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Examining Ableism in Music Therapy Education and Clinical Training: Student and Educator Perspectives

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Examining Ableism in Music Therapy Education and Clinical Training:

Student and Educator Perspectives

A DISSERTATION

(submitted by)

REBECCA J. WARREN

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
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Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

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Approvals

In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.

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Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

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I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

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STATEMENT BY AUTHOR

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SIGNED: Rebecca J. Warren

DEDICATION

To my disabled self: May you know that you are enough.

ACKNOWLEDGEMENTS

To my partner, Daryl, thank you for your loving support in our life together.
To my parents, thank you for raising me to be ambitious and driven.
To my sibling, thank you for your guidance.
To my dogs, Lulu and Aggie, thank you for your cuddles and comfort.
To my Lesley PhD community and dissertation committee, thank you for teaching me to be more creative, artistic, driven, and more myself.

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ABSTRACT

Ableism is the discrimination against disabled people and favoring of nondisabled people. Ableism can pervade societal expectations, medical systems, educational systems, and culture. Within higher education, ableism can prevent disabled students from succeeding in programs with unique requirements, like music therapy. College music therapy programs combine aspects of music, psychology, and clinical training. While music therapy students frequently will work with disabled clients, there is a lack of consideration for disabled music therapy students and disabled music therapists. The purpose of this phenomenological study was to examine ableism in music therapy education and training. Participants completed a creative writing response about their story as a disabled music therapy student or music therapy educator. Student participants attended virtual focus groups, and music therapy educators had virtual individual interviews. Some participants answered questions by email. Through thematic analysis, the essence of ableism in music therapy in education and training was revealed. This included experiences with interpersonal, internalized, institutional, and structural ableism. Inherent ableism in music therapy was also discussed. A similarity among the educators was referring to their anti-ableism efforts as a work in progress, with some disabled educators sharing their lived experience with disability. Disabled music therapy students and music therapy educators discussed specific aspects of music therapy education they perceived as ableist, as well as ableist microaggressions they experienced or witnessed. Suggestions for future systemic changes in music therapy education and training are considered.

CHAPTER 1

Introduction

A Poem by Me

I am SO tired.
I live in a constant state of anxiety.
Fear for my life. Fear for my blood sugar.
Fear that I will take too much insulin.
I am disabled.
I could die from any of my hundreds of life-threatening decisions every day.
I am living in a country where health insurance companies value money over life.
Value money over my health. My life.
I am living in a country that takes away the rights of others.
That allows the flawed elite few to make decisions for others.
I am disabled in a country that views me as dispensable. inferior.
I have internalized ableism.
That voice that says I'm not good enough if I can't do something, if I need help.
I have internalized that needing help is a bad thing.
That voice that says I need to be the helper to prove I don't need help.
That voice that says I have to prove my value through productivity.
I have internalized productivity over rest.
I am SO tired.
I need rest.
I need help.
I can't relax in a world where I can't take time to breathe. to think. to feel. to create.
to live.
I am disabled and I am living.
I am disabled and I am alive.
That is enough.
I am enough.

My disability identity exploration has been difficult. I was diagnosed with Type 1 Diabetes in 2010. I was immediately told, “You can do anything you want to do.” This statement reinforced the internalized ableism I would come to recognize the more I immersed myself in the diabetes online community, disability studies research, and listening to the disabled community. During college, my internalized ableism manifested in my disability identity development, because I was uncomfortable calling myself disabled due to the fear of being treated differently or less than. Though I had been diagnosed as a 16-year-old with a disability, no one called it that. No one in my life or medical care wanted to admit that diabetes was a disability, because of ableism, discrimination in favor of nondisabled or able-bodied people over disabled people.

As I learned more about ableism, disability culture, and neurodiversity over the last several years, I began to feel more comfortable with my disability identity as someone with a chronic illness and various mental illnesses. I became aware of how my past research on just invisible illnesses and invisible disabilities in music therapy students and music therapists was exclusive and had perpetuated and highlighted the privilege of being able to pass as nondisabled. I realized that I had let my internalized ableism prevent me from embracing myself as a disabled person, from seeking professional support for what I perceived as being neurodivergent, and from feeling disabled enough to research and write about disability. In the last few months of writing this dissertation, my identity as an autistic person was confirmed by formal diagnosis. This was an immense relief as it validated my lived experiences. My insecurity, feelings of inadequacy, and imposter syndrome had slightly eased. I understood why it seemed important to me to share the stories and lived experiences of disabled music therapy students and disabled music therapists to figure out how to reduce ableism in music therapy education and clinical training.

The term, disability, has been widely debated by disability studies scholars, researchers, and individuals with disabilities and chronic illnesses. For this research study, the terms, disability and disabled, will be inclusive of all disabilities, chronic illnesses, and mental illnesses. Both person-first language and identity-first language will be used interchangeably throughout, as each person with a disability or disabled person may prefer to self-identify using either type of language for various reasons. According to the National Center for Education Statistics (2019), 19.4% of undergraduate students and 11.9% of post-baccalaureate students have disabilities. As disabled music therapy students continue to be accepted into music therapy programs, the music therapy profession needs to address the gap in research detailing the intersections of music therapy pedagogy, education, and disability studies. The professional competencies from the American Music Therapy Association (AMTA) are the foundation of music therapy education programs (AMTA, 2013). Some disabled music therapy students may have difficulty completing these competencies as physiological or psychological symptoms may impact their development of musical and clinical skills (Warren, 2020). Adequate training for disabled music therapy students is essential for them to thrive in their work and ultimately benefits music therapy clients. Additionally, the pervasiveness of ableism in music therapy education and clinical training needs to be examined.

Research Questions

The following research questions were utilized to begin this qualitative, phenomenological research study involving disabled music therapy students and music therapy educators.

1. What experiences, if any, do disabled music therapy students have with ableism?
2. What are music therapy educators’ experiences with addressing ableism?

Researcher Lens

I acknowledge the influence of my own worldviews, philosophical orientations, personal identity as a white, heterosexual, cisgender female, autistic, disabled music therapist with a chronic illnesses and mental illnesses and the privileges held within such identities. Though I am disabled, I also benefit from being able to pass as nondisabled at times. At the time of the research, I was a music therapy business owner, a clinical supervisor, a full-time music therapy professor, and a doctoral candidate. I also realize the privilege related to socioeconomic status and educational background that allowed me to conduct this research, as well as the influence of holding the dominant identities in the music therapy profession (white, cisgender female, heterosexual). Though I have not experienced ableism in my own music therapy education and clinical training, I have witnessed ableism perpetuated against other disabled music therapy students as a professor and as a peer.

I embrace the social model of disability, which recognizes disability as a difference and not as a defect and that systemic oppression in society is disabling (Shakespeare, 2013). Additionally, the biopsychosocial model of disability (Engel, 1977) is valued and used to conceptualize disability in this research, as individuals may experience physiological or psychological symptoms that also cause disability. I expect that each disabled music therapy student and music therapy educator in the study will have unique difficulties and experiences with ableism. In highlighting the lived experiences of disabled music therapy students, I hope to continue the dialogue about ableism in music therapy training, education, and in the profession and to explore music therapy educators' implicit biases related to disability and illness.

CHAPTER 2

Literature Review

Ableism is the favoring of nondisabled people over disabled people. Ableism is perpetuated in societal expectations, medical systems, educational systems, and culture. Within higher education, ableism can impact disabled students' success in health professional training programs, like music therapy (Warren, 2020). While music therapy students frequently will work with disabled clients, there is a lack of consideration in research and in educational requirements for disabled music therapy students and disabled music therapists. Researchers have explored how to define and conceptualize disability and neurodiversity (Petasis, 2019; Kapp, 2020), as well as the intersection of disability studies, neurodiversity, and music therapy (LaCom & Reed, 2014; Pickard et al., 2020). However, most of the research involving disabled college students is within disability studies or education research, with some researchers focusing on their respective disciplines.

Within higher education, researchers have highlighted that the accommodations process is difficult to manage (Woodfield et al., 2020), particularly that disabled college students have difficulty discussing accommodations with their professors (Freedman et al., 2020) and that educators lack training and resources (Svenby, 2020). Disabled college students may experience microaggressions and stigma which has led to a higher prevalence of mental illnesses (Kattari, 2020; Miller et al., 2021). Researchers have also explored how having multiple minoritized identities impacts disabled students of color (Eisenman et al., 2020; McDonald, 2007) and disabled students who are LGBTQIA+ (Miller et al., 2021). Kamperman (2020) and Coutinho et al. (2021) emphasized the importance of self-advocacy for disabled college students and how this can lead to increased levels of stress and anxiety. To avoid microaggressions and stigma, disabled individuals may engage in masking their disability (Bargiela et al., 2016; Cage & Troxell-Whitman, 2019).

Regarding music therapy pedagogy in higher education, researchers have examined current teaching practices (Goodman, 2011), the need for an anti-oppressive approach to music therapy pedagogy, including reducing ableism (Pickard, 2022), and the need for queering music therapy pedagogy (Fansler et al., 2019). Multiple researchers have shared their lived experiences as a disabled music therapist (Abbott, 2018; LaCom and Reed, 2014; Leza 2021a; Shaw, 2019) and the experiences of other disabled music therapists (Kalenderidis, 2020; Martin, 2022; Warren, 2021). Some researchers have examined music therapy educator perspectives on personal therapy for students (Gardstrom & Jackson, 2011) and gatekeeping practices in music therapy (Hsiao, 2014). However, there is a limited amount of research from the perspectives of disabled music therapy students with one survey study of music therapy students with invisible illness and invisible disabilities (Warren, 2020). Overall, this literature review will further detail research related to disability studies, interpersonal ableism, ableist microaggressions, masking, institutional ableism in the accommodations process, self-advocacy, music therapy education and pedagogy, ableism in the music therapy profession, and the experiences of disabled music therapists and disabled music therapy students. Understanding such research areas is essential to beginning to reveal ableism within music therapy education and training.

Disability and Neurodiversity

According to the Americans with Disabilities Act (ADA) of 1990, a disability is "a physical or mental impairment that substantially limits one or more major life activity" (ADA National Network, 2022, para. 2). Though disabled individuals may subscribe to any models or definitions of disability, it's important to understand that disability means something different to each disabled person. Emily Ladau (2021), a contemporary disability rights advocate and author, emphasized that most legal or medical definitions focus on what a person can or can't do. She defined disability as "a state of being" and "a natural part of the human experience" (p. 9). This reframing of disability has been built and advocated for by disabled advocates and scholars for decades.

For this research study, disability is conceptualized based primarily on the biopsychosocial model of disability. In response to the medical model, which views disability as something that needs to be fixed, the social model of disability was developed to assert that disability is a difference and not a defect and that disability is caused by societal oppression, social and political factors, and inaccessibility and not by an individual's diagnosis (Oliver, 1983; Shakespeare, 2013). As the social model has become more widely accepted, researchers have considered the difference between impairments, functional limitations due to physical, mental, or sensory conditions, and disability, the exclusion of disabled people due to physical and social barriers (Petasis, 2019). The biopsychosocial model, developed as another alternative to the medical model, combines elements of the social model and the medical model asserting that biological, psychological, social, and cultural factors all influence the human experience of disability (Engel, 1977). Recent researchers have recognized the need to conceptualize disability using the social model and the medical model to impress that society needs to find ways to include and support disabled people but also that disabled people may have biological symptoms that limit their functioning (Petasis, 2019).

In addition to shifting from a medical model, which views disability as something to cure, to a social model, which accepts disability as a difference, the neurodiversity movement has also shifted how society conceptualizes cognitive differences. Chapman (2021) described how the neurodiversity movement reframes neurocognitive diversity to simply be a normal and healthy form of biodiversity and avoids pathologizing minority cognitive styles. Kapp (2020) explained that neurodiversity has come to simply mean variation in neurocognitive function. Neurodivergent individuals have neurocognitive functioning that is significantly different from individuals who function within socially accepted norms (Kapp, 2020). While the umbrella of neurodivergent conditions has been widely debated, Kapp asserted that “the right to self-determination offers the opportunity for other people to identify and organize within the movement” (p. 4). Overall, the disability rights movement and neurodiversity movement provide community for disabled and neurodivergent individuals to organize, to advocate for inclusion and acceptance, and to fight ableism. Researchers in music therapy have considered the impact of various models of disability and the impact of the neurodiversity movement on music therapy practice. Pickard et al. (2020) asserted that music therapists who align with a medical model may seek to reduce autistic symptoms and music therapists who align with the neurodiversity paradigm may maximize an autistic person’s capabilities in acceptance and acknowledgement of their identity.

In addition to the neurodiversity movement, another aspect of disability activism is the concept of expert knowledge and disabled lived experience as expertise. Disability activists and disabled people have utilized the phrase “nothing about us without us” to purport the importance of including disabled people in conversations, research, and decisions that involve them (Charlton, 1998). In an online survey of 636 autistic and non-autistic (allistic) adults, including autistic people and their nuclear family members, Gillespie-Lynch et al. (2017) assessed their scientific knowledge about autism and found that autistic participants had a higher level of knowledge about autism at a statistically significant level. Participants self-reported their autism diagnosis. All participants completed an online demographics questionnaire, a pre- and post-test assessment of autism concepts, a training module between the tests, and an autism screener. The researchers gave participants the option to elaborate on any question in a narrative response. Data were analyzed utilizing descriptive analysis for scales and thematic analysis for qualitative data. Overall, autistic participants scored higher than allistic participants ($p < .001$) and nuclear family members ($p < .01$) on awareness and knowledge of autism at a statistically significant level. Autistic participants also reported lower levels of stigma than non-autistic participants. The researchers concluded, “autistic people are autism experts through their lived experiences and [have] reduced tendency to view autism through a deficit-defined medical model compared with non-autistic people” (p. 10). Overall, researchers across disciplines have emphasized how the conceptualization of disability should be heavily influenced by the lived experience of disabled individuals.

Interpersonal Ableism: Microaggressions and Stigma

Part of having lived experience with disability is the potential for experiencing microaggressions related to both ableism and other systems of oppression if an individual has additional minoritized identities. Ableism is a system of oppression in which nondisabled people are favored over disabled people. Ableism can be perpetuated in microaggressions (Kattari, 2020), which are everyday interactions that maintain negative stereotypes of disabled people and reinforce inequities. Kattari (2020) examined the influence of ableist microaggressions on the mental health outcomes of 311 adults in the United States who identified as disabled or having a disability by conducting a cross-sectional survey. The researcher provided a comprehensive overview of microaggressions, including several examples of ableist microassaults, microinsults, and microinvalidations (Sue, 2010). Participants completed a standardized, validated scale created by the researcher related to ableist microaggressions (ABS-65), as well as a shortened version of the Mental Health Inventory (MHI-18). Correlational analyses indicated that there was a statistically significant negative correlation between the ABS-65 scores and the scores from 3 sub-scales of the MHI-18 (depression, anxiety, and behavior control) but not for the positive affect scale. After removing participants who reported only a mental illness, all subscales of the MHI-18 were negatively correlated with the ABS-65 scores at a statistically significant level. This finding suggested that when disabled people experience more ableist microaggressions, the poorer their mental health may be.

Additionally, Kattari (2020) reported that there was a positive correlation between the level of visibility of disability and score on both the AMS-65 and MHI-18, indicating that the more visible an individual's disability, the more ableist microaggressions they may experience and the poorer their mental health might be. Though this study presented an important research question, there were several limitations presented regarding the AMS-65, including lack of good model fit with the data. Though the researcher recognized that this correlational research cannot be used to suggest causation, there were limited generalizations presented related to disabled individuals. However, Kattari (2020) concluded that mental health and human services professionals must consider and recognize ableism in society, as ableist microaggressions become more widely experienced by disabled individuals, as well as disabled professionals.

