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THE LIVED EXPERIENCES OF TRANSRACIALLY ADOPTED MUSIC THERAPISTS

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ABSTRACT

A transracial adoptee (TRA) is any individual adopted by parents of a different racial or ethnic group from their own (Child Welfare Information Gateway, 1994). There is a substantial gap in the music therapy literature surrounding transracially adopted music therapists (TRA MTs). To the researchers' knowledge, there is no current research on the lived experiences of TRA MTs and how their uniquely complex identities affect the therapeutic process and the supervisory relationship. The researchers conducted an interpretative phenomenological analysis with the primary aim of understanding and highlighting the experiences of TRA MTs. After interviewing six TRA MTs, a total of 23 themes emerged and were further grouped into three organizing domains: 1) Harm experienced in childhood, 2) Microaggressions, 3) TRA identity in music therapy. The findings indicate areas of growth and need within the music therapy profession for further support and awareness of TRA MT experiences.

Keywords: music therapy, adoption, transracial adoption

INTRODUCTION

Background

There is a substantial gap in the music therapy literature surrounding transracial adoptees, and more specifically, transracially adopted music therapists (TRA MTs). Literature has discussed the benefits of music therapy for adoptee clients, such as addressing the adopted individual's attachment, trauma, and identity issues (Gravestock, 2021; Seles, 2009). However, there is no current literature on transracial adoptees who are music therapists. While several publications highlight the unique experiences of music therapists of color, detailing microaggressions, differences in clinical supervision, and differences in worldviews compared to their white counterparts (Hadley, 2013b; Hadley, 2021; Silveira, 2020; Swamy, 2011; Whitehead-Pleaux & Tan, 2017), none of these include transracially adopted music therapists' perspectives.

At the American Music Therapy Association (AMTA) 2020 Virtual Conference, three music therapists presented on their lived experiences as TRA MTs in the form of a panel presentation (Fredenburg et al., 2020). All three speakers identified as Korean-American TRAs. They shared about their upbringings and discussed navigating predominantly white spaces and culture. Topics of microaggressions, racism, and identity within the music therapy space were discussed, along with potential considerations when working with transracial adoptees. The panelists explored the application of TRA experiences and perspectives to music therapy and potential factors in working with transracial adoptees. Aside from this panel presentation, there is no mention of TRA MTs in the music therapy literature.

Adoptee literature reveals that TRAs are likely to struggle with psychological issues such as identity formation, social masking, depression or mental health symptoms, and insecure attachments in relationships (Hoffman & Peña, 2013; Johnstone, 2015; Mohanty, 2013). TRAs likely bring unique strengths and insights to the music therapy profession, but these have not been explored to date. Therefore, we believe that TRA MTs' uniquely complex identities affect music therapy practice and supervision, and their lived experiences are worthy of in-depth exploration.

Location of Selves

The authors worked together in a master's level music therapy program at Slippery Rock University. At the time of the study, the first two authors were graduate students, and the third author was an adjunct faculty member who oversaw the study. The entirety of this study is situated and conducted within the United States and therefore refers to transracial adoption and transracially adopted music therapists within the US only.

Bethany. I am a transracially adopted music therapist from Guatemala. I identify as a Latinx American cis female. I was adopted as an infant along with my biological twin brother by two white parents and grew up in a small, predominantly white[1] Rhode Island town. My friends, classmates, teachers, and coaches were white. There were only a small number of students of color throughout my education before college and most were Black. My brother was the only person I knew who looked like me. The intersections of my race, gender, and adoptee status shape how I experience life as well as how others perceive me. In a music therapy clinical context, my intersecting identities are present daily in my work as a music therapist and supervisor. So far in my music therapy training, I have noticed the considerable absence of literature centering transracial adoptee music therapists. Part of our inspiration for this research stemmed from a graduate course assignment in which we were asked to create a genogram, a visual representation of family

[1] Although the American Psychological Association (APA) (2019) recommends capitalizing all racial and ethnic groups, we are not capitalizing "white" in this paper because white people as a whole do not share a common lived experience with shared cultural norms and values in the same way that BIPOC communities do. Additionally, capitalizing the word [white]…risks following the lead of white supremacists" (Laws, 2020, n.p.)

structures and relationships that included mental health, social, and cultural histories. I was immediately reminded of the pain I felt when asked to create family trees in elementary school. It was then that the desire to share our experiences with others in the field took place. I hope that this research will begin to fill the gap in existing literature and serve as a resource for current music therapists, music therapy supervisors, and music therapists in training. Witnessing the experiences of other transracial adoptee music therapists throughout this process has been an ultimate privilege; I am so grateful for the space created for this study to connect, share, reflect, and honor our lived experiences.

Victoria. I am a transracially adopted music therapist from China. I identify as an Asian American cis female. I was adopted as an infant and raised by two white parents in the Midwest. I remember feeling like an outsider for most of my life. I never fully fit in with my white family members and white friends, yet I never fully fit in with Asians or other communities of color either. It wasn't until I moved away from my small white hometown and went to college that I began to unpack my own adoption and the trauma that came with it, including grieving my birth family, birth culture, birth language, and birth home. The intersections of my race, gender, and adoption have been center stage for how I experience the world and how others view me. Throughout my music therapy training, I have yet to come across literature that seeks to understand the experiences of a transracially adopted music therapist, or even acknowledge them. I hope this study will fill the gap in the literature and serve as an important source of knowledge and trauma-informed care for all music therapists in the field, as well as validation of future TRA MTs. Though emotionally draining at times, it has been an absolute honor and privilege to meet with other TRA MTs through this research, to bear witness to their stories, and to hold space for their incredibly complex and beautiful life experiences.

Candice. I am a multiracial (Filipinx/white) cis female music therapist. Growing up multiracial, I experienced racial identity invalidation and exclusion. I often experienced microaggressions that implied that I was not "Asian enough" or "white enough." Though I am not a transracial adoptee myself, I understand the profound impact of intersectional cultural identities in clinical work, supervision, and education. Even with my value of cultural responsiveness in music therapy, I have engaged in missteps as an educator. As Bethany and Tori mentioned, I assigned a genogram creation project in one of my courses without fully considering the potential of re-traumatization for my students who were transracial adoptees. I have humbly started to learn more about TRA identity through conversations with Bethany and Tori while advising this research study. Therefore, I believe this is an extremely important topic for music therapy practitioners, supervisors, and educators, considering the dearth of literature on this topic. I am grateful to the TRA MTs who were willing to share their experience and contribute to the learning of non-TRA MTs.

Defining Terms

Assimilation. Assimilation, in the context of transracial adoptees, refers to the "full adoption of the host culture or the adoptive culture that occurs when adoptees fully embrace the adoptive culture" (Baden et al., 2012, p. 391). In other words, transracial adoptees abandon their birth cultures and assimilate to the dominant white culture.

BIPOC. An acronym that stands for Black, Indigenous, and People of Color.

Imposter syndrome. Imposter syndrome, also known as imposter phenomenon, refers to the "internal experience often affecting high-achieving individuals who doubt their abilities, believe they are frauds, and find it challenging to attribute accomplishments to their own competencies" (Shah, 2022, p. 73).

Microaggression. Microaggressions are subtle and nuanced insults targeted at marginalized communities. Pierce (1970) first coined the term microaggressions to describe the "small, continuous bombardments of micro-aggression from whites to blacks" (p. 282).

Model minority myth. The model minority myth (MMM) is a specific type of microaggression, which labels Asian Americans and Pacific Islanders (AAPIs) as a "monolithically hardworking racial group

whose high achievement undercuts claims of systemic racism made by other racially minoritized populations, especially African Americans" (Poon et al., 2015, p. 1).

Social masking. First coined by Frantz Fanon (1967), social masking refers to the performance and adoption of white norms and behaviors to fit in and conform, originally examined with Black individuals. TRAs may also struggle with social masking to fit into their adoptive family's (white) norms rather than their own birth culture (Hoffman & Peña, 2013).

Stereotype. A stereotype is a specific type of microaggression and can be defined as a "standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment" (Merriam-Webster, n.d.).

Transracial adoptee (TRA). A transracial adoptee is any individual adopted by parents of a different racial or ethnic group from their own (Child Welfare Information Gateway, 1994).

LITERATURE REVIEW

History of Transracial Adoption

The United States has a deep history of transracial adoption, dating back to the mid-20th century when the federal government broke up Indigenous families, subsequently incentivizing white families to adopt Indigenous children (University of Nevada, n.d.). In the 1950s, the United States started similar initiatives for white parents to adopt Black children out of foster care. In the 1960s and 1970s, white Americans were beginning to adopt Korean and Vietnamese war orphans. Later in the 1990s, there was a rise in adopted Chinese girls because of China's one-child policy (University of Nevada, n.d.). The history of transracial adoption in the U.S. perpetuates white saviorism by encouraging white parents to adopt or "save" children of color, supporting the narrative that children of color are better off in the homes of white families rather than their biological families. Rather than put efforts toward keeping families together and united, the U.S. has a history of tearing families of color apart and displacing children in the homes of white parents, thereby inducing harm and psychological trauma. Based on data from 2011 in the US, approximately 40% of all adoptions were transracial (Baden et al., 2012).

