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Toward a radical practice: A recuperative critique of improvisation in music therapy using intersectional feminist theory

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ABSTRACT

In this recuperative critique the author analyzes aspects of music therapy improvisation, including the therapeutic relationship, music, and the act of improvisation as well as its inherent body politics and its understandings of situated knowledge, from an intersectional feminist perspective. Based upon this analysis, the author invites readers to reconsider and reshape the accepted theories and practices of improvisation in music therapy. Links are made to relevant music therapy literature. Recommendations are offered to establish intersectional awareness as a foundational competency in music therapy improvisation.

Personal and professional contexts

As a music therapist and music therapy educator and researcher, I have an eclectic approach that incorporates feminist theories and practices. My introduction to feminist work began when I was presented with the foundational book *Our Bodies, Ourselves* (The Boston Women's Health Book Collective, 1992) as a teenager. I was drawn to this book because it focused on a diverse range of women and provided a contrast to my communities at the time while growing up as a white, cis, heterosexual, able-bodied woman in an affluent suburb in Canada. I sought out and read classic and contemporary feminist writing in my later adolescence and became aware of how gender and the performance of gender can influence how humans treat each other. These considerations piqued my interest in social justice and informed my desire to work towards greater gender equality and understanding. Later, after completing graduate music therapy training as a young adult, I began incorporating feminist music therapy approaches into my music therapy work within academic, public, and private practice systems. Literature, including Hadley's edited collection *Feminist Perspectives in Music Therapy* (2006), scholarly journal articles, including the "Gender in the Creative Arts Therapies" issue of *The Arts in Psychotherapy* journal edited by Curtis (2013a), and various feminist psychotherapy perspectives (e.g., Comas-Díaz & Bakur Weiner, 2011) have informed my work. My clinical practice focuses on promoting mental health among women who have survived trauma and/or who are seeking to reconnect with their creativity. Adopting a feminist approach has been particularly fruitful with these women. In working with them, and in all my work, I also integrate music-centered music therapy, which posits a musically indigenous (i.e., drawn from theories within the discipline of music) understanding of music therapy where the music itself is both a container and a vehicle for a client's self-expression, self-exploration, and self-transformation (Aigen, 2005). In my clinical work I most often employ improvisation as the means of making music.

I have previously referred to the music improvisation that happens in music therapy as "clinical improvisation" (Seabrook, 2017, 2018). In this paper, I use the terms "music therapy improvisation" and "improvisation in music therapy" instead. Through this change in terminology I intend to include all contexts in which music therapists improvise, while still recognizing that improvisation in music therapy is unique and distinct from other forms of music improvisation. During music therapy improvisation, "the client improvises while playing an instrument or singing," selecting "any musical medium within their capabilities" (Bruscia, 2014, p. 130). While the client may play alone, most often the music therapist facilitates and supports this process by simultaneously improvising music with the client, using methods and techniques grounded in music therapy theory (e.g., Gardstrom, 2007; Lee & Houde, 2011; Wigram, 2004) (Seabrook, 2017, 2018). While the therapist is a trained music therapy improviser, no previous musical training is required on the part of the client (Bruscia, 2014). Three qualities that distinguish improvisation in music therapy from improvisation in other contexts are as follows.

1) Music therapy improvisation occurs within a therapeutic relationship.
2) Music therapy improvisation "is always and inherently in the service of the health and wellbeing of the client" (Seabrook, 2018, p. 3).
3) "The music therapist uses musical techniques and ways of being that

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are informed by therapeutic frameworks and principles" (Seabrook, 2018, p. 3).

After more than a decade of practicing, researching and teaching music therapy, I decided to take a comprehensive feminist theories and methods course as part of my PhD program. In this class, I studied scholarly feminist thought, including intersectional feminist theory (Crenshaw, 1991; Hill Collins & Bilge, 2016). This led me to radically reconsider the work that I love and motivated me to consider the theories and practices of improvisation in music therapy from an intersectional feminist perspective. In doing this, I agree with Banet-Weiser's concept of an academic critique, that it "is not the articulation of pessimism; it is an expression of a particular kind of hope. It is about having the kind of faith and investment in culture that it demands our critical attention; it is a recuperative project, it is, above all else, about an ethics of care" (2013, pp. 231–232).

Three assumptions underlie the arguments in this paper. First, feminist theories are relevant for everyone involved in music therapy, not only women (Curtis, 2013a,b). Second, music therapy improvisation, and all music therapy work, is political. All of us are situated within political and social contexts and praxes, and it is impossible to separate individuals from these influences (Baines, 2013; Hadley, 2013a; Miyake, 2008; Rolvsjord, 2006; Rolvsjord & Halstead, 2013). Third, by using the critical lens and perspective that intersectional feminism (Crenshaw, 1989) offers, we can more fully understand current music therapy practices, including improvisation, and challenge them where appropriate.

