

**A New Music Therapist's Experience of Exploring Internalized Ableism: A
Heuristic Self-Inquiry**

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ABSTRACT

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The purpose of this research was to develop a better understanding of my internalized ableism and the ways it has impacted how I think about and engage in my work as a new music therapist. The self-heuristic inquiry methodology was chosen to delve into my experience of internalized ableism and my lived experience of this phenomenon. I used a combination of reflexive journaling and piano improvisation as a means to engage with my internalized ableism. The journal entries provided the raw data for this research, which, upon coding, led to the organization of findings in three categories: Feeling Internalization, Recognizing and Identifying Fatigue, and Increased Sense of Accountability. Through this process, I found empowerment and pride in my identity as a disabled music therapist.

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Chapter 1. Introduction

Researcher Identity

“I have a hearing impairment, but I can handle it. I will figure it out, don’t worry.” As an intern, I remember saying this to my music therapy supervisors, and I quickly learned exactly what reaction to expect. They would tense up slightly during the first half of my sentence and, usually react (perhaps without realizing it), with a quick breath of air. Within the second half, they would breathe an apparent sigh of relief, relax their shoulders, and say “ok.”. From there on, it usually wouldn’t come up again, not explicitly anyway, at least never by name. My supervisors and I both seemed too uncomfortable to directly acknowledge the difficulties this disability might pose. I learned, though, that I could offer some comfort by reassuring them that my disability would not become an issue for them and that I would figure out the space. I would commit to keeping my word in supervision sessions, afraid to bring up an accessibility issue unless I had already *fixed it* myself. I put the responsibility on myself to change, to learn to adapt, and to do it all on my own without bothering anyone else. I modified something about myself to make sure nobody would know that I couldn’t actually hear certain consonants, sounds, frequencies, etc. I learned to pretend. I learned to avoid it. Ultimately, I made it my responsibility to hide my disability for my own success and the comfort of others.

This phrase, *I’ll figure it out*, quickly became my mantra as I began my music therapy training. I told this to supervisors, peers, and, most importantly, constantly to myself. It followed me every day until one supervisor openly and gently asked me why I felt the need to handle it all on my own. This supervisor took the time to discuss, at length, ableism and internalized ableism. She challenged and supported me to identify my internalized ableism and taught me to advocate for myself in professional settings to ensure that I had what I needed to succeed. I recall trying to lead a group music therapy session. I asked each of the participants to introduce themselves with their names, and I couldn’t hear enough to repeat their names. I felt like I was failing at this fundamental part of being a music therapist: hearing my clients and responding appropriately. My supervisor worked with me to think of tools that might help in the next group session, and we found something to try – a printed list of names so that I could see the names to expect while leading the same experience. For the first time, I realized that I didn’t have

to come up with all of the answers on my own. For the first time, I felt that my disability was a valued part of me, a part that I didn't have to diminish. She taught me the importance of not holding onto disability as a personal shame and, crucially, the importance of not projecting that shame onto the people I work with.

To situate myself, I am a white, middle-class, cisgender woman and a new music therapist and graduate music therapy student living with a hearing impairment. Within this identity, I recognize that I have many privileges and affordances alongside my lived experience of disability and ableism. I am a white person, and my disability is largely invisible, which means that I do not often experience discrimination based on my appearance. I do, however, experience situations differently through the lived experience of hearing loss, missing cues, difficulty with directional hearing, and mis-hearing words, for example, all of which have led to experiences of discrimination. I have experienced the problematic manifestations of internalized ableism, such as shame, denial, personal responsibility, and self-devaluing, and I have learned to identify this internalization as a source of harm and potential oppression as a music therapist.

Ableism is grounded in the belief that disability is a shameful, regrettable, and undervalued way of experiencing the world and it reinforces that the most valued and acceptable way to exist is to be non-disabled (Kalenderidis, 2020). Disabled peoples' value, therefore, lies in their ability to pretend, perform, learn, and execute normal or non-disabled ways of being (Bruce, 2022). So, as a music therapy intern, I gradually realized that I was unintentionally perpetuating ableist expectations and assumptions in my clinical work. These normative assumptions became a part of how I conceptualized myself as a therapist and, importantly, how I constructed assumptions about what my clients would want to explore in therapy. As a therapist, I hid the fact that I had a disability because I was afraid I wouldn't be taken seriously or trusted in my role. When I worked with clients, I unintentionally perpetuated the belief that they would want to use therapy to learn and practice normativity (speaking, body language, social expectations). While I believed at the time that I was acting in the best interests of myself and my clients, I was, in fact, operating from a place of ableist complicity (Campbell, 2008b). My lived experience of disability and knowledge as a new music therapist became intertwined, each one informing the other. Internalized ableism quickly became an

everyday term for me as I learned about and explored the intricacies of being a disabled music therapist. As I gradually realized, recognized, and challenged my internalized ableism, I uncovered an entirely unexpected wealth of personal empowerment and professional development.

Significance of the Inquiry

As helping professionals, music therapists enter into their work with good intentions. Yet, those good intentions are not always enough to prevent oppressive theoretical frameworks from shaping our work. Oppressive forces are present throughout society, and ableism intersects with and is compounded by other forms of discrimination such as, racism, sexism, ageism, and more (Wolbring, 2008). Oppression made unconsciously is oppression nonetheless (Gross, 2018), and it is the duty of the helping professional to critically reflect on how they might contribute to ableist structures that ultimately work against best intentions (Shaw, 2022).

Ableism is generally described as the subtle or systemic discrimination against disabled people in society (Kalenderidis, 2020) that relies upon a foundational pedestalization of normal which becomes objectified and sought after (Angelique & Thomas-Skaf, 2020). In essence, ableism oppresses disabled people in favour of keeping power in the hands of non-disabled people (Kalenderidis, 2020). Systems of influence, then, uphold the ableist values of the society and community within which it exists, and this can lead to the perpetuation of ableist values (Campbell, 2008a). Ableism is pervasive and yet often remains fascinatingly invisible (Wolbring, 2008). All forms, whether subtle or overt, small or large, are harmful, and action should be taken to discontinue engagement in ableism and actively work toward anti-oppression (Kalenderidis, 2020).

Respectful openness to difference, reflexivity, and to challenging ableism within the music therapy profession can enhance the practice competence of both disabled therapists and their non-disabled colleagues (Chacala, McCormack, Collins, & Beagan, 2014). Furthermore, commitment to recognizing, understanding, and disrupting ableist narratives is critical to the longevity of music therapy as a profession (Pickard, 2022). The dominant presence of such narratives means that disability culture and awareness are rarely integrated into the pre-professional training of creative arts therapists (Wilcox,

2020). This omission is important to acknowledge because it can cause music therapists and clients alike to be unknowingly subjected to damaging ableist discourses, ideals, and normalizing structures (Perakis, 2022).

It is important, then, to intentionally disrupt the presence and dominance of ableist narratives in music therapy so the profession can address the potential for harm and oppression in the therapeutic space (Pickard, 2020). Goldstein (2023) argues that creative arts therapists must offer space for disability joy through creative mediums. He also asserts that creative expression supported through the creative arts therapies makes space for the opportunity to express disabled joy (Goldstein, 2023). This assertion affirms claims that therapeutic spaces can offer a place where positive, prideful, and important ways of existing are embraced (Goodley, Lawthom, Liddiard, & Runswick-Cole, 2019). Therapeutic spaces can also create a place for disability to actually augment the experience of humanity (Goodley et al., 2019).

By authentically reflecting on our own ableist assumptions and taking the necessary steps to mitigate and dismantle the manifestations of ableism in life and practice, music therapists can advocate and challenge the harmful normalizing structures that music therapy and the healthcare system often employ (Pickard, 2020). Mosleh (2019) echoed this sentiment and asserted that reflexivity is an essential ethical obligation to those whom we support in therapeutic relationships. As music therapists, then, we must commit to continuous critical reflection and to the examination of social location, power relations, and use of discourse as an essential component of ethical practice (Rolvjord & Hadley, 2016).

Statement of Purpose

Given my own experiences of and learning about ableism and internalized ableism in music therapy, this study aimed to critically reflect on my own internalized ableism and how it may have influenced (or might influence) my work and views as a new music therapist. By engaging in this research, I am committed to examining how internalized ableism has manifested in my personal and professional experiences.

Research Questions

To explore my lived experience of internalized ableism and how it has shaped my sense of myself as a professional, one primary research question was generated, and three

subsidiary research questions naturally emerged. The primary research question was: What insights might emerge when I, as a new music therapist, engage in improvisation and journaling as reflexive practices to identify and critically examine my internalized ableism? The subsidiary research questions included the following: How might these insights inform my music therapy practice? How might engaging with these reflexive processes influence my emerging sense of self? How might these insights contribute to larger discussions regarding ableism and internalized ableism in the field of music therapy?

Key Terms

New Music Therapist

A music therapist with under two years of professional experience. Music therapy is briefly defined as the use of music within a therapeutic relationship to address cognitive, communicative, emotional, musical, physical, social, and spiritual domains of wellbeing and health (CAMT, 2020).

