging ideology.*** Brookfield’s first task involves critically analyzing and questioning the dominant ideologies that influence societal norms and beliefs. Three participants discussed expanding their definition of what music therapy is or could be. They also brought in critiques of the educational ideals of the field, Eurocentric views of music therapy, and the way music therapists sometimes gatekeep access to therapeutic music. Bei noted “the definition of music therapy does put the music therapist, not the expert of music, but expert of music to help

our clients toward health.” Sequoia shared, “it’s tough with the musical expertise, because even when I try to address things like, I’m not the expert. You have knowledge, you can sing too, singing is for everybody. Sometimes I think those words don’t take root immediately in people, because of how we’ve been socialized.” The same participant who questioned musical expertise expressed frustration saying, “sometimes I feel really inhibited by having a Western music training in my freedom as a music therapist and my flexibility, and what I value about music like continually valuing being on the beat and valuing being and you know, being on pitch.” Wren also shared their critique about music therapy stating, “we agree that music therapy, whatever we all understand it to be and mean, is good. It just has these, like, few elements where, like, it can be kind of like, ooh, like, be careful, you know, like, kind of touchy, there might occasionally be things that, like, where you don’t realize that you’re, like, enacting, you know, enacting violence, basically, or, you know, reinscribing power dynamics against the person that you’re purportedly helping.” The overarching idea was one that questioned who has the authority to determine what makes music “good” or therapeutic and why music therapists are the ones who hold the power and access to health through musical exploration.

***Contesting hegemony.*** This subtheme involves the resistance and push back of dominant narratives. There were four participants who addressed discontent with current models within music therapy. James stated, “I am, you know, critical of the medical model of disability,” later identifying how the approach will often pathologize clients instead of acknowledging their diverse abilities. Sequoia spoke critically of the major models of therapy and focused on the need to navigate and challenge oppressive systems while also remaining aware of personal and positional limits. She said, “the world is not so accommodating of these aspirational viewpoints like, so what do we do as we await our just world? And I think that we have, we, we navigate

them. We, we learn the way that this works, and we find opportunities to like, push up and challenge these systems in ways that feel safe enough for us at this moment in time, in our positionality with the folks that we're trying to uplift.” It is important that therapists approach hegemony strategically, being able to navigate personal limitations and personal responsibility for advocating for change.

***Unmasking power.*** The third task involves revealing the underlying power dynamics and structure that impact interactions and institutions. All six participants spoke about various ways they manage power imbalances that may be seen or hidden. Some spoke of naming the differentials while others identified a responsibility for destabilizing power structures. Lucy spoke to the importance of naming power dynamics in a therapeutic relationship as well as other power that may affect rapport including institutional and systemic power stating, “if it’s not addressed, it doesn’t mean it’s not being perceived” and “it’s more important to sort of name it as existing, in my opinion, when you’re working with it.” She went further and shared, “there’s a relationship here within this [work setting] that also does perpetuate [the dynamic], which is something I feel like I have to fight against that, like authority, power, like abuse of power in the space.” Lucy also shared, “there’s a lot of ways in which therapists...can exert their power, but there’s ways in which power can be used well, like where you can use your positionality within a particular institution.” There is a recognition that unmasking power has many levels that range from acknowledging a power dynamic with a client to stepping in and acting as a barrier from institutional influence if it is harmful.

***Overcoming alienation.*** Alienation is understood as the ways in which we engage in work and life that estrange us from who we are (Brookfield, 2005). It is the experience of being isolated from others and from one’s self and creativity. Three participants brought up strategies

to emphasize connection and authenticity in their therapeutic relationships. Sequoia shared about a group and said, “These are people who feel immensely isolated and have been isolated, have been excluded. And to bring it back to like, wow! We are all influenced by, susceptible to this bigger message. How can we push back against that? How can we debunk it?” She highlights the genuine combination of sharing lived experiences and working together as a form of resistance to oppressive systems.

Wren spoke about the vulnerable nature of music making, stating, “the ways that we engage with music are so personal,” which can be a barrier to connection and overcoming alienation. Tyler discussed how their clients also experience vulnerability in creation and share how they support individuals in navigating the difficulty by being open and authentic themselves. They recognized, “there's sometimes a will, a more willingness to lean into that because I'm also doing that with my voice and being weird and silly kind of thing.” In each of these examples, if therapists are honest and vulnerable, they are able to reconnect with themselves and with others, reducing alienation that may arise in the music therapy setting.

