Post-Ableist Music Therapy as an Ideal Mode of Support for Non-Speaking Disabled People Working to Assert Their Right to Agency

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ABSTRACT

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The purpose of this research was to explore how post-ableist music therapy can be used to support non-speaking individuals in asserting their right to agency. A philosophical inquiry methodology was chosen to examine the experiences of non-speaking individuals and to challenge assumptions and unquestioned beliefs within systems that often contribute to the oppression of those they are intended to support. To do this, a review of existing scholarly, grey literature, and activist sources was conducted to critically analyze the assumptions surrounding the capacity for agency, the agency needs of non-speaking individuals, and post-ableist music therapy, examining how its core principles position it as an ideal approach for supporting non-speaking individuals in asserting their right to agency. The literature was organized into a synthesis matrix, coded for common themes, and analyzed in detail within the thesis. Findings suggest that a post-ableist, PAMT-informed music therapy approach can support the agency of non-speaking disabled individuals by reframing agency as relational and collaborative while challenging ableist norms. The discussion highlights findings on communication, lived experiences, and representation, as well as implications for practice, education, research, and social justice.

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Chapter 1. Introduction

"I think people need to stop underestimating us (non-speaking disabled people) because our perspective is as important as everyone else's, we are intelligent and amazing people who deserve the benefits of open communication" (Fireman, 2020).

This quote encapsulates, for me, the experiences many non-speaking disabled people have shared, experiences of being underestimated and of having their perspectives devalued and dismissed. As a previous care aide at a day program working with adults with disabilities, I have observed care and support routines that regularly favour verbal modes of communication, a reality that inevitably produces barriers that work against the agentive communication of wants and needs by non-speaking disabled people. I have personally witnessed staff members who make assumptions about the preferences of non-speaking individuals without consultation, disregard their presence in conversations, treat them as incapable of understanding, speak about them as if they are not there, and speak to them using a higher tone of voice and language that is infantilizing. These patterns of interaction within the care field point to the existence of oppressive approaches to care that dehumanize non-speaking individuals and undermine individual agency. Non-speaking disabled people often report experiences of neglect, exclusion, and denial of the right to participate in decisions about their own feelings, experiences, and health (Bursch, 2023; Inclusion Saskatchewan, 2021; Warren, 2023).

Before I began music therapy pre-professional training, I developed a close bond and friendship with a non-speaking individual who attended the day program where I worked. She was a fierce advocate for her own care and taught me and my coworkers a great deal about advocacy and the experiences of non-speaking disabled people, particularly within healthcare settings.

There were instances where I witnessed people speaking about her in front of her, with no regard for the possibility that she could understand every word. Staff members often spoke to her using an infantilizing tone of voice that sounded like they were speaking to a small child. She also indicated that someone at her care home had taken her photo without her consent, and without any communication about how the photo would be used – an occurrence that deeply upset her.

For Christmas one year, her mother gave her tickets to a concert by her favourite singer and asked if I would accompany her. She was nearing the end of her life, and this event was something she had been eagerly anticipating.

Her group home arranged transportation to the venue. One group home staff member, who attended the concert with us, had previously agreed to drive us home when the concert was over. While we waited for the headlining act to take the stage , the staff member stated that we would need to leave earlier than we had been told was necessary because their shift was ending.

No one spoke to my friend; I was simply told that a decision to stay would mean I had to arrange alternative transportation. Her desire to leave early or to stay for the duration of the concert was never considered. I called her mother, who apologized for the situation and provided contact information for accessible taxi services. In spite of hastily-arranged alternate transportation, the experience was dehumanizing as her wants and needs were altogether not considered.

My friend was not given access to mental health resources as she faced her terminal diagnoses. She expressed that music was an important source of comfort and would often ask to go for long walks around the courtyard with me, pushing her chair, listening to her favourite country songs. I believe she would have greatly benefited from music therapy if she had had access to it. She showed me how people underestimate and fail to attend to the rights and agency of non-speaking folks which has forged my commitment to advocating for the dignity, wants, needs and voice of non-speaking individuals. I miss my friend every day and will continue to honour her memory by pushing for change.

Significance of the Inquiry

There is increased awareness of the need for disability advocacy in music therapy (Baines, 2021; Bruce, 2022; Pickard, 2022; Shaw, 2022), and there is an urgent need to amplify disabled perspectives and dismantle systemic barriers that marginalize non-speaking individuals and limit opportunities for agency (Bursch, 2023). Current music therapy research regarding non-speaking clients tends to emphasize a goal-oriented approach that aims, for example, to focus on 'improving communication skills (Lee and McFerran, 2012; McAfee, 2021). This approach, without a post-ableist and anti-oppressive lens, risks imposing a communication hierarchy that devalues non-speaking forms of expression (Bursch, 2023; Shaw, 2021). Since research concerning non-speaking individuals frequently fails to centre the perspectives of non-speaking disabled people, it can inadvertently lead to the neglect of their expressed wants and needs. The act of excluding these perspectives reproduces the very ableist structures that this research aims to critique. Even when unintentional, such exclusion reinforces ableist paradigms that centre normative preferences for speaking over other modes of communication and sustains the broader societal systems that marginalize and disempower disabled individuals (Baines, 2021; Bursch, 2023; McAfee, 2021; Warren, 2023).

Relevance to Music Therapy

Throughout its history, the discipline of music therapy has frequently reinforced ableist practices, viewing disability as something to be "fixed" (Warren, 2023). The field has been cited as contributing to, or reinforcing, the oppression of disabled individuals, both overtly and covertly. This has been demonstrated through microaggressions and systemic barriers that emerge from its alliance with the medical model of disability (Cameron, 2014; Gross, 2018) which endorses behavioural approaches in music therapy that prioritize "correct behavior, neurotypical behaviour" and exclude disabled voices from research (Warren, 2023, p. 78). Additionally, it has perpetuated ableist educational structures that leave disabled students feeling marginalized (Baines, 2021; Bruce, 2016; Warren, 2023). Thankfully, critical awareness of this difficult history of our profession is increasingly acknowledged (Baines, 2021; Brault, Bruce & Venkatesh, 2025; Bruce, 2016, 2022; Bursch, 2023), alongside its potential to amplify disabled voices when employed as a collaborative process that addresses power differentials, fosters agency, and promotes inclusion (Baines, 2018). For non-speaking individuals, music therapy can offer alternative means of expression, enhancing decision-making, self-advocacy, and control (Gadberry & Harrison, 2016). Music therapists can adapt to various communication methods, such as gestures, vocalizations, and assistive devices, while promoting creativity and agency in an inclusive environment (Bursch, 2023). By offering choices, music therapists can support agency (Wehmeyer, 2020) and facilitate collaboration on critical skills like goal setting, problem-solving, self-regulation, and self-awareness, all key components in asserting one’s right to agency (Wehmeyer, 2005).

Given music therapy’s historical alignment with ableist structures (Baines, 2021; Bursch, 2023; Warren, 2023), a shift towards a post-ableist framework is essential to create a practice that prioritizes social justice, collaboration, reflexivity and accountability (Shaw, 2022). Post-ableism prioritizes addressing power dynamics and systemic oppression over mere individual empowerment, fostering inclusive environments that confront physical barriers and systemic ableism (Shaw, 2022). By centring disabled experiences, post-ableism empowers individuals to shape relevant policies, promoting a more just and inclusive society (Shaw, 2022). For this reason, a post-ableist approach in equity-focused music therapy research and practice is a necessity.

Purpose Statement

This research aimed to articulate an argument for music therapy as a vital source of support for non-speaking disabled people who want to assert their right to agency.

Research Questions

Primary Research Question

Why is Post-Ableist Music Therapy an ideal theoretical framework for Certified Music Therapists working to support non-speaking disabled adults to communicate their wants and needs as a key step towards claiming their right to agency?

Subsidiary Research Questions

1. How do non-speaking disabled individuals describe their experiences and capacity to express their wants and needs in publications that include grey literature and activist sources?
2. How are the communication capacities and needs of non-speaking disabled individuals represented in current music therapy literature?
3. What is post-ableist music therapy, and how can its four pillars be mobilized by Certified Music Therapists to facilitate communication of wants and needs among non-speaking disabled individuals, as part of the process to claim their right to agency?

Definitions of key terms

Activist Sources: Activist sources, in the context of this thesis, are primary accounts from non-speaking individuals who document their lived experiences and advocate for change within a society that marginalizes them. The inclusion of activist sources prioritizes research that is helpful and enabling rather than harmful and disabling (Catala, 2025). These sources offer valuable personal and/or emotional perspectives, serving as firsthand testimony or direct evidence related to the non-speaking experience (Brown, 2023).

Agency: Scholars conceptualize agency not merely as individual autonomy or the capacity for independent action, but as a situated, relational, and often collective process of acting on one's own behalf within specific social, environmental, and material conditions (Berger, 2008). Within Post-Ableist Music Therapy (PAMT), agency is reframed through an ethic of interdependence, recognizing that a person's capacity to act is inextricably shaped by relationships with other humans, technologies, and non-human networks (Shaw, 2022). Agency is also expressed in everyday activities when individuals are afforded respect for, and recognition of, their own voices, perspectives, and lived knowledge (McAfee, 2021).