Reflexive Practices

Reflexivity involves a therapist/researcher engaging in continuous efforts at each stage of a therapy/research process to critically consider all components of that process and make necessary adjustments (Bruscia, 2015). Rolvjsord and Hadley (2016) indicate that reflexive practices involve extensive and intentional self-reflection and authentic critique of one's social location and positionality, examination of power relations, and use of discourse with the purpose of deconstructing and destabilizing ableist structures and inciting change.

Internalized Ableism

Internalized ableism can be concisely defined as the internalized conceptualization of one's own disability as being inherently negative or as a less-than-acceptable way of experiencing the world (Kalenderidis, 2020). As ableism becomes internalized, it turns into a weapon of self-destruction because it feeds a consistently negative view of disability and difference toward the self and others (Campbell, 2009).

Music Therapy Practice

Bruscia (2014) defines the practice of music therapy, stating that "music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health,

using various facets of music experience and the relationships formed through them as the impetus for change.” (p. 36).

Improvisation

Improvisation is the act of creating music spontaneously, inventing the music in the moment (Bruscia, 1987). This improvisation experience offers a musical glimpse into one’s process and gives a platform to express one’s internal experience (Bruscia, 1987).

Journaling

To depict and unveil the inner lived experience, Moustakas (1990) outlines potential ways of engaging in this internal process. The engagement in these personal collections of the inner world are presented through the perspective and experience of the researcher (1990). Acceptable methods such as examples, artwork, stories, poems, journals, and diaries, and other personal documents are well-suited as they offer unique insights into the inner world (1990). Journaling includes freewriting, with as much detail as possible, all thoughts, memories, images, questions, and difficulties that are generated through intense reflexivity.

Chapters Summary

This heuristic self-inquiry is organized into five chapters. The first chapter establishes the researcher identity, significance of the research, statement of purpose, research questions, and the key terms related to the research questions. The second chapter outlines the current literature related to ableism and internalized ableism in music therapy. Importantly, this second chapter delves into the presence of ableism as an oppressive force within music therapy practice and education. The third chapter explains, in detail, the heuristic self-inquiry research methodology. More specifically, this chapter explains the research design, validity, materials, data collection and analysis procedures, and ethical considerations involved with this research process. The fourth chapter is a result of the illumination and explication process. The data included in this chapter outline the significant findings from the reflexive journaling and improvisation processes. In this chapter, three main categories of data emerged. First, “Feeling Internalization,” second, “Recognizing and Naming Fatigue,” and third “Feeling Increasingly Accountable.” The fifth and final chapter discusses the findings and reflections on the

research process. Importantly, this chapter includes the creative synthesis, assumptions and limitations, and potential implications for this research.

Chapter 2. Ableism and Internalized Ableism in Music Therapy

This chapter aims to explicate the current literature that examines how ableism and, consequently, internalized ableism, manifests in music therapy. First, I will examine ableism and its internalized ramifications. Next, I will explore the emerging theoretical perspectives disabled and allied music therapists have offered that aim to move the profession away from ableist frameworks. Lastly, I will discuss how the literature asserts the presence of ableism across the music therapy continuum in clinical practice and education.

Ableism and Internalized Ableism

Ableism is inconsistently defined which can make it very difficult to detect. From the varied definitions that do exist, ableism is theorized to manifest through discriminatory acts, thoughts, or beliefs that value non-disabled people and situate them in positions of power while devaluing their disabled counterparts. Ableism is a prevailing structure which seeks to devalue and discriminate against disability and difference (Banks, 2015; Campbell, 2009; Kalenderidis, 2020), which functions as a foundational prioritizing of non-disabled ways of being and doing (Chacala, McCormack, Collins, & Beagan, 2014). As a result, non-disabled people are considered more valuable than their disabled peers. Ableism is institutionalized and systemic, and it manifests in our assumptions, attitudes, and learned stereotypes and in large-scale segregation and oppression (Kalenderidis, 2020). It is a part of our everyday, ordinary life, which makes it exceptionally difficult to explicitly address (Campbell, 2008b).

Abledness is expected in our society, with normal situated as the ideal; those who do not fit the norm are then sorted into a hierarchy based on one's type of disability and proximity to normal (Campbell, 2008a). Ultimately, the dominant presence of ableism creates conditions where disability is simply tolerated, not where disability is widely accepted or even considered valuable (Campbell, 2009). Normal is then positioned as the standard to which all should aspire (Angelique & Thomas-Skaf, 2020), and normalization becomes a powerful influence.

Normalization requires disabled people to achieve or emulate normal (Bruce & Aylward, 2021). Importantly, this pressure for normalization leads to interventions and

treatments that aim to cure, eliminate, or fix disability (Campbell, 2008b). In pursuit of the norm, ableist demands quickly become weaponized expectations. Overtime, these ableist messages compound and disabled individuals experience internalized ableism. And crucially, the internalized manifestations of ableism then become so ingrained, that it becomes almost unrecognizable.

The internalization of ableism is inherently damaging to the disabled individual because it disconnects the individual from themselves and others. “Internalized ableism utilizes a two-pronged strategy, the distancing of disabled people from each other and the emulation by disabled people of ableist norms” (Campbell, 2008b, p. 155). Ableism devalues and segregates disabled people, and the underlying demand to achieve and emulate normal creates internalized ableism, which overtime, becomes well disguised (Bruce, 2022; Campbell, 2008b).

Internalized oppressive practices spin from a web of externalized experiences where there is not one without the other (Campbell, 2009). Internalized ableism is generated through continued exposure to ableist experiences and traumas across the lifespan (Campbell, 2008a; Warren, 2023). Campbell (2009) explains that the abledness which exists in our society works to pathologize disability in a way that creates shame and self-loathing.

This learned self-loathing and disability self-hatred work to subject the self to damaging discourses about what is valued and accepted. This is then projected onto others in the community, and the cycle continues (Campbell, 2008b). Internalized ableism, then, remains powerful by causing disabled people to become complicit in reinforcing the very structures that seek to disempower and invalidate them (Campbell, 2009).

Pickard (2020) accordingly argues that it is necessary to understand the complexities of ableism and how it manifests within the music therapy profession. It is essential, then, to work with intention to recognize the nature of the specific theoretical perspectives within which we operate as music therapists. If we have not critically analyzed our stance, we cannot begin to act against ableism (Pickard, 2020).

Critical Disability Analyses in Music Therapy

Emerging critical analyses of how disability support is conceptualized within the profession of music therapy centre important critiques of the dominance of the medical model of disability. Some music therapists recognize the medical model's value but also its deficit orientation and reductionist nature (Pickard et al., 2020). The medical model defines and understands disability in terms of deficit, impairment, diagnosis, cure, and rehabilitation, which ultimately leads professionals to try to 'solve' the problem of disability (Perakis, 2022). Treatment, then, generally aims to mold a more societally acceptable individual (Perakis, 2022). The medical model similarly assumes that the individual is responsible for overcoming disability and troublingly suggests that everyone should want to be made normal (Pickard et al., 2020).

The medical model has benefits in that it offers an understanding of the anatomy of diagnoses through language (Perakis, 2022; Pickard, 2020). It fails, however, to communicate the depth of one's disability experience, and it cannot attempt to respectfully relay those lived experiences and their significance to others (Perakis, 2022; Pickard, 2020). Ultimately, some music therapists have called for the profession to disassociate from this medical model in order to redress the harm it often inflicts (Cameron, 2014; Gross, 2023; Perakis, 2022; Pickard, 2020).

Cameron (2014) explicitly argues that the field of music therapy must divorce itself from the medical profession to better serve the communities we work alongside. Music therapy, he further argues, should not continue to operate under fundamentally ableist power dynamics (Cameron, 2014) - dynamics in which the therapist is an all-knowing being who prescribes a course of treatment to cure one's disability which assumes that the disabled individual must naturally be seeking to create such change (Cameron, 2014).

Similar assertions have been made about the music experience itself. Its subjective reality is not, and cannot be, accurately reflected in the evidence-based, standardized, medicalized practice upon which the profession stands (Gross, 2023). Musical responses are non-scientific responses, and they should, Gross argues, be treated as such (2023). The experience of music is creative, intuitive, and experiential, and music experiences extend far beyond the confines of a strict scientific analysis (Cameron, 2014; Gross, 2023).

Some scholars and practitioners have accordingly called for the intentional integration of the social model as a remedy for the harms imposed by the medical model. The social model emerged out of disabled peoples' activism in the United Kingdom (Barnes, 2007) as a platform of advocacy for disabled people regardless of the temporal or visible nature of one's disability (Perakis, 2022). The social model redefines disability by shifting the location of disability from the individual to society and, therefore, the responsibility for change to organizations and institutions (Perakis, 2022).

Gross (2018) argues that music-centred music therapy approaches draw on key components of the social model of disability. He specifically argues that music-centred approaches implicitly include elements of the social model, such as dissolution of hierarchies, rejection of unhelpful dualities, and intentional focus on musical goals as clinical goals rather than the production of normalizing goals (Gross, 2018).

The social model is foundational to disabled peoples' activism and it played a critical role in highlighting the need to move away from the dominance of the medical model of disability. However, the experiences and needs of the disability community have evolved past what this framework can offer because it fails to account for lived experiences of impairment, the presence and impacts of ableism, and the concept and reality of intersectionality (Haegele & Hodge, 2016; Pickard et al., 2020).