Intersectional feminist theory

Contemporary feminist scholarship is a critical, cross-disciplinary field that "illuminates the popular assumptions about sex, race, sexuality, and gender and offers insights into the social production of complex hierarchies of difference" (Hawkesworth & Dish, 2016, p. 2). Intersectionality is a specific feminist theory that interrogates both the ways that different identities combine to create unique and complex dynamics of oppression and power for individuals and communities as well as the broader social structures that sustain the marginalization of certain identity positions. Crenshaw introduced the concept of intersectionality in 1989 as a critique of a feminism that only reflected the experience of Western, white women and thus excluded the experiences of Black women. Crenshaw explained that Black women experience discrimination in "ways that are both similar and dissimilar from those experienced by white women and Black men" and that "often they experience double-discrimination—the combined effects of practices which discriminate on the basis of race and on the basis of sex. And sometimes they experience discrimination as Black women—not the sum of race and sex discrimination—but as Black women" (1989, p. 149). Feminist scholars Hill Collins and Bilge summarize intersectionality as follows.

> [It is] a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves. (Hill Collins & Bilge, 2016, p. 2)

Intersectionality is now an integral part of feminist scholarship that influences much of contemporary feminist theoretical work (Hawkesworth & Dish, 2016).

Intersectional feminist theory has played a major role in the analysis and understanding of gender, race, sexuality, ability, and other axes of power across numerous academic disciplines, where it has the potential to illuminate and challenge how these and other social dynamics are interrelated and conceptualized (Cho et al., 2013). Intersectional feminism has also been the subject of academic criticism and debate (e.g., Nash, 2017; Puar, 2012), however some challenges that scholars raise can be adequately countered by keeping in mind that intersectionality is not a totalizing theory or account of identity (Crenshaw, 1991, p. 1244, as cited in Cooper, 2016). Rather, intersectional feminist theory's central argument is "that the institutional power arrangements, rooted as they are in relations of domination and subordination, confound and constrict the life possibilities of those who already live at the intersection of certain identity categories, even as they elevate the possibilities of those living at more legible (and privileged) points of intersection" (Cooper, 2016, p. 392).

Framing an intersectional feminist critique of improvisation in music therapy

An intersectional feminist analysis can enhance the way that music therapists understand and engage in improvisation with clients. For example, many of our clients fall within multiple intersections of subjugation making intersectional theory highly relevant. Additionally, an intersectional analysis can uniquely elucidate and offer new ways to navigate the power imbalance that is inherent in the therapeutic relationship and is manifest during music therapy improvisation. At the time of writing, there is a dearth of scholarship focusing specifically on music therapy improvisation and intersectional feminist theory. This analysis will therefore draw on related music therapy literature as well as relevant scholarship from music, music psychology, feminist counselling psychology, and intersectional feminist studies.

In embarking upon this work, I wanted to structure my analysis in a way that maintains the integrity of intersectional feminist theory, honours improvisation practices in music therapy, and acknowledges my personal experiences and perspectives. I grounded my work in the understanding that what makes an analysis intersectional, regardless of its iteration or discipline, is its "adoption of an intersectional way of thinking about the problem of sameness and difference and its relation to power" (Cho et al., 2013, p. 795). I also considered the following two questions that some intersectional feminist scholars deem necessary for any critical power analysis: "Who benefits from the situation?"; and, "How are privilege and power shaping what we see" and hear? (Fischer & DeBord, 2012, p. 96). Like other feminist discourse in music therapy (e.g., Halstead & Rolvsjord, 2017), some of the positions that are presented draw upon the author's situated knowledge (Haraway, 1988), in this case as a woman with over 10 years of professional experience as a music therapist, music therapy educator, and pianist who focuses on improvisation. In this paper, I share my recuperative critique of improvisation in music therapy based on intersectional ways of understanding power.

I begin with a literature review, in which I map theories and methods related to intersectional feminism in the scholarly discipline of music therapy with a focus on improvisation. The discussion then transitions to a critical analysis, which examines how the main components of improvisation in music therapy engage with sameness, difference, and power. Finally, I discuss the implications of the analysis, including an invitation to radically reconceptualize the ways in which music therapists understand, practice, and inhabit improvisation.

Literature review

Intersectional feminism: an emerging theme in music therapy

Music therapy scholars have noted that feminist perspectives arrived late to the field of music therapy (Curtis, 2013b) and have had

limited representation in music therapy literature and practice (Hadley & Hahna, 2016; Rolvsjord & Halstead, 2013). A survey of American music therapy educators within academic settings found that 46% of respondents identified as feminist music therapists and 67% of respondents reported using some feminist pedagogy (Hahna & Schwantes, 2011). We can further contextualize these results through research that found that a greater percentage of feminist music therapists in the United States and Canada work in academia than outside of it (Curtis, 2015). Despite being "recently included in the more general presentations of music therapy" (Halstead & Rolvsjord, 2017, p. 5), music therapy that is informed by feminist theory can be perceived as a distinct orientation within the field that does not necessarily cause a disruption of traditional (i.e., non-feminist) music therapy practices, including improvisation.

