

IN A BIG VOICE: AN AUTOETHNOGRAPHY

In a Big Voice:

An autoethnography on entering, being in, and leaving the field of music therapy

by

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Presented to the

Slippery Rock University

Music Therapy Program

A handwritten signature in black ink, appearing to read "Susan Hadley", written over a horizontal line.

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Maevon Gumble, MMT, MT-BC, LPC, Reader

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Abstract

In this autoethnography, I utilized a handful of different techniques to recall, examine, and share my experiences while entering, being in, and leaving the field of music therapy. Those included: chronological listing, narrative journaling, songwriting, lyric analysis, and external collaborators. Examining the autoethnography revealed specific themes about my experience with music therapy, including the role of my identity and privilege, systemic pressures, resistance to systemic pressures, non-profit specific ethics, and community support. Sharing these specific experiences and themes aims to add to a growing literature of music therapy burnout, including why music therapists leave the field, what specific experiences feel like, and where music therapists go after leaving the field.

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I could write a paper that rivals this thesis in length to thank each and every person for their impacts on me and getting me to this point. Here is just a handful, for brevity's sake.

To the Coast Salish peoples, whose forcefully taken land I live and have worked on. Thank you for your stewardship and your stories which have inspired this paper. Land back!

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A long time ago, the People had small voices. They could barely hear each other when they talked. When the People spoke to each other, they couldn't hear one another. Their voices were so quiet and so small that they couldn't always understand one another.

One day, a woman from the village was walking through the woods. As she was walking, she heard a voice that said, "Come here" and the woman asked, "Who is that?" "Over here," the voice said. The woman went towards the voice and there before her was licorice fern.

Licorice fern said "Chop up my roots and taste them." So the woman did as licorice fern instructed, she chopped up licorice fern's roots and tasted them and (in a big voice) said, "Oh, that tastes really good!"

The woman now had a big voice. She returned back to the village and (in a big voice) said, "Hello!" Everyone in the village was amazed and asked where she got this big voice. The woman told the People about the licorice fern and instructed that everyone go to the forest. So the People all went to the forest, they gathered licorice fern, chopped up the roots, and tasted them. And that is how the People got big voices. And that is all.

A Coast Salish story as told by Lower Elwha Klallam storyteller Roger Fernandes (GRuB et al, 2020)

Introduction

My name is Colby Robert Gurrola Martin-Cumine, and as I live in the USA as a born US citizen, I am positioned as a cisgender, heterosexual, able-bodied, neurotypical, white man.

These are the cultural norms with which I was raised, the cultural foundations that continue to influence me both consciously and subconsciously, even if I have different internal markers of identity at this point in my being. It is important to note that I, as well as everyone and

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everything else, am in flux. I am constantly changing as time and situations change. My identity now is different than it was (now encompassing Latine alongside my whiteness and a hyphenated last name) and will be different in the future.

I came to music therapy as a field for many reasons: some easy to describe, some difficult to disentangle from my cultural positioning. Similarly, I leave the field of music therapy for many reasons: some easy to describe, and some difficult to disentangle from my cultural positioning. In engaging in this autoethnography, I hope to put into words, music, and art my motivations, feelings, and experiences from joining the field, being in the field, and now exiting the field. I want to be able to fully articulate the many aspects of my journey from start to finish, even if this “finish” is only temporary.

Career transitions are not uncommon, and in fact are a commonly discussed part of older adulthood. Family and older friends of mine discuss changing career paths and fields, peers of mine are laughing about being in a career field wholly disconnected from their field of study in undergraduate school. So having a career change is normal in the context of my cultural position, yet it is not always talked about what the experience of that change is like. Specifically in the field of music therapy, research on burnout and people leaving the field are becoming more commonplace, but there is little on what former music therapists are doing after leaving the field, what drove them to leave, and if in leaving they will ever or even would ever return.

I hope that this autoethnography can lend some more data to this understanding so that the field can better understand what pushes passionate people away. I hope that saying (in a big voice) what I have undergone will be meaningful to others.

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Literature Review

Burnout

Burnout can be defined in multivarious ways, but there seem to be three common domains: emotional exhaustion, depersonalization, and reduced personal accomplishment (Morse et al., 2012). Emotional exhaustion can be understood many ways, and can include feeling depleted, overextended, and fatigued. J. R. R. Tolkein captures this sentiment well in *Fellowship of the Ring* when he describes a tired and ready to retire Bilbo Baggins as “thin, sort of *stretched*, if you know what I mean: like butter that has been scraped over too much bread” (1954, pg 32, emphasis from original). Depersonalization can also be understood as cynicism, a simmering anger or apathy especially in the context of work. A continuing expectation of “this will not go well” regardless of the reality of things. Finally, reduced personal accomplishment refers to a lesser view of one’s work, efficacy at work, and lower feelings of reward for a “job well done” (Maslach & Leiter, 2008). Burnout can correlate with other mental health conditions such as depression and anxiety, though it is wholly separate. Other correlates include headaches, gastrointestinal disorders, muscle tension, hypertension, cold/flu episodes, and sleep disturbances (Maslach & Leiter, 2008; Morse et al., 2012).

Another phenomena that accompanies burnout is “compassion fatigue,” which seems particular to healthcare and other care-giving professions. Symptoms of compassion fatigue mirror those of burnout, but seem to stem from second-hand trauma, or the impact of knowing about/helping another through a traumatic event that the professionals themselves are not experiencing. There is some contention about whether compassion fatigue is a subset of burnout or a wholly different phenomena, but ultimately it is agreed that they lead to similar symptoms and results (Chang, 2014; Clement-Cortes, 2013).

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Burnout and compassion fatigue are quite prevalent in mental health fields, including music therapy. Among healthcare professionals, burnout may be as prevalent as 67% of mental health workers experiencing high levels of burnout (Morse et al., 2012). Music therapists consistently have levels of burnout that at least match findings in other fields, and often seems to be even higher (Chambers, 2019; Chang, 2014). A host of causes contribute to burnout especially in the music therapy field. Many are explored in personal depth in the narrative description below, but will also be listed here.

Contributing to burnout, work stress can include experiences such as overload, overworking, and poor boundaries. High caseloads can occur because many places only have one music therapist on staff. In being eager to please and ensure ongoing employment, music therapists often say “yes” beyond their sustainable capabilities (Clement-Cortes, 2013). Feelings of alienation and disconnection tied to being a lone music therapist on staff can also contribute to burnout (Chambers, 2019; Clement-Cortes, 2013). Inconsistent work is another cause, as many music therapists report only working part time as music therapists and needing to supplement income with a second job (Branson, 2023).

Low pay for music therapists is a constant cause of burnout. In 2021, the American Music Therapy Association found that the average music therapist annual salary was around \$58,973. Comparably, other mental health therapists made around \$80,000 annually (Glassdoor, 2024). Even amongst other alternative therapies, music therapists often made less annually than rehabilitation therapists, creative arts therapists, clinical therapists, and occupational therapists (Chambers, 2019; Clements-Cortes, 2006). This discrepancy is made more impactful looking at the past decade of inflation and sky-rocketing cost of living.

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Cost of Living Crisis

The United States of America has seen a decreasing expectancy of quality of life due to increased cost of living and stagnating wages since Ronald Reagan was president. Broadly, inflation has been a constant since at least 1990, with deflation only occurring in 2009 after the 2008 economic crash (statista.com, 2024). Given that the average music therapist annual salary in 2008 was \$45,000, one would need to make \$67,056.57 in 2024 to have the same buying power (CPI Inflation Calculator). As of 2021, the average music therapist salary has only increased to \$58,973 (AMTA). It is important to note that only 516 of the over 3000 AMTA members are represented in this data, and that AMTA members do not make up the fullness of the music therapy field, some of whom do not earn enough money to be able to afford the annual membership. According to the Certification Board of Music Therapists, the governing body that music therapists must be registered with to be considered legitimate within the field of music therapy, there are over 10,000 music therapists in the US (CBMT, 2023).

Inflation is not a lone cause in the cost of living crisis in the United States. The real cost of essentials have risen faster than inflation, which itself has outpaced wages. Median monthly rent has increased 150% since 1970 even when adjusting for inflation. Renting households that spend upwards of 30% of their income on rent has increased by at least 15%. Median home prices across the US have at least doubled since 1970, again accounting for inflation (Albouy et al, 2016; McCants, 2024). The Secretary of Housing and Urban Development said in 2013 that “we are in the midst of the worst rental affordability crisis that this country has known” (Olick, 2013 as cited in Albouy et al., 2016, p. 1). Higher education has become both an expectation for employment and an astronomical expense. While the number of students graduating from an undergraduate program has increased by over 250% since 1970, the cost of public education has

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increased over 300% while adjusting for inflation (ConsumerAffairs Research Team, 2024).

Keeping in mind that the career field this paper is focused on, music therapy, requires at least an undergraduate degree, that is another expense that makes the cost of living that much more difficult to afford. These are just a couple of examples that paint the picture of a difficult reality for many living in the United States, and certainly impacts music therapists and their burnout rates.