In the history of transracial adoption, there has been a change in how supportive or unsupportive parents are and the level of initiative they take to celebrate and incorporate their child's birth culture. The U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, states, "In the past, the prevailing advice for parents who adopted children of a race or culture different from theirs was to love and raise them from a 'colorblind' perspective, as if the races and cultures of the children were not an important part of their identities. But adults who were raised with this approach and other experts say that when parents ignore their child's racial and cultural origins, the journey to a healthy identity can be lonely, confusing, and even traumatic" (Child Welfare Information Gateway, 2020, p. 1). The field of child welfare has shifted in how they advise parents of transracial adoptees to support their child's ethnic identity development.

Transracial Adoption and Identity Development

Although identity development is complex amongst adoptees, the intersections of race, ethnicity, language, and culture are arguably more complex amongst transracial adoptees compared to same-race adoptees. Johnstone (2015) highlighted an important difference between being accepted into a white American family and being accepted within one's birth culture and racial group. The complex paradox of appearing as one ethnicity and being raised in a different culture can prevent TRAs from feeling true acceptance and belonging. Grotevant (2003) argued, "Self-perception may be seriously challenged when the adoptee's context changes, for example, from a small community where they were one of a few non-White children

to an urban university where they are suddenly considered a 'student of color'" (p. 758). The concepts of identity and self-perception inevitably rise to the surface as TRAs struggle with acceptance and belonging. In addition to navigating identity as a TRA, individuals with an adoption history are more likely to experience mental health and behavioral health issues, including substance use, self-injurious behavior, disordered eating, and even a higher risk of suicide (Castner & Foli, 2022; Merritt, 2021). Transracial adoption can also cause intergenerational trauma, such as the transmission of struggling with racial and cultural self-identity (Chung, 2018).

One of the main struggles with identity is that TRAs do not look like their parents and are thus unable to find a "biological mirror" (Hoffman & Peña, 2013, p. 153). Subsequently, TRAs confront integrating the cultural heritage of their adoptive family with the "genealogical and cultural heritage from [their] birth family" (Penny et al., 2007, p. 30). Integration of cultural heritages can be quite difficult when TRAs have little to no knowledge surrounding their birth families and birth cultures. On top of the typical developmental milestones that adolescents and young adults face, TRAs may also be faced with unknown medical histories, birthplace, birthdate, and family origin/history. Identity development may also depend on the level of support from adoptive parents. For example, adoptive parents holding "colorblind[2] or avoidant attitudes" may ignore or dismiss the racial and/or ethnic identity of their child, which some speculate may relate to adoptees reporting further discrimination and isolation as a result (Hamilton et al., 2015, p. 9).

No two experiences of transracial adoption are the same, and it is important to remember the complexities and heterogeneity among TRAs' experiences. In the adoptee community, some individuals use the phrase "coming out of the fog" to describe their process of unlearning and deconstructing the myths surrounding adoption (Merritt, 2021; Stone, 2021). As TRAs move out of the fog, a new reality is unveiled, oftentimes moving away from the safety and bliss of white upbringings and into the real world where many TRAs lose their "white shield" or "honorary white status" (Baden et al., 2012, p. 395). One adoption myth that TRAs may internalize is that adoption is a complete act of love and that they should be forever grateful to their adoptive parents, leaving little room for any feelings aside from gratitude. Another adoption myth is that TRAs do not experience trauma, especially when adopted at a young age. Many TRAs experience preverbal trauma after being separated from their mother and family at birth, ultimately leading to somatic memories of the trauma rather than cognitive memories (Merritt, 2021).

There are several identity models that help to make sense of an adoptee's identity development. Adoptive identity models such as Penny et al. (2007)'s Five Phases of Adoption Issues (developed for adult non-TRA adoptees) and Baden and Steward's (2000) Cultural-Racial Identity Development Model (developed for TRAs) serve to represent the adoptee's process in dealing with the loss and grief surrounding their adoption, which is believed to be a lifelong journey. Because grief is a complex process, one cannot be reduced to fitting into the confines of each stage in a neat and orderly fashion. It is also important to note that this process is highly dependent on the adoptee's "personality, adoptive parenting competence, unique life circumstances, or some combination" (Penny et al., 2007, p. 38). Other race specific identity models such as Kim's (1981) Asian American Identity Development Model and Poston's (1990) Biracial Identity Development Model provide an understanding for how race plays a role in identity development, which may not be fully accounted for in other adoptive identity development models. These racial identity development models acknowledge the process of negotiating identity conflicts as essential to bringing together various aspects of identity into a coherent whole. The third stage of Kim's (1981) Asian American Identity Development Model, an "awakening to social political consciousness," is of particular interest (p. 20). During this stage, individuals begin to adopt a new perspective, often correlated with increased political awareness and minority identification. The primary result is an abandoning of identification with white society and a subsequent understanding of oppression and oppressed groups. Since TRAs must navigate

[2] We acknowledge that the term "colorblind" may hold ableist undertones; however, we ultimately decided to maintain the use of the word colorblind as it is consistent in the literature, as well as specifically referenced in the research data collection. As a substitute, Dis/ability Critical Race Theorists have suggested the term "color evasiveness" to depict the notion of individuals refusing to address race (Annamma, 2017).

the stages of adoptive identity development and racial identity development simultaneously, this identity development process can be especially convoluted.

Therapist Identity in Music Therapy Practice

More recent music therapy research has stressed the importance of understanding the therapist's cultural identities in clinical work. Hadley (2013a) stated, "We cannot simply split ourselves into professional and personal identities. Our personal identity is our professional identity [and] (. …) to think that we can keep our professional roles separate from the political is to come from a position of privilege" (p. 375). For TRA music therapists, the TRA identity is ever-present in clinical work. It determines how those we work with perceive us and, conversely, how we perceive those with whom we work. When working with an adopted client to whom the music therapist's identity as a transracial adoptee is disclosed, it fosters a shared identity that strengthens the therapeutic relationship. When the TRA identity is not disclosed, a client may have a preconceived notion that the music therapist may act or speak in a certain way, potentially affecting interaction.

Kimberlé Crenshaw (1989) coined the term intersectionality, which is the understanding that an individual's experiences are compounded by the interweaving effects of any given identity; for example, a Black woman's identities of race and sex are interwoven and experienced reciprocally, rather than separately. Music therapists from various sociocultural locations have shared their intersectional experiences in music therapy as clinicians, and the roles that race, gender, sexual identity, religion/ spirituality, disability, neurodiversity, and language take on in therapy, most notably in Hadley's (2013b, 2021) texts.

Roura (2013) wrote about her experiences as a Puerto Rican music therapist in south Philadelphia, often receiving comments from staff such as, "You don't look Puerto Rican, you don't sound Puerto Rican" (p. 194). Roura (2013) commented on the stereotypes and generalizations placed upon her, both from co-workers and clients and the unsettling feelings accompanying those interactions. Kim (2013) wrote about her experiences as a South Korean music therapist and instances where her race and culture aid in the therapeutic process, helping to build quick rapport with Korean female clients and fostering feelings of acceptance. Perkins (2021) detailed his lived experience as a queer Black music therapist and the constant need to code-switch in order to be seen as a "'professional' music therapist" (p. 325). Silveira (2020) reflected on being an Indian music therapist in Australia, discussing how alienating it is to be asked the question, "Where are you really from?" which is often asked to BIPOC MTs and TRAs living in white-dominated countries. When this question is asked within a music therapist's workplace, it can result in feelings of othering and exclusion within the therapeutic relationship and can lead to disappointment and frustration. These music therapists' diverse narratives serve as valuable models of exploring how intersectionality influences music therapy practice, professional relationships, and supervision. It is important to consider the intersectionality of transracial adoption, as race and adoptee identities are interlinked for TRAs, and may be further complicated by any other minoritized identities that may coexist (gender, sexual orientation, etc.).

Therapist Identity in Music Therapy Supervision

Literature on music therapy supervision has also emphasized the importance of identity. For example, Norris and Hadley (2019) stated that music therapists' cultural identities play a role in how we make meaning of our clinical experiences; therefore, avoiding conversation surrounding race and identity within the supervisory relationship comes with adverse effects such as feelings of resentment and sadness for the supervisee. Avoiding these types of conversations causes direct harm to the supervisee, resulting in a deteriorating relationship with the supervisor. These adverse effects may exist within the supervisory relationship and extend beyond the supervisee's clinical work. It can also lead to supervisees withholding

important feelings and issues surrounding their clinical work in supervision, which is a disservice to clients. Cultural differences and misunderstandings in supervision may result in a "negative impact on the supervisee's self-esteem and self-confidence, which, in turn, can affect [their] effectiveness in working with clients" (Kim, 2008, p. 2).

