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**THE ROLE OF AFFINITY GROUP MEMBERSHIP FOR MARGINALIZED MUSIC  
THERAPY STUDENTS AND PROFESSIONALS**

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A Thesis Submitted to Molloy College  
Music Department, Rockville Centre, NY

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In Partial Fulfillment  
of the Requirements for the Degree

Master of Science  
in  
Music Therapy

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by

Fakoya A. Jack-Vilmar, MT-BC

May 2022

Molloy College

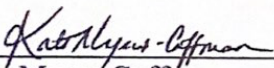
A thesis committee of the has examined the thesis titled

**The Role of Affinity Group Membership for Marginalized Music Therapy Students and Professionals**


Presented by Fakoya A. Jack-Vilmar

A candidate for the degree of Master of Science in Music Therapy

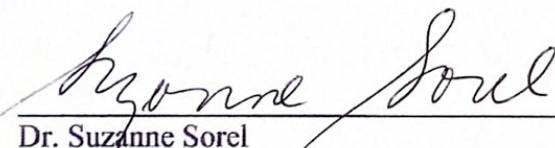
And hereby certify that the thesis was read and approved by the committee.

  
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2022

## Abstract

Little research has been done exploring the significance of affinity group membership in the profession of music therapy. In this study, 48 music therapy students and professionals who identified as a part of an affinity group connected to their marginalized identities were surveyed, answering open- and closed-ended questions related to their experiences of a sense of belongingness, acculturative stress, and burnout in professional environments. Quantitative data were analyzed using cross-tabulation descriptive statistics through Google Forms and qualitative data were analyzed through thematic analysis. The quantitative data highlighted how affinity group membership plays a significant role in the sense of belongingness for marginalized music therapy students and professionals. They also suggested that many participants experienced similar challenges and feelings in differing spaces (e.g., work, school) related to their marginalized identities. Thematic findings revealed that affinity group membership promoted feelings of belongingness, confidence in expressing one's marginalized identity, increased comfort in advocacy for self and others, reduced inclination to assimilate to dominant societal norms, and increased cultural sensitivity in music therapy practice. This research suggests that music therapy educational and professional environments should be more intentional about providing affinity spaces and access to resources for marginalized students and professionals. More research can be done to explore the relationship between the sense of belongingness among marginalized music therapy students and professionals and job satisfaction, higher education, burnout levels, and sociocultural locations.

*Keywords:* marginalized identities, music therapy students and professionals, affinity group membership, sense of belongingness

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To the Black Music Therapist Network, thank you for holding space for me in times where I feel that I don't belong. 2020 would have been a whole lot harder without this group. Thank you for valuing me and I hope that this research shows how meaningful affinity groups like this can be.

Lastly, I would like to thank all my peers, specifically my cohort, who have been there for it all. It was a blessing to share so much time and energy with such talented, intelligent, and supporting people. We made it!

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## Introduction

During the past two years, many Black, indigenous, and other people of color (BIPOC) experienced a dual pandemic of racism and COVID-19 (Jones, 2020). As the world was dealing with the grief and loss of COVID-19, the Black Lives Matter movement mobilized due to the constant dehumanization and murders of Black lives. As a Black female music therapist with predominantly white clients, going back to graduate school I was overwhelmed with feelings of isolation, guilt, and frustration, and longed for communal support. I felt like I was struggling to exist in multiple predominantly white spaces as if everything was fine when there were so many consecutive racially charged murders occurring that could have easily been my loved one. During this time, I joined the Black Music Therapy Network affinity group, which instilled a sense of hope, community, and belonging to navigate a predominantly white professional and academic environment as a marginalized individual. Finding this “group of people with a common interest and goal” (Merriam-Webster, 2021) of providing a safe space for other Black music therapy professionals and students led to my interest in investigating the role of affinity groups for other marginalized music therapists and music therapy students.

The National Collaborative Center for Determinants of Health (NCCDH) (2021) defines marginalized populations as “groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions”. Marginalized populations are interchangeably defined as experiencing social exclusion, which Levitas et al., (2007) describes as:

a complex and multi-dimensional process involving the lack or denial of resources, rights, goods and services, and the inability to participate in the normal

relationships and activities, available to the majority of people in a society, whether in economic, social, cultural, or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (p 25).

With this definition in mind, marginalized populations in the music therapy profession can include anyone who has experienced these processes.

Throughout my time as a music therapy student and professional music therapist, I have often felt like an *outsider within*, a term originated by Hill Collins (1986) to describe African American students' participation in the activities at predominantly white institutions while experiencing only partial acceptance in the minds of individuals identifying with the dominant culture. In music therapy settings, identifying as an *outsider within*, often involves “weathering through our professional conferences, where the intensity of discussions *around* our minoritized experiences and communities leaves us feeling emotionally drained and physically exhausted” (Thomas & Norris, 2021, p. 3). During my undergraduate internship, I struggled with cultural countertransference, experienced acculturative stress, and even doubted my potential as a future board-certified music therapist. I often felt isolated at my internship and disconnected from others. Through joining a non-music therapy affinity space (a mostly local BIPOC gospel trap band) during this time, I felt a sense of belongingness amid our differences that I had not yet felt in music therapy environments. My life experience was quite different from some of the band members because I did not grow up in Church, I went to a four-year undergraduate program, I was a classically trained musician, I recently moved to Florida (as opposed to most members who grew up there), and being a performer was not my primary goal. This affinity group provided a community and support system where we embraced our similarities and differences in the name of passion, love and music.

Even with the communal environment of the gospel band, I continued to feel like an *outsider within*. I was on a career path that wasn't specifically geared to performance. I remember going to the American Music Therapy Association's Great Lakes Regional Conferences in undergrad and being mildly numb to the fact that there were only a couple of students who looked like me. Participating in the Black Music Therapy Network provided a unique sense of belonging and understanding that I hadn't found anywhere else. In that group I feel completely seen and heard and comfortable to be open and authentic, which contrasts with how I feel in some environments as someone who identifies as marginalized.

The music therapy literature on the topic of affinity group membership is sparse, therefore more studies in this area need to be done. This study aims to explore the significance of affinity group membership for marginalized music therapists and professionals. As our profession is becoming more culturally diverse, it is important that music therapists and students in non-dominant social location groups are supported and consider actions that benefit our fellow music therapists to increase professional longevity in the music therapy field (AMTA, 2021).

### **Review of Literature**

To provide a context and understanding for this study, it is important to understand the experience of being marginalized, how one's sense of perspective may link the connection between marginalization and affinity group membership, and the role of affinity groups in the professional and academic contexts.

#### **The Experience of Being Marginalized**

The AMTA (2021) Code of Ethics highlights that music therapists are responsible to refuse to participate in activities that discriminate against individuals based upon race, ethnicity, religion, marital status, age, gender, gender identity, sexual orientation, disability, socioeconomic

status, or political affiliation. This statement suggests a commitment of cultural sensitivity to the stories and experiences of the marginalized professionals, students, and clients who identify as the *outsiders within* (Edwards, 2021; Hill Collins, 1986; Thomas & Norris, 2021). Although *outsiders within*, as Hill Collins (1986) has historically described, have witnessed the experience of the dominant social location from a unique intimate perspective, such as black women caretakers in white families, they continue to experience marginalization and oppressive systems in their everyday life. My social location as a first-generation Caribbean-American woman music therapist and student in predominantly white environments along with my experience in affinity groups during the Black Lives Matter protests leads me to believe that people from marginalized groups are living a different experience than the dominant social locations (Mills, 2020). Black and Bimper (2020) explored the strategies and experiences of eleven male African-American undergraduate students that successfully graduated from historically white institutions (HWIs). Through student interviews, common themes arose relating to feelings of isolation, racist experiences, resilience, and the need for more faculty with shared African-American lived experiences.

Isolation and pressure to acculturate are common themes that arise in the literature in and outside the profession of music therapy (Black, 2020; Fitzpatrick, 2014; Kim, 2011; Mills, 2020; Torres, 2010). Kim (2011) conducted a survey study to investigate the factors that predict acculturative stress for international music therapy students living in the U.S. In this study, 97 participants were surveyed from different countries. Results showed that the factors with the greatest influence on predicting acculturative stress were music therapy student academic stress, neuroticism, and English proficiency. Although some may think of acculturation in relation to immigrants, it can be applied to marginalized students and professionals in predominantly white,

cisgender, heteronormative, ableist, classist spaces. Acculturative stressors like “exclusion from standard privileges” can be associated with poor mental health (Greenwood et al., 2017, p. 497). With that being said, it is important that marginalized music therapy professionals and students have support systems to avoid burnout and increase professional retention. Undergraduate music education students from marginalized groups (LGBTQ, Black, Latinx, and first-generation college students) in Fitzpatrick et al.’s (2014) case study consistently mentioned the significance of mentors and peer networks as one of the significant sources of inspiration through their academic journey. This suggests that developing mentoring relationships might be a potential way to improve the retention of marginalized students (Fitzpatrick et al., 2014).