References to intersectional feminism in music therapy have emerged over the last decade, with the term appearing in several scholarly publications. For example, intersectionality has been associated with "feminist humanism" in music therapy (Hadley & Thomas, 2018, pp. 171–172) and presented as an anti-oppressive music therapy practice (Scrine & McFerran, 2018). In addition, the need for an intersectional feminist approach in music therapy was identified by researchers investigating the queer music therapy model (Boggan et al., 2017). These researchers found that "queer music therapy must more substantively integrate intersectionality theory to serve all LGBTQ + clients" and attend to "the structure of the music therapy discipline itself", including a transformation of the "homogeneity of the field" to support intersectional representation (Boggan et al., 2017, pp. 399–400).

Critical approaches relevant to intersectionality have also been discussed in scholarly literature on music therapy. These approaches involve "critiquing ideology, challenging hegemony, unmasking power, and working toward individual and collective liberation from oppressive institutional systems, beliefs, values, and practices" (Hadley & Thomas, 2018, p. 169). Music therapists have used various critical lenses to interrogate music therapy theories and practices, including an anti-oppressive framework (Baines, 2013; Baines & Edwards, 2018; Scrine & McFerran, 2018), critical humanism (Hadley & Thomas, 2018), critical race theory (Hadley, 2013a,b), Disability Studies (Cameron, 2014; Hadley, 2013a), feminist theory (Edwards, 2006; Edwards & Hadley, 2007; Hadley, 2013a; Hahna, 2013; Halstead & Rolvsjord, 2017; Rolvsjord & Halstead, 2013), and queer theory (Bain et al., 2016; Boggan et al., 2017). These critiques implicitly invite music therapists to question how we navigate sameness, difference, and power in our profession and to be more aware of how the intersections we are situated within interact with those of our clients. For example, Hadley used feminist theory, critical race theory, and Disability Studies to illustrate how the music therapist's gender, race, and ability can negatively impact the therapeutic relationship (2013a). She argued that music therapists need to be "aware of the multiple ways in which we are complicit with dominant narratives in our professions, our education and training, and in our practice" (Hadley, 2013a, p. 379). The capacity that music therapy and music therapists have to perpetuate systemic oppression is documented in the literature (Baines, 2013; Cameron, 2014; Edwards, 2015; Hadley, 2013a; Rolvsjord & Halstead, 2013; Scrine, 2016; Whitehead-Pleaux et al., 2013).

Intersectional feminism and music therapy improvisation

Improvisation is central to many music therapy models, yet the literature analyzing it from an intersectional feminist perspective is limited. Therefore, this review includes discussions and descriptions of improvisation in music therapy where the music therapist took an allied theoretical approach.

According to the literature, improvisation in music therapy can be particularly useful for clients who inhabit multiple intersections of oppression. Improvisation is viewed as a "creative, relational and intersectional" environment in Zarate's "critical social aesthetics" (CSA) approach to music therapy (Sajnani et al., 2017, p. 31). The CSA approach works to honor and respect difference, particularly "where voices have been silenced in social contexts" through the use of specific improvisational techniques, including "clinical listening < - > cultural listening," (Sajnani et al., 2017, p. 31). Clinical listening < - > cultural listening is a theoretical framework created as "a response to acknowledging cultural difference as it appears as musical images and themes that are voiced and shared through the connection between the client and therapist in improvisation" (Sajnani et al., 2017, p. 31). Kim, a music therapist who identified her approach as a "feminist perspective in Culturally Informed Music Therapy", described her experience of facilitating improvisation with a client group of Korean women (Kim, 2013, p. 431). Kim shared that these women "were very responsive to improvisation" in music therapy and posited that improvisation itself may have been useful because of the women's positions vis-a-vis the axes of gender and culture. Feminist music therapist, Smith Goldberg, posited that improvisation in music therapy can also be a space where "the divine feminine" is present, particularly when music therapists "tolerate chaos in improvised music and allow structure to emerge from the process, rather than insisting on imposing structure on the improvisation" (Smith Goldberg, 2006, p. 124).