***Learning liberation.*** Learning liberation is about understanding the processes and strategies for achieving freedom from oppressive social structures. This task involves developing a critical consciousness that recognizes oppression and seeks ways to dismantle it. Brookfield identifies the interconnection between individual and collective liberation (2005). Through the lens of music therapy, three participants identified that taking on a client-led and liberatory framework was effective in supporting individual and collective creative liberation. Bei shared a poignant comment, “societal systems and society and culture have negative aspects, where it's ableist and racist and all the ists. And how do we support our clients towards their vision of liberation from all that?” Bei also shared his approach to working with clients, noting, “I

typically bring in songs that they want to listen to or to sing or improvise experiences, or they told me specifically that they want to learn songs that I enjoy in their language.” By centering client voices and desires, clinicians can begin to utilize a more liberatory approach that emphasizes empowerment and creativity.

More than one participant challenged the prevalent idea in music therapy pedagogy that music therapists are the experts of using music therapeutically. Bei said, “Okay, is music therapist the only profession that does this is the music therapist indeed, the expert of using music for health and growth. Not necessarily.” Sequoia discussed a similar theme with clients who have, “this idea, that like the people who deserve to make music, studied it.” There is a shift that needs to occur where therapists begin to focus on collective liberatory approaches and center client ideas of what liberation means to them.

***Honoring epistemic agency.*** This task was originally titled by Brookfield as “Reclaiming Reason,” referring to the importance of rational and critical thinking (2005). The language was shifted to “honoring epistemic agency” in order to move away from the patriarchal, ableist implications of “reclaiming reason.” The shift in language also emphasizes a more justice-oriented approach that attends to client voices and is more inclusive of other forms of knowledge. Five of the six participants addressed the importance of hearing and honoring clients’ knowledge about their own experiences. This is particularly important for individuals who have been dismissed by dominant narratives and standards. Sequoia shared about how she views herself as a therapist, explaining, “I’m much more comfortable thinking of myself as a facilitator of an experience than an arbiter of knowledge like I’m offering you something about how to be well and healthy in the world. I I don’t think I have the authority to do that,” and highlighting the importance of naming in the therapeutic relationship. Tyler identified patterns

that therapists fall into that may prevent the reclaiming of epistemic agency for clients. They reflected, “we so often make assumptions on what somebody is needing and, like, jump to problem solving or jump to, like, resource sharing or jump to, like, holding space for the feeling or, like, we, yeah, we don't actually explicitly ask, like, what are you needing around this thing? And, like, to me, that's what navigating power imbalances is like.”

Bei discussed how he navigates this in his work, sharing, “It depends on what vision of what they want out of music therapy...I have moved away from trying to define that for my clients. I, even doing sessions now, I typically ask my client, what do they want from music therapy today. Keep assessing. Keep exploring that with my clients.” Wren spoke more specifically about working with kids and how they focus on “explicitly affirming kids’ right to, like, not come to therapy, to not want to be around me, to not, like, build up something about who I am to them, or like, align with some idea of who they think I think they should be or whatever, like to be able to say no to me to be able to like not saying, you know, for me to be attending to what might mean no without them saying it.” When music therapists respect and acknowledge clients’ autonomy and knowledge of their needs, it strengthens relationships and challenges the narrative of “therapist as expert.”

***Practicing democracy.*** According to Brookfield, the final task involves fostering open dialogue, effective communication, collaborative decision making, and encouraging participation. In the therapeutic context, all six participants discussed how practicing democracy involves supporting collaboration in relationships. James expressed, “at its best, I think a good therapeutic relationship entails a certain amount of true collaboration, you know, equilateral collaboration. Um, and as the adult, um, I can frame and guide and nurture and massage the relationship so that true collaboration emerges even between an adult and a kid client. Because

we were making up these stories together.” Bei shared that the way he accomplishes this is, “to come off as personable as possible instead of like ‘I’m the therapist.’ But like, hey, how? How can we work on this together? What do you want?” and truly engaging client input while honoring their epistemic knowledge. He also spoke specifically about his own approach stating, “the beautiful thing about doing Nordoff Robbins is us coming as genuine musicians, and with our genuine musical identities to try to co-create music together.” Tyler echoed this idea, stating, “there’s a difference to me of, like, saying I’m the expert versus I’m a person that’s bringing this resource, this, like, expertise to the table and, like, ‘Here I am bringing my resources. Hopefully you bring your resources in between the two of us, or however many of us are at the table, like, we can figure out what we want to work on, where we want to go, and like, that direction.’” Lucy noted, “If the therapist is, like, taking up a lot of room within the context of music, they’re not giving opportunity for true collaboration,” emphasizing the need for therapists to be aware of the contributions of all involved in the music making. They each described therapy as a collaborative and active process that can mutually benefit all involved. By focusing on building a more egalitarian relationship, clients’ voices are heard and often empowered by their experience in therapy.