Ableism and Music Therapy

Emerging critical analyses of the music therapy profession point to the presence of ableism in research, theory, and practice. Disabled and allied scholars interestingly highlight the dominance of binary thinking as a key mechanism of ableism. Forms of ableism are sustained in workplaces, clinical practice, and music therapy education. In these systems, ableist expectations produce normatively-focused practice and research demands (Shaw, 2020) that are also evident in music therapy education systems and contexts.

Ableism and Music Therapy Practice

Emerging critical analyses by disabled and allied music therapists aim to highlight the presence of ableism in music therapy practice. Ableist expectations and norms, for example, appear in music therapy through binary reinforcement, lack of disability culture awareness, language, and normalizing therapeutic goals. More liberatory approaches to

music therapy with disabled people are offered, though, by Pickard, Thompson, Metell, Roginsky, and Elefant (2020), Perakis (2022), and Shaw (2020). It is important to note that much of this literature is theoretical because disabled voices are just beginning to emerge.

The reinforcement of problematic binary structures is cited as a prevalent concern throughout clinical practice in the music therapy profession (Campbell, 2008a; Pickard, 2022; Shaw, 2022). This reinforcement leads to potentially damaging binary relationships such as therapist and client, privileged and marginalized, powerful and powerless, and normal and abnormal - imbalanced power relations that shape ableist structures and expectations within the creative arts therapies (Rolvsjord, 2014; Yi & Moon, 2020).

Other disabled and allied researchers have similarly drawn attention to power imbalances as an oppressive force. They have specifically highlighted the need for music therapists to pay attention to language, and to its use as a potentially oppressive deployment of power (Brown, 2011). Language can function as an oppressive force when used to perpetuate pathologizing clients or when used to enforce normalcy in the music therapy field (Perakis, 2022). However, language can also emerge as an activist force, using language to assert identity and to claim and reclaim language and power. Therefore, language used by music therapists, can carry significant weight as it may function as a harmful and oppressive entity in the therapeutic relationship (Pickard et al., 2020). Alternatively, language can situate, make a change, be a tool to reclaim identity, and offer a space for disability pride (Brown, 2011; Perakis, 2022; Shaw et al., 2022).

Banks (2015) identifies the pathologizing of disability as a motivating influence for normalization through therapy, as therapy often will not recognize the harms of ableism experienced in society, but rather it will focus on the normalization potential of the therapy itself. Interventions and treatments are implemented, and they function to normalize and suppress the disability in the disabled person (Pickard, 2020). The implications of normalizing therapeutic goals further perpetuate ableism and generate harm as it feeds a narrative that disability is inherently wrong. Importantly, this normalization expectation can contribute to the development of internalized ableism as shame and guilt are created around one's disability. Success is then determined by one's

ability to adhere to the norm and pass as non-disabled (Bruce & Aylward, 2021; Campbell, 2008a).

Ultimately, this measure of success plants the seed for an industrywide structure of normalization, hidden behind a promising façade (Shaw, 2022). In response to these manifestations of ableism in music therapy, some disabled and allied music therapists urge more liberatory ways of working that are grounded in strengths-based and post-ableist approaches. While normalization, according to some disabled music therapists, is the industry standard, maximization offers an inclusive approach by focusing on expanding one's capabilities, not in reference to the norm or the expected, and not in a way that rejects disability as a valid way of being (Pickard et al., 2020).

Pickard et al. (2022) further argue that approaching music therapy practice from a strengths-based approach can mitigate ableist harms when multiple types of communication are valued and supported and one's unique personality is accepted and celebrated. Kalenderidis (2020), who has lived experience as a disabled music therapist, similarly argues that a resource-oriented music therapy framework is a more inclusive way of working to support strengths, inner resources, and community. Resource-oriented music therapy offers a participatory framework founded upon collaboration rather than the imposition of medicalized treatments or curative care (Kalenderidis, 2020).

Shaw (2022) conducted an arts-based autoethnographic study to explore how ableism is reinforced within clinical music therapy work and to consider new theoretical frameworks as a result. She used two key theoretical frameworks to support data analysis, agonism and post-humanism. Shaw (2022) describes the use of agonism as a space for positive growth and discussion in the tension that arises when considering removing ableist practices from music therapy. The challenges that arise inter or intra-personally foster a productive and important environment to encourage change (Shaw, 2022). Posthumanism addresses the need to work past the confines of humanism, more specifically, the perception that disabled people are not considered whole due to the dominance of the ableist tenet of independence (Shaw, 2022).

Data sources included notes, documents, music, journaling, personal experiences, medical records, and more (Shaw, 2022). Study findings included the importance of removing ableist barriers, promoting moments of connection, finding new and less

restrictive spaces, creating less disabling environments, and questioning your frame of reference (Shaw, 2022). Post-Ableist Music Therapy (PAMT), then, emerged as a theory of practice from these significant findings as an orientation that is meant to support a less disabling environment and bring awareness to the multitude of ways that ableism is reinforced within clinical music therapy work (Shaw, 2022).

The PAMT practice framework remains flexible amidst a foundation of critical analysis engrained in social justice (Shaw, 2022). PAMT functions by centering anti-ableist and anti-oppressive practice as a central tenant of the framework rather than viewing anti-oppressive work as an option or an addition to a framework (Shaw, 2022). Shaw links post-ableism to anti-ableism and describes it as “a strategy, theory, action, and practice that challenges and counters ableism, inequalities, prejudices, and discrimination based on developmental, emotional, sensory, physical, neurological or psychiatric disability.” (Shaw, 2022, pp. 10-11).

Ableism and Music Therapy Education

The very act of becoming a music therapist is arguably riddled with ableist obstacles (Perakis, 2022; Pickard, 2022; Warren, 2023). Pickard (2022) explores the potential of reframing anti-oppressive music therapy practice through using Kumashiro’s typologies and valuing knowledge generated from lived experience. Pickard (2022) argues, in fact, that education and training for aspiring music therapists is based on an ableist system which centers normative discourse. She further asserts that many post-secondary institutions make it difficult for disabled students to enter training programs because they require the ability to read notation, complete an undergraduate degree, and navigate the ableism present within music education systems, all before even applying to programs. The resultant lack of disabled students contributes to the marginalization of disabled points of view in the music therapy profession (Pickard, 2022).

The literature also documents music therapy faculty and student experiences of ableism in education settings that come from damaging ableist discourses, ideals, and normalizing structures (Perakis, 2022; Warren, 2023). Warren (2023) explored the experiences of ableism in music therapy education and clinical training contexts through a phenomenological study that included student and faculty participants. Thirteen participants engaged in the research, some were interviewed, some participated in focus

groups, and one engaged with a creative writing option to convey their experiences. Participants identified as either current or former disabled music therapy educators or students (Warren, 2023).

The demanding nature of music therapy training programs was found to be a significant barrier for students with disabilities (Warren, 2023). Warren's findings highlight several barriers to participation in music therapy training. The continued use of disability stereotypes in teaching methods and course content, for example, tells disabled students and faculty they are not expected to become music therapists (2023). These expectations uphold the non-disabled student as the most valued and effectively works to prevent disabled students from completing the training (Warren, 2023).

The key findings suggest the presence of ableist expectations that assume the presence of students who can learn to implement many new skills to a high degree of proficiency within a condensed timeline. While students are expected to engage in incredibly demanding and busy schedules, they must also excel in academics, documentation skills, and music skills and demonstrate considerable punctuality while completing an internship (Warren, 2023). Notably, students learn of a music therapist persona that all successful students will learn to master – a person who is light, bright, energetic, and who can work with consistency and apparent ease (Warren, 2023).

Importantly, participants indicated that the skills required, and the condensed time they have to learn them, leaves disabled students who find this intensity difficult feeling devalued (Warren, 2023). Participants also indicated that the limited time span devoted to learning and performing piano, voice, and guitar presents an additional barrier for students who require more time to learn, develop, and master skills on a new instrument. Perakis's capstone thesis, a literature review (2022) examines disability studies history, statistics, competencies, and explores the lived experiences of three disabled therapists. Perakis similarly questions the clinical relevance of these instruments and argues that the therapeutic benefit goes well beyond the instrument category, and more accessible instruments could work to the same effect (2022).

Shaw et al. (2022), who draw on their collective experiences as disabled music therapists, similarly argue that disabled students often feel a sense of shame and guilt as disabled people are assumed to be clients, not therapists. They also assert that, in their

experience, disability experience is rarely positioned as a useful source of knowledge in music therapy education programs (Shaw et al., 2022). Furthermore, disability is often the focus of our work (Campbell, 2008a), yet disability culture and awareness are not often integrated into the repertoire of our knowledge before entering the field (Wilcox, 2020).

Ableism and Music Therapy Advocacy

Warren's findings suggest that ableism can manifest in how students are taught to advocate for their clients and the profession (2023). A number of music therapists have argued that ableism is particularly evident in music therapy advocacy work. It is in the pursuit of this validation that music therapy far too often objectifies disabled people, the very people music therapists seek to support (Cameron, 2014).

