

Sexism and Cisgenderism in Music Therapy Spaces:
An Exploration of Gender Microaggressions Experienced by Music Therapists

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Abstract

This narrative inquiry examined the experience of gender microaggressions in the music therapy field. Gender microaggressions are defined as everyday assaults, insults, or invalidations that occur towards persons with marginalized gender identities (including trans/cis women, trans men, and nonbinary persons) (Sue et al., 2007). As music therapy academic, clinical, and professional spaces are microcosms for larger sociopolitical contexts, music therapists are prone to enacting microaggressions through verbal, non-verbal, and musical means. Microaggressions accumulate throughout a person's lifetime to negatively impact a person's health and well-being. In this narrative inquiry, semi-structured interviews occurred with eight participant music therapists to examine their experiences of gender microaggressions in music therapy. Results demonstrated that gender microaggressions manifest in a variety of ways and enactors include music therapy colleagues, presenters, internship directors, educators, and clients. Five themes with 33 sub-themes were found: qualities of microaggressions (cumulative, intersectional, subtle, systemic), impact of incident (gender dysphoria, hurt, indignant, internalization, invalidated, lingering, questioning, regret, shame, shocked, stereotype threat, tired, tokenized, visceral reaction), survival tactics (avoidance, caregiving for the enactor, forgiveness, intellectualizing, minimizing, processing, self-protection, vigilance), interpersonal dynamics (impact on relationship, professional boundaries, power dynamics, response of enactor), and gender in music therapy (feeling affirmed, need for dialogue and support, perceived advantage of cis men). From these findings, it is clear that there is a need for music therapists to develop greater awareness of ways in which they enact gender microaggressions and to create more spaces for music therapists with marginalized gender identities to process these incidents.

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Keywords: gender microaggressions, culturally responsive practice, oppression

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Introduction

Motivation for the Research

My motivation to embark on this research project can be traced back to my childhood. I was born into a white, middle-class, nuclear family in suburban western Pennsylvania in the 1990's. Despite my immediate family's liberal (for the place and time) social values, I nonetheless inherited dominant beliefs and values about race, class, ability, sexual orientation, gender, and other identity markers. As a child and adolescent, I was not encouraged to think critically about how aspects of my identity impacted my relationships, sense of self, experiences, and opportunities throughout my life. This caused me to internalize certain experiences of oppression (and also of unearned advantages) as being of my own fault (or of my own hard work).

As a young adult, I learned about systemic oppression which guided me towards a new understanding of how my life experiences had been impacted by larger systems that empowered persons from dominant groups and disempowered persons from non-dominant groups. Negative experiences I had previously localized within myself were reconceptualized and externalized within systems of sexism, heterosexism, and ableism. Additionally, experiences I had taken for granted or believed to be earned of my own hard work were reframed within systems of racism, cisgenderism, heterosexism, and ableism¹. I learned how subtle, unintentional interactions (e.g.

¹ Note that heterosexism and ableism are two systems in which I mention experiencing both unearned privilege and oppression within. This was done intentionally to call attention to how we can hold both unearned privilege and oppression within a single identity. For example, as a queer woman who has been predominantly in heterosexual relationships, I experience unearned privilege in being able to navigate the world safely in my relationships. However, I also experience oppression in the way my identity has been marginalized, criticized, and erased.

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looking away from a physically disabled person) were sourced in larger dominant narratives of inferiority. I realized it was imperative for me to engage in continuous cultural self-examination to begin to deconstruct the unconscious biases, beliefs, and values I had internalized through socialization.

As part of this continuous critical analysis, I enrolled in graduate school to pursue my master's in music therapy with an emphasis on social justice. In a graduate course on cultural and social foundations in music therapy, we completed an assignment describing microaggressions we had enacted and received in music therapy settings. While I had been reflecting upon how subtle forms of oppression impacted my everyday interactions, I had not fully integrated that awareness into my practice as a music therapist. As I reflected on my own experiences and read through my peers' responses, I realized the prevalence with which music therapists were undoubtedly enacting microaggressions in clinical, educational, and professional settings. For me, this assignment illuminated the need for further examination of this issue in music therapy and also presented a space for which to share and deconstruct these experiences.

Moving forward, I became increasingly aware of my capability to enact all kinds of microaggressions in clinical and academic spaces, including gender microaggressions. When leading a group centered around feeling silenced due to gender oppression, I silenced a cis girl. I incorrectly made assumptions about pronouns used by a trans girl. I made assumptions that a cis woman intern would be interested in working with children. I share these experiences to be transparent about my own role in enacting gender microaggressions even as a person with a marginalized gender identity and to illustrate the systemic nature of gender-based oppression.

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As music therapists, we exist within our unique worldviews and bring our biases and beliefs about gender with us into music therapy spaces, whether consciously or unconsciously (Hadley & Norris, 2016). The field of music therapy in the United States is contextualized within the dominant patriarchal culture that upholds narratives that situate (cis) men as superior to trans/cis women, trans men, and nonbinary persons. It is essential that we as music therapists have conversations about microaggressions in music therapy to develop our own awareness, reshape our beliefs and biases to work towards anti-oppressive practices, educate enactors of microaggression incidents, and create channels for healthy processing for recipients of microaggressions.

While I am interested in how microaggressions of all kinds manifest in music therapy, I decided to specifically focus on gender microaggressions for this study because of my own experiences of gender-based oppression as a cis woman. *Standpoint epistemology* posits that the perspective of persons in non-dominant groups is more objective (i.e. accurate) than those of persons in dominant groups whose perspectives are corrupted by the influence of power (Rolvsjord & Hadley, 2016). As a cis woman, I felt more equipped to accurately understand and represent experiences of gender-related oppression as compared to other aspects of identity. That said, I also acknowledge that identifying and expressing my gender as a cis woman comes with potential biases that may have skewed my perspective in dialogues with trans and nonbinary participants. I will delve further into my social location in the following section.

Positioning

I am a white, cis, middle-class, queer in a heterosexual relationship, non-disabled woman and recognize my identity inevitably impacted the design, conduct, and interpretation of this

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research. It is important to name these identities and acknowledge their influence on this work; that said, it also feels important to recognize how these identities are more fluid and complex than the finality that the opening sentence implies.

Specifically regarding my gender, my understanding of myself as a cis woman is contextualized within a lifetime of gender socialization, in which I have been encouraged to perform traditional embodiments of woman/girlhood and erase aspects of my gender that exist outside of these expectations. More recently, I have begun to connect with the non-binary (and at times, masculine) aspects of myself that have been previously stifled by binary, normative understandings of gender. I share these reflections on my gender both to bring attention to the complexities of gender identity and also because they have informed this research, though often in unconscious ways. My identity as a cis woman, who is striving to acknowledge and explore non-binary aspects of herself, could have impacted the research focus/questions, conversations with the participants, and my interpretation of the research data.

As a white, middle-class, non-disabled, cis woman, I retain a certain level of social capital that provides me with access to community resources and support. My protest of gender inequity is supported in mainstream feminist circles that would not offer the same support to a nonbinary person of color, for example. This is especially important to consider in music therapy, a field populated primarily by white cis women. My choice to investigate gender-based oppression in this field does not put me at risk in the same way investigating race-based oppression or being of another marginalized identity might.

In order to work towards my master's degree and conduct this research, I started with a certain level of unearned advantage and systemic support. My social position due to the

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intersection of my dominant identities (i.e. white, cis, middle-class, non-disabled person in a heterosexual relationship, etc.) provided me with opportunities that enabled me to pursue further education in the first place. Additionally, I encountered many life transitions throughout the completion of this thesis, many of which had the potential to derail my education if I had inhabited more non-dominant identities. I am so immensely grateful for the supports and resources that allowed me to finish this research and at the same time, it is unjust that not all persons have the same access to these opportunities.

I also recognize how the different social locations that both the participants and I occupy emerge from our differing identities and that they could have contributed to rifts in communication and understanding. This was especially important to consider when aspects of my identity provided me with unearned privilege in comparison to participants (e.g. researcher: a white non-disabled cis woman; participant: a disabled cis woman of color), increasing the potential for missteps and microaggressions to occur. Throughout the study, I aimed to listen rather than interpret, doing so by taking inventory of my worldview and its potential impacts on my understandings, asking for further clarification, and engaging in member checking during data analysis.

Definition of Key Terms

Cisgender². Cisgender (i.e. cis) refers to persons whose gender identity corresponds with their sex/gender assigned at birth.

² The language used to describe gender is rooted in U.S. dominant queer culture and is not representative of how non-dominant cultures may understand and describe gender.

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Transgender. Transgender (i.e. trans) refers to persons whose gender identity does not correspond with their sex/gender assigned at birth and includes nonbinary persons and trans men and women.

Nonbinary. Nonbinary refers to persons whose gender identity exists differently than the traditional binary categories of woman/man and includes persons who identify as genderqueer, agender, bigender, and more.

Cisgenderism. Cisgenderism is a system of oppression that gives unearned privilege to cisgender persons and devalues, discriminates, and marginalizes trans and nonbinary persons.

Persons with Marginalized Gender Identities. This phrase will be used throughout this paper to be inclusive of all persons who experience gender-related oppression, including trans/cis women, trans men, and nonbinary persons. The majority of academic literature (including music therapy literature) on gender focuses exclusively on the experiences of cis women, which is exclusionary and a microinvalidation in itself.

Microaggressions. The term microaggressions was created in 1970 by psychiatrist Charles Pierce and is defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults to the target person or group” (Sue et al., 2007, p. 273). Microaggressions differ from overt forms of oppression in that they are insidious, often endorsed as cultural norms (Nadal, 2010; Sue, 2010; Sue et al., 2007). Due to the cumulative nature of microaggressions, these everyday experiences converge to result in greater harm than more overt forms of oppression.

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Gender Microaggressions. Gender microaggressions are everyday assaults, insults, or invalidations directed towards persons with marginalized gender identities.

Review of the Literature

Although overt expressions of sexism and cisgenderism are increasingly criticized and challenged in public spheres, subtler forms of gender oppression (i.e. gender microaggressions) are still often unnoticed, accepted, or even encouraged towards persons with marginalized gender identities. Gender microaggressions take three forms: microassaults, microinsults, and microinvalidations (Sue et al., 2007). Microassaults are often deliberate and include verbal/nonverbal attacks (e.g. yelling a sexist slur). Microinsults are often unintentional and are more difficult to detect (e.g. calling on cis boy students more frequently than the rest of the class). Microinvalidations are denials of the marginalized community's experience of oppression (e.g. denying that gender discrimination occurred in a specific scenario).

Gender Microaggression Categories

Gender microaggression categories towards (assumedly cis) women. Nadal (2010) identified eight categories of gender microaggressions that occur towards (assumedly cis) women: sexual objectification, assumptions of inferiority, assumptions of traditional gender roles, use of sexist language, denial of individual sexism, invisibility, denial of reality of sexism, and environmental gender microaggressions. These categories excluded the experiences of trans and nonbinary persons, though they still may be relevant. While this a quintessential piece of gender microaggression literature that is important to outline here, ideally future research on gender microaggressions will be more inclusive.

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Sexual objectification involves objectifying women and may include touching, staring at, or commenting on their body (Nadal, 2010; Sue, 2010). *Assumptions of inferiority* occur when women are assumed less capable than men in relation to physical, intellectual, or vocational abilities (Nadal, 2010; Sue, 2010). *Assumptions of traditional gender roles* dichotomizes certain tasks as delegated to either men or women (e.g. a woman should focus on raising children), alienating and shaming those who do not adhere to traditional gender roles (Nadal, 2010; Sue, 2010).

The *use of sexist language* includes using derogatory or demeaning terms, communicating women's inferior status (Nadal, 2010). Sexist language also pertains to using masculine descriptors as the default (e.g. policeman) (Sue, 2010). *Denial of individual sexism* is when someone denies their own gender biases, disregarding their own role in perpetuating sexism (Nadal, 2010; Sue, 2010). *Invisibility* occurs when men are given attention or preferential treatment regardless of their abilities; over time, this practice communicates to a woman that she is unworthy or dispensable (Nadal, 2010; Sue, 2010). *Denial of the reality of sexism* occurs when people claim that sexism is no longer an issue, denying women's experience of oppression (Nadal, 2010; Sue, 2010).

Environmental gender microaggressions manifest in systems including the workplace, school, or larger social community (Nadal, 2010). A commonplace example is the disproportionate representation of cis men as professors, business executives, and politicians. Environmental microaggressions are often perceived as social norms, socializing us to believe that persons with marginalized gender identities are inferior or unworthy of representation.