Although we might often think about multicultural issues as relating to race, they can also relate to religion, ability, gender, sexual orientation, education, socioeconomic status, and more (Hadley & Norris, 2016; Lee, 2020). As music therapists, we often bring our identities into the therapeutic space to engage with the client, their caregivers, and other interdisciplinary team members. In order to provide supportive spaces for our clients and our peers, we need to be aware of our own biases and commit to the ongoing work of understanding our own privileges and intentionally unlearning ableist, racist and sexist practices (Hadley & Norris, 2016). Learning about the experiences of people from other social locations can lead to further support for these individuals as students, clients, and professionals.

In multiple studies, the gap of literature focusing on cultural experiences of music therapy students and professionals is highlighted (Forrest, 2000; Greenwood et al., 2017; Kim, 2011). Furthermore, while the music therapy literature regarding culturally sensitive topics has increased, the literature used in music therapy education and training seems to address the topic

of multicultural clinical competencies more so than navigating cultural sensitivity in the professional world (Belgrave & Kim, 2014). For this reason, I hope that this study can add to the growing literature addressing culturally specific issues like acculturative stress and culturally based support networks, and lead to further research regarding the experience of marginalized individuals.

### **Sense of Belongingness Theory**

Professional burnout is a common issue in the music therapy profession (Clement-Cortes, 2013). As people in healthcare professions, it is easy to overwork with the intention of reaching more clients. Common themes from research on this topic highlight how lack of support from peers and administrators, work overload, and personality traits significantly influence burnout of music therapists (Clement-Cortes, 2013; Vega, 2010). Because music therapists are often the only music therapist in their work environment, it is easy for them to feel isolated and misunderstood (Rykov, 2001). Whether the lack of support is connected to the lack of music therapists in the area or the lack of respect from administrative staff, the research shows this can have a significant impact on burnout (Vega, 2010). Support networks can combat burnout along with other self-care techniques that create a sense of belongingness between individuals. As the diversity of our profession increases, it is important that everyone has a support system to feel a sense of belongingness, which can potentially increase job longevity and career satisfaction (Clement-Cortes, 2013).

Clement-Cortes (2013) conducted an archival study highlighting the social, work, and individual factors that contribute to the burnout of music therapists. Common themes that were found among the literature included insufficient pay, work overload, client factors, personality traits, unrealistic expectations, age and years of work experience, lack of rewards, lack of



support, role ambiguity, insufficient training in communication skills and control, isolation, and degree of contact. These themes highlight that isolation is a significant factor of burnout, which can potentially affect music therapists' career longevity. During the COVID-19 pandemic, many people I know struggled with isolation from being at home and working remotely. In addition to the happenings in our own lives, music therapists are constantly empathizing with clients, which can lead to emotional exhaustion if we do not have a supportive network (Rykov, 2001). The sense of belonging developed in support networks can be a potentially significant factor in combating isolation and emotional exhaustion, which Vega (2010) found to be more prevalent in music therapists than mental health workers in her research.

In society, many people are subconsciously focused on a sense of belongingness. People join Facebook groups, book groups, gym collectives, and all these various communities to meet more people that share their interests and possible experiences. While many people join these groups, they may do so without thinking about why the sense of belongingness that derives from being a part of something has been ingrained in our minds for generations. Maslow (1954) initiated the concept of belongingness as a basic human need, which is supported by the literature regarding diverse populations including students from various countries and minority groups, Somalian immigrants, caregivers, and employees working virtually (Chiu et al., 2016; Osman et al., 2020; Rykov, 2001; Yarberry & Sims, 2021).

Building on Maslow's work, Strayhorn (2012) proposed a Sense of Belongingness theory, which consists of seven core elements explained through the following statements: A sense of belonging is 1) a universal, basic human need; 2) able to propel human behavior; 3) determined by context, time, and other factors; 4) connected to mattering; 5) influenced by one's

identities; 6) leads to positive outcomes and success; and 7) must be fostered in various contexts.

Strayhorn's (2012) first principle of this framework is adopted from Maslow's (1954) idea that a sense of belonging is a basic human need that, if unfulfilled, will prohibit one from satisfying esteem needs and reaching their full potential. A lack of a sense of belonging can negatively affect psychological and social functioning, which are crucial qualities for any music therapist (AMTA, 2021; Hagerty et al., 1992). Secondly, a sense of belonging may be powerful enough to drive human behavior, which resonates with my own experience as a music therapist (Strayhorn, 2012). The feeling of belongingness in the Black Music Therapy Network motivated me to be more proactive by engaging in panel presentations and leading group meetings. Third, a sense of belonging takes heightened significance in time, environmental, and population-specific contexts particularly with marginalized individuals (Strayhorn, 2012). This directly relates to the study and the potential significance of creating affinity spaces for marginalized music therapy students and professionals.

Next, a sense of belonging naturally connects to a sense of mattering (Strayhorn, 2019). Richards et al. (2016) define mattering as how holding a position within a group translates into feeling valued by others among that group. Because there is less known about the experiences of marginalized individuals in creative arts therapy, exploring the role of affinity spaces can bring light to the concept of mattering for marginalized music therapy students and professionals (Webb, 2019). Strayhorn's (2012) fifth element of his model is that belongingness influences one's identities, which is similar to the second element as a sense of belonging can influence human behaviors that make up one's identities. The sixth element emphasizes how a sense of belonging plays a significant part in the success of individuals, which goes hand in hand

with a quality the AMTA (2021) website mentions music therapists should have - promoting self-empowerment and the empowerment of others. If a sense of belonging has the potential to influence how successful a future or new music therapist is and their career longevity, it is important to explore the importance of belonging in marginalized groups.

Lastly, a sense of belonging must be satisfied as circumstances change (Strayhorn, 2012). Because the culture of music therapy has been established from Euro-American values, the experiences of marginalized music therapy students and professionals in various environments has been overlooked (Hadley, 2021; Webb, 2019). Therefore, Stayhorn's (2012) theoretical lens allows for researchers to understand the research from principles that apply and can relate to music therapists and students from different marginalized backgrounds.

### **Affinity Groups**

Although there is not much research on the significance of affinity groups and spaces in music therapy, there have been multiple studies on the significance of affinity groups for students in elementary, high school, and higher education (Datnow, 1997; Lambertz-Berndt, 2016; Mosley, 2018; Oto, 2019). Mosley (2018) ran an ethnographic study investigating how racial affinity professional development retains Black teachers in academic spaces. In this study, Mosley (2018) developed programming through the Black Teacher Project for professional development. Throughout the study, the researcher took notes during sessions and provided participant surveys, wellness workshops, and a book study. Mosely (2018) found that providing these resources and racial affinity spaces for Black teachers decreased feelings of isolation and increased the retention rate for participants. These findings support future research implications for exploring the role of racial affinity in other professions and its potential effect on professional retention rates and burnout reduction.

Lambertz-Berndt (2016) used a qualitative content analysis and thematic analysis to investigate the purpose and significance of affinity group creation when reporting on two studies. In the first study, a thematic analysis along with an open-ended survey was done from an identity management theory lens to examine affinity group perceptions for employees within a non-profit educational organization. Common themes that arose from participant data included the exclusion of identity, potential helpfulness, potential harmfulness, and a desire for more heterogeneity. For example, some participants felt that while engaging in the affinity group provided support to discuss sensitive topics like race and gender, some of the facilitators were not prepared enough to lead discussions on such heavy topics. Some individuals mentioned they were interested in more interaction with affinity groups of other races in the heterogeneity section. The second study involved a qualitative content analysis with 268 undergraduate students from the Midwest, investigating the significance of racial and nonracial minorities found affinity groups. These results demonstrated that although there are potential risks to racially-based affinity groups due to the lack of intersectionality, participants found affinity groups helpful for discussing culturally sensitive topics like race or gender beneficial. These findings can lead to further research about the benefit of affinity groups in other populations like music therapy students and professionals.

Fitzpatrick et al. (2014) explored a similar participant sample when investigating the experiences of six undergraduate music education students from historically marginalized groups (LGBTQ, Black, Latinx and first-generation college students) in relation to their preparation, admission to, and retention in various music education academic programs. Fitzpatrick and colleagues conducted semi-structured interviews using a critical theory interpretivist lens and found multiple common themes among students including the importance of socialization,

similar inhibiting factors, a lack of diversity in their programs, and the importance of mentors. One student mentioned that interacting with other marginalized students played a significant role in maintaining a positive attitude during her undergraduate program. These interview responses emphasize the potential implications of connecting marginalized populations in music therapy to provide role models for students and new music therapy professionals to maintain a positive attitude in the field and increase career longevity.