The importance of the music therapists' self-awareness and reflexivity has also been noted in regard to improvisation and intersectional themes. For example, music therapists often interpret a client's musical improvisation for assessment purposes, or during ongoing clinical work. Shuttleworth explained that interpreting a client's musical improvisation based exclusively upon the therapist's intersectional realities and worldview can lead to an error in interpretation "when those norms are different, the therapist views his or her beliefs as the correct ones, or there is a lack of understanding of the client's cultural perspective" (Shuttleworth, 2006, p. 441). Examples of music therapists reflecting on their own intersectionality and improvisation work highlight the importance of self-reflection in this regard. For example, Jelinek Gombert cited the need for music therapists to "understand their own intersectional and shifting identities before they engage with another person's identities" as a motivation for her improvisation-based self-study (Jelinek Gombert, 2017, Abstract, para. 1). Bell's heuristic self-inquiry into her Aboriginal heritage using improvisational elements (Bell, 2016), and Lee's personal examination of his identity as a gay man working in improvisation with persons living with HIV/AIDS (Lee, 2008) also correspond to the self-awareness principles of intersectionality.

Finally, one work of scholarly literature mentions research methods for investigating improvisation as it relates to feminist intersectionality. Wheeler asserted that music therapy improvisations may "be examined from a feminist perspective," which entails considering the relationships and power dynamics within a given improvisation as well as how these dynamics may be influenced by "societal gender role-related expectations or gender power differentials" (Wheeler, 2006, p. 465). While there is limited scholarship on intersectional feminism and improvisation in music therapy, there is scholarly interest in intersectionality and its allied themes, including systems of oppression, privilege, and power, as applied to music therapy.

A recuperative intersectional critique of improvisation in music therapy

In this section, I present an intersectional feminist analysis of three main elements of improvisation in music therapy: the therapeutic relationship, the music itself, and the act of improvisation. I then turn to an analysis of intersectional body politics in music therapy improvisation, followed by an intersectional perspective on how the knowledge outcomes of improvisation in music therapy are situated.

Sameness, difference, and power in the therapeutic relationship

Improvisation in music therapy occurs between a client (or clients) and therapist within a therapeutic relationship. This therapeutic relationship is impacted by embedded power positions and conceptions of health and well-being that merit discussion.

Music therapy clients are often situated at intersections (e.g., of ability, culture, race, sexuality) that hold less privilege and power - individually, interpersonally, culturally, socially and politically - than the identity markers of the music therapist. In addition to this potential power imbalance between the client and therapist, the therapeutic relationship affords less power to the client(s) than the therapist by nature (Morrow & Hawxhurst, 2012). So, there is a power differential within the therapeutic relationship and this is present during improvisation in music therapy.

In addition to the aforementioned factors, the client and therapist differ from one another in that the client has come to therapy to address a problem with regards to their health or well-being, whereas the therapist is there in a professional capacity. The therapist's own understanding of health and well-being impacts how they perceive themselves and the client within the relationship. While a comprehensive discussion of health and well-being is outside the scope of this critique, it is helpful to consider how dominant notions of these concepts might inform the therapeutic relationship and affect improvisation in music therapy. The dominant Western medical notion of health prioritizes a number of characteristics, including whiteness, heterosexuality, and maleness. Western therapies, including music therapy with its embedded conceptualizations of health and well-being, are grounded in these Western and Eurocentric notions of medicine (Baines, 2013). As a result, the theories and practices in music therapy are connected to a constellation of oppressive systems, including ableism, colonialism, capitalism, classism, ethnocentrism, heterosexism, racism, and sexism (Baines, 2013; Fisher, 2013; Hadley, 2013a; Hadley & Thomas, 2018; Zerbe Enns et al., 2012).

An intersectional feminist lens invites us to consider both the risk of erasing (a client's) difference that may occur when the music therapist draws on dominant notions of health during improvisation as well as conceptualizations of health and well-being that are aligned with an intersectional approach and how these conceptualizations might be supported by the music therapist during improvisation. An exploration of these two points follows, using examples of music therapy improvisation with autistic persons. The convention for scholarly writing according to American Psychiatric Association (APA) guidelines is to refer to "people with autism", so as to foreground the personhood of someone "with autism". However, this convention assumes that autism is a mental health disorder – a stance that is challenged by Disability Studies and neurodiversity scholars (Jaarsma & Welin, 2012; Straus, 2013). This paper adopts a Disability Studies (Straus, 2013) and neurodiversity (Jaarsma & Welin, 2012) perspective of autism because this stance is congruent with the anti-oppression work of intersectionality. This paper therefore uses language from these disciplines, referring to "autistic persons" rather than "persons with autism". This terminology can be referred to as "identity-first" language and is also supported by members of the Autistic Self-Advocacy Network (Brown, 2019).