Swamy (2011) proposed culturally centered music therapy supervision that "builds upon a supervisee's musical strengths, acknowledges cultural differences and the acculturation process, and addresses supervisory expectations" (p. 136). After Kim (2008) interviewed seven music therapists in cross-cultural supervisory relationships, she suggested a stance of cultural empathy within music therapy supervision. She stated that it is the supervisor's responsibility "to provide a safe and understanding environment and offer openness to the supervisees" (p. 31). Imeri and Jones (2020) interviewed five Black music therapy students regarding their experiences of discussions on race and racism in clinical supervision. Their study revealed how much work is needed to "foster a safe, inclusive environment where Black students and students of color can grow as much as their white counterparts" (p. 180). Imeri and Jones (2020) also urged the field to require music therapy supervisors to partake in culturally responsive supervision that emphasizes the intersections of race and culture and how to address those factors within supervision. Culturally responsive music therapy supervision should include the awareness and understanding of the experiences of TRA, as no published literature regarding supervision and cultural responsiveness that includes transracial adoptees exists. The experiences of TRAs parallel the experiences of trainees of color discussed in texts regarding cultural responsiveness and supervision in music therapy. Each TRA MT is on their individualized path and journey to understanding their adoptive identity. Some TRA MTs may never integrate their adoptive identity into their everyday life. There is a plethora of literature supporting the notion that music therapists' sociocultural identities impact how they interact with clients and make sense of their work (Bain et al., 2018; Gombert, 2022; Hadley, 2013b; Hadley, 2021). However, adoptive identity is often neglected in these conversations. The experiences of the participants in this study demonstrate the importance of attending to this complex identity, as it was clear that TRA MTs' adoptive identity development played a role in how they made meaning of their clinical work.

METHODOLOGY

Overview

The present qualitative research explores the lived experiences of transracially adopted music therapists (TRA MTs). The researchers utilized Smith and Osborn's (2003) approach to interpretative phenomenological analysis (IPA), which seeks to "explore in detail how participants are making sense of their personal and social world" (p. 53). Before this study, there was no literature on TRA MTs, and their perspectives offer a more in-depth understanding of how TRA status influences music therapy practice and supervision experiences. Therefore, IPA was the ideal methodology for this inquiry. Data was collected through 2:1 semi-structured interviews recorded via Zoom, transcribed via GoTranscript, and further analyzed and coded via ATLAS.ti. The protocol was approved by the Slippery Rock University Institutional Review Board. The research was funded by a Student Research, Scholarship, and Creative Activities Grant through the University. Funds were used to purchase software and transcriptions, compensate student participants for their time and emotional energy, and compensate researchers for their work. Student researchers were compensated for their work at the student-worker rate. In compliance with the Slippery Rock University Office of Grants, Research, and Sponsored Programs' published standards/procedures regarding research participant payments, compensation to participants in this research was included in the initial IRB approval application. Once approved, compensation was provided in the form of gift cards and did not exceed twenty-five dollars, as per the standards/procedures.

Participants

Eligible participants for this study met the following criteria: 1) Hold the MT-BC credential, 2) Identify as a transracial adoptee, and 3) Currently work as a music therapist. Due to the small size of this population, participants were recruited via purposive, convenience, and snowball sampling, primarily through the researchers' professional networks. In the recruitment email, researchers disclosed their own TRA identity for full transparency and disclosure (See Appendix A). One of the researchers had prior professional relationships with some of the participants, which facilitated rapport and empathy during the interviews. At the same time, close supervision, reflexivity, and self-awareness were required, as to not place pressure or expectation on these participants. It is important to note that some participants may have been more or less likely to disclose, based on their prior relationship with the researchers, or lack thereof. Journaling throughout the study and discussing these relationships in research supervision meetings facilitated attentiveness to the influence of the researchers on the data collection and analysis.

We recruited six participants for this study, which follows Smith and Osborn's (2003) sample size recommendation for IPA studies. We conducted interviews with each participant via Zoom with each interview consisting of one participant and two researchers. It was decided that both student researchers would participate in all interviews for transparency, consistency, and for clarity. Potential drawbacks were considered, such as participants feeling overwhelmed or pressured. It was decided that having both researchers present outweighed having only one to keep consistency throughout all interviews. Having both researchers present also allowed for a more conversational style of interview, within our structured set of questions. After each interview, we debriefed together and wrote in a shared journal about their subjective involvement, which was shared with our faculty advisor. We met with the faculty advisor throughout the research process to carefully consider the influence of how we related to the participants. Participants received a small monetary gift card for their time and energy after completing the interview process. To best understand the participants' lived experiences as TRA MTs, we asked a total of twelve open-ended interview questions (see Appendix B). Interview questions were constructed based on a semi-structured format, with the primary goal of establishing rapport with participants. The set of questions served as a guide rather than a strict protocol, therefore, participants did not receive interview questions prior to the interviews.

Confidentiality

Throughout the research process, every effort was made to keep identities of participants confidential. Participants were de-identified and referred to as Participant A, B, C, etc. As the profession of music therapy is relatively small, we decided to de-identify participants instead of using pseudonyms to minimize the ability to identify anyone, especially given the concern from participants surrounding personal experiences that they'd be able to be identified. Select demographic information of participants is included and synthesized to further conceal participant identities. Recordings remained in a password-protected file on the researchers' computers and were deleted at the conclusion of the research. Zoom ensures end-to-end encryption, maintaining that communication between all meeting participants in each meeting is encrypted using keys known only to the devices of those participants. Through GoTranscript, files were divided into small parts and permanently deleted from GoTranscript's database upon completion. We also reviewed informed consent forms with each participant, stating potential risks and providing mental health resources prior to data collection. Member checking was employed during the writing process to ensure that data presented was congruent with the participants' wishes. Participants were reminded that no identifying information would be shared and were made aware that both codes and quotes were open to editing if they did not feel congruent to their experiences.

Trustworthiness

Several measures were taken throughout the course of this research to ensure validity. We read and re-read the participant interviews and developed codes and themes that were consistent with one another. Codes were labeled and re-labeled with careful observation and analysis. Member checking was utilized to determine accuracy and credibility of data. Researchers sent summarizations of initial interviews and asked participants to confirm the accuracy of summarizations, as well as determine whether the interpretations and coding accurately reflected the participants' views, feelings, and experiences. Participants confirmed the pronouns used to describe them in the write up, reviewed direct quotes, themes, and domains, and provided corrections and clarifications as needed. All six participants confirmed the validity of their quotations and offered edits when necessary. Candice Bain served as both an internal and external auditor, providing guidance for the research design and oversight of interviews, coding, and writing processes throughout the research study. Additionally, Susan Hadley served as an internal auditor, joining after the research study ended, providing commentary and edits to the final write up.

FINDINGS

Participant Demographics

Six participants completed the study. Demographics were collected by researchers and synthesized in the table below.

Table 1.
Participant Demographics

Variable	n=6
Gender Identity	
Female	6
Male	0
Non-binary	0
Ethnicity/Race	
Black	1
Chinese	3
Korean	2
Years in the MT Field	
0-3 years	4
4+ years	2

There was a commonality amongst all six research participants in that each was adopted into a white family and grew up in small predominantly white towns. There was minimal racial diversity, with five out of six participants identifying as Asian. Additionally, all six of the participants identified as female, leaving male, non-binary, and other gender-queer perspectives out of the realms of this research.

Data Analysis

The researchers read each interview transcript separately and conducted a line-by-line analysis to develop themes focused on understanding the lived experiences of TRA MTs. Following this, emergent patterns

emphasizing commonality between participants as well as nuances were identified. The first two authors engaged in dialogue with the third author to develop a more interpretative understanding of the themes, focused on the meanings of the participants' experiences for clinical and supervisory practices in the field of music therapy. This discussion facilitated organization of the data into 23 total themes within three domains: 1) Harm experienced in childhood, 2) Microaggressions, 3) TRA identity in music therapy. The table below outlines the domains and themes as well as the number of participants who endorsed each theme.

Table 2.
Outline of Themes

Domain/Theme	n=6
Harm experienced in childhood	
White-dominated childhood	6
Assimilation	5
Inside the white bubble	3
Outside the white bubble	5
Colorblind white parents	3
Forced gratitude	5
Feelings of not belonging	5
Grief	2
Abandonment	2
Unfair expectation of TRAs	4
Microaggressions	
Microaggressions in childhood	4
Microaggressions from clients and client parents	2
Microaggressions from supervisors	3
Stereotypes	4
"Where are you from?"	3
Model minority myth	3
TRA identity in music therapy	
TRA identity within supervision	6
Majority white clients	6
Majority white colleagues	4
Countertransference with clients	3
Solidarity with BIPOC clients	3
Imposter syndrome	5
Current needs in the MT profession	6

Domain 1: Harm experienced in childhood

Theme 1.1 White-dominated childhood. All six participants reflected on growing up in predominantly white towns and communities, with varying levels of exposure to racism. Participant D described growing up in a small "white-centric community" where "everybody knows everybody." Participant C recalled specific instances of racism growing up in a white dominated childhood: "I had quite a bit of racism...when I was younger that was more full-on...like, the eyes **participant makes racist slanted eye gesture**, or 'Oh, look at your eyes,' or 'Can you see?'"