## Discussion

The present study aimed to investigate the ways that music therapists experience power dynamics in therapeutic relationships as well as the ways they navigate them in relationships with clients. Research questions focused on therapist understanding of power, how they engage power imbalances in the therapeutic relationship and music, and how they personally experience power in the therapy setting. The study also explored how participants perceived power in therapy and the ways they practice self-reflection and reflexivity. This section will review and

interpret the key findings, revisit existing literature, and explore implications for current practice as well as recommendations for future studies relating to power and music therapy.

Participants explored the multifaceted nature of power, identifying the myriad ways it is used in therapeutic and systemic settings, significantly impacting the therapeutic relationship. Each participant highlighted how power is not a straightforward or linear concept, but instead a multi-faceted and complex consideration that is present in every step of the therapeutic process. They emphasized the importance of reflexivity and accountability through self-reflection, supervision, and peer support.

As the researcher, my goal was to uncover and explore the complex dynamics of power and gain a more comprehensive understanding of how power operates in music therapy environments. Throughout the process, I kept a reflexive journal to continually examine my responses and explore my own biases or assumptions about power. While reviewing my journal notes, I noticed a theme of a personal instinct to “defend my own expertise” and try to uphold my perception of my own power during the interviews. I noted several instances when participants were about to explain a concept they were discussing and I felt the instinct to interrupt and assure them I already understood the idea or topic they were talking about.

While examining the findings in this research study, it is also important to revisit the existing literature to identify where the results align or differ from previous research on power dynamics in music therapy. I found that the major differences in the findings and research arose in participant associations or preconceptions of power and the understanding of power in music. Many of the strategies named by participants were also found in existing literature but were consolidated within a different framework in the results of this study.



*Associations of power.* Music therapy literature across many theoretical lenses does not specifically frame the concept of power as an inherently positive or negative force, but one that is important to be aware of in the therapeutic relationship (Bain et al., 2-16; Cameron, 2014; Cook & Monk, 2020; Curtis, 2015; Hadley, 2013; LaCom & Reed, 2014; Low et al., 2022; O'Connor, 2022; Parsons, 2022; Rafieyan, 2022). There is emphasis throughout the literature on power as a neutral entity that is influenced by the contextual elements of the relationship, the therapist's internalized bias or assumption, and the systems by which the therapeutic relationship is impacted (Bain et al., 2016; Beidka, 2022; Bodry & Schwantes, 2021; Chang et al., 2023; Gross, 2023; Hadley & Edwards, 2004; Rolvsjord, 2014; Scrine, 2016). Only four out of six participants identified neutral associations with power. James noted how power itself could be a tool and Sequoia identified that its value was actually dependent on its use, stating, "power, yes, it can be extremely harmful, depending on what you do with it," and "it can also be leveraged to really bring about change and access." Some differences arose between the literature and the study results when three participants did note the positive impact that power could have on therapeutic relationships but shared about resistance in their acknowledgements. It was clear that even though they identified the good it could do, thinking about power in a positive light was a difficult concept to contend with. Sequoia even said, "I feel funny saying like, well, it can sometimes be good." When asked if there are ways they find power dynamics to be a positive force in the therapeutic relationship, Tyler said, "Yeah, I do and I feel weird saying that, but I do." Although in the literature, authors did not codify the concept of power as positive or negative, five of the participants held extremely negative views of power in therapy and in their everyday world. Wren even said about engaging the therapeutic relationship that they felt they were being "bamboozled into participating in structural violence and calling it help."