Studying Burnout in Music Therapy

Music therapy literature has taken increased interest in the burnout of music therapists. Several papers seek to understand the symptoms and causes of burnout in music therapy (Branson, 2023; Clement-Cortes, 2013; Kim, 2016; Kim, Jeong, & Ko, 2013), with some offering ideas on how to prevent burnout. Suggestions include increased awareness of burnout (including symptoms and greater self-monitoring by music therapists to understand when they may be experiencing burnout), relaxation, increased social support, meditation, and exercise (Clement-Cortes, 2013). Others have pointed out systemic problems that need to be changed to mitigate burnout, such as better respect and recognition of music therapy as a valuable healthcare option, greater support from administrators, higher pay, and greater job autonomy (Chambers, 2019; Clement-Cortes, 2013; Kim, 2016; Kim et al., 2013).

There is little research on the experience of burning out and leaving the field, and what it is like for those individuals after finding a new career path. Branson (2023) interviewed thirteen music therapists from across the US, three of whom had graduate degrees, who had left the profession and were now working in a field outside of music therapy. The interviews sought to understand why these individuals left the profession and any unmet needs in training and supervision that may have led to them leaving. While reasons for leaving mirrored the findings in

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other research (low job satisfaction and wages, feelings of isolation, and the burden of music therapy advocacy), follow up questions revealed how the former music therapists felt in their new fields and what made them feel more secure there. Results included higher salaries, allowing for only one full-time job instead of multiple jobs; better work-life balance, including paid time off for sick days and vacations; and a more agreeable workload, including fewer daily clients for those who moved to another healthcare profession. It is worth noting most participants felt conflicted in leaving the profession, and none of the participants regretted their music therapy training or their time at their music therapy jobs (Branson, 2023). Given this, it feels important to be able to better understand the process and pressures that move committed and caring music therapists out of the field. Thus, the purpose of this autoethnography, is to explore my specific experience which I hope can contribute to a deeper examination of specific pressures of being a music therapist in the United States in the late 2010s and early 2020s. I hope that this look at disintegration of work-self identities, realization of burnout, and subsequent search for stability and understanding will add value to the music therapy burnout and retention literature.

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Methods

Autoethnography

Autoethnography is defined by Ellis, Adams, and Boeher. (2011) as “an approach to research and writing that seeks to describe and systematically analyze (*graphy*) personal experience (*auto*) in order to understand cultural experience (*ethno*)” (p. 1, emphasis in original). Simply put, through a structured cultural analysis of personal experience, one can gain greater understanding about a larger cultural experience. Autoethnography draws from a multitude of research disciplines, including narrative research, autobiography, ethnography, and arts-based research (Cooper & Lilyea, 2021). It is a qualitative method that places importance on the subjective experiences of the participant(s), actively inviting and examining the bias a researcher brings to their self-study. This situates the methodology in a constructivist ontology, understanding that personal experience is also valuable data (Creswell & Creswell, 2018). Autoethnography as a research method is a relatively recent phenomenon. The term itself was first attributed to Karl J. Heider in 1975 in an ethnographic paper on two Dani cultures.

This can be accomplished through a variety of mediums, the most common being narrative writings recalling pivotal events of one’s life (Ellis et al., 2011) and can be mixed with other forms of expression. Within the field of music therapy, autoethnographers have used a mixture of artistic and narrative expressions to help the reader better understand the intricacies of what is being researched. This has included mediums such as poetry, observed in Shah’s (2022) exploration of imposter phenomenon; visual art, as observed in Viega et al.’s (2023) collaborative autoethnography on using digital music technologies; quotes, as observed in Devlin’s (2018) research on her own perception of autistic clients; and video/audio recordings, as demonstrated in Gumble’s (2019) autoethnography of gender affirming voicework. Of course,

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each of these autobiographies utilized a combination of various artistic and narrative expressions. Additionally, autoethnographies can be collaborative, as multiple people who have experienced similar events can provide their specific experiences as data to further collate a cultural understanding.

Autoethnography in Music Therapy

In music therapy, a number of autoethnographies have entered the body of research, although most of these research studies have been fairly recent. Following a shift towards qualitative research in music therapy, an influx of autoethnographies have followed. In 2010, Lee used autoethnography to reflect on her experiences post-eye surgery. Through narrative journaling, poetic phrasing, and visual art drawn by her daughter, Lee examined cultural norms of control and temptation in recovery, as well as how the use of music allowed her to move through this period of recovery (2010). While Lee's paper reflected on only three days of recovery, Woodward (2014) wrote her doctoral dissertation as an autoethnographic look at her time as a leader of a group of music therapists conducting music therapy work in Bosnia and Herzegovina. She used heartfelt, reflective writing to examine her time in Bosnia-Herzegovina and her culpability as a leader of a multi-ethnic music therapy team, including blog posts and a video. In other instances, music therapists have used autoethnographies to examine therapist perceptions of autistic clients (Devlin, 2018), imposter phenomenon (Shah, 2022), gender affirming voicework (Gumble, 2019), intersections of different cultures' healthcare in music therapy (Low et al., 2020), mentoring new music therapists (Potvin et al., 2021), and collaborative exploration of music technology (Viega et al., 2023). However, there seems to be no autoethnographies about the exit of a music therapist from the field. With an increasing awareness of burnout throughout mental health fields and especially in music therapists within

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the first five years of their careers, it seems worthwhile to examine my experience leaving the field in a research setting.

Ethical Storytelling

A conversation often avoided in autoethnography is one around the ethics of storytelling. Stories told about a person or group are not truly about them alone. Other people, groups, and entities with as much complexity and nuance as the autoethnographer are represented in an autoethnography. How the autoethnographer chooses to present and frame these other elements is an ethical choice, and one that interacts with dominant narratives and systems of oppression (Mesner, 2016). Some questions to consider include whose perspectives are being prioritized, and at what cost to others implicated in the story; what are the costs to the autoethnographer for putting their story out into the world; what are the costs of not doing so; and whose input is being considered in the ethical review process (Mesner, 2016). Ultimately, my choices and laws around confidentiality have been given the most weight in the writing of this autoethnography, with the autonomy of commenters held in high honor and the confidentiality of all story members who had no input being maintained through initialisms and the use of titles over names. There is importance in not shying away from the actions that caused myself, my peers, and my clients harm whether they came from a nonprofit organization, community partners, coworkers, or even myself.

In this autoethnography, I utilized a handful of different techniques to recall, examine, and share my experiences while entering, being in, and leaving the field of music therapy. Those included: chronological listing, narrative journaling, songwriting, lyric analysis, and external collaborators. Cooper and Lilyea (2022) suggest that a potential way of generating data for an autoethnography involves chronologically listing major events or experiences from the author's

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life that pertain to the research topic at hand. This acts as a guideline and touchpoint for continuing a flow of narrative remembrance, which is the bulk of the data I provide for this paper.

Chronological listing

Learning about the field (2011/2012)

Attending Seattle Pacific University (2013-2017)

Practicum at the Project (2015-2016)

Internship at the Project (2017-2018)

K leaving the Project (2017)

Separating from a school(2017)

Accepting job at the Project (2018)

Peak satisfaction at the Project: school sites, job balance, good coworker friends, peer supervision structures (2019)

COVID lockdowns and disruptions; an irreparable change to the job (2020)

Systems thinking and criticism: summer 2020 and grad school insights (2020-2021)

Death of an intern, temporary absence of a mentor figure (professional and personal distancing), non-profit industrial complex BS (2021)

Return of a mentor, end of the Project (2021)

Getting Barclay, our dog (2021)

Rummaging through ruins: stabilizing with Chipotle and Trader Joe's (2022-now)

Electrician ideas: 2023-now

This damn thesis: 2021-now

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The narrative recount provided below is largely unedited from when it was first written -- changed only to rectify typos, ensure compliance with HIPAA laws, and keep peers' confidentiality as desired -- meant to maintain a more personal and journal-entry-like tone. This includes a lyric analysis of the song *Expert in a Dying Field* by the Beths as well as a song I wrote to process a specific client experience. After completing the written narrative, I read over what I had written with a culturally critical lens, attempting to identify portions of the narrative that clearly connect with larger cultural norms present in my identity and cultural situation within the USA in the late 2010s and early 2020s. Additionally, I asked peers who were present for most of my time in music therapy to also read my narrative recount. Having these peers read through my accounts helped co-create a more accurate understanding of events. Additionally, each of the peers invited to read the narrative recollection have known me deeply on a personal level, and their insights have the power to lead to new understandings that I cannot reach on my own. The choice to incorporate music in the form of lyric analysis and songwriting reflects a longstanding tradition of incorporating art in autoethnographies (Devlin, 2018; Gumble, 2019; Shah, 2023; Viega, 2023).

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My Autoethnography

Falling in Love: Find a Career Damn it.