Theme 1.2 Assimilation. Five of the six participants reported experiencing assimilation throughout their childhood. Participant C reflected on their experiences of assimilation:

> I'm pretty sure most of my friends...started viewing me as a white person because they just became so accustomed to me and how much I assimilated to white culture...It's so weird but even looking in the mirror, I'm like, "Oh, I'm white"...That's how much I've just revealed to myself the past few years like, "Wow, you've talked yourself into thinking you're white, too." I think it's just unbelievable how much we can brainwash ourselves into thinking these things...This is just how I've learned to assimilate quickly. I got to talk right away because it's my way of...demonstrating I am American, and I don't have an accent. It's my way to whitify myself.

Participant D reflected not only on assimilation, but the actual yearning and longing for whiteness:

> I just grew up thinking that I was white almost. Sometimes I would make jokes about it like, "Oh, yes, sometimes I forget that I'm Asian because I'm just surrounded by white people"...Maybe other people have felt the same way, but I really wanted to be white, so much so that I would just identify myself as white because all my friends were white, and the kind of culture that I was growing up in was very white.

Other participants described dyeing their hair, getting spray tans, putting tape on their eyes, avoiding Asian foods, and altering their voice, all in attempts to fit in to the dominant white culture.

Theme 1.3 Inside the white bubble. The researchers refer to the "white bubble," where participants describe safe spaces of feeling comfortable around white people, while also benefiting from having white parents in a white dominated childhood. Participant A described the "white bubble" as feeling sheltered within white spaces:

> Growing up, I think my sister and I were very sheltered, I guess you could say, by our parents and that they loved us and tried to raise us to believe that...it doesn't matter that we aren't your birth family or that we look different than you.

The participant's parents believed her own racial and ethnic identity did not matter and that she would be protected by their whiteness.

Theme 1.4 Outside the white bubble. In contrast to living inside the "white bubble," participants shared about existing outside the "white bubble." In other words, moving away from the safety of their white upbringing and being faced with their minoritized identity. Participant A described life as an independent adult and what it was like to experience life outside the "white bubble" for the first time:

> [I'm realizing] as an adult and being independent and on my own and having experiences not in that immediate family nucleus safe bubble, that these things do matter. They definitely matter even on a day-to-day basis and as well-intentioned as I think my parents were...just by nature of them being white and me being Asian they couldn't have prepared me at all for how that would impact me once I was out of the house and had to deal and face this stuff on my own...After not being under that family umbrella...I'm dealing with this on my own for the first time, or I'm dealing with this in a way that my white parents aren't with me, shopping or something out at like a store, like the grocery, and people aren't making assumptions...but they're making different assumptions.

Other participants also commented on the increase in racism they experienced after moving away from their hometowns. Participant D believed this was due to the lack of "protection of having white parents."

Participant A's "awakening to social political consciousness" was in alignment with the COVID-19 pandemic and Asian hate crimes (Kim, 1981):

> Now as an adult and especially again, the last couple of years with COVID and anti-Asian sentiments, unfortunately taking off in a much larger scale, [my identity is] something that I do actively think about these days, and I don't shy away from as much as I used to growing up.

Participant C referenced the murder of George Floyd, as well as Asian violence:

> When George Floyd and all this "wokeism" started happening a couple of years ago, it was almost like someone just took my white glasses and destroyed them. It was almost like, "Oh my gosh, I'm Asian. I can't hide that" . . . I think also with all the Asian violence going on too, I felt I was just under a magnifying glass the whole time. Anytime just walking in the streets, going to the grocery store, all my simple items, even driving the car, I was like, "I don't want anyone to see me because I'm Asian." I've just felt like I was sticking out like never before. I've never had that feeling until the past couple of years . . . You have to change once you wake up to this nonsense and actually face the person in the mirror for who they really are. This goes against everything you are and have become. But being "woke" to this identity crisis for yourself helps you begin the real journey to identity and authenticity for self.

Participant D was affected by the 2021 Atlanta spa shootings:

> The shooting that happened in Atlanta as well, that was something that really jarred me too, and kept that fire under me to keep on finding more information about my culture and really listening to other people's stories that were different or similar to mine.

As participants moved outside the "white bubble," they reported a greater sense of pride and integration. Participant C described their newfound perspective on adoption:

> I feel so proud, way more pride than I ever have in my whole life. I think because it has so much more rich and more in-depth meaning to me as an adult where I have more control or the absolute control to make those decisions on what that means to me. I think if anything, I have so much more pride in being, one, an adoptee. I think that's such a cool perspective to have now in this world. There are so many other intersections to that and then to be Korean. As much as I have pride in who I am today in reconstructing and rebuilding, I also hold a lot of sadness, unknowns, and ongoing grieving that I'm just tapping into today. Again, it's the duality of our experiences that I think we need to be honoring more of and being okay with, even if it's messed up, chaotic, and confusing to others.

Other participants also described feelings of pride and comfort in their adoptive identity. For many, these feelings developed through a lengthy process, one that came to fruition in adulthood and continues to evolve and grow over time.

Theme 1.5 Colorblind white parents. Participants shared about their white adoptive parents who uphold a colorblind belief system, colorblind meaning "statements that indicate that a white person does not want to acknowledge race" (Sue et al., 2007, p. 2). Participant D shared:

> My parents were very much of and still a little bit are the “we don't see color” thinking, and that permeated throughout how they raised their children of just like, “Oh, we don't need to address the fact that you look any different because we're not going to treat you any differently. We were just treating you how we would treat any child of ours” . . . My mom was like, “I don't know. We just don't see color.” That was the last time that I wanted to hear that. I was like, “You might not be able to see color, but I can't help but see color. I see it all the time in my daily life and I can't help but see color.”

Other participants endorsed growing up with colorblind adoptive parents who dismissed any conversations surrounding race, racism, or birth culture. Participant A stated:

> It was kind of like this unspoken attitude, and not that we were forbidden to talk about our heritage and Chinese culture, but there was I think this unspoken understanding that, “Well, you're with us now, you're in America, you're in our family and we're not Chinese or we're not from the same culture that you guys were born into and so this is the way we do things here”...Our parents loved us and tried to raise us to believe that, “It doesn't matter that we aren't your birth family or that we look different than you. We love you just as much and if people are discriminating against you or have prejudices against you, that's not okay because that shouldn't matter.”

Theme 1.6 Forced gratitude. Participants described forced gratitude, an adoption myth that adoptees should be eternally grateful to their white adoptive parents for saving them from “what could have been” and giving them a “better life.” As a result, TRAs may experience criticism for their anger and resentment and suppress those feelings even further. Participant D stated:

> I would say both me and my sister have that subtle, hidden expectation of, “We have to be the best.” Not within my work, but personally, I've had somebody explicitly say, “Oh, well, your parents adopted you from China. Imagine where you could have been. You should always follow what they have to say,” or “You should always listen to them and answer to them.”

The important aspect to remember with forced gratitude is that it reinforces the white savior narrative, where white adoptive parents save or rescue their BIPOC child, thereby making the TRA forever grateful and indebted to their adoptive parents. Participant A described this notion:

> I love my parents and I'm so grateful to them and I know that they love me in return, but I think from their perspective, definitely, I think there honestly is, and maybe we can all relate to this to some extent, like that aspect of white saviorism and wanting us as adoptees to be just like part of their family and not really acknowledge or validate the fact that, well, yes, we had another family entirely before this, but that never got a chance to blossom or go anywhere. I think it was a mentality of: we're going to sweep this under the rug, or this was a bad circumstance that you were in and now you're here, so let's celebrate the fact that you're here and not there, sort of thing.

The experience of forced gratitude prevents adoptees from being able to formally grieve the loss of their birth family and culture, forcing them into a space of eternal gratitude.

Theme 1.7 Feelings of not belonging. Five out of six participants reported feelings of not belonging in childhood, both in white spaces and non-white spaces. Participants described a specific experience of being "not white enough" while also being "not Asian/Black enough.” In other words, they felt “too white” to fit in with their BIPOC community, and at the same time, they felt “too BIPOC” to fit in with their white

community, ultimately never truly fitting in to either community. In reflecting on these feelings of not belonging, Participant A stated:

> Some [Asian peers] had been back over to China or their family's home countries before, and so there was this noticeable weird gap between us that I felt very weird about at times because in one way, I felt more connected with those peers more than I had with the [white] friends I had, but at the same time, I was very aware of the fact that I wasn't one of them either because I couldn't relate to them on those experiences in that background, so it was again, very much being a fish out of water on both sides of the spectrum sort of feeling.