Certified Music Therapists: Those who have completed the certification process which involves completing, at minimum, a bachelor degree in Music Therapy at a Canadian Association of Music Therapists (CAMT)-recognized institution, a 1000 hour clinical internship under the supervision of a CAMT MTA supervisor, passed the Certification Board for Music Therapists certification exam, and signed the Statement of Adherence to the CAMT Code of Ethics and Standards of Practice (CAMT, 2020).

Communication Within the Non-Speaking Community: Communication, within the non-speaking community is a dynamic and multifaceted process by which information, intentions, emotions, and needs are exchanged through a shared system of symbols, signs, behaviorus, or embodied expressions. This includes the ability to receive, send, process, and comprehend messages via verbal, nonverbal, and graphic symbol systems (e.g., AAC), and encompasses not only content but also the emotional and relational dimensions of interaction. A valid definition must recognize the diverse and individualized ways in which communication is enacted beyond spoken language (Bursch, 2023).

Grey Literature: Refers to information produced by governments, academia, businesses, or industry that is not controlled by commercial publishers and where publishing is not the primary purpose of the producing body. Examples include conference proceedings, theses, pre-prints, white papers, blogs, policy documents, and institutional or government reports (Lawrence et al., 2015).

Music Therapy: The use of music to address communicative, physical, emotional, social, and cognitive needs, facilitated by certified therapists to promote well-being (Gadberry & Harrison, 2016).

Non-Speaking disabled individual: A non-speaking person is someone who may not articulate words but can often understand spoken language and communicate through alternative methods (Bursch, 2023). Their experience is also shaped by a complex interplay of societal barriers, attitudes, and exclusionary practices that restrict participation. It is these external factors, not a person's abilities, that ultimately disable individuals (Pickard, 2022).

Post-Ableist Music Therapy (PAMT): PAMT is an ongoing process that seeks to work with a person and community to provide an environment and experience that is less disabling through addressing ableist barriers, exploring connections, and providing new and less restrictive spaces through primarily musical or music-related experiences (Shaw, 2022).

Scholarly literature: Sources written by experts in a field using technical and academic language, typically written for other experts. These sources are also known as academic sources, peer-reviewed sources, or refereed sources. They are usually research articles published in scholarly journals and book chapters (in print or electronically) (Lim, 2025).

Chapters Summary

This philosophical inquiry is organized into six chapters. The first chapter establishes the significance of and need for the research, articulates a statement of purpose, identifies the primary and subsidiary research questions, and defines the key terms related to the research questions. Chapter two outlines the philosophical inquiry research methodology. More specifically, this chapter explains the research design, data collection and analysis procedures, and the ethical considerations related to this research project. Chapter three analyzes the negative assumptions about, and their impact upon, non-speaking disabled individuals. Chapter four discusses ableism present in music therapy contexts. Chapter five defines the four pillars of post-ableist music therapy and explains how they can be mobilized to support Certified Music Therapists who are working with non-speaking disabled individuals to communicate their wants and needs. Chapter six discusses the findings, the researcher's assumptions, limitations and potential implications of this research.

Chapter 2. Methodology

Research Design

Philosophical inquiry is a research methodology that enables critical examination of assumptions about human life and the world (Byers, 2012). It employs critical analysis, reflection, and the creation of new understanding to challenge assumptions, clarify concepts and theories, develop novel perspectives, and guide ethical decision-making (Byers, 2012). By encouraging independent thinking rather than unquestioning acceptance of established authorities, philosophical inquiry serves as an ideal research framework for my thesis. The core principles of post-ableist music therapy focus on dismantling oppressive systems, in order to create a less disabling environment, an approach that is, regrettably, not yet widely discussed within the field of music therapy (Byers, 2012; Stige & Strand, 2016). Through this philosophical inquiry, I will explore the emerging framework of post-ableist music therapy in order to critically examine the assumptions about and treatment of non-speaking disabled people represented in the literature.

Materials

I compiled scholarly and grey literature using an Excel spreadsheet. A password protected personal laptop was used to store this data. Zotero was used to organize and manage sources and citations, and I utilized an external USB hard drive to back up my findings.

Delimitations

The philosophical inquiry was delimited to only English sources, and the timeframe of sources was delimited to 2000 – 2025 and the experiences of non-speaking individuals in order to remain within the scope of a master's thesis and make sure that the research had more inclusive perspectives that centered non-speaking disabled experiences.

Data Collection Procedures

As this philosophical inquiry did not involve participants, all data were drawn from literature, including scholarly and grey sources centering non-speaking lived experiences and allied perspectives. Sources included journal articles, scholarly books and chapters, theses and dissertations, as well as blogs and websites featuring first-person accounts. Literature was selected if it centered non-speaking perspectives, engaged with post-ableist or anti-oppressive frameworks, or addressed the history of ableism. Searches were conducted using Google Scholar and Sophia (Concordia's on line Discovery Tool), along with advocacy organizations such as Inclusion Saskatoon, Inclusion Canada, and People First of Canada.

Key journals, including Voices: A World Forum for Music Therapy, Music Therapy Perspectives, Journal of Music Therapy, Disability & Society, and Journal of Disability and Social Justice, were selected for their alignment with critical disability studies and relevance to music therapy discourse. First-person accounts were prioritized to center lived experience as valid knowledge and challenge its historical exclusion from academic literature. Search terms such as post-ableist music therapy, non-speaking, non-verbal, agency, self-determination, autonomy, and ableism were used in combination to identify relevant sources.

Data Analysis Procedures

Once the literature sources were gathered, they were compiled in a spreadsheet using the following strategies. The data collected were organized in an Excel spreadsheet within the following categories: author, year, document type, notes, quotes, key ideas, and key terms with first voice sources and allied authors who write within an anti-oppressive and social justice framework clearly identified within specific columns. This spreadsheet functioned as a synthesis matrix which is defined as a chart that allows a researcher to sort and categorize the different arguments presented on an issue (Ingram, Hussey, Tigani, & Hemmelgarn, 2006). This synthesis matrix was utilized, then, to obtain a full picture of the literature on my topic, to summarize the key findings, and to articulate reoccurring themes (Efron & Ravid, 2019).

Ethical Considerations:

Critical ethical considerations guided this research process. As a speaking researcher, my role involved compiling and amplifying non-speaking perspectives in response to their underrepresentation in academic literature. It was essential to ensure that my voice did not dominate or overshadow lived experience, but instead supported the centering of non-speaking voices. I remained mindful of my own biases and potential ableism throughout the research process, from source selection to analysis and writing. This included valuing non-academic and allied sources, where diverse perspectives are often more accessible, and acknowledging broader barriers to participation in higher education for individuals with disabilities. This research is grounded in a commitment to amplifying non-speaking perspectives, challenging systemic oppression, and promoting greater equity and inclusion.

Chapter 3. Presumed Incompetence and Its Impact on Agency

"They assume we are non-thinking just because we are non-speaking. You can't imagine how frustrating that is to deal with" (Becker, 2017).

This chapter explores how scholarly literature, grey literature, and activist sources describe the assumptions commonly made about the comprehension and decision-making abilities and, therefore, the agency capacity of, non-speaking disabled individuals. It begins with a contextual overview of Canada's history of institutionalization that will highlight how systemic assumptions about non-speaking people have justified control, erasure, and abuse. It will then explicate how these assumptions have generated presumed incompetence in education. Then, it examines presumptions of incompetence in care contexts.

Canada's History of Institutionalization and the Denial of Agency

Canada's disability support systems have served as key mechanisms for denying individual agency and were, according to disabled activists and scholars, historically grounded in eugenic ideology. Eugenicists portrayed people with intellectual disabilities as societal threats, promoting segregation and forced sterilization (McConnell & Phelan, 2022). The Sexual Sterilization Act of Alberta, in effect until 1973, aimed to prevent the "multiplication of the evil by transmission of the disability to progeny." (SA 1928, c 37 | The Sexual Sterilization Act, 1928). Such thinking reinforced binaries of "normal" and "abnormal" as tools of population control (St. Pierre, 2022).

In the Canadian disability support context, institutions are defined as places where individuals labelled as having intellectual disabilities are isolated and denied control over their daily lives (Inclusion Canada, 2021). These systems are described as mechanisms of confinement and segregation that view disabled people as "oppositional to nation-building" (Linton, 2021). Since 1836, such institutions have operated as sites of control, using processes like labelling and normalization to justify the exclusion of disabled people from society (Ben-Moshe et al., 2014). Many factors contribute to the forced institutionalization of disabled individuals including, eugenic beliefs, inadequate support for affordable or accessible housing, expensive pharmaceuticals and assistive devices, and a lack of public home care (Linton, 2021).

Neglect has been widely documented in these institutional settings where the needs and wants of non-speaking individuals are often dismissed because they are assumed to be unable to communicate. This assumption results in the denial of individual agency and significantly increased vulnerability to mistreatment and abuse (Bursch, 2023). Within institutions, decisions are frequently made without the individual’s consent, further depriving them of their rights, and this issue is even more prevalent for non-speaking individuals. Bursch (2023) observes that within institutions, “the staff would often take advantage of the patient's inability to speak up, or assume that their receptive capabilities were limited, and make choices that did not line up with the clients’ wishes or without their consent” (p. 22). Such actions often stem from ignorance, or, more disturbingly, from the convenience associated with not having to make the effort to engage with the client's preferred communication method (Bursch, 2023).