High academic achievement has been a hallmark of my personal identity and general life path as long as I can remember. I was privileged to attend a private elementary and middle school on account of my grandmother being a teacher working in this chain of private elementary and middle schools. Despite the class and relationship status of my mother and father at the time (both are the children of immigrants who worked retail jobs and had attended public school and were not in a consistent relationship), my grandmother's employment granted the benefit that family members could attend the school without paying tuition. My mother watched me thrive in an academically rigorous environment, and so as I grew older, private high school and eventually college were presented as obvious next steps. My mother's class status also changed as time passed. She found a corporate job, got married to a salesman. My birth father became a private handyman that made more money than as a server at two different restaurants. My other father was a new source of income to support me. The cohort I was with in each of these phases had similar experiences and expectations, grown both externally and internally. Part of this path means that, as teenagers in high school hit the age of 16, they are expected to look at where they would like to go to college, what they would like to study, and what career path would define their lives. All, of course, before being able to drive, vote, drink, etc. It was in this pressure that I approached music therapy. I had been apathetic on a family trip to tour colleges, which led to intra-family conflict, something that my white culture strongly discourages. I felt a strong need to find a "calling," a job that could provide financial stability that I would like to do day-in day-out for...forever. Something that would justify the massive debt I only partially

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understood would follow me to today and beyond. And so in this push to “get serious” about college, I researched a phrase I heard at a college fair a year prior: “music therapy.”

At that point in time, my work experience primarily centered around children. I had a four year old little brother at home and in the summers, worked with preschool and elementary aged children at a summer camp. When I looked at videos of what music therapy entailed, I found “heartwarming” videos of disabled children, groups of kids, and others with a similar vibe of “look how much this child can do and express in music therapy!” While I can recognize that as a bit of inspiration porn now, the videos had their intended effect. I was hooked. A job where I could utilize my love of music, have more stable work than a composer, and help others, especially children? I had to give it a try. My college search had a meaning now, and I found myself moving to the Pacific Northwest to attend Seattle Pacific University in 2013.

My time in university served to solidify my commitment to the field. Advisors warned of many hoops to jump through (large class load, unpaid internship, board certification test), but everything I was learning was about how versatile music therapy could be. The world was my oyster: any “population” could be “served” with music therapy, because who doesn’t love music? The median annual income in the US in 2013 was \$52,250 (Noss, 2014), and average music therapy annual salaries according to AMTA data in 2018 was \$48,835. So a little under average, but likely enough to make ends meet.

Something I found particularly compelling was the framing of music, an ancient and beloved art, within the objectivist framework of Western science. Being a white man, reframing the “magic” of music to better align with my cultural worldview of what is respectable knowledge meant feeling unashamed in throwing around statistics at curious family members, using jargon-y phrases about neuroscience, and focusing on client behaviors as “real.” I

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particularly remember one practicum site, where I would eventually intern and work, where I saw the data we were recording reflect this idea of growth. Teenagers on probation to avoid a criminal record would attend a music therapy group run by a music therapist and assisted by a number of us college students. As students, we were encouraged to take data by unilaterally assessing one recurring member using a Global Assessment of Functioning (GAF) scale. Based on sly observations made by us students, we would place a number on how the teen was functioning, with the idea being that as the teen spent more time in the group, they would “function” better by being more social, vulnerable, and participatory. The idea that we as “experts” would determine how another whole person was functioning based on a weekly snippet of time was wholly in line with the cultural ways of knowing I was raised with, and in turn in line with the dominant ways of knowing in the field of music therapy. And sure enough, I watched “my” client get more and more used to being in the group, show less defensive posture, begin to speak and participate in group activities. And surely that meant that *I* was doing something right. *I* was picking the right interventions to make them comfortable, fostering the right environment to enable small levels of vulnerability. I felt so proud of myself and the perceived version of the client I interacted with. Seeing the growing numbers line up with my perceptions of a client feeling more comfortable in a group made my heart sing. It was there that I really pledged to follow through with this program and this career.

I excelled in the classroom, graduating summa cum laude with all three possible subtracks in our music therapy major and a minor in psychology. I landed the unpaid internship of my dreams, the practicum site where I felt most affirmed in my pursuit of music therapy. I’ll refer to it as the Project from now on, partially taking from its full name. In internship at the Project, I met the person who most helped challenge my cerebral way of knowing and continues

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to this day to push me towards more holistic ways of knowing. Vee was different from the practicum supervisor I had a few years prior. Vee is someone whose identity has been in flux since I have known them. When first meeting, they were an openly queer white person and in the time I've known them have grown into other new aspects of identity including coming into their gender, beginning to understand and inhabit their neurodivergent and disabled identities, engage intimately (not just professionally) in nonwhite cultural/familial spaces, and experience their own mental illness. We still utilized the "expert observer" way of taking data, but for the first time I had to make a long term plan for clients. It felt more official, another way of reifying my way of knowing by way of documentation, paperwork, and thought. But in groups with children, specifically children experiencing unstable family situations, thinking your way through things did not always work. Throughout my internship and under Vee's supervision, I had to learn to embody the ideas I held dear. And not just about how music works to heal (though they were the first to point out how I personally use music improvisation to cope with emotional reactions in between sessions), but how justice intersects with those ideas. Complicated ethical dilemmas flourished at the Project, with the beloved internship director and head of music therapy making a contentious departure from the non-profit and one of our school partners (in our view) horribly mistreating children. How do you work within a system that you morally oppose to do the most good for those that it targets? How do you navigate the nuance of interpersonal conflict, especially when it directly impacts clients? What level of responsibility do we have to holding our peers or even our mentors accountable? Some of these questions sprouted not from specific instances, but from observing patterns of how clients were expected to be treated. Working with children meant confronting many different approaches, each with their own understanding of children's autonomy and respect for their self-determination (Biswas et al. 2023). Working with

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disabled people brought up questions around how infantilized they are (Agman et al., 2016) and what opportunities exist for disabled adults that age out of current support structures. I'm not sure I fully processed all of those questions or even now have satisfactory answers, but it all did force me to reckon with how I feel, not just what I think. It was a step outside of what I understand as a predominantly masculine way of knowing. Men in the US are rarely encouraged to fully feel anything except rage, especially in times of conflict (hooks, 2004; Connell & Messerschmidt, 2005). Compounding this, hegemonic whiteness as defined by Paula K. Miller, strongly discourages any sort of facing conflict, preferring instead to maintain a facade of put-togetherness, harmony, and politeness (2018). This was particularly evident in the music therapy director's (K's) departure, as our organization worked to maintain a narrative of amicable departure while she was less shy about airing her grievances, particularly with the clients that we all knew and in some cases shared.

The Project's Head of Music Therapy, Internship Program Director, and beloved mother figure abruptly quit near the end of 2017. Myself and my co-intern were in the final third of our internships. The college quarter was nearing an end, and twelve practicum students were needing final evaluations. Within all of this, K was so upset with the idea of working with the executive director (ED) that she would rather leave than find an amicable middle ground. An emergency meeting was held with the board as they worked out the details of her leaving, which included non-disclosure. To this day I do not know what the severe disagreements were about and what pushed a well-regarded therapist to act in this way. However, it was clear K had violated clear professional and ethical boundaries. Some were during her time as lead therapist with a group of veterans that were clients in a group music therapy rock band. Giving out her personal cell phone and inviting clients to join a barbeque at her home clearly violated AMTA Code of Ethics 1.9:

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avoid entering into dual relationships when doing so would violate professional boundaries or clinical objectivity (AMTA Code of Ethics, 2019). In the process of separation, K told members of this group that she was closer with about her anger and frustrations. In addition, she remained in contact with them after the group transferred over to a new lead therapist, which violated codes 2.1, 2.5, and the terms of her end of employment. While almost all of my supervision was done with Vee, the sudden shift forced them to shift priorities to take on my co-intern for the rest of their internship, to fulfill educational obligations to the university that had a dozen practicum students at our sites, and to smooth the transition from one therapist in the group to the next as much as possible. I had to work through my own feelings of confusion, betrayal, and distrust at this time. In addition, I felt like I had to walk a tightrope of being courteous to all parties involved, regardless of how I felt. I did not want to be mean or angry with K, even if her actions were causing immense turmoil. She had to have a strong reason to be doing these things, as she did not seem distressed or irrational whenever we did interact. She had helped Vee and I navigate difficult ethical dilemmas before and had offered some acute insight to my personal and therapeutic growth. At the same time, I had immense respect and trust in the institution I worked for and in the ED and wanted to align myself with the non-profit I loved. Eventually, after K left and the dust settled, a new normal and flow was forged and I completed my internship. In all the turmoil, I was happy to have this “enclave” of supportive and challenging mentors and peers. I happily accepted a part time job at the Project straight out of internship in February of 2018, working full time there by the fall.

A Dream Job

In February of 2018, upon completion of my internship, I started doing part time work for the Project, which was more a continuation of the work I had been doing in internship. Due in

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part to the crisis of our music therapy director and main practicum supervisor leaving abruptly, my supervisor entrusted me to work almost fully autonomously in the last months of my internship. [Reflecting/reflexing, I think this also served to bolster my own myths of white male exceptionalism that had been reinforced in me via the dominant culture and my own life experiences. The lack of direct oversight felt like inherent trust that I knew what I was doing, even if I likely needed more direct supervision as I was moving to becoming a full-fledged professional.] I was also granted the summer fully off, as I had plans to travel, and could come back to a full time job at the start of the school year in the fall. The other intern that weathered our director's departure was also hired on, so the full staff that had gone through this trauma together was now staying together. I felt connected to my coworkers and convinced of the superiority of our "business" model. Grant funding meant that we did not have to charge almost any of the clients we saw for our services, which meant relationships were not strained by asking clients for money. I worked at a myriad of locations which kept each day different and engaging. Groups at an Early Learning Academy twice a week, elementary aged groups after school once a week, a "rock band" group with disabled young adults once a week, and groups and individuals at an elementary school's behavior program twice a week. I recall a funding issue with the rock band group once I was a paid therapist (starting the program had been my special project during internship), but by talking with my supervisor who also wrote for grant funding, we were able to ensure that the group was covered by the grant, further entrenching the idea that grant funding could be a cure all for everything.

