

Ableism and Colonialism in International Music Therapy Service-learning Settings:

A Critical Discourse Analysis

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Overview

Music therapy settings are often marked by multiple power hierarchies, in which music therapists hold privileged identities in areas such as race, disability, language, and class in relation to clients who may carry multiple oppressed identities. In international service-learning settings, these dualities can be even more pronounced. As international service-learning projects market themselves to young music therapists and students, they emphasize these projects' ability to accelerate music therapists' advancement in the profession. However, analysis of visual and written discourse can reveal subtler and more insidious consequences of such projects, particularly in the ways they uphold colonial and ableist paradigms. In this paper, I will outline some foundational understandings regarding Indigenous studies, Disability studies, "voluntourism," and the relevance of representation. I will then analyze publicly available photos and text from four international music therapy service-learning projects, using Actor-Network Theory to identify colonial and ableist themes.

The analyses will demonstrate that these experiences align and prepare young music therapists for broader music therapy practice mainly by reinforcing music therapy's deeply colonial and ableist foundations. Music therapy identity in these images is white, settler, nondisabled, and aligned with Western music and culture; client identity is Indigenous, colonized, Disabled, and represented without markers of local cultural resources. Beyond identity, these images reveal relational patterns that align with colonial and ableist tropes. As represented in these images and texts, music therapists purportedly give, help, act, distribute, teach, and transform, whereas clients receive, wait, accept, assimilate, and "overcome." The representations are not merely neutral agents that reveal existing dynamics; they also perpetuate problematic notions of music therapy as an assimilative and charitable agent, enacted by active "helpers" upon passive "sufferers." They both accentuate and perpetuate assumptions of Black

and colonized people as needy or deficient, positioning Western music therapists conversely as helpful and sufficient.

In analyzing and interpreting these representations, I will approach the following questions: How much does music therapist identity depend on the construction of a needy other? In representing ourselves as helpers, how do music therapists unwittingly create or emphasize deficits in clients?

Background: Unlearning Publicly

As Hadley (2020) has explained, our work in a social justice-centered graduate program is about not only learning, but in *unlearning*. As a nondisabled¹ middle class, white settler growing up Christian in the Midwest of the United States², I learned a multitude of lessons about the importance and meaning of being “good.” A “good” (middle class) person was financially stable and self-made. A “good” (white) person was polite and conflict-avoidant. A “good” (Christian) person was self-sacrificing and generous, giving to “needy” others. These and other similar messages were repeatedly enforced, both explicitly and implicitly, and I understood them to be normal or universal. It was not until much later that I learned the hegemonic roots of these

¹ Throughout this paper, I will use the term “nondisabled” to refer to people outside the Disabled community. I have chosen to use this term for its definitional clarity and for the way it centers Disabled identities. Alternative terms here each carry particular connotations. For example, “ablebodied” centers the bodily experience of Disability or impairment, whereas “enabled” underscores the social, political, and contextual nature of Disability. As Hall (2002) wrote, “being ablebodied is made possible by the material, historical, social, and economic environment... those whose bodily appearance and function approximate norms of embodiment are *enabled*, and those who deviate most from those norms are disabled.” Because the nature of Disability includes both bodily and social-political implications, “nondisabled” should be taken here to represent privilege along this axis in both senses.

² This land is known by many names to many peoples, including the United States, North America, Turtle Island, and scores of different names in various Indigenous languages. Each of these names holds unique political implications, and each represents a culturally specific way of understanding and relating to the land (Wilbur & Keene, 2019b, 2019c). I will use the term “United States” throughout this thesis in order to 1) reflect my own primary way of relating to this land based on my own settler identity, 2) identify the power and privilege associated with United States citizenship in music therapists traveling internationally, and 3) maintain clarity through consistent shared language. My personal home growing up was Kaw/Kansa, Kickapoo, and Osage land, forcibly and violently stolen through colonization.

and other similar beliefs. My personal sense of “goodness” relied on constructions of problematized “others” in order to prop me up, and these constructions were directly rooted to racism, settler colonialism, ableism, and so on. I am still unlearning my dominant perspectives and will continue to for the rest of my life. This unlearning process requires vigilance, as these perspectives are deeply rooted and can ambush one at any time.