Race, gender identity, and sexual orientation intersect with disability lived experience. In a survey of 140 LGBTQ+ disabled students, Miller et al. (2021) found that students self-reported low use of accommodations, assessed their physical health positively but reported symptoms of mental illness, and experienced more structural than interpersonal microaggressions. Eisenman et al. (2020) conducted narrative interviews with two white cisgender female, three Black or African American cisgender male, and four white cisgender male college students with intellectual disabilities about experiencing racist and ableist microaggressions, experiences where they felt misunderstood, disparaged, insulted, or excluded based on their disability, and microaffirmations, experiences where they felt affirmed, respected, protected, or included based on their disability. Speaking about microaggressions, participants reported feeling infantilized at their job, actively avoiding disability disclosure to avoid stigma, being judged by nondisabled peers, and being excluded from residence halls. Participants shared microaffirmations, such as feeling a sense of belonging in the community, being treated with respect, and feeling empowered to explore their disability identity and self-advocate for their personal interests. Overall, each student discussed their perspective of the campus climate related to diversity, equity, and inclusion, and some highlighted the difficult intersections of having a disability identity and being part of a minoritized racial group.

Similarly, McDonald et al. (2007) interviewed low-income, African American and Latinx, community college students (*N* = 13) who self-identified as having a documented learning disability, such as dyslexia, attention-deficit disorder (ADD), or other nonspecific disabilities, as well as self-reported depression, bipolar disorder, or anxiety disorders. McDonald et al. (2007) examined dominant cultural narratives and identified four main themes related to disability, race/ethnicity, and gender: (a) learning disability conveys illegitimacy, low intelligence and worthlessness, (b) an invisible disability facilitates ‘passing,’ thereby reducing disability discrimination within racial/ethnic groups, (c) learning disability detracts from positive gender expectations and exacerbates negative ones, and (d) gender and racial/ethnic narratives are relevant for individuals with learning disabilities. Participants responded to oppressive cultural narratives by removing themselves from oppressive environments or by reframing dominant cultural narratives. Participants often concealed their disability to avoid stigma and ableism, which caused the adaptation of disability shame into their self-concept, instead of disability pride, hindering a positive self-concept. Experiences with systemic ableism and ableist microaggressions among disabled college students may have physiological and psychological impacts, as well as cause students to engage in masking.

Masking

Due to the prevalence of stigma and microaggressions, disabled individuals may take efforts to mask or hide their disability. Masking can be used by any disabled individual for self-preservation; however, autistic masking is more common (Cage & Troxell-Whitman, 2019). Bargiela et al. (2016) conducted a framework analysis to examine the “female autism phenotype” (p. 3281). Participants were 14 women with autism spectrum conditions (ASC) who were diagnosed in adulthood or late adolescence in the United Kingdom. Participants completed quantitative measures of anxiety, depression, autistic traits, and IQ. The researchers conducted individual semi-structured qualitative interviews over videoconferencing or telephone exploring each participant’s diagnostic process and their perception of how gender impacted this process. Videoconferencing and telephone were selected to avoid excluding participants who may have “anxiety, sensory issues and/or a reluctance to engage in direct social interaction” (p. 3284). Data were analyzed utilizing a framework analysis.

Overall, Bargiela et al. (2016) described four themes. For the first theme, participants had others ignore or misunderstand their autistic differences, with many people telling them they weren’t autistic. The second theme included participants efforts to mask their autistic traits to seem “normal” (p. 3287). The third theme related to participants’ transition from being passive to assertive. The last theme involved difficulty being pressured to submit to social gender stereotypes of women. Particularly regarding masking, the researchers asserted that the 14 participants all engaged in masking behaviors, such as learning neurotypical social skills by careful observation of peers, imitating fictional characters, and utilizing trial and error in social situations. Bargiela et al. (2016) concluded that the women in their study experienced a conflict between being female and autistic identity, which they suggested could be why natal females with ASC have elevated rates of gender dysphoria and being non-binary.

Regarding masking, using the term, camouflaging, Cage and Troxell-Whitman (2019) surveyed 262 autistic adults with diagnoses such as autism spectrum condition, Asperger’s syndrome, or pervasive developmental disorder not otherwise specified. Participants completed measures of camouflaging behaviors, contexts, reasons, and mental health symptoms. Data were analyzed utilizing multiple statistical tests across groups based on context, gender, and camouflage level. In both formal contexts (work colleagues or medical professionals) and interpersonal contexts (friends or family), participants engaged in camouflaging at three levels: low in both contexts (*n* = 68), switching (high in one and low in one, *n* = 78), and high in both contexts (*n* = 78). Participants who switched contexts or showed high levels of camouflaging had significantly higher anxiety and stress symptoms. Qualitative data analysis revealed themes about reasons for masking including, wanting to fit in or pass in a neurotypical world, avoiding retaliation, worrying over impressions when not masking, masking as a habit, and masking due to internalized stigma. The researchers suggested that gender also impacts camouflaging reasons, particularly with female participants endorsing more conventional reasons than male participants. Overall, the researchers used comprehensive measures and qualitative data to determine that higher levels of camouflaging negatively impact mental health in autistic adults. Bargiela et al. (2016) and Cage and Troxell-Whitman (2019) have shown that cisgender autistic women tend to mask at a higher level and that this contributes to an increase in mental illness symptoms.

Institutional Ableism in the Accommodations Process

Because each person experiences chronic illness and disability differently and because there is such discrepancy over the definition of disability, individuals with chronic illnesses might identify as disabled or they might not. Compared to students who identified with having a disability in elementary or high school, nearly 65% of college students with disabilities don’t register with the disability services office or receive accommodations, perhaps due to the complexity of the accommodations process (Newman & Madaus, 2015). The accommodations process is unique to each university; however, providing reasonable accommodations in higher education is required by law in both the United States and Oceania. Woodfield et al. (2020) examined systemic ableism through a narrative inquiry study involving a group of college students, consultants, and professors. Overall, students in the study, who self-identified as nonspeaking, nonverbal, reported varying levels of support from their professors, especially regarding communication styles and accommodations. Particularly, students had to self-advocate for their individualized needs through the disability office. The researchers suggested that this level of labor is antithetical to the purpose of such services.

Discussing Accommodations with Faculty

Disabled college students may have difficulty discussing accommodations with their professors (Freedman et al., 2020), perhaps because professors are lacking in guidance, formal training, and resources to work with disabled students (Svenby, 2020). Freedman et al. (2020) examined how college students discuss accommodations with their professors through a simulated conversation between student participants and an actor portraying a professor. The actor’s character was developed and informed through interviews with disability services staff and a focus group of college students. The actor that represented a mid-career professor of economics was portrayed by an African American cisgender female, a white cisgender female, and two white cisgender males. They were presented with an accommodations letter from the student participants (*n* = 15) and responded with an occasional question or concern but did not deny accommodations. Data consisted of 15 simulation videos, five videos of small group debriefings, and nine follow up interviews after watching the simulation.

Because Freedman et al. (2020) utilized simulations, the interactions may not be realistic as professors may respond in both positive and negative ways to accommodation requests. Particularly, the researchers pointed out that the students in the study reported that being required to disclose their disability status and negotiate with faculty members to use accommodations was stigmatizing and discriminating. Overall, the students in the study highlighted the power dynamics involved in the conversation, as well as the necessity and pressure to disclose disability status to the disability office or to professors to receive accommodations. Additionally, students reported being more anxious to meet with professors who were male than female regarding accommodations. Students also reported that their perception seemed to be that older professors may be stuck in their ways or may have antiquated views on accommodations.

Svenby (2020) interviewed lecturers regarding their experience working with students with invisible disabilities. Participants were two men and three women who had taught social sciences, humanities, or technology. Thematic analysis focusing on invisible disabilities revealed four categories related to unawareness of student diversity, inclusion strategies, using life experiences to develop an inclusive classroom, and confusion, ambiguity, and lack of resources. Overall, participants reported limited access to pedagogical resources or training in inclusive practice, as well as an absence of institutional guidelines. While this study examined the experiences of five lecturers in Norway, the researcher suggested that due to the participants' growing awareness of diversity and accessibility, they took initiative to be more inclusive for students with invisible disabilities. When educators change their teaching pedagogy to be more inclusive, they help students avoid having to subject themselves to the accommodations process. Both professors and students in these studies acknowledged the power dynamics involved in navigating the accommodations process (Freedman et al., 2020; Svenby, 2020).

Accommodations in Clinical Work and Music Programs

Professors and disability services offices may have difficulty determining appropriate accommodations for degree programs that have training specific requirements, like clinical psychology, occupational therapy, or music. Pearlstein and Soyster (2019) narratively described supervision experiences from the perspective of two clinical psychology students with disabilities in a doctoral program. The researchers highlighted that trainees with disabilities have unique challenges in clinical training, as there is a focus on interpersonal effectiveness to improve efficacy of the interventions. They emphasized that supervision feedback frequently aims to shape the trainee's communication skills, including patterns of speech, body posture and movement, and eye contact. The researchers suggested that disability could impact these factors and interfere with rapport building.

Pearlstein and Soyster (2019) focused on supervision issues related to being transparent about self-disclosure, stigma and prejudice of self-disclosure, and repairing mistakes in self-disclosure. The first trainee had low vision. The second trainee had Tourette's syndrome. The first vignette presented provided specific information for how supervisors can collaboratively discuss self-disclosure with trainees, especially approaching the conversation with humility and exploring the role of self-disclosure in the therapeutic relationship. The second vignette stressed the importance of exploring one's biases, knowledge of disability culture, and asking the student how to individualize their accommodations. The third vignette explored disability identity and how to incorporate disabled students' strengths while also problem solving to address their limitations. Overall, Pearlstein and Soyster (2019) emphasized that these two students proactively disclosed their disabilities, but their supervisors had limited understanding of how to support the students due to bias and, like the lecturers in Svenby (2020), lack of adequate training in working with disabled students.

In an online, exploratory survey of disabled occupational therapists and occupational therapy assistants (*n* = 47), Ozelie et al. (2019) explored their experiences in fieldwork with disclosure and accommodations. Around half of participants did not disclose their disability during their education. Of participants who disclosed their disability, only 38.64% of participants reported requesting accommodations. It was unclear how many students disclosed to more than one professor or only to the disability services office. It was unclear how many participants felt they would benefit from accommodations but didn't seek them. The researchers included suggestions for how to implement common accommodations and emphasized the importance of open communication between fieldwork educators and students with disabilities regarding individualized accommodations.

Disabilities offices may have difficulty arranging accommodations for students who have multisensory program requirements, like music majors. Hsiao et al. (2018) asserted that music programs frequently teach students to master performance, music dictation and notation, and analyze compositions, which all involve multisensory (auditory, visual, and kinesthetic) integration that can be difficult for students with disabilities. For example, at one western United States university, Hsiao et al. (2018) interviewed an instrumental Bachelor of Arts student with attention-deficit hyperactivity disorder (ADHD), her academic advisor, her music theory instructor, a disability support services specialist, and a peer mentor regarding the collaborative process required to negotiate accommodations. Data were collected from in-depth/semi-structured interviews, as well as from a comprehensive review of case reports, weekly logs, email correspondence, results of psychological testing, and academic portfolio contents.

Though Hsiao et al. (2018) focused on one student, results revealed several important themes related to the cross-departmental collaboration: “resistance to the unknown, the language of negotiation, the decision-making process, and transformation (with three sub-themes: from fear of stigmatization to self-advocacy, from resentfulness to acceptance and commitment, and from reaction to pro-action)” (p. 250). Overall, the researchers discovered that cross-departmental collaboration requires all involved to be more pro-active rather than reactive and receptive to different styles of learning and conducting assessments. The researchers encouraged faculty to reach out to their disability support services office to discuss program or course specific requirements and reasonable accommodations prior to having a student require such accommodations. Pearlstein and Soyster (2019), Ozelie et al. (2019), and Hsiao et al. (2018) each highlighted that professors need to be proactive in furthering their understanding of disability disclosure and the accommodations process.

Self-Advocacy

Due to the stressful nature of the accommodations process in higher education, disabled college students tend to develop self-advocacy skills (Kamperman, 2020), as well as coping strategies for self-preservation and to address mental health issues (Coutinho et al., 2021). Kamperman (2020) conducted 40–60-minute interviews with five first-year undergraduate students with intellectual disabilities, ADHD, or autism about their perceptions of self-advocacy. Participants were recruited from a university-affiliated program that provides transition support for students with intellectual or developmental disabilities pursuing postsecondary education. Thematic data analysis revealed three themes: mastery, invisibility, and autonomy. Particularly, participants shared their efforts to improve, address goals, or overcome their disability over their time in the program. Participants also discussed the desire to keep their disability hidden or masked, especially to avoid stigma or retaliation. Lastly, participants discussed how independence is preferred over interdependence. Though all participants were cisgender male, with four white participants and one Black participant, the researcher recognized that these accounts of self-advocacy were an impetus for self-improvement and self-determination for these participants. However, the researcher made several suggestions for change within the influence of disabled and nondisabled campus community members, especially that educators should adjust their teaching to avoid further stigmatizing students with disabilities.

Trindade et al. (2017) revealed that college students with chronic illnesses who feel ashamed, inferior, inadequate, or unattractive because of their diagnoses tend to have more psychological symptoms, as well as decreased quality in social relationships. Additionally, research has shown that college students with chronic illnesses have higher levels of anxiety and symptoms of posttraumatic stress disorder (PTSD) related to managing their illness and the multiple demands or stressors of navigating higher education (Barakat & Wodka, 2006; Coutinho et al., 2021). Coutinho et al. (2021) explored experiential avoidance, when an individual attempts to reduce unwanted internal distress by avoiding stressful experiences, in a sample of 232 college students including 115 students with chronic illnesses. Participants completed a demographics questionnaire, measures of depression, anxiety, stress, committed action, acceptance, and quality of life. Descriptive analysis, correlation, and path analysis of the data revealed that anxiety level has a statistically significant effect on experiential avoidance. Students in this study who had anxiety engaged in experiential avoidance and avoided committed action to advocate for themselves. Additionally, the study showed that students with chronic illnesses who engaged in experiential avoidance had lower quality of life scores and higher levels of anxiety than students without chronic illnesses. Overall, Kamperman (2020) and Coutinho et al. (2021) have shown that disabled college students who engage in self-advocacy by trying to improve their disability and in self-preservation by masking their disability or avoiding stressful experiences have higher levels of mental illness symptoms.

Music Therapy Education and Pedagogy

While researchers have explored standardized outcomes based on national organizations (Goodman, 2011), student development and clinical training (Polen et al., 2017), experiential learning in music therapy pedagogy (Hiller et al., 2020), queering music therapy pedagogy (Fansler et al., 2019), and anti-oppressive music therapy pedagogy (Pickard, 2022), no research has been published on accommodations for disabled music therapy students and how to utilize universal design learning (UDL) guidelines (CAST, 2018) within music therapy education and pedagogy. Regarding national organizational standards, music therapy educators in the United States must comply with AMTA and CBMT educational standards, such as the AMTA Professional Competencies and the CBMT board-certification exam. The AMTA Professional Competencies were created in 1999 with revisions in 2008 and 2013 (AMTA, 2013). While this section will focus on the United States, it is important to recognize that other countries have different ways of assessing student levels of competency and preparedness for professional practice. In countries in Oceania, students graduate from their program and can register to be a Registered Music Therapist (RMT). This means that assessment of student competency and preparedness for practice is regulated by the universities and professors, not an external organization.

Goodman (2011) reported a general lack of specificity regarding how to teach the AMTA Professional Competencies. Goodman summarized the competencies based on their main categories: music foundations, clinical foundations, and music therapy skills. She highlighted how instrumental instruction is typically provided by music faculty and how music therapy instructors need to teach students how to generalize and practice such skills within the context of music therapy. While the focus of the AMTA Professional Competencies is on guitar, piano, voice, and percussion, there is a clear lack of leniency or clarity for what professors should do when students who cannot obtain proficiency on such instruments. Furthermore, the AMTA Professional Competencies are presented and upheld in a way that is subjective for some competencies and quite specific and objective for others. Overall, there are 117 specific competencies in three main categories that students must obtain proficiency in before sitting for the board-certification exam. The Certification Board for Music Therapists (CBMT) regulates the 150 multiple-choice question exam students take to become a board-certified music therapist (MT-BC). The exam is created through an extensive review process involving a committee made up of board-certified music therapists who are not affiliated with university programs. Students are eligible for the board-certification exam upon completion of an academic and clinical training program approved by AMTA program (CBMT, 2022).