Accidentally, I found there to be a great balance between the group sessions I did, which were akin to music enrichment groups with more of a social-emotional focus, with the individual sessions at the behavior program. Those sessions were more challenging logistically,

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behaviorally, and emotionally. There was not a strong, consistent supervision structure at the time, but with Vee entering grad school (the same school I am writing this thesis for), that began to change. Using what they learned from the supervision class, structured peer supervision groups and one-on-one supervision was built into our schedules, deepening the feeling of support I felt from the therapy staff.

In this “golden age” at the Project, I was able to grow and better balance aspects of my schedule. I started a weekly group at the district’s middle school behavior program, allowing me to stay in connection with students who moved on from the behavior program in elementary school. We called it the “music therapy pipeline,” a joking contrast to the school to prison pipeline, where students in our region would start with music therapy very young and have that support in some form up through high school. An undergraduate classmate and friend interned at the Project and was eventually hired after a brief stint away between internship and employment, again reinforcing the experience of close coworkers. In addition, staff weathered another form of crisis when the ED found out she had a brain tumor and needed brain surgery. Vee and another administrative staff member (L) filled in many of the roles ED would normally be doing, and so my day-to-day was not deeply impacted. I mentored practicum students and helped with interns, stimulating my own desire to go to grad school to be a better mentor and therapist. I spoke at music therapy conferences and conventions on the trauma-centered modalities I used with children, with special reverence given to attachment struggles. Myself and my coworkers started to carve a niche for ourselves as “special” in the field. We could critique the parts of the field we found problematic, but did not give much thought to how we were perpetuating other problematic aspects of nonprofits. Many of my clients came from environments with a rotating door of adults, which made feeling comfortable with another new therapist difficult. I came to

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pride myself on how well I could connect with clients, as the relationships fostered by the Project in this “music therapy pipeline” kept me in contact and in therapeutic relationship with kids for years. There are multiple children that I met and worked with in 2017 that I was still working with in 2021 when the Project eventually shut down.

Decline: Behind the Scenes and COVID

As the therapy team continued to grow and with more members of the community interested in music therapy, our administrative staff stayed stagnant. What I write here are behind the scenes conflicts that I was not privy to at the time, blissfully ignorant of intra-office drama in large part because Vee filtered out what little did bleed over into the professional realm.

Our executive director (ED) had a very unhealthy relationship with the only other admin team member, and in addition consolidated a large amount of operating power to her position. By 2020, the ED had full hiring and firing power, control over if staff was paid hourly or salary, was acting HR, was a lead grant writer, and was in charge of systems for employee reviews, determining their pay rates and potential raises, payroll, and monopolized communication with the board of directors. She leaned on her much younger administrative partner (L), confiding personal struggles with her children (who were about the same age as the L) during work hours and calling this coworker her “best friend,” despite clear lack of reciprocation. Inversely, there were also periods of time characterized by a real lack of respect and almost disdain for L. She leaned on L a lot emotionally and mined her for labor, but she kept viewing L as an “administrative assistant” even after L had been interim ED. This included keeping L’s pay lower than comparable peers even within the organization and being reluctant to give L a proper job title that accurately reflected the many, many things that L did.

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Despite multiple communications of clear boundaries, the ED would make fatphobic or diet-centered comments (L had an eating disorder). ED hired their daughter as a front desk worker without real input from the administrative partner who would be her direct superior, and used the employment as leverage in their mother-daughter relationship. ED had not had a performance review from the board of directors in at least three years.

Most if not all of this turmoil was kept hushed away, as the non-profit centered white culture's priorities of civility over truth and immense fear of conflict. Roles were consolidated because using only grant funding allegedly meant that much of the money was required to go towards services, and could not be allotted for administrative staff, supplies, or training. As a direct result, the team of two was overworked, underpaid, and burning out. And that was all before COVID-19.

The impact of COVID-19 closures on our sprawling non-profit was...interesting. On the one hand, funding sources had been delivered for the year, so miraculously no one was laid off. Immediate pivots to temporary projects that had been living on the back burner were pushed forward, including inventory, catching up on documentation, deep cleaning the Project location, and beginning to learn about music technologies that could help with telehealth sessions. However, as it became more and more clear that the two weeks of closure was going to expand, perhaps indefinitely, the temporary pause became harder to bear. The pivot to telehealth did not work well with groups of children, especially at the early learning center where groups had members as young as 3 months old. Speaking on my personal experience of the closures and work adjustments, I was able to pivot a handful of individual clients from the behavior program to Zoom telehealth session, having to learn on the fly about Zoom features, finding ways to engage with an interact with elementary aged children while not in a room with them. While this

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could be challenging, it did lead to some other encouraging and engaging discoveries. One was allowing clients to see into my life and my home: something I discussed with peers in virtual peer supervision. While we as therapists, by design, learn about and hear about how clients live and what their lives are like, the reverse seldom happens. If my session took place somewhere outside my home, like at my parents' house or at a house I was housesitting, my clients would know. This did also make me far more aware of the class divide between myself and most of my clients. As one client put it, I have "a lot of nice things." While I am not wealthy by any stretch of the imagination (I could likely survive on music therapy pay if I was), I did come from a more affluent background than most of the families I worked with. In addition, I embody more privileged identities than most of my clients. Most of my clients were non-white, disabled, and lived in family structures that aren't exemplified by US society. Those other aspects of identity were already evident in the therapeutic relationship, though, so the emergence of class identity was a new aspect to navigate. It also strongly pushed a professional interest in video games as a form of play therapy. Confined to a computer, communal games like Roblox became easy ways to spend time doing something with clients as we talked or reflected on gaming experiences and how we reacted. Some days felt like I pushed the line between just playing a game with a kid and "doing therapy," which played into some of the other nebulous aspects of work in the pandemic that led to lower job satisfaction. While there is always nebulosity in "am I doing therapy" with therapists, especially those in their first five years, I always had the concreteness of the group sessions to balance that out. This was not the case now. To fill the time I needed to "be busy" and provide some semblance of services, I began making Youtube videos and doing weekly Facebook livestreams on our non-profit's page. And while these did provide some of the enjoyments of music therapy work (session planning, song writing, researching), they missed out

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on the most enjoyable part for me: interaction with people. Rarely was someone watching the livestream live and able to comment to interact, as was the intention of the Live. Emails sent to teachers with links to song videos went unanswered. And while watch numbers later reflected some engagement, metrics didn't show if people were watching for very long or simply moving past after a minute. I felt like I was playing and working for a void of doing work for work's sake. Justification for grant money to keep myself and coworkers employed. But not actually helping children much at all, and certainly not receiving the interaction and engagement that made those groups so fun in the first place.

It was a relief when summer of 2020 came around, as I was able to have some groups outside and regain some of the job satisfaction that came from groups of kids engaging with games and music. But as the school year approached, schools were hesitant about having any outside specialists come in, as COVID outbreaks were a large fear. Essential staffing only ensured a reduction of variables, and so the short-lived in person experience drifted away.

Some programs began reconsidering specialists being in person come the beginning of January 2021, right as news of the Omicron variant began to spread. A major ethical decision then faced me: do I go to in-person again as a new more contagious variant spread rapidly? This would make funders and our ED happy, and I certainly missed the kids. But if I was to get sick, I could single handedly become a super spreader. The program would have me see 4 schools over two weeks of mostly impoverished kids, many of whom had multi-generational family homes. Some of the groups most at risk of COVID fatalities. Ultimately, I could not bear the weight of potentially killing a grandparent or forcing programs to shut down because I got sick. I stayed in the void, taking on more individual clients to fill the time. Some groups shifted to telehealth, so navigating groups of kids online was a new kind of fun and challenge.

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In this timeframe of navigating a mostly virtual school year in 2020, our own programs tried to continue moving forward in tumultuous times, including our internship program. Most music therapy internships are unpaid, though we had a small stipend for our program that was fought for by Vee. And students in programs still needed to graduate, and having an intern to supervise would give us work to do. We accepted a virtual intern. I worked with her maybe once a week, but about half way through her internship, she suddenly died of cancer. While for me it felt sudden, I later learned that she had talked about her faltering health with her supervisor, who urged her to go to an ER or a doctor. But healthcare is expensive in the USA, and since interns do not qualify for our insurance, a trip only seemed reasonable in an absolute emergency. Plus, in the context of a world eager to move past COVID, things were reopening too soon leading to a chronic shortage of hospital beds & staff. In the same weekend she finally saw a doctor and got a cancer diagnosis, she died.

