



## Music therapy as an Anti-Oppressive Practice

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### ARTICLE INFO

#### Keywords:

Anti-Oppressive Practice  
Music therapy  
Feminist  
Critical analysis  
Ethical  
Social justice  
Community Music Therapy

### ABSTRACT

Many human service fields have employed the term Anti-Oppressive Practice but it has yet to be named in music therapy. This article provides a brief overview of the history, applications and role of the integration of Anti-Oppressive Practice theory to music therapy. The historical roots of Anti-Oppressive Practices in music therapy are described with the intent of opening discussion on Anti-Oppressive Practices in music therapy.

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### Introduction

It is my contention that respectful, efficacious ethically, accountable music therapy scholarship and practice require analysis with the lens of Anti-Oppressive Practice to fully facilitate the strengths and potentials of clients through music therapy. Researchers and theorists who write about the experience of people who are differently abled, or experience social exclusion for a range of reasons support this view. As *Lago (2011)* has stated,

Many persons in society who are considered to be different and diverse are likely to be exposed to discrimination, exclusion, and (physical, emotional, and psychological) pain from people and institutions with the dominant majority group in society. Such negative treatment can severely impact their levels of trust, self-confidence, fear, anxiety, and future life opportunities. (p. 239–240).

Throughout my twenty plus years of varied music therapy practice supporting people through the lifespan in community, clinical, educational, and correctional facilities, I have participated in a process of critique of my approach and practice. I ask myself questions such as: Is the dominant oppressive paradigm creeping into the way I practice music therapy? Is my music therapy approach an act of white patriarchal supremacy? Am I advancing colonial goals? This way of questioning the process comes out of my understanding and integration of ideas from Feminist Theory and Critical analysis.

### Background

I was raised in a family where there was a discourse of questioning authority and in particular, critiquing of patriarchal structures in our family, community, and culture. This was the foundation for my early understanding of Feminism and how Feminism was important for the wellbeing of our immediate as well as our global community. Donna *Baines (1988)*, my sister, writes,

One's understanding of the world and how one interacts with it is based on the ideology one consciously or unconsciously adheres to . . . I find it very important to ensure that I have chosen my preferred ideology based on thorough examination of available options. Further, I believe it critical to integrate my preferred ideology into my [] practice in a consistent and careful way. Failure to do so would result in the dominant ideology of this system popping up in undesired and unrecognized areas of my [] practice. This would be a significant disservice to my clients and my self. (p. 1).

My early studies in Feminism began through critiquing the patriarchal status quo first via the lens of Feminist Theory (*Friedan, 1963; Greer, 1970; The Boston Women's Health Collective, 1973*) and then Feminist Therapy (*Dutton-Douglas and Walker, 1988; Lerner, 1988; Miller, 1976; Robbins and Siegel, 1983; Sturdivant, 1980*). As I continued my studies in the social sciences, humanities, and health in university, I enhanced my critical analysis adding Radical Psychiatry into my theoretical perspective, (*Burstow and Weitz, 1988; Chesler, 1971; Laing, 1960; Penfold and Walker, 1983; Szasz, 1974*). These readings among many others further politicized the way I viewed and participated in all aspects of education as well as health care service delivery. However, on-going negative social, political, and in particular, media backlash regarding the use of the terms Feminist, Marxist, and Radical, interfered with the transmission of the social justice message of these theoretical

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positions leaving me struggling to find a welcoming space in which to express these opinions.

Subsequently, I became aware of social justice theoretical perspectives that were being explored in other areas of study such as in social work where the influence of post-modernism was emerging. Mullaly (2001) wrote that,

Because the world is characterized by diversity, multiplicity, pluralism, and conflict rather than sameness, unity, monism and consensus, postmodernists believe that no group should try to define the reality, needs, interests or experiences of another group. The welfare state and social work practice have tended to overlook differences and diversity and have, instead, carried out policies and practices of homogenization, exclusion, bureaucratic control and surveillance, hierarchical decision-making and professional expertise. (p. 307)

Ultimately, the ongoing misunderstanding and misappropriating of the term Feminism and my increasing curiosity about such paradigms as Anti-Imperialism, Anti-Racism, critical post-modernism, post-structuralism, post-colonialism, disability studies, and other partners in social justice, started me on a search for a semantically more focused and socially more accessible phrase. This investigation led me to the term Anti-Oppressive Practice, which my sister Donna Baines introduced me to in her 2007 publication on the subject.

### What is anti-oppressive practice?

“Anti-Oppressive Practice is a heterodox, umbrella term [that] borrows bits and pieces from various theories. ... Marxist, Feminist, Anti-Imperialism, Anti-Racist, critical post-modernism, post-structuralism ...” (Baines, 2011, p. 13). Anti-Oppressive Practice asserts that power imbalances are based on age, class, ethnicity, gender identity, geographic location, health, ability, race, sexual identity, and income and that personal troubles are seen as inextricably linked to these oppressive structures. Anti-oppressive analysis declares that power imbalances “are embedded in the profit-model of patriarchal, racialized, homophobic, colonial capitalism,” (Baines, 2011, p. 19). Typical characteristics of Anti-Oppressive Practice include, “critical consciousness raising, solidarity and balancing the voice of clients with social justice, and linking with social movements and unions,” (Baines, 2011, p. 86).