Therefore, I am engaging here in a public unlearning process. Indigenous scholar Adrienne Keene (2019a) has described “learning publicly” as an important aspect of her process, drafting and editing on a public blog so that her mistakes, learning process, and responses to feedback are publicly available to a broad audience. In my case, I would like to *unlearn* publicly here by retroactively examining harmful patterns that I have upheld in my own work, communication, and self-presentation. My individual unlearning comes through the efforts of many others: Sue Hadley provided direct mentorship and supervision in un-fixing my lens; critical theorists referenced in this paper provided epistemological roots for the practice of combating dominant beliefs; and my clients, peers, and community members invited me to recognize everyday instances in which my whiteness and other dominant ways of being “ambush” me (Yancy, 2016). My personal experiences of marginalization as a queer, genderqueer, and neurodivergent person, as well as my communities within these identities, also inform my understandings and investments in these processes.

By analyzing visual and written discourse by myself and other music therapists, I hope to illuminate some problematic constructions of music therapy self-identity on an individual and collective level, including my own complicity in these constructions. This piece serves as 1) a public unlearning regarding my own harm, 2) an examination of subtle clues that reveal deeper patterns of oppression in the construction of music therapy as a field and identity, and 3) an

example of one process by which music therapists and others can engage in personal self-reflection to better understand their own participation in oppressive systems.

The Problem with “Help”

During my undergraduate work, I participated in international service projects over the course of three summers. For each of these summers, I traveled to the same community in Kenya with three to five other people affiliated with a small, grassroots organization based in the United States. The mission of the organization was to provide access to educational and vocational opportunities for women and girls through case management, relational supports, and scholarships to boarding school. Although my experiences in Kenya never included music therapy per se, my identity as a music therapy student was integrated into these experiences at the time. One summer I received a grant from Arizona State University to bring instruments and facilitate music therapy-informed experiences while in Kenya. My roles in this organization were integral to my personal self-concept as a “good” white person and future music therapist.

I remained unaware of the colonial implications of my experiences in Kenya until a Native American³ child I worked with pointed them out. The Native community where I have worked since entering the music therapy profession is only two to three generations away from tribal boarding schools, a cultural genocide project (Behrendt, 2016) in which the United States government removed Native children from their families and sent them to boarding schools at which all outward expressions of tribal identities were punished or forcibly erased. Living elders in the community can still recall children’s long hair being cut for the sake of forced

³ Throughout this thesis, I will use the terms “Native” or “Native American” to refer broadly to North American Indigenous people, and the term “Indigenous” to refer to Indigenous peoples globally. As Kim Tallbear (2016) has noted, each of these terms – as well as others, such as “Indian” and “tribal” – are “contingent and contested,” applied differently between speakers and contexts (p. 82).

assimilation, as well as extreme punishments (even leading to children's illness and death) for speaking tribal languages or singing tribal songs. In 2021, the unearthing of thousands of children's bodies at colonial boarding school campuses in Canada and the United States brought widespread attention to some of the atrocities committed in these institutions (Hood, 2021). Despite the abolition of assimilative boarding schools in North America in the 1990s, forced assimilation and ethnocide for Coast Salish people continue today in more implicit forms. Recent and present examples include forced sterilization programs enacted upon Native people in the United States; overrepresentation of Native children in the foster care system and subsequent loss of Coast Salish children through state removal and adoption to non-Indigenous families; and high rates of policing and police violence against Black and Indigenous people.

About four years ago, I was with a child outside of session, responding to another adult's questions about some of my experiences in Kenya. I mentioned staying with some of my Kenyan peers in their boarding schools, and the child's eyes became wide in horror. "I thought they didn't have boarding schools anymore," he said. I began to insist, "It's not like the boarding schools were here," but the weight of his statement struck me. I had personally witnessed these overt ethnocidal practices in Kenya, and I had accepted them as part of "education" without question. Contemporary boarding schools in Kenya *are* like boarding schools in Indigenous communities in North America: They mandate cultural assimilation to British standards and seek to eradicate tribal languages and expressions of identity. They enact cultural genocide upon Kenyan people (Behrendt, 2016). This child's response highlighted my complicity in the colonial project through my support of such boarding schools in post-colonial communities.