Participant F had similar feelings:

> It was always insulting to me because I would always have half of me that would-- I really wanted to be a Brown person and be proud of that. Then someone would find out my parents are white and they'd be like, "Oh, just kidding, you're not really one of us," and then I'm like, "Oh, okay." Then you go over to your white friends and you're friends with them but then at the end of the day you're not really like them. Just that in between that we didn't ask for is what really gets me.

Theme 1.8 Abandonment. This theme refers to the feeling of abandonment that participants experience as a result of being given up and separated from their birth families. Some participants reflected on the feelings and preverbal memories of being abandoned and left on doorsteps. Participant C described how feelings of abandonment seep into their personal life and in relationship with others:

> Back then it was probably more of a fitting-in fear or it's probably more based on abandonment/ self-worth thing . . . . Like, "Are more people going to leave you because you're different or because you look different?" . . . That's the stuff that I think is so insidious and just really hard to break down...The biggest item I've uncovered in my therapy work is that this feeling of abandonment has led me to do more people pleasing tendencies, to self-sabotage by abandoning my own needs and prioritizing others' before mine, and to numb/dissociate in order to dig deep and carry on in this world. The hardest reality for me to face has been in identifying that I have tried so hard to take care of and accommodate for others as a means to have others take care of me.

Participant C also described the TRA "people-pleasing" personality and how it all relates back to fear of abandonment.

Theme 1.9 Grief. This theme describes the feeling of grief that participants experience from loss of culture and biological family. Participant A described being too young as a child to understand the grief and loss she experienced by being adopted:

> I was too young growing up to understand, to mourn that in any way or grieve about things that I was missing out on or being deprived of. I didn't think of it that way. It's like if you can't like miss something you never had sort of situation . . . I think there honestly is . . . that aspect of white saviorism and wanting us as adoptees to be just like part of their family and not really acknowledge or validate the fact that, well, yes, we had another family entirely before this, but that never got a chance to blossom or go anywhere.

Participant D had similar reflections:

> I now almost feel sad, or almost a grievance of a culture that I could have been immersed in, and something that I could have gained a lot from if I knew anything about Asian culture . . . When I think about it, there is that feeling of sadness or grievance for the just experiences that I could have had that I didn't get to because that's just not how I grew up.

Theme 1.10 Unfair expectations of TRAs. Participants described unfair expectations and assumptions placed on TRAs simply because they are TRAs. Participant B stated, "Presenting as Asian and looking this way on the outside but having a whole other identity on the inside has been a weird and at times uncomfortable and unpleasant thing to work through in clinical spaces." Participant A shared similar feelings:

> The general attitude or viewpoint of people of color and for people like us specifically who were adopted, who look one way but then you meet us, and we don't meet up to expectations of what white people expect. It's been odd, and at times, unpleasant.

Participants also described expectations being placed on them from their parents, as well as clients and client families. Participant D described "expectations from [client] parents of 'How is she going to relate to my child?' or 'How good of a music therapist is she going to be?'," simply because of her TRA status. With these expectations also came feelings of confusion, shame, and embarrassment.

Domain 2: Microaggressions

Theme 2.1 Microaggressions in childhood. This theme includes microaggressions experienced during participants' childhood. Some participants reported harmful microaggressions from their adoptive parents. One participant shared a harmful and upsetting story and asked that the quote be removed from the write up due to the "vulnerability of experiences both on a personal (familial) and professional level, and the uneasy and uncomfortable dance between advocating for oneself and then being left with the burden of shame/guilt/emotions that eat at you after sticking up for yourself." As the participant stated, experiencing microaggressions from family members leaves the TRA in an "uncomfortable dance" and can be much more painful than experiencing microaggressions from strangers or even friends. This participant gave full permission to share their removal of the quote and explanation for the removal.

Other participants reported experiencing microaggressions in school and from teachers, like Participant B:

> Not living up to all those people's expectations, it still felt wrong. Even though I was really smart and in all the honors classes or whatever in high school they're like, "Yes, but you're not in like the highest math one," even though I was like, "I'm a freshman?" "Yes, but you're Asian so you should be with *these people."* They had those expectations of, "Shouldn't you be in the highest math class or whatever?"

Additional microaggressions included people asking TRAs, "Oh, is this your real mom?", people mistaking TRAs as their adoptive parents' exchange students, and being bullied for facial features such as eyes and nose shape. Participant F also reported receiving comments like, "Oh, your parents are white, so you're one of the good ones." Comments like these suggest that white is "good" and Black/Brown is "bad," leaving the TRA to question their entire ethnic identity and perhaps internalize their own racial bias.

Theme 2.2 Microaggressions from clients and client parents. Participants recalled microaggressions experienced from music therapy clients, as well as the parents of clients, and how these experiences had an

impact on the therapeutic relationship. Participant A shared a story about a conversation she had with a client's parent:

> This was during COVID and everything, we were still on lockdown, the client parent commented because we were talking about COVID and the repercussions of not being able to meet in-person. The client's parent [said], "I'm so done with this China virus, I wish this China virus is over." That was definitely a memorable moment of me feeling like, "Wait what? What just happened?" Feeling very taken aback. I felt this personally, but should I be taking this personally? I don't know.

Participant B described a microaggression experienced from a client:

> I do have a [client who will] always question my nationality. I think it's coming from a place of curiosity where he wants to learn . . . but earlier on, he was like, "Where are you from?". . . Unconsciously and I think in the moment . . . you have to push down those feelings that instantly come up [in order] to provide clinically . . . Feelings of embarrassment and I think frustration too, of it not being fair of, and why is this important? This has nothing to do with [our session] right now.

Situations such as those described show the entitlement clients feel to know TRA MTs' deeply personal attributes and experiences. Clients may also pull for this kind of self-disclosure to deflect or avoid the therapeutic task at hand, or perhaps to reclaim a sense of power in therapeutic relationship because of the inherent uneven power dynamics. Either way, participants reported a one-sided feeling of being uncomfortable when being questioned about such personal matters within the client-therapist relationship.

Theme 2.3 Microaggressions from supervisors. This theme includes microaggressions experienced from music therapy supervisors. It is important to highlight the unique ways in which music therapy supervisors commit harmful microaggressions toward TRA MTs, as they essentially prevent positive supervisory rapport from forming and result in the supervisee feeling slighted, dismissed, and in some cases, emotionally distraught. Participant F described a situation when her white supervisor met her white adoptive parents for the first time:

> There was this one time when my parents came to a work event and my boss at the time made a really ignorant comment about like, "Oh, that explains everything," something along those lines. Thinking that she was so funny like, "Oh, these are your parents, that explains you."

Additionally, Participant B shared about an experience with a white supervisor who suggested that she befriend one of her clients just because they are both Asian:

> I don't even think I fully unpacked it, but it just made me mad because it was almost one of those things like, "You're the same, you look one of the stereotypical. Asians all look the same, be the same. Be in the same box and label and everything," or just because we share the same label, it's like we're the same so it's, agh! Yes, I'm still mad about that.

Through this suggestion, the white supervisor made the assumption and communicated to the supervisee that all Asians are the same and that all Asians should be friends, simply because they are Asian. In addition, suggesting that the music therapist enter a dual relationship with one of her clients is unethical, as therapist-client boundaries need to exist for a proper therapeutic alliance.

Theme 2.4 Stereotypes. Four out of six participants reported experiencing some type of stereotyping from either co-workers, supervisors, or everyday acquaintances. Because the ethnic makeup of research participants is slightly varied, the types of stereotypes and experiences shared here are inevitably varied. Participant B shared about a time when her supervisor was stereotyping her:

> [The stereotype of], "You're all the same . . . Asians all look the same. Be the same. Be in the same box and label and everything," . . . I'm still mad about that . . . [It felt] 100% not validating and very disrespectful.

Participant F reflected on additional stereotypes in everyday life as a Black TRA:

> I take great offense when people are like, "You're so quiet and you're acting white" . . . If for some reason I don't fit some type of [Black] stereotype, they just blame it on my parents. They're like, "Oh, it's because you have white parents."

Theme 2.5 "Where are you from?" Participants often referred to the specific microaggression, "Where are you from?," which assumes BIPOC are foreign, conveying the underlying message of "You don't belong here" (Sue et al., 2007). Participants reported receiving this question from clients, client's families, co-workers, and strangers. Participant D said, "During my internship, I had an encounter where one of [my co-workers] . . . asked me where I'm from. I said, 'Oh, I'm from Ohio.' Then he said, 'Oh, but where are you *from*?'" When asked to reflect on the feelings behind this microaggression, Participant D said, "Sometimes I feel like it's never explicitly said, but I do feel some implicit judgment or expectation placed on me for a first encounter before I even open my mouth." Participant E commented on the uncomfortable position this question puts TRA MTs in, "[Patients] would ask me about where I'm from, and I just kind of go into it there . . . but I am trying not to go into so many details like, 'This isn't about me. It's about you actually.'"