The injustice was, and is, infuriating. A reminder of how little our country cares for its citizens. Her identity as a woman of color intensifies the injustice. The tragedy, combined with personal struggles, proved so overwhelming for Vee that they took a leave of absence. Vee, who was the Senior Music Therapist in charge of creating all the systems that made the therapy team feel safe, looked after, and heard in the larger bureaucracy, took leave for at least 12 weeks. It was in that time, in the later part of the summer of 2021, that the corruption of the administrative side of our nonprofit was made clear to the rest of the therapy team. Vee was not there to help work out statements that our ED wanted to make. Vee was not there to back up L or any other therapy staff who dared question what ED thought was best. Pressure mounted to have services in person, despite health and safety concerns for immuno-compromised employees. Vaccination was still being rolled out and became hotly political.

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What I recall being the metaphorical straw that broke the camel's back was a unilateral change in policy on employee reviews. Despite the year prior using a universally loved system that was collaboratively developed by the therapy team and ED, this year saw the introduction of a wholly new review document that seemed to move backwards towards what made reviews in prior years uncomfortable and unrelatable. Introduced just a week before reviews were set to start as well. Push back from staff led to the compromise of working on the review together before actually doing reviews, which meant that raises would also be delayed. It was in this time that Vee returned from leave to, in all our words, "a shitshow." In addition, grant asks to increase internship funding in order to prevent any future interns from being too scared to seek medical care were cut by the ED. However, the story and imagery of that intern's death was kept in the grant, meaning our organization had effectively used the death of an intern to garner more money, but not for the benefit of interns. The therapy team worked together to write a letter to send to the Board of Directors about concern for how our ED ran things at the same time I took over the marketing aspect of the non-profit, as L had to take her own leave of absence due to burnout. Though, in truth, her intent was to not return at all, and instead find a new job during that absence.

It is in this time that I recall the most distress, anger, and dissatisfaction with my job and career. Seeing the system fall apart at the place I most admired in the field was disillusioning. After receiving our letter, which outlined frustrations with our ED as well as frustrations with our working conditions (namely pay, which was far below comparative mental health service providers), the Board took action to hire an investigative company to "assess the workplace culture." In an emergency meeting with the therapy team, board members communicated that the

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investigation would take up to three weeks, at which point there was no guarantee that the nonprofit would exist afterwards.

An emergency meeting of the therapy team took place shortly afterwards. While this news would be alarming enough on its own, it also came at the beginning of fall, when many of our school-based programs would normally begin. Much of our work focused on trauma around inconsistent attachment. Many of the kids we would be starting work with were most harmed by the sudden departure of trusted adults with little to no explanation. Fearing causing far more harm than good by starting new therapeutic relationships, the therapy team chose to temporarily halt services, including returning programming, and instead touch base again in three weeks time. Nothing about an internal review was mentioned, and the therapy team sought to use this time to catch up on notes, review how programs would work in a post-vaccine but still actively COVID rich world, revisit language for grant writing, and a host of other activities that needed doing.

Once the Board was notified of this, they did not take to it well, demanding an immediate reactivation of all services and moving forward with returning services, though not starting any brand new programs. Distinctions between returning programs, new clients in returning programs, and new clients in new programs, had to be made clear after back and forth via email. A virtual meeting with all board members and all therapy team members (who were the only employees able to attend at this point, as our ED was on leave for the investigation) sought to remedy miscommunications and provide an open communication space. Instead, however, the Board had a third party present the hierarchical structure of a non-profit, something we were all already aware of, and spoke to the therapy team in a condescending tone that sent an implicit message of “know your place. We are your bosses and we decide when services start and end,

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regardless of what your knowledge and training as therapists would say is best.” The mental wellbeing of children turned into a power struggle for Board members who knew almost nothing of our day-to-day workings and donated very little to the non-profit, so had no real vested interest outside of vanity. Only one member was directly connected to the communities with which we worked, and unsurprisingly, she was the one most willing to listen and take the therapy team’s suggestions seriously.

As the turmoil continued to slosh forward, employees began to resign. It was made abundantly clear that our pay rates were “pretty high for a nonprofit.” One board member, the designated liaison who regularly missed or was late to meetings, chided our greed, noting that she worked at a nonprofit and made less than any of us. When asked how she afforded the cost of living, she had to give credit to her engineer husband. For me, as a man, it painted a horrifically clear picture. If I want to be anything close to the archetypal “breadwinner” who can provide a reliable income to the family I wanted, I had to leave nonprofits. I had recently gotten a dog with my then girlfriend, now wife, which fully pushed forward the idea of family. The most idealized way of doing music therapy, the organization I never wanted to leave, now made it blatantly clear that I could not stay and provide for a family. I could marry rich or find a new job. And so I submitted my resignation letter with one month’s notice, giving me time to terminate as best as I could with the handful of clients I had left.

I was tired that whole month, and cried frequently. While I feel like most of those terminations were done with as much care and love as possible, I still hated the feeling of having to leave people I had watched grow for four years on not my own terms. Some still in the middle of messes that they had hoped I would help them weather. I go into more depth on one client in particular in the 5/31/2024 section. Not long after, another coworker submitted a resignation

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letter for the end of the calendar year. Two other coworkers had already quit. All this in play, the Board threw in the towel, opting to indefinitely close the Project on November 30th, 2021. The announcement provided any therapist hoping to stay a mere two and a half weeks to terminate with clients and find another job, with no severance being offered (despite nearly \$400,000 in endowment funds alone, on top of another \$100,000 of tribal grant funding that would no longer have a music therapy team to provide the services promised. I have no clue if that grant money was returned, but it seems unlikely). The Board likely chose the end of the month to ensure they did not have to pitch in for another month of health insurance, as would have happened if they closed in early December. The timing meant that the therapy team's worst fears were realized. Clients who had just begun to trust in therapists resuming school based programming would have to suddenly say goodbye. Due to the holiday heavy season, some only had half an hour to receive the news, process as much as possible in the therapy session, and then never see another newly trusted adult again. Because of administrative bullshit.

Writing note: I am going to take time after writing all of this and refocusing on these experiences to self-distract, as I have work soon.

Adding a sort of post script here to clarify that, *technically*, all of the therapy staff was laid off. And while the letter we received indicated a closure of the non-profit, it is still an active 501 c3. What exactly it is doing, I am not sure, but staying an "active" non-profit conveniently skirts legal obligations that come with a non-profit closing like liquidation of assets and returning of donor funds (Cridv.com, 2019).

Rummaging through Ruins: Stabilizing and Planning Ahead

As it became more apparent that music therapy and non-profit work were paths that led to instability and an inability to provide for a family, including our new dog, I began to examine

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other pathways to making a living. At the end of my time at the Project, I had taken over marketing responsibilities and found enjoyment in that. Many marketing jobs easily make more than \$75k/year, which I had identified as my goal income (Salary.com, 2024). I had decided that for the month of December I would take a small break and not look for employment as that was already a hectic month with holidays and the like. It was in January of 2022 that the realities of the job market made themselves known. Any marketing jobs were either unpaid internships or low paying internships that required being in some marketing or advertising degree program. My limited experience and inability to make no money became very limiting. Stress began to mount as months passed and I relied more and more on savings to pay rent and get by. The standards I had set for myself in terms of pay rate began to decline, and I looked to other passions to turn into income.

Since college I have been enamored with cooking. Making food for others, prepping ingredients; there is a beautiful flow that occurs when you are fully focused in on making food. Looking at the potential to be a chef, I soon ran into the issues of hours and lack of benefits. Most restaurants would pay a decent amount for chefs (with tips), but working late into the night did not fit with the vision of being the present family man I wanted to be. In addition, very few restaurants offer health benefits, which are essential to survival in the USA. Eventually, I found myself working as a prep chef at Chipotle, a major fast food chain. The large company size meant available benefits, and being a prep chef meant working mostly in the mornings before service started. The biggest drawback was the low pay, but low pay was better than no pay after 5 months of unemployment. Especially since the state did not pay out any unemployment benefits on account of me being in school. It seems the logic was if I had the ability to be in school, I did not need any income to survive. Which is fucked.

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At the exact same time as I was starting with Chipotle, I was offered a job with Trader Joe's, a large grocery chain. The pay was better, and benefits were an eventual option, though not one I could access while keeping the benefits provided through Chipotle. So, I split the difference, working enough hours at Chipotle to keep health benefits and filling my other hours with work at Trader Joe's. The stress of working two jobs, even both at different levels of part time, found me reflecting on the class positioning I held. That I couldn't afford to go into more student debt after undergraduate and this graduate program for a field that now seemed to be fruitless in terms of monetary sustenance, that taking any sort of unpaid internships for career advancement in different fields would have continued to drain my savings, which would be vital in case of a medical emergency, since internships don't offer health insurance either. It seemed the whole system was designed to filter me towards working for large corporations for just enough pay to get by. Working 50 hour weeks, while nothing compared to even other coworkers at Chipotle, left me drained and irritable at home. Once again, I was failing at being the family man that I wanted to be. Balancing responsibilities like taking care of the dog became a source of conflict. Making social plans was unpredictable due to fluctuating work schedules. Finally, after a raise from Trader Joe's, I bit the bullet to go six more months without health insurance but to have a more stable schedule and two actual days off instead of none. It was finally during this time that I could better stabilize home, finances, and look to what I wanted in the future.