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As mentioned above, Nadal's (2010) gender microaggressions are not inclusive of all persons with marginalized gender identities, excluding the experiences of trans women/men and nonbinary persons. Nadal does comment upon the importance of intersectionality, noting for example, how a Black³ woman would experience sexual objectification differently than a white woman or an Asian woman. However, these categories are still exclusionary, situated in dominant narratives of womanhood (i.e. a white, cis, middle-class, non-disabled, heterosexual experience of being a woman). Several researchers investigate specifically how gender microaggressions intersect with other aspects of identity, such as race. McCabe (2009) found that Latinas experience sexual objectification and exoticization as a result of their racial and gender identities. In the same study, Black women describe experiences of feeling tokenized and overlooked to a greater extent than white women. Lewis et al. (2016) investigated gender microaggression categories experienced by (assumedly cis) Black women and found the following: projected stereotypes (expectation of the Jezebel, expectation of the angry Black woman), silenced and marginalized (struggle for respect and invisibility), and assumptions about style and beauty (assumptions about communication styles and assumptions about aesthetics).

Expectations of the Jezebel are incidents in which enactors objectify Black women because of racialized stereotypes about their sexuality (Lewis et al., 2016). *Expectation of the angry Black woman* entails enactors projecting expectations about the angry Black woman cliché; this type of microaggression can prevent Black women from responding to incidents of oppression out of fear of being stereotyped. *Struggle for respect* and *invisibility* are categories

³ Black is capitalized throughout this paper to emphasize Black as a political identity, aligned with how other racially marginalized communities are capitalized (e.g. Latinas). The racialized category white is in lowercase throughout this paper in opposition to white supremacy.

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that acknowledge how the intersection of racism and sexism compound to influence experiences of disrespect and invisibility for Black women. *Assumptions about communication styles* includes enactors assuming Black women will communicate in particular ways, including stereotypes about speaking volume or the use of African American Vernacular English (AAVE). *Assumptions about aesthetics* involves enactors making presumptions about Black women's bodies, including their figure and hairstyle.

Gender microaggression categories towards trans persons. As discussed previously, gender microaggressions experienced by trans persons are often clustered into studies examining the experiences of the LGBTQ community as a whole. Within those studies, it is important to note that a significant amount of the literature focuses nearly exclusively on sexual orientation microaggressions, continuing the pattern of exclusion of trans persons. Nadal, Skolnik, and Wong (2012) conducted a study specifically examining microaggression categories experienced by trans persons; however, all of their participants identified within the gender binary. While some of the results may still be relevant to nonbinary persons, more research is needed to find gender microaggression categories fully inclusive of the experiences of people who do not fit within the gender binary.

Twelve gender microaggression categories emerged in Nadal et al.'s (2012) study: use of transphobic and/or incorrectly gendered terminology, assumption of universal transgender experience, exoticization, discomfort/disapproval of transgender experience, endorsement of gender normative and binary culture or behaviors, denial of the existence of transphobia, assumption of sexual pathology or abnormality, physical threat or harassment, denial of

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individual transphobia, denial of personal body privacy, familial microaggressions, and systemic and environmental microaggressions.

Use of transphobic⁴ and/or incorrectly gendered terminology involves using offensive or outdated language, using the wrong pronouns, and verbally questioning someone's gender identity (Nadal et al., 2012). *Assumption of universal transgender experience* entails presuming one trans person can speak to the experience of all trans persons and/or relentlessly believing dominant narratives about trans identity. *Exoticization* is similar to the aforementioned category *sexual objectification*, in which the person is objectified because of their gender identity (Nadal, 2010; Nadal et al., 2012). *Discomfort/disapproval of transgender experience* can be communicated verbally and/or nonverbally and includes incidents such as the enactor averting eye contact with someone because of their gender identity. *Endorsement of gender normative and binary culture or behaviors* involves believing people should act in accordance with stereotypes of their gender/sex assigned at birth or promoting the maintenance of binary conceptualizations of gender.

Denial of the existence of transphobia invalidates experiences of cisgenderism and circumvents blame onto trans persons (Nadal et al., 2012). *Assumption of sexual pathology or abnormality* includes being inappropriately sexualized or assuming the person has diseases (sexually transmitted or otherwise) because of their gender identity. *Physical threat or harassment* is often a microassault as the enactor intends to cause the recipient physical or

⁴ Transphobic and transphobia are used throughout these categories. The researcher believes that these words are inadequate in capturing the nature of systemic oppression towards trans person. These words, which emphasize phobia, imply that oppression originates within an individual, whereas cisgenderism better describes the concept of oppression originating within a system.

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emotional harm. *Denial of individual transphobia* is when someone denies their role in transphobia or cisgenderism. *Denial of personal body privacy* occurs when a trans person is invasively questioned about their body parts. *Familial microaggressions* describes the experience of microaggressions within one's family unit.

Systemic and environmental microaggressions occur on a macro level in a variety of settings for trans persons, including public restrooms, criminal legal system, health care, and government-issued identification and public assistance (Nadal et al., 2012). Microaggressions experienced in *public restrooms* include cisgenderist bathroom laws, binary gender restroom options, and feeling unwelcomed or threatened in public restrooms. The *criminal legal system* perpetuates the gender binary by often using the person's sex assigned at birth (including during searches and cell assignment). Trans persons have similar oppressive experiences in the *health care* system through being misgendered or by professionals making inaccurate assumptions about them due to gender identity. Lastly, barriers exist in *government-issued identification and public assistance* that make it challenging to change your legal gender identification and receive public resources.

The Impact of Microaggressions on Health

Microaggressions are detrimental to a person's overall well-being, affecting their physical, intellectual, emotional, and social health and limiting their access to resources (Hadley, 2017; Judson, 2015; Nadal, 2014; Sue, 2010). They also negatively impact the health of relationships between individuals, sub-groups, and larger communities, leading to greater divides and mistrust among cultural groups. Experiencing microaggressions induces stress for marginalized persons (Nadal et al., 2014; Seelman, Woodford, & Nicolazzi, 2017), which

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contributes to a range of physical health complications, including heart disease, hypertension, diabetes, allergies, poor immune response, and asthma (Sue, 2010). Responding to microaggression incidents requires significant energy for recipients, especially as they may question whether they are misconstruing or overexaggerating the experience, leading to exhaustion and fatigue. Microaggressions also lead to internalized oppression, which impacts a person's self-perception and may cause them to underperform at school or work.

As mentioned above, microaggressions can have a significant impact on the mental health of marginalized communities. In a study conducted by Nadal, Griffin, Wong, and Hamit (2014), participants who experienced higher numbers of microaggressions were found with more mental health symptoms than those who did not experience them (albeit the correlation was weak as multiple factors impact mental health). After controlling for the impact of social status, Lilly, Owens, Bailey, Ramirez, Brown, and Clawson (2018) found racial minority graduate and professional students were 2.14 times more likely to have depression when exposed to microaggressions.

Statistics on mental health demonstrate that persons with marginalized (i.e. non-dominant) gender identities have more mental health symptoms and diagnoses than persons with dominant gender identities (i.e. cis men). Women are 60% more likely to have anxiety and 80% more likely to have major depressive disorder as compared to men (National Institute of Mental Health [NIMH], 2017a; NIMH, 2017b). As common throughout this literature review, the NIMH data did not specify whether trans women were included in the data and excluded nonbinary persons altogether. Though trans and nonbinary participants were excluded from the NIMH's

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statistics, a study by Grant et al. (2011) found trans participants reported attempting suicide at an appalling rate of 26 times more likely than the average.

Lastly, microaggressions contribute to employment barriers, unequal representation, and pay inequity (Sue, 2010). Median annual earnings of women were 78.6 cents to a man's dollar in 2017 (United States Department of Labor). The data changes to 83.5 cents for Asian women, 75.4 cents for white women, 60.5 cents for Black women, and 54.6 cents for Hispanic women. Data was not found for trans or nonbinary persons. Cis women hold only 24% of seats in Congress (Pew Research Center, 2018) and trans and nonbinary persons do not currently hold federal congressional seats. Trans persons face significant environmental barriers in addition to lack of representation: 55% report losing a job because of their gender identity and they are twice as likely as cisgender persons to be unemployed or homeless (Grant et al., 2011).

Microaggressions in Academia

Microaggressions are deeply engrained in our cultures and therefore often unrecognizable to enactors of them (Sue et al., 2007), making it inevitable that they manifest in all of our institutions, including higher education. A study by Lilly et al. (2018) found that 98% of surveyed racial minority graduate students reported experiencing at least one microaggression while in college. Boysen and Vogel (2009) found that approximately 25% of professors noticed implicit biases (i.e. microaggressions) manifesting in their classrooms in the year leading up to the study. In comparison, 50% of students noticed incidents of bias in the year leading up to the study, indicating that students are more likely than professors to be aware of such incidents (Boysen et al., 2009). The most common types of microaggressions included verbally degrading

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marginalized groups, avoiding or excluding marginalized persons, discriminatory behavior, and assumptions of level of intelligence based on a marginalized identity.

When professors were aware of microaggressions that manifested in the classroom, they chose to respond most often by confronting the incident, rebutting the incident with counterevidence, and facilitating group discussion (Boysen et al., 2009). It is notable that while professors noticed implicit and explicit biases manifesting in their classrooms at a similar rate, they were two times as likely to respond to incidents of explicit bias as compared to incidents of implicit bias. Undergraduate students rated professors' responses to implicit bias significantly less effective than the professors themselves (Boysen et al., 2009). Additionally, students reported that instructors were occasionally the enactors of microaggressions in the classroom.

Turner, Pelts, and Thompson (2018) conducted an autoethnography to examine their own experiences as queer faculty and students in a social work program. They found seven categories of microaggressions experienced while at the university, including queer isolation (e.g. having to seek queer community outside of the social work program), throwing shade (i.e. indirect insults), queer insult (e.g. the university maintaining relationships with actively oppressive practicum sites), biphobia, too queer (e.g. being critiqued for continually reviewing LGBTQ issues), queer backlash, and the revolving closet door (i.e. the necessity of continually coming out in a heteronormative world). The researchers also expressed struggling to exist in the heteronormative environment of their social work program. They suggested that the field of social work take more active efforts to combat discrimination, discontinue partnerships with homophobic facilities, provide space for faculty and students to process their experiences, and deconstruct gender and sexuality binaries.

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Rankin (2003) conducted a study examining the experiences of the LGBTQ community in higher education and found that nearly half of participants recalled experiences of bias and oppression on campus. 51% of queer students felt the need to conceal their sexual orientation, 43% stated the curriculum did not represent queer people, 43% stated the campus climate was homophobic, and 20% feared for their safety on campus. The researcher suggested that universities actively recruit and retain queer employees, integrate queer information and issues into class curriculum, and create safe spaces for dialogue around these topics. Rockenbach and Crandall (2016) further affirmed the need for support for trans students, noting that in a study of the queer community, trans students reported the highest frequency of oppressive experiences on campus. Their experiences ranged from generalized fear to discrimination to physical assault. Trans students also referenced microinsults and microinvalidations in classroom settings, commenting on course content and instructional approaches that advantage cisgender students, feeling tokenized by faculty overemphasizing their trans identity, and faculty using the incorrect pronouns.

Schmaling (2007) found several categories of gender microaggressions experienced by (assumedly cis) women faculty in academia, including claims that “a woman’s place is not in the academy” (i.e. expectations of traditional gender roles), backlash, tokenism, and anti-affirmative action (i.e. devaluing women), the exclusive club (e.g. men faculty gathering independently), and passive-aggressive paternalism (e.g. a cis man refusing to allow a cis woman to open the door for him). The researchers note that the lack of attention towards gender discrimination in the field of psychology is not surprising given that the practice of psychology itself emphasizes individual

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disorders over broader systemic issues. They recommend that academic institutions build more resources, develop performance expectations, and take action to reduce implicit biases.

Microaggressions in Therapy

As therapy is a microcosm for our greater sociopolitical contexts, counselors inevitably enact microaggressions towards their clients. As a result of their research, Davis et al. (2016) suggested that most, if not all, clients experience at least one microaggression within any given counseling relationship. An interesting finding was that as therapists, men are no more or less likely to commit a gender microaggression than women (Owen, Tao, & Rodolfa, 2010). This finding demonstrates the subtle, systemic nature of oppression; even persons with marginalized gender identities are socialized to perpetuate dominant patriarchal narratives. Owen et al. (2010) devised a list of gender microaggressions (relevant to cis women) specific to counseling, indicating that counselors should be sensitive not only to their personal tendency, but also the larger mental health system's tendency to enact them. The list includes objectification of women, stereotypes about women's psychological distress, assumptions about diagnoses, insensitive treatment suggestions, and neglect of gender issues.

Microaggressions are especially problematic in counseling as they negatively affect the therapeutic relationship, which is central to client progress (Blumer, Ansara, & Watson, 2013; Owen, Tao, Intel, Wampold, & Rudolf, 2014; Owen et al., 2010; Sue, 2010; Sue et al. 2007). Owen et al. (2014) found clients rated the therapeutic relationship more negatively after experiencing a gender microaggression incident. When the microaggression occurs, it changes the client's perception of and relationship with the counselor in that moment (Davis et al., 2016).