Asylums predated, and eventually evolved into, the systems of institutionalization that maintained the afore-mentioned methods of control (Linton, 2021). The first asylum, built in Toronto in 1844, housed individuals with disabilities under dehumanizing conditions, without clothing, beds, baths, bathrooms, or ventilation (Linton, 2021). Survivors recall these environments as overcrowded and degrading. As Joe Clayton, an Ontario survivor of the Rideau Regional Center reflected: Nobody wanted us in the society. That’s what we felt. Nobody wanted us, so they locked us up” (Module One - Truths of Institutionalization, n.d.). As Canadian society has evolved, efforts toward deinstitutionalization have intensified with closure of large state-run institutions for disabled people (David, 2025). A notable milestone came in 2019 with the closure of Valley View Centre in Saskatchewan, which Inclusion Canada highlighted as “a historic step forward” that enabled former residents to live fulfilling lives in their chosen communities (Inclusion Canada, 2019).

Although the deinstitutionalization movement succeeded in closing most large state-run institutions, it is widely considered to have fallen short, as it replaced them with a “complex web” of smaller, often privatized settings that reproduce institutional conditions (David, 2025; Linton, 2021). Linton observes that “large-scale institutions for disabled people in Ontario were never closed; they were privatized,” with these systems continuing to perpetuate segregation and the “warehousing” of individuals despite the decline of state-run facilities (p. 10). The closure of large state-run institutions was accompanied by a promise of inclusive community living for people with disabilities. Unfortunately, that promise has not been fulfilled, resulting in over 2,900 individuals labeled with intellectual and developmental disabilities being forced to live in long-term care facilities (Linton, 2021). David (2025) echoes this by highlighting that many individuals with disabilities now face inadequate community-based supports or are pushed into a fragmented patchwork of increasingly privatized, for-profit long-term care homes, group homes, and psychiatric facilities (p. 2277)

A prime example of the legacy of institutions functioning to strip individuals of their agency is Vicky Levack, an activist from Nova Scotia with Cerebral Palsy. Though Vicky is a speaking individual, her story sheds light on the restrictive and dehumanizing conditions those with disabilities living in institutionalized care experience. At 21 years of age, she was told by the government of Nova Scotia that her needs were too “complex” for social assistance and in-home care services, and because of this, she was forced to move into a long-term care facility (Jean, 2022). Levack’s situation is not unique. In fact, she is one of 13,580 individuals under the age of 65, including 230 children, who reside in one of the 2,000 long-term care facilities in Canada (Jean, 2022). People with disabilities are often told that their needs are "too complex" to live independently, but Linton (2021) argues this isn’t accurate. Instead, she believes the real issue is that provincial governments are unwilling to invest in the support services required for the care of people with disabilities (Linton, 2021).

In these environments, their freedom is severely constrained, with everything from their schedule to their meals decided for them (Jean, 2022). Levack expressed her frustration with these conditions, describing them as patronizing (Jean, 2022).

Institutional frameworks function as sites for control rather than places where individuals can live with agency. They presume incompetence and marginalize individuals. Institutionalization in Canada has stripped disabled people of their rights and dignity while promoting the erroneous belief that they are incapable of making decisions about their care (Bursch, 2023). The neglect that institutionalized disabled people experience to this day diminishes the dignity and humanity of individuals with disabilities by portraying them as less deserving of respect, less capable of meaningful participation, and inherently less valuable than others, which puts the lives of non-speaking individuals in danger (Dolmage et al., 2022). Assumptions about competence, incompetence, and quality of life have critical connections to Canada’s history of institutionalizing disabled people, many of whom were non-speaking.

Presumed Incompetence in Education

The ableist perspectives that drive core beliefs about non-speaking disabled people have strong roots in education assumptions and practices; and they arguably contribute to the limited agency afforded to non-speaking disabled people. Within Canada, the right to inclusive and meaningful education for all students is theoretically protected by law (Inclusive education Canada, n.d). Yet, the literature makes clear that "no country has yet succeeded in constructing a school system that lives up to the ideals and intentions of inclusion… Placement seems to be the most frequent criterion of inclusive education, to avoid segregation. The quality of teaching and learning processes in inclusive education has lower priority" (Haug, 2017, p. 206). Many teacher-training programs also continue to rely on a broad, medical model of disability rather than focusing on person-centred experiences of individual learners (Rivas, 2025).

Ableist assumptions within the education of teachers directly impact the education of disabled people, and they further reinforce the gaps that minimize opportunities for agency. Such assumptions value abilities associated with dominant views of "normalcy", such as speech, and devalue those that fall outside them (Shaw, 2022; Wolbring, 2008). For non-speaking individuals, relying on communication methods other than speech is often misread as a sign of limited awareness or intelligence (Biklen & Burke, 2006). These beliefs influence everyday practices in schools and can restrict students' agency and participation. Jordy Zimmerman, a non-speaking individual, echoes this phenomenon, describing how people's assumptions about her intellectual capacity resulted in a denial of her personhood:

"People talked about me like I couldn't understand them. And even like I didn't exist. I was easily controlled and manipulated by adults, restrained and secluded, and made to complete repetitive tasks with the belief that I didn't understand them or my surroundings." (Zimmerman, as quoted in Luterman, 2023. para, 7). Zimmerman further explicates her experience before she had access to an AAC device. As she recalls, "Without any way to show my language, I remained segregated, often in a room completely by myself…It took years of advocacy for me to receive the appropriate communication support" (Zimmerman, as quoted in Luterman, 2023, para, 9). Burke similarly reflects on understanding far more than he could express during his early schooling, yet his communication difficulties shaped others' perceptions of his intelligence and potential (Biklen & Burke, 2006).

The current education system, as it is structured, works against the success of non-speaking individuals. Many classrooms emphasize homogeneous learning and fail to provide appropriate accommodations for those who communicate differently (Calderón Almendros & Habegger-Lardoeyt, 2017). There is also insufficient support for teachers who are often expected to take on multiple roles, including aide, nurse, counsellor, parent, and therapist, while managing large classes and adapting learning materials (Dabrowski et al. 2025; Mukhopadhyay & Nwaogu, 2009). Teachers describe feeling underprepared to support non-speaking students, citing limited training and a lack of familiarity with augmentative and alternative communication (AAC; Da Fonte et al., 2022; Mukhopadhyay & Nwaogu, 2009).

This lack of understanding, combined with assumptions about cognitive abilities, leads to lower academic expectations. As a result, perspectives of students with disabilities become further isolated and marginalized within educational settings. Additionally, they arguably feed broader narratives about lack of capacity to participate in life decision-making (Calderón Almendros & Habegger-Lardoeyt, 2017).

Presumptions of Incompetence in Care Contexts

Within care-contexts, assumptions of incompetence are also common; and, they often lead medical teams, and even family members, to ignore the perspectives of and presume diminished quality of life for non-speaking disabled people. These are actions that have dehumanizing and life-limiting consequences (Bursch, 2023; Coleman, 2016; Noorlandt et al., 2023).

People who are non-speaking are typically perceived as passive recipients of care rather than active participants in decisions about their health and well-being (Bursch, 2023). Assumptions about limited capacity can create a cycle that constrains agency regarding their medical care and other important life decisions and ultimately their well-being (Inclusion Saskatchewan, 2021; Wehmeyer, 2020). Non-speaking individuals and activists have outlined the dehumanization that occurs when caregivers or parents are treated as the primary communicators, even when the patient is present and able to express themselves through alternative means (Becker, 2017; Bursch, 2023; Nicolaidis et al., 2015; i-ASC, n.d., "Communication Equity; Luterman, 2023). As Donnie TC Denome reflects, “A lot of doctors will not engage directly with you if you bring a support person/need an interpreter/have someone else in the room. How are we supposed to engage directly with doctors who do not see us as actual people to have conversations with?"(i-ASC, n.d., "Communication Equity," para. 2) Jordy Zimmerman, another non-speaking individual, shares this frustration: "Even when support people push for doctors to ask me questions, there is an unwillingness to do so... They will ask me a question to appease my parents for a minute, but not actually take my thoughts into account as they make a medical plan" (i-ASC, n.d., "Communication Equity," para. 2).

Carly Pfister, another non-speaking individual, recounts being unnecessarily restrained and sedated in a healthcare setting because medical staff failed to communicate both with her and among themselves: "I ended up getting restrained and sedated... Doctors do not communicate with staff, no one reads charts, and I could not get my communication device. They withheld it" (i-ASC, n.d., "Communication Equity," para. 2). In this instance, not only was there a complete lack of effort to communicate directly with Carly, but the staff also failed to ensure access to her communication device, her primary means of self-advocacy. The lack of communication or attempts to communicate with non-speaking individuals is directly dehumanizing and, importantly, puts their lives at risk.

A related and equally harmful belief is that disabled people experience a diminished quality of life because of their impairments, a reductionist view that poses significant risks to their safety, agency and their lives. Stories, told in both academic and activist texts, about the murder of Tracy Latimer illustrates the dangers inherent in such assumptions. Tracy, a 12-year-old non-speaking girl with cerebral palsy, was killed by her father, Robert Latimer, in 1993 (Janz, 2009). Latimer and many of his supporters justified his actions by characterizing the killing as an act of "mercy," claiming he sought to relieve her suffering and preserve her dignity. “Robert Latimer’s actions and subsequent campaign for clemency were similarly nested in the fertile soil of a media primed and ready for heart-wrenching stories about disabled existence falling short of the threshold for life worth living” (Frazee, 2024, p. 13).