Based on the reflections during my brief two-job stint, and the conditions that led me towards that, I had a new list of criteria for what my future could hold. A career field that did not require extensive schooling, paid decent rates while learning and when fully in the field, and could provide health insurance. Additionally, predictable and reasonable hours that allowed me to leave work at work. Preferably, also something I enjoyed enough to do, though it did not have

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to be a central aspect of my personality the way that music therapy had become. All of this combined pushed me towards the trades, and in particular, the electrical trade caught my attention. A field that pays its apprentices well while they learn, provides health benefits while in learning, and can lead to a career where I make enough money to provide for a family and have control over the hours I work checked all the boxes. In addition, there is not the emotional weight that comes with a therapy job, leaving the bandwidth to be the father and family man that I want to be. Additionally, as many friends, relatives, and mentors have noted, if I ever wanted to return to music therapy in some capacity, I could AND I would not be dependent on it for income, giving me the freedom of determining which clients to see and when not to see them. And so, it is with this new framing in mind that I pursue a new career field.

As I move forward in a new chapter, though, I have this outstanding obligation from a time where music therapy was hopeful and life-giving. I have multiple times considered this thesis and this master's degree a simple loose end to live with. A failure to learn to live with, a way to break the "good student" aspect of my identity, and a source of shame. However, I have also faced the grace and understanding of my music therapy community. My advisor, Sue, being incredibly flexible with deadlines and even suggesting this autoethnography direction with my thesis. Moving my thesis from being an obstacle to complete to a source for self-reflection and growth and a way to holistically look at my experience and to learn, grow, and heal from wounds I have left alone. I feel less and less shame and embarrassment about my past. The pain was real, but it is not something I need to hide and it does not replace all the good and joy felt in my time in the field. I can be hopeful about leaving, knowing that not all was toxic. I cherish the relationships I had with clients, the friendships I still have with coworkers and peers. I can

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engage with the complexity of it all. I can be the full and holistic man that I want to be for my family, for my community, and for myself.

I sit writing this in a friend's apartment, a friend connected by music, made through another friend pursuing her own master's in music therapy. I feel a sense of cosmic irony that even as I work to end a chapter in music therapy, I am drawn to people and friends connected to that world, but from a different perspective. Maybe a new perspective was something I craved, maybe it's just the kind of person I am to be drawn to those who value the power of music. Maybe it's all just a funny coincidence. Regardless, it fills me with hope and dedication to community, which may be what pushed me towards music therapy in the first place. Time is a flat circle, as my friends and I said often during pandemic lockdowns. It makes me feel like I really haven't changed, just that my priorities given my environment have had to shift. Instead of being present for community members in the role of a music therapist, I want to be there in the role of someone monetarily stable who can offer, free of monetary cost, companionship and connection. Even as I look at electrician apprenticeships, the one that most draws me in is the utility company that provides power for the city I live in. The idea that I would help provide electrical power to my city, my community, fills me with drive and purpose. Maybe in a different world, where capitalism did not drive up housing prices, where healthcare was not a manufactured scarcity, where community care was the primary economic driving force, I would have had a long career as a music therapist. I can see how I still want to be "there" for the people in my life and in my community, but I need to adapt what that looks like given the systems that I live within. I'm sure that ties to many aspects of my identity and upbringing, which I will explore as I re-read this long recounting with a cultural lens.

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“Expert in a Dying Field” by The Beths

A recent coworker and burgeoning friend recently played this song while we were in the car together, driving from working on schoolwork together, during which I was writing some of the data for this very paper. I chuckled at the title, noting the poignancy it held after working on a paper for a profession I was leaving. So, I thought it potentially very fitting to use the music therapy intervention framework of lyric and musical analysis of the song to see what sort of data would be conjured for this paper.

If you are unfamiliar, dear reader, lyric and musical analysis in music therapy is an activity where the therapist and client(s) listen to a song with the lyrics available in front of them. While listening to the song, therapist(s) and client(s) can make notes and observations about the lyrics and/or the musical “activities” (choice of instruments, use of silence, chord changes, etc) present in the song. They then share these observations, taking time and space as desired to connect the observations to therapeutic goals, life experiences, or broader observations. For this, the song lyrics will be in a different font (Courier New) and my personal notes will be in Times New Roman.

The song can be accessed here if you want to listen along

<https://www.youtube.com/watch?v=sd3CqVWJws>

Lyrics:

Can we erase our history

Is it as easy as this

Plausible deniability

I swear I've never heard of it

And I can close the door on us

But the room still exists

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With this line, I think of the peers and friends I made in the field. That those connections are still present, built upon a mutual love and understanding for something that I want to leave behind.

Moreover, I think of a friend and coworker who is currently pursuing a degree in music therapy, and the ways I feel when I talk with her about music therapy, her path in it, and her hopes for the future. This idea that while I can try to quickly walk away from music therapy, the “room,” the profession that holds many valuable personal connections, still exists. And, as the next line states:

And I know you're in it
Hours of phrases I've memorized
Thousands of lines on the page
All of my notes in a desolate pile
I haven't touched in an age

Working on and completing this thesis has taken years, in large part because of my lack of desire to touch the notes and knowledge I have accumulated in years of school, including graduate school. As I return to these notes, knowledge, memories, and experiences, I feel powerful resonance with the next two lines

And I can burn the evidence
But I can't burn the pain
And I can't forget it

I plan to deep dive into some of the especially painful and lingering experiences at the end of my last job, but these lines continue to emphasize a theme of no matter how quickly or ruthlessly I try to leave this field behind, I can't burn the pain and I can't forget it. I think of the names of close clients and so many more children that my departure has likely caused pain, turmoil, disappointment, and upset. And that I miss them. I worry about them, that they are doing okay.

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Still in school. Feeling loved. It hurts to know I can't do any more for them, that I was another painful adult who left, continuing a recurring pattern of hurt in their lives.

How does it feel? (How does it feel?)

To be an expert in a dying field

And how do you know? (How do you know?)

It's over when you can't let go

You can't let go, you can't stop, can't rewind

Love is learned over time

'Til you're an expert in a dying field

This chorus that originally caught my attention and made me chuckle asks questions that are central to this autoethnography. How do I feel to have put so much time, energy, and love into a professional field that I now want to put behind me. That I feel like should not exist as its own field, but would better serve practitioners as a subset of another field. That many of my classmates are also leaving or have left. That in some ways truly does feel like it is dying.

The city is painted with memory

The water will never run clear

I think of “the city” here as my time spent as a music therapy student and as a music therapist. I think of painting as something beautiful, so the imagery evoked here of a city painted with memory makes me feel wistful and nostalgic, but the next line strikes equally true: that the water will never run clear. The lifeblood of the city, the thing I need to drink to survive, is tainted and dirtied by painful memories clogged with emotion, frustration, sadness, regret, grief, guilt...

The birds and the bees and the flowers and trees

They know that we've both been here

And I can flee the country

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For the worst of the year

But I'll come back to it

So many conversations I have now with family, friends, mentors, and peers about me leaving the field have this little caveat: that maybe someday I will return to this in some different or new capacity. Certainly skills I learned in this “country” of music therapy I come back to almost daily. I can never stop loving music. Using lyric analysis for this thesis feels strongly indicative of “com[ing] back to it.”

How does it feel? (How does it feel?)

To be an expert in a dying field

And how do you know? (How do you know?)

It's over when you can't let go

You can't let go, you can't stop, can't rewind

Love is learned over time

'Til you're an expert in a dying field

The cadence for the end of the chorus with the word “dying” over the minor iv to the I with “field” is one of my absolute favorite cadences. I find it ironic and fitting that one of my favorite music motifs underscores “dying field.” It encapsulates a love and familiarity with the ways music can harness feeling that I learned in my time in this dying field.

Another musical tidbit noticed while looking at the chord progression: the only minor chords in the song occur in the chorus, and the change to the minor chords happen over the words “expert,” “over,” and “dying.” Just really reinforces the melancholy that I feel resonates throughout this otherwise upbeat song.

Can we erase our history

Is it as easy as this

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Maybe in other realities

The road never took this twist

So many times, especially after meeting a friend studying music therapy as I was/am still recovering and moving away from it, I have thought about what if things went differently. What if I did stay in this field. Moved from the Project after its closure to the Children's Hospital.

What if we could have made the Project work, or made a new company out of the ashes of the old. There was talk of just making our own music therapy collective, after all. What if I had pursued that? What if I do go back to it?

And I can close the door on us

But the room still exists

The many chord and drum hits here reflect a strong emotional response I have to this verse. That are bundled in all of the other asides written here. It feels cathartic, to just sort of thrash in the music for a bit, before the words come back. A little time and space to just feel.

How does it feel? (how does it feel, does it feel?)

(Expert in a dying field)

How do you know (how do you, how do you, how do you feel?)

Can't stop, can't rewind

Love is learned over time

'Til you're an expert in a dying field, ah

An expert in a dying field

The small outro feels like this thesis, almost. A little lingering that reflects the beginning.