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No studies were found regarding the impact of microaggressions enacted towards the therapist by the client, although it is likely these experiences also impact the therapeutic relationship.

Common microaggressions that therapists enact towards clients include stereotyping them, misgendering them, or denying their experiences of oppression (Blumer et al., 2013; Sue, 2010). Experiencing microaggressions leads to cultural mistrust, which in turn leads to limited disclosure by the client (Davis et al., 2016; Gaztambide, 2012; Sue, 2010). A lack of trust and disclosure fused with a negative experience of the therapeutic relationship can lead to poor counseling outcomes and ultimately, terminating counseling services (Davis et al., 2016; Gaztambide, 2012; Owen et al., 2010; Sue et al., 2007).

Ideally, therapists do not intentionally enact microaggressions of any kind towards their clients. While gaining greater awareness of gender microaggressions may help reduce their frequency, therapists may still unwittingly enact them due to their surreptitious, pervasive nature. When therapists are aware of enacting a microaggression towards a client, they should directly address them in the moment, using their power as a practitioner to admit shortcomings and open dialogues in an attempt to repair the harm done and validate the client's experience (Gaztambide, 2012; Nadal, 2010). When the therapist addresses the microaggression in the moment, clients rank the therapeutic alliance similarly to how they rank alliances in which the therapist never committed a microaggression in the first place (Owen et al., 2014).

Microaggressions in Music

As music therapists, we tend to focus on how music is a resource and support for the persons we work with; however, music also has the potential to cause immense harm (Cloonan & Johnson, 2002; Frith, 2004; Scrine, 2016). Historically, music has been used for torture, in acts

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of war, as propaganda, to establish control, and to enforce social order in public spaces (Cloonan & Johnson, 2002). Playing music that is stylistically inaccurate or culturally inappropriate is another way in which music can be used for harm (Frith, 2004). Related to the current study, our musical choices in sessions can also disenfranchise persons with marginalized gender identities.

Persons with marginalized gender identities are significantly underrepresented in the music industry (Scrine, 2016). Flynn, Craig, Anderson, and Holody (2016) found in the top twenty billboard songs for years 2009-2013 for rap, R&B/hiphop, country, adult contemporary, rock, and pop, only 22.2% featured (assumedly cis) women as lead singers. This examination excluded mention of trans and nonbinary persons altogether. Lack of representation in popular music communicates that persons with marginalized gender identities do not belong in musical spaces. It also provides the opportunity to reinforce the dominant values, beliefs, and worldviews of cis (white, heterosexual, non-disabled, middle-class) men. Additionally, Scrine (2016) notes that when women are represented in popular music, they are typically depicted as white, cisgender, sexually pleasing, and of an upper socioeconomic class.

Lack of representation is an issue throughout the music industry, including jazz, classical, and more (Maus, 2011; Scrine, 2016). Trans and nonbinary persons are rarely represented in musical arenas and when cis women are represented, they are most often vocalists (Halstead & Rolvsjord, 2016; Scrine, 2016). Singing directs the gaze toward the body, sexualizing the performer and further perpetuating the belief that a woman's body is not her own. Additionally, women vocalists are expected to have a higher-pitched singing voice, ostracizing those who have lower voices that disrupt gendered expectations (Hadley, 2017; Rolvsjord & Halstead, 2013).

Illustrating how gender norms permeate the music industry, Halstead and Rolvsjord

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(2016) explored the gendered implications of the electric guitar. Guitar players are typically cis men, while the guitar itself is considered feminine, implying a heterosexual relationship with masculine dominance and control. Guitars designed for women are ostentatiously feminine (e.g. pink) and smaller, communicating that they are less powerful. The researchers' review of music therapy studies found men clients opted to play guitar in sessions more frequently than clients who were women. The overall lack of representation of persons with marginalized gender identities in the music industry results in ostracizing them and holding them to stereotypical ways of participating in music.

Significantly for the field of music therapy, music lyrics reflect dominant narratives and reinforce gendered stereotypes and the superiority of cis men. Franuik, Coleman, and Apa (2017) found that participants' opinions about intimate partner violence were influenced after listening to songs that either endorsed, were against, or were ambivalent about the subject, demonstrating how music lyrics can influence our values, beliefs, and worldview. Flynn et al.'s (2016) aforementioned study found 356 out of the 600 songs (i.e. 59.3%) contained some form of objectification. Women were more likely to be the target of objectification and men were more likely to be the agent. Hadley (2017) notes how songs can contain other forms of gender microaggressions. They may reinforce traditional gender roles or contain language that serves to demean or discredit persons with marginalized gender identities. Lastly, the gender binary is heavily enforced through music lyrics.

Microaggressions in Music Therapy

Research directly exploring microaggressions in music therapy is scarce at this time, though some research points to systemic microaggressions in the field. Bybee (2013) examined

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the experience of occupational oppression in music therapy; although the difference was not found statistically significant, they found men participants (48.1%) reported occupational oppression less frequently than women participants (57.3%), which could indicate the impact of gender. Curtis (2013) conducted a survey with 682 respondents examining music therapists' perception of and experience with gender inequity in the music therapy field. The majority of participants reported that they believed gender discrimination impacted the field. Additionally, they found that men music therapists tended to be older, more educated, and higher paid than women music therapists. Edwards and Hadley (2007) also noted that men music therapists disproportionately have academic positions, editorial positions, and advanced degrees and earn on average \$11,000 more than women music therapists. The data used in their examination was from 2004 and more current data on gender pay inequity from the American Music Therapy Association was not found. These discussions did not include references to trans and nonbinary persons, which in itself is a microinvalidation for trans and nonbinary persons in the profession of music therapy.

Microaggressions were not referenced in any sustained capacity in the music therapy literature until 2017. Hadley (2017) wrote a book chapter serving as an introduction to microaggressions within the field, including anecdotes about how they manifest in music therapy settings. She references the music therapy pay gap, disproportionate representation of men in academia as compared to women, traditional gender roles in regards to instrument choices, song lyrics, gendered expectations of pitch, sexual objectification of women music therapists by men music therapists, and more. This chapter is formative in how it introduces the topic of microaggressions in general and gender microaggressions more specifically to the music therapy

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field; however, parallel to literature in other fields, it excludes discussion of the experience of trans and nonbinary persons in discussions on gender, again enacting microinvalidations towards music therapists in these groups.

Music therapists need to be more aware of how they enact microaggressions towards persons with marginalized gender identities in academic, clinical, and professional music therapy settings. Sexism and cisgenderism are deeply embedded in song lyrics, musical genres and instrument choices, as well as in the ways we relate with one another. Music therapists have the power to either stabilize or destabilize gender norms in their work (Halstead & Rolvsjord, 2016). We need to choose our music, language, and interactions consciously, considering how our practice can either uphold or disrupt gendered narratives.

Purpose Statement

Hadley (2017) suggested that music therapists need to become more conscious of the impact of gender microaggressions in academic, clinical, and professional settings. As our field is a microcosm for larger sociopolitical experiences, we need to be mindful to avoid reinforcing stereotypes, oppressing our fellow music therapists and clients, and/or causing irreparable harm to our therapeutic relationships (Frith, 2004; Halstead & Rolvsjord, 2016; Owen et al., 2014; Scrine, 2016). While scholarly research into the impact of microaggressions is rapidly increasing in related counseling fields, literature in music therapy remains scarce. This study aimed to contribute to the music therapy literature on gender microaggressions, spark dialogue within the field, and develop music therapists' awareness of the impact of gender microaggressions. Additionally, as spaces to discuss gender microaggressions in the music therapy field are limited, this study aimed to be a safe space for participants to openly process their experiences.

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Research questions included:

- How do gender microaggression incidents manifest in music therapy settings?
- What are the internal and external reactions of recipients' of gender microaggressions?
- How do the intersections of the recipient and enactor's identities influence the experience of the incident?
- How do music therapists experience their gender in the music therapy field as a whole?

Method

Research Design

Ontology and Epistemology. Historically, music therapy and the medical field have hailed objectivist research as superior due to its emphases on objectivity, generalizations, controlled environments, and (often) quantitative data (Hiller, 2016). This created a hierarchy of research paradigms that devalued more interpretive research approaches. In the 1980s, the music therapy field began to integrate alternate research methodologies that acknowledged the impact of subjective experience, including grounded theory, phenomenology, and naturalistic inquiry. Although the hierarchy of research is still present today, medical fields are shifting towards acknowledging the value of both objectivist and interpretivist epistemologies in research, recognizing that both are necessary for the fullest understanding of research questions.

Interpretivist research is rooted in the acknowledgment of multiple truths and realities (Hiller, 2016). Knowledge is constructed, rather than discovered, as human beings interpret the world through their own individual and cultural contexts. The term *interpretivist* is often used interchangeably with *qualitative* in the literature, although qualitative refers to the type of data being collected, rather than an overarching epistemology. Interpretivist researchers focus on

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depth, rather than breadth, as they seek to gain a rich, contextual understanding of the phenomenon of study. Here are several common threads in interpretivist research:

- Research tends to occur in the *natural setting* for the sake of authenticity;
- *Researcher as key instrument*: The researcher collects and interacts with the data;
- *Multiple data sources* are analyzed and integrated for a wider understanding;
- Attention is focused on the *meaning* that *participants* assign to phenomena, rather than findings in existing literature or the researcher's preconceived beliefs;
- *Emergent design*: The design methods may morph as the researcher collects data and gains further insight;
- The researcher remains *reflexive* by acknowledging the influence of their own values, beliefs, and context on research direction and interpretation;
- The ultimate aim of the research is to create a *holistic representation* of the phenomena, valuing *multiple perspectives*.

(Creswell, 2014, p. 185-6).

Methodology. In narrative inquiry, stories are regarded as rich communications of human experiences (Hadley & Edwards, 2016). In this methodology, narratives are both the medium for exploring the phenomenon and the phenomenon itself. Researchers are not only attentive to the story's content, but also how it is communicated, which may shape and shift its meaning based on time, context(s), and listener(s). The listener, or researcher, also shapes the story's meaning as they perceive it based on their own cultural location. The storytelling process is dynamic and can be transformative, impacting researcher, participants, and even readers. Data collected in narrative inquiry often involves dialogue as participants are encouraged to tell their stories.

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Analysis techniques vary in this approach, but narratives are always read and reread in order to help the researcher gain a deeper understanding.

Rationale for narrative inquiry. Narrative inquiry was chosen to address the research questions because of its focus on lived experience and constructed meanings (Hadley & Edwards, 2016). Gender microaggressions are complex and experienced differently depending on the recipients' past experiences, cultural location, personality, relationship with the enactor, and more. Thus, to study them requires an in-depth examination of the phenomenon. Narrative inquiry was also chosen because of its capability to transform the researcher, participants, and readers. Within this framework, I intended to provide a supportive space for participants to openly share their experiences, leading to potentials for greater insight and healing.

Data Collection Procedures

Recruitment procedures. A request for participants was sent to the “Music Therapists for Social Justice” and “Trans and Nonbinary Music Therapists & Students” Facebook groups; additionally, participants were personally invited to the study based on their demographics and their experience reflecting on the impact of systems of privilege and oppression in music therapy. Participants were purposively sampled from respondents with the following criteria in mind:

- a) The participant is a music therapy clinician, music therapy educator, or music therapy student.
- b) The participant is of a marginalized gender identity.
- c) The participant has experience reflecting on the impact of systems of privilege and oppression in music therapy.

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- d) The participant can describe 2-4 gender microaggression incidents they were the recipient of within the field of music therapy.
- e) Participants are demographically diverse, especially in regards to gender and race.

Participant demographics. Participants were selected with the intention of creating a diverse group to the greatest extent possible. It is essential to consider how all of a person's identities (e.g. race, gender, sexual orientation) intersect to affect their experiences of gender microaggressions (DeBlaere et al., 2013; Lewis, Mendenhall, Harwood, & Browne Hunt, 2016; McCabe, 2009; Nadal, 2010; Sterzing, Gartner, Woodford & Fisher, 2017). Focusing solely on gender is problematic as doing so risks only representing the dominant group's experience of that identity (i.e. when focusing on gender microaggressions, the dominant experience of a white, heterosexual, non-disabled, middle-class, cis woman is over-represented) (Sterzing et al., 2017).

