Critical Humanism in Music Therapy: Imagining the Possibilities

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Abstract:

In this article we take the reader on a journey with us as we imagine the terrain and possibilities of critical humanism as an approach to engaging in music therapy practice. We begin by providing descriptions of critical theory and humanism, followed by critiques of traditional humanism from a critical theory perspective. From this, we describe our understanding of critical humanism as a therapeutic approach. Drawing from existing critical approaches to music therapy, we imagine possibilities for critical humanistic practice in music therapy. We draw from critical theories of race, feminism, queer theories and disability studies as foundations for exploring how critical humanism would be engaged in music therapy practice. Thus, we explore what we have termed critical race humanism, feminist humanism, queer humanism, and critical disability humanism. The commonalities each share are the emphases on exploring how historical and contemporary marginalization of various categories of human are experienced by therapy participants; honoring sociocultural political issues as legitimate topics in therapy; navigating difficult dialogues around sociocultural political issues; engaging in advocacy for individuals and groups; and, working towards systemic social change. Each of the outlined perspectives brings nuance to how we understand each other within the therapeutic relationship.

Keywords: Humanism, critical humanism, critical theories of race, feminism, queer theory, disability studies
Critical Humanism in Music Therapy: Imagining the Possibilities

All humanisms, until now, have been imperial... Their embrace suffocates those it does not ignore.

Tony Davis (2008, p. 141)

When Dr. Brian Abrams initially invited us to write an article on critical humanism in music therapy, we were at once eager and anxious to explore this topic. Eager, as it resonates with the work that we do and the issues we are passionate about. Anxious, because there is a paucity in the literature on critical humanism as an approach to therapy. As such, what we have decided to do in this article is to take you, the reader, on a journey with us as we imagine the terrain and possibilities of critical humanism as an approach to engaging in music therapy. In order to understand what critical humanism is, we will begin by breaking the term down into its component parts: critical (as in critical theory) and humanism.

Critical Theory
The term critical, as it is understood in critical theory, refers to the process of ideology critique. Critical theories, at their core, seek to bring awareness to forms of power and oppression and to create an impetus and environment for social action. Thus, critical theory is aligned with various social movements. Critical theory, in the way we are referring to it here, is associated with the work of prominent scholars from the Frankfurt School (M. Horkheimer; T. Adorno; H. Marcuse; W. Benjamin; E. Fromm; J. Habermas) who developed the Institute for Social Research in the
late 1920s (Rolvsjord & Hadley, 2016). The forms of critical theory, which we will draw upon in this article, are critical theories of race, feminism, queer theory, and from disability studies.

Critical theory has several distinguishing characteristics. One characteristic is that critical theory is grounded in political analysis. This analysis examines the conflicting relationship between differentially positioned social groups. In our capitalistic society, everything is commodifiable, even our social relationships. We judge a person’s worth based on their output and we judge our relationships based on what we gain from them. This system, which is commonly referred to as the “commodity exchange economy” (Brookfield, 2005), is regulatory in function, in that it helps to maintain social order. That is, this system rewards certain people over others, based on criteria that benefit some over others. Tension between differentially positioned social groups arises as those in the disenfranchised group demand emancipation from unjust conditions while those in the advantaged group resist such demands being realized, often without any awareness that they are in fact resisting. Thus, critical theory seeks to bring awareness about social inequities and structures that maintain unjust conditions, to create conditions for critical self-reflexivity, and to reconfigure social relationships in order for people to achieve their freedom and humanity. Moreover, another characteristic of critical theory is that it exposes people to knowledge and understandings needed for liberation from oppression. The aims of critical theory are far reaching, not only critiquing forms of current societal arrangement, and the oppressive logics therein, but to envision a fairer, less alienated, more democratic world.