Flickering embers

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5/13/2024

Since I find myself in a state of heightened anxiety during the time I usually spend on this thesis, I thought maybe it would do well to explore the anxiety in a multitude of contexts. One is the anxiety I feel facing this thesis itself. The exasperation at the work and the anxiety of facing parts of my history that fill me with shame and grief. In the shower as I thought about what I would focus on, I thought of my client that was in foster care. How I thought about what the feasibility of adopting him would be, because he deserves a fucking adult that is stable and caring. And if that comes from a sense of duty, desperation, or love. I think the answer is all three in varying combinations at varying times. I feel duty-bound to do what is best for my client: to not allow our bond to be severed by the end of my job. At 4 years, I am the adult, no, PERSON, that has been the most consistent in his life. No family, teachers, friends, case workers, no one. He's had a million therapists and service providers who all seem to be woefully and harmfully undertrained about how trauma and consistent separation manifests. I'll never forget a session where he was able to act out some of his emotions with action figures in front of me. When I asked if there was anyone else he felt comfortable doing that with, there was no one. No other therapist had been around long enough to earn his trust. No other counselor has his respect the way I do. Did. I'm not sure I have ever fully unwrapped that grief. It's so large, so full of despair that there is no winning. I surrender him to the system, knowing full well that the most likely course of life for him will be bouncing through the foster system until 18, then being on his own, potentially facing homelessness, poverty, and criminality. Especially as a young Black man. In exchange, I don't have to drive hours for visits, I don't constantly feel the pressure of being the only adult he can trust. I don't have to take calls at odd hours, to become a bargaining chip that the system will surely weaponize as a reward for compliance. Or I continue

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to follow my client past the time he is my client. Our relationship loses the last formal structure that gives it definition. I don't feel like I have the resources to adopt him: materially, emotionally, familially. I face the professional ethics quagmire that would come from adopting a client. Maybe that pushes me out of the profession anyways. Maybe I don't adopt him but give him my cell phone number and not my new work email. He calls and calls and I feel the pain he goes through. He asks when the next visit is and who knows how far he gets moved throughout Washington state. Our relationship would still be subject to what his case managers think is best. I no longer have the professional backing of being his therapist to present. But at least there is still something there. But that's all for him. I am there because I believe everyone deserves a person, be that a parent, a partner, a friend. Just someone they know will be there. But I don't want to be that person for him. I want there to be another person I know will be there for him. *But if there is no one else, then I can do it*, I think. I must do it. But I didn't. Because it could so easily devolve to a toxic co-dependent situation. Because it would feel like a hasty decision to just take a 5th grader in to a home that was not designed for him, though I am not sure any of his "homes" are.

I think my ideal would have been someone who lives near me fosters-to-adopts him. That I can play a role closer to uncle than father. I can help him ease in to a new place with new people that I can trust will do well by him. But that just was not an option. The system is fucked, so I can't trust where he will be going. The real dagger in the back was an email I got just a week after our last session, our final goodbye. That he was being moved to somewhere new, that I would not know where that was. But I could write him a note. He doesn't know yet. He'll be told tomorrow, the day he is supposed to leave. How incredibly fucked is that???? Those are the

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people in charge of him, that I have to trust will do right by him and set him up for a future???

But they are all just doing their jobs. Like I was.

Sometimes I see kids that look like he did when I last knew him and I hope it's him. I hope that he turns and recognizes me. That I can check in and hear about how things are okay for him now. I can talk with his caregiver and give them my number. I can tell him I'm sorry, and that I'm so glad to see him and that he is okay. That I still have his playlists saved on my Spotify. That I never forgot about him. He has always been loved and cared about, as long as he's known me. And nothing can ever change that.

And then of course that kid isn't him. I may not even recognize him anymore. It's been three years. He would be an eighth grader now, I think. Either seventh or eighth. If he's even in school, still. At the end of all of this, I am left with insecurity and questions. Wonderings of if I could have done more for him. If I should have. Of guilt that I left him to a system that at best is harmfully ignorant of trauma care, at worst doesn't care and prioritizes what is easy for it instead of what is best for its wards. But isn't that what I did? Ultimately I was just a part of that system, if not a slightly more dedicated part. That I made sure to follow his foster placements as long as I could, that I made the long drive for in-person visits for some time. That I did the best I could to set up a real goodbye that he got to shape. That this was the first healthy and expected goodbye that he has ever had. That I hope he holds on to the words "you made me a better person." The way he asked, "really?" will never leave me. That maybe that can be a seed of self esteem that he is in fact a good kid and good person. That he has a positive impact in this world.

This is the tug of war that happens every time I think of him. And I honestly don't really know what to do about that. It is a large part of why I don't think I can be in this field without some very strong boundaries and systems in place. I can't do that again. I don't know if I would

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make the best decision – or rather, the decision that allows my life to continue down a path that I expect.

There are other clients that I had that I felt awful about leaving, but at least all of them had a parent who obviously cared about and loved them. They have community of some kind. They have people. He doesn't. And I think that's why he sticks with me so clearly. So painfully. The grief I feel about other clients has lessened over time, but this one doesn't. And the thought of ever returning to that scares me. I'm scared to feel connected to a person like that and have to let them go forever because other aspects of my job are unbearable. That I might have to stop being in relationship with someone because of money. That I might have to lose someone to a nameless and unreliable system that acts as a prison pipeline. Because it was only a job. If I am going to be that for someone again, I will have full control over my involvement and attachment. And since that is impossible in the field of therapy...I just won't be a therapist.

So now I often face the choice: do I let it all go? Do I let him go? I have his playlists, I still have the phone number for last case manager he was under. Do I reach out to her? See if I can follow the trail? I feel like I'd be a dog chasing a car. What happens if I find him? Will I be in the same position as before? Could I just...be a friend? It's rather unusual to be friends with a minor. What does it mean for me to move on? What happens if I delete these sentimental metaphors for connection and care? I don't think I will ever see him again, realistically. Outside of some movie-style reconnection, there won't be some way to prove I've never forgotten him. Deleting those things doesn't mean I would forget him, though. Is there a way I can find some other way to honor our relationship and create something with meaning? I could write a song. Maybe buy something that reminds me of him and keep that somewhere, like the football ring that lives in my car. I think that may be nice. Making something, kind of like this thesis, to work

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through the messy things and wrap them up. To give them honor and love and to be able to integrate them instead of keeping them separate as some obscure and shameful corner of my life.

I guess I have a song to write.

KW's Song

- Ghost
- Breathe
- I promise I will never leave

||: G Gm

1 + 2 + 3 + 4

A D

1 + 2 + 3 + 4 :||

D-E-F#-A-E

I know you're feeling like a ghost

C#-B-A

Lost and unwanted

I want this song to let you know

That feeling's unfounded

Bm-D

A-Am

B-A-G

Just breathe with me

A-F#-D

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While I'm here

G-Gm; A-D

B-Bb

I'll carry you

C#-D

In my tears

I'm sure things are hard for you

But I wouldn't know

Because I went and left you

And you had to go

Just know I miss you

All the time

I carry you

In my mind

Instrumental

I'll always regret

Having to depart

I'll carry you

In my heart

I'll always carry you

In my heart

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Discussion

In reviewing the narrative recall, I made comments and notes about many different aspects of my narrative. In addition, I reached out to some peers for further input. In this section I distill the various comments and conversations had about this autoethnography and unveil a few notable themes, including the role of my identity and privilege, systemic pressures, resistance to systemic pressures, non-profit specific ethics, and community support.

The Role of my Identity and Privilege

My journey towards music therapy as described above was strongly influenced by a combination of my different identities and the privileges they afford. Being neurotypical, white, and a boy definitely made flourishing in school easier for me (Erevelles, 2000). Even at schools where the student body was majority non-white, the administrative staff and teachers were. I never felt a disconnect from the systems of power that praised me. As I approached college, I found myself leaning into the “leaving the nest” narrative that is more prevalent in white culture, which did clash with my mother’s upbringing that was strongly family-focused (Niu, 2014). It is one of the few times I now recognize my grandfather’s Mexican upbringing shining through. He did his best to hide that part of our family history, calling us “Spanish” rather than Mexican. The theme of class privilege and generational wealth continued during unpaid internship, when my grandparents paid for most of my rent and my parents’ contributions to my undergraduate tuition meant I had less debt post-graduation than many of my peers. Less debt is also what led me to consider and then eventually enroll in graduate school.

Within the many conflicts and hardships while at the Project, tenets of white civility were a consistent touchpoint, which intersects my white identity with the priorities of the Project. It is interesting to note that earlier in my career, when I was unaware of this intersection, I moved

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with the current of the Project. In the conflicts with the school we separated from, K's departure, and the ED's brain tumor, I found myself rewarded for maintaining conflict avoidance, deferring to hierarchical power, and putting "the peace" above all else. I was thanked for being so patient and reliable, which are traits that masculinity values (Connell & Messerschmidt, 2005; hooks, 2004). Later in my career when I was in opposition to these systems, my peers and I were seen as a headache, unreasonable, and eventually too much of a liability to keep employed. I was aware of this perception even before conflict came to a head, and avoided potential conflict by paying for supplies for sessions out of my own pocket rather than advocating for my practice to the ED.

Systemic Pressures and Resistance

Reviewing these instances unveiled different but related themes: pressure from systemic powers and resistance to systemic powers. Earlier in my life and career, I primarily moved in the direction of pressure from systemic powers. hooks describes the intersection of these many powers as "white-supremacist capitalist patriarchy" (hooks, 2000) and later as "imperialist white-supremacist capitalist patriarchy" (Yancy & hooks, 2015) which I will also use as a catch-all unless there is specific attention I feel should be brought to a specific aspect of those powers, such as ableism and childism.