Due to the small sample size (8) as well as the homogeneity of the music therapy field, demographic diversity was somewhat limited. Demographics of the participants are listed below:

Table 1

Participant Demographics

Gender	Race	Age	Sexuality	Ability
Cis woman (4)	White (5)	20-30 (4)	Queer (7)	Non-disabled (6)
Nonbinary person (3)	Person of color (3)	30-40 (2)	Straight (1)	Disabled (1)
Trans man (1)		40-60 (2)		Non-disabled with mental health needs (1)

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Pre-interview procedures. Following selection, the participants were informed they were chosen to participate in a 45-90 minute interview via Skype. They were sent an informed consent form (see Appendix A⁵), videotape release form (see Appendix B), and research instruments (see Appendix C: a definition and list of gender microaggression examples and the research questions to assist them in brainstorming gender microaggression incidents to discuss). I was available via email for any questions the participants had about the study. Participants were asked to prepare for the interview by reading through the materials and then creating a list of 2-4 gender microaggression incidents they have experienced. Emphasis was placed on incidents enacted by other music therapists (e.g. colleagues, professors, internship directors), with a secondary focus on incidents enacted by music therapy clients.

Interview procedures. Semi-structured interviews were conducted via Skype and recorded using QuickTime and then transcribed verbatim. The participants explored 2-4 specific gender microaggression incidents with me as the researcher, guided by the interview questions. I also inquired about the participants' overall experience of their gender in the field of music therapy, a question which emerged organically during the interviewing process. I journaled following each of the interviews about my reactions and impressions. Follow-up questions were sent to three participants after transcription of their interviews; their email responses were included in the data analysis.

Ethical considerations. The research topic had the potential to instigate pain and trauma related to discussing experiences of gender-based oppression, which was outlined in the

⁵ The language used in these forms is not congruent with language used throughout this paper as the researchers' discourse shifted in the process of writing this paper.

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informed consent form. Additionally, participants were made aware that they could request to pass on a question or end the interview at any point. Following each interview, the participants were asked (either at the end of the interview or in a follow-up email) whether they wanted referrals for therapy in their locality for further processing of the material. No participants requested this option.

The field of music therapy is relatively small and homogeneous and thus, issues of confidentiality are important to consider in research. Several participants throughout the study expressed concern that they would be identifiable, particularly as they were identifying their music therapy colleagues as enactors of gender microaggressions. Thus, confidentiality was of utmost importance when writing up the results. Member checking was employed to ensure that participants felt the quotes, pseudonyms, and description of demographic information did not reveal too much information about their identity. To further ensure confidentiality, the recordings were saved in a password-protected file on my computer. Once fully transcribed, they were deleted. Transcriptions included the participants' demographic information but excluded their names. Three years following the completion of this study, transcriptions will also be deleted.

Data Analysis and Interpretation Procedures

Interpretivist data analysis does not follow a set of strict procedures (Creswell, 2014); instead, the data analysis process is cyclical and dynamic, shifting as the researchers' understandings develop and deepen. Throughout analysis, I aimed to remain reflexive about how my own experiences and worldview shaped my reactions and interpretation of the data. Additionally, I sought to have prolonged exposure to the data, reading and rereading it until saturation occurred and themes felt finalized.

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After transcribing the interviews, I read through each transcript twice before coding for themes, doing so as an attempt to listen more fully to participants' stories before assigning meanings onto them. To begin the analysis process, data was uploaded into ATLAS.ti, a qualitative data analysis and research software program. Data was then coded by selecting significant quotes and using a word or phrase to denote their meaning. I also noted *how* stories were communicated, such as incorporating the use of humor or connection (e.g. "you know what I mean"). Codes developed in congruence with the constant comparative method as outlined by Creswell (2014). As I continued reading transcriptions and adding additional codes, they returned back to formerly coded data to integrate categories and search for the newly added codes. As I read and re-read the transcripts, patterns continued to become clearer and codes merged into one another. To ensure validity and avoid misrepresenting the participants, data that contradicted itself was also presented and coded. Lastly, the researcher consulted with their academic advisor to consolidate codes into sub-themes and create overarching themes.

Member checking. Following confirmation of the final set of themes and sub-themes, the researcher participated in member checking by sending the findings back to the participants to glean whether the findings captured the essence of the data. Several participants provided feedback and collaborated with the researcher to create new sub-themes that more accurately reflected their experiences.

Results

Participants described a total of 49 specific gender microaggression incidents, in addition to describing how they experienced their gender within the music therapy field as a whole. Enactors of gender microaggressions included music therapy professors, panel presenters at

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music therapy conferences, music therapy colleagues, music therapy students, music therapy internship directors, music therapists (in the capacity of the participants' therapist), and the field as a whole. Participants also described encounters in which clients, non-music therapist team leaders, and client families enacted gender microaggression incidents. Most of the incidents described in interviews were prepared in advance by the participants. Some emerged within the interviews themselves as conversations helped to stimulate memories of particular incidents.

Five themes with 33 sub-themes were revealed during data analysis. The five overarching themes included 1) qualities of microaggressions, 2) impact of incident, 3) survival tactics, 4) interpersonal dynamics, and 5) gender in music therapy. Responses varied vastly and were contextualized within each participants' worldview, identities and their intersections, past experiences, and relationship with the enactor.

In this section, each theme and corresponding sub-themes will be expounded upon, with quotes provided as examples as indicated. To ensure confidentiality, each participant has been given a pseudonym; these pseudonyms have not been linked to their demographics, except when relevant to the quotes and approved by the participants. Pseudonyms that will be used below include Beatrice, Blake, Heather, Jordan, Michael, Pat, Veronica, and Zane. Quotes will be placed in quotation marks when within the text body and italicized when given their own paragraph for ease of reading.

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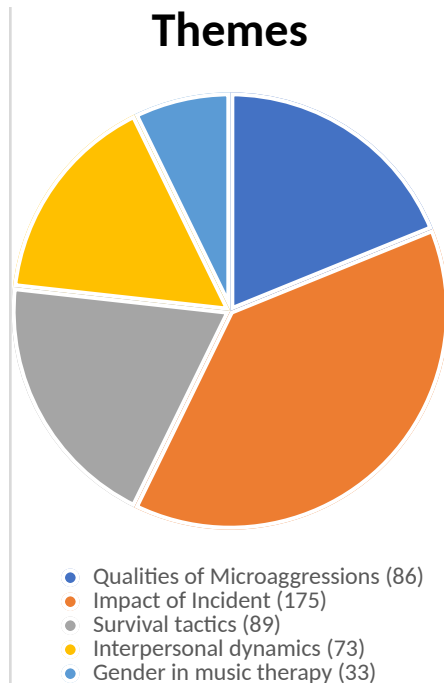


Figure 1. Themes. This figure depicts themes found in the research and number of occurrences, including qualities of microaggressions (86), impact of incident (175), survival tactics (89), interpersonal dynamics (73), and gender in music therapy (33).

Qualities of Microaggressions

This theme had 86 occurrences and includes codes in which the participant identified and/or described qualities of microaggressions. It includes the sub-themes of cumulative, intersectional, subtle, and systemic.

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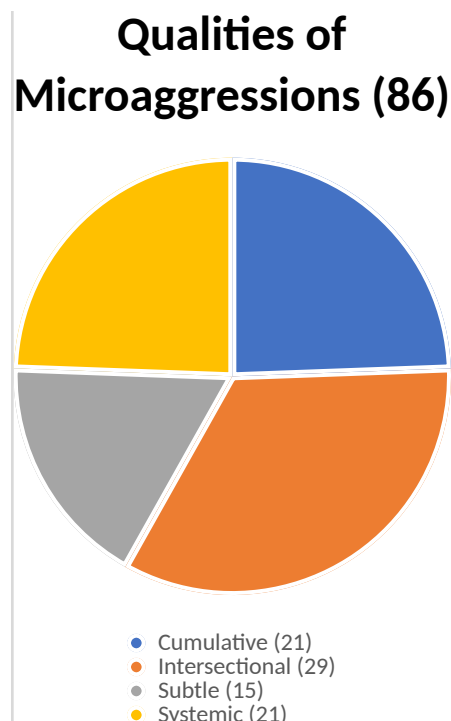


Figure 2. Qualities of Microaggressions. This figure depicts sub-themes and number of occurrences found in the category qualities of microaggressions and includes cumulative (21), intersectional (29), subtle (15), and systemic (21).

Cumulative. Participants described the impact of the constant accumulation of microaggressions throughout their lives. They described it having a physical, emotional, psychological, and spiritual toll; some expressed that the experience of microaggressions over time led to physical ailments, significant stress, and/or trauma. Jordan described the impact of the constant onslaught of microaggressions:

It's a moment but it's accumulation of those moments that really, it breaks down the human soul and the human spirit...microaggressions [are] not a one time thing, it's never a one time thing...it's an accumulation of that everyday. It has an insidious way of eroding the human spirit.

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Participants also discussed how the cumulative nature of microaggressions sometimes made them difficult to detect. At times, this allowed the incident to go unnoticed and thus, participants experienced no immediately evident short-term impact. However, participants still noted that such incidents could still have a long-term impact from constant exposure.

Intersectional. Participants described how the interaction of their and the enactor's differing identities impacted how they experienced gender microaggression incidents. Some participants described how it was often hard to determine whether it was their gender specifically that was indicated in the incident as the microaggression was related to multiple aspects of their identity. An example of this included racial slurs tied to gender. Additionally, some participants noted that the daily, pervasive microaggressions (e.g. calling on cis men in music therapy classrooms) were impossible to determine as being related strictly to gender. Instead, they posited that these microaggressions occurred in response to their multiple interlocking oppressed identities.

Participants also described how their less obvious identities (e.g. sexual orientation, less visible disabilities) impacted the type of and/or experience of the gender microaggression. Zane described a gender microaggression incident complexified because of their queer, nonbinary identity:

There would be an assumption from my professors...that everyone in the car had children already or were going to have children. We're going to have children, we're going to have babies and be pregnant and want to be pregnant...And that is not my experience personally.

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In this scenario, the music therapy professor not only made an assumption of traditional gender roles, but also made assumptions about gender identity and sexual orientation that impacted Zane.

Lastly, some participants described the enactors' identities and how they impacted their experiences. When the enactor held identities obviously oppressed in relation to their own identity (e.g. target is a white woman and agent is a Black man), they noted how it complexified their experiences and reactions. Some participants recalled feeling hesitant to respond in retaliation to the incident out of a desire to not want to be oppressive towards the enactor.

Subtle. Participants described the subtle nature of gender microaggression incidents and how that made it challenging to detect or respond to. Several participants noted the brevity of the incident, such as Heather:

It went really quickly from...me trying to listen...and then all of the sudden...I was in it. I was like, 'Oh wait, this is now more about me in a different way than it was when I was listening to this examination of this interpersonal relationship with another person.' And so the quickness of that felt uncomfortable....the conversation just continued and then it happened, and then it was just him continuing.

Often in these situations, participants expressed not having adequate time to process the incident, as the gender microaggression enactor and/or witnesses moved on and continued as though it did not happen. Additionally, some participants questioned whether the incident actually occurred due to its brevity.

Systemic. Participants described how gender microaggressions are pervasive and situated within larger cultural narratives about gender. They noted how they are ingrained in our thinking

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patterns and conceptualizations and thus can be hard to detect. Some participants discussed having a low expectation of others to not enact gender microaggressions, such as in Blake's statement: "I'm never gonna get to the point where I'm perceived as nonbinary, because that's not the culture we're in." Several participants also noted a need for improved education on the negative impact of problematic narratives in music therapy training programs.

Impact of Incident

Gender microaggressions had varying impacts on participants; depending upon the person, their worldview, the incident, and a variety of other factors, the participants' responses ranged from indifference to traumatization. This theme had 175 codes and included experiencing gender dysphoria, experiencing visceral reactions and feeling hurt, indignant, invalidated, regret, shame, shock, tired, or tokenized. Participants also shared about how the incident led to internalized beliefs or understandings about themselves, led them to question themselves, lingered past the specific moment of the incident, and caused them to be wary of stereotype threat. Content warning: mention of rape culture in below descriptions.