In order to become emancipated from oppressive conditions, it is important to learn to recognize and challenge ideologies that keep groups of people subjugated. Often, we are unaware of the social and political structures that maintain systems of power and oppression. That is, people often accept and do not question values and beliefs that are taken to be “self-
evidently true,” which are politically relevant and self-interestedly desirable to those in the majority and yet are unjust to many in society. Stige (2002) refers to ideology as “repressive trains of thought . . . that [make] it possible for subordinates to accept their social position as inevitable” (p. 406). Ideology is difficult to recognize because it is “embedded in language, social habits, and cultural forms” and because it appears “as common sense, as givens, rather than as beliefs that are deliberately skewed to support the interests of a powerful minority… while appearing to advance the interests of all” (Brookfield, 2005, p. 41).

Hence, a crucial aspect of a critical approach to emancipation is to make visible the oppression and inequities that have been understood as simply the “natural order of things.” However, ideology critique is difficult because of something known as hegemony. Hegemony is “the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us” (Brookfield, 2005, p. 93) and accept them as natural, preordained, and as “part of the cultural air [we] breathe” (p. 43). In other words, because hegemony undergirds and reinforces the dominant ideology, people are not forced to accept it and assimilate to it, but instead willingly accept and support these ideological beliefs and practices. In fact, the hegemony precisely creates the kinds of persons who are constituted in such a way that they come to see themselves as having made a “naturally self-evident” choice, a choice which in fact leads to their oppression. These beliefs and practices are reinforced through the mass media, including the music industry. According to Rolvsjord and Hadley (2016), “[o]ne of the crucial steps in contesting hegemony is learning to recognize one’s relative position in the system and unmasking power relationships, whether they manifest in class oppression, sexism, [cisgenderism], racism, ableism, or heterosexism” (p. 477).
In sum, a critical approach involves critiquing ideology, challenging hegemony, unmasking power, and working toward individual and collective liberation from oppressive institutional systems, beliefs, values, and practices. This requires reflexivity, moral consciousness, and being able to embrace the perspectives and experiences of persons who have been systematically disenfranchised.

**Humanism**

Humanism centers the human and emphasizes scientific evidence over supernatural and religious accounts. Humanism has grown out of Western conceptions of the human and human well-being. It has been concerned with freedom, agency, autonomy, individuality, authenticity, choice, responsibility, meaning, value, creativity and self-actualization. Humanism emphasizes common or universal human needs and relational ways of solving problems, while simultaneously embracing the uniqueness of individuals and the irreducibility of human experience. Humanism also emphasizes growth and potential, drawing out the strengths and possibilities of each individual.

Two major pioneers of humanistic psychology are Carl Rogers and Abraham Maslow. Rogers (1951) is known for his client-centered or person-centered approach to therapy which emphasizes that the therapist nurtures a therapeutic relationship in which the therapist demonstrates unconditional positive regard towards the client as well as empathy, transparency and trustworthiness. Maslow (1943) is known for his hierarchy of human needs, which move from basic survival needs to self-actualization, which is recognized as the pinnacle of human well-being.
Critiques of Traditional Humanism from Critical Perspectives

Humanism has been critiqued from a variety of theoretical perspectives, of which we will provide a few. When a critical lens is applied to humanism, what we find are perspectives which challenge the Westernized ideal of “humanity” as an imperial construct that is believed to transcend cultural specificity. Holding a Western conception of the human is limiting in terms of the theory itself, as well as in its applications in practice. In fact, Canovan (2001) claims that the notion of common humanity is the “grandest but flimsiest of contemporary imagined communities” (p. 212). Furthermore, even key terms utilized in Humanist theory (such as “universal” and “modern”) are rooted in Western cultural ideals that are not in fact universally applicable (Plummer, 2005). This results in a disparity between how Humanism may be perceived and applied in the West versus in those cultures that do not ascribe to the same system of values. To take this further, some might even argue that because terms like “modern” have been utilized in order to force assimilation from some cultures into others, the use of such a term in the theoretical construct of humanism makes it complicit with a history of oppression (Karavanta & Morgan, 2008).