Regarding music therapy pedagogy and teaching techniques, Goodman (2011) suggested that most music therapy educators have limited training in pedagogy and teaching techniques. Goodman suggested that educators frequently utilize behaviorist theory to support their teaching, such as professors and peers using positive and negative reinforcement to provide feedback on competencies, observing neurotypical attending behavior in response to instructional strategies, and use of immediate feedback in clinical experiences. She provided a summary of the most common music therapy educational methods, including lectures, discussions, experientials, audiovisuals, and practica, as well as incorporating “readings, musical scores, computers, audiotapes, instruments, lap equipment, film or video” (p. 165). Goodman (2011) gave examples of experiential learning in music therapy, such as “case studies, role-playing, simulation experiences, interviewing projects, service learning, and projects done in teams, design projects, data collection, recording events and reflecting on them” (p. 149). Hiller et al. (2020) critiqued the use of self-experiences during experiential learning in music therapy pedagogy. The researchers presented potential risks for experiential learning, including uncomfortable feelings of vulnerability, uncovering troubling memories, and breaches of confidentiality within the student cohort. They also considered contraindications students may have such as physical conditions, mental health status, cognitive functioning, and internal or external resources. Hiller et al. (2020) recognized the risk of psychological harm as well, as students may experience emotional distress that limits their learning. The researchers concluded with suggestions for the implementation of self-experiences, including program-specific, course-specific, cohort-specific, and episode-specific safeguards. Though this study focused on psychological harm, there was no mention of how to further protect disabled students who may be at greater risk for their disability status being outed, for contraindications, and for psychological harm.

While understanding teaching pedagogy is vital to music therapy educators’ success, there is a lack of information, training, and research on teaching disabled students. However, some researchers have focused on an anti-oppressive approach to music therapy pedagogy (Pickard, 2022), as well as the process of queering music therapy pedagogy (Fansler et al. 2019). Fansler et al. (2019) presented their understandings of queering pedagogy in music therapy. When professors attempt to queer pedagogy, they seek to dismantle dichotomies, hegemonies, and hierarchies across systems and contexts and to challenge Western, normative ways of teaching in the United

States. Music therapy students are considered co-creators of knowledge based on their lived experiences and encouraged to view the teacher/student relationship as a collaborative effort. In relation to defining music therapy and acceptable forms of music, the researchers acknowledged how the admissions process in music preferences enabled students who have been taught Western musical notation in classical music and how this may be restrictive for disabled students, especially those with additional minoritized identities. In addition, Fansler et al. (2019) described how AMTA competencies could be reworded to decenter normative, Western music ideals. For example, rather than focus on the keyboard, voice, guitar, and percussion, the researchers suggested this could be worded instead, “a wide variety of instruments that facilitate human connectedness” (pp. 11–12). The researchers explained that the interpersonal and verbal aspects of therapy also uphold ableist normative standards of what is socially acceptable and deemed professional. Fansler et al. (2019) advocated for queering pedagogy by questioning the foundations of music therapy practice and deconstructing the assumptions made about clients, especially by understanding pathology through a systemic lens.

Pickard (2022) shared a comprehensive summary of the intersections of disability studies and anti-oppressive music therapy pedagogy. The researcher highlighted the lack of research on music therapy pedagogy in general and described how current music therapy pedagogy frequently includes didactic lectures, experiential groups, and problem-based learning scenarios, as well as a focus on the medical model of disability and normalizing disabled clients to present more nondisabled. Pickard asserted that disabled music therapy students and music therapists are underrepresented, as many individuals do not feel safe disclosing their disability status in music therapy professional or educational spaces and engage in masking their disability. Furthermore, the researcher suggested the need for all stakeholders (professors, students, administrators, admissions, etc.) to deemphasize the medical model in music therapy curriculum and center disabled perspectives, as well as the need to reduce the systemic barriers in ableist recruitment practices that prevent disabled students from becoming music therapists. In conclusion, Pickard presented clear recommendations to support disabled students, to center disabled perspectives in teaching, to encourage self-development and inner work around privilege and identities, and to advocate for social justice and anti-oppressive practice. Overall, researchers have explored aspects of music therapy pedagogy, such as AMTA competencies and student development, current teaching practices, how an anti-oppressive approach applies to music therapy pedagogy, as well as necessary steps to queer music therapy pedagogy through critical examination of systems, power, and privilege in music therapy.

Disabled Music Therapists

Though many researchers have focused on the experiences of college students and health professionals with chronic illnesses, mental illnesses, or disabilities, there are few studies on the experiences of music therapy students or music therapists with such diagnoses. LaCom and Reed (2014) explored the connections between music therapy and disability studies and considered their experiences with illness and disability as a professor of women studies and as a music therapist. They suggested that the embodiment of chronic illness and disability could influence a music therapist's clinical work, especially regarding systems of power, privilege, and how disability is defined.

Through arts-based research (ABR) methods and vignettes from her clinical practice, Shaw (2019) created and defined Post-Ableist Music Therapy (PAMT):

> PAMT is a creative process that seeks to work with a person and community to provide an environment and experience that is less disabling through addressing barriers, exploring connections, and providing new/less restrictive spaces through primarily musical or music related experiences. (p. 206)

This approach involves music therapists actively addressing and reducing ableism in their philosophical foundations and clinical practice.

Kalenderidis (2020) considered PAMT and interviewed a disabled music therapist from Australia revealing one central theme, hidden disability. Five subthemes also discussed were: (a) self-disclosure of disability as the therapist in the therapeutic relationship, (b) the tension prior to and release following disclosure, (c) a feeling of alliance and positive transference with clients with similar diagnoses, and (e) the pressure to be visible as a disabled music therapist and claim a disability identity. From an ABR approach, after the interview, Kalenderidis created songs to analyze and process the themes. She recognized the importance of centering diverse voices in the music therapy profession and challenging the ableist idea that therapists have to be healthy to be competent. In thesis research, Martin (2022) explored the supervision experiences of ten disabled music therapists through a phenomenological microanalysis of individual semi-structured interviews. Participants described their supervision experiences as a professional and as a student. Data analysis revealed six impacts on participants' supervision experiences, including disclosing their disability, supervisor's responses, the supervision relationship, the supervision environment, if professors were serving in supervisor roles, and how past supervision experiences influenced their supervision provision. Each participant had both positive and negative supervision experiences, but it seemed that overall disabled music therapists' supervision needs were not met.

Disabled music therapists each have unique, rich lived experiences that can influence their work (Abbott, 2018; Leza, 2021a; Warren, 2021). Abbott (2018) described in detail how his lived experience as a "wounded healer" (p. 152) impacted his clinical practice as a disabled music therapist. Particularly, he asserted that being a wounded healer is a form of countertransference that can serve as a resource the clinician brings into sessions. Abbott further recognized that this approach allows for mutuality and reciprocity, reducing the power differential between therapist and client. Furthermore, he emphasized that disclosure of disability status is controversial but can be beneficial to reduce stigma and shame, as well as to positively influence the therapeutic relationship. In an autoethnographic chapter about her sociocultural identities, Leza (2021a) explained her efforts and privilege to pass as white-, straight-, and neurotypical-enough to be accepted and respected as a music therapist, even though she is a Latina, neuroqueer (neurodivergent and queer), autistic music therapist. She acknowledged the difficulty of being diagnosed with autism late in life, as well as a chronic illness, and the internalized ableism related to claiming a disability identity. Leza emphasized that neurodivergent and disabled music therapists have inherent and fundamental strengths but can sometimes have additional or atypical barriers to success. Leza (2021a) wrote, "it is a confounding observation that the professionals who make a living by 'serving' (fixing) the disabled also create spaces that discourage visible intersections of disability and competence" (p. 287), especially in music therapists.

Ableism in the Music Therapy Profession

Regarding ableism in the music therapy profession, Leza (2021b) wrote an essay reflecting on the cooccurrence of the Disability Day of Morning and World Music Therapy Day annually on March 1st. She reported that the Disability Day of Mourning began in 2012 following the murder of a 22-year-old autistic man, George Hodgkins, by his mother. Leza described how this day is for reflection, discomfort, mourning, regret, anger, and the trauma of grief. In 2016, World Music Therapy Day became popularized by the World Federation of Music Therapy. Starting in 2018, this day was celebrated on March 1st. Leza (2021b) pointed out how jarring and ableist it is that music therapists would advertise and celebrate themselves on a day that the disabled community has designated for mourning. She wrote, "I cannot stand to make this day about my profession, a profession so disconnected from disability culture that most music therapists probably didn't even know a Disability Day of Mourning exists!" In 2021, following Leza's essay being published online, music therapists began discussing the ableism in this situation on social media platforms, like Twitter and Facebook.

In a pilot study, I interviewed six music therapists with invisible illnesses and invisible disabilities (II/ID) about their work experiences, as well as their experiences with ableism. Each participant completed a creative writing response prior to the interview about how they view illness/disability in themselves. The study was limited to music therapists with II/ID, which upon further reflection, was exclusive and created the potential for ableism, as participants who did not identify as disabled seemed to have internalized ableism that impacted how they viewed disability in themselves. The participants had experiences that seemed likely to be shared by disabled music therapy students. Participants shared impacts on their clinical practice, such as symptoms, changes to their philosophical approach, or difficult or affirming interactions with clients, coworkers, or supervisors. They utilized coping strategies, like "hiding" their II/ID, internal/external resources, accommodations, or medical treatments and self-care. Participants had varying disability identities and discussed intersectionality. Apparent in each interview, participants shared adverse experiences in their music therapy education. Particularly, participants experienced ableism and ableist microaggressions from other music therapy students and their professors. Inherent ableism in the music therapy profession was mentioned including music therapy's underlying foundation of "fixing" disabled people, that it is not inclusive of disability and illness in music therapists and music therapy students, and that the music therapy persona of being chipper and energetic all the time is not always possible for music therapists with II/ID. Participants also noted intense stigma and discriminatory comments related to music therapists and music therapy students with mental illnesses.

Disabled Music Therapy Students

Though there is only one published research study on music therapy students with disabilities and chronic illnesses, some researchers have examined the perspectives of music therapy educators. In a survey of AMTA degree program coordinators (*N* = 42), Gardstrom and Jackson (2011) explored current policies for requiring personal therapy (verbal therapy, music therapy, or expressive arts therapy) for undergraduate music therapy students. Most programs did not require personal therapy of any kind but encouraged students to seek personal therapy for various reasons. Some viewed personal therapy "as advantageous only when a student has a specific 'life problem' or psychopathology” (p. 248). In a book about student development, Polen et al. (2017) suggested that music therapy students take care of their “own health in order to be fully present in service to clients" (p. 30). Overall, Gardstrom and Jackson (2011) shared that program directors reported a lack of policies or procedures for counseling students out of the program for personal, mental illness, or emotional instability issues.

Similarly, Hsiao (2014) examined gatekeeping practices of program directors (*n* = 32) and internship directors (*n* = 77) for music therapy students with severe professional competency problems (SPCP), which included mental illnesses. Results indicated that a larger percentage of internships (80.9%) had policies for dismissing students with SPCP when compared to academic programs (59.4%). Additionally, over twice the number of internships had students with “emotional instability/evidence of a mood disorder,” “possible signs of a personality disorder,” “substance use/abuse,” “evidence of suicidal ideation,” or “hyperactivity/hypomanic behavior” (p. 195) when compared to academic programs. Internship directors also reported having trouble accommodating disabled interns. Hsiao (2014) suggested that some personal problems or mental illnesses may have been a result of the intensity or stress of the internship. While both studies were focused on music therapy educators or internship directors, the perspective of disabled, chronically ill, or mentally ill music therapy students is missing in the research. Hadley (2016) suggested, “Potential music therapy students have been kept out of the profession because their impairments have meant that there are certain specific competencies that they cannot perform” (p. 20).

In previous research, I found that the music therapy profession and training programs need to better support disabled music therapists early in their education

(Warren, 2020). In an exploratory survey of music therapy students with II/ID, students shared several reasons for their disclosure to their professors or clinical supervisors, including: to receive accommodations, to get assistance in personal or professional development, or to maintain open communication about their challenges (Warren, 2020). However, only 18 of 68 students reported utilizing accommodations for practica, which was understandable considering the variability of II/ID. Students also reported using coping strategies for managing II/ID, including medication, accommodations, or ignoring symptoms during practica. Some participants felt that they understood clients with similar diagnoses and had insights that they incorporated into practica work. Though this survey had a 16% response rate, data revealed insights into the lived experiences of music therapy students with II/ID, especially difficulties with navigating disclosure, negotiating individualized accommodations, and managing physical or psychological symptoms.

Conclusion

As the biopsychosocial model of disability becomes more prevalent in understanding disability as a combination of biological factors, social factors, and systemic oppression, music therapists need to move away from pathologizing disability and embrace neurodiversity and disability within clients, colleagues, and music therapy students. Because of stigma surrounding disability and specific diagnoses, disabled college students may experience ableist microaggressions that negatively impact their mental health (Eisenman et al., 2020; Kattari, 2020; McDonald et al., 2007). Because more disabled individuals are self-identifying (Kapp, 2020), it is difficult for individuals without a formal diagnosis to receive accommodations through the disability office at their university. Disabled students have experienced systemic ableism within the accommodations process (Woodfield et al., 2020). Due to the nature of the accommodations process, disabled students are required to self-advocate and to self-disclose to negotiate accommodations (Kamperman, 2020). Some students avoid such self-advocacy or stressful events in which they could experience ableism, causing additional mental health issues (Coutinho et al., 2021). Additionally, disabled students may engage in masking their disability to avoid seeking help, which is also harmful to their mental health (Bargiela et al., 2016; Cage & Troxell-Whitman, 2019).

Researchers have discovered that students and faculty have confusion regarding the accommodations process (Freedman et al., 2020; Svenby, 2020). Research has indicated that disabled college students may require individualized accommodations for unique program requirements, such as in occupational therapy fieldwork (Ozelie et al., 2019), clinical psychology work (Pearlstein & Soyster, 2019), or music programs (Hsiao et al., 2018). It is essential to research if these challenges are similar for music therapy students with disabilities of all types. While my past research (Warren, 2020; Warren, 2021) focused on the experiences of music therapy students and music therapists with II/ID, the following research study is more inclusive, in that disability will refer to all disabilities, mental illnesses, and chronic illnesses.

Ableism within music therapy education can cause implicit biases that uphold neurotypical and nondisabled ways of working and providing music therapy. It is essential for music therapy professors to eliminate gatekeeping practices based on disability, chronic illness, and especially mental illness (Hsiao, 2014). Some researchers have examined the need for anti-oppressive approach to music therapy pedagogy related to disability (Pickard, 2022) and the need for queering music therapy pedagogy (Fansler et al., 2019). Unfortunately, there is a limited number of research studies on the experiences of disabled music therapy students and music therapists. Some disabled music therapists have published philosophical, autoethnographic, arts-based research, or qualitative studies about disability and illness as a social identity that emphasized the ableist aspects of the music therapy profession (Abbott, 2018; Kalenderidis, 2020; LaCom & Reed, 2014; Leza, 2021a; Martin, 2022; Warren, 2021). In my pilot study, music therapists with II/ID shared comments about the inherent ableism in the music therapy profession, ableism experienced in their education, ableism witnessed and experienced as a professional, and ableism in professional music therapy spaces (Warren, 2021). In the following research study, the research areas of higher education, disability studies, and music therapy have informed an examination into ableism in music therapy education and training through a phenomenological, qualitative approach from the perspective of disabled music therapy students and music therapy educators.

CHAPTER 3

Method

Purpose Statement

The purpose of this research study was to explore the phenomenon of ableism in music therapy education and clinical training through the shared lived experiences of self-identified disabled music therapy students, as well as to examine the experiences of music therapy educators with addressing ableism.