Anti-Oppressive Practices is being explored throughout human services fields but most thoroughly addressed in the field of Social Work. “Anti-Oppressive Practice became part of a wide ranging, emancipatory approach to social work, emphasizing social justice and social change,” Collins and Wilkie (2010, p. 761). For instance, Anti-Oppressive Practice social work services in England are being developed for members of the travellers clans (nomadic family groups of persons of Irish descent) as reported by Cemlyn (1999). Heenan (2005) described that Anti-Oppressive Practice social work education strategies are being developed to address negative stereotypes of disability benefit recipients in Northern Ireland. Social work educators, Walter et al. (2011), courageously address how “Whiteness” effects their practice in Australia. Again in social work, Parrott (2009) illuminates that Anti-Oppressive Practices need to be applied to concepts of culture explaining, “Cultures are . . . relative to time and social context, different groupings within cultures struggle and negotiate the content and meaning of their particular culture,” (p. 620). The aforementioned articles offer a brief sampling of social work literature in Anti-Oppressive Practices.

The Anti-Oppressive Practice movement has deep roots in pedagogical studies as well. In a landmark text, Brazilian educator Friere (1970) proposed a revolutionary new relationship between

the teacher, the student, and society. Friere’s work has been critiqued by some scholars for being limited, or “not going far enough” (Facundo, 1984; Taylor, 1993) (certainly not far enough to address my Feminist Analysis), according to Stern (2009) Friere’s book is increasingly used among teacher training programs in the United States. More recent pedagogical studies in Anti-Oppressive teacher education strategies are outlined in Jones’ (2011) research. Jones studied increasing teacher’s awareness of the disability perspective leading to a commitment to address the explored injustice. Educator De Lissovoy (2010) discussed the cultural politics of education presenting a ‘decolonial’ paradigm. Again, the aforementioned articles are but a brief sampling of writings in anti-oppressive pedagogy.

Additional human services are initiating exploration of Anti-Oppressive Practices. Doctors are encouraged by Thesen (2005) that “By acknowledging that oppressive practices are taking place in medical practice it should be possible to develop strategies for counteracting dehumanizing oppressive behaviour, and to stimulate patient empowerment in the clinical context,” (p. 48). Sociologist/anthropologist Anne Scott (1999) considered some of the tensions present in anti-oppressive medical practice. In the field of nursing, Martin and Younger (2000) studied how nurses using an Anti-Oppressive Practice model could negotiate empowerment with elders with dementia living in long-term residential care facilities. They note that once an anti-oppressive model is introduced, increased empowering interactions are maintained over time. Flood et al. (2006), observed similar results in their work in acute psychiatry. Barnes and Brannelly (2008) concurred in their article addressing nursing Anti-Oppressive Practice for person with dementia. That same year, MacDonald (2008) explored how Anti-Oppressive Practice is effective with chronic pain sufferers. Campbell (2011) opened a dialogue in Anti-Oppressive Practice in psychology in his article on difference and oppression. In disability studies, Gilbert, Lankshear, and Petersen (2007) sensitized us that beyond the typical characterizations of oppression such as racism, ageism, etc., new research is addressing how these oppressions can interact and must be addressed in combination. Sociologist and Health Researcher, Gunaratnam (2008) discussed care for “elders from racialized minorities,” (p. 24). Anti-Oppressive Practices literature in these aforementioned fields is just beginning and the articles are rather few and far between but clearly, the Anti-Oppressive Practice movement is gaining ground in a number of areas of healthcare. Although Anti-Oppressive Practice has not yet been named in music therapy, the roots are present and will now be explored.

### Early roots of anti-oppressive practice in music therapy

Here I trace the roots of Anti-Oppressive Practice in music therapy. This review reveals that elements of Anti-Oppressive Practices can be found in the work of a number of music therapy approaches.

Kenny (1982, 1985, 1989) courageously leads this group. She examined the music therapy space and proposed a theory of music therapy that addressed the emergent self supported in a safe space for human growth and development. She critiqued models of the day that purported expectations of the ideal way to be and live, which venerated the white male, and instead she proposed a more inclusive ecological paradigm. In 1988, Edith Boxill edited a special issue of *Music Therapy: The Journal of the American Association for Music Therapy* on the topic of *Music Therapy for Living*. In her editorial, Boxill queried, “what multifaceted role music and music therapy, when internationally and consciously used to create relationships, can play in the grand context of world peace,” (Boxill, 1988, p. 3) soliciting music therapists, in addition to providing ethical music therapy practice, to commit to work outside the

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