According to Wilde (2004), humanism promotes a universal respect for humans qua humans regardless of our differences. Such a focus on humans as humans might suggest a kind of essentialism of what it means to be human - as well as a universalism about humanity. While Rorty (1996) rejects the idea of a human essence, he does note that differences between people become unimportant when we instead concern ourselves “with similarities with respect to pain and humiliation” (p. 192). In addition, Honneth (1996) suggests that we each contribute positively or negatively to the achievement of “undistorted forms of recognition” (p. 170) of the other. This suggests ways in which we might contribute to the de-humanization of others even as
we question the notion of ‘the human’ as such. Interestingly, though, the ability to de-humanize people might lead to an understanding of ‘the human’ as an essence.

A major goal of humanism is self-actualization. Thus, the focus is on the individual. Even if one embraces a relational worldview that understands intersubjectivity as central to self-realization, the individual is still given priority over the community when self-actualization is the goal. In this context, the goal is not on a social end-state (Wilde, 2004). And while our survival depends upon the reality of our interdependency as human beings, interdependency has not been a dominant focus of humanism in the literature. Thus, humanism may be criticized as emphasizing a rational, autonomous self - that is, a concept of "human" that developed within a Western worldview, with its own specific philosophical assumptions.

The concept of “solidarity”, as being rooted in a universal respect for humans (Wilde, 2004), should also be considered here. Despite the positive connotations of universal respect, solidarity as an action is typically only invoked in times of conflict, and in opposition between groups. It is not innate, but possibly rooted in the cultivated capacity to "imagine" oneself as the "other" and relate it to the self, simply out of the desire to not become the individual being humiliated or hurt. Ultimately, however, solidarity is interactive and can only grow out of shared goals. Herein lies the challenge: if one is to accept the reality that true equality doesn't (yet) exist, then solidarity means different things for different groups, and as a result, the concept can become antagonistic. Cortina (2015) echoes this concern, noting that with the erosion of the middle class and growing inequality, division between groups of people can only breed feelings of anger and powerlessness, such that solidarity—and ultimately humanism—must address these issues before it can be effectively applied in any sort of culturally sensitive context.
Music therapist Even Ruud suggests that if humanistic theory is not combined with social awareness, it runs “the risk of promoting self-centered individualism” (Bunt & Stige, 2015, p.45). By applying the lens of critical humanism, social justice perspectives come to bear, expanding humanism through insights gained from postcolonial theories, critical theories of race, feminist theories, queer theories, and disability studies. Sociologist and psychoanalyst Eric Fromm is noted for applying a critical approach to humanist theory through the lens of historical and political states of being, namely the rise of Nazism and consumerism (Cortina, 2015). Among his most notable contributions to critical humanism are his theories of social character and existential humanism. Existential humanism posits that humans are physically among the weakest animals in the world, yet somehow the strongest, with great capacities for learning and creating. Fromm’s (1970) social character theory builds on the foundational beliefs of existential humanism, positing that individuals develop and adapt their value system and resulting behavior in response to their social environments (the family, initially, then larger social groups after that). With this in mind, music therapists can consider how they relate to their clients within a humanist context as a two-tiered experience: in the first-person (how do I relate to the client) and then, in the second-person (how do I relate to the other, or to the groups with which the client identifies). This takes into account the socio-cultural context in which the client (and thus the therapeutic relationship) is situated, rather than assuming that universal respect and desire for solidarity between therapist and client is sufficient to carry the therapeutic process forward.

Critical Humanism

Given the above discussion, critical humanism, as a therapeutic approach, by definition understands the significance of the political contexts in which the therapeutic work is engaged.
Critical humanism is context dependent and recognizes politics as a legitimate topic within therapy, especially as it relates to unjust and oppressive social systems. Therapists working within a critical humanistic framework acknowledge and are aware of race, gender, sexuality, disability, socio-economic factors, and other socio-cultural factors as impacting factors on the therapeutic relationship. Additionally, they value interdependence and embrace social action. In defining critical humanism as focused on human experience, acknowledging the social, cultural, and political elements at play (Plummer, 2005), we remove expectations of universally generalized experiences or solutions, and rather focus on limiting damage, prioritizing democratization, care and compassion, trust, recognition, and respect. Applying these concepts in the context of music therapy then requires self-reflexivity on the part of the clinician and the ability to engage in critical discourse related to socio-cultural factors with those engaging in therapy. Furthermore, it requires that the music therapist has a moral consciousness capable of holding space for and integrating the socio-cultural perspectives and experiences presented by those engaging in therapy. Such consciousness would ideally result in the cultivation of goals and directions for the therapeutic process that honor and respect each person’s unique background and needs.