Research Design

The research design was a qualitative, phenomenological approach. Following the procedures for conducting phenomenological research from Creswell and Poth (2018), the research process began with acknowledging the lack of research about the phenomenon in question: ableism in music therapy education and clinical training. The need to center the voices and lived experiences of disabled music therapy students was essential to this research study. A phenomenological approach was selected to develop a deeper understanding of ableism in music therapy education and clinical training through examining common, shared experiences of disabled music therapy students and music therapy educators. This research maintains the ontological assumption that there are multiple realities in that the participants each viewed their perspective of ableism in music therapy education and clinical training differently. In the earlier researcher lens section, the sociocultural identities and positionality of the researcher were outlined, including valuing the biopsychosocial model of disability and acknowledging that she has not experienced ableism but has witnessed ableism in music therapy education and clinical training.

Data were collected through individual creative writing responses, individual interviews with music therapy educators, focus groups with disabled music therapy students, and written responses to the focus group questions by student participants. Such methods allowed for participants to detail their lived experiences in depth, as well as contextualize their experiences with ableism. This was followed by conducting thematic analysis focusing on significant statements about ableism in music therapy education and clinical training and then developing textural, structural, and composite descriptions of the phenomenon (Creswell & Poth, 2018). The textural description focused on identifying the ableism participants experienced or witnessed. The structural description focused on the context of the ableism they experienced or witnessed. The composite description outlined the essence of ableism in music therapy education and training. Phenomenological research was an efficient way to understand common and shared experiences of disabled music therapy students with ableism in music therapy education and clinical training.

Participants

Participants in the individual interviews were graduate or undergraduate music therapy educators (*N* = 5). Though all had diagnoses that are considered a disability, four educators self-identified as disabled, and one self-identified as neurodivergent. Three of the educators were from the United States, and two were from countries in Oceania. Participants in the focus groups were six graduate or undergraduate disabled music therapy students and two disabled individuals who had withdrawn from an undergraduate music therapy program in the United States. One student participant completed only the creative writing response. All participants (*N* = 13) were recruited from social media groups on Facebook. Participants who were music therapy students were selected based on type of disability and were all diagnosed at least two years prior to the study. Participants who were music therapy educators were working full-time at a university for at least two years prior to the study. When no new data was collected from participants, data saturation was achieved.

Data Collection

This study was approved by Lesley University's Institutional Review Board (See Appendix B). The informed consent form is included in Appendix C. Student and educator participants who were interested in being interviewed or attending the focus group contacted the researcher via Facebook or email, then completed an online survey reporting their demographics and selecting a pseudonym. After providing their demographics, participants completed a creative writing response (in a form of their choosing), then engaged in a student focus group or an individual interview as an educator or answered questions over email. Questions focused on what participants had experienced or perceived in terms of ableism in music therapy education and clinical training and what contexts affected their experiences (Creswell & Poth, 2018).

Creative Writing Responses

Prior to attending a focus group, student participants (*n* = 7) completed a creative writing response to the question: What do you want the music therapy profession to know about your story with ableism as a disabled music therapy student? One student participant, Jasmine, completed only the creative writing response. Their data was included in analysis per their request. Educator participants (*n* = 5) completed a creative writing response to the question: What do you want other music therapy educators to know about your story as a music therapy educator who addresses ableism? The creative writing response positioned participants to begin self-exploration around ableism and reflect on their lived experiences. Participants' creative writing responses included poems, short stories, journaling, and letters.

Focus Groups

Student participants chose to answer the focus group questions in a live, virtual Zoom call or to answer the same questions individually over email. This was to ensure accessibility for participants who prefer to process and share their story in written responses rather than while interacting with the researcher or with other students. Focus group questions were created in collaboration with the faculty advisor. See the full focus group guide in Appendix A. The focus group questions were selected to allow participants to share their unique experiences, as well as share similar experiences to other participants related to ableism, microaggressions, disclosure, and accommodations.

Focus groups were chosen to encourage students to discuss and share their experiences in a group of their disabled peers. All students selected pseudonyms. The first focus group was around 90 minutes and included two student participants: Amy and Sara. The second focus group was around 90 minutes and included three student participants: Elizabeth, Poppy, and Elise. Two student participants elected to complete the focus group questions individually over email: Rebekah and Ben. Each focus group began with the researcher introducing herself and reviewing guidelines, such as confirming the use of pseudonyms, maintaining confidentiality among participants, and avoiding interrupting others during the focus group. Audio/video recorded data were transcribed and sent to participants for review and approval.

Interviews

Educator participants chose to answer the interview questions in a live, virtual Zoom call or to answer over email. All five educators in the study engaged in live, virtual interviews. Interview questions were created in collaboration with the faculty advisor. See full interview guide in Appendix A. The interview questions were selected to allow participants to share their experiences related to student disclosure, the accommodations process, and addressing ableism in their music therapy program.

Individual interviews were chosen for music therapy educators to reduce the risk for social desirability bias. Each interview began with the researcher introducing herself and reviewing guidelines, such as confirming pseudonyms and ensuring confidentiality. Audio/video data were collected and recorded via Zoom. Educators selected pseudonyms: Lynne, Dee, Sue, Zira, and Matilda. Live individual interviews with educators ($n = 5$) ranged from 30 to 60 minutes. Audio/video recorded data were transcribed and sent to participants for review and approval.

Data Analysis

Data analysis included a combination of manual and computer-assisted thematic analysis beginning with: (a) printing/uploading creative writing responses, interview transcripts, and focus group transcripts, (b) reading and reviewing the responses and transcripts multiple times, (c) highlighting significant statements based on how participants experienced ableism as a disabled music therapy student or addressed ableism as a music therapy educator in music therapy education and clinical training, (d) searching for exemplars, (e) searching for outliers, and (f) organizing and categorizing phrases into broader meaning units, called themes (Creswell & Poth, 2018). Participants reviewed the results for accuracy and to confirm the analysis of their lived experiences.

Analysis began with the student data to center the voices of the disabled music therapy students. During data analysis, the researcher organized the participants' lived experiences into themes to examine the phenomena of experiencing ableism in music therapy education and clinical training as a disabled music therapy student or addressing ableism as a music therapy educator (Creswell & Poth, 2018; Leavy, 2014). At the conclusion of the results, a textural description, a structural description, and a composite description detailing the essence of the phenomenon of ableism in music therapy education and clinical training will be described (Creswell & Poth, 2018).

Methods to Address Trustworthiness

Data saturation occurred when no new information was collected from participants which indicated that recruitment for the study should conclude. The researcher maintained prolonged engagement with the data over several months, particularly recoding in MAXQDA and writing and reorganizing themes. Member checking involved participants reviewing the transcripts and the written results to confirm their experiences and to provide edits to improve confidentiality and accuracy. The researcher strived to provide thick description of the phenomenon in question. Ableism in music therapy education and training referred to disabled music therapy students' experiences with discrimination, stigma, microaggressions, and implicit bias during their music therapy education and training. The researcher lens was presented in Chapter 1. This section detailed the researcher's efforts to reduce bias and her reflexive process of examining her own worldviews, assumptions, and privileges based on social identities.

CHAPTER 4

Results

This section will detail demographics, the resulting themes from qualitative data analysis of creative writing responses, interview transcripts, and focus group transcripts, and textural, structural, and composite descriptions of the essence of ableism in music therapy education and clinical training.

Demographics

The demographics of the participants are reported in Table 1 in frequencies to preserve anonymity.

Table 1.

Participant Demographics

Students (*N* = 8)		**Educators (*N* = 5)**	
Category	***n***	**Category**	***n***
Gender		**Gender**	
Cisgender Female	4	Cisgender Female	5
Cisgender Male	1	**Age**	
Nonbinary/Genderfluid	2	30–39 years	1
Genderqueer	1	40–59 years	4
Age		60–79 years	1
18–24 years	5	**Ethnicity**	
25–29 years	2	Asian	1
60–79 years	1	White European	2
Ethnicity		White	2
Asian	1	**Region**	
White	7	Oceania	2
Student Status		United States	3
Graduate Student	1	**Years in Academia**	
Intern	1	0–5 years	1
Undergraduate Student	4	10–15 years	2
Withdrew from music therapy program	2	20–25 years	2
Region			
Great Lakes	3		
Mid-Atlantic	2		
New England	1		
Southeastern	1		
Southwestern	1		

Despite additional recruitment efforts, all eight of the student participants were from the United States, and most of the student participants were white (*n* = 7). One participant was Asian. One Black participant dropped out prior to participation due to the demands of their academic program at the time of the study. Overall, two student participants were nonbinary or genderfluid, one was genderqueer, one was cisgender male, and half the student participants were cisgender female. Two participants were no longer music therapy students as they had withdrawn from their program due to their experiences with ableism. Overall, the educator participants were predominantly white (*n* = 4) with one Asian participant. While the educator participants were from a large variety of regions in the United States and in Oceania, they were all cisgender female.

Students self-reported their diagnoses. A majority of the student participants (*n* = 5) had a mental illness or were neurodivergent. Though not specifically recruited for, all five of the music therapy educators had lived experience as a disabled, neurodivergent, or chronically ill individual. Diagnosis types for students and educators are reported in Table 2 in frequencies to preserve anonymity. Specific self-reported diagnoses for students are reported in Table 3. All student participants reported multiple diagnoses and symptoms across multiple data collection methods.

Table 2.

Participant Diagnosis Types

Self-Reported Student Diagnosis Types	***n***
Chronic Illness	4
Developmental Disability	1
Mental Illness/Psychiatric Disability	5
Neurodivergent	5
Physical Disability	4
Self-Reported Educator Diagnosis Types	***n***
Chronic Illness	2

Neurodivergent	1
Physical Disability	3

Table 3.

Student Self-Reported Diagnoses and Symptoms

Diagnoses/Symptoms	***n***
Asthma	2
Attention Deficit Hyperactivity Disorder (ADHD)	2
Autism Spectrum Disorder (ASD)	5
Auditory Processing Disorder	1
Burnout	2
Complex Posttraumatic Stress Disorder (C-PTSD)	1
Crohn’s Disease/Irritable Bowel Syndrome	1
Chronic Bilateral Tendonitis	1
Chronic Fatigue Syndrome	1
Chronic Pain	1
Diabetes	1
Dizziness	1
Ehlers-Danlos Syndrome	1
Endometriosis	1
Exhaustion	2
Fatigue	2
Gastrointestinal Issues	2
Generalized Anxiety Disorder (GAD)	4
HIV/AIDS	1
Obsessive-Compulsive Disorder (OCD)	3
Major Depressive Disorder (MDD)	3
Neuropathy	1
Polycystic Ovary Syndrome (PCOS)	1
Scoliosis	1
Sensory Processing Disorder	1
Tourette’s Syndrome	1

Themes

Themes were explored for student participants first to center the disabled music therapy student experience. When sections contain comments from both students and educators, student participants will be denoted with (s) after their pseudonym, and educator participants will be denoted with (e) after their pseudonym. All six of the student themes were also revealed within the educators' data, with two additional themes revealed only in the educators' data. For clarity, themes and subthemes for both disabled music therapy students and music therapy educators are reported in Table 4. Themes in both participant groups' creative writing responses, interview/focus group transcripts, and written focus group responses included:

1. interpersonal ableism (subthemes: disclosure and microaggressions),
2. internalized ableism (subthemes: internalized ableism from childhood, avoiding accommodations, fear of being treated differently, masking, and observed internalized ableism in students),
3. institutional ableism (subthemes: accommodations, music therapy program structure and policies, teaching techniques and pedagogy, AMTA competencies, the CBMT exam, gatekeeping, and withdrawal),
4. structural ableism (subthemes: other systems of oppression in the music therapy profession and intersectionality),
5. inherent ableism in music therapy (subthemes: ableism in music therapy curriculum, ableist expectations, and ableism in the music therapy profession), and
6. affirmations (subthemes: student experiences and educator perspectives).

Two themes revealed only in the educator participants' creative writing responses and interview transcripts were:

1. educator's lived experiences with disability and
2. "it's very much a work in progress."

Table 4

Themes and Subthemes for Students and Educators

Themes	**Subthemes**
Interpersonal Ableism	Disclosure Microaggressions
Internalized Ableism	Internalized ableism from childhood Avoiding accommodations Fear of being treated differently Masking Observed internalized ableism in students
Institutional Ableism	Accommodations Music therapy program structure and policies Teaching techniques and pedagogy AMTA competencies The CBMT exam Gatekeeping Withdrawal
Structural Ableism	Other systems of oppression in the music therapy profession Intersectionality
Inherent Ableism in Music Therapy	Ableism in music therapy curriculum Ableist expectations Ableism in the music therapy profession
Affirmations	Student experiences Educator perspectives

Interpersonal Ableism

Interpersonal ableism referred to prejudice, bias, discrimination, stereotypes, or microaggressions that were made against disabled people from other people. Students in the study shared their experiences with disclosing their disability to others and experiencing microaggressions during their education.

Disclosure. Students shared when they disclosed their disability or did not disclose for various reasons to educators, peers, or clients. Often, there were considerations of wanting to advocate for others with similar diagnoses or needing to disclose to receive accommodations. Students were generally unsure who to disclose to and disclosed only when they perceived it was safe to do so. Nondisclosure or masking was used to avoid stigma and being treated differently. Students and educators had mixed ideas about disclosing to clients. Educators shared contexts when students have disclosed, such as to receive accommodations. Most of the educators encouraged self-disclosure if students were comfortable with that and ensured privacy and confidentiality.

***Disclosure/nondisclosure reasons*.** Students disclosed their disability to others to reduce stigma, protect themselves from ableism, or to ask for support or accommodations. Sara (s) wrote, “I feel like I have an obligation to out myself so that others don't feel alone.” Zira (e) emphasized, “people with disabled identities often need to sus out the space first. Like, how are they thinking about disability in this program? Can I have a positive disabled identity within this space?” Amy (s) acknowledged that disabled students avoid disclosing due to being afraid of retaliation or stigma. Sara was afraid of not being accepted if she disclosed during internship interviews.

Students who avoided disclosure did so to avoid additional attention or to prevent microaggressions. Matilda (e) noted that some students view disclosure as no big deal and can just do it and some students are more cautious, hesitant, or worried about disclosure. Sue (e) was surprised when students didn’t disclose that they had a mental illness until the end of their training. She said, “it never manifested. Some people felt that it was necessary, or they could manage it. Other people feel like they need to disclose.” Similarly, Lynne (e) emphasized that she knew many music therapists with invisible or nondisclosed disabilities or medical issues who feel like they can’t say that they are struggling. Sue suggested that physical disabilities were easier to disclose than emotional or mental disabilities because of the associated stigma.

Disclosure to clients. Students and educators shared their opinions about disclosing having a disability to clients. During their undergraduate training, Elise (s) said, “I was doing telehealth and I didn’t disclose, because I didn’t feel like it was relevant to the small children I was working with.” In internship, they shared that they had disclosed in mental health settings. They said:

> I do choose to disclose and say I’ve experienced this. I understand where you’re coming from. I chose this, because I’ve been told this, because my therapist told me this, trying to be really clear about, there’s no shame in being here, and I don’t have anything over you, and I think it builds a lot of trust.

Poppy (s) reported not wanting to center herself but felt that it was important to disclose in groups, especially related to identities or identifiers. Most of the students reported having no education on how to disclose appropriately to clients or in work settings. Matilda (e) said that this was:

> perhaps where things are heading next, because we are getting more students coming through who are disclosing their disability, and so that’s a natural consequence, is gonna be for them to ask that very question, how do I have this conversation in the workplace and with my client?

Matilda strongly emphasized that students should bring in their personal resources, such as disability lived experience, to their therapy sessions. She asserted that it is not centering yourself, a breach of boundaries, inappropriate, or making it about yourself.