In North America, the American Psychiatric Association (APA)'s Diagnostic and Statistical Manual of Mental Disorders (DSM), which is in its fifth edition at the time of writing (American Psychiatric Association, 2013), determines the definition of mental health and mental disorder. The DSM has a history of perpetuating the oppression of vulnerable populations, for example, homosexuality was categorized as a mental disorder in the DSM until 1987. As such, the DSM and the APA merit ongoing scrutiny. According to the DSM, the unique behaviours of autistic persons are symptoms of a mental health issue that lead to the diagnosis of autistic spectrum disorder. One implication for music therapists in adopting this dominant notion of health is that we could perceive autistic persons as having a disorder that we could "help" with through behavioral change. As music therapists we may then attempt to minimize and/or erase an autistic person's qualities of difference since the APA defines these qualities as symptoms of a disorder. An intersectional analysis highlights how such an approach to improvisation could be an attempt by someone with more power (i.e., the therapist) to erase the difference performed by the client. Intersectionality also opens up space for ways of thinking about health and well-being that are outside the dominant paradigms. For example, Disability Studies has contested the notion of autism as a mental disorder, asserting instead that autism can be understood as a culture (Straus, 2013). Neurodiversity perspectives consider autism to be a natural human variation, similarly challenging the dominant understanding of autism as a disorder (Jaarsma & Welin, 2012).

Disability Studies and feminist counselling psychology literature have presented that health and well-being, including notions of ability and disability, are culturally constructed concepts (Palombi, 2012). This perspective encourages music therapists to stop seeing difference as a "disability" or "disorder" and instead recognize that the value judgement placed upon difference may have been externally imposed and derived from within a context that promotes dominant cultural narratives. From this perspective of health and well-being, a music therapist would respond to an autistic client's repetitive playing while improvising without trying to change the client's behaviour. Instead, the music therapist would be with the client, seeking to understand them and communicating that they are understood. For example, Lee suggested that music therapists could use the driving, repetitive work of composer Reich when doing improvisation work with autistic clients (2007). Similarly, Aigen proposed that the needs and desires of autistic clients be sought out and centered when conducting future music therapy research in the Nordoff-Robbins tradition, which prioritizes improvisation (Aigen, June 2017). Deliberately matching the musical aesthetic(s) of our clients without intending to change them, and centering our clients' needs and desires are two ways that music therapists can align themselves with an intersectional approach to improvisation.

This is not to suggest that music therapists must never help a client change. Indeed, it is within a music therapist's scope of practice to support clients in moving towards greater health and well-being—a move that requires change. Rather, this analysis invites music therapists to critically consider important questions: Whose notions of health and well-being are being promoted and why? and, How are client differences being engaged during improvisation in music therapy and why? An intersectional lens reveals the ways that music therapists' beliefs about health and well-being can influence how we engage power structures embedded within the therapeutic relationship during music therapy improvisation, and it urges us as music therapists to unearth and critically evaluate these beliefs.

Sameness, difference, and power in the music

Music, including its artifacts, experiences and qualities, is embedded with various social markers, such as those of gender and culture (Stige, 2002), making it worthy of an intersectional exploration. During improvisation in music therapy, the therapist draws on particular musical styles, idioms, instruments, and ways of musicking (Small, 1998). Prominent music therapy approaches that prioritize improvisation and inform improvisation practices across music therapy are linked to Western classical musical traditions. These include Analytical (Priestley, 1994), Nordoff-Robbins (Nordoff et al., 2007), and Psychodynamic (De Backer & Sutton, 2014) music therapy models. Music therapy scholars have demonstrated how the Western classical musical tradition, including its artifacts, experiences, and qualities, can carry embedded oppressions, such as those based upon gender, race, sexuality, class, and heteronormativity (Halstead & Rolvsjord, 2017; Persaud, 2018; Scrine, 2016). These Western classical notions of music and its inherent value systems may, therefore, be embedded within some music therapy improvisation approaches, theories, and practices.

The values embedded in music systems, particularly classical music, are in favour of the music therapist, who is a trained musician with a university education, and may thereby widen the power difference between the client and therapist while simultaneously compounding oppression the client encounters outside of the session. Adrienne stated that "using music that is unconsciously gendered in the same oppressive forms with which we have been gendered is (…) *resocializing a person to the same thing all over again.* It is dissociative to think that music has separate qualities from those in society" (Adrienne, 2006, p. 52). Scrine likewise discussed how participation in music-making can stabilize oppression by preserving an insidious "male dominated gender order", thus problematizing the notion that music unilaterally provides everyone with so-called equal opportunities for interacting (Scrine, 2016, Abstract, para. 1).

It is important for music therapists to carefully consider the embedded value systems of the music and its elements that they use during improvisation in music therapy in order to mitigate the potential risk of perpetuating any embedded cultural values that may be experienced as subjugating by clients. For example, the instrument the therapist uses during improvisation in music therapy has the potential of creating a gender display and power positioning that may impact the client's experience (Halstead & Rolvsjord, 2017). One example of this is the electric guitar, which is associated with power related to straight masculinity. A music therapist who chose this instrument for improvisation with a client may (unintentionally) bring the electric guitar's embedded qualities of straight, masculine power into the therapeutic dynamic which could potentially be detrimental to the client's experience. Other musical artifacts, including classical musical instruments, are likewise embedded within power hierarchies distinct to their genre (Persaud, 2018).