Critical Approaches to Music Therapy

Over the past two decades, there has been an increase in the number of music therapists who have applied a critical lens to their work. Feminist perspectives in music therapy practice have highlighted the value of women’s perspectives, egalitarianism in the therapeutic relationship, analyses of power, empowerment, collaboration, mutuality, intersectionality, and representation (see, for example: Baines, 1992; Curtis, 2000; Hadley, 2006; Rolvsjord & Halstead, 2013). More
recently, queer theory has informed music therapy practice in terms of moving beyond how to work with LGBTQ clients, to challenging heteronormative assumptions by understanding identities as fluid and not fixed, and acknowledging the performative aspects of gender and sexuality (Bain, Grzanka, & Crowe, 2016; Boggan, Grzanka, & Bain, 2018; Hadley & Gumble, forthcoming). Critical theories of race have been explored in terms of music therapists experiences of how their racialized identities intersect with the racialized identities of those with whom they work (see Hadley, 2013), and disability studies have been applied to music therapy in terms of broadening the understanding of disability from within a medical paradigm to a social and political framework (see Voices ‘Special Issue on Disability Studies and Music Therapy’, 2014). Combining several critical theories, Smith (2010), Curtis (2012), Vaillancourt (2012), and Baines (2013) advocate for raising social, cultural and political consciousness in music therapy through social justice and anti-oppressive practices, pointing out inequities in access to healthcare. These clinicians and scholars advocate for clients’ needs with regard to access and quality services that recognize and allow space for the social and political positioning of various human identities to come to bear in the therapeutic process. In terms of specific approaches, Community Music Therapy (Ansdell & Pavlicevic, 2004) offers a perspective on music-making as a social process that invites participants in as the ultimate “source,” equal partners in crafting musical experiences that reflect their own voices and lives, and Resource Oriented Music Therapy offers a critical perspective on the medical model of healthcare (Rolvsjord, 2010).

The following are some specific perspectives from music therapy theories that we find are conceptually consistent with critical humanistic approaches to music therapy practice.
Critical Humanisms in Music Therapy

While there is no mention of critical humanism in music therapy, the following section frames how we imagine the terrain and possibilities of critical humanism as an approach to engaging in music therapy, drawing from literature in related fields. As applying any sort of critical lens to a practice is never a static process, these perspectives need to be viewed as starting points for continued reflection and discussion with personal and professional peers, as well as (where appropriate) with the individuals and communities with whom we engage.

Critical Race Humanism

The contexts of race and ethnicity are uniquely impacted by the geographical and socio-political positioning of individuals and racialized groups. Idealistic concepts sometimes ascribed to humanism—like “color-blindness” or the decision to “not see race”—have the potential to undermine contextual awareness, and, ultimately, quality of care. In a study of 112 individuals receiving outpatient mental health treatment, ethnic minority clients generally felt that issues regarding race and ethnicity were more important than white clients did; when these elements were considered important but were not included in their care, clients were less satisfied with treatment (Meyer & Zane, 2013).

Clients in the United States who belong to ethnic minority groups experience challenges that are uniquely racialized; that is to say, their race—or the way in which their ethnicity is socially categorized—has a direct impact on their lives in ways that do not impact white individuals (Taliaferro, Casstevens, & Decuir Gunby, 2013). These racialized experiences may stem from more overt forms of racism (i.e., hate crimes and Jim Crow era legislation) to the more covert forms (microaggressions and gentrification, for example) that impact how
Owen et al. (2014) address this experience directly. In their study of racial and ethnic microaggressions in therapy, they show that clients are not only less satisfied with therapists who actively avoid or diminish the impact these elements have on their lives, but that it can actually damage the therapeutic relationship (Owen et al., 2014).