Additionally, Baines (2021) argues that music therapy needs to be radical in its divergence from the normal, expected, and conventional application of therapy, just as music therapy was in its conception. The ways we advocate for music therapy are unnecessarily but understandably often rooted in healing, curative, medical model mindsets (Gross, 2023). However, advocating in more intentional, anti-oppressive ways that do not seek to devalue and normalize the people we work alongside is also possible (Bruce, 2016, 2022).

Since education is the foundation of each music therapist's development, Pickard (2022) argues that fostering anti-oppressive education and the elevated consciousness of ableism within training programs will challenge music therapy practice to do the same. Pickard (2022) further advocates for a new approach to teaching in music therapy by developing consciousness and challenging ableism in our education and clinical profession (Pickard, 2022). It is vital, Pickard (2022) argues, to incite change through shared responsibility to develop awareness, engage in reflection, and engage in anti-oppressive action.

Conclusion

Ableism and, in turn, internalized ableism continue to inform music therapy through clinical practice and education. Ableist influences such as normalizing goals, pathologizing language, and problematic binaries appear in music therapy practice. Many aspects of music therapy education systems keep potential disabled music therapists out

of programs due to their demanding nature, perpetuation of harmful stereotypes, and learned objectification of individuals through professional advocacy. Furthermore, the music therapy education system is built upon a hope to cure, heal, and ultimately erase disability (Warren, 2023). Disabled and allied music therapists are increasingly arguing that the profession must move away from the ableist influences and deficit perspectives that dominate the profession. While differences exist among music therapists with respect to the preferred approach, there is general agreement that disruption of deficit-oriented approaches to disability support must occur.

Chapter 3. Methodology

Research Design

Self-heuristic research stems intentionally from an important question from one's lived experience and is strongly connected to one's identity (Moustakas, 1990). This research methodology aims to explore and convey one's lived experience by examining internal processes connected to one's life (Bruscia, 2015; Moustakas, 1990). Self-heuristic research also aims to generate meaningful and significant findings about human experiences that are relevant to society despite its autobiographical nature (Moustakas, 1990). It is, accordingly, a form of first-person research that is well-suited to a project that seeks to examine personal, subjective, and internal processes (Bruscia, 2015).

I was the only participant in this research. I engaged with the research process to reveal and describe my experience of understanding, recognizing, and challenging internalized ableism as a new music therapist. Therefore, this study utilized a heuristic self-inquiry methodology to gain insights into my internalized ableism, more specifically, how this experience has influenced my learning, practice, opinions, actions, and views to date as a new music therapist.

Validity

Validity in the self-heuristic research methodology is embedded in meaning (Moustakas, 1990). This is further defined as the researcher's responsibility to continuously reflect upon the research and the rigor of the process through data collection and analysis in each phase and determine validity as it is attached to meaning (Moustakas, 1990). Therefore, the researcher is responsible for continuous assessment of validity through reflection on the authenticity and intent that informs the research process. To ensure I was engaging in the research process with intention and meaning, I reviewed the process after each phase with openness and honesty to ensure the representation of my experience was honest and authentic.

Materials

To engage in reflexive music creation, I used a piano and microphone to engage in and record the improvisation sessions. Materials to facilitate reflexive journaling practices included a journal and writing utensils. These materials allowed me to write

freely and in a dedicated quiet, solitary location. For analyzing and coding the journal entries, I used colour-coded sticky notes and colour-coded pens to identify and visualize the significant emerging themes. Additionally, I used a laptop to input, analyze, and explicate the data contained in the journal entries.

Data Collection and Analysis Procedures

The research process as established by Moustakas (1990) followed the 6 phases of heuristic inquiry, including initial engagement, immersion, incubation, illumination, explication, and creative synthesis.

The initial engagement phase is characterized by discovering and exploring research interests where the researcher is drawn to an important phenomenon or questions, based on internal experiences, that also have relevance to overarching societal interests (Moustakas, 1990). Throughout this phase, the researcher engages in deep introspection and self-awareness (Moustakas, 1990). I initiated this process as a music therapy student while I began to identify and understand how my internalized ableism informed my clinical presence. I read literature on this topic, discussed my experiences with supervisors, peers, and family members, and I reflected on my thoughts and actions as well. I further engaged in this phase while generating the research questions while taking research courses in my MA program such as CATS 691 (Research in the Creative Arts Therapies), MTHY 600 (Music Therapy Advanced Literature), and MTHY 693 (Research in Music Therapy). During this first phase, conceptualizing my experience and relationship to internalized ableism was the focus of my work.

Once the research question(s) are generated, the immersion phase occurs. It is characterized by engagement in intentional awareness related to the research question(s). The research question becomes known on intimate terms while bringing it into all levels of consciousness and experiencing everything in relation to the already determined questions (Moustakas, 1990). I began this phase on July 8th, 2023, and concluded on July 31st, 2023. I intentionally brought the research questions into my awareness in everyday life through intentional reflection prompted by visual reminders around my workspace on sticky notes. I allowed new connections and understandings to reveal themselves as my context and learning shifted. Over the month of July, I collected data by engaging in four reflexive improvisations, one per week, using the piano and the same number of reflexive

journal writing sessions. I wrote the journal entries a couple days after each improvisation session, and they did not directly reflect on the improvisation experience. The time between the improvisation session and the journal writing session allowed me to process the music and emotions that arose during the improvisation session. I allowed myself the gap to ensure that I would remain present while improvising and to remain completely open to the music creation. This protected me from becoming overly analytical and concerned about writing in my journal while improvising. However, the improvisations did influence the entries as the emotional barriers became evident as I engaged in this work.

The improvisations were non-referential creations, and I allowed myself to create and experience without any limitations or borders (Bruscia, 2014). I began each improvisation session by engaging in a few moments of deep breathing and relaxation to prepare myself to engage with and process my inner experience through music. Each improvisation lasted a minimum of eight and a maximum of fifteen minutes. The piano improvisations served as an opportunity to connect with my inner experiences of internalized ableism and to sit with the feelings that arose throughout the immersion phase. They also allowed me to experience and accept the emotional aspects of this rigorous self-reflexive process and gave me a space to experience, process, and respond to the sometimes-difficult realizations.

As I created the music, I heard a reflection of my inner tension, confusion, frustration, and hope and brightness. I heard this in specific musical elements such as harmonic development, syncopation, varying triple and duple meter, use of range on the piano, dynamics, and appearance of repetition. This music creation ultimately served as a useful tool for data generation as I became more aware and connected to my inner self, and also as an unintentional, built-in moment for self-care. After allowing myself to connect with and experience the associated feelings, I journaled.

This deep engagement with the research question is immediately followed by the incubation phase. This phase requires the researcher to take a purposeful break. This break is intended to bring awareness to new perspectives and to deepen the researcher's understanding of the experience. Knowledge grows and changes through this stage as the researcher distances themselves from the intimate and intense engagement with the

research (Moustakas, 1990). I began this phase on August 1st, 2023, and ended it naturally three weeks later, on August 18th, 2023. I intentionally distanced myself from issues concerning internalized ableism for a period of two weeks, including shifting away from literature engagement and reflexive practices oriented around ableism. This phase came to a natural end as I was driving home one day, and I had a completely new realization about my experience (presented in Chapter 4). I felt rejuvenated, excited, and ready to engage with the illumination phase, and I knew my body and mind were rested and ready to move on.

The illumination phase occurs as the researcher is receptive to new insight and understanding. This illumination phase brings new and modified understandings and perspectives (Moustakas, 1990). On August 19th, 2023, I began this phase by reviewing and analyzing my journal entries and I felt a renewed commitment to this research and reflexive process. Coding was conducted through open, axial, and selective coding processes which served as an inductive opportunity to generate connections and insights from the journal entries (Williams & Moser, 2019). The open coding began by examining the journal text and assigning words and phrases general themes or codes. I then created a colour-code system and assigned each code a colour. Axial coding followed this open, initial code creation, which sought to understand the relationship between codes at a more refined level (Williams & Moser, 2019). The final stage of the coding process involved creating larger connections and meaning from the results of the axial coding through a process titled selective coding (Williams & Moser, 2019).

The explication phase begins once the themes, categories, and new understanding have emerged from the illumination phase, and the researcher aims to explain and conceptualize the findings (Moustakas, 1990). The explication phase began on September 21st, following the illumination phase. During this phase, I analyzed, organized, and revisited the codes generated in the illumination phase and worked to articulate the findings in a cohesive form. This phase presented an unexpected opportunity for new realizations, as I found myself processing and locating internalized ableism through the writing process itself. For example, I found that I distanced myself from my disabled identity; I further distanced myself in the language and writing style that I initially used.

This explication process in and of itself was a phase of great learning and knowledge generation.

The final phase outlined by Moustakas (1990) is a creative synthesis, where findings and knowledge from the reflexive process are integrated into a creative work (Moustakas, 1990). I began this phase on November 26th and concluded it on December 10th. I have conceptualized this experience by creating a pantoum poem, summarizing and linking significant findings. The pantoum poem is characterized by its repetitive, cyclical nature (Padgett, 1987). Each line comes back again in a new place in the stanza, and interconnects with new material each time in a slightly new perspective (Padgett, 1987). This continuous motion of the poem reflected my experience with this research process. This poem also reflects the cyclical, repetitive, enlightening, and tiring nature of this research process and reflects thoughts, realizations, challenges, and discomforts that arose.