Similar to Fitzpatrick's (2014) study, Oto (2019) analyzed the experience of classmates of color (in the same class) discussing race in an affinity space through interviews and identified similar themes when interviewing high school students in a predominantly white institution from an anti-oppressive lens. In this study, the five students of color agreed to meet outside of class and participate in weekly discussions about their experience of the History of Race class in their predominantly white institution. Throughout the interviews, many students experienced discomfort challenging the race and power dynamics of oppressive pedagogy while inside of the classrooms of predominantly white institutions. These interviews and research observations suggest that unconventional approaches like affinity groups can be more effective to disrupt oppression in educational settings (Oto, 2019). This indicates that music therapist affinity groups may have the potential to address the "ongoing recalibration, refocusing, and restructuring needed to highlight the link between advocacy and action and counteract racism, sexism, ableism, classism, heterosexism, and their intersections; while centering culturally insistent and sustaining music therapy practice as an ethical imperative" (Thomas & Norris, 2021, p.8).

Another study that highlights the significance of affinity group membership for high school students is one by Datnow and Cooper (1997), who conducted a qualitative investigation

exploring the significance of peer networks for African American students attending predominantly white institutions. The researchers interviewed African American students between grades 10-12 enrolled in the Baltimore Educational Scholarship Trust (BEST) program. They found that most students contributed their academic success to their peer support groups, which were formally cultivated through Black Student Unions, Black Awareness Clubs, gospel choirs, and multicultural alliances. They concluded that these organizations played critical roles in supporting African American students' ability to navigate their outsider-within status at the schools. These findings express the potential benefit of peer networks for marginalized music therapists and music therapy students who often identify as outsiders within (Edwards, 2021; Hill Collins, 1990; Thomas & Norris, 2021).

Tauriac (2013) conducted a mixed-methods survey study investigating the experience of 64 high school students attending a workshop led by a clinical psychologist at a racially diverse, independent institution. This study gave the opportunity for participants to participate in one of five affinity groups and then engage in an intergroup dialogue. The students were surveyed before, right after, and six weeks after the workshop took place to evaluate their experience. Researchers found that intergroup dialogue between affinity groups helped students better understand the cross-cultural perspectives of their peers as well as see the diversity in each affinity group. The findings in this study demonstrate learned cultural empathy through this workshop, which can be applied to music therapy affinity groups. Utilizing intergroup dialogue between affinity groups in music therapy has the potential for better understanding between groups which, in turn, could lead to an increase in cultural empathy.

Given the wealth of evidence supporting the value, role, and significance of affinity group membership in other disciplines, there is a clear need to investigate how affinity group

membership is experienced in the field of music therapy as a support network for marginalized students and professionals.

### **Methodology**

This survey study explored the role of affinity group membership in the lives of marginalized music therapists. Data were collected through an online survey administered on the Google Forms platform, consisting of closed- and open-ended questions. Data were analyzed using cross-tabulation descriptive and thematic analysis.

### **Epistemology**

My epistemology lies in the inter-objectivist approach, believing that there are relationships between interdependent variables in the lives of various individuals that relate to a greater meaning. Understanding how “it all works together” (Abrams, 2010, p. 354) led me to choose a cross-sectional survey design, which gathers information from a sample of a larger population to construe meaning (Wheeler, 2016). In my lived experience, an integrative approach of various perspectives helps create a global truth that applies to one, dynamic whole. As a black woman that has attended multiple predominantly white institutions and programs, I identify as an *outsider within* (Hill Collins, 1986) and learned quickly that I could not separate my professional, school, or work self from my race or gender. I was often told I had to be “twice as good” to be accepted into certain environments. As I gained experience in different environments, I adapted and integrated new meaningful lessons into my identity. Being a part of affinity groups and diverse learning environments allows me to be my authentic self while continuing to integrate and grow as a human being. As a culturally informed music therapist, using an integrative approach is imperative to demonstrate cultural empathy for clients and professionals alike (Belgrave & Kim, 2021). My epistemology as an integrative music therapist

who values intersectionality inspired me to investigate the role of affinity groups in the lives of marginalized music therapy students and professionals.

### **Research Rationale**

The role of affinity group membership in the lives of marginalized music therapy students and professionals is a topic that is substantially unexplored. As the music therapists and the demographic of music therapy clients diversify, it is important to have inclusive research that identifies the specific needs of clients, music therapy students, and professionals from diverse social locations. While some people of dominant locations approach research with a sense of generalizability without sociocultural and political considerations, marginalized music therapists can feel partially unseen. Increasing authorship of marginalized music therapists can benefit clients and professionals to bring light to sociocultural and sociopolitical issues that affect minoritized communities (Thomas & Norris, 2021). In my experience as a marginalized music therapist and student, reading literature from marginalized professionals inspires me and helps me see myself in different facets of my profession. This study sought to contribute to the minimal knowledge of the significance of affinity groups in music therapy environments.

### **Research Questions**

This survey study explored the role of affinity group membership in the lives of marginalized music therapy students and professionals and aimed to answer the following research questions:

- What are the perceptions and experiences of music therapy students and professionals that are a part of an affinity group?
- Why do marginalized students and professionals join affinity groups?



- What are the common themes of affinity group membership experiences between marginalized music therapists?

## **Participants**

Inclusion criteria for study participation included:

- 1) Must be a member of one of the 9 music therapist affinity groups (Black Music Therapy Network, LGBTQIA2+ Affinity Group, The Latinx Music Therapy Affinity Group (LMTAG), Latin American Music Therapy Network, Disabled Music Therapists Collective, Asian Music Therapy Network - US, Southwest Asian North African (SWANA) Music Therapy Alliance, Colorful MTs, and Music Therapists of Color Network).
- 2) Must be a music therapy student who is enrolled in an accredited music therapy program by the American Music Therapy Association (AMTA) or a practicing music therapist who has graduated from an accredited graduate or undergraduate music therapy program.
- 3) Must identify as a marginalized individual based on the NCCDH definition stated in the introduction.
- 4) Must be studying or practicing in the United States
- 5) Must have a basic understanding of the English language

## **Recruitment**

Following approval of the Institutional Review Board at Molloy College, participants were sourced through a purposeful, convenience sample by contacting affinity group administrators who could refer participants to the survey study. An email or Facebook message was sent to the affinity group administrators informing them about the study and asking them to

forward an email invitation or share a social media post promoting the study with an attached survey link for affinity group members (see Appendix C). The post detailed the purpose and method of the study, the potential risks and benefits of the study, and confidentiality measures. Potential participants were able to click the link to participate in the survey. At the beginning of the survey, informed consent was requested as a prerequisite for participation. All participants could withdraw from this study at any time and were informed that the data will be destroyed within three years of the study's completion.

### **Data Collection Materials and Procedures**

Data were collected utilizing a 10- to 15-minute questionnaire-based survey through Google Forms, consisting of closed- and open-ended questions. Due to the lack of research on this topic, the researcher developed a questionnaire (Appendix D) consisting of Likert-type scale, forced-choice, and short answer questions.

The inclusion criteria were stated at the beginning of the survey and required participant confirmation that they meet these criteria before continuing. When a person did not meet the criteria, the survey automatically closed for them and thanked them for their interest in this research. This survey included demographic survey questions (see Appendix D) and informed participants that they can end the survey at any point. Respondents were allowed up to twenty-two days to complete the questionnaire.

### **Data Protection Procedures**

The de-identified survey data was securely stored on a password protected Google Forms document. The data will be kept for three years after the completion of this study in order to comply with Molloy College IRB auditing requirements. Only myself as the researcher and my thesis advisor have access to the de-identified data.

## **Data Analysis**

I used descriptive statistics through Google Forms to analyze close-ended survey questions. I employed thematic analysis to analyze the open-ended survey questions in order to identify common themes between participant responses (Wheeler, 2016). Schwandt (2007) defines thematic analysis as an exploratory approach to finding emerging themes in various qualitative texts. I was guided by Braun and Clarke's (2006) six-phase framework for this analysis. To start, I became familiar with the data, which included reading responses multiple times and identifying common words, ideas, and phrases among the responses. This led to my creating codes and exploring themes amongst the codes by noticing patterns across each individual response. I reviewed these themes, defined and labelled them, and then created an overall a narrative summary report. To enhance trustworthiness and credibility, my thesis advisor served as a second coder for the study and reviewed my analysis at multiple time points. We worked together to condense themes and operationally define them.

## **Results**

### **Participants**

A total of 48 participants responded to this online survey. All 48 responses were completed fully and analyzed. Table 1 provides the gender, age, racial, and ethnic profile of participants. Table 2 details the number of participants currently practicing or not practicing and the amount of time they have practiced or are currently practicing. This table also provides information of participant's degree level information and whether they are credentialed or not.