This narrative, however, stands in stark contrast to medical assessments and research on Tracy's condition (Janz, 2009). The Council of Canadians with Disabilities has documented how media coverage of the case reproduced systemic biases by implicitly endorsing the view that a disabled life is inherently less valuable" (Sobsey, 2013). The term mercy appeared frequently in descriptions of Latimer's actions, while the word murder was notably absent. Media portrayals focused almost exclusively on Tracy's impairments, contributing to her depersonalization and minimizing the significance of the crime. Reports routinely used language such as "suffered from," "tragedy," and "afflicted with," and some articles saturated descriptions with painful imagery (Sobsey, 2013). Sobsey (2013) argues that “Tracy Latimer was often described as being too disabled to "request to die". This is absolutely correct, but it would have been equally correct to say that she was too disabled to beg her father not to kill her. The choice of the former over the latter is a reflection of media bias. It implies that she would have requested this if she had the opportunity" (para, 8).

Sobsey (2013) further observes that media accounts commonly omitted critical facts: Tracy had recently spent nearly three months in respite care, and she was enrolled in a school program shortly before her death. There were testimonies from teachers, therapists, and paid caregivers, members of the community of which Tracy was a part, who saw her as a happy child who engaged with others and enjoyed her life (Janz, 2009). These omissions undermine the claim that she was fully incapacitated or represented an unbearable burden to her parents.
Michalko (2002) argues that decisions about who is considered worthy of life or death are shaped by broader social beliefs about how life ought to be lived and what constitutes a life of value. Ruth Enns (1999), quoted in Michalko (2002), raises a pressing question: if clear evidence of murder can be overshadowed by assumptions rooted in the victim's disability, shaping the perceptions of the media, the public, and even legal institutions, where can disabled people turn for protection and justice?

Some analyses point to the need for more substantial support for families in rural settings, noting that such resources might have fostered a more accurate view of Tracy's potential and well-being (Faulder, 1994, as cited in Sobsey, 2013). The courts emphasized that public education and awareness are critical to challenging harmful perceptions of disability and promoting the equal value of all lives (Heaven, 2001). Ultimately, both Robert Latimer's actions and the media's portrayal of the case were shaped by a dangerous and reductive belief that a life with significant disabilities lacks dignity (Frazee, 2024; Janz, 2009). Robert Latimer was given a life sentence for second degree murder which was upheld by the supreme court on January 18th 2001 (Frazee, 2024). Tracy was a non-speaking child whose agency was systematically denied. Assumptions were made regarding her quality of life, with no meaningful efforts undertaken to communicate healthcare decisions with her. Tracy did not consent to her father's actions, and framing her death as "assisted suicide" or an act of "mercy" reveals the brutality and dangers of ableist systems that routinely exclude non-speaking individuals from decisions concerning their own care, lives, and agency (Janz, 2009). As Sobsey (2013) describes Assuming consent, especially consent to have a criminal offense committed against an individual, is dangerous and unacceptable (para, 8).

Across institutional, educational, healthcare, and public contexts, the presumption of incompetence continues to strip non-speaking disabled individuals of agency, dignity, and safety. These assumptions, rooted in Canada's institutional history and reinforced through everyday education, care, and journalistic practices, position non-speaking people as objects of care rather than active decision-makers. To challenge this entrenched ableism, it is essential to reject narratives that equate non-speaking with non-thinking and instead recognize non-speaking individuals as knowledgeable agents whose communication and autonomy deserve respect. To prevent further dehumanization and constraints on agency, the experiences and perspectives of non-speaking disabled individuals must be meaningfully included in educational, healthcare, and music therapy settings.

As TuttleTurtle asserts, "I am a person. My disabilities do not make me subhuman… I need to have my own reality taken into account. I am a person. I am an adult. I can make my own decisions" (i-ASC, n.d.).

Chapter 4 Ableism and Music Therapy: Centering Disability and Lived Experience

A review of the music therapy literature that is written by, or that centres disabled voices and critical disability theorizing reveals the presence of ableism in various music therapy contexts, including the workplace, professional interactions, preprofessional training, and numerous music therapy discourses (Shaw, 2019). This chapter examines how scholarly and grey literature by disabled and allied music therapists describe the ways music therapy has perpetuated ableist harms through its reliance on the medical model, binary thinking (Pickard, 2022; Rolvsjord, 2014; Shaw, 2022), normalizing methodologies (Warren, 2023) , and the underrepresentation of non-speaking perspectives in academic discourse (Kroeker, 2023). While it is never the intention of music therapists to cause harm (CAMT Code of Ethics, 2022), Gross (2018) reminds us that unintentional oppression still constitutes oppression. We must ensure, therefore, that our good intentions as therapists do not shield us from recognizing our complicity with oppressive structures that can cause harm.

Music Therapy, The Medical Model, and the Potential for Ableist Harm

Music therapy has long supported diverse individuals across contexts, but it has also been shaped by histories of medicalization and normalization. Emerging disabled voices have critiqued the field's alignment with the medical model of disability, highlighting how ableist beliefs that prioritize rehabilitation and cure can cause harm. This approach reinforces hierarchies that privilege speech over other forms of communication and promotes behavior modification practices aimed at controlling or "fixing" individuals (Bursch, 2023; Metell, 2014; Shaw, 2022; Umeda, 2024). Disabled and allied perspectives in the literature point to the potential for more liberatory approaches; however, these voices remain limited and marginalized within evidence-based practice (Baines, 2012; Bursch, 2023; Kroeker, 2023; Metell, 2014; Shaw, 2022; Umeda, 2024). Kroeker (2023) highlights the harm that occurs when disabled voices are excluded from discussions that affect their lives, advocating for the inclusion of autistic perspectives in music therapy. She further critiques the dominance of verbal communication in therapeutic contexts, noting that its prioritization marginalizes other forms of expression and reinforces ableist hierarchies. These dynamics shape how individuals are perceived and engaged, often resulting in inappropriate interventions and diminished trust in care providers (Kroeker, 2023).

Many disabled scholars argue that our continued reliance on the medical model is rooted in the pervasive unrecognized presence of ableist beliefs and practices (Bruce, 2022; Lubert, 2011;

Metell, 2014; Miyake, 2014; Rickson, 2014; Straus, 2011; Umeda, 2024). They have further described music therapy as a “normalizing enterprise,” where therapeutic goals are framed through a medicalized lens that seeks to correct or control disability (Fava et al., 2011). Ableist beliefs and practices refer to a pervasive system of norms and assumptions that privilege an idealised standard of bodily and cognitive “wholeness” as fully human, while positioning disability as deviation or deficiency. Rather than consisting solely of negative attitudes toward disabled people, ableism operates through deeper cultural logics that value perfection, normalcy, and completeness, framing disabled bodies and minds as incomplete or less legitimate (Campbell, 2009; Campbell, 2014; Garland-Thomson, 1997). Much of the literature that music therapists use to support their work with disabled people relies upon a medicalized definition of disability that highlights deficit and impairment, and it frames disability as something to be cured or rehabilitated (Mackelprang & Metell, 2014; Salsgiver, 2016; Umeda, 2025). This medicalized definition also positions individuals as responsible for overcoming their perceived deficits in order to emulate society's narrow definition of "normal" (Metell, 2014; Rickson, 2014; Shaw, 2022; Umeda, 2025). Metell (2014) highlights the highly medicalized terminology that is so often used in music therapy research and practice and articulates important connections between the use of this language and the struggle that music therapists face with respect to gaining professional legitimization within medical contexts. Outcome-based approaches are often adopted, according to Metell (2014), because they align with medicalized thinking about disability which effectively supports efforts to secure funding that requires demonstrated evidence of the efficacy of music therapy. This approach risks undermining contemporary claims to social justice values by prioritizing professional advocacy over the stated justice-focused aims of disabled people themselves. Kroeker (2023) urges music therapists to confront the legacy of harm caused by these pathologizing disability paradigms and to critically assess the ongoing impact of ableism in present-day therapeutic work. Warren (2023) similarly calls on music therapists to critically examine how medical model–based practices perpetuate ableism, take accountability for their biases, and pursue systemic change to reduce barriers.