My colonial complicity in Kenya was not limited to my acceptance of boarding schools. Initiating Western music, applying U.S. music therapy ideals, and centering Western musical

instruments all privileged Western Classical and popular musics above ways of musicking indigenous to East Africa. By engaging now with representations of my experiences in Kenya, I can apply tenets of Indigenous and Disability studies that I have learned since then to reflect on real-time moments from my time there. For example, viewing the photos now, I recognize that the photographs taken and shared from my trips to Kenya supported a colonial agenda by depicting what Van Trigt and Legêne (2016) have referred to as the dichotomy between “active (Western) helpers acting on behalf of passive (non-Western) sufferers” (p. 188), furthering what Hutchison (2014) has deemed a “politics of pity” (p. 1). These images positioned me personally as a “good” U.S. American and a caring student-professional, at the cost of the actual people and communities I had visited.

My work here is motivated and informed by my interaction with this client and its concomitant lesson. From this child, I learned that my “help” was not always needed and not necessarily even helpful; that is, something I believed in deeply in the moment could perpetuate both intimate and global levels of harm. This drives my critical curiosity regarding things assumed to be “helpful” within my own music therapy work and in the music therapy community writ large.

I am motivated to focus on international service-learning projects because this is the context in which I was most directly faced with my own complicity. However, I do not wish to present these contexts as an anomaly that contrasts with the overall discourse within music therapy. Music therapists are not absolved of participation in hegemonic structures simply because they work locally. Rather, I understand discourse regarding international service-learning experiences as one extreme example within a much larger pattern in the field of music therapy overall.

Literature Review

Indigenous Studies and Disability Studies: Foundations and Intersections

Although Indigenous studies and Disability studies are widely considered species of critical theory, both areas simultaneously align with and resist this categorization. Vehmas & Watson (2014) critiqued critical Disability studies, noting that although drawing from other critical disciplines can be beneficial, the Marxist/materialist current of critical studies does not always reflect the unique position or needs of Disabled people. Tallbear (2016) suggested that Indigenous studies take on a more “polyamorous” relationship to critical theories, noting that Indigenous studies has “been aligned with [familiar knowledges within critical theory] for forty years, usually as an object of study” (p. 81) and that this problematically monogamous relationship with critical theories has caused Indigenous theorists to miss local, new, and embodied ways of knowing. Hokowhitu (2016) similarly problematized Indigenous studies’ ties to the Western academy, indicating that Indigenous scholars often must make their knowledges palatable to the Academy even to do the work of resistance. He posited, “I question whether resistance itself, especially as Indigenous scholars have framed it... is in fact the very framework that makes Indigenous scholarship comprehensible to the taxonomies of Western thought, as we strive to be fully human and as we fulfill the tradition of dissent inherent to the Western academy” (p. 91). More to the point, he asked, “Do we... enmesh ourselves further by corroborating the colonizers’ methods?” (p. 85).

Metaphors and Simplifications. Multiple scholars (Barker & Murray, 2013; Grech & Soldatic, 2015; Sherry, 2007) have noted the tendency for Indigenous studies and Disability studies to draw upon one another as metaphors without accounting for the material intersection of Indigenous Disabled identities. Barker & Murray (2013) described Disability as “almost

completely absent” (p. 61) from postcolonial theory, despite Disability’s status as “one of the most significant and ever-present conditions in human history” and “a key site of colonial administrative power” (Grech & Soldatic, 2015, p. 2). Grech (2015) conversely noted the distinctly Northern⁴ optic in Disability studies specifically, stating that in Disability studies, “the word ‘colonial’ is often little more than a metaphor for subjugation and domination, a metaphor dissociated from its historical lineages and the discursive and material power that made it one of the most important, destructive and lasting forces in human history” (p. 7).

Grech (2015) described particular silence and oversimplification in descriptions of Disabled lives in the global South. He noted, “Disabled lives in the Southern context are often simplified and generalised in a dynamic of homogenising, decontextualised and dehistoricised discourse,” thus conflating Disabled experiences in the global South with descriptions of disability in dominant global contexts – particularly Europe and Northern sites of settler colonialism. Although settler and extractive colonialism are not cleanly split between the global North and South, the relative silence regarding Disabled lives in Southern contexts intersects with (post)colonial accounts that center settler colonial narratives and oversimplify the effects of extractive colonialism. As a result, considerations of disability and colonialism together tend to emphasize settler colonialism and ignore the impact of extractive colonialism upon Disabled Indigenous peoples in the global South.