**Table 1***Gender, Age, Race, and Ethnicity of Participant Sample (N=48)*

<b>Variable</b>	<i>n</i>	%
<b>Gender <sup>a</sup></b>		
Female	35	72.9
Male	6	12.8
Cisgender	8	16.7
Gender Queer	2	4.3
Gender Nonconforming	4	8.5
Non-Binary	7	14.9
Prefer Not to disclose	1	2.1
<b>Age</b>		
18-29	27	56.3
30-39	17	35.4
40-49	2	4.2
50-59	2	4.2
<b>Race/Ethnicity <sup>a</sup></b>		
Asian/Asian American	8	16.7
Black/African American/African Descent	16	33.3
Latinx(o/a) Hispanic/Spanish	10	20.8
Native American/Alaska Native	2	4.2
White/European Descent	21	43.8
Multi-racial/multi-ethnic	2	4.2
Prefer Not to Disclose	0	0
Other: Ethnically Jewish, Chinese Malaysian	2	4.2

<sup>a</sup> These questions allowed participants to choose more than one answer. Thirteen participants identified themselves using more than one gender. Eleven participants identified with more than one race or ethnicity.

**Table 2***Participant Education, Credentials and Professional Practice Information (N=48)*

<b>Variable</b>	<i>n</i>	%
<b>Music Therapy Student/Non-Music Therapy Student</b>		
Music Therapy Student	13	27.1
Master's Program	9	69.2
Bachelor's Program	4	30.8
Non-music therapy student	35	72.9
<b>Credentialed/Non-Credentialed MT</b>		
Credentialed MT	39	81.3
Credentialed < 1 year	5	12.8
Credentialed 1-5 years	17	43.6
Credentialed 6-10 years	12	30.8
Credentialed more than 10 years	4	10.3
Credentialed more than 5 years <sup>a</sup>	1	2.6
Non-Credentialed MT	9	18.7
<b>Currently Practicing</b>		
Yes	35	72.9
Length Currently Practicing		
< 1 year	5	12.8
1-5 years	14	40
6-10 years	12	34.83
>10 years	3	8.6
Credentialed more than 5 years <sup>a</sup>	1	2.6
No	13	27.1
Length Practiced		
N/A (Student)	7	53.4
0	2	15.4
1-5 years	3	23.1
6-10 years	2	15.4

<sup>a</sup> One participant reported being credentialed and practicing for more than 5 years but did not specify whether it was between six to ten or more than ten. This question required participants to write how many years they were credentialed and how many years they are practicing, which gave this participant an opportunity to report their response in their own words. Therefore, this

is listed separately due to the possibility of the response being in either the “6-10” category or “more than 10” category.

A summary of participants’ affinity group memberships is provided in Table 3.

**Table 3**

*Affinity Group Membership Demographics and Length of Membership (N=48)*

<b>Variable</b>	<i>n</i>	%
<b>Affinity Group <sup>a</sup></b>		
Black Music Therapy Network	15	31.3
LGBTQIA2+	19	39.6
The Latinx Music Therapy Affinity Group (LMTAG)	5	10.4
Latin American Music Therapy Network	8	16.7
Disabled Music Therapists Collective	10	20.8
Asian Music Therapy Network-U.S.	7	14.6
Southwest Asian North African (SWANA) Music Therapy Alliance	0	0
Music Therapists of Color Network	0	0
Colorful MTS	5	10.4
<b>Length of Affinity Group Membership</b>		
< 1 year	5	10.4
1-2 years	28	58.3
3-5 years	14	29.2
>5 years	1	2.1

<sup>a</sup>This question allowed participants to choose more than one answer. Twenty-seven participants reported being a member of more than one affinity group. Twenty-one participants identified with only one affinity group.

### **Quantitative Outcomes**

When asked how participants heard about the affinity group(s) that they are a part of, a total of 58 responses across multiple categories was provided. Table 4 indicates how music therapy students and professionals heard about their respective affinity group(s).

**Table 4***How Participants Learned About Their Respective Affinity Groups (N=48)*

<b>Variable</b>	<i>n</i>	<i>%</i>
<b>Means of learning about Affinity Group <sup>a</sup></b>		
Word of Mouth (Colleague and professor recommendations)	24	41.4
Music Therapy Conferences	16	27.6
Social Media	14	24.1
Affinity Group founding member	3	5.2

<sup>a</sup> These questions allowed participants to choose more than one answer, which led to an overflow in the number of participants for these questions. Ten participants reported learning about affinity groups through more than one source.

Table 5 summarizes responses to the question asking what challenges participants encounter in work and/or school environments because of their identity.

**Table 5***Identity Related Challenges Encountered in Work and/or School Environments (N=48)*

<b>Variable</b>	<i>n</i>	<i>%</i>
<b>Challenge <sup>a</sup></b>		
Microaggressions	36	75
Discrimination	16	33.3
Fear of being misunderstood	31	64.6
Feelings of isolation	32	66.7
Emotional Labor (managing one's emotions to keep others happy or comfortable)	36	75
Pressure to represent your marginalized group	38	79.2
Guilt	12	25
Pressure to assimilate (to adapt or conform to the ideas and customs of a dominant culture)	32	66.7
Other <sup>b</sup>	5	10.4

<sup>a</sup> This question allowed participants to choose more than one answer. Six participants selected one to two answers, while 42 selected three or more answers.

<sup>b</sup> Other responses include: Pressure to mask physical pain and other symptoms; Having to educate colleagues; Being the person that speaks out against injustices risking my wellbeing; Moral injury from seeing secondarily how clients in my marginalized group are treated/talked about/interacted by non-marginalized staff and colleagues; Annoyance at how whitewashed these programs are. They talk about diversity and inclusion but there are no other people of color. They have Caucasians/colonizers teaching others like them about something they will NEVER know anything about. Very Frustrating; Currently, I'm not experiencing these aforementioned challenges because I run a private practice and primarily work with QTBIPOC.

### ***Sense of Belonging***

Participants were asked to rate on a scale of one to five, (1=strongly disagree, 5=strongly agree) how much they identified to the statements relating to a sense of belonging. Table 6 presents the responses to this rating scale.

Tables 7, 8 and 9 summarize questions asked on a 5-point Likert-type scale that sought to understand the degree to which one's affinity group represents the diversity of their cultural location, the levels of active participation affinity group members participated in, and the degree of identity-related burnout experienced by participants.



**Table 6***Rated Responses to Feelings of Belonging in Different Contexts*

<b>Statement</b>	<b>Strongly Disagree <i>n</i> (%)</b>	<b>Disagree <i>n</i> (%)</b>	<b>Neutral <i>n</i> (%)</b>	<b>Agree <i>n</i> (%)</b>	<b>Strongly Agree <i>n</i> (%)</b>
“I feel a sense of belonging in the music therapy profession because of my affinity group membership”	3 (16%)	5 (10.42%)	7 (14.6%)	26 (54.2%)	7 (14.6%)
“I felt a sense of belonging in the music therapy profession before I joined an affinity group”	7 (14.6%)	10 (4.8%)	14 (29.2%)	15 (31.3%)	2 (4.2%)
“Because of my affinity group membership, I feel motivated to participate more in leadership roles”	3 (16%)	7(14.6%)	13 (27.1%)	16 (33.3%)	9 (18.8 %)
“Because of my affinity group membership, I feel like I matter in the music therapy profession”	3 (16%)	3 (16%)	12 (25%)	19 (39.6%)	11 (23%)
“I feel like I matter in my work and school environments because of my affinity group membership”	2 (4.2%)	9 (18.8 %)	14 (29.2%)	19 (39.6%)	4 (8.3%)
“I feel supported by AMTA as a marginalized student or professional in the music therapy discipline”	18 (37.5%)	20 (41.7%)	9 (18.8 %)	1 (2.1%)	0 (0%)

**Table 7***Degree That Affinity Group Represents Cultural Location*

<b>Variable</b>	1 (Extremely Representative) <i>n</i> (%)	2 (Somewhat Representative) <i>n</i> (%)	3 (Neutral) <i>n</i> (%)	4 (Not Very Representative) <i>n</i> (%)	5 (Not at all Representative) <i>n</i> (%)
Degree their affinity group represents their cultural location	4 (8.3%)	18 (37.5%)	15 (31.3%)	10 (20.8%)	1 (2.1%)

**Table 8***Level of Group Member Activity*

<b>Variable</b>	1 (Extremely Active) <i>n</i> (%)	2 (Somewhat Active) <i>n</i> (%)	3 (Neutral) <i>n</i> (%)	4 (Not Very Active) <i>n</i> (%)	5 (Not at all active) <i>n</i> (%)
Level of activity as affinity group member	7 (14.6%)	7(14.6%)	7 (14.6%)	20 (41.7%)	7 (14.6%)

**Table 9***Degree of Burnout due to Marginalized Identity*

<b>Variable</b>	1 (A lot) <i>n</i> (%)	2 (Some degree) <i>n</i> (%)	3 (Moderate) <i>n</i> (%)	4 (Barely) <i>n</i> (%)	5 (Never) <i>n</i> (%)
Degree of burnout due to lack of support specific to holding a marginalized identity?	6 (12.5%)	14 (29.2%)	17 (35.4%)	10 (20.8%)	1 (2.1%)

### *Mentorship and Peer Support*

Table 10 summarizes questions asking about peer support, mentorship, and feelings of isolation.