Binary Thinking in Music Therapy

Binaries separate and hierarchize concepts like ability/disability, normal/abnormal, or majority/minority and become ingrained in the broader power structures that shape therapeutic expectations (Miyake, 2014). Binary thinking is a key ableist mechanism that has historically been used to categorize, manage, and control individuals (St. Pierre, 2015; Tremain, 2001). It is embedded in many of the theoretical orientations that shape music therapy practice, including behaviourism, psychoanalysis, and humanism (McFerran, 2021). Behaviourism, for example, takes up and enforces binaries such as normal/abnormal and compliance/non-compliance (McAfee, 2021). Psychoanalytic approaches reinforce an expert/client divide (Ansdell, 2002), while humanistic frameworks often emphasize independence over interdependence (Shaw, 2022). Binaries, such as ability/disability or speaking/non-speaking, are present within the field of music therapy. They are inherently hierarchical and establish one side of the binary as good or desirable and the other as bad or undesirable (Titchkosky, 2007). The field of music therapy, according to some disabled and allied scholars, is rooted in theoretical traditions that rely on the kind of binary thinking that continues to generate ableist, colonial, and heteronormative harm (Campbell, 2008; McFerran, 2021; Miyake, 2014; Pickard, 2022; Shaw, 2022). Tremain (2001) defines binary thinking, or dichotomous thinking, as a power-laden process that is hierarchical and that asymmetrically relates two states to one another. The establishment of binaries, or binary relationships, involves the creation of standards or norms that define what is acceptable and what is not. "Anything (person, object, or state of affairs) that threatens to undermine the stable existence of the former term, or to reveal its artifactual character (and hence the artifactual character of the opposition itself) must be obscured, excluded, or nullified" (Tremain, 2001, p. 625).

Some scholars have highlighted the therapeutic relationship in music therapy as a space where binaries that reinforce power imbalances exist. Miyake, (2014) connects Foucault's concept of bio-politics, which relies on binary thinking, to the mechanisms of power that regulate therapeutic relationships in the field of music therapy. Bio-power is a style of government grounded in all aspects of life, prioritizing the discipline of the body and the management of the population (Foucault, 1990 as cited in Miyake, 2014). The dichotomies of fluency/dysfluency and abled/disabled function as political mechanisms for hierarchy and control over communicative subjects (St. Pierre, 2022). This form of management is arguably deeply embedded in music therapy practice through its emphasis on normalization and its framing of therapeutic success as progress toward independence, emotional regulation, and communicative competence, goals that are likewise prioritized within medical, psychological, and educational systems. As with Foucault's concepts, these frameworks often reflect able-bodied, neurotypical ideals (Shaw, 2019).

The binary hierarchy inherent in communication preferences can be seen in the presence of *normative* expectations that position spoken communication as the preferred goal, or outcome, within some approaches to music therapy practice. Verbal communication is normalized, and therefore positioned as the most desirable, form of communication; and it is often understood to be oppositional to non-verbal communication used by non-speaking individuals. In fact, verbal communication is frequently privileged in clinical and educational settings, a reality that marginalizes individuals who are non-speaking but also perfectly capable of communication (Kroeker, 2023). "Expectations for verbal communication constitute a dominant norm' and "In most medical and therapeutic interactions, verbal communication is prioritized, creating barriers to authentic client-directed communication in various other formats" (Kroeker, 2023, p.27)

Unfortunately, hierarchical binaries have contributed to the positioning of non-speaking individuals as incompetent communicators. The binary construction of verbal/non-verbal reinforces limiting perceptions of communication competence. Activists have resoundingly criticized the use of non-verbal cues as an orienting approach to engagement because of the implication that non-verbal signals incompetence. "I spell non-speaking because non-verbal means 'without words' in Latin. I have a lot to voice via spelling on a letterboard" (Saunders, 2024, para. 15). Corrina Riggs, a Speech Language Pathologist (SLP) further affirms this analysis "The general population equates nonverbal to not having or receptively understanding language…Semantically speaking, the word nonverbal means without words, and there's pushback to say that nonspeaking individuals have words, but they cannot speak them" (Corrina Riggs, as quoted in As the Expert, 2021). Following Titchkosky's (p. 210) assertion that disability extends beyond being "not-abled" or "not-normal," non-speakers must be recognized as agentic individuals rather than reduced to "non-verbal" and presumed incapable of communication.

Behavioural Approaches and Individual Agency

The medical model of disability and the related hierarchical binaries that establish disabled ways of being and disabled modes of communication as less than, or as deficits to be remediated or cured, have given rise to intervention approaches that explicitly seek to normalize disabled people. Applied Behaviour Analysis (ABA) is one such approach, and it has been widely criticized as an intervention that devalues disabled, and specifically autistic, ways of being and that denies already-existing agentive capacity in autistic people (Davis, 2022; He et al., 2024; Lim & Draper, 2011; Warren, 2023). ABA, as one of the more extreme remedial interventions, has been criticized by many autistic individuals and their parents for its dehumanizing compliance-based interventions that neither acknowledge nor respect individual boundaries and that fail to develop or support individual agency. ABA is a practice defined by the Behaviour Analyst Certification Board (Jonkman et al., 2025) that claims to improve the human condition through behaviour change, and it was initially developed as a method to *treat* autism. It is a practice widely denounced by autistic communities for its coercive, compliance-based methods and historical emphasis on dehumanization and *normalization*. Ivar Lovaas, the founder of ABA, described the practice as reconstructing a person (Anderson, 2022).

"You have a person in the physical sense—they have hair, a nose and a mouth—but they are not people in the psychological sense. One way to look at the job of helping autistic kids is to see it as a matter of constructing a person. You have the raw materials, but you have to build the person" (Lovaas, as cited in Anderson, 2022, p.738)

Autistic advocates have long critiqued ABA for undermining agency and self-determination (Anderson, 2023). Reward systems within ABA, often disguised as positive reinforcement, serve as mechanisms of control that strip individuals of agency. One participant reflected, "I was not really in control of my life… it was just horrible… I see it as abuse" (Bryan, quoted in Anderson, 2022). Similarly, in Jonkman et al.'s (2025) study on experiences with ABA therapies, a parent of a non-speaking child with autism expressed concern that non-speaking individuals undergoing ABA were not having their boundaries respected or even acknowledged. This highlights understandable concerns about the agency of non-speaking individuals undergoing ABA therapies. Sandoval-Norton et al. (2019) analyzed the long-term impacts of ABA therapies and its potential abuses through a literature review and theoretical analysis. They found that a large portion of the research on the efficacy of ABA excludes the perspectives of non-speaking individuals who tend to receive a longer period of ABA services. From the research that is available, there is an emphasis on ABA enforcing compliance, low intrinsic motivation, and a lack of independent functioning within non-speaking individuals, which is in opposition to the presumed goal of ABA therapies (Wilson, Beamish, Hay, & Attwood, 2014; Sandoval-Norton et al., 2019). Sandoval-Norton et al (2019) highlight the observed impacts from literature of ABA such as "Compliance, learned helplessness, food/reward obsessed, magnified vulnerabilities to sexual and physical abuse, low self-esteem, decreased intrinsic motivation, robbed confidence, inhibited interpersonal skills, isolation, anxiety, suppressed autonomy, prompt dependency, adult reliance, etc.," on a population who is either not asked or ignored when defending themselves (Sandoval-Norton et al., 2019, p.6).

Music Therapy and ABA Endorsement

While neurodiversity-affirming approaches in music therapy have great potential and have been observed to provide identity-affirming support, concerns have been identified that behavioural approaches are modeled, and therefore perpetuated, in a number of music therapy pre-professional training programs. A recent examination of ableism in music therapy education highlights the potential complicity of music therapy training programs with the harmful regime of ABA. Music therapy has the potential to resist the framing of the ABA model if guided by the Neurodiversity Paradigm and critical disability studies, which centre acceptance, identity, and self-determination (Pickard, 2020). Warren (2023) examined ableism within music therapy education by interviewing disabled music therapy students and educators. Findings indicate that many students continue to see their professors model behavioural approaches; an observation that emphasizes the extent to which behavioural methods are embedded in teaching and practice standards. Warren suggests that music therapy has not distanced itself from ABA citing studies that advocate for the use of ABA alongside music therapy (He et al., 2024; Lim, & Draper, 2011).

This apparent endorsement of ABA, or failure to critically examine its underlying assumptions and documented harms in education settings, risks positioning pre-professional training programs as complicit actors in the perpetuation of norms that strip non-speaking individuals of dignity and agency. “I’ve heard professors talk about 30+ year old autistic people like they’re small children with no autonomy. I’ve heard supervisors describe stimming as “problem behaviors,” “tantrums,” “abnormal.” I hear classmates internalizing those ideas and using the same language” (Jasmine, as quoted in Warren, 2023, p. 57). Pickard (2020) highlights the distinction between normalisation, which seeks to make neurodivergent individuals appear "typical," and maximisation, which aims to enhance a person's unique potential without suppressing their identity and agency. It is important to acknowledge that music therapy does not occur in isolation; practitioners work within broader systems that may be ableist and harmful, which can contribute to the perpetuation of these practices. However, awareness of these ableist practices is crucial, as is actively working to disrupt them to minimize harm.

The Underrepresentation of Non-Speaking Perspectives in Academic Literature

Music therapy has, according to some critical scholars, problematically aligned itself with harm-inducing behavioural approaches (Baines, 2021;Warren, 2023); and, some have suggested that this is connected to the under-representation of disabled voices in the music therapy literature (Shaw, 2022; Warren, 2023). These scholars point out, for example, that the profession's dominant knowledge about disability is produced without the participation of disabled people themselves. In other words, knowledge is produced about disabled people, not with disabled people (Charlton, 2002; Michalko, 2002; Shaw, 2021). This has made space for the maintenance of ableist frameworks that tend to prioritize professional authority over individual agency.