⁴ “Northern” here refers to perspectives representative of the global North, i.e. people and cultures of the northern hemisphere. Meekosha (2011) has more accurately described this dichotomous descriptor: “‘Southern’ countries are, broadly, those historically conquered or controlled by modern imperial powers, leaving a continuing legacy of poverty, economic exploitation and dependence [...] The ‘North’, the global metropole, refers to the centres of the global economy in Western Europe and North America” (p. 4).

Defining Disability in Indigenous Contexts. While physical differences and impairments remain a significant condition present in communities across history and around the world, the notion of “Disability” as an identity category is intimately linked with colonial fetishization of bodily difference and forcible control of colonized bodies. Many Indigenous languages do not include a linguistic equivalent to the word “disabled” or “impaired,” indicating wholly different or absent means of categorizing such identities before colonial contact (Gilroy & Donnelly, 2016; Wilbur & Keene, 2019c). Grech (2015) outlined the systematic production of the disabled body through colonization, including 1) the infliction of disease and illness by colonizers upon Indigenous people, 2) the public physical mutilation of enslaved people resistant to their oppressors, and the consequent framing of disabled bodies as deviant bodies, 3) the fetishized process of concealing and discovering markers of disability within the slave trade, and the consequent aim to normalize or assimilate Disabled bodies, and 4) the collaborative role of medical professionals and missionaries in “correcting” Indigenous Disabled people as central to the colonial project. Kazemi (2017) introduced the Transnational Disability Model to describe the continued production of disabled bodies along imperialist and nationalist lines, highlighting “the creation of disability by war in the ‘third world’ by the ‘first world’” (p. 33) as one prime example.

Grech’s point regarding medical professionals holds particular relevance to Western music therapists entering the global South as volunteers and health care professionals. As Grech explains: “The empire... brought in charity not only to ‘heal’ and correct but above all to learn about itself and develop its practices (medical as well as those of domination), by experimenting on the body of the colonized” (p. 12). Thus, disability in postcolonial contexts can never be

dissociated from the materiality of colonization, and Western healthcare professions must at a minimum recognize the colonized bodies upon which their knowledges are built.

I use the terms “Disability” and “Disabled” throughout this piece to broadly reference those people whose bodies are externally categorized as such by colonial forces. I capitalize the term when specifically referring to Disability as a social identity category, beyond impairment. In this language, some nuance regarding self-claimed identities and localized contexts may be lost. However, the term “Disability” here (both capitalized and not) should be understood complexly – imbued with the social construction denoted through Disability studies, the personal and embodied experience of impairment, and the material colonial history inscribed into the production of “Disabled” identities.

Decolonization and the Dominant Center. Several Indigenous thinkers (Driskill, 2011; Hokowhitu, 2016; Whitehead, 2017; Wilbur & Keene, 2019b) have illuminated the problematic tendency for de-colonial attempts at a “return to tradition” to tacitly leave behind subjugated identities within Indigeneity, implicitly centering cisgender, heterosexual, nondisabled men with financial and political power. As Hokowhitu describes, “Those subjectivities that have ‘lived’ (i.e., are given authority) often function to let alternative Indigenous subjectivities die, in the sense of exclusion from communities and the will to definitionally exclude, often based on markers of authenticity” (p. 86). Driskill (2011) noted that Two-Spirit people seek not only to “archive and repertoire” what was lost in colonization, but also to “imagine and create a present and future” (p. 110) that includes these subjugated identities. This simultaneous reclamation of pre-colonial narratives and identification within unique, contemporary subjectivities may be applied to Disabled Indigenous people as well, combining “traditional” understandings of Disability in Indigenous contexts with current, embodied knowledges.

While these discussions of reframing decolonization center upon contexts of settler colonialism, they apply in sites of extractive colonialism as well. Colonial structures continue to dominate sites of extractive colonialism, as partly evidenced by the ongoing presence of Western music therapy interventions in these contexts. For cultural traditions to “live,” they must be made profitable and palatable to the white/Western gaze. Take, for example, the survivance⁵ of Maasai music and dance through essentialized and stereotyped performances for Western tourists, as well as through the Westernized system of performing Maasai dances in competitive, extra-curricular school contexts (Bruner, 2001; Hodgson, 1999). In these ways, the colonial gaze continues to mediate understandings of “authentic” Indigeneity in both settler and extractive sites of colonialism, uplifting dominant subjectivities and subjugating “alternative” subjectivities.