**Table 10**

*Peer Support, Mentorship and Feelings of Isolation n (%)*

Variable	Yes <i>n (%)</i>	No <i>n (%)</i>
Were you provided with resources to connect with music therapy students and professionals with similar sociocultural locations before joining an affinity group?	5 (10.4%)	43 (89.6%)
Do you have access to mentorship from someone with a marginalized identity that you identify within professional settings?	29 (60.4%)	19 (39.6%)
Did you have access to mentorship from someone with a marginalized identity before joining an affinity group?	11 (22.9%)	37 (77.1%)
Do you feel pressure to fit into dominant cultures outside of your affinity group?	40 (83.3%)	8 (16.7%)
Have you ever felt isolated at your school or workplace due to your marginalized identity?	44 (91.7%)	4 (8.4%)

### **Qualitative Findings**

Presented here are thematic findings taken from five questions that sought to understand the perceptions and experiences of marginalized music therapy students and professionals that are a part of affinity group(s). The answers to the short answer questions presented in Table 11 were analyzed using thematic analysis (Braun & Clark, 2006) to identify common themes of affinity group membership experiences:

**Table 11***Qualitative Survey Questions*

<b>Question</b>
<ol style="list-style-type: none"> <li>1. What is the most meaningful aspect of your affinity group membership?</li> <li>2. What influences your decision to stay active in your affinity group?</li> <li>3. How has your affinity group membership impacted your identity as a marginalized music therapy student or professional?</li> <li>4. How has your affinity group membership impacted the way you engage with other music therapy students or professionals outside of your affinity group?</li> <li>5. How has your affinity group membership impacted the way you engage with your clients?</li> </ol>

All 48 participants responded to each short answer question as part of their survey response. Table 12 presents theme and subtheme descriptions as well as an example of participant statements. Themes were identified first by question and then further organized by larger themes due to commonalities between subthemes.

**Table 12***Thematic Findings: Experiences of Marginalized Music Therapy Students and Professionals in Affinity Groups*

<b>Theme and Description</b>	<b>Subthemes and Descriptions</b>	<b>Example Statements</b>
<p><i>Theme 1- Being in community with others promoted a sense of belonging:</i> Affinity group membership gave participants a sense of validation, belonging, feelings of being understood, opportunities to network, and connecting to peers and mentors.</p>	<p><i>Being around others with shared experiences of marginalization:</i> Participants felt understood in a safe, nonjudgmental space because of their affinity group communities. Just knowing others like them existed provided them with significant support.</p>	<ul style="list-style-type: none"> <li>- It is rare that we have spaces to ourselves where everyone can understand what we are experiencing without having to explain ourselves or risk invalidation. (P23)</li> <li>- It provides a safe space to ask uncomfortable questions and to be there to support and listen to others without being judged by my appearance. (P30)</li> </ul>
	<p><i>Feeling validated:</i> Participants stated that affinity group membership made them feel seen and heard without explanation and provided empowerment and encouragement.</p>	<ul style="list-style-type: none"> <li>- A sense of community that is often not present for me within the music therapy community outside of the affinity group. (P15)</li> <li>- Just to be aware of the fact that there are other MTs of similar cultural backgrounds. That in and of itself provides quite a sufficient amount of emotional support. (P12)</li> </ul>
	<p><i>Reduced isolation and connecting with other marginalized music therapists:</i> Participants felt less isolated by being exposed to other marginalized music therapy students and professionals through their respective affinity groups.</p>	<ul style="list-style-type: none"> <li>-Seeing people practicing who identify in the same way as me. It makes me feel less alone to have someone who can understand me! (P8)</li> <li>- It's encouraging knowing there are more people who can identify with me in this aspect. I know most of music therapy is white, so finding the community for me in this field is encouraging and reminds me I'm not alone. (P4)</li> </ul>
<p><i>Theme 2 - Increased confidence in being authentic self:</i> Affinity group members felt increased confidence in fully expressing their authentic self in</p>	<p><i>Increased authenticity in practice:</i> Affinity group membership helped participants show up as their authentic selves in clinical settings</p>	<ul style="list-style-type: none"> <li>- I am able to more authentically be present with my clients/students. (P3)</li> <li>- I am more comfortable embodying my identity and being authentic. (P1)</li> </ul>

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and out of music therapy environments.

*Increased confidence:* Affinity group membership made participants feel more confident in and/or outside of affinity group(s)

- It has given me a place to be confident in being myself and authentically providing services. (P21)  
 -I feel more confident in who I am as a person and as a music therapist by being engaged in affinity groups. I am less afraid to speak up or have my voice heard. I feel proud of who I am as a music therapist of color because of the support I receive from affinity groups. (P23)

*Theme 3 - Increased comfort in advocacy and personal responsibility to give back to community that held space for them:* Affinity group members felt an increased comfort in advocating for themselves and their clients and speaking out against injustices related to their marginalized identities

-I find that I center issues related to social justice, when talking about my work or how to engage in music therapy. (P27)  
 -I'm a lot more bold when it comes to calling out injustices towards me based on my identity. (P44)

*Theme 4 - Reduced inclination to assimilate to dominant societal norms:* Participants felt affinity group membership helped them feel less of a need to assimilate to the norms of dominant cultures.

- I feel less need to assimilate, code switch and comfort other professional settings to feel accepted. (P37)  
 -Helps me to be more secure and feel less inclined to assimilate to the culture around me and hold true to my culture. (P4)

*Theme 5 - Increased cultural sensitivity in music therapy practice:* Affinity group members felt an increased cultural sensitivity after joining an affinity group

*Increased cultural awareness:* Affinity group membership helped participants increase cultural awareness and sensitivity when working with clients and professionals from different sociocultural backgrounds.

-Changes in basic communication practices (gender-neutral language), the way I ask questions has changed (more open-ended: what works for you?) and I make more intention to listen to colleagues with different experiences for longer before interacting or beginning to ask questions. (P47)  
 -It's helped me understand how my identity really is a lens and framework that impacts how I am with other people,

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including clients. For example, I am way more aware of how queer theory informs my actions and movements in therapeutic spaces. (P5)

-I am better able to negotiate the nuances of privilege/oppression with clients/students. (P3)

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**Theme 1: Being in community with others promoted a sense of belonging.**

Participants reported that affinity group membership gave them a sense of validation, belonging, feelings of being understood, opportunities to network, and connecting to peers and mentors. Across all five questions, many participants mentioned phrases like “belonging,” “others like me,” “connection,” or “realizing I am not alone.” While some participants reported that they enjoy being a part of the community, others emphasized that the sense of belonging provided by their affinity group is a necessity, keeps them inspired, and motivates them to stay in the music therapy profession. Some participants reported feeling validated clinically, emotionally, and personally in relation to their marginalized identities in and out of professional spaces because of their affinity group membership, which suggests potential reasons for joining their respective affinity groups. In terms of reduced isolation, participants reported feeling seen, heard, empowered, a sense of community, and less isolated. Three participants shared feelings of validation and reduced isolation in the following responses:

“I feel less isolated and validated in being me”

“It has helped me to fully recognize that I have a place in this field and in leadership positions in this field”

“I have always longed for a group like this, and I really do see them as close friends/family”

In addition to the responses mentioned above, some participants highlighted the significance of seeing other marginalized professionals work through hurdles related to their identities while still being successful in their field. For example, although participant one reported passively engaging in her affinity group, they still reported that they felt less isolated by seeing that other individuals experience similar struggles.



**Theme 2: Increased confidence in being authentic self.** This theme focuses on participants that reported an increase in feelings of security, courage, confidence, boldness, or a stronger sense of self in their answer. In the second and fourth qualitative survey questions (*What influences your decision to stay active in your affinity group? How has your affinity group membership impacted the way you engage with other music therapy students or professionals outside of your affinity group?*), multiple participants reported increased confidence in presenting their full identities in and out therapeutic spaces. Table 11 provides example statements from participants that reported an increased confidence and/or authenticity due to affinity group membership.