By highlighting these issues, an intersectional feminist perspective invites music therapists to work in ways that are more cognizant of and sensitive to the social markers embedded in music and its elements during improvisation. While some historical Western thought approached music as an object or artifact, the current so-called "new musicology" presented an expanded and pluralized understanding of music which views music as an entity consisting of multiple potential meanings that are themselves "situated in contexts and dependent upon appropriation by a person" (Rolvsjord, 2010, p. 69). This understanding of music corresponds to the perspective put forward in this analysis - that the music and musical elements the therapist includes in music therapy improvisation have culturally embedded meanings that may impact the client. The theories and practices of improvisation found throughout the breadth of music therapy approaches would benefit from critical interrogation regarding both how the use of music and musical elements may act as agents of oppression during improvisation and how to more safely use music in the therapeutic context. Given the musical lineage of many prominent music therapy improvisation models, we should especially attend to Western classical music and its elements.

Sameness, difference, and power in improvisation

Improvisation can be defined as "spontaneous creativity within constraints" (Berkowitz, 2010, p. 1). This broad understanding of improvisation pertains to music therapy improvisation as well as all other forms and contexts of such "spontaneous creativity" (Berkowitz, 2010, p. 1). For example, improvisation occurs in performing arts contexts, such as during theatrical and/or musical performances, as well as during daily life, for example when conversing with a friend or responding to an unexpected event. Gender can be defined in a strikingly similar way as improvisation; gender itself, according to feminist scholar Butler, is an "improvisation within a scene of constraint" (Butler, 2004, cited by McMullen and Butler, 2016). For Butler, gender is not a rigid identity but is rather a performative and fluid one. It is a way of being that is created in subjective contexts and is constructed not only by the person (performer) but is also co-constructed by and with the person and contexts with which the person is engaged. It is possible to expand this understanding of gender as co-constructed and context-bound improvisation to other self and social markers that sometimes pertain to music therapy clients, such as culture, race, and sexuality. In an interview with McMullen, Butler shared her notions of improvisation as it relates to rule-bound behaviour, stating that "improvisation has to either relax the rules, break the rules, operate outside the rules, bend the rules—it exists in relation to rules even if not in a conformist or obedient fashion" (McMullen & Butler, 2016, p. 25). In this way, improvisation has the potential to be a "domain of freedom in a rule-bound world" and an "opportunity to break the repetitive compulsion of performativity" that one may experience outside of an improvisational space (McMullen & Butler, 2016, pp. 26–27). For a music therapy client, music therapy improvisation can also be an immersive communicative and creative relationship with the music therapist (who is either listening or also playing).

The rule-breaking that Butler described is realized through some improvisation practices in music therapy in which the music therapist attempts to invite the client into a space where they may explore and activate (i.e., perform) dimensions of themselves that have been underexplored and/or underactivated outside of the therapy space. This method of improvising in music therapy provides a space in which clients can move towards claiming and embodying a position of greater power that is typically inaccessible to them on account of their position within interlocking oppressive systems. Contrastingly, music therapy improvisation also holds the potential to perpetuate and reinforce imbalances of power experienced by the client and to maintain established systems of sameness and difference. This perpetuation of oppression is at risk of unfolding when improvised musical interactions between the music therapist and the client follow the rules of dominant narratives. Examples of this type of interaction during improvisation can be found in the music literature. For example, Born described the experience of herself and her female colleagues when improvising with men in rehearsal and performance settings as follows.

> [We women] found ourselves in situations implicitly saturated with gender dynamics—tiny instants or sustained passages of interactive sonic domination in which our musical "voice" was rendered somehow inappropriate, or was overwhelmed or could not emerge or be heard, or in which the dynamics of turn-taking seemed to be strenuously competitive or masculinized and to exclude other modes of musical mutuality, relation, or being. (Born, 2010, p. 54)

We also find an example of this potential for oppressive power dynamics to be embedded within music improvisation in the account given by a white male musician regarding his attempt to recognize and navigate the power afforded to him by his gender and culture when improvising with two professional musicians who were Vietnamese women (Frisk, 2014). Butler spoke to Born and Frisk's experiences when she discussed the social element of improvisation. She emphasized that one's agency "is determined or formed in part" by the exchange. Furthermore, this agency isn't an expression of a conscious or deliberate choice but is something that happens in relation to the other person and that emerges from the relationship itself (McMullen & Butler, 2016, p. 29).