Embodied Knowledges. Both Indigenous and Disability studies emphasize the body as a key site of knowledge and meaning making. Clare (2001) noted that in one sense, separation from the body and emphasis on social oppression have served Disability rights movements well by challenging medical and charity-based tropes that localize disability to individual impairment within the body. However, Clare additionally emphasizes the importance of embodied knowledges: “Paired with the external forces of oppression are the incredibly internal, body-centered experiences of who we are and how we live with oppression” (p. 361). Wilson and Lewiecki-Wilson (2001) problematized the classical Western hierarchical body-mind split in relation to Disability discourse. They drew from corporeal feminism to understand the body as a site of “mutually constitutive interaction between discourses and materiality” (p. 3), in which

⁵ “Survivance” is a term central to Indigenous studies, coined by Anishinaabe scholar Gerald Vizenor. Vizenor (2009) stated, “The nature of survivance creates a sense of narrative resistance to absence, literary tragedy, nihilism, and victimry. Native survivance is an active sense of presence over historical absence, the domination of cultural simulations, and manifest manners. Native survivance is a continuance of stories” (p. 1).

Disabled bodies are repeatedly framed as deviant. Further, these authors emphasized standpoint and understood the production of knowledge as contextual to particular people, places, and sociohistorical environments. This emphasis on standpoint is reflected in the ubiquitous rally cry from Disability rights movements since the 1980s: “Nothing about us without us” (Charlton, 2000).

Hokowhitu (2016) similarly emphasized what he referred to as “body-logic” for Indigenous people in creating Indigenous ways of knowing that are not defined by the epistemological processes of the Western Academy. He described “body-logic” as referring to:

what culture ‘feels like’ as opposed to the production of Indigenous culture to be viewed or Indigenous knowledge to be ‘preserved.’ I want to evoke the immediacy and political nature of Indigenous bodily practices that evade taxonomic capture... Body-logic is an insurrection of knowledge, a movement beyond colonial capture, the colonizer/colonized binary, and encumbering ‘Indigenous’ ontologies, and toward post-Indigeneity. (p. 100)

Thus, Indigenous and Disability studies do not simply entail knowledge transmitted through academic and taxonomic “research” practices. To the contrary, they underscore the limits of such practices, emphasizing that theoretically mapping colonial and ableist realities can never replace nor fully represent the deep knowledges produced by *being in* Indigenous and Disabled bodies, lives, and contexts. The gap between lived experience and representation – explained further in the methods section below – is important here. When music therapists with dominant identities seek to represent experiences from within these communities without relevant body-based knowledges and local understandings, their representations may (from a

constructivist standpoint perspective) not align with client/participants' interpretations, or even (from a materialist perspective) present events that never really occurred (Jones & Jenkins, 2008a).

Indigenous and Disability Studies in Music Therapy

Indigenous and Disability studies perspectives are sparse in music therapy literature, but not absent. These voices in music therapy present critiques to dominant practices, as well as visions of anti-colonial and anti-ableist possibilities in music therapy.

Carolyn Kenny represents the most prominent voice of Indigenous studies in music therapy, with much of her later career devoted to Indigenous studies research, writing, and education. Kenny's influential work, "The Field of Play" (1989), provided a comprehensive theory for music therapy practice. Among Kenny's assumptions were that 1) participants in music therapy experiences are already whole when they enter, but therapists and participants can grow into more expansive whole forms, 2) music therapy relationships are "self-organizing systems" (p. 102), in which participants collectively and naturally move toward this expansive wholeness, 3) music therapy happens via the intersection of power, creative process, ritual, and a particular state of consciousness, and 4) the musical space is established at the intersection of each participant's unique aesthetic, including both therapists' and clients' histories, cultural identities, beliefs, styles, preferences, and feelings. These axioms collectively indicate a vision of music therapy founded in mutual relationships rather than colonial attempts to control or shape clients' actions. Kenny emphasized a principle of noninterference in music therapy practice, especially in post-colonial contexts (Kenny & Hadley, 2013). She described,

Our approach was to just let the children be, giving them the conditions, the resources, and believing that by doing so they would find a good life. That is the

way the elders would talk about it as opposed to thinking in terms of clinical outcomes. (p. 3)

Smith (2012) described a similar principle in his music therapy practice with underhoused youth in Coast Salish and Strait Salish lands in and around Vancouver, British Columbia⁶. He noted his aim to avoid replicating the colonial code of relations prevalent in helping professions, in which therapists assert the right to “fix, diagnose, change, and intern” those with whom they work (p. 276). Smith critiqued dominant alignments with so-called “evidence-based practice” in music therapy, and he outlined the ways that evidence-based practices commonly align with this colonial code. Further, Smith provided some examples of times in which he inadvertently “replicated dominance” by “providing unsolicited advice, making psychological assumptions, misinterpreting a young person’s intentions or lifestyle, promoting heteronormativity, and so on” (p. 276). These examples indicate that anti-colonial music therapy depends on an unflinching awareness and honesty about the ways in which music therapists intentionally or unintentionally replicate colonial ways of being within our practices.