Ethical Considerations

Important ethical considerations apply to my role as the sole participant in this research. I was also committed to ensuring that this process was not used as therapy. The process of deep self-examination and reflection did generate stress and complex emotions. I, therefore, worked to stay aware of this reality and engaged in intentional self-care as needed. Through personal journaling, music making, exercise, and other self-care strategies, I reflected on my intentions for engaging in this research process and on the feelings that arose. I also allowed myself space and breaks as needed throughout the research process.

Chapter 4. Illumination and Explication

Cultivating Curiosity

My lived experience of disability has afforded many incredible moments of self-discovery and community connection. It has also produced challenging and difficult moments of uncertainty and self-doubt. As I began my education in music therapy, my sense of self as a competent music therapist began to take form, and this reflexive journey began as I increasingly took note of the possibility that internalized ableism was influencing how I responded in certain music therapy clinical training contexts.

During a clinical internship, I was given space to identify the accommodations I needed, while leading sessions, to do my work effectively. Having this time to recognize the tumultuous internal pressure to conform to the expected ideal of a music therapy student and that I needed something different than what is expected was transformational and freeing. The curiosity I developed around ableism and its impacts across every aspect of my being led me to this important reflexive experience. This research, then, aimed to use improvisation and journaling to prompt reflection on and exploration of this possibility and to engage with the insights that might emerge. This challenging and important process generated many significant insights that related to these aims.

The improvisations served as an important generator of contextual information and critical insight and provided an important secondary source of data. These improvisations ultimately guided the depth and focus of my journaling experiences. The journals provided the primary source of data for analysis.

Although the music did not constitute a primary source of data, it was crucially important to my fundamental understanding of myself and to my developing perspective as a person, musician, and new music therapist grappling with internalized ableism. After completing the coding process, three categories of significance appeared. First, that which is concerned with me and my internal processes; second, that which is concerned with me in the context of society; and third, the implications of a growing sense of responsibility and accountability. Each of these categories and associated themes emerged as a critical point of personal learning and informed how I understand the insights I, as a new music therapist, have had as a result of engaging in this process.

Please see Table 1 below for an overview of the categories and themes that emerged as a result of the coding process.

Table 1

Category Overview

Category 1: Feeling Internalization

Theme 1: Guilt, Shame, and Denial

Theme 2: Weight of Internalization

Theme 3: Identity and Purpose

Category 2: Recognizing and Naming Fatigue

Theme 1: Fatigue of Ableist Entanglements

Theme 2: Validation Seeking and Fatigue

Theme 3: Advocacy Fatigue

Category 3: Increased Sense of Accountability

Theme 1: Responsibility and Accountability

Theme 2: Constant Awareness

Category 1: Feeling Internalization

The first category includes insights that specifically concern my feelings and the inner thoughts and processes that improvising and journaling made visible to me. Here, I note the ways that unveiling and recognizing ableism and, in turn, internalized ableism have influenced me. The heaviness of internalized ableism is vast and, therefore, somewhat difficult to identify and describe in concrete terms. Nonetheless, I have classified current insights into three main themes within this category. As I engaged in the reflexive process, I found that I carry a sense of guilt, shame, and denial. Additionally, I noted a deep feeling of weight as I grappled with the importance of this process and understood that I have much more to learn. Lastly, although this process was difficult, and I came upon and worked through many challenging moments and difficult realizations, engaging in this reflexive process afforded me a strengthened sense of identity and purpose.

Theme 1: Guilt, Shame, and Denial

Guilt, shame, and denial emerged in the data as powerful indicators of internalized ableism and of previously unrecognized strategies of avoidance. It has been difficult to acknowledge how deeply ableism has manifested in my life experiences. The incredible power and influence of ableism are difficult to disrupt and all the more heartbreaking to realize.

As I reviewed each journal entry, I noticed that feelings of guilt, shame, and denial were continuously present. Interestingly, I found these feelings to be one of the most difficult themes to address directly. These feelings were challenging to recognize and felt nearly impossible to label because they brought me into a space I would typically try to avoid. However, naming and identifying these emotions allowed me to acknowledge important vulnerabilities and sources of discomfort that led to a greater understanding of how I participate in perpetuating ableist expectations.

“Get over it. Be normal. Don’t tell people. Don’t use this as an excuse. Figure it out.” I noted these phrases in my journal, and I repeated these to myself (and still do sometimes). I blamed myself for any difficulties that I faced, and importantly, I told myself it was wrong to acknowledge difficulty and that I didn’t need accommodations – I just needed to do a better job of pretending.

I was motivated, at least in part, to engage in this experience because of the responsibility I feel as a new music therapist to my clients. Yet, I now realize I am driven further, and arguably more importantly, to repair a relationship with myself that has separated disability from who I am fundamentally. I grappled with the concept of acknowledging these separated aspects of myself and wrote, “As I am working to reconcile my relationship with myself, I can’t help but notice that I feel at fault. [At fault] For weaponizing something [ableism] and inflicting these damaging thoughts on myself. Why has it taken me 24 years to learn to value myself in spaces - however that looks for me?”

I felt guilty for not engaging in this work sooner, for past thoughts and actions that supported, and even perpetuated, accepted expectations of normalization, and for taking so long to realize the impact of this on my life and professional self. Additionally, I felt guilty for the thoughts, actions, and assumptions that I have kept to myself and projected onto others – all of which are informed by ableist values. Furthermore, I felt

shame as I reflected upon and considered the ways I have unknowingly perpetuated ableist narratives which have influenced my decisions and values across personal and professional landscapes.

Lastly, I felt the strong pull of denial as I felt a desire to run and flee from this process altogether. I had to push past this urge to deny ableism's presence in my life in order to accurately and openly experience my feelings and name them as guilt and shame. I wanted to escape confronting these feelings; it was an incredibly uncomfortable experience.

Nevertheless, I found a sense of clarity after acknowledging these feelings and their influence on my experiences as a new music therapist. In labelling and accepting these feelings, I have been able to reflect with much more authenticity and freedom. Through engaging in improvisations and journaling experiences, I was afforded a time and place to sit with the inner manifestations of an ableist reality and the complexities of the consequent internalization that I have experienced.

Theme 2: Weight of Internalization

As I moved through this reflexive process, I began to recognize the weight of ableism. It felt increasingly heavy as I continued to discover the ways it had shaped my thinking. The data in this category demonstrated the significance of identifying and unravelling the impact of internalized ableism as a continuous process of, and commitment to, learning, unlearning, and re-learning.

I felt the heaviness of unquestioned, normalized assumptions and expectations so deeply throughout the improvisation and journaling process. I often felt overwhelmed by the fact that my understanding of ableism and internalized ableism is still developing. This heavy feeling was incredibly generative in understanding the impact of internalization; but, it also made this reflexive process all the more difficult to commit to. I came to understand that I have many not-yet-explored or not-yet-understood elements of internalized ableism that still exist. This weight is made more evident by realizing the unquestioned assumptions and expectations that continuously reveal themselves. I have so much more to explore, and this becomes increasingly apparent to me as I continue to learn from and examine the data from this research.

As I began to understand the impact and vastness of this process, I wrote in my journal, “I feel as though I am caught in a never-ending, cyclical appearance and reappearance of the *unquestioned assumption*. When will I no longer experience the moments of realizing I need to reflect and intentionally question something I have internalized?” When will it feel easier to identify instances of ableism and less like a deep personal excavation that continually weighs me down? I experienced this very daunting realization, which is to know that there is a seemingly infinite amount of learning, unlearning, and understanding to do. This process of challenging my assumptions, beliefs, and actions is only going to continue to develop as I further my commitment to this work. I assumed I knew what people might hope to become, change, or modify about themselves through the therapeutic process. More specifically, I assumed that everyone strives for normal, I bought in to the idea that normal and happiness were one in the same.

These sets of ableist expectations and messages became so ingrained over time I was hardly aware that ableism was influencing my actions and decisions. During this process, I was prompted to reflect upon a memory that serves as an important example of the power of normalization in my life. I experienced sudden hearing loss following an accident that left my eardrum with a large rupture. I was told this rupture had to be fixed by surgical intervention to restore my hearing. When this surgery was first proposed, I accepted it enthusiastically, without a second thought - *of course, I would do whatever was needed to restore my hearing*. And so, I went through with the surgery and the painful recovery, only for the surgery to fail and the rupture to remain. A few years later, the surgery was offered for a second time. At this point in my life, I had begun to immerse myself in disability culture, and I had begun to find joy in my disability. This time around, I didn’t so quickly accept the surgery. I was surprised when I felt unsure about accepting this second attempt at restoring my sense of hearing. In fact, I felt a sense of loss and almost grief as I thought about this potential change. For several reasons, this second surgery did not happen, and I am perfectly comfortable with the fact that my experience of hearing loss will continue.