**Theme 3: Increased comfort in advocacy and personal responsibility to give back to community that held space for them.** This theme refers to participants that detailed an increase of advocacy for themselves and others, an increase in cultural considerations, and lower tolerance for injustices. Participant responses in this theme contained words like advocacy, awareness, speaking out, and encouragement. Some participants reported that they felt more comfortable addressing issues related to marginalization and advocating for themselves and their clients after joining their affinity group(s). Participants described their feelings of increased comfort in advocacy in the following responses to the question, *How has your affinity group membership impacted the way you engage with other music therapy students or professionals outside of your affinity group?*:

“Given me the courage to advocate and speak out for our needs, knowing that I’m going to be backed up by many people”

“Helped me to be a better advocate for myself”

“...I feel. More courageous in. speaking out against unjust systems because I know who I

am advocating for”

**Theme 4: Reduced inclination to assimilate to dominant societal norms.** This theme refers to participants that reported less inclination to assimilate to dominant culture and increased comfort in presenting their unique identities because of their support from the affinity groups. These participants mentioned feelings of self-confidence and embracing their nuanced identities in these responses. Some participants increased comfort in being true to their identities, specifically because they know they have a community through their affinity group that supports them.

**Theme 5: Increased cultural sensitivity in music therapy practice.** This theme refers to participants that expressed feelings of increased multicultural understanding, awareness of client’s nuanced needs, empathy, and cultural sensitivity. Participants reported an increase in cultural sensitivity and awareness with their clients through a variety of ways including the therapist’s musical choices, the way they conduct conversations, emphasizing their nuanced needs, and listening more. In addition to being culturally sensitive, one participant described the significance of working with marginalized clients from the same cultural background in the following response:

“It has made me appreciate the importance of being a Latin MT and to be able to specifically, value this when working with Latin patients”

While some participants mentioned that their engagement outside of affinity groups did not change, others discussed their increased awareness of the cultural considerations of others. These practices included using more gender-neutral language, learning more about the intersectionality of people’s identities in and out of music therapy, teaching students about ableism, and listening to other people’s experiences with open minds.

## Discussion

### Summary of General Findings

This study examined the role of affinity group membership in the lives of music therapy students and professionals who identified as historically and systematically marginalized using a cross-sectional survey design. The quantitative data suggest that many marginalized music therapists and students feel a heightened sense of belonging because of their affinity group membership. They also suggest that many music therapists and students that identify as marginalized experience similar challenges and feelings in various spaces related to their identities. Microaggressions, acculturated stress, isolation, pressure to represent their sociocultural group, and invalidation, were consistent and somewhat normalized experiences that align with the *outsider within* narrative (Edwards, 2021; Hill Collins, 1990; Thomas & Norris, 2021).

Five themes and six subthemes emerged from the thematic analysis of the qualitative data. The first theme of *being in community with others promoted a sense of belonging* addressed the subthemes of being around others with shared experiences of marginalization, feeling validated, and reduced isolation by connecting with other marginalized music therapy students and professionals. The second theme, *increased confidence in being their authentic self*, addressed the subthemes of increased authenticity in practice and increased confidence. The themes *increased comfort in advocacy and personal responsibility to give back to the community that held space for them* and *reduced inclination to assimilate to dominant societal norms* did not include subthemes. The fifth and final theme, *increased cultural sensitivity in music therapy practice*, addressed the subtheme of increased cultural awareness.

Similar to the findings of Datnow and Cooper (1997), the findings from the present study affirm that affinity group membership creates opportunities for marginalized music therapy students and professionals to reassert their identities and look for haven from what could otherwise be difficult environments for them to fit into. Most participants reported that their affinity group membership made them feel a sense of belonging and mattering in the music therapy profession, resonating with Strayhorns (2012) theory. This highlights the significance of affinity groups for marginalized individuals, and more research on music therapist retention rates and affinity group membership could be helpful to clarify potential correlations between feelings of mattering and career longevity in the profession.

Consistent with Mosley's (2018) findings, a finding that arose in the present study was feelings of reduced isolation due to their affinity group membership. In the quantitative results, 91.7% of participants reported experiencing isolation at some point in school or work environments related to marginalized identities. The potential impact that isolation can have on qualities of psychological and social functioning, and the significance of those qualities for music therapists, highlights the need for research on the experience of feelings of isolation for music therapists and students (Hagerty et al., 1992). While there is literature discussing the importance of support for marginalized music therapists (Leonard, 2020; Norris, 2020; Swamy, 2011; Webb, 2019), the present study highlights the need for further exploration of the impact of peer support and mentorship on marginalized music therapy students and professionals.

Experiences of isolation and burnout were highly reported in the quantitative survey questions. Sixty-six percent of participants reported that they experience isolation in school or work environments due to their marginalized identity and that they feel pressure to fit into dominant cultures outside of their affinity group. Just over 75% of participants reported they did

not have access to mentorship from someone with a marginalized identity before joining an affinity group, and nearly 90% were not provided with resources to connect with music therapy students and professionals with similar sociocultural locations before joining an affinity group. Participants' feelings of acculturative stress or pressure to "fit in" can lead to a lack of support resulting in significant levels of burnout (Lee, 2020; Vega, 2010).

The qualitative data highlighted how affinity group membership may be a way to combat this isolation and burnout, which is consistent with Clement-Cortes' (2006) and Vega's (2010) studies that indicate a lack of support as a key indicator of burnout. Many participants mentioned reduced levels of isolation and increased feelings of validation because of their affinity group membership, while also reporting high levels of isolation in work and school environments (see Table 10, p. 25). Establishing affinity groups in school and workplace environments can be a potential method for reducing isolation and tackling burnout for marginalized music therapy students and professionals.

The qualitative data present a need for belonging, support, and validation in clinical and professional settings as reasons for joining an affinity group. While there is not much research focusing particularly on the reasons for affinity group membership, these findings, along with Datnow and Cooper's (1997) data spotlighting the significance of peer networks specifically for marginalized students, indicate a need to establish affinity groups in work and school environments.

Participant reports on increased comfort in advocacy because of affinity group membership aligns with Oto's (2019) findings in that affinity spaces can be more effective in disrupting oppression in educational settings. Multiple participants in the present study mentioned that affinity group membership increased their willingness to advocate for themselves

and others in and out of clinical settings (see Table 12, p. 27). Without solidarity and safety, it would be difficult to engage in advocacy (Webb, 2019). One participant mentioned that she left multiple affinity groups because of bullying behavior and a lack of acceptance. According to Maslow (1954), safety is needed before someone feels a sense of belonging, esteem, and self-actualization. As music therapists who want to show up as our best selves for our clients, we need to feel safe and comfortable to be authentic in work and professional environments.

Based on the quantitative and qualitative findings, affinity group membership related to marginalized identities has the potential to provide safety for students and professionals, which can lead them to staying in the profession longer and contributing to it more meaningfully and authentically. Affinity group membership can also support efforts in pursuing equitable treatment for marginalized music therapists and recruiting more marginalized individuals into the profession. At the same time, it is necessary to be mindful of inner affinity group workings so that unsafe, harmful, bullying behavior is minimized. More research exploring the unique group dynamics of affinity groups could help with understanding how to create and maintain in-group safety.

### **Limitations**

In this study, there were 48 participants that met all the inclusion criteria. Forty-eight is a small sample size that limits the generalizability of these findings. In addition, the demographics showed potential biases through the breakdown of participants' gender, age, marginalized identities, and affinity group memberships. For example, 72.9% of participants were female and 43.8% identified as white. Despite drawing from affinity groups representing certain social identities and their intersections related to race, ethnicity, gender identity, sexual orientation, disability, and other sociocultural locations, the demographic of participants still reflected bias

from a dominant representation of white women. Secondly, 90% of participants were under the age of 40 and 56.2% were between the ages of 18 and 29, indicating potential bias related to age demographics. Future research may be able to amplify more complexly marginalized intersectional identities if they focus on a particular affinity group that includes a wide range of individuals across the lifespan.

In this study, participants were asked to write out how many years they have been practicing (if currently practicing) or how many years they have practiced (if not currently practicing). Each participant was able to write their own answer as opposed to selecting from multiple choice answers. The flexibility of a short answer gave individuals an opportunity to be as specific or broad as they want, which created a grey area in the data for these particular questions. For example, one participant wrote they have been practicing for more than five years, which lacked precision when categorizing the data. In this case, more than five years could be six years or thirty years, which led to some ambiguity in the data.

Another limitation of this study was the time constraint for receiving survey responses. This survey study was open to accepting responses for twenty days between the dates of January 28, and February 20, 2022. Without the time constraint of academic deadlines, the survey's availability could have been extended and provided more people an opportunity to respond to the survey. For example, one participant completed their survey on the last day of the study, before the researcher no longer accepted responses, indicating the possibility of more responses, a larger sample size, and an increased likeliness for generalizability.

### **Implications for Education and Practice**

Based on the results this study has gathered, marginalized music therapy students and professionals feel a sense of belonging from affinity group membership. Some participants

reported feeling belongingness mainly in their affinity groups, indicating the need for belongingness in other environments. To change this perspective, music therapy educators and professionals can start integrating affinity spaces in educational and work environments. Radically reconceptualizing music therapy spaces by integrating affinity groups, developing culturally sustaining theoretical frameworks, and creating community-engaged models can be an institutional effort for supporting historically and systemically marginalized students, and professionals (Norris, 2020).