Although the vast majority of music therapy clients hold one or more diagnoses, impairments, or Disabled identities, peer-reviewed Disability studies perspectives in music therapy remain rather limited. Disability studies has been increasingly recognized in the field of music therapy and included in music therapy literature within the past five years. These articles critiqued music therapy’s dominant alignment with medical models of Disability as a state to be mitigated or cured, and they proposed alternative understandings of Disabled identities (Bakan, 2014; Cameron, 2014; LaCom & Reed, 2014; Miyake, 2014). These writers grappled with the duality of addressing impairments in therapy while celebrating Disability as a cultural identity.

⁶ Again, these lands are known by many names to many people, with each carrying particular cultural and political implications.

Bakan (2014) proposed an ethnomusicological perspective on neurodiversity in music therapy, noting the gravity of this perspective as an epistemological shift to the foundations of the profession. Comparing assumptions in music therapy with his experiences as an ethnomusicologist in Bali, Bakan noted the problematic, implicit understandings tied to understandings of Autism as a medical issue rather than a cultural identity:

It “goes without saying” that autism is a disorder, but that being Balinese is not; that the behaviors associated with being autistic are symptoms, while those associated with being Balinese are integral and inalienable expressions of cultural identity; and that diagnosing, treating, and even eradicating autism are desirable goals, though even the thought of diagnosing or treating, let alone eradicating, Balineseness is unconscionable. (p. 5)

LaCom and Reed (2014) noted the instability of bodily categorizations of disability, complexifying concepts of fixed nondisabled/Disabled categories by grappling with their own embodied experiences of Disability, impairment, and diagnosis. Reed noted her cultural understanding of Disability through the lens of her own Autistic identity, echoing Bakan’s themes; however, she contrasted this with the “decidedly medical” lived experiences with a condition that was then diagnosed as Multiple Sclerosis. In complexifying bodily categorizations, these authors also complexify the notion of “health” and “help” in music therapy, calling upon music therapists to destabilize binary categorizations often assumed in therapy relationships.

In the past few years, Disabled voices in music therapy have gained increasing traction in sharing anti-ableist messages outside the confines of peer-reviewed journal spaces. Discourse related to Disability studies and neurodiversity in music therapy has become much more

accessible in blog posts, conference presentations, online community forums, and affinity group spaces. Several authors have critiqued music therapy's alignment with problematic understandings of Disability and neurodivergence, including its allyship with Applied Behavior Analysis (widely considered abusive in the Autistic community) and the medical model of Disability (Long et al., 2015; Straus, 2014). Reed (2019) outlined ableist tenets of music therapy education by analyzing discourse about Disability in a common entry-level music therapy textbook. Leza (2021) called out ableist practices in music therapy representation, questioning the focus on professional advocacy through "world music therapy day" on March 1st, which is also the Disability Day of Mourning. Overall, these arguments present a critical response to dominant music therapy practices and paradigms that have largely gone without question. The limited amplification of these arguments in peer-reviewed publications speaks to their political position; they destabilize foundational theoretical lenses through which many music therapists view their professional roles.

Related to each of these intersections (Disability, Indigeneity, and music therapy) is the understanding of harm. Murakami (2021) presented a model for understanding harm in music therapy practice, noting that music therapy literature frequently describes potential benefits but rarely presents thorough or nuanced understandings of harm. Murakami noted that music therapy clients can experience harm coming from the music therapist, the music itself, the therapeutic application of music, or ecological factors beyond the setting of the music therapy clinic. This model invites music therapists to not only consider clinical interactions themselves but also to examine the broader cultural and ecological context that impacts and is impacted by each clinical interaction.