Theme 2.6 Model minority myth. Asian TRA MT participants reflected on the model minority myth, with expectations that they will be obedient, excel at math, or become some sort of musical prodigy. Participant C stated, "I do also think Asians have . . . a certain bias of the model minority myth. It's like, 'Oh, yes, she'll be obedient,' I don't know. We're very whitenized as just being Asians." Participant D described the expectations placed on her as an Asian woman and how those expectations came from her own parents, herself, and client's parents:

> I remember when I learned about stereotypes and the whole like, "Oh, the Asian stereotypes are positive. You're smart. How is that a bad thing?" I remember placing expectations on myself, and I still might be. My parents probably did place expectations on me. They were definitely implicit, though, but also definitely based on my race. I think that is a good parallel from what I pick up on with client's parents, for sure.

Domain 3: TRA identity in music therapy

Theme 3.1 TRA identity within supervision. This theme reflects the participants' experiences as TRAs in supervision settings. Several participants described the internal debate of whether to disclose their TRA identity to their supervisors and colleagues. Multiple participants spoke about the uneven power dynamics in supervision. Participant A noted these dynamics, as well as the difficulty of making connections with white supervisors:

> Actually, looking back subconsciously, I was feeling pressured to respond in a way that, I don't know, didn't rock the boat or anything like that because I was very aware of the fact

> that, well, I'm definitely the minority here...My supervisors were white, so there wasn't really an opportunity for connection there.

Participant A highlights the fact that it may be more difficult for TRA MTs to develop close connections with white supervisors versus supervisors of color, simply due to a level of understanding and empathy, as well as psychological safety.

Participant B reflected on her internship, where she felt that unrealistic expectations were placed on her as an Asian TRA: "Internship expectations were held really high for me. I did have a co-intern who was a white female and it seemed more relaxed on her end . . . The standards and expectations were a little bit different." Participant B described feeling as though she was held to a higher standard in terms of work ethic and musicality compared to her white co-intern.

Theme 3.2 Majority white clients. All six participants reported working with majority-white clients with little BIPOC representation. There may be a few reasons for this lack of client racial diversity, including some participants working in predominantly white suburban geographic locations. For those working in more diverse cities, this may have been related to work setting. For example, most participants reported working in a private practice setting, and one participant worked in a children's hospital, settings that marginalized communities may have less access to. Working with majority white clients plays a significant role in how the participants experienced their own racialized and transracially adopted identities. Experiences of race and adoption status may have been magnified for participants due to racial isolation.

One participant reflected on the experience of white professionalism and feeling pressured to look and act a certain way in order to be accepted professionally, essentially adhering to white standards of professionalism. Participant C stated:

> I'll use more professional-based language and I'll dress a certain way going into people's homes. I'll dress way more formally going into people's homes, even though I don't want to, in order to try to gain respect for people. The response is usually pretty positive because, I think, of that appearance. I do feel like I've learned how to play the game of professionalism and to use it to my advantage in identifying how superficial many people are and how much value is held in appearance. Sounds harsh but I experiment all the time with this and from my experience . . . As a POC, you don't get a second chance usually to make that mistake based on your appearance, so you have to always dress the part and look sharp . . . I think that's the safety part of me that's been trained to like, "This is what I have to do to be part of the table or to be accepted."

Theme 3.3 Majority white colleagues. In addition to working with majority white clients, four out of six participants also reported working with majority-white colleagues with little to no BIPOC representation. This is not surprising, as the AMTA 2021 Workforce Analysis (AMTA, 2021) revealed that 88.34% of music therapists are white, from a total of 1,046 respondents. However, it is important to note the low number of respondents in the 2021 survey and that many BIPOC music therapists may have chosen not to renew their membership or not to complete the survey due to lack of trust with AMTA. Participant D shared additional feelings of isolation as a result of working on a majority-white team:

> There is one other [BIPOC MT] who is on this team with me, so I don't feel alone, but I do feel alone when we talk about social justice issues or when I've brought up social justice issues. Nobody seems to be as aware or they don't see the need to talk about certain topics or issues. It can be lonely.

Working with majority white colleagues has a profound impact on how participants are able to process and manage their experiences surrounding microaggressions, countertransference, and identity with regard to

their racial and adoption status. A lack of representation in the workplace makes it more difficult to seek support.

Theme 3.4 Countertransference with clients. Countertransference occurs when "a therapist interacts with a client in ways that resemble relationship patterns in either the therapist's life or the client's life" (Bruscia, 1998, p. 52). Participants reflected on experiences of positive countertransference, specifically overidentifying or over-empathizing with clients related to adoption and race. Participant F described instances of shared identity that led to overcompensation and construed boundaries:

> When I have a Black client, I tend to over-empathize in a way. I don't really know why. Maybe it's some type of overcompensation like, "Oh, you're my brother. You're my sister," like, "You're my person and I'm going to give 200% for you right now," but I'm not like that with any other race. . . That's especially true when I have a Black client who's adopted at all, period.

Additionally, Participant F described the intensity of working with families and the experiences of countertransference related to abandonment:

> When working with mothers and their newborn infants, I would often feel jealous of the child and the family in general, especially if it was a Black family. I also would have extreme reactions to hearing parents' stories about being separated from their children.

Participant C also described how the experience of abandonment as an adoptee informs their practice and shapes their work as a whole:

> I think the number one area that I've noticed has just been more of a theme for me is that abandonment part . . . I think there are so many of our clients who deal with isolation, whether it's physically with other people who aren't like them, or people who don't understand them, or even just that self-isolation. I see so much within a lot of our clients . . . I think that is always a huge driving force for me as a therapist to really uncover and help that person feel heard in a way that no one else has possibly ever heard from them.

Theme 3.5 Solidarity with BIPOC clients. Half of the participants described a specific type of support, understanding, connection, and empathy felt when working with clients and families of color. The best word to describe this feeling is solidarity. One participant described it as near "instant rapport." Participant A stated:

> Even other clients of color who I've worked with and who I'm working with now, it's so hard to describe . . . but there is this intangible understanding that there is a level of trust and acceptance established that you don't get really when you have a white therapist working with a client or a family of color . . . It's just this level of understanding that we know that you're going to take care of us in a way or see us in a way that is not automatically dismissive in a lot of ways that a white therapist may approach working with them.

Participant B described a similar experience, with an emphasis on the notion of "at least you're not white":

> [My identity] works in my favor in building that rapport faster with the families because they can see that I'm not a white therapist coming into their home. I think that brings more comfort. I've noticed that with the families. All the clients' families that I work with, they're very nice, but I do think that the families that are of minority, they show it, a little bit more extra appreciation because I'm not a white person.

Theme 3.6 Imposter syndrome. Five out of six participants shared instances of imposter syndrome in their everyday lives and in their work as a music therapist, specifically due to their TRA identity. On a team of majority white music therapists, Participant D reflected on her feelings of imposter syndrome:

> I'll go back and forth with myself like, "Oh, well, maybe I'm not a person of color, or I'm not white enough or I'm not a person of color enough, or I'm not Asian enough to speak on certain topics of cultural humility."

Participant E described the difficulty of not identifying with their birth culture: "My identity as Korean, I don't know what the word is. Not imposter, but other than my physical being, I just don't really see any Korean in me at all. That's that and then I guess just being adopted." Participant C described this as feeling "not worthy of being Korean" while Participant F said, "I feel like I'm not an expert on my own Blackness."

Theme 3.7 Current needs in the MT profession. All six participants endorsed feeling unsupported by the music therapy community at large. Participant D described the lack of education surrounding cultural humility and reflexivity in the music therapy profession:

> I didn't even learn about cultural humility or critical race theory. All of the things that have really had an impact on me. I didn't learn any of that as an undergrad. I learned it because I just so happened to take a graduate-level class, which is a privilege for me to be able to take in any way. I remember hearing a lot about cultural competence but never like anti-oppressive practice or anything like that, which I think should be fundamental to music therapists in our practice.

In referencing the lack of support from the music therapy profession, Participant A stated:

> Since I entered the professional field, the most support I've gotten as a person of color and as a TRA have been from other people of color, other colleagues of color and other TRAs like you guys and my co-workers that I have now.

Two participants reported being a part of some type of racial or adoption affinity group that helped them to feel more connected and supported within the music therapy community.

DISCUSSION

Domain 1: Harm experienced in childhood

The themes in this domain are representative of and consistent with other TRA literature, specifically regarding assimilation, feelings of unbelonging, and whiteness (Baden et al, 2012; Grotevant, 2003; Hoffman & Vallejo, 2013; Johnstone, 2015; Mohanty, 2013). It is important to note that all six participants grew up in predominantly white towns and to consider how this upbringing played a role in their perceived level of self-worth, self-identity, and ethnic identity. All six participants also endorsed feelings of not belonging, as they were non-white children engulfed in majority-white spaces. Participants described a specific experience of being "not white enough" while also being "not Asian/Black enough," ultimately never truly fitting in to either community. This notion is also described by Hoffman & Vallejo (2013), with the title of their article being, "Too Korean to be White and too White to be Korean." The notion of white

saviorism has lasting effects on the TRA, subsequently leaving them with feelings of forced gratitude and furthermore, assimilation.