When thinking about cultural humility, music therapy academic programs can provide exclusive affinity groups or spaces to promote a sense of belongingness for students in our ever-changing profession. As music therapy gets more diverse and works to be more inclusive, it is important that educators provide resources to marginalized individuals so they feel seen, supported, and validated in work, school, and other environments. Whether it is offering to connect a student to a supervisor of a similar sociocultural location or providing a resource for affinity spaces on and off-campus, being more intentional about sharing this information can make a student feel more supported.

In addition to sharing resources with students that identify as marginalized, working to diversify the music therapy faculty at higher educational institutions can be helpful to promote mentorship and support. Many participants mentioned that seeing other marginalized music therapists thriving inspires them to stay in the profession and show up authentically for their clients. Based on my personal experiences, representation and role models can play a significant role in what gets your attention and what keeps your attention in life, including professions, hobbies, and relationships. I have heard multiple personal anecdotes from marginalized music therapy students and professionals that they were not sure if this profession was for them because



of the lack of diversity they saw. This connects to the data where 77.1% of participants reported they did not have access to mentorship from someone of a marginalized identity before their affinity group membership. It is important to note that 83.3% of participants reported feeling pressure to fit into dominant cultures outside of their affinity group which can potentially correlate to the lack of mentors available from diverse sociocultural locations. Seeing an example of a successful music therapist representing one's sociocultural background can potentially inspire them and help them feel less isolated in a profession where they might not always feel seen, as was noted in the qualitative findings of the present study.

The need for feelings of belonging can also be implicated by listening to the voices of these marginalized communities. Listening and reading more research and stories of marginalized music therapists and students can provide insight into educational practices that are culturally sensitive or insensitive. Implementing cultural concerns of these individuals into action by adapting professional procedures or curricula, along with a heightened self-awareness when working with marginalized communities, can move the music therapy profession in the direction of being more culturally sensitive and more culturally aware. Furthermore, the qualitative findings of this study indicate that affinity group membership has the potential to enhance or strengthen a sense of cultural humility or sensitivity. With that said, further research can be done to identify the impact of affinity group membership on experiences or levels of cultural sensitivity.

### **Future Recommendations for Research**

This study highlighted many themes including feelings of isolation, confidence, peer support, mentorship, shared experiences, and a sense of belongingness for marginalized music therapy students and professionals in affinity groups. Future research can focus on digging

deeper into the relationship between affinity group membership and one of any of those themes. Isolating these factors in future research can provide clarity and more understanding of the two variables. Possible questions to examine include: How does affinity group membership influence confidence levels? How do feelings of belonging influence one's practice? What is the significance of peer and mentorship support for marginalized music therapists and students, and how does that impact career longevity?

In addition to the isolation of certain variables, researching one specific marginalized group can be insightful in finding themes related to that marginalized group as opposed to all marginalized groups. For example, doing a qualitative or mixed-method study on the experience of affinity groups for Black music therapy students and professionals can shine the light on experiences or struggles unique to this marginalized group. Another recommendation is surveying or interviewing affinity group facilitators about their roles and experiences in the music therapy profession. This can possibly provide more ideas on establishing and maintaining affinity groups at educational institutions and potential collaboration between groups.

One final recommendation could be using a music therapy musicing experience with marginalized music therapists to explore a sense of belongingness or affinity group membership. This recommendation could be executed in a group or individual setting, followed by verbal processing, to explore the impact of musicing experiences on marginalized music therapists. How does using music in affinity spaces impact marginalized music therapists? What is the impact of using songwriting to explore the identities of marginalized music therapists? What is the role of instrument selection for marginalized music therapists in an improvisational musicing experience exploring belongingness?

## **Conclusion**

This study examined the role of affinity group membership for marginalized music therapy students and professionals. The main purpose of this study was to learn about the experiences of marginalized music therapy students and professionals who are members of affinity groups and the common themes between these marginalized music therapy students and professionals. The results showed that the affinity group membership played a significant role in feelings of belongingness, confidence in expressing marginalized identity, increased comfort in advocacy for self and others, reduced inclination to assimilate to dominant societal norms, and increased cultural sensitivity in music therapy practice. These findings suggest that a sense of belongingness among marginalized music therapy students and professionals should be further explored in future research in relation to job satisfaction, higher education, burnout levels, and sociocultural locations. In addition, music therapy educational and professional environments should be more intentional about providing affinity spaces and access to resources for marginalized students and professionals.

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## Appendix A: IRB Exemption Form



1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002  
[www.molloy.edu](http://www.molloy.edu)

**Kathleen Maurer Smith, Ph.D.**  
**Dean, Graduate Academic**  
**Affairs T:** 516.323.3801  
**F:** 516.323.3398  
**E:** [ksmith@molloy.edu](mailto:ksmith@molloy.edu)

**DATE:** January 12, 2022

**TO:** Fakoya Jack-Vilmar, BA MS

**FROM:** Molloy College IRB

**PROJECT TITLE:** [1839103-1] The Role of Affinity Group Membership on Marginalized Music Therapy Students and Professionals

**REFERENCE #:**

**SUBMISSION TYPE:** New Project

**ACTION:** DETERMINATION OF EXEMPT STATUS

**DECISION DATE:** January 12, 2022

**REVIEW CATEGORY:** Exemption category # 2

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

### **You may proceed with your project.**

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or [peckardt@molloy.edu](mailto:peckardt@molloy.edu). Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN

Chair, Molloy College Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy College IRB's records.

## Appendix B: Informed Consent

Molloy College IRB  
Approval Date: January 12, 2022  
Expiration Date: January 10, 2025



**Department of Music**  
**1000 Hempstead**  
**Avenue**  
**Rockville Centre, NY**  
**11571 516-323-3320**

### **Title of Study:**

The Role of Affinity Group Membership for Marginalized Music Therapy Students and Professionals

### **This study is being conducted by:**

Fakoya Jack-Vilmar MT-BC (Principal Investigator), [fjack-vilmar@lions.molloy.edu](mailto:fjack-vilmar@lions.molloy.edu)  
Kate Myers-Coffman, PhD, MT-BC (Faculty Advisor) [kmyers-coffman@molloy.edu](mailto:kmyers-coffman@molloy.edu)

### **Key Information about this study:**

**This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however, you can find more detailed information later on in the form.**

This study will be surveying music therapy students and professionals who identified as marginalized to understand the role of affinity group membership for these individuals. You are eligible to participate if you are

- 1) a member of one or more of the 9 music therapist affinity groups (Black Music Therapist Network, LGBTQIA2+ Affinity Group, The Latinx Music Therapy Affinity Group (LMTAG), Latin American Music Therapy Network, Disabled Music Therapists Collective, Asian Music Therapy Network - US, Southwest Asian North African (SWANA) Music Therapy Alliance, Colorful MTs, and Music Therapists of Color Network),
- 2) a music therapy student who is enrolled in an accredited music therapy program by the American Music Therapy Association (AMTA) or a practicing music therapist who has graduated from an accredited graduate or undergraduate music therapy program,
- 3) an individual who identifies as a marginalized,
- 4) someone studying or practicing in the United States and

- 5) someone fluent or having a basic understanding of the English language.

You will be asked to provide responses to survey questions related to your experiences related to burnout, isolation, acculturative stress, and a sense of belongingness in relation to your affinity group membership. This survey will take 10-15 minutes to complete.

Participation in this study is voluntary and you will have the opportunity to withdraw from the study at any time. Anonymity will be maintained throughout the study and the data will be destroyed three years after the study is completed. There are no perceived risks linked to the participation of this study.

### **Why am I being asked to take part in this study?**

The main goal of this study is to better understand the role of affinity group membership for marginalized music therapy students and professionals.

The responses you provide may help inform the future of the profession of music therapy, its clinicians, and its educators about the resources necessary for students and professionals from marginalized communities to feel a sense of belongingness in clinical and professional settings.

### **What will I be asked to do?**

You will be invited to complete a questionnaire-based survey online. You will be asked to provide responses to survey questions related to your experiences related to burnout, isolation, acculturative stress, and a sense of belongingness in relation to your affinity group membership. This survey will take about 10-15 minutes to complete. Participation in this study is completely voluntary. You will have no obligation to complete the survey and will be provided the option to withdraw at any point throughout the study. Anonymity will be maintained throughout the study. There are no perceived risks or discomforts associated with participation in this study.

### **Where is the study going to take place, and how long will it take?**

You will be provided with a survey link. That will lead you to a questionnaire-based survey associated with this study. This survey will take about 10-15 minutes to complete.

### **What are the risks and discomforts?**

There are no perceived risks linked to the participation of this study. Participants will not be obligated to complete the survey and are free to withdraw at any point throughout the study.

### **What are the expected benefits of this research?**

There are no anticipated individual benefits of completing this research. However, the responses you provide in this study can potentially lead to larger initiatives and resources that promote a sense of belongingness for marginalized music therapists and students, which can increase longevity and reduce burnout levels.