*Power of music.* The use of music and the dynamics of power associated with it emerged as a salient theme in both the literature and the research findings. Prior research highlighted the impact of music choice (Bain et al., 2016; Rolvsjord, 2006), lyrics (Bodry & Schwantes, 2021; Metell, 2014; Parsons, 2022), and artist representation (Bain et al., 2016; Scrine, 2016) on power dynamics between therapist and client. Some literature also discussed how the selection and type of music chosen can uphold or destabilize oppressive ideologies (Bain et al., 2016; Bodry & Schwantes, 2021). Finally, much of the reviewed literature emphasized the need to include clients in the therapeutic process from the beginning of the relationship, which includes musical selection and music making (Cook & Monk, 2020; Hadjineophytou, 2022).

Several participants supported the point about including clients in the therapeutic process of music selection and music making as a form of power instead of making those choices in a vacuum. Tyler also spoke about the perception of the music therapist being the “expert” and “gatekeeper” of access to music making and actively working against the false narrative to invite clients into the musical space. Bei discussed how he wanted that client narrative to shift from “I’ll just ruin the music experience” to “Oh, we’re in this together. We’re co-creating this piece of music together.”

One key difference noted between the literature and the study findings, was the participants in this study placed a greater focus on the accessibility of the music for clients. Whether that meant how they were playing when a client entered the room, the instruments available, or the music chosen, they discussed the responsibility of the therapist in making sure the creative engagement in music making was accessible for clients to partake. James talked about how it was his role to monitor the framework or the music like the key or tempo while Lucy spoke on the obligation of the therapist to make sure there is space for clients to engage.

She noted, “If the therapist is, like, taking up a lot of room within the context of music, they're not giving opportunity for true collaboration.”

*Navigating power dynamics.* Many of the strategies for navigating power dynamics outlined in the literature were reflected in the participant experiences shared during interviews. Various theoretical frameworks identified the importance of awareness and self-reflection (Baine et al., 2016; Biedka, 2022; Bodry & Schwantes, 2021; Curtis, 2015; Hadley & Edwards, 2004; Hadley, 2013; Scrine, 2016), naming power imbalances (Baines, 2013; Mayor, 2012; O’Connor, 2022; Rafieyan, 2022; ), including and honoring client input (Gross, 2023; Klyve, 2019;

Upon review of the strategy subthemes, Brookfield’s (2004) seven Learning Tasks of Critical Theory seemed to cover the approaches that participants brought up and provided a framework for addressing power dynamics. The seven Learning Tasks aim to support people in engaging with the world critically. Each task was meant to help individuals look more critically at the world around them in order to view the various power structures and narratives in their everyday lives. Identifying ideology is focused on recognizing the ideologies that influence and impact behavior and interaction. Contesting hegemony is related to challenging dominant narratives and cultural norms. The third task, unmasking power, is the idea of understanding the hidden elements of power that are not typically seen or questioned and taking the step to reveal them. Overcoming alienation refers to the task of reclaiming one’s sense of self, creativity, agency, and connection with others. The task of learning liberation identifies a path forward from an awareness of oppressive structures or narratives to taking action in order to make change in the system and be creatively liberated. The sixth task, reclaiming reason (which I revised to reclaiming epistemic agency), refers to the process of gaining a critical understanding of society. This would involve understanding the world not from those in power but from those who have

been subjugated. This would involve honoring the epistemic agency of those whose knowledge is not attended to. Finally, practicing democracy encourages individuals to actively and critically engage in systems that challenge dominant and oppressive systems and promote collaboration.

Participants specifically noted strategies that included naming power differentials, supervision, and centering client voices and epistemic knowledge. James spoke about managing power dynamics specifically related to music when he shared, “it's up to the therapist to put, you know, clients, you know, sort of at ease. And, and emphasize that there's no judgment involved musically.” Tyler expanded the thought to include general communication with clients stating, “I feel like communication like within the relationship itself is like the biggest thing, like, offering lots of opportunities for that to happen.” Sequoia discussed the importance of reflection and supervision for navigating unknown situations, sharing, “I needed more supervision out of school, I mean, there was a lot going on as a student, but now, being out in the world in the work, there's so much stuff that I did not foresee that I need.” James noted, “it's important for a therapist to know when it's appropriate to upend the, um, the, the power dynamics where the therapist is always one up at all times, because if you do that, you miss a lot. You, you have a lot to learn, I think sometimes from clients, even kid clients, um, as a therapist,” highlighting the importance of collaboration and listening to client voices.