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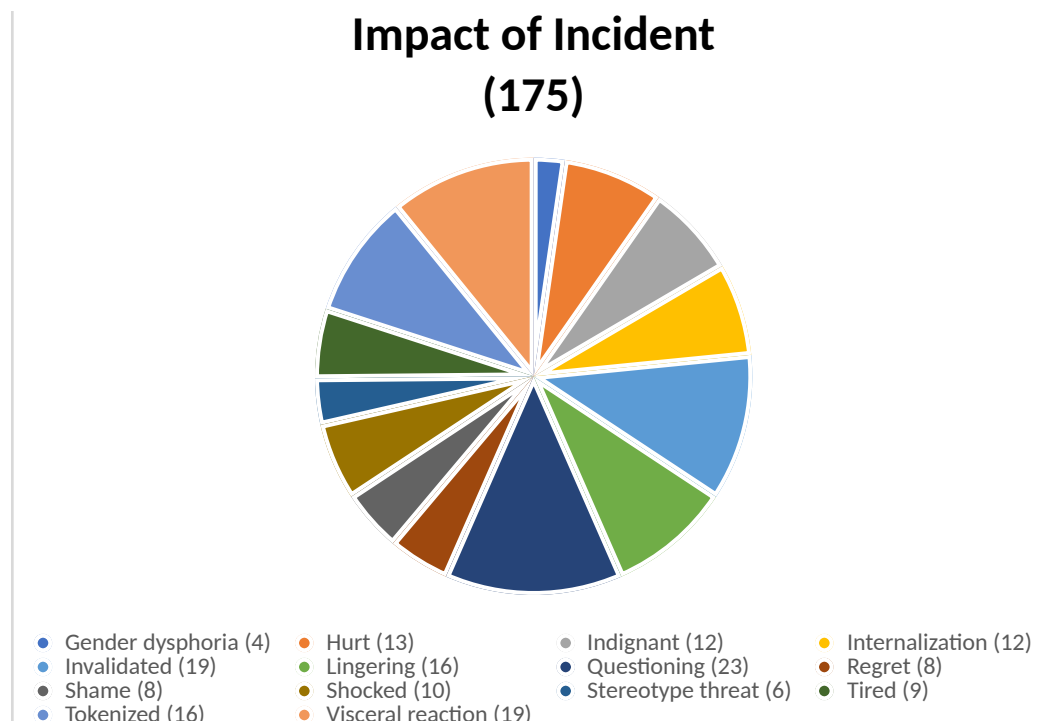


Figure 3. Impact of Incident. This figure depicts sub-themes and number of occurrences found in the category impact of incident and includes gender dysphoria (4), hurt (13), indignant (12), internalization (12), invalidated (19), lingering (16), questioning (23), regret (8), shame (8), shocked (10), stereotype threat (6), tired (9), tokenized (16), and visceral reaction (19).

Gender dysphoria. Zane described gender dysphoria in response to a clients' environment that included posters and clothing perpetuating rape culture:

I wear usually a tighter sports bra under my clothes...because it just makes me uncomfortable to think about having myself exposed and more thought of as a woman when I'm there...It's one of the places where my dysphoria's usually the worst.

Hurt. Participants described feeling hurt or unwanted during or after the gender microaggression incident, such as Pat does here: "It depends on the situation and my mood or vulnerability in the moment. I feel unwanted and like something is wrong with me. It hurts. I

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hurt.” This feeling was often linked to the cumulative and repetitive nature of gender microaggressions. Additionally, hurt was sometimes expressed as frustration, but through reflection identified as hurt as the root cause.

Indignant. Participants described feeling indignant in a variety of forms, including “annoyance,” “anger,” “irritation,” “frustration,” and “resentment.” For many participants, this indignancy came after time spent processing, while for others, it was immediate and in the moment.

Internalization. Participants discussed how gender microaggression incidents caused them to internalize values or beliefs they held about themselves due to their gender. They also discussed feelings of “shame” and self-blame after the incident. Several participants discussed the need for constant vigilance to prevent internalizing dominant narratives about gender, such as Veronica here:

I had to constantly remind myself and place myself or situate my experience within some kind of history, inside some kind of theory, because if it were left up to me, just knowing how oppression works, that internalized experience could just resurface and [it] would be so easy just to go back to ‘It’s really my fault.’

Invalidated. Participants described how gender microaggressions led to feelings of invalidation. These incidents included enactors misgendering the participant or making assumptions about traditional gender roles. Emotional reactions to the experience of being invalidated included “frustration,” feeling “self-conscious,” and powerlessness. Participants discussed feeling as though aspects of their identity were erased through interactions with the enactors.

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Lingering. Participants described how the specific gender microaggression impacted them long-term, including experiencing emotional and physical effects as well as harming their relationship with the enactor. Additionally, participants described perceiving the incident as having no impact on the enactor of the gender microaggression, such as Jordan here: “That person just walked away not knowing...he went on in life as usual and then the repercussions of that on me [were] so great, the traumatizing for me was so great.”

Questioning. Participants described how gender microaggression incidents led them to question themselves, the incident, or their relationship with the enactor. This included questioning in-the-moment as well as questioning following the incident. Some participants discussed mentally reviewing the situation, trying to discern whether or not it even was a microaggression. They also questioned whether they were “over-reacting” or whether they were to blame for the incident.

Several participants, especially when describing gender microaggressions enacted by a music therapy client, described internally negotiating their response. Jordan says: “What is my role? What am I doing over there? What is my role? And what are we trying to achieve and is this important?” They also evaluated how it affected their perception of enactors, wondering how the specific incident impacted their relationship. On a macro level, participants described the constant everyday questioning that accompanies a lifetime of experiencing microaggressions. They recalled questioning whether decisions about promotions, appointments, or pay were related to their gender identity.

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Regret. Participants described feelings of regret in how they responded to the gender microaggression incident, wishing in retrospect they had responded outwardly to the incident rather than remaining silent.

Shame. Participants discussed feelings of shame and guilt in response to gender microaggression incidents. One participant located this feeling of shame in gender socialization and internalized oppression.

Shocked. Participants described feeling shocked during gender microaggression incidents. They felt shocked in response to the severity of the incident, attitude or response of the enactor, and gender of the enactor (in situations in which they were also of a marginalized gender identity).

Stereotype threat. Several participants shared that they did not react externally to the gender microaggression incident to avoid stereotype threat (i.e. being pigeon-holed into performing their identity in ways seen as common and negative for their cultural group).

Veronica shares this incongruence of inner experience and outer reaction due to societal pressure here:

In that moment, I wanted to explode or address what was happening, but I was like, 'But you can't do it, because then you'd be the angry Black woman...' if I show any trace of emotion, then I'll look like the angry Black woman, they'll talk about my emotionality or they'll talk about some other aspect of my identity. I'll be pigeon-holed to something else.

Tired. Participants described feeling tired and/or exhausted from the accumulation of gender microaggressions over a lifetime. Exhaustion occurred from continually explaining their

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gender identity, reminding enactors of correct pronouns, maintaining walls to prevent themselves from feeling pain, and questioning or replaying the incident.

Tokenized. Participants described feeling tokenized in several ways, including feeling as though they had to be a spokesperson for everyone who held similar identities to them. Michael described feeling tokenized because he was only recognized for one aspect of his identity: “There’s just this one element of who I am and that’s the only way she’s able to engage with me...that’s not 100% definitive of who I am. There [are] other elements of who I am.”

Visceral reaction. Participants described having a visceral response to the gender microaggression incident in which they felt a bodily reaction in-the-moment or during the interview itself. Their reactions included: “the sensation of something falling on top of you,” feeling “gross” or “icky,” experiencing an “icy stream,” experiencing a “burning in my gut,” nausea, and becoming physically ill after prolonged exposure to microaggressions.

Survival Tactics

Participants reported using a variety of survival tactics in order to bear the impact of gender microaggressions. Survival tactics had 89 themes and included avoiding the situation or enactor, caregiving for or protecting the enactor, forgiving the enactor, intellectualizing the incident, minimizing the incident’s impact, protecting themselves, and remaining constantly vigilant. They also discussed the positive benefits of processing the incident afterwards.

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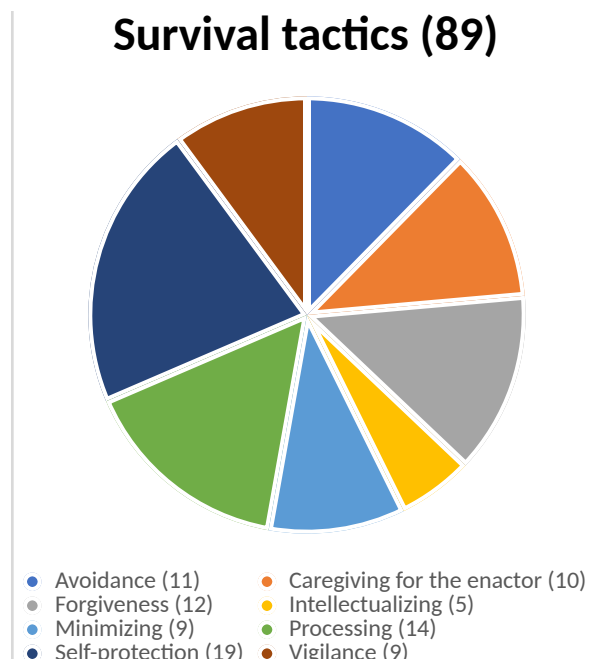


Figure 4. Survival Tactics. This figure depicts sub-themes and number of occurrences found in the category survival tactics (89) and includes avoidance (11), caregiving for the enactor (10), forgiveness (12), intellectualizing (5), minimizing (9), processing (14), self-protection (19), and vigilance (9).

Avoidance. Participants described using avoidance as a survival tactic, with strategies including the use of humor to divert, keeping the conversation “surface-level,” and avoiding the enactor altogether.

Caregiving for the enactor. Participants described either an internal desire or societal pressure to take care of and protect the enactor. This manifested in a multitude of ways, including not confronting the enactor to protect their feelings and reputation. Michael discussed protecting the enactor by keeping the incident private, stating: “if I give an instance of my professor...doing a microaggression against me, and then you publish this paper and my professor reads it...they might know it’s me...[I] almost become an apologist for the person doing the microaggression.”

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Veronica discussed a pervasive feeling of responsibility to educate the oppressor in order to move towards systemic change:

I've come in contact with many white feminists...there's so much room for microaggressions to take place...you have to be ready to allow your body to be a bridge for learning...If I really want [them] to learn from my experiences...I will have to sacrifice a part of me for [them] to get that knowledge.

Forgiveness. Participants described forgiving enactors as a survival tactic. They explained that they perceived enactors of gender microaggressions as well-intentioned, ignorant to the impact of the incident, and part of a larger system that socialized them to commit the gender microaggression. Blake described the latter here when referring to the experience of being misgendered: “I get that we live in a very binary world...I get that that’s a...systemic thing that we’re navigating. So I understand why people make those assumptions.”

Blake further explored forgiveness as a coping strategy, identifying that at times it is the only option:

I think it's an acceptance of the fact that we're not in that kind of culture and so I'm still frustrated about it and ideally I would like to be perceived correctly...maybe it's not authentic, maybe it's more accepting the reality of this situation.

Intellectualizing. Participants described conceptualizing the gender microaggression incident intellectually to protect themselves from internalized oppression or self-blame.

Minimizing. Participants discussed minimizing the severity or impact of gender microaggression incidents. Several participants discussed being hesitant to participate in the study because they were uncertain whether their experiences were “important enough.” Some

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participants discussed struggling to come up with incidents to discuss because they diminished the impact of them, such as Beatrice: “I think I’ve become a little bit desensitized to it...there are certain ones where I’m like, ‘Oh, that wasn’t that bad, at least he didn’t say that other thing about me.’”

Processing. Participants shared how they processed the incident, including how their emotional reactions and understanding changed with time. Processing was beneficial both following the incident and in the moment with the interviewer. Participants reported that processing was helpful to avoid feelings of internalized guilt or shame. Veronica shared her experience of the benefits of processing:

I think after a week or so, maybe a couple of months later, I decided I was gonna write and just write and create art around it and just externalize it. And then when I was able to externalize it and my professors and my colleagues got to hear about it and see it, it shifted the way in which I interacted with the whole experience.

Self-protection. Participants discussed taking actions to protect themselves from retaliation, hurt, or other forms of suffering after the gender microaggression incident. Tactics to protect themselves often involved not confronting the enactor. Several participants discussed negotiating with themselves about the benefits and risks of discussing the incident with the enactor or going public with the event. Veronica discussed that spaces for marginalized people often don’t exist because creating those spaces would put them at risk for harm:

And as I think of many things, many spaces, that haven’t been created, it’s wondering if the space will retaliate, if the people that are in the atmosphere, or in the environment, if they will somehow take the story, take the narrative and misuse it or...or become hostile

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in just hearing it...that's exactly what I think I experience every day, it's like do I share of myself? If I share of myself, either what I say will be taken, stolen, sometimes I feel stolen and misused, kinda [tweaked] for some kind of sinister purpose? Or if I give up myself, I'll be um, kinda persecuted in some way. But I think it's a reality.

Zane also discussed actions they take for self-protection, including the decision to not publicly disclose their gender identity in music therapy:

I have hopes for a future career when I can be out and can be working, but right now I definitely don't feel secure enough to try...I think [it] is a bit messed-up, that my identity is seen as subversive or dangerous enough that asking to be gendered correctly would be a problem. I wish it were normalized and accepted because with the people I am out to and who gender me correctly it feels So Good and Affirming⁶ and it would be lovely to be able to experience that full-time in my life.

Vigilance. Participants discussed being constantly aware of the potential for gender microaggressions to occur, naming how they were wary of certain people and/or situations to protect themselves.