**Do I have to take part in this study?**

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

**What are the alternatives to being in this study?**

Instead of being in this research, you may choose not to participate.

**Who will have access to my information?**

Anonymity of all participants will be maintained throughout the duration of the study. All collected data will be securely stored on Google Form's server. The data will be saved on a password-protected computer that only the researcher, thesis supervisory panel, and statistician have access to. The data will be saved and stored for a three-year period in order to comply with IRB auditing requirements, at which point they will be destroyed.

**How will my information be used?**

After receiving survey responses within a month's time frame, the closed-question data collected will be analyzed using a statistician, the Statistical Package for Social Sciences (SPSS) and tools provided by Google Forms that will develop crosstab reports, filtered results and comparative data. The open-ended questions will be analyzed using thematic analysis to identify common themes between participants.

**To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.**

**Can my participation in the study end early?**

Only the data involving the participants who meet eligibility requirements will be included in the results. Participants are not obligated to complete the survey and will be provided the option to withdraw from this study at any point.

**Will I receive any compensation for participating in the study?**

There is no compensation available for participation in this study.

**What if I have questions?**

Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Fakoya Jack- Vilmar MT-BC at [fjack-vilmar@lions.molloy.edu](mailto:fjack-vilmar@lions.molloy.edu), or Dr. Kate Myers-Coffman, PhD, MT-BC at [kmyers-coffman@molloy.edu](mailto:kmyers-coffman@molloy.edu).

**What are my rights as a research participant?**

You have rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect your rights and welfare.

If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the Molloy IRB office at [irb@molloy.edu](mailto:irb@molloy.edu) or call 516 323 3000.

**Documentation of Informed Consent:**

**You are freely making a decision whether to be in this research study. By clicking on the “Agree” button below, you acknowledge that:**

- 1. you have read and understood this consent form**
- 2. you have had your questions answered, and**
- 3. after sufficient time to make your choice, you have decided to be in the study.**

[AGREE]

[DISAGREE]

**Appendix C: Recruitment Message**

Hello,

My name is [Fakoya Jack-Vilmar](#) and I am a Music Therapy Graduate student at Molloy College. As part of my final degree requirement, I am conducting a survey related to the role of affinity

group membership for marginalized music therapy students and professionals (Title: The Role of Affinity Group Membership for Marginalized Music Therapy Students and Professionals).

This study will be surveying music therapy students and professionals who identified as marginalized to understand the role of affinity group membership for these individuals. You are eligible to participate if you are 1) a member of one or more of the 9 music therapist affinity groups (Black Music Therapist Network, LGBTQIA2+ Affinity Group, The Latinx Music Therapy Affinity Group (LMTAG), Latin American Music Therapy Network, Disabled Music Therapists Collective, Asian Music Therapy Network - US, Southwest Asian North African (SWANA) Music Therapy Alliance, Colorful MTs, and Music Therapists of Color Network), 2) a music therapy student who is enrolled in an accredited music therapy program by the American Music Therapy Association (AMTA) or a practicing music therapist who has graduated from an accredited graduate or undergraduate music therapy program, 3) an individual who identifies as a marginalized, 4) studying or practicing in the United States and 5) fluent or have a basic understanding of the English language. You will be asked to provide responses to survey questions related to your experiences related to burnout, isolation, acculturative stress, and a sense of belongingness in relation to your affinity group membership. This survey will take 10-15 minutes to complete.

Participation in this study is voluntary and you will have the opportunity to withdraw from the study at any time. Anonymity will be maintained throughout the study and the data will be destroyed three years after the study is completed. There are no perceived risks linked to the participation of this study.

If you meet the eligibility criteria and are interested in participating in this survey, please click on the link below. This survey will take approximately 10-15 minutes to complete. By completing the survey, you consent to participate in the study.

If you have any questions or concerns regarding this study before, during, or after its completion feel free to contact me at [fjack-vilmar@lions.molloy.edu](mailto:fjack-vilmar@lions.molloy.edu)

## **Appendix D: Study Survey**

### **Survey: The Role of Affinity Group Membership for Marginalized music therapy students and professionals**

- 1. What gender do you identify as? Select all that apply**
  - Female



- Male
  - Cisgender
  - Gender Queer
  - Gender Nonconforming
  - Transgender
  - Agender
  - Non-Binary
  - Prefer not to disclose
  - Different identifier (please specify)
2. Please identify your age range from the options below
- 18-29
  - 30-39
  - 40-49
  - 50-59
  - 60-69
  - 70 and over
3. Race/Ethnicity: (Select all that apply)
- Asian/Asian American
  - Black/African American/African Descent
  - Latinx(o/a)/Hispanic/Spanish
  - Native American/Alaska Native
  - Native Hawaiian/Pacific Islander
  - White /European Descent
  - Multi-racial/multi-ethnic
  - Different identifier (please specify):
  - Prefer not to disclose
4. Are you a music therapy student?
- Yes
  - No
    - a. **BRANCHING LOGIC IF YES: Please identify what type of program you're enrolled in:**
      - Undergraduate
      - Master's
      - Doctorate
5. Are you a credentialed music therapist?
- Yes
  - No
    - a. **BRANCHING LOGIC IF YES: How long have you been credentialed?**  
\_\_\_\_\_
6. Are you currently practicing?
- Yes

- No
  - a. **BRANCHING LOGIC IF YES: How long have you been practicing?**
  - b. **BRANCHING LOGIC IF NO: How many years were you practicing?**

**7. Please select all the affinity groups you are a part of**

- Black Music Therapist Network
- LGBTQIA2+ Affinity Group
- The Latinx Music Therapy Affinity Group (LMTAG)
- Latin American Music Therapy Network
- Disabled Music Therapists Collective
- Asian Music Therapy Network- US
- Southwest Asian North African (SWANA) Music Therapy Alliance
- Music Therapists of Color Network
- Colorful MTs

**8. How long have you been a member of this affinity group/s?**

- Less than a year
- One to two years
- Three to five years
- More than five years

**9. How did you hear about the affinity group/s you are a part of? (open)**

**10. What influenced your decision to join your affinity group? (open)**

**11. What challenges do you encounter in work and/or school environments because of your identity? (check all that apply)**

- Microaggressions
- Discrimination
- Feeling of being Misunderstood
- Feelings of Isolation
- Emotional Labor (managing one's emotions to keep others happy or comfortable)
- Pressure to represent your marginalized group
- Guilt
- Pressure to assimilate (to adapt or conform to the ideas and customs of a dominant culture)
- Other (please specify):

**Please rate the following statements on a scale of 1 to 5 (1= strongly disagree, 5 = strongly agree).**

12. **“I feel a sense of belonging in the music therapy profession because of my affinity group membership”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly Agree
13. **“I felt a sense of belonging in the music therapy profession before I joined an affinity group”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly Agree
14. **“Because of my affinity group membership, I feel motivated to participate more in leadership roles”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly Agree
15. **“Because of my affinity group membership, I feel like I matter in the music therapy profession”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly Agree
16. **“I feel like I matter in my work and school environments because of my affinity group membership”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly Agree
17. **“I feel supported by AMTA as a marginalized student or professional in the music therapy discipline”**
- 1) Strongly Disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree

5) Strongly Agree

**18. To what degree do you think your affinity group represents the diversity of your cultural location?**

- 1) Extremely representative
- 2) Very representative
- 3) Moderately representative
- 4) Slightly representative
- 5) Not at all representative

**19. How active are you in your affinity group? E.g. leading meetings, posting on social media, outreach**

- 1) Extremely active
- 2) Very active
- 3) Moderately active
- 4) Slightly active
- 5) Not at all active

**20. To what degree have you experienced burnout due to lack of support specific to holding a marginalized identity?**

- 1) A lot
- 2) Very often
- 3) Sometimes
- 4) Rarely
- 5) Never

**21. Were you provided with resources to connect with music therapy students and professionals with similar sociocultural? locations before joining an affinity group?**

- Yes
- No

**22. Do you have access to mentorship from someone with a marginalized identity that you identify with in professional settings?**

- Yes
- No

**23. Did you have access to mentorship from someone with a marginalized identity before joining an affinity group?**

- Yes
- No

**24. Do you feel pressure to fit into dominant cultures outside of your affinity group?**

- Yes
- No

**25. Have you ever felt isolated at your school or workplace due to your marginalized identity?**

- Yes
- No

**26. What is the most meaningful aspect of your affinity group membership? (open)**

**27. What influences your decision to stay active in your affinity group? (open)**

**28. How has your affinity group membership impacted your identity as a marginalized music therapy student or professional? (open)**

**29. How has your affinity group membership impacted the way you engage with other music therapy students or professionals outside of your affinity group? (open)**

**30. How has your affinity group membership impacted the way you engage with your clients? (open)**