The act of improvisation in music therapy, including how music therapists work with the power afforded to them by their various social markers, can influence how clients experience and participate in the co-creation of their identity during the improvisation. It is important for music therapists who want to responsibly navigate the embedded power dynamics within music therapy improvisation to be self-aware and engage in critical reflection. Music therapists have an opportunity to support the co-creation of client agency and self within the improvisational exchange through the way that we inhabit the therapeutic relationship and the music that we use.

Bodies in the room: Sameness, difference, and power in body politics

Intersectional feminism also invites music therapists to consider all the factors that might affect the bodies in the room during music therapy improvisation, including and in addition to the aforementioned therapeutic relationship, music, and improvisational elements of the experience. This is especially important for music therapists as we often work with people whose bodies are oppressed by the dominant culture. Feminist counselling psychologist Palombi described such an awareness of her clients' bodies when working with disabled women: "Both women and the disabled have been imagined as 'medically abnormal' and have in common the intersections between the politics of appearance and the medicalization of subjugated bodies" (2012, p. 205). Indeed, disability itself can be seen as "the very embodiment of the disruption of normativity symbolic of efficient and profitable individualism and the efficient economic appropriation of those profits produced within capitalist societies" (Erevelles & Minear, 2017, p. 393). This embodied difference and disruption of the dominant narrative by individuals at various subjugated intersections often renders such persons into "non-citizens and (no)bodies by the very social institutions (legal, educational, and rehabilitational) that are designed to protect, nurture, and empower them" (Erevelles & Minear, 2017, p. 382). Linking embodied differences from the dominant culture, such as gender (i.e., for women, transgender or intersex persons), race, and physical Disability with economic and social disruptions underscores that like all therapies, music therapy is a political act - both client and therapist embody political processes during improvisation in music therapy.

Responsibly responding to the politics inherent in music therapy improvisations is a complex and ongoing task and one that, among other things, requires more robust and reflexive gender politics in the discourse of the field (Rolvsjord & Halstead, 2013). Another crucial component is for music therapists to consider the political meaning of performances-of-self during music therapy improvisation by people with subjugated bodies, for example: women, trans and intersex people, people with disabilities and, Black people, Indigenous people, and People of Colour (BIPOC). It is equally important for music therapists to consider the political implications of how the therapist and/or other clients contextualize and respond to those performances during music therapy improvisation. Music therapists should also be conscious of offering appropriate instruments, such as those that are physically accessible for a client to comfortably, fully and/or successfully engage with, since not doing so could perpetuate harmful notions of sameness (i.e., ability) and difference (i.e., disability) during the improvisation. Becoming more aware of body politics, including how those we work with may be impacted by intersectional oppression, offers music therapists the ability to more safely and effectively navigate relationships between bodies in the room when engaging in improvisation.

Situated knowledge in music therapy improvisation

According to intersectional feminist theory, scientific objectivity maintains the dominant oppressive culture by "bolstering the epistemic authority of the currently dominant groups, composed largely of white men, and discrediting the observations and claims of the currently subordinate groups, including, of course, the observations and claims of many people of color and women" (Jaggar, 1989, p. 158). As a contrast, feminist scholarship views all knowledge as situated, which is to say the knower is always "in the middle of, [a] participant in, and in compliance with, the analyzed world" (Lykke, 2010, p. 5). Music therapy clinicians, educators, and researchers are in the position(s) of being the knowers, or knowledge-seekers, with regards to music therapy improvisation. Feminist theorist Haraway (1988) argued that the knowledge-seeker can acquire a "partially objective knowledge that is a knowledge of a specific part of reality that they can "see" from their position in time, space, body, and historic power relations" (Lykke, 2010, p. 5–6). Haraway asserted that if knowledge-seekers reflect their localization and "the ways in which our vision and optical senses are crafted in technological, ideological and bodily biological senses (…) then we can talk with an authoritative voice about the partial reality that we can see" (Lykke, 2010, p. 5). Intersectional feminism offers a lens through which we can qualify our knowledge, thereby opening up space for a multiplicity of truths. This is not strictly aligned with the postmodern assertion that there is no real truth but is rather an acknowledgement of the (sometimes overlapping, sometimes contradictory) partial truths that we each carry.

Acknowledging each person's situatedness and the partial realities of knowledge is particularly relevant for improvisation in music therapy. From this perspective, stakeholders can understand the improvised music of the client and the therapist in relationship to each other. This perspective additionally allows stakeholders to identify any knowledge outcomes, such as clinical assessments, client progress reports, and research findings, as partial truths situated both within particular relationships and their contexts. To successfully situate the knowledge of client improvisations in music therapy, music therapists can consider and analyze our own music, our role within the improvisation, and our assumptions.