Additionally, growing up as a BIPOC TRA with "colorblind" parents perpetuates a lack of self-identity and ultimate dismissal and invalidation of feelings and experiences of racism (Hamilton et al., 2015). Some participants' parents were dismissive and naive in not critically evaluating the impact that belief and mindset could have on their child's identity. In that way, the parents were preventing their child from developing a healthy, integrated identity. The findings support this as many participants reported an increase in these feelings after leaving their childhood homes and the so-called "white bubble." Most TRAs in the US are inevitably forced to assimilate to white culture because of "their need for survival via communication, the lack of exposure to their birth culture, the lack of enculturation transmission from the birth culture, and the need for attachment and bonding to new parents" (Baden et al., 2012, p. 392). Other researchers described this phenomenon as TRAs maintaining their "honorary white status," essentially clinging to white culture for self-preservation (Baden et al., 2012, p. 395).

Current events and American politics at the time of this research certainly played a role in the participants' responses to life outside of the "white bubble." Participants referenced the murder of George Floyd, anti-Asian hate crimes, and the Asian spa shootings in the construction and understanding of their own identity development. As implied by the participants' reflections, adoptee identity development parallels society developing a deeper awareness and understanding of racism in the U.S. As race issues become more prevalent and more discussed, this contributes to a greater awareness of racism and oppression both in the community and on a personal level. The process of unlearning internalized racism and bias and healing from other childhood wounds is what allowed many TRAs to eventuate at these feelings of pride and comfort.

As participants recalled experiences of harm in their childhood, the researchers had similar experiences to draw upon. At times, the researchers shared personal stories and anecdotes with participants in attempts to display empathy and establish a greater sense of rapport. For example, when Participant C shared about the ways in which they assimilated as a child, one of the researchers shared a similar story from her childhood, asking herself the same questions and tricking herself into believing she was white. By disclosing personal experiences, not only did rapport strengthen, but the participant's thoughts and feelings were validated in the most authentic way, establishing trust and emotional safety for them to continue sharing intimate and vulnerable parts of their lived experience as a TRA MT. The use of self-disclosure and display of empathy in qualitative literature has been discussed as a way to build rapport, communicate respect, and "level the playing field" (Dickson-Swift et al., 2007, p. 332). Self-disclosure may not be appropriate in all types of qualitative research, but feminist writers argue that self-disclosure promotes a non-hierarchical relationship between participant and researcher and denote this as good research practice (Reinharz, 1992). As researchers who hold the same intersection of the TRA identity and shared lived experiences with participants, we had a deep emotional connection, causing us to have emotional attachments to certain themes. This could have led us to focus more on certain themes that resonated with us and our own experiences, thus the importance of having two non-TRA auditors and readers.

The researchers' proximity to the participants' experiences often led to heightened levels of empathy and understanding, resulting in a closer examination of important topics and issues. It is important to note that while common experiences appear to lead to heightened levels of empathy, that is not always the case: "Shared experience has a greater impact on how the target of empathy views the interaction than it does on the behavior of the person trying to be empathic (the perceiver)...The effect that experience has on the levels of empathic concern that perceivers report appears to depend on the type of experience that is shared" (Hodges, 2005, p. 304). The similarities experienced across participants' childhoods are important to consider as we continue to understand the lived experiences of TRA MTs.

Domain 2: Microaggressions

All six participants reported experiences of microaggressions in some form, whether from family, supervisors, professors, co-workers, or everyday acquaintances. The researchers themselves also experienced adoption specific microaggressions from classmates and professors at the time of writing this research. The reported microaggressions experienced from family members were deeply painful and difficult to hear. Out of respect for participant confidentiality and emotional safety, the specific quotes surrounding microaggressions from family were removed. Even though participants were able to share these painful experiences with the researchers and identify the harm experienced by their family members, as Participant C stated, TRAs are left with the "burden of shame/guilt/emotions that eat at you after sticking up for yourself." Because microaggressions are so common and often have little to no consequence, the person on the receiving end of the microaggression can be impacted quite negatively in terms of self-esteem and overall well-being (Hadley, 2017). Over time, microaggressions can slowly start to break down a person and may cause physical and psychological health problems (Whitehead-Pleaux, 2017).

It is both disappointing and unsurprising that all six participants and the researchers themselves have experienced microaggressions directly within the music therapy field, reported in the context of clinical work, education/classroom settings, music therapy conferences, professional work meetings, and everyday conversations. There are several explanations that could be offered here, including existing in a white dominated field in the US with a near 90:10 ratio of white music therapists to non-white music therapists (AMTA, 2021). Additionally, conversations surrounding culture, identity, and race are sparse within the field of music therapy as a whole, and especially in regard to supervisor training.

The researchers acknowledge the history and context of racial microaggressions. Because the majority of participants identified as Asian, the findings were skewed to the TRA experience from an Asian lens. There is another type of microaggression called the "middleman minority notion," which is a "tool that exploits Asian Americans, placing them in a racial bind between Whites and other people of color" (Poon et al, 2015, p. 5). Historically, white folx targeted Asian communities back in the 1960's to promote anti-Blackness and uplift white supremacy (Poon et al., 2015). There is also a false narrative that Asians are not actually considered POC and that they are "whitenized," as participant C called it, when in reality, this is all just a part of the model minority myth to again, promote anti-Blackness and create a greater divide between the two communities.

In order to prevent microaggressive behavior, we must become actively and consciously aware of our own biases, assumptions, and hegemonic norms and ideas. Hadley (2017) urges music therapists to "develop and nurture different habits" that combat our own internalized racism and bias (p. 21). The most well-intentioned people can be and often are perpetrators of microaggressions. What may seem like an innocent question or supportive statement may actually cause much more harm than good, statements such as, "Where are you from?," "Do you want to meet your real parents?," and "I don't know if I will have kids but if not, I can just adopt." When faced with the question "Where are you from?", in the moment, TRA MTs are forced to choose between disclosing personal information with the client or maintaining their own safety and boundaries. When confronted with a student, colleague, or fellow music therapist sharing their experiences with microaggressions, the best way to respond is to "bear witness to them, and if necessary, be moved to action by them" (Hadley, 2017, p. 21). More specifically, it is important to support TRAs by demonstrating belief in and accepting the truth of their experiences.

Domain 3: TRA identity in music therapy

Norris and Hadley (2019) urge music therapy supervisors to engage in conversations on race in music therapy supervision as their ethical duty and obligation. For TRA MTs, the relationship to their own birth culture and ethnic heritage may be complex and precarious. Not all adoptees experience their adoptive identity in the same way. Therefore, music therapy supervisors should educate themselves on the

complexities of adoptive identity and follow the supervisee's lead when discussing race, adoption, and identity. This may include refraining from harmful assumptions, being open and transparent about what they do not know, and staying up to date on trauma informed care and adoptee literature. Unfortunately, the majority of our research participants reported negative experiences with music therapy supervisors surrounding their TRA identity, with several examples of microaggressions, emotional harm, and blatant racism.

There may be a feeling of being outed or unveiled once coworkers, supervisors, and clients discover TRA status. Additionally, sharing TRA status also means sharing adoption background and story, which is a deeply personal and traumatic experience to disclose. TRA MTs may not feel comfortable disclosing these personal experiences and traumas within a professional setting, especially when the reactions of the person on the receiving end are unknown and could be potentially more harmful. In some instances, disclosing TRA status and ethnicity can be beneficial to the therapeutic relationship, especially if the client shares the same identity. In other situations, this type of disclosure can create unsafe and potentially dangerous spaces for the music therapist, for instance, if the TRA MT was adopted from China and the client explicitly blames China for the COVID-19 pandemic.

Silveira (2000) commented on her own experiences of racism in the context of music therapy and the internal conflict:

> I have been subject to untrue assumptions by peers, colleagues and patients. In these situations, I would have to momentarily sit with the inner conflict of wanting to advocate for myself as an individual versus the need to maintain a professional presence (the need to maintain a professional presence always won...always). As a result, I have often wondered whether my response to these situations would have been different had I been briefed, as a student, about the potential for this type of an encounter to occur in my work. (p. 3)

In our experience as researchers and through participants' experiences, this phenomenon appears to be magnified for TRAs because not only do supervisors lack the capacity to brief us on these issues, but our own parents and family members often lack the ability to deal with racism and microaggressions. Some of the participants, as well as the researchers themselves, have been in clinical situations where the client or session triggered their own adoption trauma responses. Some participants described situations where countertransference and specifically feelings of abandonment served as both an asset and a hindrance. At times, the countertransference led participants to foster greater empathy and therefore build stronger therapeutic rapport with clients and families. At other times, the countertransference led participants' objective clinical judgment to be clouded when they were unable to fully process the contents of the countertransference and establish boundaries. Without the proper understanding of adoption trauma and trauma informed care, music therapy supervisors are unequipped to support TRA MTs in these highly emotional and complex clinical situations.