A therapist wishing to work from a critical race framework will need to recognize that racism is a foundational aspect of the client of color’s experience, and that as such, space must be allowed for racism to be addressed in the therapeutic relationship (Taliaferro, et al., 2013). Additionally, within this space, therapists working from a critical race perspective will need to be able to guide the client in exploring all the ways in which their lived experience is shaped by both overt and covert forms of racism, explore internal resources that they possess, and carefully consider how they utilize these resources effectively to meet their needs.

This latter skill - the ability to facilitate a client’s exploration of their lived experience - may require additional education on the part of the therapist. In a survey of 104 music therapists in the United States and Canada, Young (2009) found a majority of respondents indicated that they had regular professional interactions with colleagues (82%) or clients (89%) from different ethnic or racial backgrounds than themselves, but only 51% had received any sort of multicultural training as part of their degree or ongoing certification. This number decreased to 28% when the question was narrowed to multicultural coursework that was specific to music therapy.

While there is a growing body of literature addressing multicultural coursework and continuing education in the creative arts therapies (Hadley & Norris, 2016; Owens, 2012; Sajnani, 2012; Young, 2009), research specific to music therapy, including the experiences of
music therapy clients from various multicultural backgrounds, is limited. Sajnani (2012) posits that experience gaps in the creative arts therapies might be addressed by adopting aspects of critical race feminism, such as recognizing that the personal is inherently political, and that the empowerment of clients (teaching them to recognize socio-cultural impacts on their various identities in day to day life, as well as the kinds of power they possess and how they might possibly wield them) should be a priority for therapists. Ultimately, the argument posed from the paradigm Sajnani presents is that because creative arts therapists are situated with the ability to respond to social inequality in uniquely creative and empowering ways, they have a responsibility to do so. Similarly, Rolvsjord (2006) posits that the therapeutic relationship in music therapy should stand as a model of an egalitarian relationship, with full recognition of the powerful potential that therapists have as contributors to either the destabilization or conservation of community values amongst the individuals they serve. As Rolvsjord suggests, nothing we do as therapists occurs in isolation or without impact. As such, for example, white therapists must not only be aware of the ways in which the marginalized racialized body enters into the therapeutic relationship as racially marked and is deemed socially subordinate, but also of how their whiteness goes unmarked as a site of racialized privilege within that relationship.

**Feminist Humanism**

Feminist perspectives in music therapy share many similar features with critical race and queer theories. In fact, these theories have woven in and out of either impacting or being impacted by each other throughout their histories. The origins of feminism in its first wave can be directly linked to the abolitionist movement that led to the emancipation of enslaved Black people in the United States, and—over time—consequent waves of feminism have sought to incorporate more
diverse perspectives and experiences from ethnic/racial and gender/sexual orientation-based minorities, in the ultimate pursuit of increasing the egalitarianism of all genders (Edwards & Hadley, 2007).

Given these origins, it is worth restating that—similar to racialized experiences—gender is inherently politicized, in both overt and covert forms. From national healthcare policies to commercial advertising, gendered expectations abound to impact everyday life. Clients bring the impact of these experiences with them into the therapeutic relationship, resulting in assumptions and insecurities on everything from how they dress to the way their voice sounds (Rolvsjord & Halstead, 2013).

One key component born of feminist theory, and of value to the music therapist wishing to practice from this perspective, is the recognition that gender is something that one “performs” rather than something that one “possesses.” Thus, gender can be viewed in a social and relative context, rather than as an absolute. What it is to be a woman or man or gender fluid or trans or non-binary, may vary from culture to culture and individual to individual. With this perspective in mind, a feminist humanism allows space for clients to express (read: perform) themselves, including their gender, without assumptions or expectations being superimposed upon them as to what that should look or sound like.