This example was not present in my journal. Rather, I reflected on this experience as a result of the process of writing this chapter. This reflective process has certainly

given me space to consider my past personal experiences, and I have come to realize the extent to which I have embodied, and therefore carried the weight of, internalized ableism. For example, I have repeatedly told myself that I was a less capable music therapist because of my disability. I have similarly pressured myself to have surgery and fix my hearing, to restore myself to my full non-disabled potential, and to become a more competent music therapist. I felt the heaviness of learning to embrace disability, and all that comes along with it. I felt the weight and importance of reconciling my relationship with myself. I moved through the heaviness of understanding the cycle of internalized ableism as an oppressive force within me.

Theme 3: Identity and Purpose

As I examined my experiences and began to understand the intricate nature of ableism and its influence on my life, I started to develop a more clear sense of self. The data represented in this section revealed a developing sense of identity and purpose in my claiming of disability as a part of who I am. In my journal, I noted this sense of identity claiming and the vulnerability that accompanied my experience. I wrote, “I feel like I am opening myself up to a more honest version of who I am and how I present myself in personal and professional settings. It feels lighter in some ways[...].” As I focused my attention on recognizing and unlearning ableist values and expectations, I found that I was able to unveil a more solid understanding of the values that inform my music therapy practice. For example, becoming more aware of the pervasive use of normalization in music therapy goal setting has allowed me to intentionally disrupt ableist expectations by rejecting such goals and objectives in my work as a music therapist.

Additionally, my professional purpose has become more clear. I have committed to disrupting ableism as I work as a new music therapist. Therefore, I have a sense of purpose in the workplace connected to being and becoming the cause of disruption, and I am motivated to ask questions and reframe the therapeutic work and environment. I felt a growing sense of professional credibility develop as I committed myself to this reflexive work.

By engaging in this research process, I found something to guide my sense of self and purpose as I learned through writing this thesis. First, the act of completing this research meant that I felt more capable of answering the questions “Who are you?” and

“What do you do?” I could always answer by commenting on this process and on my research interests. This research experience afforded me a developed sense of credibility, identity, motivation, and confidence in myself. I developed the confidence to advocate according to a more clearly defined set of values, and I created a more solid foundation of knowledge to draw upon when needed.

Interestingly, the very act of writing this chapter has allowed me to grapple with an additional layer of internalized ableism. As I wrote and re-wrote my findings, I felt myself grappling with unanticipated feelings and insights, some of which were evident in my writing itself. I felt a pull to remain more theoretical than personal, as another defense mechanism. Writing this chapter has allowed me to view my discomfort and the continuing impact of internalized ableism from a new perspective. In noticing this pull to distance myself from my disability, I was able to use my writing more intentionally to reaffirm and assert my identity. Moreover, I located another string of internalized ableism which I hadn't noticed before. I was still working on being comfortable with who I am by writing the words “disabled music therapist.” The very act of writing this thesis has given me a more clear sense of who I am, contributing to both personal and professional identity development.

Throughout this process, I found that I became more comfortable claiming my disabled identity. Importantly, I have found more opportunities to explore disability pride, joy, and enjoyment alongside understanding how I continue to be influenced by ableism and the normativity it demands. I reflected upon the frequently unchallenged expectation that the therapeutic relationship be framed in terms of the well therapist and the unwell client (Rolvjord, 2014). I held onto this internalized dominant assumption and held onto it tightly for a long time.

When I first began my music therapy training, I found it nearly impossible to advocate for myself and the accommodations I needed to lead sessions more successfully and less exhaustingly. I learned that supervisors would breathe a sigh of relief when I assured them that my disability wouldn't *get in the way* and that I would be able to handle the challenges personally as they arose. I was afraid to ask for help and for accommodations, afraid to appear incompetent, untrustworthy, or unprofessional. I noted these fears in my journal as internalized manifestations of ableism, which destabilized my

sense of identity and professional value. These fears held me back from even figuring out what accommodations would help me. In my journal, I grappled with the difficulty of self-advocacy, as I wrote, “..on a loop I tell myself I am probably faking it anyways and I don’t need accommodations, I tell myself I just have to be better and try harder, I tell myself I need to push through and just figure out another way.” However, by finding value in my disability, I have also found value in disability in the therapeutic space. I have become better able to advocate for my needs as well as my clients’ needs.

Category 2: Recognizing and Naming Fatigue

My very existence is entangled with ableism and the societal messages it produces. The way I experience, move through, and act in the world is entangled in ableist expectations of normalcy. This process has helped me to identify how ableism shows up in my life – in expectations to present as normal, in my tendency to disavow disability as something I live, not just something I support, and as a belief that my value rests in my ability to work without accommodations. Ableism has so expertly situated itself in the functions of society and has entangled itself in my daily experiences of the world. The data in this category relates to insights that emerged from examining and reflecting upon the experience of existing within an ableist society, specifically the fatigue that is generated by compulsory normativity (Campbell, 2009).

The first theme outlines the fatigue that I felt as I examined my ableist entanglements and the value I placed on normal. The second theme grapples with the fatigue associated with seeking validation professionally and personally. The third theme discusses the power and exhausting experience of advocacy fatigue.

Theme 1: Fatigue from Ableist Entanglements

The data explicated in this theme exemplify my learned tendency to define and measure success and self-value in comparison to the norm, and the fatigue that accompanied constant striving for something I can never achieve. I realized the extent to which my thoughts and decisions, as a music therapist, had become entrenched unintentionally in ableism. More specifically, I recognized how much I learned to value and even protect the pursuit of normal. Yet, perhaps most importantly, I have placed this pressure on myself and expected others to achieve normalcy as well.

The presence of ableism and its prominent influence in society has taught me to desire normal, and I internalized the message that, as a disabled person, I am less worthy and competent than my non-disabled peers. Ableism taught me, masterfully, to disassociate from my disabled identity for years, to not address my needs, to hide my difficulties, and to silence my challenges. I viewed personal disclosure as a sign of weakness and personal shortcomings. I viewed it as a sign that I wasn't able to handle things on my own, at least not well enough – it became a last resort when I felt so run down that I had nothing left to do but explain that I couldn't hear. I told myself that if I brought up my disability, I would be *using it* or *capitalizing* on my disability. I told myself this, and I was also told by others. I saw people roll their eyes when I brought up my disability and the difficulties I experience, and I heard them clearly when they told me or, more accurately, those around them that I was using it to get ahead or just making excuses.

Ableism is woven into every aspect of how I value and understand myself, my clients, and everyone around me. It was something I learned quickly and silently, and occasionally loudly and explicitly as I grew up and trained as a music therapist in a fundamentally ableist environment. I reflected upon one explicit learning experience in my journal as I wrote, “What about being told that my disability ruined another student's experience of [an] improvisation because I wasn't playing loudly enough. It's hard not to feel responsible for the comfort of others. I feel like I am always thinking about whether or not I am loud enough, quiet enough, or if I've missed something entirely.” For more context, one aspect of my hearing loss is that I find it difficult to balance sound – hearing myself in comparison to those around me takes far more energy than it did prior to experiencing hearing loss on one side. I need more time to learn the space, to feel the sound, and to figure out how I fit into that sound. Once I learn how different musical elements feel in a space, my muscle memory kicks in, and I can engage and balance my musical offerings with less energy. This takes a little time and practice.

This day, I was particularly nervous because it was one of the first in person classes after COVID-19. I wasn't sure how it would feel to make music in a group in a new space, with all of these factors that I hadn't yet experienced. We completed an improvisation, and I took a deep breath afterward, feeling thrilled by the feeling of

playing alongside people again and also worried that I hadn't done a good enough job responding to and adding to the music experience. My fears were quickly confirmed when a classmate told me, in front of the whole class, that I wasn't playing loudly enough for them and that I ruined their experience. I felt a knot in my throat, and I sat back and watched the class discuss the ways that my involvement made for an example of a "challenging client." The class discussed how they would address and modify my behaviour if I were a client. I was never addressed directly or spoken to, only about, and I absorbed the message that I just didn't do well enough. I didn't speak up in the moment, partially out of curiosity, to see if anyone would acknowledge me and my experience, and also because I was deeply afraid that this inability to respond *appropriately* to the music of others really did make me a less qualified music therapist (intern at the time) than my peers.

I took note of who and what was accepted and valued in my class. I learned that it wasn't me, at least not if I couldn't learn to hide my disability better. For a while, I really believed that I didn't do well enough and that I showed a lack of skill as a music therapist, and I internalized the sense of responsibility to pretend and try to overcome my disability. I often felt wrong, selfish, and apologetic for disclosing my disability, and yet, I also felt tired and frustrated when I navigated it on my own.

I felt that I was less valued as a musician and therapist because of my hearing loss. I systematically devalued myself because I failed to return to normal and failed to achieve a state of functioning that is expected. In my journal, I demonstrated the burgeoning awareness of the impacts of this, and I wrote, "I am constantly aware that my thoughts and how I value myself are tangled up in the ways I have been taught to measure my worth in society. I have been shown how to dictate my level of worth based on the ways I interact with the people and environment around me." I felt pressure to achieve the expectation of non-disabled therapist, and I was basing my feelings of self-worth on my in/ability to meet these unrealistic expectations. This evolving understanding has allowed me to more deeply question what and who I value and how I perceive success in the therapy space.