Without the inclusion and centering of these vital perspectives, music therapist's risk undermining agency through the imposition of normative assumptions about communication, ability, or expression. Such under-representation can lead to what Shaw (2022) has noted as the frequent use of ableist frameworks. Shaw (2022) specifically points to the fact that key disabled voices are missing from important texts, such as Straus (2011), Rowden (2009), Lubert, (2011), McKay (2013), and Cameron (2014). She specifically points to the development of music-centred practices (Aigen, 2014) that fail to include disabled scholars integrally in the work. Shaw notes that "Aigen's (2014) book, which readily discusses community, ecological and music-centred practices, but lacks a strong presence of scholars of disability studies in music and disabled communities and their identities, thus such approaches not being evidently formed by and with disabled voices" (Shaw, 2022, p.14). There is, therefore, a need for the integration of more disabled perspectives in the literature used to teach future music therapists. Kroeker (2023) argues that music therapy research should include and collaborate with non-speaking individuals, noting that, as a profession, music therapy can benefit from the inclusion of a critical disability perspective and scholarly approach. She indicates, importantly, that non-speaking individuals are under-represented in academic journals and specifically in broader music therapy discourse.

Together, these critiques reveal how music therapy's alignment with theories that privilege normalization, professional expertise, and academic authority can inadvertently undermine agency. Without intentional engagement with disability studies and disabled-led scholarship, music therapy risks perpetuating practices that constrain self-expression, reinforce power imbalances, and silence the very voices it seeks to support.

Conclusion

To disrupt ableism that denies agency within music therapy, the field must critically interrogate its theoretical foundations, transform its pedagogical models, and centre disabled people, particularly non-speaking individuals, as knowledge producers, theorists, educators, and practitioners, rather than positioning them solely as recipients of care. As Charlton (2000) declared, "Nothing about us without us." This principle demands not only inclusion but also structural transformation, integrating disability as a valued form of human diversity rather than a deficit to be corrected. Established and emerging disabled scholars in music therapy are engaging with anti-oppressive theories and practices to demand reconsideration of ableist practices in the profession. They are increasingly pointing to codes of ethics to highlight music therapists' obligations when working with non-speaking individuals to abolish systems that deny their agency and reject the harmful conflation that non-speaking equals non-thinking (Baines, 2021; Bursch, 2023). Centering the agency of non-speaking individuals requires a fundamental shift in how communication, competence, and participation are understood, one that honors diverse modes of expression and positions non-speaking people as authoritative agents in their own lives and therapeutic experiences.

Chapter 5: Post-Ableist Music Therapy: Supporting Non-speaking Agency

This chapter articulates an argument for the importance of Post-Ableist Music Therapy (PAMT) as a framework that can usefully support the agency of non-speaking disabled individuals. Why is Post-Ableist Music Therapy an ideal theoretical framework for Certified Music Therapists working to support non-speaking disabled adults to communicate their wants and needs as a key step towards claiming their right to agency? The four pillars of PAMT include: Removing ableist barriers, fostering moments of connection, creating new and less restrictive spaces, and questioning the therapist's frame of reference. The following sections in this chapter will describe PAMT, provide a brief description of each pillar, explain the ableist assumptions or practices that pillar seeks to disrupt, and articulate how the Certified Music Therapist might implement practices consistent with PAMT in order to foster a sense of agency.

What is Post-Ableist Music Therapy:

PAMT is an anti-oppressive music therapy framework that was developed by Dr. Carolyn Shaw as an activist response to ethical concerns about the profession of music therapy such as the dominance of normalisation, and the existence of both relational and structural inequities (Shaw, 2022). The aim of this framework is, therefore, to establish conditions and provide musical experiences in collaboration with the client that are less disabling and restrictive and that can disrupt the ableism that is all too often present within the profession. As an orientation to research and practice, it resists a one size fits all approach and is guided by intentional collaboration with the people with whom music therapists work (Shaw, 2022). PAMT offers an alternative lens grounded in multiple understandings of disability, including the social, affirmation, biopsychosocial, and medical models, in the ongoing work of reducing ableism in music therapy practice (Shaw, 2022). Bringing these models into dialogue allows PAMT to hold complexity, acknowledge the material realities of disability, resist deficit-based narratives, and centre relational, contextual, and justice-oriented approaches to music therapy practice.

Her justice-centred approach engages both agonism and posthumanism as core theoretical pillars. Shaw defines agonism as a Foucauldian concept that “ understands the struggle between ethical standpoints as a potential site of productive possibility (agonistic struggle). The tensions between discourses do not seek to be reconciled, because within agonism the tensions themselves are productive and possible starting points for developing an effective political post-ableist theory of practice" (Shaw, 2022, p. 10). She further defines posthumanism as a theoretical framework that rejects ideals of individualism, autonomy, and self-mastery, instead emphasizing relationality and interdependence. It challenges normative assumptions about bodies and ability, exposing the illusion of the autonomous, self-governing subject and affirming interdependence as a fundamental condition of human life rather than a marker of disability (Shaw, 2022). Her framework sets out four key pillars that aim to disrupt ableism in music therapy practice that include: removing ableist barriers, fostering moments of connection, creating new and less restrictive spaces, and questioning the therapist's frame of reference (Shaw, 2022).

Pillar One: Removing Ableist Barriers

The first key pillar articulated by Shaw (2022) focuses on the removal of ableist barriers. Within the evolving concept of disability, some scholars argue that it is the daily interaction with ableist barriers that hinders full participation in society on an equal basis with others (Pickard, 2020). Shaw defines ableist barriers as conceptual, communicative, and systemic obstacles that are constructed through a limited humanistic relationality which is rooted in traditional Western philosophical beliefs that equate a person's value with their levels of independence and self-mastery and to their ability to communicate clearly through verbal speech (Shaw, 2022). In the field of music therapy, many participation barriers exist for non-speaking individuals. Some of these barriers include the inadequacy of education and training for music therapists regarding alternatives to verbal communication (Kroeker, 2023; Umeda, 2025), the presumption of incompetence (Biklen and Burke, 2006), and the presence of binary thinking (Shaw, 2022). These, unfortunately, position non-speaking disabled people as communicative or non-communicative, competent or incompetent, and agentive or non-agentive.

What Does Pillar One Seek to Disrupt?

This first PAMT pillar is meant to enable the disruption of ableism by supporting the identification and removal of barriers that impede equal access to or participation in music therapy, and also in their everyday environment. Shaw, (2022) defines a barrier as anything that "limits success, including how success is framed and what it can be" (p. 7). Pillar one compels the MTA to resist the binary thinking that casts disability as inferior, to presume competence and resist the ableist tendency to equate non-speaking with non-thinking, and to draw on and integrate AAC into their work with non-speaking individuals as a way of increasing agency and disrupting the aforementioned assumptions. There are three key barriers to disrupt in order to enhance the agentive capacity of non-speaking disabled people: (a) the lack of access to AAC alongside inadequate education of Certified Music Therapists about these devices (Bursch, 2023; Gadberry, 2011); (b) the pervasive presumption of incompetence and the resultant positioning of non-speaking disabled people as non-thinking; and (c) the stubborn presence of binary thinking that continues to position non-speaking disabled people and non-speaking modes of communication as inferior.

Non-speaking disabled clients may experience lack of access to AAC because music therapists often lack education on this important mode of communication support (Bursch, 2023; Gadberry, 2011). Communication support can include, AAC technology, symbol boards, images, speech generating devices, or gestures or sign language (Bursch, 2023). Music therapy literature notes that most AAC knowledge received by music therapy students during training came from clinical supervision rather than in more formal classroom contexts (Bursch, 2023). A 2017 study by Gadberry revealed that over 80% of clinicians stated they would benefit from additional AAC training and that "ACC competency could be enhanced through university-level instruction and continuing professional development courses" (Gadberry, 2017, p. 228).

The second barrier is the ableist belief that wrongly equates non-speaking with non-thinking. This presumption arguably jeopardizes client agency within the therapeutic relationship, especially in the context of consent, ascent, and revocation of consent/ascent processes. This presumption, for example, can lead to informed consent being provided by a person who holds a client's power of attorney - a reality that risks stripping a client of agency related to acts that go beyond participation. Such acts might include consent to have photos taken and used in potentially unknown contexts and in such situation, obtaining assent is crucial. As non-speaker Donnie TC Denome importantly emphasizes, "Informed consent also should mean you have the right to change your mind or reconsider even after you make a decision." - Donnie TC Denome.

The third barrier manifests at the root of the previous two barriers, and it is the presence of binary thinking. It must be disrupted in order to reposition non-speaking disabled people as agentive individuals. Binary thinking embodies a set of rigid dichotomies, such as client/therapist or speaking/non-speaking. They narrow our understanding of human variability and invoke a hierarchy that positions one person or way of being as more powerful and/or desirable than another – a hierarchy that, when maintained, positions non-speaking disabled people as non-agentive individuals (Shaw, 2022). Shaw (2022) importantly asserts that "Power exists in relationships in which it can be resisted or engaged, and therefore, it is essential to scrutinize who benefits" (Shaw, 2022, p. 16).