Microaggressions. For these participants, ableist microaggressions were everyday interactions that maintained stereotypes and inequities that harm disabled people. Although this study aimed to address ableism in music therapy education, it seemed to be professors' ableism that was the most impressionable on the students in this study. These student participants experienced ableist microaggressions from both peers and professors, in the form of ableist statements in class and the reinforcement of stigma surrounding disability and mental illness. The student participants shared that peers and professors generally spoke about people with disabilities with sympathy and pity. Multiple students in the study reported feeling unsure of how to respond if a peer said something ableist to them. Student participants shared that many professors viewed accommodations as a burden. Student participants had supervisors who made assumptions about them, such as lacking empathy as someone who is autistic or being neurotypical when they weren't. Three students in the study described professors or supervisors who insinuated they would fail and fall behind in practica or class due to absences. Educator participants reported that their colleagues made ableist microaggressions in their assumptions about disabled students or with their disrespectful tone of voice.

Professors, supervisors, and peers. Amy (s) acknowledged that because of stigma, if a music therapy student is openly neurodivergent, they may be more likely to be ridiculed about behavior issues or be perceived as rude by professors who aren't familiar with neurodivergent culture or communication styles. They shared that their professor seemed to doubt their authority or expertise on autism and that the professor tried to use DARVO (deny, attack, and reverse victim and offender) to deny their microaggressions, like using outdated, ableist slurs and denying accommodations. Poppy (s) said:

> we have to disclose these things and make ourselves vulnerable in that way, make ourselves privy to microaggressions that come up, even though people know and knew that I had ADHD and that doodling helps me pay attention, I would still receive feedback consistently, like, you should be looking at people when they're talking to you if you want to be respected as a professional.

She described not knowing what to say to disclose her disability to a teacher:

> that's just with ADHD, not even dealing with being autistic, which is obviously more stigmatized. What I get now is, "oh, you don't look like you're autistic. You don't act autistic." That microaggression, you know?

Lynne (e), Sue (e), and Ben (s), shared about supervisors who had explicitly told disabled students they shouldn't be a music therapist, because they couldn't achieve certain musical competencies or meet the supervisor's expectations. Lynne also shared that the students she worked with experienced ableist microaggressions from music professors which caused trauma and hindered their progress and self-esteem. Elise (s) lost research opportunities when they started becoming sick and ultimately chose to leave their graduate program due to ableism, transphobia, and a lack of support. Elise said, "I was asked really intrusive questions about my medical care and my doctor's appointments." Students in the study described having similar negative experiences to other disabled music therapy students in their program, while others felt alone in their program.

Jasmine (s) wrote:

> I've heard professors talk about 30+ year old autistic people like they're small children with no autonomy. I've heard supervisors describe stimming as "problem

> behaviors," "tantrums," "abnormal." I hear classmates internalizing those ideas and using the same language. Would they call me those things if they knew I was autistic? Or am I "high-functioning" enough?

When disabled clients were being discussed in their class, Rebekah (s) said, "I don't like how I'm being discussed; it makes me feel infantilized." Regarding euphemisms, Jasmine wrote:

> I've heard classmates, professors, supervisors use every single word they can think of to describe disabled people. "Differently abled, special needs, people with special abilities." Every word except "disabled," like it's a bad word. Like we're bad people.

Effects of experiencing microaggressions. Students shared their coping strategies for preventing microaggressions and how experiencing microaggressions has impacted them. Some students experienced physical and mental health issues due to microaggressions, such as an increase in physical symptoms, burnout, compassion fatigue, and dysregulation. Multiple students described situations in which they spoke up against ableism in classroom settings, because they felt obligated to. Jasmine wrote:

> I constantly fight these battles in class, and suddenly I was preparing myself for conflict before class even started. I got more keyed up, more anxious about the emotional labor I would have to put into talking to people that refuse to hear me.

Amy maintained that there should be a balance of self-advocacy and support from educators. They said:

> if a supervisor is having difficulty with a neurodivergent student, that is not, and I repeat *not*, an onus on the student for having the responsibility to advocate

> consistently so that the supervisor understands. The supervisor needs to reach out to the [neurodivergent] community. They need to educate themselves, and so, there needs to be healthier boundaries regarding that.

Amy described not being taken seriously when they self-advocated and that they lost their self-autonomy each time. Amy said, “I was told that I had to stay quiet about my identity otherwise they [the college] would sue me, which is not okay.” Regarding physical impacts of self-advocacy, one student noticed that when they discussed their diagnosis with others they had more symptoms. Amy had difficulty self-regulating in class with their professor. They said:

> I am not going to apologize for the dysregulation that I was experiencing, because that was not in my control and my environment was not accommodating…. [not being] able to regulate, especially when I have a different autonomic nervous system, was really harmful and partially contributed to the burnout that I was experiencing.

Educator participants. Some educators in the study (*n* = 2) made ableist microaggression statements in their creative writing responses or during their interviews. Particularly, one educator recognized her previous doubts regarding music therapy students with physical disabilities and her surprise when the students excelled. One educator asserted that we all have experienced trauma during the pandemic. Another educator felt that students would “pull the disability card” when they were not meeting competencies. Lynne reported her colleagues’ microaggressions. She said her colleagues seemed to say, “this is just so hard for *us* to be teaching a person like *this*.” Lynne shared her annoyance that colleagues doubt disabled students and assume they don’t have it together, aren't motivated, or just don't care enough. She reported that they also ask if students have turned in their paperwork or have documentation for their diagnosis, or if the student is "just trying to get over on the system?" She continued, "I'm not sure that the music faculty even knows what ableism is."

Internalized Ableism

Internalized ableism referred to student participants' negative comments and actions that perpetuated ableist stereotypes, misconceptions, and discrimination of disabled people, as well as internalized ableism perceived by educator participants in their students. Some students explicitly identified how they developed internalized ableism during their childhood or education. Students shared experiences that impeded positive disability identity development and impacted disclosure decisions and support or accommodation seeking. This included awareness of feeling like they shouldn't need accommodations and having a fear of being treated differently if others knew about their diagnoses. Many of the student participants discussed masking their disability to avoid being treated differently.

Internalized ableism from childhood. Multiple students shared experiences in their childhood that caused internalized ableism, such as being bullied, being denied accommodations, or being called weird or possessed. Poppy shared that being raised in the system of white, American, conversative evangelicalism caused her to suppress her queerness and neurodivergence. She said:

> being in that very specific branch of thinking and of trauma, it's almost like I was oppressing myself (exhale/laugh) if that makes sense and also oppressed within

> these systems. It’s all very deeply connected to a very narrow way of viewing the world and existing within the world.

Referring to their internalized ableism, Jasmine wrote:

> To deconstruct ableism, you need to acknowledge that you are capable of promoting ableist ideas and concepts and, more importantly, that you have promoted ableist ideas. Everyone has done that at some point in their lives; I definitely have. We all grew up in a system based on ableism and supremacy. The difference between ableist people and anti-ableist people lies in their ability to recognize that they've done harm *and* actively work to prevent harm in the future.

Avoiding accommodations. Students avoided accommodations due to the false belief that it makes them inferior to ask for help or support. Referring to accommodations, Poppy said, “oh, you can do those things, but for *me*. It was like this internalized, I’m better than that, which is so ridiculous, because I would never say that to anybody in my life.” Two students shared that they were forced to accept accommodations after being physically unable to continue practicing music therapy. After being asked to stay on to work at their internship site, Elise reported being affirmed but feeling afraid of ever needing to find a new job that would work within their limits and accommodations.

Fear of being treated differently. In addition to avoiding accommodations, students also wanted to avoid being treated differently. Sara said:

> I was afraid of starting to act autistic-ly in front of people. Because I was diagnosed during the pandemic, so the last time I had seen these people was

> before going online, so I had a year. I was afraid if I truly acted myself, they would think something was different or wrong about me and point it out.

Ben wrote:

> Self-doubt is/was huge for me, and I didn’t always get the support I was looking for. Maybe I should have asked for it. I wasn’t sure how it would be perceived and didn’t want to become “that” student. I wasn’t looking for handholding.

Multiple students wanted to have more open communication with their professors but feared being treated differently.

Masking. Students engaged in masking to cope with ableism and to avoid being perceived as disabled. Students shared that masking is a well-known topic in the autistic community. Amy suggested that everyone engages in masking to some degree, but that autistic individuals are expected to mask more, because society doesn’t accept them. Amy emphasized how masking negatively impacted their mental health, self-esteem, and self-confidence. They said:

> When we feel pressure to hide our identifies in the field, especially at a music therapy program, it can be much harder for students to feel supported, especially if they don’t have a neurodivergent professor or even just a professor who knows about those accommodations ahead of time.

Sara maintained, “masking is more of a survival tool and a coping mechanism for me. Well, I mean, I guess for most autistic people it is coping, how to cope with life and living in a neurotypical society.”

Observed internalized ableism in students. Educators in this study also shared when they noticed internalized ableism in their students, such as hiding things that were hard for them. Matilda suggested that students might not believe that their disability could be a resource for them and that students have trouble accepting that they don’t have to be good at everything in music therapy. Matilda said:

> we test you across all these different methods and techniques and knowledges and learnings, but when you graduate, you’ll be able to specialize on your thing. So, do the best you can with all this stuff we’re gonna throw at you and take what you can from it and develop your own practice from that, but sometimes people end up being quite crushed by that.

In addition to discussing feelings of inadequacy, educators also acknowledged that students may still be in the process of understanding their needs. Matilda reported students saying, “I don’t think it’s fair for me to get this, or I don’t think I should ask for this. I don’t think I can be a therapist then.” Lynne said:

> How are they gonna be able to tell us? When they haven’t even gotten a diagnosis or know what’s going on, and that’s where I feel like we just need to build more compassion into these systems and more flexibility.

Institutional Ableism

Institutional ableism referred to policies, practices, procedures, and the culture of each participants’ university or national organizations that perpetuated ableism against disabled students or prevented equal opportunity for disabled students to thrive in music therapy programs. Participants shared experiences with the accommodations process and teaching techniques, as well as policies in music therapy programs, universities, and national music therapy organizations.

Accommodations. Both students and educators reported that most universities have a required syllabus statement regarding accommodations for disabled students and that this is not enough to explain the accommodations process. Three student participants reported not knowing who to go to if they had issues with accommodations or had experienced ableism. One educator participant wasn't sure of their university's accommodations process.

Barriers in the accommodations process. Sara (s) shared how confusing the accommodations process is: "the system itself, the online system, is completely complex. It's visually overwhelming online, and it's not very easy to navigate." Rebekah (s) wrote, "getting any accommodation is an absolute nightmare and it takes too long, causing disabled students to fall behind in classes and risk losing our scholarships." Elise (s) and Sara (s) both shared that professors frequently say their hands are tied when it comes to providing accommodations, because of the power dynamics in university systems. Amy (s) felt that the disability coordinator had less power than the music therapy program director due to their level of authority. Poppy (s) said, "We could disclose all we want until the cows come home, but if we don't have the formal accommodations letter, even the music therapy professors wouldn't."

However, both students and educators in the study recognized that professors can provide informal accommodations outside of the disabilities office if they choose to. Educators emphasized the importance of students communicating what they need or asking for help figuring it out. Both students and educators emphasized that not having a formal diagnosis can be a barrier for students receiving accommodations. Matilda (e) said, "Even though I would be open to listening and be very committed to doing what I can, there’s ten million layers above me that will say no you can’t do that.” Matilda emphasized that even if students know which accommodations they need, sometimes the system and its barriers can prevent the student from receiving them.

Lack of educator training in providing accommodations. Students and educators reported a lack of training for professors regarding the accommodations process. Educators were confused about who initiates the accommodations process. Dee (e) said that students should be responsible for that, whereas Lynne (e) proactively suggested ideas for students she perceived as having difficulty. Sue (e) suggested, “Whether it’s in a training program or out in the real world, people are going to have to go into the world, and they can’t expect people will accommodate them in jobs.” Alternatively, Elizabeth (s) emphasized, “Tailoring your reactions and accommodations to each student and each situation for each student is necessary.”

Amy (s) suggested that educators should ask the disabled community about accommodations prior to asking other professors, because disabled people have lived experience that can provide insight into appropriate accommodations. Dee (e) wondered if there was any guidance in the current Standards for Education and Clinical Training (AMTA, 2021). Dee reported feeling unsure at times about providing specific accommodations. She said, “sometimes my initial reaction is, you’ve got to be kidding me? Like, how am I supposed to teach with these limitations?” Matilda (e) suggested that it is terrible that universities set up a lot of rules because they think students will try to take advantage.

Specific accommodation needs. Educators and students shared specific accommodations that have been provided, such as extended testing time and extended time for assignments, or accommodations that had been denied, such as attending class via Zoom, support for diagnosis specific needs, or physically accessible classrooms. Rebekah (s) wrote, “I also have scoliosis which comes with a lot of back pain and no amount of societal accommodation is going to make that pain go away.” Sue (e) said that accommodations in her music therapy program commonly include extended time or deadlines and typically don’t involve accommodating physical needs required to obtain competency on different instruments. Matilda (e) emphasized that sometimes students are aware of their access requirements and already have a support team in place. Some students reported being unaware of what accommodations, if any, could be helpful for their various disabilities.

Music therapy program structure and policies. Students shared that the extensive course load with back-to-back classes that are early and all day and having virtual classes negatively impacted their experience as a disabled music therapy student. After having virtual classes all day and having their fieldwork on telehealth, one student said, “For my own personal disability, there’s different types of timbre in music. So, any [virtual] music experiences, sometimes my tics would kind of go berserk.” One student stopped taking their medication for reducing tics that caused drowsiness due to their lengthy commute. Elise reported feeling frustrated about the intense nature of their program due to having to work full-time and attend school full-time. Zira (e) shared that some students may have difficulty with the back-to-back schedule of clients or groups in clinical placements.

Students and educators criticized the power dynamics they perceived within educational systems and music therapy programs, especially smaller programs. Zira (e) wrote about how uncomfortable it is that "archaic systems position you as both oppressor and oppressed" as a disabled music therapy educator or program director. One student shared that their department head had not been practicing for several years. They said:

> Everyone's studied under my department head. They were [their] undergrad student. They were [their] master's student. They were under [them] as a PhD student. And so, there was also this very weird power dynamic of "I taught everybody here." That's a lot of power.

Poppy (s) acknowledged in reply, "that's a lot of power for one person to hold."

Teaching techniques and pedagogy. Students and educators shared teaching techniques and pedagogy that perpetuated ableism, such as how music theory, aural skills, music therapy, and general education classes are taught. Students stressed that traditional classroom teaching preferences neurotypical learning and processing. Some students benefited from the lack of formal tests in music therapy programs, whereas others had difficulty with experiential work. Students advocated for flexibility within teaching pedagogy, especially combating the rigidness of lectures and zoom classes. Educators highlighted how they attempted to reduce ableism in their teaching by changing the format of their assignments or lectures, to include more methods such as, audiovisual clips, podcasts, blogs, and less reading overall. Other supportive teaching techniques included allowing sensory breaks, movement, or fidgeting, using different types of assignments, and implementing universal design learning (UDL) principles.

Elise suggested that education "on aural analysis of improvisation favors people who can hear and process sounds," excluding students who are Deaf or hard of hearing.

Elise and Amy suggested that Western music education isn't accessible to everyone. Amy asserted:

> I know with the autistic community music is interpreted differently culturally through us than the general population, and that needs to be acknowledged from a white music history lens, that's not oftentimes acknowledged, because it's through a neurotypical lens a lot of the time.

Students had difficulty with the experiential nature of music therapy classes. Particularly, one student reflected how some experiential classes felt overwhelming and retraumatizing. Poppy reported experiencing harm during classes that used mock sessions as a teaching technique. She said, "When people imitate clients, they're imitating people like me. So, I was asked to imitate, essentially, myself without the masking." Similarly, Zira (e) refused to use mock sessions in her teaching and had to advocate to remove this technique from their programs. Zira emphasized that ableist stereotypes were often coming out and "missing the whole embodiment of what disability is like," and that this didn't reflect what students were encountering on placements.

AMTA competencies. Educators noted the lack of formal training or policies from AMTA and its committees related to accommodations for disabled students. However, AMTA regulates how music therapy programs in the United States assess students' level of competency (AMTA, 2013). Students and educators discussed how AMTA's professional competencies dictate music therapy curriculum and enforce ableist expectations for students, especially the focus on how Western music theory and aural skills are taught utilizing multisensory methods and the need to learn how to play certain instruments, like guitar and piano, very quickly.