Images and Representation

As Duveen (2013) has noted, social representations form the external basis from which social identities can be formed. They guide identity formation by beginning to answer the question, “Who am I?” through the filter, “I am who the Other says I am” (p. 182). However, researchers have persistently found that positive identity models for people of marginalized and minoritized identities are comparatively nonexistent. Because the propagation of these points of reference is largely determined by dominant groups, those representations that do exist often illuminate dominant essentializations, stereotypes, and misunderstandings of marginalized communities. DuBois (1920) described this as a persistent pattern of “emphasis and omission” that, in his example related to anti-Black racism, subtly yet perpetually enforce a “religion of whiteness” and global systems of white supremacy (p. 2). This pattern occurs along many axes of oppression; some key themes in colonial and ableist representation are described below.

Indigenous Representation. For Native people in the United States, Fryberg (Fryberg, 2003; Fryberg, Markus, Oyserman, & Stone, 2008) and Merskin (2001) documented the persistence of stereotypes in media and advertising representations. Keene (2015) further noted that Native Americans are typically represented either in the historic past or as fantasy creatures - thus rendering contemporary Native identities extinct. Considering Indigenous people beyond the US, Bruner (2001) described a similarly monolithic and ahistoric representation of Indigenous Kenyans by the tourism industry, which evokes traditional/modern and primitive/civilized dichotomies that position the Maasai people as either existing outside time or representing a historic past. Myers (2001) also critiqued prevalent images of Africa in introductory geography textbooks, noting the tendency to repeat misleading representations of Africa as ahistorical and disaster-ridden.

In each case, the authors noted that these stereotyped representations had the potential to harm the marginalized group even more than would a lack of representation. For example, Fryberg (2008) found that exposure to stereotypic images such as Chief Wahoo and Pocahontas led Native American students to report lowered self-esteem, lower community worth, and fewer achievement-related possible selves. Fryberg et al (2008) noted that with such few points of access to relevant self-representations, even positive associations could yield negative impacts by constricting the field of variability in individual senses of potential. Further, Myers (2001) noted that stereotypic images of Africa had the potential to reinforce mistaken assumptions in Western students, leading to false suppositions about “what went *wrong* in Africa” (p. 529) and underscoring Western students’ sense of social distance from contemporary Africans.

Walter (2016) studied these patterns in data politics – specifically, representations of Indigenous people in academic research contexts. She consolidated several problematic understandings of Indigenous people into one category, called “5D data.” 5D data represents Indigenous people in terms of disparity, deprivation, disadvantage, dysfunction, and difference. She noted that limited representations and structural/geographic distancing between settler and Indigenous communities make this data a primary site through which settlers and policy makers “know” Indigenous peoples. Fryberg et al (2008) similarly described these types of data as “stereotypical negative outcomes,” noting that most people receive little information about Native Americans outside of these negative data points as described in newspapers and television (p. 211). These points indicate that such data is not neutral nor objective; it actively shapes (and is shaped by) the narratives by which settlers understand Indigenous people, and by which Indigenous people understand themselves.

Disability Representation. Similarly, multiple scholars (Cheng, 2017; Nako, 2018; Rees, Robinson, & Shields, 2019) have identified the relative absence of Disabled people in media representations and the prominent stereotype cues present in depictions that do exist. To clarify these stereotype cues, Clare (2001) identified three dominant paradigms of Disability, all of which localize Disability to individuals, define Disability by bodily impairment, and define Disabled bodies as wrong: 1) the medical model defines Disability as a curable or treatable disease or impairment, 2) the charity model depicts Disability as a tragedy to be mitigated through helpfulness or generosity, and 3) the supercrip model frames Disability as a challenge to be overcome. Grue (2011) summarized these attitudes toward Disabled people prior to the acceptance of Disability as a sociocultural experience: “The person with the impairment was the one to be patronized, blessed, left to die of exposure, institutionalized, cured, or rehabilitated” (p. 535).

These paradigms are reinforced through common tropes within media representations. For example, Cheng (2017) highlighted the supercrip narrative present in depictions of Disability in reality singing competitions in the United States, identifying the common portrayal of Disabled contestants as “overcoming” their disabilities through their musical skills. Such portrayals obscure and undermine the social and political implications of Disability, reinforcing ableist hegemony.