Pillar One in Practice

Certified Music Therapists, when drawing on PAMT, are importantly positioned to disrupt the kind of binary thinking that situates non-speaking disabled people as incompetent; and, in fact, to disrupt the binary that maintains speech as the only valid form of communication. Within music therapy sessions, this disruption may occur through intentionally responding to and validating communicative activity expressed through sound, movement, relationality, reciprocity, and technological voices via AAC, thereby embracing multiple independent and interdependent forms of communication (Shaw, 2022; St. Pierre, 2015). In this way, PAMT's post-humanist orientation offers a fundamental shift away from the binary prioritization of independence, particularly the privileging of normalized speech, and toward an understanding of communication as relational and distributed (Shaw, 2022). This includes valuing the presence of carers or supporters who advocate for, interpret, or collaboratively make meaning with non-speaking clients, rather than viewing such interdependence as a deficit. Another way music therapists can resist this binary is to recognize clients as experts on their own musical lives which means allowing their musical culture, including repetition, noise, unconventional sound-making, or silence, to shape the therapeutic space. As Rolvsjord (2015) states "Clients in music therapy are not passive recipients of, or respondents to, the therapist's skilful interventions, but are actively engaged in making therapy useful for themselves both in therapy sessions and in their everyday life contexts" (p. 313). This intentional support of client shaping of the musical space allows music therapists to move away from implicit norms that equate verbal language with competence or intelligence, as maintaining this hierarchy risks complicity in the erasure of client agency (Kroeker, 2023).

Music therapists are also well positioned to enable and promote modes of communication, grounded in music-making, that enable non-verbal communication and counter assumptions of incompetence that is so often connected to non-speaking disabled individuals. Presuming competence means making space and time for client consent/ascent and also supporting or enabling music therapy participation that both develops and makes visible individual agentive capacity. In a session, the music therapist could ask the question directly, observe body language, and pay attention to inconsistencies and patterns. Bursch (2023) states, "Whatever a client decides, it is important to give them space, and ample opportunity to communicate something differently, change their mind, or take time to verify that your interpretation of their communication is correct" (p. 26). This attention to body language is especially important in group settings, where it can be more difficult to meet the communication needs of all individuals (Bursch, 2023). The first pillar of PAMT urges music therapists to always engage clients in consent and assent for therapeutic services (Shaw, 2022).

The disruption of the third barrier is a layered process through PAMT that requires collaboration between pre-professional training programs and certified music therapists. Shaw notes the lack of engagement with critical disabled perspectives within both these contexts (Shaw, 2022), which is a significant barrier for music therapists working with non-speaking individuals who use AAC devices as their primary mode of communication. A music therapist working from a PAMT perspective can advocate for disrupting this barrier by promoting the inclusion of AAC coursework and learning about differing communication methods within the pre-professional music therapy curriculum. These courses should be informed by Speech Language Pathologists (SLP) and by the first-person experiences of those who use these devices. As activist and non-speaking advocate Jordy Zimmerman states, "Learn about my method of communication" (Zimmerman, i-ASC, 2020, Communication Equity, p. 6, para. 2). In practice, music therapists can promote accessibility for AAC communication by providing extra charging chords for AAC devices, yes/no cards, and visual cards to enhance accessibility. Extra cords and devices are not just "equipment"; they are non-human agents that support the client's agency. Shaw's research illustrates AAC's benefits in music therapy through a vignette of her client, Devang, who struggled with speech clarity and became frustrated when he was not being understood during compositions. After an SLP suggested using the TouchChat app which allows individuals to have communication support through a variety of digital features, he was able to express his ideas and become an enthusiastic songwriter (Shaw, 2022).

Pillar Two: Supporting Moments of Connection

The second pillar of PAMT emphasizes the importance of facilitating moments of connection. Shaw conceptualizes the posthuman subject as inherently interconnected and interdependent which, importantly, challenges individualistic notions of autonomy that might work against connection (Shaw, 2022). Within a PAMT framework, agency is not compromised by the presence of support. It emerges relationally through support and through vital moments of connection. The client and therapist, therefore, are both equal players. The client is, critically, positioned as the expert on their own needs; and, the music therapist functions as a collaborator who supports the client's wants and needs (Shaw, 2022). Shaw conceptualizes the therapist's role as 'the Third,' an agonistic facilitator who enables moments of connection between the client and human or non-human agents. The therapist takes up this role by playing within the tensions that might exist or emerge between competing musical structures (Shaw, 2022). By adopting this role, the music therapist can disrupt rigid, binary interactions and foster more collaborative and relational forms of engagement. This may involve supporting connections between clients within group settings, or strengthening relationships between clients, other supportive people in their lives, or the music itself. Moments of connection are central to relational life and are foundational to well-being and human survival (Sampson, 2003).

What Pillar Two Seeks to Disrupt

This pillar calls on the Certified Music Therapist to assume the role of the "third" in order to counter the isolation that can arise when non-speaking individuals are not afforded opportunities for meaningful connection. Isolation often occurs when an individual's modes of expression are misunderstood, overlooked, or unrecognised by those around them (Lee, 2012). "I never got attention like other kids who could talk to communicate. This made me feel less than others and lonely" (Saunders, 2024, para. 1). By intentionally fostering moments of connection, this pillar demands the disruption of relational disconnection and the affirmation of non-speaking individuals as active participants in shared experiences. It also demands, importantly, the mobilization of their wants and needs.

Pillar Two in Practice

Music therapists can provide essential opportunities to establish meaningful connection, disrupt loneliness, and, consequently, increase the agentive capacity (or opportunities for agency/agentive connection) of non-speaking disabled people. Shaw (2022) illustrates this through a vignette in which the music therapist adopts the role of the "third" to facilitate moments of connection within a group setting. Shaw describes working with Lucas and Sally, two individuals with differing needs and levels of engagement. Lucas watched the chimes move while other group members played and he had minimal interaction with the other group members. Although physically present, Lucas experienced relational isolation (Shaw, 2022).

The music therapist used the role of the “third” by suggesting that Sally hold the chimes for Lucas and by helping them find a position that supported the angle of Lucas’s movements. As Lucas began to strike the chimes, he vocalised “eeeee,” which prompted Sally to encourage him and to mirror his vocalisation. This shared exchange led Lucas to laugh, and it transformed the interaction into a moment of connection between the two individuals, which then expanded to include the rest of the group as the interaction became a shared musical game (Shaw, 2022). In this way, the therapist’s role as the “third” facilitated a relational shift from an isolated experience to a shared moment of connection and musicking, which demonstrates how facilitating moments of connection can provide opportunities for agency or agentive connection and also position’s him as capable of this kind of connection and, therefore, open opportunities to develop communicative capacity.

Pillar Three: Providing New and Less Restrictive Spaces

The third pillar focuses on creating new, less restrictive spaces through music and music-related experiences in order to disrupt the imposition of specific ways of being that inevitably restrict the agency of non-speaking individuals. Music therapy spaces can become restrictive when individuals with disabilities are pressured to alter their ways of being in order to conform to dominant social norms and expectations; expectations that actively suppress the expression of their wants and needs (Shaw, 2019). Within music therapy, restrictiveness often emerges when therapeutic goals prioritize normalization, inadvertently suppressing expressions deemed “abnormal” or undesirable (Warren, 2023). As Straus (2011) argues, many established music frameworks function as normalising and disabling discourses that reinforce hierarchies of ability, communication, and musicality; and, these hierarchies inevitably restrict individuals agency.

What it Seeks to Disrupt

As the title of the pillar suggests, the third pillar calls on music therapists to disrupt the creation of restrictive spaces within music therapy practice that can lead to, or exacerbate, a lack of agency for non-speaking disabled clients. For non-speaking individuals, restriction often arises when verbal communication is positioned as the dominant norm, shaping participation and understanding (Kroeker, 2023). By critically examining how music therapy practices can reinforce normalcy and hierarchy, therapists can intentionally create more inclusive and less disabling environments. Communication hierarchies that privilege speech can limit, or restrict, authentic self-expression and meaningful participation, reinforcing isolation and diminishing the recognition and cultivation of agency for non-speaking individuals.

PAMT in Practice: Pillar Three

Music therapists can disrupt restrictive spaces and remove disabling barriers by critically examining the humanistic hierarchy of communication that privileges verbal speech. By adopting a PAMT framework, practitioners create environments where posthuman codes, such as non-symbolic vocalizations, movement, breath, and silence, are honored as intentional musical actions and equally valid expressions of agency (Umeda, 2025). Music therapy spaces that are intentionally non-restrictive celebrate responses to music from non-speaking individuals (Kroeker, 2023). Music therapists should work with non-speaking clients to cultivate environments rooted in choice and validation; spaces where non-speaking individuals are supported to engage musically on their own terms. In doing so, agency is not contingent upon conformity with the normative expectations of restrictive environments. It emerges through attunment and interdependence.

Within PAMT, resisting traditional Western constraints so often imposed by western music is a key principle. By understanding how music can both uphold norms and challenge dominant power structures, practitioners can create safe spaces that actively support client agency and self-directed expression (Shaw, 2019). While improvising, a PAMT informed music therapist can create a more inclusive space by refraining from always providing a key to return to or a steady beat. They may also celebrate every note made by the client without hierarchy, especially if this seems to be the preference of the client. This is demonstrated in Shaw’s description of her work with a client named Hazel. She describes Hazel's approach to music as sliding between notes, playing off-beat, and never settling anywhere. "We played whatever, whenever, however, but always with a mischievous grin and always together" (Shaw, 2019, p. 201).