Ben (s) wrote about how the requirements for piano prevented him from continuing in the program and noted that “thinking outside the box and making exceptions to those requirements” would have helped him and “might even open the profession to more students dealing with limitations.” Two students shared that they became aware of a professional music therapist who utilized other electronic musical instruments for accompaniment or exclusively used assistive devices to play guitar. Sara (s) reported that learning piano was difficult for her due to midline movements and shared how disappointing this was:

> if I don’t perform to their same level, I feel like less than as a music therapist, and it’s just my body can’t perform at the same level, and sometimes my grade will reflect that.

Lynne (e) noted that, due to her physical disability, she would not be able to pass the guitar competencies that she was requiring of students. Sue (e) noted a shift in her thinking that there is no timeline for students to find their way through the competencies and that professors need to provide flexibility. Lynne concluded:

> all of these guidelines start at AMTA, and it just seems that they are designed for able-bodied people, assuming that everybody’s gonna be able to do these things and that everyone *should* be able to do those things. I’m just questioning, you know, like, what if people can’t do those things, but they can do other things?

The CBMT exam. Students and educators discussed how disabled music therapy students have had difficulty with negotiating accommodations for the CBMT exam. Amy (s) said, “I’ve witnessed interns who are disabled leave their internships and just not finish the program, because it’s too ableist to get through the exam.” They noted how there needs to be more consideration into how the exam is structured in terms of question format, as well as additional efforts to reduce ableist bias from question content. They also mentioned how classist it is to have to pay $300 for the exam. Sue (e) shared that many students from their university had difficulty passing the CBMT exam. She suggested that this was related to how the students think and that they need to think more concretely. One of Sue's students said to think like "a music therapist being a white savior and coming to save people," which she said is extremely problematic.

Gatekeeping. Educators and students shared policies or implicit gatekeeping practices in music therapy programs that reinforced ableism, such as asking students about mental health strategies in the audition process or upholding the elitism of Western music education. Matilda (e) asked, "Are there limits to access… can everyone become a music therapist? And who gets to decide these things?" Dee (e) said, "there's an ethical line of just because you want to be a music therapist, doesn't necessarily mean that you're appropriate for it. I just don't want the disability to be the reason why they're not appropriate for it." Elise (s) highlighted the stigma that is perpetuated by professors and peers that a music therapy student with psychiatric disabilities can't become a music therapist. Sue (e) said:

> it's not until the last maybe even five years that the ableist movement became something that I was even totally conscious about, because I was also drinking the Kool-Aid of music therapy that if you have a disability, you can't be a music therapist.

Sue acknowledged that students with disabilities had been counseled out of the program after having difficulty meeting competencies.

Withdrawal. Two students, Amy and Ben, shared that they withdrew from their music therapy program because of microaggressions and discrimination. Both Amy and Ben reported feeling increasingly motivated to become a music therapist throughout their program, but both experienced ableist microaggressions and a lack of flexibility in accommodating their needs. Ben wrote about how professors, supervisors, and other professionals dismissed his desire to work with a preferred client group and suggested that he focus on "the populations typically served by music therapy" if he expected to be successful. Amy said, "I wanted to be able to learn in a safe environment and then soon discovered that my identity would be ostracized even further." Matilda (e) acknowledged:

> we can sit there, and go, "no, no, no. It will be fine." But again, it's that sort of thing that while we can give them the pep talk, they're the ones that have to go into the workplace, the clinic, the practicum, and deal with it, and they may not want to.

Structural Ableism

Structural ableism referred to ableism that is perpetuated across systems and institutions in society. Participants described how ableism is compounded by other systems of oppression in music therapy. Student participants also discussed the impact of intersectionality and their social identities on their experiences as a disabled music therapy student.

Other systems of oppression in music therapy. In addition to ableism, students pointed out other systems of oppression that they perceived in the music therapy profession, such as racism, cissexism, homophobia, and classism. Some students reported feeling hopeful that the music therapy profession could change, while others were skeptical that systemic and meaningful change could happen. Some students recognized that the music therapy profession is causing harm by how unaware it is of disability rights, activism, and social justice. Students also noted the ostracism of minoritized professionals of multiple social identities and the lack of prioritizing listening to the harms that have been expressed, as well as the lack of action or change.

Students in the study suggested that because AMTA is not social justice oriented, they are perpetuating systems of oppression. Students implied that membership fees for AMTA and the fee for the CBMT exam are expensive and classist. Students pointed out the classism and ableism in college application requirements for music therapy programs, which preference candidates who meet specific criteria, such as formal classical music training and a higher socioeconomic status. Related to classism, Poppy and Elise both worked full-time or worked multiple jobs during their undergraduate coursework due to financial strain; this compounded stress related to their disabilities. Elise shared that music professors doubted their chronic illness and symptoms because they were seen working on campus. They reported needing the job to survive. Another source of oppression in the music therapy profession could be religious affiliations or cissexism. Amy acknowledged:

> Music therapy is very Christian dominated right now, and music therapy is not Christian. But like the United States, with some people viewing the country as Christian when it’s not, we have some board-certified music therapists perceiving music therapy to be Christian when it’s not.

They continued, “I’ve witnessed board-certified music therapists act very TERF[1]-like in their behavior, and that’s not appropriate.”

Intersectionality. For the student participants, intersectionality referred to the impact of their combinations of social identities on their lived experiences with disability. Amy shared how harmful it was that their professor explicitly suggested that it was a choice to be LGBTQIA+. Rebekah wrote:

> Most autistic people are queer, myself included. I separate those two identities in academia a lot more than I do in other aspects of my life. For me, being autistic and being queer are intertwined. In school, I am either a queer student or a disabled student, but not both. Having too many marginalized identities makes people uncomfortable, so I separate them.

Elise also shared their experience with being queer in college. Elise wrote:

> I was very closeted for most of my training. When I came out as lesbian, I received support and “normal” treatment. When I came out as non-binary, I had to FIGHT for my pronouns to be respected and used. Even with them in Zoom names and on masks, I was frequently misgendered by multiple faculty members.

Elise shared that they felt disrespected as a queer person and more disrespect when they became chronically ill. Poppy also highlighted how gender might impact autism diagnosis. She said, “I didn’t know that I was autistic, because as a woman, it shows up real real different.” In contrast to the participants whose other marginalized identities

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[1] TERF “trans-exclusionary radical feminist - an advocate of radical feminism who believes that a trans woman’s gender identity is not legitimate and who is hostile to the inclusion of trans people and gender-diverse people in the feminist movement” (Dictionary.com, LLC., 2022, para. 1).

were difficult in combination with their disability identity, Ben wrote about how his social identities gave him strength. He explained:

> When I would feel inadequate or incapable, those social identities, and the support they offered, helped me to realize that I was capable, and I wasn't a "bad" person for what was happening. Without the acceptance in those socially, and in some cases, support groups, I don't know how I would have gotten through some of my experiences.

Inherent Ableism in Music Therapy

This theme contained a combination of institutional, interpersonal, and structural ableism within music therapy curriculum and in the music therapy profession that participants identified as harmful. For these students, ableism was any situation where music therapy professors, music therapists, or students implied that disabled people are inferior or where ableist microaggressions or stereotypes were perpetuated. Educator participants reported teaching about ableism and utilizing disabled authors' work in blogs, conference talks, and nonacademic sources. They also confronted how ableism showed up in their curriculum and course content. Particularly, students and educators noted the inherent ableism of the medical model and how this permeates music therapy training. Student participants reported ableist concepts, language, or techniques that were taught in their music therapy program, especially the use of person-first or identity-first language, outdated terms or euphemisms for disabilities, and the behavioral approach in music therapy. In addition, participants discussed ableist expectations that professors and students have of what a successful music therapy student should be.

Students reported the online music therapy community on social media to be harsh and ableist, especially music therapists who used functioning labels and who seemed to dismiss the lived experience of disabled, neurodivergent, or autistic music therapists. Multiple students shared that music therapists sometimes think they know best about disability because they have worked with disabled people or have a disabled family member. Students also shared experiences with professors, supervisors, or music therapists who perpetuated a cure mindset or saviorism by trying to be the voice for a particular group of clients.

Ableism in music therapy curriculum. Educators and students in the study discussed how music therapy students begin to conceptualize disability, understand the treatment process, and learn specific music therapy techniques that can have ableist foundations. Participants discussed how philosophical approaches influence professors' music therapy pedagogy. Students in the study reported that ableist language and techniques continue to be taught in music therapy programs.

Disability. For these students, disability seemed to be conceptualized using the social and biopsychosocial models of disability, that disability can be caused by systemic oppression and by physiological symptoms. For these educators, disability seemed to be viewed through both the social and medical models, with some educators emphasizing the need to address clients based on diagnoses and symptomology. Amy (s) said, "most programs have not moved away from a medical model perspective on disability, and that's actually really harmful, because not every disability falls under the medical model." Zira (e) realized, "I was not teaching what music therapy is. I was really teaching how we understand illness and disability and how we relate to people therapeutically and musically with such ideas in mind." Both students and educators recognized that music therapy educators generally tend to teach diagnoses and disabilities based on categories. Dee (e) acknowledged that "we train them to help them overcome *those disabilities*."

Philosophical approaches. Elise went from a program that was very behavioral and critiqued a person-centered approach to an internship that was a "culture shock." They described this was because:

> We take narrative notes. We all have our general practices, but it is client-centered, client-led, culture-centered, play-based…. It's so much better for our clients. Like, I don't want to track this data. They don't want to do this five times a session.

Elise, Elizabeth, and Poppy agreed that professors' philosophical approaches reflect how they treat their clients and how they treat their students. Poppy emphasized the importance of epistemological paradigms. She said:

> When I say epistemological paradigms, I mean ways in which we come to know what we come to know. And if we believe that there is one reality that is to be discovered, if we believe that a person with intellectual disabilities is gonna show up one way, because our almighty powerful professor tells us that, that's that fixed truth.

Matilda (e) emphasized that disabled students may have lived experience with being oppressed in systems and that this can cause students to be uncomfortable with taking on the perceived role of expert and the risk of becoming the oppressor in a client-therapist relationship. Matilda recognized that frequently goals written by students are norm centric, meaning that they centered dominant, neurotypical, nondisabled characteristics. Elise (s) asserted, “behavioral goals taught and written by neurotypical practitioners ignore neurodivergent culture, enforce arbitrary social standards for compliance, and ignore the client-centered practice that is said to be an ethical standard.”

Ableist music therapy techniques. Students rejected the focus on eye contact and the use of stim suppression for disabled clients, particularly autistic clients, because the disabled community has discussed it extensively. Both Sara and Amy gave presentations on autism in their programs and received unexpected feedback. Amy “was ridiculed for encouraging stimming” by their professor. Sara felt that her classmates were shocked to learn about autistic masking. Sara experienced a supervisor telling their clients to use “quiet hands” and felt uncomfortable suggesting a less ableist approach. She said, “students are continuously repeating it and getting taught these harmful teachings.”

Several students spoke against Applied Behavioral Analysis (ABA) due to its perceived traumatic and ableist nature. Students critiqued behavioral techniques in music therapy, such as ABA techniques. Sara noted, “You can literally google search ‘autistic perspective ABA’ and you probably would have hundreds of personal journals or articles writing about how ABA is abusive.” Amy said, “I’m not saying music therapy is up there with ABA, but music therapy is definitely contributing to this. To some degree, at least with ableism.” Sara emphasized that because the music therapy community hasn’t denounced ABA, “they let it run within teaching and pedagogical standards.” She continued:

> I feel like they’re saying, we don’t really care that much. Because if you’re not gonna stand up, then you’re not stopping anything, stopping abuse from happening. I truly think that interventions that are widespread have contributed to

> masking and forcing autistic people to mask in music therapy sessions, because they promote the idea of correct behavior, neurotypical behavior.

Ableist language in course content. Sara reported it was ableist and harmful that even though her professors taught not to use functioning levels (ex: high-functioning or low-functioning), other students and music therapists would use such language. Students denounced textbooks, lectures, presentations, internship applications that used outdated phrases like, “moderate autism,” “self-handicapping,” or “mental retardation.” Multiple students shared that person-first language is taught in their program even though some disabled individuals prefer identity-first language. Rebekah emphasized that autistic is not a bad word. They wrote:

> it’s a word I use to define myself and my experiences. It describes how I interact with my environment and how I process information. I find it upsetting when people tell me that this word that I use to describe a very central part of who I am is negative and offensive. Nothing about my autistic way of being should be offensive, but it often is to non-autistic people.

Ableist expectations. Both students and educators shared implied characteristics and ableist expectations for successful music therapy students and music therapists. Such comments included specifics related to a stereotypical music therapist persona and expectations that are implicit to maintain this persona. Such expectations included being energetic, bright, and always on when providing music therapy. Successful music therapy students are expected to excel in academics, punctuality, documentation, and music skills. Also, the idea that music therapists or music therapy students need to be healthy to be a competent therapist was prevalent in both student and educator comments.

Stereotypical music therapist persona. Sue (e) emphasized that internships around their university preference students with exceptional music skills rather than their aptitude for being a therapist. She valued students who could focus, had self-awareness, maturity, time management, and could take feedback. Sue described the stereotypical music therapist persona:

> historically, the students who seem to thrive in the stereotypical music therapy mold are people who come in from musical theatre, because they're emotive, they're expressive, they're not shy. They're out there. So, that to me is sort of a stereotype of a music therapist, bubbly, happy go lucky.

Multiple educators pointed out the fallacy that introverted individuals aren't going to be as successful as extroverted individuals. Educators and students described the idea that disabled music therapists can't meet the stereotypical music therapist persona and shouldn't be working with clients. Sara (s) wrote:

> It is almost unconsciously felt that nobody understands how someone who is disabled can help someone who is also disabled, because we hold our disabled colleagues to the field "standard" which is based off able-bodied abilities, and if you cannot perform the standard then you can't be a good music therapist.

Poppy (s) emphasized that professors rely on students being or passing as neurotypical and that any deviations from that are perceived as being a bad student and then a bad therapist. Matilda (e) described the myth that therapists need to be in good health and that their needs need to be managed. Elise (s) wrote:

> Faculty encouraged people to go to therapy to make sure they were "healthy enough" to be a therapist, instead of encouraging us to receive therapy as a

> process for self-exploration, growth, learning, and support during a rigorous undergraduate program and life change.

Implicit expectations**.** Educators noted other implicit expectations that were assumed or implied, such as showing up virtually even when sick, because they perceived this to be the expectation during the pandemic. Lynne (e) described working with supervisors who did not show any flexibility or understanding when students had difficulty with meeting expectations. Similarly, Sue (e) explained that she had difficulty with students who can't take feedback or come up with strategies to move forward. Both Lynne and Matilda (e) emphasized the difficulty for students of combining multiple clinical and musical skills at the same time, such as playing, singing, watching the client, thinking about your theoretical framework, and more. Matilda called it, "a very cognitively overloading job, that multitasking nature of therapy."

Students described how their disability impacts meeting the implicit expectations of a stereotypical music therapy persona. Sara (s) noted that she wasn't taught what to do if she is overstimulated during a session. She said:

> No education has taught me how to regulate my body in that way or how we have partners in class that need to do that. It's sort of frustrating in that way, that we're not taught. The disabled students are being told *this* is the right way, and I feel like I have to mask in order to *that*.

Ben (s) reported difficulty with body flexibility, memorization of music, changing medications, lack of focus, dizziness, and fatigue. Regarding expectations in classroom settings, Poppy (s) and Rebekah (s) critiqued strict attendance and assignment policies and suggested that this automatically disqualifies students from the profession. Matilda (e) said:

> The bottom line is that the assignment has to be handed in or a piece of work has to be received, and, if that's part of what your condition does for you, creates a situation where submitting is difficult, ah! It's so challenging.