Also worthy of consideration for constructing a feminist humanism in music therapy is the concept of “intersectionality” developed by Kimberlé Williams Crenshaw to describe and bring to the forefront of discussion the ways in which feminism is not solely performed in isolation, but is impacted and regulated by a variety of intersecting factors, most notably race (Carbado & Crenshaw, 2013). A feminist humanism in music therapy then must not only allow space for clients to express or perform their own gender identity in their own way, but encourage
and facilitate experiences that may disrupt stereotypical assumptions and expectations of gender expression/performance (Rolvsjord & Halstead, 2013), such that new opportunities may present themselves for individuals to glean new insights into themselves, as well as the communities from which they originate, and the broader socio-political environments in which they are situated.

Queer Humanism

When considering critical humanism from a queer perspective, it is important to understand the social and political function of identity labels such as those related to gender and sexuality. According to Foucault (1978), identity labels function as regulatory mechanisms with the social purpose of positioning people differentially in society. Having an identity label leads to an assumption that there is a fixed identity that is distinct and that if one does not align with that identity one is deemed “deviant.” Identities such as gender (man/woman), sex (male/female), sexuality (heterosexual/homosexual), disability (abled/disabled), and race (white/black or white/non-white) are constructed in terms of a binary, that is, one identity in the category cannot be conceived of without the other. These categories have become structurally fixed, with one in the binary category having power and the other being subjugated. Furthermore, any identity outside of the structural binary becomes further marginalized. Many identity labels were only introduced in the past couple of centuries, and were introduced with the aim of regulating behavior, such as gender behavior (Goodrich, Luke & Smith, 2016). A queer humanism will honor identities as open, fluid, and nonfixed, challenging binary conceptions. A queer humanism will also acknowledge that identity is continually performed (Butler, 1999) and refuse to embrace a perspective with regard to fixed identity categories and fixed conceptions of
normality. To adopt a queer humanist approach means to understand that performing identity according to, for example, gender-based expectations from the dominant culture can limit a person’s range of experiences and can limit diversity within the social space (Goodrich, Luke & Smith, 2016). This can be applied to other binary identities.

In addition to understanding the social and political aspect of identities, a queer humanistic approach will include an examination of the impact of gender and sexual identities on the therapeutic relationship and will bring issues of gender and sexuality into the work as legitimate topics, especially in terms of how genders and sexualities which exist beyond the binaries are pathologized, and how the mental health system attempts to reduce aspects of their existence through categorization processes and assessment procedures. Instead, in a queer humanistic approach, the perspectives of the clients are honored in their complexity as well as the goals of therapy. As an example, one important goal in music therapy may include voicework with trans and nonbinary clients (Gumble, unpublished research).

Another important aspect of a queer humanistic approach is work towards systemic change or social action. Some ways we can approach this may be through arts based or participatory action research projects in the community. Some of the strategies involved would include raising awareness regarding the fluidity of gender and sexuality, educating communities about the social and political circumstances of their queer members, and sharing the experiences of members of the LGBTQ+ community. Other important work would be to build intentional relationships between the dominant group and the marginalized queer community through musical engagement.
Critical Disability Humanism

Music therapists have a long history of engaging with disabled people from a humanistic or so-called client-centered perspective. However, we posit that the vast majority of humanistic music therapists have not adequately explored the political context of disability. The binary structure of ability/disability has served to marginalize the disabled for millennia. Within the Christian tradition, for example, Jesus was reported to have been able to heal the disabled, which serves to shift our understanding of disability as human variability, to something that could be cured miraculously (Block, Kasnitz, Nishida & Pollard, 2016). These acts of supposed miraculous divine intervention have led to perspectives on disability as punishment related to evil, or tests of faith. This binary structure of “disability exists for the benefit of and in contrast to the non-disabled. However wretched your life, you are ‘lucky’ you are not one of us[/them]” (Block et al, 2016, p. 360). Furthermore, a whole medical industrial complex has been developed in order to regulate these “deviant” bodies/minds (Block et al, 2016). Again, moving away from a human variability model where the disabled meaningfully occupy their place in the community, education, rehabilitation, and other service fields have occupied disability (literally with occupations that regulate the disabled), while the disabled continue to struggle for employment (Block et al, 2016). In fact, the medicalization of disability comes with goals to cure and control bodies in order to bring them closer to an idealized or acceptable version of the non-disabled human. Thus, in a critical disability humanism, it is important to acknowledge and challenge oppressive social structures of power and control, especially in terms of how they manifest within the medical industrial complex.