Less restrictive spaces can also be created by rejecting hierarchical models of communication and honouring the methods that feel most authentic and are preferred by the client, thereby supporting their agency. There may be times when AAC does not feel fully authentic to the client, and as music therapists it is essential that, although AAC is always available as an option, its use is guided by client choice rather than being enforced through use of professional authority as the dominant option. This experience is reflected by a client named Adi, who felt his eye-gaze device did not fully reflect his personality the way his vocalizations did

(Pickard, 2020). The music therapist, in this instance, helped to create a less restrictive space with Adi by validating the exploration of Adi's musical expressions in the way that felt most authentic for him, rather than suppressing them because of hierarchical expectations of communication.

Pillar Four: Question my Frame of Reference

A key component of PAMT is the necessity for music therapists to critically examine their frame of reference (Shaw, 2022). While it is the final pillar discussed, it might be the most foundational and critical pillar of all. Critical self-reflection is the most fundamental anti-oppressive practice - the one that often makes all other anti-ableist work possible. Failing to engage in this kind of critical self-reflexivity could lead to ableist harm, potentially jeopardizing client safety and agency (Kroeker, 2023). This is especially important given the broader systems and ideologies that may not recognize the full humanity of non-speaking disabled individuals. These ideologies include harmful views and knowledge systems that label certain behaviours or traits as pathological, which impacts the therapists' beliefs about capacity and personhood (Kroeker, 2023).

What it Seeks to Disrupt

Pillar Four compels music therapists to disrupt hidden or unconscious ableist beliefs that are present within all individuals; and, in the context of therapists working with non-speaking clients, aims to disrupt the ableist thinking that often positions speech as the dominant communicative norm within therapeutic settings. As music therapists, it is important to understand that ableism is something that shapes us all and is entrenched in our lives (Shaw, 2022). Humanist practices that privilege autonomy and self-determination as universal therapeutic goals for non-speaking individuals are often referenced in the literature. These commonly-articulated goals rely on labelling those who require support as "(non)autonomous," "(non)competent," or "dependant" (Shaw, 2022). This pillar calls for ongoing reflexivity and critical examination of such beliefs in order to foster more ethical, inclusive, and relationally grounded practice.

PAMT in Practice: Pillar Four

To counter unconscious ableist beliefs in practice, a music therapist must be reflexive and work to understand that clients must be positioned as the experts in their own experiences. A music therapist's fundamental beliefs about personhood inevitably influence their interactions with clients (Kroeker, 2023). Therefore, music therapist's must consistently engage in self-reflection, stay up to date with anti-ableist research, and seek out first voice and activist perspectives as key sources of knowledge. This questioning is framed as an ongoing political activity (Shaw, 2022). PAMT demands this kind of critical self-reflexivity; but, it also offers a reflexive space through, for example, improvisation; a space where a music therapist can examine the presence and impact of ableist beliefs through music-centered supervision. This is especially important for music therapists working within environments (schools, hospitals, clinics) that often demand normalization and compliance. In these instances, music therapists can be advocates for their non-speaking clients and make sure to constantly practice critical self-reflexivity which serves as a political tool to ensure the practitioner does not "reproduce the system" that produces disability and disempowerment for non-speaking individuals (Metell, 2014). It requires the therapist to bring the needs of non-speaking individuals to the attention of decision-makers (Shaw, 2022). PAMT encourages music therapists to reflect on post-humanism in order to disrupt the barriers that humanist ideology puts in place (Shaw, 2022). Such self-reflection was fostered here, through philosophical inquiry, the finding of which will be further explored in the following chapter.

Chapter 6. Discussion

Introduction

Throughout this philosophical inquiry, I worked to understand and mobilize the experiences of non-speaking disabled individuals in order to centre their perspectives, disrupt ableist systems, and improve my clinical music therapy practice. The aim was to position music therapy, specifically PAMT, as a vital support for non-speaking individuals seeking to assert their right to agency. This inquiry was guided by one primary research question and three subsidiary questions, which examined how non-speaking individuals communicate their wants and needs, how they describe their lived experiences, how these experiences are represented in music therapy literature, and how PAMT can support their efforts to claim agency.

Assumptions

I began this study under the assumption that Certified Music Therapists, including myself, can use diverse music therapy strategies and techniques to create opportunities to foster agency among non-speaking disabled people. I similarly assumed that articulating an argument from within a post-ableist theoretical framework would be a valuable way of positioning non-speaking disabled people as agentive subjects. Additionally, although I am a speaking individual, I assume my research could contribute to the amplification of non-speaking perspectives by mobilizing their experiences and perspectives in order to educate and advocate for a more equitable world.

Limitations

I am a speaking individual which means being nonspeaking is not my lived experience, and as a newcomer to research, I must be mindful of my own biases and potential ableism. I am also conducting research as someone who is new to the profession of music therapy; therefore, there may be some limits on the insights produced. With philosophical inquiry, there is also a gap between research and practice. A significant limitation in academic literature is the absence of first-person perspectives, particularly from non-speaking individuals and those with disabilities (Warren, 2023). This lack of first voice perspectives means this research itself, has a more limited representation. Many of the non-speaking perspectives and writings were found in grey literature and non-academic writing, highlighting the lack of accessibility in higher education for disabled individuals (Warren, 2023).

Potential Implications

Implications for My Personal and Professional Development

Throughout this research process , I have questioned my frame of reference, and I have learned a lot about non-speaking individuals' experiences. I've quickly realised that many of my initial beliefs, as I began the research process, came from a very humanist standpoint. This was especially true when I committed to examining concepts related to self-determination and autonomy. This comes from the assumption that agency, which is often thought of as self-determination, must be individually enacted rather than relationally sustained. For some non-speaking individuals in disabling environments, this is simply an unachievable goal. It is, in turn, dehumanising because it implies that autonomy is a prerequisite for humanity. Shaw (2022) emphasizes the importance of interconnectedness and she advocates for a posthumanist approach that values this way of being. Throughout the research process, I reframed my research focus to investigate how the interconnected, posthuman foundations of PAMT-informed music therapy could be utilized to work with non-speaking disabled individuals to assert their right to agency through collaborative and relational interconnectivity. As Lubet states, "interdependence is perhaps the defining feature of civilization" (Lubet, 2011, p. 6).

I also observed meaningful ripple impacts on my music therapy practice when working with non-speaking clients, particularly in relation to communication and agency-focused goals. I found myself becoming more curious and attentive to diverse modes of communication and more intentional in my advocacy, especially within environments that operate from a more medicalized framework.

Implications for Music Therapy Practitioners

The findings of this study may inform, and generate important self-reflection in those who might want to practice from within a post-ableist framework, especially when working with non-speaking disabled people. It might support their thinking about how to become advocates and disruptors within disabling environments. There are challenges that music therapists wanting to adopt a PAMT stance might encounter, such as having to meet certain documentation standards, interdisciplinary communication, and access to relevant continuing education opportunities. Potential ways they might address these challenges include seeking continuing education outside of MT, engaging in advocacy and providing in-service professional learning opportunities, seeking supervision from a supervisor who ascribes to a post-ableist approach, and most importantly prioritizing the wants and needs of non-speaking individuals.

Social Justice Implications

The findings may empower music therapists to better understand and address systemic barriers that limit the agency of non-speaking disabled people. By raising these issues, the research can foster societal awareness and encourage inclusive practices in music therapy and beyond (Bursch, 2023), while advocating for the need for social change to address systemic oppression and create a more inclusive society (Swain & French, 2000).

Implications for Music Therapy Education

Current research indicates that music therapists need more formal training in order to understand various communication styles (Bursch, 2023; McAfee, 2021). This training should focus on different types of extraverbal communication, the usage and etiquette of AAC devices, and spelling as a form of communication. Additionally, it is important to generate awareness about non-speaking individuals and advocate for less disabling environments that address ableism (Shaw, 2022).

Incorporating this knowledge into music therapy education will better equip music therapists to work with non-speaking individuals, helping them make choices and express their wants and needs. Patrick Saunders emphasizes this need by stating, “Spelling has changed my life because I now get to make my own choices and get some of my needs and wants met” (Saunders, 2024, para. 18).

Implications for Music Therapy Research

There is a need for more research authored by or focused on the perspectives of non-speaking individuals, particularly in academic literature (McAfee, 2021). Without these essential voices, music therapists and other healthcare professionals may inadvertently reinforce the oppressive systems that create barriers for the very people they aim to support (Baines, 2021). Additional research is also needed to explore music as a viable mode of communication for non-speaking disabled people.

Conclusion

When working in tandem, all the pillars of PAMT help create a less disabling environment, thereby promoting the agency of non-speaking individuals. These pillars are interconnected and address specific manifestations of ableism in music therapy and the larger healthcare system (Shaw, 2022). This includes prioritizing speech, goals focused on normalization, binary thinking, and unexamined assumptions about competence and personhood. My research has helped me develop a new understanding of agency: it can be relational, collaborative, and context-dependent, rather than individual, verbal, or autonomous (Shaw, 2022). Agency manifests differently for each person, and importantly, it is a right that everyone is entitled to. It can be promoted through building relationships, engaging in shared musical experiences, and participating in collaborative meaning-making. PAMT provides music therapists with practical and ethical guidance to challenge ableist norms and support more inclusive therapeutic practices (Shaw, 2022).

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