Ableism in the music therapy profession. Sara (s) shared what she called an example of blatant ableism on social media. She said:

> The mother of an autistic child stated on social media that while autistic adults may have their life together her son can never live like them because of his "severe disabilities." I saw some of my own supervisors and people that attend my school applaud this woman for her effort, but it felt like she was drowning out the voices of autistic colleagues in the field.

Another example from social media was about World Music Therapy Day from Rebekah (s). They wrote:

> Before World Music Therapy Day, March 1st was Disability Day of Mourning. Disability Day of Mourning was created to mourn the deaths of disabled people murdered by their caregivers. For music therapists to claim that day as their own day to brag about how great the profession is seems incredibly [insensitive] when so many disabled people, a population we love to proclaim that we serve, are in mourning and many fear that their fate will be the same as the ones they mourn.

Sara said, "I feel like the music therapy community is not a safe enough or accepting place to unmask." Sara (s), Elyse (s), and Poppy (s) and Lynne (e) acknowledged the contradiction that disabled music therapy students and colleagues aren't given the same respect, accommodations, or acceptance as disabled clients. Students made recommendations for the music therapy profession to consider, such as more training and education around minoritized identities for professionals and a critical examination into how to make education more accessible.

Affirmations

For this theme, affirmations were everyday interactions that affirmed students' disability identity and supported them. Disabled students had professors who provided emotional support, support through flexibility, and provided material support. For example, professors provided a patient, affirming, and calming presence during symptoms or provided meals during flares of chronic illness. Students in the study reported having professors and supervisors recognize the value and resource that their disability can be in music therapy, particularly that disabled students can connect more deeply with disabled clients and that some conditions (like ADHD) have unique characteristics that support intuition and inhibition. Supervisors adjusted practica or internship hours to provide disabled students more time for appointments and rest. Students and educators engaged in advocacy to promote inclusion and reduce ableism within their influence out of a perceived obligation to do so, either by self-advocating for themselves or for disabled people in general. The students in this study reported needing to self-advocate to make their needs known, to receive accommodations, and to avoid ableist microaggressions. Disabled students were also affirmed by other students in their programs and disabled music therapists on social media, helping them to feel less alone and able to persevere.

Student experiences. Poppy reported that a music therapy professor affirmed that her ADHD was a resource, that what seemed like impulsive decisions during music therapy sessions were really decisions made using intuition that were not over analyzed or inhibited. Poppy summarized the interaction, “it was sort of like, you see me, and you see this as related to my neurodivergence, and you don’t see it as a deficiency, but you see it as an asset.” Similarly, Rebekah and Elizabeth’s clinical supervisors noticed how they connected more and worked well with their clients who had similar identities or characteristics. One student worked with autistic clients and students with developmental disabilities in practica. They said:

> they have kind of their own needs and responses, so it was kind of like I was just doing the same thing. So, they just didn’t notice. And, I was like, well, this is the best workplace I could ever ask for if everybody’s doing the same thing.

This student shared their supervisors’ validation about their tics and the client’s stimming, “Whatever you bring is what you need and whatever he brings is what he needs, and whatever happens, happens.”

At their internship and workplace, Elise reported being affirmed by witnessing disabled coworkers cancel sessions, work from home, and advocate their weekly maximum hours. They also reported that this set them up for a sustainable career. Elizabeth and Poppy reported being affirmed by participating in this research study. They hoped that disabled music therapy students and therapists will find community to continue conversations not just through published research but also through other avenues of sharing their lived experiences.

Educator perspectives. This theme also included the educator participants' comments about how they affirmed disabled students, by helping students find strategies to manage their health, negotiating formal or informal accommodations, or centering accessibility and support at the start of the semester. Multiple educators disclosed their own experiences with disability to support students by normalizing disclosure. Educators shared that their attitudes regarding accommodations changed as more disabled students were advocating for their needs. Educators also affirmed disabled students by recommending methods to improve accessibility and educating colleagues about accommodations and diagnoses, as well as reaching out to provide support for disabled students. Lynne recognized the need for compassion, flexibility, and systemic change but wasn't sure how to do this. Matilda and Zira mentioned the importance of fostering disability pride. Zira advocated for students when they wanted to reduce the number of hours at clinical placements. She said, "it's hard for students to always speak up from a student position."

Dee felt unsure about how to recognize ableism in her teaching. She said, "I'm so used to doing everything the way that I was trained. It's really hard for me to see it unless somebody points it out." Zira, Matilda, and Sue mentioned efforts to discuss accessibility and accommodations at the start of every course. Zira described some phrases she uses:

> It's fine to move around in this class. It's fine to take breaks when you need to, and if there's anything else you need, you can let me know. I'm happy to write notes while I'm talking if that's easier to follow along with.

Educators shared that it was important for them to adapt and accommodate rather than asking students to adapt and accommodate for the program. Lynne and Zira valued open communication about the barriers and supports for disabled students and often provided informal accommodations when the disability office couldn't. Additionally, Zira's program made sure to place students in clinical placements where they could feel safe and supported. Matilda recognized that disabled students need to be heard and feel that they can be successful, that they can use their disability experience as a resource. She also noted how powerful it can be when disabled clients have a disabled therapist. Matilda stressed the importance of community, especially considering that the disabled music therapist community is such a diverse group of people to learn from.

Educators' Lived Experiences with Disability

Comments in this theme referred to when educators explicitly talked about their lived experience as a disabled person. Four educators self-identified as disabled in their demographics, and three talked about being disabled in their interview. Lynne reported being uncomfortable that her guitar playing had changed after acquiring a physical disability. Though Zira noted that hiding one's disability was exhausting, she reported disclosing more often to model for students that it is safe to disclose. Zira shared that disclosure is fine in the feminist model and that it decreases hierarchies between the client and therapist, rejecting an expert position. Matilda stressed that disabled individuals know what it is like to have someone think they know what is best for them.

Matilda was hesitant to disclose her disability to students, because she had experienced past trauma with disclosure. She said, "I really understand being so sick of dealing with everybody else's response… and having to make them feel better for the information I've just told them. (laughs) I'm so tired of that." Matilda emphasized the courage and vulnerability it takes to advocate for respect and for language changes in research and clinical practice. She wanted to avoid being labeled as “the ‘angry’ disabled person, the ‘hero,’ [or] the ‘inspiration.’” She emphasized the importance of disability representation but also that nondisabled people need to speak out against ableism too, because of such stereotyped labels that disabled people are called.

“It’s Very Much a Work in Progress”

For this theme, each educator made comments that their personal and professional development was a work in progress that has occurred because of their growing awareness of ableism. Educators noted how easy it was to discuss ableism in an interview but difficult to discuss it with their colleagues and students. Educators made comments about how their university is behind on social justice or diversity, equity, and inclusion work, but that they, as educators, are working on making changes in curriculum and pedagogy, such as examining course materials to remove ableism and utilizing UDL principles. Educators shared that during the pandemic they incorporated virtual coursework or classes and assessed students’ competence virtually, allowing for more flexibility but also creating more ambiguity with grading.

Many of the educators felt that they had only begun to become aware of ableism in the last year, during the pandemic, or in the last few years. Educators described how challenging it was to determine when something ableist is occurring or being perpetuated. Dee said, “as an educator, I mean, I’m really trying to adjust as best I can without feeling like these students are lowering the bar. It’s tough.” Dee continued:

> it’s oftentimes, afterwards, I’m like, oh, some regret there, because I’m not sure if I’ve perpetuated something that makes my students ableist or if I was ableist with a student, and so, I feel like it is a work in progress.

Matilda concluded:

> it’s very much a work in progress. There are times when I feel very much overwhelmed at the task, and other times when I feel like, you know, cheering, because I think we’ve done a fantastic job at something. So yeah, there’s the big and the small. The clear things you say and the unconscious messages that are being sent through the way we interact in class, the conversations that we have, and the other course materials that haven’t been curated or audited for ableism.

Textural Description

Overall, in creative writing responses, focus groups, and written responses, disabled music therapy students shared their lived experiences with ableism, highlighting implicit and explicit discrimination, stigma, and microaggressions against disabled students within music therapy education and clinical training. The students in this study perceived their internalized ableism, such as wanting to avoid accommodations or asking for help, as well as being afraid to be treated differently due to the stigma surrounding disability. They described ableism inherent in music therapy curriculum, such as the foundation in fixing disabled people and denounced a behavioral approach in music therapy. The students in the current study had difficulty meeting implicit ableist expectations, especially emulating the stereotypical music therapy persona of being energetic and outgoing. All the students had masked their disability at times to avoid microaggressions. Students in the study experienced and witnessed ableist microaggressions from professors and peers.

Structural Description

Students in the study shared contexts and settings in which they experienced or witnessed ableism in music therapy education and training. Students in the study disclosed their disability to connect with clients, to receive accommodations from professors, and to advocate for equity for disabled students. These students also avoided disclosure to protect themselves from stigma and ableist microaggressions. Students in the study shared ableist microaggressions from peers, supervisors, and professors that they experienced or witnessed, especially times when others looked down on people with disabilities, when others denied their ableism, and when others used ableist language. Additionally, difficult interactions with professors and ableist microaggressions limited their access to accommodations. The students in the current study had difficulty managing the systems of higher education to advocate for their accommodation needs, especially when they were undiagnosed, diagnosed as an adult, or unsure of what accommodations could be helpful. Students in the study shared how they perceived music therapy programs to perpetuate society’s pathologizing of disability. They also highlighted the additional stress of having multiple minoritized identities while being in a music therapy program. Students in the study shared the ableism, racism, classism, homophobia, and cissexism they perceived in the music therapy profession, particularly music therapists who perpetuated these systems of oppression over social media or in professional organizations. The students in the study experienced affirmations from professors or supervisors at times who recognized that their disability could be a resource or asset in music therapy work, as well as had professors who were supportive with open communication and flexibility.

Composite Description: Ableism in Music Therapy Education and Training

Primarily, participants in this study discussed and denounced the inherent and prevalent ableism in music therapy education and clinical training, as well as in the profession. All students in the study shared their experiences with decisions and actions related to disclosure and accommodations. Each student had some professors who were ableist in their teaching techniques or who taught content that perpetuated ableism. Students in the study discussed the ableist stereotypes that professors and peers have of how a successful music therapy student should be like, particularly that students should be mentally healthy and energetic. During the focus groups, students in the study shared experiences with each other, especially their perspectives about disability and stigma. In creative writing responses, written responses to the focus group questions, and in the focus groups, disabled music therapy students in the current study wanted nondisabled peers, music therapists, and professors to understand that the essence of ableism in music therapy education and clinical training is perpetuated against disabled music therapy students and disabled music therapists in microaggressions, in the medical model of disability, in behavioral music therapy techniques, in course requirements, and in interactions in professional music therapy spaces.

CHAPTER 5

Discussion

This research study was a phenomenological inquiry into ableism in music therapy education and clinical training through the perspective of disabled music therapy students and music therapy educators. The following questions were explored through creative writing responses, focus groups with disabled students, written responses to the focus group questions, and interviews with educators:

1. What experiences, if any, do disabled music therapy students have with ableism?
2. What are music therapy educators' experiences with addressing ableism?

Participants in the study reported several types of ableism they experienced or witnessed, including interpersonal ableism, internalized ableism, institutional ableism, structural ableism, and inherent ableism in music therapy. Specifically, disabled music therapy students in the study disclosed their disability to others when necessary to receive accommodations or to advocate for their access needs. Students in the study avoided disclosure when there was a risk of microaggressions. Professor's microaggressions seemed to have been influential on students' mental health, their progress as a music therapy student, and their ability to stay in their program.

Alternatively, some student participants described experiences with affirming professors or peers, and educator participants described how they affirmed disabled music therapy students. Educators in the study shared their lived experiences with disability, especially difficulty around disclosure and internalized ableism. All educators in the study discussed their anti-ableism efforts as a work in progress, with some detailing specific actions they have taken, such as centering accessibility at the start of the semester or clarifying the accommodations process, and some who were not sure how to enact meaningful systemic change besides teaching about ableism in their courses. Overall, disabled music therapy students and music therapy educators highlighted that ableism is pervasive in society and higher education and has contributed to how music therapy students, music therapists, and music therapy educators conceptualize disability and the music therapy treatment process. Participants perceived ableist content, music therapy techniques, and language taught in music therapy curriculum, such as the medical model of disability, behavioral approaches, euphemisms to avoid using the words disabled or disability, as well as ableist expectations of how a music therapy student should interact and meet competencies.

Disclosure and Accommodations

Like LaCom and Reed (2014) and Shaw (2019), the educators and students in this study discussed the preconception that disability and ableism can impact a music therapist's clinical practice. Pearlstein and Soyster (2019) found that clinical psychology supervisors had limited understanding of the impact of self-disclosure by disabled students in their clinical work. Educators and students in this study reported not knowing how to navigate disclosing to clients. For some disabled music therapy educators in this study, they reported having lived experiences with disabilities and ableism, particularly the hesitancy to disclose their disability to their students. It is important to acknowledge that ableism pervades society and within disability community, as well as acknowledge the multiplicities and comorbidities of conditions or symptoms that may impact a single individual and their decision to disclose. One researcher, David Abbott (2018), advocated for disclosure as a wounded healer and disabled music therapist.

There are currently no guidelines for disabled music therapy students about self-disclosure or accommodations in AMTA documents (AMTA, 2021). This causes confusion about who should initiate the accommodations process, whether it is the student's responsibility to disclose any diagnoses or symptoms that are impacting their progress or the professor's. The music therapy educators in this study reported mixed opinions about this, particularly some said they believe students are responsible for self-disclosing to receive accommodations and some said they believe it is their responsibility to encourage self-disclosure and encourage students to seek accommodations. Additionally, students in this study had difficulty with older professors not understanding how to address their accommodation needs. This was a similar experience to students in Freedman et al. (2020) who reported that they perceived older professors to potentially be inflexible regarding accommodations. Like the participants in Woodfield et al. (2020) who reported having various levels of support from professors and difficulty obtaining individualized accommodations, students and educators in this study recognized that professors have limited training on providing individualized accommodations and limited understanding of university policies. Similarly, Svenby (2020) interviewed five lecturers who all reported a lack of guidelines, training, or pedagogical resources for working with disabled students.

Pearlstein and Soyster (2019) suggested that supervisors have difficulty understanding how to accommodate disabled students in clinical training, because there is a large focus on neurotypical ways of developing interpersonal effectiveness and therapeutic relationships, especially providing feedback on communication style, body language, and eye contact. Students in this study also identified several aspects of clinical training that preference neurotypical ways of providing music therapy, such as requiring students to maintain eye contact to be perceived as professional and requiring students to learn guitar, piano, percussion, and voice at the same rate as their peers. Such biases based on how a therapist should act may explain why avoidance of accommodations was prevalent across the participants. Much like each participant in Warren (2021), students in this study discussed adverse experiences in music therapy education, particularly having difficulty with accommodations, disclosure, and microaggressions from professors. Students in this study and in Warren (2020) also had difficulty navigating the accommodations process and deciding when to disclose their disability identity or not.

Microaggressions

In addition to perceiving ableism in the music therapy profession, participants in Warren (2021) and in this study experienced microaggressions from other music therapy students and their professors. Participants in this study contextualized their experiences through social interactions with others, especially microaggressions and affirmations. Like the disabled music therapists in Martin (2022), students in this study had moments where their supervisor affirmed their disability but also experienced microaggressions from their supervisors. An important aspect of exploring ableism in music therapy education and clinical training is understanding the difference between inherent, systemic ableism in policies and curriculum and professors or supervisors who perpetuate ableism through microaggressions. Disabled students in this study reported having professors and peers who perceived them as rude or lazy, misunderstood their disabilities, made ableist assumptions about clients, and used outdated, ableist language. The participants’ music therapy professors and supervisors were ableist in making negative assumptions about the suitability of disabled music therapists to practice music therapy.