As a species, humans are interdependent. This is how we have survived and thrived. However, in Western communities we have come to highly value independence as a virtue. It is,
in fact, a major goal in various forms of therapy, and certainly a major aspect of humanism. Mia Mingus (2017) critiques this ableist notion of the “myth of independence”:

The myth of independence is the idea that we can and should be able to do everything on our own and, of course, we know that that’s not true. Someone made the clothes you’re wearing now, your shoes, your car or the mass transit system you use; we don’t grow all our own food and spices. We can’t pretend that what happens in this country doesn’t affect others, or that things like clean air and water don’t bound us all together. We are dependent on each other, period. The myth of independence reflects such a deep level of privilege, especially in this rugged individualistic capitalist society and produced the very idea that we could even mildly conceive of our lives or our accomplishments as solely our own. And of course, the other side of this is not just that it’s not true—not just that the emperor has no clothes, but that everyone else should pretend he’s fully clothed too. So, the Myth of Independence is not just about the truth of being connected and interdependent on one another; it is also about the high value that gets placed on buying into the myth and believing that you are independent; and the high value placed on striving to be independent, another corner stone of the ableist culture we live in (“Liberatory Action and Interdependence,” para 5).

Mingus suggests that we must acknowledge not only our interdependence, but value the different things we each have to offer, thus moving away from an understanding of disability as dependence. Furthermore, Reed (2018) states the importance of not just acknowledging interdependence, but challenging hierarchies of interdependence that have developed as a result of the industrial revolution when we began to assess a person’s value based on their “productivity.” Thus, hierarchically, while we do not see our dependence on medical doctors as a personal deficit or something to be ashamed of, we do place a negative value on depending on someone to help us with our daily living skills.

In sum, a critical disability humanism is one that understands the historical context of the binary structure of disability and the oppressive social and political structures that position the disabled as a group that needs to be regulated in ways that more adequately assimilate disabled people into the dominant culture. It also acknowledges how various professions, ours included, have been complicit in and contributed to these understandings of disability. Within the
therapeutic relationship, not only will human variability be honored, but interdependence will be valued rather than inordinately elevating problematic conceptions of independence. And in terms of social action, participatory action research will study those who take care of disabled people rather than studying the disabled.

**Intersectionality**

Given the intersectional nature of human beings, it is unlikely that we would draw exclusively from any of the above critical humanistic perspectives, but would fluidly move in and out of these frameworks as needed. The commonalities each share are the emphases on exploring how historical and contemporary marginalization of various categories of ‘human’ are experienced by therapy participants; honoring sociocultural political issues as legitimate topics in therapy; navigating difficult dialogues around sociocultural political issues; engaging in advocacy for individuals and groups; and, working towards systemic social change. Each of the outlined perspectives brings nuance to the ways in which we understand each other within the therapeutic relationship.

**Conclusion**

While the basic tenets of humanism, themselves, do not embody imperialism/colonialism, modern humanism has evolved within imperial/colonial contexts. Humanism implies the sense of being humane, focusing on the human and emphasizing value and agency rather than forcing the human into an essentialist box. However, within imperial contexts, the concept of the human has been reflective of a Western conception of the human, within a socio-cultural context that has historically denigrated certain humans that did not fit this conception. As such, humanism
evolved within a socio-cultural context that is inhumane to so many forms of human. Critical humanisms of music therapy, as proposed in this article, are anticolonial, culturally-reflexive re-imaginings of art-based humanistic therapy which encourage human flourishing within diverse contexts of human sociality and belonging. In terms of its relevance to music therapy, critical humanism aims to uproot forms of cultural practice that are embedded within music therapy (racism, sexism, ethnocentrism, etc.) that damage the human and that truncate the potential for understanding the human in its socio-cultural diversity. In short, critical humanism within the context of music therapy encourages a liberatory engagement that focuses on the explicit and implicit associations and practices that we have failed to see as operating within the daily practices of music therapy.

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