One participant discussed the phenomenon of white professionalism and adhering to white standards in the workplace. They described how this adherence ultimately led them to feelings of inauthenticity and inadequacy. This same notion was mentioned earlier by Perkins (2021) from the lens of a Black queer music therapist. Literature shows that supervisors of color are likely to experience higher risk of negative outcomes when supervising white supervisees, due to higher levels of resistance and being targets of microaggressions (Norris & Hadley, 2019). As a new supervisor herself, Bethany also reflected on these experiences and wrote in her journal about the dynamics of being a young, female, POC, TRA supervisor. In her journal she writes about dealing with imposter syndrome and ways of coping with it and feeling a connection to participants who shared similar thoughts and feelings. Though our experiences were not collected in data collection as researchers, it is relevant to highlight the experience of being a Latinx music therapy supervisor given the lack of ethnic representation in the sample.

The experiences of TRA MTs signify a clear need for more support in the music therapy profession. The authors and participants suggest reframing the music therapy code of ethics to be more supportive to

TRA MTs as well as BIPOC MTs, specifically surrounding therapist safety. Cultural reflexivity should be introduced to music therapy students at the undergraduate level. Music therapy supervisors should be required to uphold specific competencies and trainings regarding cultural reflexivity, cultural humility, and trauma informed care. The participants of this study urge non-TRA MTs to take the time to listen to TRA MTs' stories, seek to understand the basic level of emotional turmoil that TRA MTs face, recognize the heterogeneity of TRA MTs, and refrain from making harmful assumptions.

Utilizing the various identity development models (Penny et al., 2007; Baden & Steward, 2000; Kim, 1981; Poston, 1990) in supervision may be an effective strategy for engaging TRA MTs in conversations surrounding race and adoption in a way that validates and normalizes their lived experience of being transracially adopted. Norris and Hadley (2019) outline several racial identity models including Kim (1981) and Poston (1980) in their book chapter on "engaging race in music therapy supervision" (p. 101). In arts-based supervision, a TRA supervisee may find it beneficial to improvise on the various stages of identity development, gaining a greater self-awareness as to which stage they align with most in that moment. Similarly, the stages of identity development may serve as helpful prompts for songwriting or journaling. Some TRA MTs may be unfamiliar with these stages of identity development, so simply introducing supervisees to these models may be beneficial for their own self-growth and self-awareness.

Limitations

Although IPA as a methodology encourages having a generally heterogeneous sample, we set out to recruit an ethnically diverse sample to broaden and deepen the descriptions of the experiences we were hoping to share. However, despite efforts within personal social networks to also include Black, Latinx, and Indigenous TRA MTs' perspectives, the majority of participants identified as Asian. The researchers believe having a shared TRA MT identity with participants strengthened the quality of the interviews, as it likely facilitated greater rapport and enabled the participants to feel comfortable speaking about their painful experiences. At the same time, there are also some limitations to the researchers having that shared identity. Many of the experiences shared by participants were also felt and experienced by the researchers themselves. The researchers' bias and emotional investment in the data collection process may have influenced the participants' amount of disclosure. While many participants shared their feelings of comfort and validation with having shared identities with the researchers, participants may have also refrained from delving deeper into other topics with the assumption that the researchers had a fuller understanding of their lived experience. To limit the effects of researcher bias, the researchers actively utilized reflexive journaling, supervision with the non-TRA faculty advisor, and peer support. Concerns about the potential of researcher bias influenced a strong reliance on existing literature as a framework for understanding the data in order to confirm that the subjective experiences of the first two authors did not limit the interpretations of the data. This limitation was also mitigated by having the third author, the faculty advisor of the study, audit the interpretation process. The involvement of a researcher who did not hold a TRA identity and had less of a personalized reaction to the data assisted in balancing the interpretation stage of the study.

Clinical Implications

To our knowledge, the present research is the only study to investigate the experiences of transracially adopted music therapists and their complexly unique lived experience. The present research is not intended to be a guidebook or how-to discussion on how to support TRA MTs. Rather, we hope to spark further discussion of adoption, trauma, race, and all its intersections from the perspective of transracially adopted music therapists. The hope is that music therapy educators, supervisors, and organizational leaders will be better prepared in responding to microaggressions related to race and adoption in order to support TRA music therapy trainees. This study can help music therapists recognize and monitor their implicit biases. In

addition, this study is a resource for TRA music therapy clinicians who need support in navigating how to respond when encountering racism and adoption-related microaggressions from clients, colleagues, and supervisors.

All six participants expressed gratitude and validation from being a part of this research. Some participants described how the TRA identity affects both clinical work and outside relationships and the yearning for others to understand on a basic level the emotional turmoil that TRA MTs face. One participant simply wished that non-TRA MTs would take the time to listen more to TRA MTs' stories and experiences. Participant A spoke to the heterogeneity of the TRA experience and urged non-TRAs to refrain from making harmful assumptions:

> What I would want the white music therapy community at large to understand is that what you see and even what you know is probably just part of the whole person and part of the bigger puzzle piece of who we are...You don't get the whole picture just by looking at me or even by knowing me in some capacity...If I could give one takeaway message, it would be don't make assumptions about what you know or don't know about me...don't feel entitled to think you know me or that you know any other TRAs because we're so unique in that aspect of we're not white and we're not the same as our counterparts who are from their home country or who grew up in families belonging to their culture. We have such a unique identity.

Participant A highlighted the rich complexity of the TRA experience and the reverberating effects of existing in a white-dominated society and family. The feelings of not belonging, misunderstood, and never fitting in ring true in this quote and throughout the entirety of this research. We found this process to be a journey of healing, one that connected our lived experiences with those of other TRA MTs, providing the space for every story and every emotion.

CONCLUSION

After interviewing six TRA MTs, the need for increased conversations surrounding adoption, identity, attachment, and trauma within the context of music therapy became quite apparent. The findings indicate areas of growth and increased education within the music therapy profession for further support and awareness of TRA MT experiences. This research is vital to the music therapy field to prevent harm to an entire identity group that has been and continues to be overlooked and dismissed. It is our hope that the music therapy profession commits to listening to TRA voices, acknowledging the trauma surrounding adoption, and actively works to have a greater understanding of the TRA experience.

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APPENDIX A

Recruitment Script

Hello,

My name is Bethany and I am a current music therapy graduate student at Slippery Rock University. I am conducting a research project with my colleague, Candice, to explore the lived experiences of transracially adopted music therapists (TRA MTs). A member of the Slippery Rock University music therapy faculty, Candice Bain, will be overseeing the research project.

To our knowledge, there is no current research on the lived experiences of TRA MTs and how their uniquely complex identities affect the therapeutic process. There is also little to no research surrounding supervision and cultural considerations with TRAs. As TRAs ourselves, we wish to fill the gap in the literature and highlight the experiences of TRA MTs.

We are looking to interview current music therapists who: 1) Hold the MT-BC credential, 2) Identify as a transracial adoptee, and 3) Currently work as a music therapist. Eligible participants must also be 18 years or older. Participants will participate in a remote interview which will take approximately 45-60 minutes. All participants who complete the interview will receive compensation for their time in the form of a VISA gift card.

Please kindly reply to this email if you are interested in participating in this research. Thank you for your time and consideration.

APPENDIX B

Interview Script

Thank you for meeting with us to participate in our graduate research, "The Lived Experiences of Transracially Adopted Music Therapists." Our hope is to fill the gap in the literature and highlight the experiences of transracially adopted music therapists, particularly surrounding clinical work and supervision.

We have a series of interview questions to ask during our time today. The first three questions will determine your eligibility for this research. If you are eligible to participate, you will then be asked an additional twelve questions. The interview audio will be recorded to assist researchers in coding and analyzing the data. All your answers will be confidential, with any identifying data removed.

Eligibility Questions:

1. Are you currently a board-certified music therapist (MT-BC)? **Answer must be yes*
2. Are you currently practicing as a music therapist? **Answer must be yes*
3. Are you a transracial adoptee (TRA)? **Answer must be yes*
    a. *A TRA is an individual who was adopted by parents of a different racial or ethnic group than themselves*

Interview Questions:

1. How long have you been practicing as a board-certified music therapist?
2. Tell me about your current job (*i.e., What kind of setting you work in, who you work with, etc.*)
3. Where were you adopted from?
4. How do you identify ethnically?
5. How do your parents identify ethnically?
6. How does your ethnic identity and birth culture compare to your adoptive family's?
7. How do you feel about your TRA identity?
8. How do your TRA and ethnic identities affect the therapeutic process when working with clients/patients? (*What specific expectations are placed on you in your work due to being a TRA, if any*)
9. How does your TRA identity play a role in clinical supervision, if at all?
10. How do you think other people see you as a TRA?" (*i.e., colleagues, supervisors, clients*)
11. What specific types of microaggressions have you experienced from clients, if any? Co- workers? Clinical supervisors?
    a. *A microaggression is any statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group*
12. Is there anything else you would like to share about your experiences as a TRA MT?