Alike Charlton's (1998) book about disability activism, students in the study reported that the disability community has a history of being ignored, particularly with not desiring a cure for certain disabilities and not being considered in decisions that involve them. Some students in the study reported that their lived experience with disability gave them a better understanding of disability than their music therapy professors, much like how Gillespie-Lynch et al. (2017) showed that autistic individuals have more awareness and knowledge of autism at a statistically significant level than their family members or the non-autistic participants. Additionally, educators in this study also made ableist comments about doubting the competence of disabled students either in the past or currently. Even though reasonable accommodations are required by law, one educator claimed that there are no accommodations in the real world and that students need to learn how to manage without accommodations.

Internalized Ableism and Masking

Like the disabled music therapist in Kalenderidis (2020) and like Leza (2021a), students in this study reported feeling a connection with clients with similar identities and tension and pressure around disclosing their disability identity. Leza discussed her experiences with developing a positive disability identity and rejecting her internalized ableism that caused her to avoid accommodations in the past. Much like Leza, some students in this study reported having internalized ableism and avoiding accommodations, because they were diagnosed as an adult and had learned negative stereotypes about disability, such as being inferior for needing help. Students in the current study also avoided accommodations to prevent having to self-advocate for themselves, much like students in Coutinho et al. (2021) that showed students who engage in experiential avoidance, such as avoiding seeking accommodations due to the additional stress, have a decreased quality of life and higher levels of anxiety.

Some students in this study only disclosed when they felt safe doing so, especially to be an advocate for themself or to receive accommodations, while others chose not to disclose to protect themself from stigma or ableism or to avoid being treated differently. Such reasons coincide with the experiences of disabled music therapists who were interviewed in my pilot study (Warren, 2021) and the disabled occupational therapists and occupational therapy assistants who were surveyed about accommodations and disclosure in Ozelie et al. (2019). Pickard (2022) emphasized that disabled music therapy students and therapists may not feel safe disclosing their disability. The participants in Warren (2021) also valued managing their disabilities independently to avoid asking for accommodations. Like the students in Kamperman (2020) who shared their experiences in interviews about self-advocacy, masking, and autonomy, educator participants in this study reported that independence is preferred over interdependence for disabled college students. Participants in this study reported having others misunderstand their autism, engaging in masking, becoming assertive or more confident defending themselves against ableism, and feeling pressured to conform to societal gender norms. These findings are confirmed by Bargiela et al. (2016) in which these experiences were also reported by autistic women. Cage and Troxell-Whitman (2019) showed that autistic adults in their study who had high levels of masking had significantly more anxiety and stress. Additionally, experiencing microaggressions and feeling ashamed, inferior, inadequate, or unattractive also negatively impacted the mental health of disabled adults (Kattari, 2020; Trindade et al., 2017). This could be why many of the participants in this study had mental illnesses.

Ableist Expectations in Music Therapy Education

In addition to masking their disabilities, students in this study reported feeling pressured by their professors and supervisors to conform to ableist expectations in their music therapy education. One educator in this study suggested that students shouldn't expect accommodations in jobs, even though employers are legally obligated to provide reasonable accommodations. Students in the study emphasized the need for support with figuring out individualized accommodations. Like the music therapy program directors in Gardstrom and Jackson's (2011) study, students in this study noted the perceived stigma that students with mental illnesses shouldn't become a music therapist or that students should utilize personal therapy only to be healthy enough to practice music therapy. Like the students and educators in this study, disabled music therapists in Warren (2021) discussed the stereotypical music therapist persona of always being bubbly, bright, energetic, and happy, and acknowledged how hard this can be for disabled students and therapists to meet this implicit expectation.

Like the music therapy educators in Hsiao (2014) who reported their gatekeeping practices related to severe professional competency problems, which may be related to disabilities, educators in this study noted that their programs had previously used or currently use questions in the interview process to ask prospective students about mental illness. One student participant in the study and Pickard (2022) critiqued recruitment practices in music therapy that are ableist and classist, like college application processes, as well as the ableism in professional competencies. Regarding the explicit expectation to meet competencies, like Goodman (2011), Hadley (2016), and Fansler et al. (2019), students and educators in the study pointed out that the AMTA competencies are quite restrictive in nature and thus allow little flexibility for disabled students. One educator in the study commented on the need for professors to ensure that students check off the boxes for competencies for universities in Oceania. This was especially important, because in Oceania, degree programs are the barrier for whether a music therapy student graduates and becomes a registered music therapist (RMT), whereas in the United States, students take an exam regulated outside of their university to become board-certified music therapist (MT-BC). Students in the study had difficulty meeting competencies related to instruments and with how music is traditionally taught, which was similar to the music student with ADHD in Hsiao et al. (2018) who had difficulty with the multisensory nature of learning music theory. Some educators in the current study reported having difficulty adapting competencies for different learning styles, while others reported feeling comfortable making their teaching accessible.

Ableism in Music Therapy Curriculum and the Profession

Educators and students in this study reported teaching techniques and pedagogy that they perceived as ableist, as well as ableist content in music therapy courses. For example, multiple students and educators in the study shared that role playing disabled clients can perpetuate stereotypes and doesn’t realistically prepare students for what they experience in practica. However, Goodman (2011) reported that role playing is one of the primary methods of teaching in music therapy. Hiller et al. (2020) described the risk and psychological harm associated with self-experiences and experiential learning in music therapy and identified that disabled music therapy students may be at a greater risk. Related to self-experiences, one student participant described how inappropriate it was that one of their music therapy classes felt like a therapy session with their professor psychoanalyzing the students.

Related to course content, some educators in this study taught about ableism, such as ableism against clients or in society, whereas some educators were still developing their knowledge about ableism and how it may impact music therapy students and clients. Participants discussed their perspectives of disability, especially the need to teach from the social model of disability and the neurodiversity movement instead of the medical model. Pickard (2022) also advocated for music therapy stakeholders to decenter the medical model of disability. Participants in the study discussed music therapy philosophies, such as centering disabled perspectives and rejecting behaviorism and ABA in music therapy, because of the discourse in the disabled community and in research about the harm of ABA (Sandoval-Norton et al., 2021). Students in this study particularly reported that they are against the use of behavioral techniques in music therapy, especially for autistic clients. Goodman (2011) also noted that predominantly music therapy professors rely on behavioral methods to teach, and students in this study critiqued this practice. Students in this study and disabled music therapists in Warren (2021) both acknowledged that the music therapy profession is established on ableist assumptions, such as wanting to “fix” disabled clients.

Similarly, participants in this study and in Warren (2021) discussed the prevalence of ableism in the music therapy profession as a whole. Specifically, participants from both studies shared that nondisabled music therapists on social media can be ableist at times, especially when they use functioning labels or outdated terms. One student participant discussed the perceived ableism of having World Music Therapy Day on the Disability Day of Mourning, referring to Leza's essay (Leza, 2021b). Participants in this study and in Warren (2021) also reported that seeing disabled music therapists self-advocate and educate others on social media was affirming but disheartening that it was necessary. Participants in both studies reported that nondisabled music therapists at conferences tend to not extend the same respect and accommodation to their disabled colleagues as they would for their clients.

Implications for Future Practice

In their interviews, focus groups, and written responses, participants in this study discussed recommendations for actionable steps disabled music therapy students, music therapists, and music therapy educators could consider to reduce ableism in music therapy education. Particularly, students in this study made suggestions such as implementing mentoring programs, continuing education courses, and critical evaluations of the CBMT exam and music therapy curriculum. Student participants also suggested that continuing education for professors could focus on accommodations, disabled students, or implicit bias. Students in this study reported being hopeful that more formal research publications and informal dialogues with disabled music therapists will occur. Educators in this study suggested that professors should address accessibility and inclusion at the beginning of each semester, particularly with implementing UDL principles and being flexible with competencies. Educators and students in this study also acknowledged the need to remove gatekeeping practices related to explicit policies or implicit expectations that exclude disabled students. Overall, participants suggested that as more disabled students pursue a career in music therapy, the music therapy profession and its professional organizations need to prioritize inclusion, accessibility, and reducing systemic ableism.

Limitations and Future Research

Recruitment for this study was limited by time constraints and potentially by the amount of labor required for participants. This resulted in limited diversity of participants regarding race and ethnicity. Focus groups and interviews were selected to allow for follow-up questions to gain further information on the experiences of disabled music therapy students and music therapy educators. While participants considered the creative writing prompt prior to their interview or focus group, participants were not primed with specific questions, which may have limited their initial responses during the focus groups and interviews. Participants were sent transcripts for review, but few edits were made. Some student participants completed written responses only, and they may have been able to expand on their responses after hearing the experiences of other disabled music therapy students. The researcher continued engagement with the data over several months and completed extensive coding and analysis. However, the data may be susceptible to confirmation bias as the researcher is also disabled.

Though this study was phenomenological in nature, the data contained both individual and shared experiences of being a disabled music therapy student or music therapy educator. Research utilizing other methodologies is lacking in this area. Due to the inadequate number of research studies involving disabled music therapy students, it is essential for future researchers to examine the impact of ableism in music therapy education. Understanding the nature of ableism in music therapy education programs will allow music therapy educators and supervisors to better support disabled music therapists and music therapy students in their clinical work and training, which in turn will improve the quality of services for clients. Research centering the lived experiences of disabled music therapy students and music therapists is crucial to shifting who controls the narrative about ableism in music therapy education and training (Webb & Swamy, 2022). Research examining the perspectives of music therapy educators is essential to develop training for working with disabled students and providing accommodations in music therapy programs.

Conclusion

Overall, through this phenomenological inquiry, disabled music therapy students and music therapy educators discussed the inherent ableism they perceived in music therapy education and clinical training, as well as their own experiences with ableism perpetuated by music therapy students, music therapists, and professors. Participants acknowledged that music therapy as a profession has a foundation in the medical model to "fix" people with disabilities. The participants in this study primarily viewed disability as a social construct impacted by systemic oppression and barriers, while also acknowledging the impacts of physiological symptoms as well. It is important for professors to support disabled students in finding individualized accommodations and strategies to facilitate their success in the classroom and in clinical training.

Both students and educators in the study discussed and named ableist practices they perceived in music therapy education, such as role playing in class, strict attendance policies, long class schedules, lack of flexibility for AMTA professional competencies, lack of providing reasonable accommodations, and audition processes designed to exclude disabled students. Students in this study experienced ableist microaggressions, such as having music therapy professors and peers reinforce negative stigma around disability, especially mental illnesses, through their words and actions. The researcher and the participants in this study implore all music therapy students, music therapists, and music therapy professors, as well as stakeholders and advocates for music therapy, to take accountability for their implicit biases and actions that have perpetuated ableism and to take action to make systemic changes to reduce barriers for disabled music therapy students.

This dissertation research study has revealed implicit biases about disability, illness, and disabled music therapy students, as well as ableist views that were upheld in current music therapy pedagogy and in the profession. Because more people are identifying as disabled and advocating for their needs, the participants in this study indicated that music therapy professional organizations and academic programs need to address the accommodation and access needs of disabled music therapy students and disabled music therapists. Music therapy professional organizations and academic programs need to support the diversity currently within the profession to avoid gatekeeping based on disability.

Appendix A

Focus Group and Interview Guides

Focus Group Guide

1) Thank you for completing the creative writing and reflecting on your story regarding ableism. What is one experience you would like to share that is unique to being a disabled music therapy student?
2) Ableism is defined as discrimination in favor of certain abilities over others. What are some aspects of music therapy training that seem to show preference for a specific way of providing music therapy?
3) What have you learned about disclosure of disability from your professors or clinical supervisors? Have you disclosed your diagnoses during your education or not? To whom? Why or why not?
4) How would you describe determining if you needed accommodations or not?
5) Ableism also involves microaggressions and stigma, but also microaffirmations. How have you witnessed this within music therapy classes or practica or internship?
6) If you're comfortable, please share any experiences you have had with ableism or stigma in your education.
7) How have your other social identities influenced your experience of being a disabled music therapy student?
8) Please share any other important experiences you have had as disabled music therapy student with ableism in music therapy pedagogy, or any other information you would like me to know.

Interview Guide

1) Thank you for completing the creative writing and reflecting on your story regarding ableism. Can you talk about ableism in terms of how you teach or supervise and how you deal with ableism in working with program requirements?
2) Ableism is defined as discrimination in favor of certain abilities over others. If any, what aspects of music therapy training seem to show preference for a specific way of providing music therapy?
3) Are students encouraged to disclose their diagnoses? To whom and why or why not? How might this change for different diagnoses?
4) How would you describe the accommodations process at your university?
5) Have there been specific changes have been necessary to assist disabled music therapy students in succeeding? If so, please share an example.
6) Please share any other important experiences you have had as a music therapy educator related to disabled students or ableism, or any other information you would like me to know.

Appendix B

IRB Approval

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Institutional Review Board

DATE: 12.15.21

To: Rebecca Warren

From: Ulas Kaplan and Jason S. Frydman, Co-Chairs, Lesley IRB

RE: **IRB Number: 21/22-020**

The application for the research project, “Examining Ableism in Music Therapy Pedagogy: Student and Educator Perspectives” provides a detailed description of the recruitment of participants, the method of the proposed research, the protection of participants' identities and the confidentiality of the data collected. The consent form is sufficient to ensure voluntary participation in the study and contains the appropriate contact information for the researcher and the IRB.

This application is approved for one calendar year from the date of approval.

You may conduct this project.

Date of approval of application: 12.15.21

Investigators shall immediately suspend an inquiry if they observe an adverse change in the health or behavior of a subject that may be attributable to the research. They shall promptly report the circumstances to the IRB. They shall not resume the use of human subjects without the approval of the IRB.

Appendix C

Informed Consent Form

Informed Consent

You are invited to participate in the research study titled, "Examining Ableism in Music Therapy Pedagogy: Student and Educator Perspectives." The intent of this research study is to explore the ableism experienced by disabled music therapy students, as well as to examine the experiences of music therapy educators with addressing ableism. Ableism is defined as discrimination in favor of certain abilities over others. For this study, disability is conceptualized based on the social model of disability, that disability is a difference and not a defect. The terms, disability and disabled, are inclusive of chronic illnesses, mental illnesses, and neurodivergence. Such diagnoses are becoming more prevalent in adults and professionals; therefore, it is essential to examine ableism and implicit biases based on disability in the music therapy profession and in music therapy pedagogy.

For music therapy students, your participation will entail:

- completing an online demographics questionnaire and
- a creative writing response to the question, "What do you want the music therapy profession to know about your story with ableism as a disabled music therapy student?
- prior to engaging in a recorded 60 to 75-minute focus group over Zoom OR responding to focus group questions in a written response. Focus group questions will focus on experiences as a disabled music therapy student.

For music therapy educators, your participation will entail:

- completing an online demographics questionnaire and
- a creative writing response to the question, "What do you want other music therapy educators to know about your story as a music therapy educator who addresses ableism?
- prior to engaging in a recorded 45 to 60-minute individual interview over Zoom OR responding to interview questions in a written response. Interview questions will focus on experiences as a music therapy educator.

The interview or focus group will take place at a time agreed upon by the participant(s) during early 2022.

In addition

- You are free to choose not to participate in the research and to discontinue your participation in the research at any time without facing negative consequences.
- Identifying details will be kept confidential by the researcher and by all participants. Data collected will be coded with a pseudonym, the participant's identity will never be revealed by the researcher, and only the researcher will have access to the data collected.
- Any and all of your questions will be answered at any time and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.
- A risk or discomfort involved with participating in the research study is that it may cause disabled music therapy students in the study to become aware of the challenges involved with being successful in their education. It may also cause music therapy educators to become aware of the challenges involved with addressing ableism in their curriculum. It is unlikely that participants will experience severe discomfort, participants will be encouraged to contact the student researcher should this occur.
- If any problem in connection to the research arises, you can contact the student researcher, Rebecca J. Warren, MM, MT-BC at 585-935-1578 or by email at rwarren3@lesley.edu or the faculty supervisor, Dr. Michele Forinash, MT-BC, LMHC at 617-349-8166 or by email at michele.forinash@lesley.edu
- The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.)
- *There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at irb@lesley.edu*

I am 18 years of age or older. My consent to participate has been given of my own free will and that I understand all that is stated above. I will receive a copy of this consent form.

Participant's signature Date Researcher's signature Date

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