My definition and perception of success and value have significantly evolved throughout this process. Prior to conducting this study, I defined success in terms of the

ability to blend in and exist without accommodations. Success, to me, is rooted in my ability to know and advocate for my access needs and to further find value and validation within myself, not from achieving or pretending to achieve a socially accepted version of myself. This extends into my work as a music therapist because I have actively moved away from determining client success based on their ability to change, recover, or fix something to better fit into society.

Theme 2: Validation Seeking and Fatigue

My personal and professional sense of value are entangled with one another. I find that I often use my professional identity to give value to my personal one, and to find security and stability, I look to other professionals to validate my professional existence. Each sense of my value is dependent upon another's opinion of me, my work, and my profession. This process of constantly seeking validation from others is exhausting and, certainly, a generator of overall fatigue.

Data in this category produced insights in two key areas. It demonstrated that the way I sought validation of my profession and professional work largely relied on highlighting how my work, through specific examples, helped people overcome a way of being that I thought of as disabled. It also highlighted, however, how I unknowingly sought to separate myself from that way of being by positioning myself as a helper but not connected to those whom I help through shared experience - an expectation that the helper is separate from those they seek to help.

As I uncovered these assumptions that inform the way I present myself and the profession, I grappled with how these assumptions have fueled a search for validation. I sought validation from employers, peers, and other professionals. As I engaged in the journaling process, I was able to reflect upon the reactions I have often unknowingly hoped to curate as I explained who I am and what I do. At the core of how I have presented myself, I have looked to others to validate me. To effectively generate the responses I hoped for, I noticed that I would rely on examples of my past work to explain and validate my work as a music therapist. While it does effectively help curate the validating response I desire, I noticed the complexities that often arise while seeking validation through these examples.

This validation-seeking aspect of myself was demonstrated in my journal as I grappled with this drive to seek value, “There is a social value attached to working with disabled people that focuses only on the nondisabled person. [...] therapists might advocate for their work by creating a bond, which is then taken and discussed and shown off to others to advocate for a position. A bond which is made to show the incredible work of the therapist, not the work of the client.” I feel validated as a professional when I can demonstrate that my provision of music therapy support has helped disabled clients to overcome disability, or rather, appear less disabled. The underlying motivation for demonstrating my work in such a way is simply to elicit an expected and positive response from the other person. I find it so tempting sometimes to give in to the easy, predictable, and comfortable way of sharing my work; of course, this doesn’t serve me or my clients. Now that I am explicitly aware of the types of validation I was seeking, I am better able to disentangle my self-worth from this validation; it doesn’t feel like genuine validation when it relies on client success stories rooted in ableist narratives to propel a feeling of worth and acceptance.

Theme 3: Advocacy Fatigue

The data analysis revealed emerging perspectives of advocacy that seem to be related to the accompanying fatigue, isolation, and exhilaration. My advocacy fatigue certainly appeared throughout my journal entries, but it was most prominent in week three. I felt tired, fatigued, and unmotivated to continue after I felt I was doing my best but barely seeing change. Advocacy in the data refers to the ongoing disruption of normative expectations.

Advocacy can be isolating, lonely, wonderful, exciting, meaningful, healing, and so much more all at once, but the experience of continuous advocacy is also draining and tiring especially when met with resistance. I expressed my fatigue in another journal entry, writing, “[...] I have felt considerably more tired as I have felt this almost overwhelming sense of impact (or lack thereof) while I have pondered the issues I am facing as a new music therapist entering the field.”

I found advocacy tiring in its repetitiveness and exhausting because of the isolation it almost magically seemed to summon. I felt distant from others so often because ableism is never easy to recognize, let alone to take ownership of, and the

movement toward change is certainly not always received in the most positive way. It is challenging to be the spark of such discomfort and to disrupt generally accepted ways of working and existing. While I find it exhausting to advocate for myself and my clients, it is so important and absolutely worth the fatigue if it can lead to change.

In my journal, I reflected again upon this lack of motivation, and I wrote, “Maybe that is how this is supposed to feel? Like small, barely noticeable changes and ripples that disappear and lose their power after a few seconds.” I felt as though I had to say something fifty times before it was heard once, and it was hard to navigate at times. This journal entry was inspired by a recurring image that I was experiencing over the data collection period. The image was of pebbles hitting the water and creating ripples on the surface of the water while the rock floated down to the bottom of the lake, becoming a permanent, small fixture of the habitat. I pictured more and more pebbles falling into the water, becoming less and less easy to ignore. I revisited this image often throughout weeks three and four, and it provided a sense of calm motivation, a determination which felt slow but important.

Category 3: Feeling Increasingly Accountable

As I reflected upon the experiences and insights that emerged during improvisation and journaling as a new music therapist, my evolving sense of accountability and responsibility became much more clear. The data demonstrated two significant themes within this category. First, the implications of recognizing internalized ableism as a new music therapist illuminated a growing sense of responsibility and accountability. Secondly, the reality of being a disabled music therapist grappling with internalized ableism demonstrated the state of hypervigilance I was in as a result of constantly looking for ableist manifestations. Each of these themes has greatly intensified through engaging in this reflexive process and each has inevitably informed my professional and personal self.

Theme 1: Responsibility and Accountability

As I analyzed the data, I began to notice that feelings of responsibility and accountability were showing up in my journal entries. The journal entries relayed feelings of an evolving sense of responsibility and accountability to engage in advocacy opportunities, even though they may produce a sense of fatigue. There are many nuanced

emotions which have driven this sense of responsibility to engage in this reflexive work. I explicitly noted this feeling of developing responsibility in my journal, writing, “Where does my responsibility lie in knowing and understanding my internalized ableism as it relates to my client’s and future client’s experience in music therapy? It is this sense of responsibility and accountability that has fueled me to pursue this research and self-examination. There, I also feel angry and frustrated, which further motivates me to live in constant awareness of ableism and internalized ableism as I navigate situations.”

Part of this responsibility, I think, is connected to the fact that my disability is invisible. This sense of accountability to myself and others drove my motivation to continue to engage in this reflexive process, to push through the uncomfortable and tiring moments and to challenge myself to grow through discomfort.

While sitting with the recognition of being complicit in perpetuating a harmful structure, I felt a strong urge to avoid and brush aside the experiences. I felt uneasy when I took time to reflect upon the thoughts that had encouraged me to try and overcome, or pretend I had overcome, my hearing loss. Through the improvisation and journaling experiences, I got very used to sitting with the discomfort and learning to view it as an indicator of important growth. My discomfort stemmed from recognizing the value I assigned to normalcy and to non-disabled ways of being.

I once had a choice to either work with a client to practice speaking or to allow him to communicate using any variety of means available to him. I had a choice to either teach him to fit into a mold set out by society’s expectation for normal or to value his communication and interests and encourage him to use what he found most comfortable. We ended up using Piktocharts, gestures, occasionally verbal communication (only when chosen by the client), and sound effects. After identifying and labelling my ableist influences and underlying biases, I chose the second, and I am so glad that I did. I learned so much from this client as we explored communication beyond what I would have previously considered *acceptable or normal communication*.

Once I learned of ableism and internalized ableism, I found it impossible to return to life as usual. Internalized ableism and its deceptive nature integrated itself powerfully into my experiences, and it has played a crucial role in my decision-making and perspective of thinking about myself and my clients. It was necessary for me to recognize

that I feel this personal responsibility for myself and my clients as I am an emerging music therapist. I cannot fully escape ableism, nor my internalized ableism, but I do have the power to recognize and question it.

Theme 2: Constant Awareness

The data in this theme demonstrated the constant awareness of internalized ableism, which is a part of me as a disabled music therapist. My disability and internalized ableism cannot be separated from my identity and perception of myself. By nature of the ongoing process of unearthing manifestations of internalized ableism, I am constantly aware of my thoughts, values, and assumptions. I am unable to stop thinking, stop noticing, or stop wondering if I am failing to notice a critical piece of unquestioned ableism. The experience of inescapable, constant awareness informed this final theme. It is impossible to *turn it off*. In my journal, I highlighted this feeling of being perpetually engaged with the notion of what internalized ableism produces in me. I also noted how I felt irremovable from the experience. I wrote, “How do I remove myself from internalized ableism? I can’t silence this voice - I don’t know if I ever will.”. Through this process, I have become grounded in my capacity to recognize and dismantle internalized ableism rather than trying to separate myself from it.

If I allow myself to exist without this hypervigilance, I worry that I might miss something or that I might not take the time to notice something important. Furthermore, I need to be aware all of the time so that I can advocate for myself; I have to remain constantly aware of my needs and the spaces in which I choose to engage. Being able to choose when to be aware of ableist manifestations is not a luxury I have as a person with a disability. Because ableism is such a pervasive force in society, its pressures are constantly influencing me, and I am committed to constant reflection and awareness to notice ableist influences as they arise. I can’t take a break from my disability. I am constantly shifting, thinking, and adjusting as I navigate the world. I moved from wishing I could stop being so aware to recognizing awareness as an ongoing reality.