Some subthemes identified in the findings as strategies for navigating power, but not in the literature, included actively challenging oppressive systems, practicing true collaboration with clients, and approaching music therapy with a critical lens. Lucy shared about her thoughts on therapists use of power to work within a system for the benefit of a client, stating, “there's a lot of ways in which therapists...can exert their power, but there's ways in which power can be used well, like where you can use your positionality within a particular institution.” Bei talked

about his training and collaborative approach to music making with clients, noting, “the beautiful thing about doing Nordoff Robbins is us coming as genuine musicians, and with our genuine musical identities to try to co-create music together.” Wren spoke about maintaining a critical view of music therapy to avoid doing harm. In reflecting on the topic, they shared, “we agree that music therapy, whatever we all understand it to be and mean, is good. It just has these, like, few elements where, like, it can be kind of like, ooh, like, be careful, you know, like, kind of touchy, there might occasionally be things that, like, where you don't realize that you're, like, enacting, you know, enacting violence, basically, or, you know, reinscribing power dynamics against the person that you're purportedly helping.” Overall, the findings from this study both support and expand upon existing literature regarding addressing dynamics of power in therapeutic relationships.

### **Implications for MT**

One of the most surprising findings in the study was the predominantly negative or neutral associations with power. The majority of participants noted a resistance to considering power as a positive force and some shared they had a difficult time thinking about power as anything other than “violent” or harmful. This raises important questions about how power is conceptualized within our field. We have to consider then, what is happening that we as music therapists are thinking of power in this way? Are we beginning to demonize power? And if so, why? This pattern in the findings could suggest a wider trend of attitudes toward power. It also highlights a need for music therapists to examine those perceptions and how they may or may not affect clients their journey in therapy. Power is not inherently negative. It can be a tool for advocacy and empowerment if used thoughtfully and ethically. Music therapists might benefit

from shifting to a more neutral and nuanced perception of power and its role in therapeutic relationships.

Another interesting element of the findings was related to the strategies of navigating power dynamics. Even among the six participants interviewed, each had their own personal approaches to addressing or thoughtfully using power in therapy. By viewing various strategies found in literature and in the findings of the study through the lens of Brookfield's (2005) Seven Learning Tasks, it could provide a more concrete pathway for music therapists to use and reflect on their own relationships with clients, colleagues, and supervisors or supervisees. There are already frameworks and guides for ethical decision making available for professional use. Exploring the idea of a framework for how to navigate complicated power dynamics in therapy could be beneficial and complimentary to current ethical guides in music therapy.

### **Limitations of Study**

There were several limitations to this study. First, as a researcher and music therapist myself, I came into the study with my own preconceived notions of power and its effect in therapy, likely shaped by my own work experiences and sociocultural location. These preconceptions could naturally have influenced the creation and framing of the research questions and interpretation of the results. In reflecting on the interview questions, I believe the study could have been more comprehensive if there were additional questions that focused on the role that music played in the power dynamics. During the reflexive journaling I engaged in throughout the process, I wondered if my current relationship with music therapy impacted the limited questions about music. As I am currently working toward a limited permit in mental health counseling, I am engaging less in music therapy in my daily work. The questions asked

during the interview were less oriented toward music and potentially limited my attention to the impact of music and power.

Another topic I would have liked to explore further was the influence of other relationships (e.g., supervisory, institutional, familial, etc.) on the therapeutic dynamic. As participants discussed how their experiences as supervisors or with supervisors heavily impacted their relationships with clients, I wanted to learn more about the systemic elements in all relationships that influence the therapeutic one between client and music therapist. Therapy does not occur in a vacuum, and I believe it was a limitation to not explore how elements of other parts of the system interacted in the therapeutic relationship.

There were also limitations regarding participants. In this study there was a small participant pool of only six people due to the limited time frame to conduct the research. While participant demographics were varied and inclusive, all interviewed were US-based music therapists. As a result, they all went through music therapy training that is based in a westernized and Eurocentric lens. Their educational backgrounds and social locations could have impacted their views and experiences of power dynamics. Another limitation related to participant demographics has to do with the transparency of identity markers and pseudonyms. Due to the homogenous demographics of music therapists in the field, anonymity of participants was prioritized over transparency of the demographics of individuals interviewed. Although this was important to protect the identities of participants, it also provided barriers for a more in depth understanding of the findings. Consequently, the results did not necessarily exhibit the intersectional nature they could have if readers understood the sociocultural identities of the participants who were sharing their thoughts and experiences.