Interpersonal Dynamics

In this theme, which had 73 instances, participants explored the interpersonal dynamics present during gender microaggression incidents, including boundaries, power, the enactor's response, and the impact of the incident on their relationship with the enactor.

⁶ Capitalized according to participants' preference

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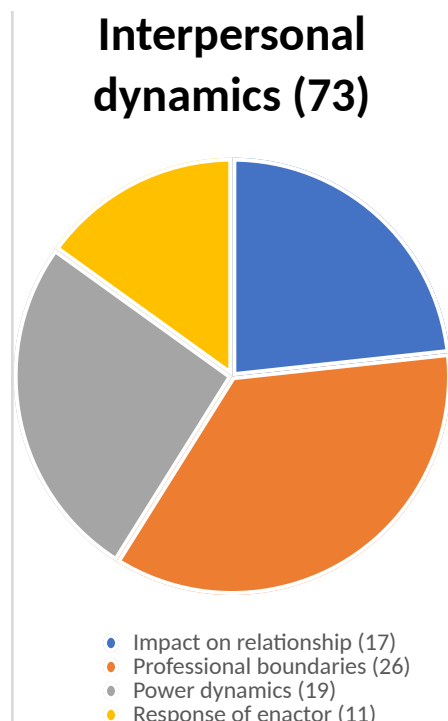


Figure 5. Interpersonal Dynamics. This figure depicts sub-themes and number of occurrences found in the category interpersonal dynamics (73) and includes impact on relationship (17), professional boundaries (26), power dynamics (19), and response of enactor (11).

Impact on relationship. Participants discussed how gender microaggression incidents impacted their interactions and/or relationship with the enactor moving forward. Several participants described feeling tense around and/or “resentful” towards the person. Additionally, at times they discussed how the incident had irreparable harm on the relationship, causing them to be increasingly critical of the enactor or less open with them.

When discussing work in which the client enacted a gender microaggression towards the participant as the therapist, two participants discussed how the incident led them to feel less connected with their clients, negatively impacting the therapeutic relationship. Zane discussed how the clients’ environment affected them here:

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I know that he can't do anything to me, I know that he wouldn't, but it's just this environment. It makes me feel unsafe just because of the things that are there...I enjoy working with the client but it's not a good experience being in his space.

Professional boundaries. Participants processed professional boundaries in conversation with the interviewer, asking questions about their roles and responsibilities. This theme was often present when the participants explored gender microaggression incidents that occurred from a music therapy client. It also emerged for participants in regards to professional boundaries with other music therapists while at music therapy conferences. Heather discussed her negotiation when in the therapist role:

I feel a responsibility in the role as therapist to negotiate a response in a different way than I would if this were just like a random person in my life...I don't think there would be the mediated response like there is in the clinical moment...I just would either ignore it and walk away...I feel like I have to mediate that when I'm relating to a person as a therapist...what do I feel like is my responsibility as a therapist and what is my responsibility to myself, as a human with this human?

Blake, who is nonbinary, also discussed negotiating their role with clients: "It's important to me for people to use the right language to refer to me but this group is also not for me and... can I tolerate disrespect...if I don't share my pronouns?"

Power dynamics. Participants mentioned power dynamics in a variety of ways during the interviews. They noticed the impact of power and how it influences interactions, particularly with enactors of a gender microaggression. Participants also discussed the intersection of other existing identities with their gender, noting how it changed their experiences of power.

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As an example, participants discussed how being of a marginalized racial identity amplified their experiences of gender microaggressions. They also considered how their identities interacted with the enactors', leading to various experiences of power within those relationships. Veronica discussed the impact of power dynamics here: "Even if I think I'm able to carve out spaces and talk about things and I think they see my value...it doesn't dismiss the fact that (sigh...) in some way I feel like an outsider in a boy's club."

Response of enactor. Participants described enactors' reactions, which varied depending on the situation, qualities of the enactor, and relationship. Some enactors of gender microaggressions were unaware of the incident and continued interacting with the person as typical. Some participants had the impression that the enactor was trying to circumvent blame, as they were aware of the incident but not aware of their role within it. One participant illuminated the incident to an enactor, to which the enactor became "defensive" and expressed that the incident was unintentional. In two incidents, enactors recognized that they had committed a gender microaggression by admitting their role in perpetuating oppression.

Gender in Music Therapy

Participants discussed how they experienced their gender within the music therapy field as a whole. Experiences included feeling affirmed in regards to their gender within the field, noticing a need for further dialogue around issues surrounding gender, and the perceived advantage of cis men in the field.

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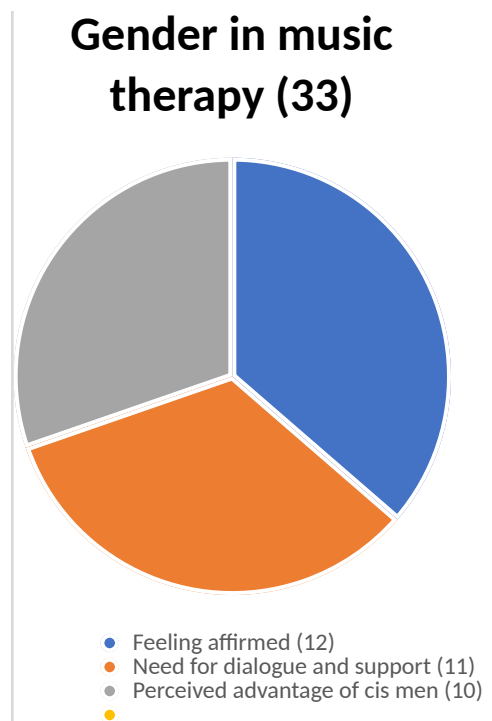


Figure 6. Gender in Music Therapy. This figure depicts sub-themes and number of occurrences found in the category gender in music therapy (33) and includes feeling affirmed (12), need for dialogue and support (11), and perceived advantage of cis men (10).

Feeling affirmed. Several participants discussed feeling affirmed in regards to their gender in the music therapy field. Heather discussed how this was in part due to the high percentage of (white) cis women in music therapy; she also acknowledged that others of marginalized gender identities may not have the same experience:

There is some level of social buy-in that white cisgender women experience...and not to say that gaslighting doesn't happen or people say "Oh, sexism, it's dead." [Sexism] does happen but I think I have been able to tap into things that validate that it's not me... maybe that wouldn't be true if other parts of my identity were different.

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It was not only cis women who experienced support within the field; trans and nonbinary participants also discussed feeling supported when coming out in academic and professional music therapy spaces. These participants located their experiences of affirmation within specific music therapy academic programs and professional circles that validated their experiences. Participants expressed that they felt “blessed” to receive this support and acknowledged that not all music therapy spaces may be as affirming.

Need for dialogue and support. Participants expressed the need for music therapy to have more spaces to process gender microaggression incidents. They shared that participating in the study was “therapeutic” and demonstrated gratitude for the opportunity to process their experiences out loud with the researcher to gain greater awareness, such as Beatrice:

It was really cool to process through it ‘cause I think like even though I thought about these experiences beforehand a little bit, there were things that came out just in the process...there’s not a lot of opportunities to reflect...and so I’d say it was healing to be able to process through that.

Perceived advantage of cis men. Participants commented about their perception that cis men in music therapy held the majority of powerful positions in music therapy, including in AMTA, research, academia, and other executive boards. Beatrice commented about her frustration about cis men’s unearned advantages in music therapy in comparison to herself:

I think there’s a part of me as a woman in the field that I feel like I have to like prove something...part of that is like motivating me to get more education...because I want to be seen as a professional...I feel like I have something to prove and that I like want to

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learn...and have I think more knowledge and experience...I don't know if I would still feel that if I was a man in the field.

Discussion

The present research study sought to explore how music therapists with marginalized gender identities experienced gender microaggressions in the music therapy field. Research questions investigated how recipients of gender microaggressions experienced and navigated them in academic, clinical, and professional music therapy settings. The study also examined the participants' experience of their gender within the music therapy field as a whole.

Participants discussed qualities of microaggressions, the impact of gender microaggressions, coping and survival strategies used to mitigate the impact, how specific incidents impacted interpersonal dynamics, and their overall perception of gender in the music therapy field. Participant responses were situated within their sociopolitical identities and unique worldviews.

As the researcher, my aim was to remain open to the impact of each participant's values, beliefs, and past experiences on the results and thus I was not surprised by the diversity of findings. That said, I was initially surprised by the sub-theme *feeling affirmed*, in which participants (including cis women, trans men, and nonbinary persons) described feeling supported in regards to their gender in music therapy. With reflection, I realized I could not deny my own experiences of affirmation and support as a (cis, middle-class, non-disabled, white) woman in music therapy. This sub-theme, which only occurred with participants who were white, non-disabled, and under 40 years old, is in contrast to quotes from persons of color who described being excluded by music therapy's white feminism, such as Veronica here: "looking at

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the intersections of race and gender, there hasn't been any space created for conversations about being a Black female...many of the conflicts or tensions we have...in the field is always perceived from a singular white feminist lens.”

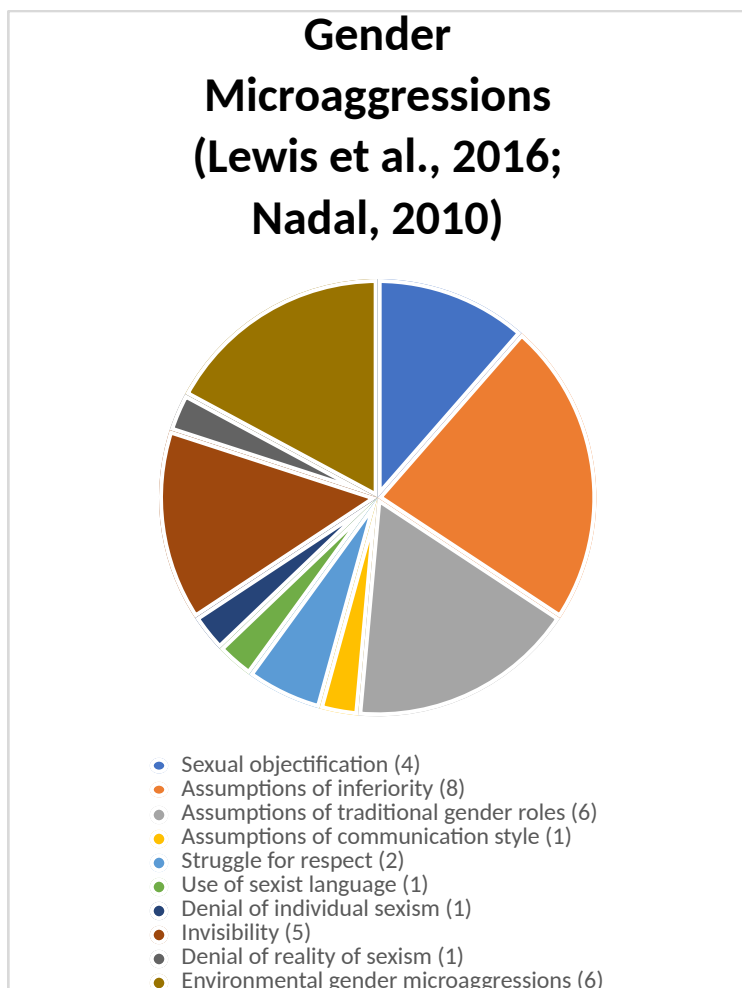
Revisiting the Literature

Categories proposed by Nadal (2010) and Nadal et al. (2012) provided a context for which to understand the gender microaggression incidents described by participants. However, as critiqued in the literature review, the aforementioned categories may be based on dominant narratives of gender oppression, excluding the perspectives of those additionally marginalized due to race, ability, class, sexual orientation, etc. Additionally, the study by Nadal et al. (2012) exclusively examined experiences of binary trans persons and no further research was found investigating categories of gender microaggressions experienced by nonbinary persons.

Additionally, many of the gender microaggression described by persons of color in this study could be understood as racial microaggressions. The demographics of the study were limitedly diverse, especially in regards to ability and age, and it is possible that these categories would not suffice for persons outside of the current study. With these understandings, the researcher decided to move forward with categorizing the outlined gender microaggression incidents in comparison with Nadal (2010) and Nadal et al. (2012), utilizing member checking to verify that the categories were descriptive of participants' experiences. Several incidents were complex and fit into several categories. Two incidents described by a Black cis woman participant did not fit into any of Nadal's (2010) categories. Thus, the categories of microaggressions experienced by Black women by Lewis et al. (2016) were used to supplement.

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Gender Microaggression Categories Towards Cis Women. All of Nadal's (2010) eight categories of gender microaggressions towards cis women were described by participants. Four out of the six categories of gender microaggressions towards cis Black women were described; some of these categories were similar to Nadal's (2010) categories, with the added recognition of how the microaggression incident was influenced by race. Additionally, in categorizing the participants' gender microaggressions incidents, the wording was changed from the original categories to better capture their experiences as well as use more up-to-date inclusive language. Incidents will be outlined below as examples. Content warning: mention of rape culture in below descriptions.