Conclusion

Throughout the improvisation and journaling experience, I was able to reflect upon my inadvertent compliance with ableism while working as a new music therapist, and I allowed myself to feel and acknowledge the weight and fatigue of this process. As I

identified and named these feelings, the complexities of internalized ableism became more tangible, and I was better able to understand my reactions and driving purposes for engaging in this reflexive process. Furthermore, I was actively showing up for myself and my clients by engaging in this process, and this provided encouragement for me to continue through the messiness and uncomfortable moments that arose. I had space to question normativity and to reflect upon the ways I have absorbed associated expectations and assumptions. I noted the complexities of advocating for myself as a professional in an ableist environment which often expects therapy to impose normalization. I further recognized the complexities of the constant awareness of internalized ableism, and in return, I developed a growing sense of responsibility and accountability.

Chapter 5. Discussion

Introduction

I engaged with the self-heuristic research methodology because I wanted to explore and document my experience of recognizing and challenging my internalized ableism. I greatly cherish the time that I was able to dedicate to this learning process and the illuminating findings which resulted from this deep immersion into my inner self and experiences. The final phase of the self-heuristic research methodology is the creative synthesis (Moustakas, 1990). This creative synthesis offers an opportunity to summarize and experience the findings in one cohesive creative outlet (Moustakas, 1990). I felt compelled to synthesize my findings creatively in the form of poetry.

Cultivating Authentic Engagement

My motivation to explore my experiences of internalized ableism strengthened while navigating my clinical work as a music therapy intern. I came to realize that my fear and shame around disability was keeping me from accessing necessary accommodations; the internalized shame and guilt about needing accommodations fueled this resistance. I then began to consider how this shame and denial of disability manifested in aspects of the therapeutic process and the ways in which I embodied internalized ableism while working with clients. I began to notice how I would allow my negative self-view of disability to slip into sessions. When I denied myself access to accommodations as a therapist, I was unintentionally perpetuating this idea that accommodations were shameful or embarrassing.

When I worked through my discomfort in knowing and advocating for myself, I was better able to demonstrate and model self-advocacy, and I was able to center my disability as a valued part of my identity. In working to understand my internalized ableism and advocating for accommodations as a music therapist, I learned it was valid to be a professional who also had accommodations in place to provide the best care possible, and it was valid for clients to learn and advocate for theirs. I have experienced considerable growth as a clinician, music therapy advocate, and client advocate.

The combination of reflexive journaling and musical experiences allowed me to engage more honestly with the complicated influence of ableism and its internalized ramifications as a disabled music therapist. Importantly, I experienced complex emotions

and unanticipated insights during the insightful process, which allowed me to delve deeply and, with more fluidity, into my inner world and experiences. This fluidity allowed me to connect with and move between my feelings and experiences, and through the analytical and identification processes more freely.

Creative Synthesis

I began the creative synthesis on November 26th, 2023, and I immersed myself in poetry forms until I found one that spoke to me. I decided to choose the pantoum form of poetry, because the cyclical, reiterative nature of the poem reflects the process of continuous self-reflection and awareness. As I came upon the pantoum form, I felt an instant connection. I noticed many thoughts circled back during the journaling process as I experienced new situations and questions that appeared in a new context. I wrote the poem on November 26th in one sitting, allowing my thoughts to flow without restraint. I then revisited the poem over the following two weeks to edit it and allowed it to become a part of my conscious awareness. This poem reflects my experience of this reflexive process with the nature of context variability and constant learning and re-learning.

I began the creative synthesis by free writing and allowing my most critical thoughts to emerge without judgment or editing. The poem came together quickly, and I found that the words flowed quickly, almost faster than I could think. This process was illuminating in and of itself, as my core learnings stood in front of my eyes, woven together as one. It was particularly powerful to combine the daunting feelings of beginning this process; the concerns and the self-preparation filled many of my thoughts as I embarked on this process. The poem is titled: "What Would I Find?"

“What Would I Find?”

What would I find when I turned the focus in?
Decisions and thoughts that made me, me
I found a seemingly impossible task to begin
I found guilt, shame, denial, three

Decisions and thoughts that made me, me
A never-ending carousel of self-reflection and illumination
I found guilt, shame, denial, three
I questioned the far too normalized exploitation

A never-ending course of self-reflection and illumination
Nevermore silence in constant awareness
I questioned the far too normalized exploitation
I accept my accountability; in all fairness

Nevermore silence in constant awareness
The internalized manifestations weighed heavy on me
I accept my accountability; in all fairness
And newly shaped identity that I guarantee

The internalized manifestations weighed heavy on me
The fatigue set in and proved far more powerful than I could imagine
And newly shaped identity that I guarantee
Yet I cannot lift awareness for the promised transformation

The fatigue set in and proved far more powerful than I could imagine
What would I find when I turned the focus in?
Yet I cannot lift awareness for the promised transformation
A seemingly impossible task to begin

Assumptions and Limitations

Two assumptions guided this research. First, I assumed that examining my own lived experience would lead to insights that would positively shape my sense of self and my music therapy practice. I also assumed that this research would produce insights that might be relevant to other disabled music therapists.

This research is limited in three main ways: First, due to the brevity of a master’s thesis timeline, this research was conducted over a relatively short period of time, which may have influenced the breadth and depth of results since it limited the amount of time

that I was able to engage in each phase. Second, it is further limited by the short time that I have been a music therapist. My understanding of my professional self and my clinical approach is continuing to grow and expand as I am only in the beginning phase of being a music therapist. Therefore, I am learning and experiencing this research through the lens of a new music therapist. Third, this research is limited by the fact that I am a new researcher, and this is my first formal engagement with a research process. My developing researcher identity, then, may have limited the insights I was able to gain.

Potential Implications

Implications for My Personal and Professional Development

Engaging in this process has offered a deeper understanding of my personal involvement in ableist structures and the ways in which these have influenced me. I have felt guilt, heaviness, joy, safety, motivation, and a growing sense of community and belonging. I am better able to consider how my biases, values, and beliefs inform the decisions I make as a therapist, and this learning has informed my work alongside clients. I found a sense of meaning which stemmed from feeling as though change is possible and small moments of change can have a growing impact. Most importantly, this process has allowed me to repair a relationship within myself. My identity as a disabled music therapist is one that I feel much more connected to and empowered by as well. I no longer feel the same level of guilt or concern about my disability and my competency as a music therapist. This process is undoubtedly an uncomfortable experience, and the urge to avoid discomfort was strong. However, through the difficult moments, I found a sense of clarity and self-acceptance that I was not expecting.

Implications for Other Music Therapists

Potential implications for other music therapists include the encouragement and motivation to look inward and recognize one's ableist entanglements, whether intentional or otherwise. Music therapists might be encouraged to seek to better understand their unintentional complicity in oppressive structures in their clinical practice.

Social Justice Implications

Through engaging in reflexive practices with the aim of exploring internalized ableism, I am better equipped to advocate for equity and social justice within the music therapy field and beyond. Music therapists work in inherently ableist systems. This

reflexive engagement with the realities of oppressive structures may lead others to consider their complicity. Moreover, this may lead others to find sustainable, significant, and realistic ways to advocate alongside others. Not only do I feel more confidently able to advocate within the field, my knowledge and articulation of social justice has exponentially grown. Furthermore, my understanding and awareness of social justice issues has grown, enabling my knowledge on this topic to grow and develop as well.

Implications for Music Therapy Education

Exploring and learning about what it means to be ableist and how internalized ableism informs one's understanding of music therapy may allow disability culture and awareness to integrate into training programs. This research demonstrates the intricate nature of ableism and internalized ableism and its potential to be a dominant force within music therapy training programs, and it might bring awareness or prompt discussion in the academic music therapy community.

Implications for Music Therapy Research

Future research might be encouraged, and prompt other researchers to engage in similar explorations of the ways in which internalized opinions, beliefs, and attitudes lead to complicity in oppression. Future research in related areas might encourage and develop ways for music therapists to advocate for themselves and clients in inherently ableist environments. Furthermore, music therapists might move toward a less oppressive system of practice, which would result in more equitable care for clients.

In Conclusion

I am so grateful for the time that this process afforded me to get to know myself, my experiences, and my internalizations so deeply. I felt a stronger connection to myself and my purpose as a new music therapist. Throughout this process of improvising, journaling, and writing this thesis, I reveled in the difficulty and stickiness that self-reflection entails. The desire to give into avoidance was strong, and I felt it throughout all aspects of this process, especially in the writing process.

Although the self-reflexive process was difficult and challenging, to say the least, I learned to value myself and my clients apart from ableist expectations and teachings. I found an opportunity for healing as I identified and named the powerful feelings that accompanied the experience. Furthermore, I allowed myself to feel the weight of

internalization, which was so heavy, yet I was able to move through this heaviness. This weight is so heavy that I felt the obligation as a therapist to tackle it so as to ensure that I was not perpetuating internalization in my clients.

This process was many things to me; it was simultaneously illuminating and healing, but also painful and difficult. I felt drawn to parts of my experience that I had not previously given myself permission to fully recognize, let alone articulate. As a result, I found it necessary to face some parts of myself and my experience that, for the sake of comfort, I would rather keep hidden from my daily consciousness. Despite the difficulty of this process, I have felt a greater connection to and acceptance of the disabled portion of my identity as a music therapist.

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