This situated way of understanding and presenting knowledge is in opposition to the positivist scientific tradition and paradigm that forms the basis for the institutions where we as music therapists often work. For example, medical facilities such as hospitals and long-term care centres, as well as treatment centres for children with disabilities, often request or require quantitative assessments of therapeutic techniques and client progress based upon an underlying assumption that such measurements present complete objective truths. The ubiquitous "evidence-based" way of practicing, which is required of many healthcare professionals and is prioritized over other methods for funding purposes, almost exclusively privileges scientific quantitative research in the positivist framework. This work environment is a challenging dimension for some music therapists, particularly if we insist on the veracity of situated knowledge as an intersectional feminist lens encourages us to do.

Closing thoughts

In this paper, I have presented an intersectional feminist critique of improvisation in music therapy by analyzing the therapeutic relationship, music, and the act of improvisation therein. I have also discussed relevant body politics and knowledge outcomes. The analysis sets forth issues that can be addressed by adopting an intersectional feminist lens in music therapy improvisation, including relevant scholarship, approaches and practices. In addition to the suggestions outlined in the previous section, I propose four steps we can undertake as music therapists in response to this analysis. The first is for music therapists to seek out and listen to the perspectives of clients, therapists, community members and other stakeholders who inhabit multiple intersections of oppression. Deeply listening to and learning from these perspectives about music therapy improvisation is crucial to transforming the practice. This can unfold as a mutual process of discovery as (potential) clients may come to better understand what they would like from music therapy improvisation by first engaging in the practice, which may be unfamiliar to them. As a second step, we could actively work to diversify our community of music therapists to include, for example, more Black people, people of colour, Indigenous peoples, people with disabilities, LGBTQI + people, and non-Classically trained musicians. Diversifying representation is part of the solution for transforming any profession from an intersectional lens (J. Burman, personal communication, January 12, 2018). Third, we could undertake qualitative research exploring intersectionality and improvisation in music therapy—participatory action (Stige & Skewes McFerran, 2016) and feminist methods (Rolvsjord & Hadley, 2016) are particularly appropriate frameworks as they both aim to create social change and work against

subjugation. Fourth, we can educate music therapy practitioners and students regarding intersectionality as it relates to music therapy improvisation so that this awareness is not limited to particular theoretical orientations but rather becomes a foundational music therapy competency.

Embracing the radical

What I am proposing is an evolution of the accepted improvisation theories and practices in music therapy, one that is informed by intersectional feminist theory. I offer this as an alternative to the concerning practice I currently observe in which intersectional feminist-informed music therapy theories and practices are perceived as an optional addendum to "traditional" theories and practices. This creates a false-equivalency by suggesting that therapists may practice either in an intersectional feminist-informed way or in a "traditional" way (i.e., not informed by feminist perspectives and therefore one that may perpetuate embedded oppression and subjugation) and by indicating that both options are equally ethically and therapeutically valid. Hadley's (2013a) work encouraging music therapists to see how we can be complicit in perpetuating harmful narratives is especially relevant here.

Intersectional feminism offers a unique set of knowledge and perspectives that can enhance the experience of music therapy clients while aiming to dismantle embedded biases that may cause (unintentional) harm. Aigen referred to this fundamental change in the profession as a "radical reading of feminist music therapy" (Aigen, 2014, p. 227). This term, radical, both excites and discomforts me; I am buoyed by the opportunity that intersectional feminism provides for foundational changes in music therapy that advance the field towards greater political, relational, and social equity and thus therapeutic efficacy. I am simultaneously uncomfortable with the notion that the profession and practices that I have been inhabiting with passion, rigour, and great care are flawed and themselves require healing. Yet, I recognize that adopting an intersectional feminist lens *requires* me to simultaneously hold potential and discomfort, particularly as someone who inhabits multiple intersections of power personally and professionally. My aim with this paper has been a recuperative critique of improvisation in music therapy, however, as intersectional feminist scholars likely could have predicted, this has required me to unearth and critically evaluate my own personal beliefs and professional practices.

The academic discipline and profession of music therapy, including its theories, models, and practices, are constructed by humans who are complex and inhabit myriad social and political systems. These parts of our existence can only evolve collectively, not individually. This is likely to be a messy, uncomfortable process, one in which multiple fragments of truth overlap and contradict and in which our core beliefs and practices may be challenged. Intersectional feminism calls those of us who inhabit multiple positions of power into this place of reflective discomfort, and above all this perspective asks us to step back and listen to those within the music therapy community and our communities at large who inhabit intersections of oppression.

Improvisation in music therapy is a site of vibrant creativity, negotiated relationships, and power dynamics. This paper contends that an intersectional feminist approach to improvisation in music therapy should no longer be seen as an option that can be dismissed in favor of "traditional" ways of practicing but rather as a lens through which the accepted theories and practices of improvisation in music therapy, including we music therapists, are challenged, reshaped, and reconfigured.

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None.

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