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Figure 7. Gender Microaggressions (Lewis et al., 2016; Nadal, 2010). This figure depicts the gender microaggression categories and number of incidents adapted from Nadal (2010) and includes sexual objectification (4), assumptions of inferiority (8), assumptions of traditional gender roles (6), assumptions of communication style (1), struggle for respect (2), use of sexist language (1), denial of individual sexism (1), invisibility (5), denial of reality of sexism (1), and environmental gender microaggressions (6).

Incidents involving *sexual objectification* included clients wearing t-shirts with slogans that supported rape culture, assumptions of promiscuity by other music therapists, and music therapists making inappropriate sexual comments at a music therapy conference. Three of the four incidents could also be categorized as *Expectation of the Jezebel* (Lewis et al., 2016).

Assumptions of inferiority occurred when enactors of gender microaggressions assumed the participant was a less capable therapist because of their gender, made comments about women's physical, intellectual, and occupational capabilities, and assumed their opinions as cis men were more important in music therapy classrooms or conferences. Michael described this tendency to perceive men as more capable:

People all the time are like, 'Oh! A male therapist! A male music therapist!...all [of my child's] therapists are women and they're just always around women, and I'm just so excited that there's a male person working with them!' ...And I think that's a microaggression against all the women music therapists out there doing great work.

Assumptions of traditional gender roles included music therapy professors and clients making assumptions about the participants' interest in marriage and childrearing because of their

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perceived gender. Heather described assumptions she felt others made about her because of her gender:

As a cis woman, I think I'm more easily received or perceived as a caregiver than an authority figure in my work; I sometimes wonder if my competence or expertise would be assumed among my team and clientele to a greater extent if I were a cis [man], and whether my compassion and adaptability would be seen as more exceptional than compulsory or expected.

Assumptions of communication style occurred when an enactor used AAVE in an aggressive manner towards the participant. *Struggle for respect* was demonstrated through incidents in which music therapists disrespected the participant through both verbal and nonverbal communication due to an intersection of their race and gender.

Participants experienced incidents of *invisibility* when music therapy professors called more frequently on (assumedly cis) men in classrooms and professionals from other disciplines spoke directly to only (assumedly cis) men in the room. Participants of color also described experiencing invisibility within the music therapy field, which is primarily comprised of white cis women.

Environmental gender microaggressions included a woman music therapist with more qualifications being paid less than a cis man music therapist along with the observation that cis men are disproportionately in positions of power within research, academia, and music therapy organizations.

Gender Microaggression Categories Towards Trans Persons. Seven out of 12 of Nadal et al.'s (2012) categories of gender microaggressions towards trans persons were described

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by participants. This resource only investigated the experiences of binary trans persons, excluding experiences of nonbinary persons, and further research is needed to better to create more inclusive categories. In the present study, all incidents described by nonbinary persons fit into the categories with adaptations. Again, the language used in the original study was adapted to better represent the participants' experiences and be more current and inclusive. Incidents will be outlined below as examples.

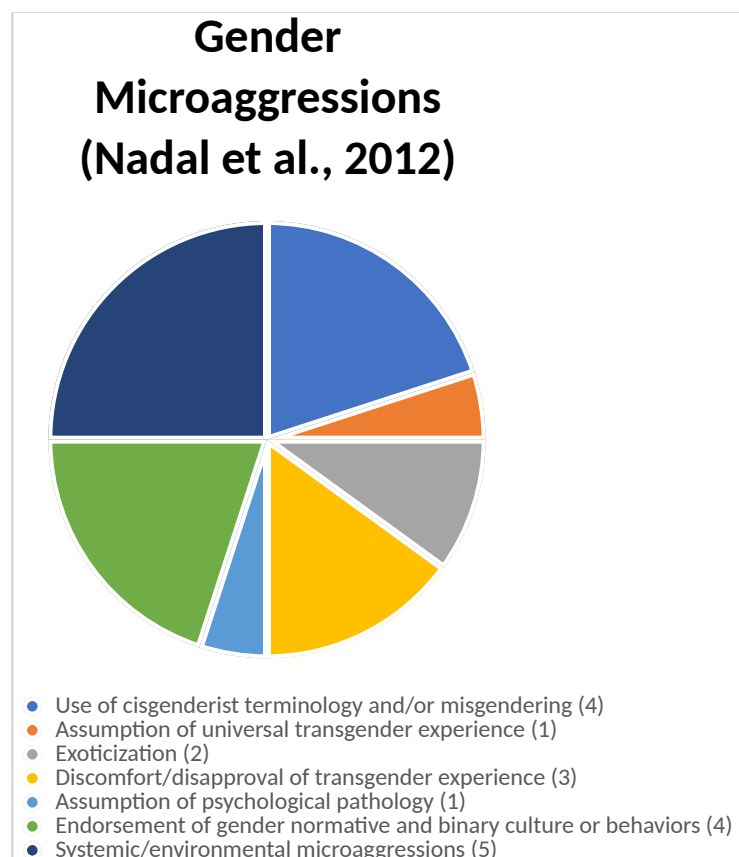


Figure 8. Gender Microaggressions (Nadal et al., 2012). This figure depicts the gender microaggression categories and number of incidents adapted from Nadal et al. (2012) and includes use of cisgenderist terminology and/or misgendering (4), assumption of universal transgender experience (1), exoticization (2), discomfort/disapproval of transgender experience

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(3), assumption of psychological pathology (1), endorsement of gender normative and binary culture or behaviors (4), and systemic/environmental microaggressions (5).

Use of cisgenderist terminology and/or misgendering refers to any offensive language as well as misgendering someone by using incorrect pronouns. It was a prominent category identified by nonbinary participants in the study, pertaining to incidents in which music therapists used incorrect pronouns to refer to them, even after being reminded several times.

Zane described how enactors have made an *assumption of universal transgender experience* when communicating with them, demonstrating the cumulative and ongoing nature of gender microaggressions:

One of the microaggressions of being a gender that is not cis and in particular is not inside the binary is the expectation of being a Gender Specialist. There's an assumption that if you are aware enough of gender to identify as something other than cis, then you know everything there is to know about gender always and forever, and there's the expectation that you are willing to teach everyone you come across in order to receive respect and proper gendering.

Participants experienced *exoticization* whenever enactors focused on their gender identity instead of the participants as whole people, citing instances in which other music therapists flirted with them because of their trans identity. Several participants described enactors expressing *discomfort or disapproval of transgender experience*, with reactions of enactors ranging from confusion to disgust.

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Endorsement of gender normative and binary culture or behaviors occurred in several ways, including participants that witnessed a practicum supervisor divide a group up into boys and girls and music therapy literature centering around binary understandings of gender.

When discussing *systemic or environmental microaggressions*, participants discussed a lack of all-gender restrooms at conference and conversations around gender in music therapy literature and presentations occurring within a binary framework. Pat also discussed how cumulative experiences of being ostracized led to a general feeling of not belonging in their communities, including the music therapy field:

In society in general we're fairly invisible...we're absolutely seen and stared at but we are in a way overlooked in the power systems except for in key points like in restrooms and stuff like that...I do get looks and the microaggressions of people step[ping] to the side or if I'm going into an elevator maybe stepping out.

Qualities of microaggressions. The qualities of microaggressions found in this study (cumulative, intersectional, subtle, systemic) were congruent with qualities found in the reviewed literature. Microaggressions are often subtle, have a cumulative impact, are endorsed as cultural norms, and are rooted in larger systems of oppression (Judson, 2015; Nadal, 2010; Sue et al., 2007; Sue, 2010). The literature emphasized the impact of intersectionality in how microaggressions manifest and are experienced (DeBlaere et al., 2013; Lewis et al., 2016; McCabe, 2009; Sterzing et al., 2017).

Impact of incident. The majority of sub-themes in this category could be interpreted as negative (e.g. hurt, indignant, tired, etc.), which is supported by literature indicating microaggressions have a negative impact on the recipients' health and well-being (Hadley, 2017;

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Judson, 2015; Lilly et al., 2018; Nadal et al., 2014; Sue, 2010). Participants described both short-term and long-term effects on health, demonstrating the detrimental cumulative nature of microaggressions. The literature states that microaggressions can lead to exhaustion in part due to the constant questioning of whether or not the experience even occurred (Sue et al., 2007), which was found in the sub-theme *tired*.

Survival tactics. Although survival strategies for enduring microaggressions were not overtly found in the reviewed literature, they were referenced to in several texts. The sub-theme *avoidance*, which described instances in which the recipient of a gender microaggression avoided either the enactor or certain topics with the enactor, was exemplified in the literature by recipients of microaggressions ending counseling prematurely (Davis et al., 2016; Gaztambide, 2012; Owen et al., 2010; Sue et al., 2007). A study by Rankin (2003) found 51% of queer students used the strategy *self-protection* by concealing their sexual orientation for safety.

Interpersonal dynamics. The reviewed literature found that experiencing microaggressions in counseling have a negative impact on the therapist-client relationship (Davis et al., 2016; Owen et al., 2010; Sue et al., 2007). To an extent, this contrasts the varied impacts reported by the participants in the present study. In some instances, the gender microaggression incidents had a negative impact in relationships with enactors; in others, participants reported the experience having no discernable impact.

Gender in music therapy. Participants shared their *perceived advantage of cis men* music therapists, describing the gender wage gap and disproportionate representation of men in academia and research as found in Curtis (2013) and Edwards & Hadley (2007). In fact, several participants referenced these exact texts as their source of information about gender disparity in

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music therapy. Participants expressed the *need for dialogue and support* in music therapy which is strongly supported by the reviewed literature (Davis et al., 2016; Gaztambide, 2012; Nadal, 2010; Owen et al., 2014; Schmaling, 2007; Turner, Pelts, & Thompson, 2018). Studies indicate that providing space for dialogue about cultural missteps are necessary for supporting recipients of gender microaggressions, reducing harm, and bridging gaps in relationships.

Study Limitations

As is typical with interpretivist inquiries, limitations of the study include that results are not generalizable across settings. The results represent the experiences of eight specific music therapists with marginalized gender identities and not the entire music therapy field. Participant demographics were limited due to recruitment procedures, homogeneity of the field, and a small sample size. Approximately a third of participants were persons of color; however, only certain racial minorities were represented even within that aspect of identity. Additionally, all persons of color were cis women and thus, there was no trans or nonbinary perspectives on how gender microaggressions were impacted by the intersection of a marginalized racial identity.

The study did not include any trans women and only one trans man. Music therapists under 40, especially those under 30, were over-represented, which possibly impacted the categories and experiences of gender microaggressions. The study was biased towards queer perspectives; that said, as the experience of queerness can vary greatly for each person, it is likely that a diversity of perspectives were still present in the study. All of the participants in this study inhabited multiple marginalized identities (e.g. queer participants, participants of color) and thus, it is likely that their experiences were often compounded by racism, ableism, and/or heterosexism. This may also have led to participants experiencing microaggressions in the music

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therapy field more frequently in comparison to someone who inhabits only one marginalized identity (e.g. a cis white, middle class, non-disabled, heterosexual woman).

Only one person identified as Disabled and further exploration into how disability affects the experience of gender microaggressions would be beneficial. That said, disability is complex and dynamic; one music therapist identified as non-disabled with a diagnosis and it is possible that others also have diagnoses impacting their experiences or have identified as Disabled throughout their life. Additionally, when considering all aspects of identity, there are many limitations into how many intersections of identity were represented (e.g. a trans Disabled woman of color), impacting the type of data present in the study.

Another limitation of the present study is the researcher's own biases in the design and implementation processes. My values, beliefs, and past experiences with gender microaggressions may have impacted how the study was conducted. My bias was that gender microaggressions are an issue in the music therapy field based on my own experiences enacting them and having them enacted on me, which may have influenced the interview processes and/or data analysis. Additionally, I am a cis, white, non-disabled, middle-class woman which may have skewed my interpretation of the data, particularly in regards to trans and nonbinary participants and participants of color. In order to lessen this potential impact, I discussed my interpretations with my research cohort and I sent my analyses to the participants for member checking.

Recommendations for Future Research

There are plentiful opportunities to further research the experience of microaggressions in general and gender microaggressions, more specifically, as they are enacted in music therapy.

Future research could delve into gender microaggressions experienced in specific settings, such

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as academia or clinical spaces. Only one participant in this study described a gender microaggression enacted by their (music) therapist and thus it would be valuable to conduct an in-depth examination of how gender microaggressions manifest in clinical spaces verbally, non-verbally, and musically. Research could also examine music therapy discourse (e.g. texts, media, ethics codes) to discern how gender microaggressions may manifest in music therapy training materials.