When I first started looking for what I wanted to "do forever," I was in love with music, and specifically composition. I had a romantic idea of being the next John Williams, but was reminded by my parents, my teachers, and myself that composition is not a "stable" career. I was pushed towards more consistent and higher paying jobs, which music therapy presented itself as. It still incorporated music, but even with this choice I was warned about not making as much money as I could by pursuing a different career. These pressures from imperialist white-supremacist capitalist patriarchy meant moving away from a career that would require more

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support and help from the people around me and towards something that I could, allegedly, use to support myself, even if not in a lavish lifestyle. Then in undergrad, by following school rules and expectations and continuing to excel in my courses, it reinforced that I was making the right choices. I did not, at the time, consider how music theory is based almost exclusively on the musical choices of centuries' old dead white European men or that the instruments and repertoire I had to learn to be a music therapist were centered around white American assumptions of music. This blissful ignorance did mean I could focus more on becoming proficient in the musical requirements of the program, getting good grades, and preparing for an unpaid internship. In reflection on my time in internship, Vee poignantly described, "I think that's a key element in the way we connected initially (and even still), that we grew up with similar ideas and privileges and were both invested in finding new ways of being that required a lot of unlearning" (V. Gilman, personal communication, August 29, 2024). While I mostly flowed with the forces of imperialist white-supremacist capitalist patriarchy, there were small ways I found myself challenging those norms, even when I was back in high school. Certainly choosing a helping profession was one way, and even in something as small as having my primary instrument be electric bass put me outside of the norms of music academia. One university informed me that there was no way for me to have electric bass as my primary instrument while studying music therapy at their school, and so I did not apply. I continued to have a strong interest in learning about and unlearning prejudices taught by the imperialist white-supremacist capitalist patriarchy, which had aligned me with the narrative of being an "exceptional" individual.

Non-profit-specific Ethics

While at the Project, my peers and I found community amongst ourselves in wanting to be critical of imperialist white-supremacist capitalist patriarchy, and focused on power

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imbalances we encountered most frequently, specifically, ableism in the field of music therapy. The infantilization and dehumanization of the majority of music therapy clients (disabled people) remains an alarming norm (Devlin, 2018; McFerran, 2021; Shaw, 2021; Shaw et al., 2022). It is a glaring issue, and one that we hyper-focused on. We ignored and stayed unaware of other aspects of imperialist white-supremacist capitalist patriarchy we were upholding, including keeping clients in a position of less power (ironically, something we critiqued about ableism in the field), reporting to and being held accountable by funders instead of community members, and centering ourselves as the best possible people to help others, in part because we were working against a small part of the system. As Vee put it:

All of our grants... motivated us to position our clients (and communities we were not part of) as helpless, in need, broken, etc. and ourselves as healthy helpers, experts with solutions. We had to repeatedly prove that we still deserved funding because we were So Good, and that we needed funding because our clients/communities had Such High Need. I was writing most of these grants at the time, and I truly had no critical awareness of the way this process shored up all of the hegemonic power structures we were purportedly combating. (V. Gilman, personal communication, August 29, 2024)

This theme of inadvertently supporting imperialist white-supremacist capitalist patriarchy while purporting to combat it was and is a continual theme in my career and life. Even as I wrote my narrative recount, I could see the pushes towards “a more stable career that pays better” strongly influencing my next steps forward. When Vee pointed this out, they provided some journal prompts that I struggled to answer, further pushing against my expectations of myself as a man living within imperialist white-supremacist capitalist patriarchy. I came up against my fears of being needy, weak, unstable, and dependent: traits that clients, by virtue of being kids in therapy,

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usually embody. There is still not a neat and easy way to sort out these contradictions, but they do offer deeper insight into who I am and what forces helped and continue to help shape me, as well as many of my peers. These similar themes tied together by systemic forces once again intersect with my personal identity.

This intersection is prevalent in many meaningful moments in my career. With K's departure, I can see how my cultural upbringing and values of whiteness come into play. The desire for peaceful civility over justice and truth, the desire to follow what an institution mandates, the avoidance of conflict and desire to be a "peaceful in-between." I was quick to try to find a dichotomous view of "good guys" and "bad guys" in the conflict that are not always so clear. I had a hard time understanding how K, who had embodied ideals upheld by the workplace I idolized, could also do harm to both clients and to me, personally. After she left, the institution of the Project coveted my desire to be stable and reliable for coworkers I cared for. Being an independent man that could be counted on to do the work was highly praised while others dealt with the administrative backlash of losing an important staff member. In ED's health scare with a brain tumor, I again embodied the reliable worker able to get his job done well, a constant in an era of crisis. This same individualistic drive aligned with imperialist white-supremacist capitalist patriarchy, and I found myself meeting many of the markers of a "successful career" touted by capitalist culture (FairyGodBoss, 2022). Mentoring others and giving talks fed an "expert" self-experience congruent with how I want to be perceived as a white man. Or rather, the role of my white maleness within imperialist white-supremacist capitalist patriarchy aligned best with this period of my career where I felt like I was growing to become a "leader in the field." I fed into my own pride and ego by framing myself as "the reliable adult" in the lives of clients. And in

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some cases, that was true. But rather than focus on how to build community with other “reliable adults,” I focused energy on fostering relationship between the kids and me.

Continuing to grow in the field, though, I found the limits of this individualistic approach. People surviving trauma need community, and no one person can be an entire community. Our organization tried to make our many selves a sort of community by establishing the music therapy pipeline, and while there are many great things about having a consistent support from youth to adulthood, the pipeline also served a form of self-aggrandizing. Rather than looking outward to the wider community to aid in our support, we tried to build ourselves larger. This was great for a non-profit looking to gain more funds, and so it was an approach that was encouraged. Looking outwards was in fact discouraged by our non-profit, which ties in with another theme I see as prevalent in this whole saga. In a few different grant write-ups, therapy staff asked for funding for expansion, structural support, and structural change. These portions of the grant were seen as “too big of an ask,” and therefore rejected.

Community Support

These small headbutts with the non-profit power structure continued to culminate as our staff gained awareness of our support of imperialist white-supremacist capitalist patriarchy and sought to reduce some of that support. Even in nominal ways, such as making one of our core values “anti-oppressive,” we had to have an hour-long argument with the board of directors that acted as a proxy for imperialist white-supremacist capitalist patriarchy. A couple of board members resigned not long after the therapy staff won the argument, with the board more-so conceding to our unified voice than agreeing with our vision. Then, of course, the falling out with the ED and the board detailed in the narrative recount. This time it was our voices that disturbed the status quo and made choices to not work that put me in a space that was

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diametrically opposed to my situation during K's departure. The board was working in-line with pressures from imperialist white-supremacist capitalist patriarchy by prioritizing what they assumed funders wanted, how they interpreted the laws that govern non-profits, and a desire to maintain a sense of order and stability. In advocating for a more egalitarian workplace and for care around client needs over working and maintaining a "business as usual" attitude, in making myself unstable and demanding in the eyes of the board, I faced more hostility, dismissiveness, and condescension than at any other point in my career. I also experienced some of the greatest community support from coworkers, friends, and family. My partner held me. My graduate school classmates witnessed my tears. My friends provided hugs and games and distractions as I needed. My family provided space and advice and grace. Community support is the last theme I mentioned, but it is equally present in every major moment of my life and career, including in writing this thesis. In my continued journey forward and away from music therapy, Vee described the importance of fire-dependent seeds. In nature, trees like redwoods have seeds that can only be planted after a forest fire, which seems devastating at the moment, but provides opportunities for new growth. As they reflected on their own fire-dependent seeds, they said, "I know there are fire-dependent seeds in you, too. I know you and I are always untangling a similar thread. I don't know what all is underneath for you, but I know it's going to be beautiful" (V. Gilman, personal communication, August 29, 2024). This is the sentiment I choose to take moving forward, to share with my big voice. And maybe it is one the field of music therapy could use as well.

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Conclusion

And at the end of this autoethnography, I can track overarching themes that impacted my experiences and emotions entering, being in, and now exiting the field. My identities and the privileges that they afford granted me access to a career field locked behind an undergraduate degree, an often unpaid internship, and a continuingly lower than average annual salary. They also put me easily in line with the systemic forces of imperialist white-supremacist capitalist patriarchy, which invades all professions, even helping professions like music therapy. While I was mostly aligned with these forces, I felt my career soar, and my self-esteem and job enjoyment with it. However, this came at a cost of perpetuating ideals that harmed the very people I was trying to “serve.” Gaining this awareness and moving beyond the exceptional ideal that only pushing against certain aspects of imperialist white-supremacist capitalist patriarchy is insufficient in ending it meant being fully at odds with the forces that provided funding. Shifting from being a reliable and constant working man to a man with needs, like better pay to support himself, was met with hostility and, in some instances, ridicule. The mental games that our non-profit played to justify our need for funding and our inability to achieve more became more and more contradictory, and ended with the dissolution of what I once thought was the perfect job for me. In all this, the love and support of my community has kept me aloft, giving me the ability to search for a new career field and even to finish this thesis. I know that these themes and experiences are specific to me, but I hope that others may find resonance with all of this, and that this autoethnography can help elucidate what sometimes causes music therapist burnout. I share my story in my big voice because it is medicine for myself and others.

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