Although this may not have been a limitation of the research, I did observe and reflect while journaling that I felt limited by the format of the interviews, particularly in the first few interviews. During the final two interviews, I noticed I was more relaxed and asked additional clarifying questions or made comments that added to the discussion. Upon reflection, I wondered if the semi-structured interview format, or at least my inexperience in conducting semi-structured interviewing, may have impeded the flow of discussion and potentially limited the depth in participant responses.

### **Recommendations for Future Research**

Given the findings of this study and its limitations, there are several areas for potential exploration in the future. The first recommendation is to include a larger and more diverse pool of participants. This study was limited to a small group of U.S.-based music therapists; it could be helpful to expand this type of study to music therapists in other countries as well. Engaging a larger and more diverse group of participants could also allow for matching demographics of participants with their pseudonyms with less worry about their anonymity.

Another recommendation for future exploration could further investigate music therapists' perspectives of and associations with power and what that means about the field. Understanding how our preconceptions of power might impact the relationships we engage in with clients and institutions could help therapists navigate them with more intention and awareness. Some participants also briefly discussed other professional relationships in the music therapy setting that can impact power dynamics including parents or legal guardians, supervisors, supervisees, and colleagues. Due to the limited breadth of this study, there was minimal information gleaned from the codes in the data about these relationships. However, it was clear



that they were impactful relationships that should be explored further to understand other layers of complexity of power dynamics within systems that clients and therapists take part in.

Finally, it is recommended that there is additional research focused on music's role in power dynamics. Due to the limited number of questions in the interview, the direct impact of music on power and vice versa was not thoroughly explored. Additional research with a more specific focus on music in this context would be pertinent.

### Conclusion

The aim of this critical thematic analysis was to explore music therapist's understanding of power and how they navigate the complex dynamics of power that arise in the therapeutic relationship. Through analysis of six semi-structured interviews, the study showed that power is a complex and multifaceted part of the therapy process that impacts each step of the journey. Participants shared personal experiences of positive and negative use of power, emphasizing the difficult challenges and potentially opportunities that it can present in the therapeutic context. Findings offered insight into the ways music therapists perceive power, ways they would like to use power, and how they navigate the complexity of power differentials with clients.

Although participants had access to varying degrees of power due to their own sociocultural identities and contexts, each of them recognized the need for active self-awareness, reflexivity, and accountability. The findings also suggest there may be room for exploring various frameworks similar to ethical decision making guidelines that support music therapists in approaching therapeutic relationships with additional tools to navigate power imbalances more effectively. Power is an element of all relationships, including music therapy relationships. It is an inherent and ever present aspect of interacting with others in the world. As such, it is

imperative that music therapists expand their understanding of how these dynamics may play out in therapy and so they are equipped to engage in the therapeutic relationship in a supportive, ethical, and collaborative manner.

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## Appendix A

### Semi-Structured Interview Questions

#### “Recognizing and Navigating Dynamics of Power in Therapeutic Relationships: Music Therapist’s Perspectives:”

##### **i. Music Therapist Identity**

- i. How would you locate yourself socioculturally?
- ii. Please briefly describe your background and experience as a music therapist.
  - i. *Length of practice, setting, approaches to music therapy, degree level*

##### **ii. Understanding of Power**

- i. In your own words, how would you define the word power when pertaining to relationships?
- ii. What is your understanding of power in the therapeutic relationship?
- iii. In what ways do you experience power within the therapeutic relationship?
  - i. Can you share any specific examples?

##### **iii. Dynamics of Power in Therapy**

- i. In what ways do power dynamics show up in the music making?
- ii. How does musical experience/expertise impact power dynamics with clients?
- iii. How does the power dynamic shift if you perceive your client to be a better musician than you?

##### **iv. Navigating Power Dynamics**

- i. What elements of therapy do you consider when navigating power dynamics?
- ii. What strategies do you use to navigate power imbalances in therapeutic relationships?

- iii. Are there ways in which you find the power dynamics to be a positive force in the relationship? If so, please share an example.
- iv. Are there ways in which you find the power dynamics to be a negative force in the relationship? If so, please share an example.

**v. Reflective Practice**

- i. How do you process dynamics of power in your therapeutic relationships? What tools do you use for this self-reflection?

**vi. Final comments**

- i. Please share any final comments or thoughts regarding dynamics of power in therapeutic relationships.
- ii. Do you have any remaining questions?