Future research may also investigate how other marginalized identities intersect with gender to impact the experiences of microaggressions (e.g. microaggressions influenced by both gender and ability in music therapy). The present study was limited in its demographics and could represent a dominant narrative of gender microaggressions in music therapy. Additionally, research could explore microaggressions experienced due primarily to other aspects of identity as this research is incredibly limited, that is, studying racial microaggressions or ableist microaggressions. For example, the music therapy field is 89.3% white, disproportionate to the 76.6% white population of the U.S. (American Music Therapy Association [AMTA], 2016; United States Census Bureau, 2018). Music therapists are more often than not white, a racialized identity that holds privilege and power in U.S. society, and thus white music therapists are prone to uphold problematic hierarchical thinking patterns, beliefs, and values surrounding race, making the study of racial microaggressions in the field imperative.

Conclusion

The present research study demonstrated that gender microaggressions occur in music therapy and have a negative impact on persons with marginalized gender identities and their relationships. The music therapy profession is comprised of 88.6% cis women and so it might be

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tempting to consider sexist practices eradicated in our field (AMTA, 2016). On the contrary, Owen, Tao, and Rodolfa (2010) found that persons in non-dominant, marginalized groups are no less likely to enact microaggressions than persons in dominant groups and so it is essential we continue to deconstruct our biases and beliefs around gender. Additionally, with less than 1% of survey respondents identifying as transgender, genderqueer, gender non-conforming, or selecting “other,” it is critical that we examine how cisgenderism manifests in music therapy educational, clinical, and professional spaces.

The first step to minimizing the continued perpetuation of gender-based (and all types of) oppression in music therapy involves examining our own culturally situated biases, beliefs, and values. As music therapists, we need to continually interrogate our worldviews and how they may lead to subtle forms of oppression towards persons with marginalized gender identities⁷. It is essential that all educational programs, whether undergraduate or graduate, incorporate cultural self-examination as an integral part of music therapy training.⁸ Additionally, incorporating cultural awareness into music therapy competencies and ethics codes to a greater extent may move the profession towards less oppressive practices.

⁷ Providing resources for developing cultural responsiveness was outside of the scope of this study. To further develop your own cultural awareness, the researcher recommends reviewing the reference list (particularly: Hadley, 2017; Hadley & Norris, 2016; and Sue et al., 2007). Additional music therapy resources that may be helpful include *Music Therapy as an Anti-Oppressive Practice* (Baines, 2013) and the Voices online journal Special Issue on Music Therapy and Disability Studies (volume 14, no. 3). Additionally, developing relationships with communities and persons with identities different from your own can help to expand perspectives for all parties.

⁸ In addition to the above recommendations, educators can help music therapy students to develop their awareness by providing assignments that encourage self-reflection (e.g. journaling, creative processing exercises) and expanding their experiences (e.g. connecting with a local activism center).

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Study participants expressed a need for further dialogue surrounding microaggressions in music therapy. This included the need to process incidents enacted towards them by music therapy clients and music therapists themselves. To prevent minority fatigue and burnout, supervisors should provide opportunities for supervisees with marginalized identities to share about their experiences of gender microaggressions in sessions.

Additionally, music therapists in positions of power can create spaces within their programs and/or workplaces for music therapists to share their experiences, both with enactors of gender microaggressions and with other persons with marginalized identities. Music therapists can take ownership in their missteps by openly sharing when they believe they have enacted a microaggression and remaining open to the recipient's response. They can also encourage peer relationships or groups that allow for processing of shared experiences and community support. Working towards less oppressive practices in our academic, clinical, and professional spaces is a necessity for our field. Thus, it is essential that music therapists take responsibility in creating avenues to process gender microaggression incidents both preventatively and as they occur.

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Appendix A Consent to Participate in Research Form

Gender Microaggressions in Music Therapy

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(412)378-4199

Susan Hadley, Ph.D, MT-BC
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(724)738-2446

1. WHAT IS A CONSENT FORM?

A consent form provides information about the research study to help you make an informed decision about your participation. It describes your responsibilities and any known risks or inconveniences. We encourage you to take your time with your decision and to contact us at any time with questions. If you decide to participate, you will be asked to sign and submit this form. You will be provided with a copy for your records.

2. WHO IS ELIGIBLE TO PARTICIPATE?

Board-certified music therapists currently practicing are eligible to participate in this study.

3. WHAT IS THE PURPOSE OF THIS STUDY?

This research study explores the experience and impact of gender microaggressions in music therapy. Gender microaggressions are defined as everyday assaults, insults, or invalidations that occur towards persons with non-dominant gender identities. Non-dominant gender identities include cisgender women and the transgender community (including transgender men and women, bigender, agender, and gender non-conforming individuals). This study aims to investigate the participants' perception of the gender microaggression, their internal and external reactions, and their perception of its impact on the therapeutic relationship and process, and themselves.

4. WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?

This study will take place in the private location of your choosing via Skype or Google Hangouts and will last approximately 45 to 75 minutes.

5. WHAT WILL YOU BE ASKED TO DO?

You will be sent a definition of gender microaggressions and list of potential examples in music therapy sessions and asked to reflect on your own experience receiving gender microaggressions both as a client and as a professional music therapist. You will be asked to prepare 2-3 examples of times you received a gender microaggression as a client in music therapy and 2-3 examples of times you received a gender microaggression as a music therapist in a session, education setting, or conference setting. You will then participate in a semi-structured interview with the researcher(s) exploring these experiences.

6. WHAT ARE THE POTENTIAL BENEFITS OF BEING IN THIS STUDY?

We hope your participation in this study will assist in you in gaining awareness of how gender microaggressions affect your experiences in music therapy. This awareness may assist you in preventing their perpetration or addressing them when they occur, improving therapeutic relationships and outcomes.

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7. WHAT ARE THE POTENTIAL RISKS OF BEING IN THIS STUDY?

By participating in this study, you may divulge personal, even traumatic, material in your music therapy work. This not only requires vulnerability but also may bring up intense emotions that may require further processing with a trained professional.

8. HOW WILL YOUR PERSONAL INFORMATION BE PROTECTED?

The researcher(s) will keep videotapes of the interviews in a password-protected folder on their password-protected computer(s). They will be transcribed and then destroyed. Interview transcriptions will contain your demographic information but not your name. At the conclusion of this study, we may publish the findings. No names will be included in publications or presentations. Your demographic information may be included but will be synthesized with the demographic information of other participants to further conceal your identity.

9. WHAT IF YOU HAVE QUESTIONS?

Please contact *Susan Hadley*, at the above listed phone number or email address. We are happy to answer any questions you have about the study, including background and rationale, procedures, and implications. If you have any concerns about your rights as a participant or encounter a research-related problem, contact the Institutional Review Board of Slippery Rock University at (724)738-4846 or via email at irb@sru.edu.

10. CAN YOU STOP BEING IN THE STUDY?

You can cease participation in the study at any time with no penalties or consequences.

11. WHAT IF YOU EXPERIENCE PROBLEMS RELATED TO BEING A RESEARCH SUBJECT?

Slippery Rock University does not have a program for compensating subjects for injury or complications related to human subjects research. We do not anticipate any negative effects as a result of participating in this study; but in the case that the interviews resurface traumatic material and you wish to seek counseling, we will assist you in finding a counselor in your area.

12. SUBJECT STATEMENT OF VOLUNTARY CONSENT

When signing this form, I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language I use and understand. I have had the opportunity to ask questions and receive satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

Participant Signature

Print Name

Date

By signing below, I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person

Print Name

Date

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Obtaining Consent

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Appendix B
Videotape Release Form**Gender Microaggressions in Music Therapy**

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Susan Hadley, Ph.D, MT-BC
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We request the use of videotape material of you as a part of our study. The videotape will be stored in a password-protected file on a password-protected computer and will be deleted on or before January 1, 2021. This material will be used **only** for the purposes of data collection and data analysis. The videotapes themselves will not be presented in any public setting, but the data collected from the videotapes as part of the research study will be used for academic purposes, such as in a professional publication or presentation.

Regarding the use of your likeness in photographs/videotape/audiotape, please check one of the following boxes below:

- I do...
 I do not...

Give permission for the investigators to utilize videotapes for the purposes outlined above.

Participant Signature

Print Name

Date

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Appendix C

Definition of Gender Microaggressions

Gender microaggressions are everyday assaults, insults, or invalidations that occur towards persons with non-dominant gender identities (Sue et al., 2007). The phrase non-dominant gender identities is defined here as all persons who experience oppression because of their gender identity, including cisgender women and gender diverse individuals (including but not limited to transgender men/women, bigender, agender, and nonbinary individuals).

Gender microaggressions are insidious and often unintentional, making it difficult for the enactor to detect (Sue et al., 2007). They may be endorsed as cultural norms, such as expecting a cis woman to give up her job to raise children. They occur in three forms: microassaults, microinsults, and microinvalidations. Microassaults are often deliberate and include verbal/nonverbal attacks (e.g. yelling a sexist slur). Microinsults are often unintentional and are more difficult to detect (e.g. in education, calling on cis boys more frequently than the rest of the class). Microinvalidations are the denial of the marginalized community's experience of oppression (e.g. denying that gender discrimination occurred in a scenario). Due to their cumulative nature, these daily experiences converge and often result in greater harm than more overt forms of oppression (Sue, 2010).

Categories of gender microaggressions are listed on the following page, with examples of how they could manifest in music therapy sessions provided. Please contact us if you would like further clarification of the categories and possible manifestations. This list is not all-inclusive

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and provided simply to help stimulate memories in which you experienced a gender microaggression in music therapy.

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List of Potential Music Therapy Gender Microaggressions (Nadal, 2010; Nadal, Skolnik, & Wong, 2012)

- Assumptions of traditional gender roles
 - Inappropriately asks about your dating life
 - Assumes your end goal is marriage/childrearing
 - Suggests you are too goal-driven
 - Makes jokes that reflect traditional gender roles
 - Selects instruments based on gender
 - Chooses certain genres/interventions based on gender
 - Uses song lyrics that emphasize traditional gender roles
 - Divides group based on gender to complete different gendered tasks
 - Asks cis men to make decisions or act in leadership roles
 - Assumes you behave in ways congruent with your assigned sex at birth
- Assumptions of inferiority:
 - Physical strength:
 - Offers to carry large objects
 - Opens door for you
 - Intelligence:
 - Comments about your intelligence
 - Shows surprise or overemphasizes your intelligence
- Sexual objectification
 - Looks at you in inappropriate way
 - Glances or stares at your sexual areas
 - Touches you on hips/back
 - Sexual objectification in music lyrics
- Invisibility
 - Calls on cis boys/men when persons of other genders raised hand first
 - Speaks or looks towards cis boys/men more often than persons of other genders
 - Forgets your name
 - Forgets what you said
 - Song lyrics that erase the nonbinary experience
- Use of language and terminology:
 - Uses demeaning or infantilizing language in speech or songs (e.g. sweetheart)
 - Uses derogatory language in speech or songs (e.g. bitch)
 - Uses cisgenderist language in speech or songs: (e.g. tranny, born a boy/girl)
 - Use of 'he' for all individuals (e.g. 'every man for himself')
 - Uses incorrect pronouns
 - Uses binary classification (e.g. "boys and girls")
- Assumption of universal experience among all similar gender identities
 - Assumes your experience represents experiences of all those with the same gender
 - Assumes what they know from other people represents your experience
- Denial of systemic sexism or cissexism

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- Denies your story of oppression or asks you to consider other reasons for your struggles
- Denial of individual sexism or cissexism
 - Directly states they do not have prejudices
 - Says they understand your oppression because they are also in a minority group (e.g. race, ability, age)
- Environmental and systemic microaggressions
 - Lack of access to therapist/educator/etc. of same gender identity
 - Lack of cis women or gender diverse individuals in office materials/display
 - Lack of all-gender bathrooms at office
 - Use of gender-related diagnoses
 - Insisting you identify as your assigned sex at birth at a facility
 - Writing documentation using your pronouns assigned at birth

Categories specific to gender diverse individuals:

- Discomfort or disapproval with gender identification
 - Acts confused or uncomfortable with your gender identity
- Assumption of pathology
 - Suggests you are going through a phase
 - Expresses unwarranted concerns about sexually transmitted diseases
- Denial of bodily privacy
 - Asks you about your body parts/surgery

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Interview Questions

1. Describe an incident when you received a gender microaggression as a professional music therapist or music therapy client in the clinical, education, or conference setting. These experiences could have been perpetrated by a clinician, educator, colleague, student, client, or staff/family member.
 - a. Describe your internal reactions.
 - b. Describe your external reactions.
 - c. How did your intersecting identities impact your experience of the microaggression?
 - d. How did the incident influence the therapeutic relationship and process?
 - e. How did the incident affect you?