Depictions by “helping” professionals tend to employ “deficit framing” – depicting those served as needy and deficient – in order to position agencies positively for funding and ideological support (Baldrige, 2014). Van Trigt and Legêne (2016) addressed such deficit framing at the intersection of colonialism and Disability, observing that colonial depictions of Disability represent a double “othering.” They noted that colonial history depicts colonized

Disabled people as “silent sufferers” (p. 189) acted upon by active Western helpers, thus evoking the charity paradigm along the axes of both Disability and colonization. They further pointed out the consistent presence of nondisabled, white/Western agents in photographs otherwise depicting daily life of Disabled colonized people. Such presence, they noted, communicates colonial assumptions that Disabled colonized people “need supervision,” simultaneously activating stereotype threats of both passivity and danger. These representations reinforce what Todd and Wade (1994) have referred to as the “colonial code of relations” in helping professions:

1. You are deficient/I am proficient
2. Therefore I have the right (duty, privilege, responsibility) to perform proscribed operations upon you, with or without your consent
3. These operations are undertaken for your own good (p. 45)

Co-construction and Dominant Insecurity. Colonial and ableist themes within representation do not merely function to create essentialized colonized and Disabled subjects. They sustain dependent, co-constitutive subjectivities of both settler and colonized, both white and Black, both nondisabled and Disabled. As Fanon posited, “not only must the black man be black; he must be black in relation to the white man” (1967, p. 110). Similarly, the colonized subject is constructed *in relation to* the settler, the Disabled subject *in relation to* the nondisabled, and so on. Racism depends not only on the construction of a problematized Black subject, but on the contrasting construction of a white subject as normative and unproblematic. Yancy referred to this pervasive contrast as “a semiotic field of axiological difference,” noting that “the discourse and comportment of whites are shaped through tacit racist scripts, calcified modes of being that enable them to sustain and perpetuate their whitely being-in-the-world” (2016, p. 19). Such discourse then acts as not only a reflection of dominant beliefs but an active

agent, propping up whiteness (or any dominant identity) by reinforcing its position of normalcy in contrast to deviant “others.”

Dominant insecurities motivate these iterative representations of deviant “others.”

Achebe (1977) deconstructed the example of colonial reassurance through essentialized contrasts to Africa:

For reasons which can certainly use close psychological inquiry, the West seems to suffer deep anxieties about the precariousness of its civilization and to have a need for constant reassurance by comparing it with Africa. If Europe, advancing in civilization, could cast a backward glance periodically at Africa trapped in primordial barbarity, it could say with faith and feeling: There go I but for the grace of God. Africa is to Europe as the picture is to Dorian Gray--a carrier onto whom the master unloads his physical and moral deformities so that he may go forward, erect and immaculate. (p. 793)

As such, widespread discourse of deviance serves not only to weaken the oppressed, but to reassure and falsely prop up the oppressors. Thus, the motivations behind constructions of deviance are found in those who benefit from them (Trask, 2019). If someone is presented as needy, who is being constructed as independent or helpful? If someone is presented as unruly, who is being constructed as stable or protective? If someone is presented as primitive, who is being constructed as fully actualized?

Colonialism and “Voluntourism”

“Voluntourism” describes a multi-billion industry in which travelers combine international vacations with volunteer activities within the “humanitarian cloud” (Van Trigt &

Legêne, 2016). Participants are most commonly white Westerners from middle-class backgrounds, traveling from Europe and sites of settler colonialism to sites of extractive⁷ colonialism. This industry has grown rapidly in the past few decades; however, it has also garnered increasing criticism regarding both its material and ideological impacts (Popham, 2015). Materially, critics have questioned the impact of Western volunteers on local economies, noting that Western volunteers often work on projects that would otherwise represent paid employment for locals. In relational work, critics have noted the potentially harmful consequences of volunteers entering communities, building relationships locally, and leaving the community at the close of a project. Most direly, when Westerners' knowledges are privileged over those of locals, despite volunteers' lack of training, these projects can result in physical harm to vulnerable people – even death. Take, for example, the U.S. missionary with no medical training who set up a critical care center for malnourished children in Uganda, killing more than one hundred children through medical negligence (Aizenman & Gharib, 2019).

Ideologically, voluntourism has drawn criticism for the ways it upholds colonial understandings of Indigenous and colonized communities. Voluntourism programs and marketing have been criticized for employing misinformation and harmful stereotypes to describe the sites of their projects. For example, in seeking support for her own volunteer and charity projects in Malawi, pop singer Madonna falsely claimed that there were more than a million children orphaned by AIDS in Malawi, and she further represented Malawi as a site of

⁷ Wilbur and Keene (2019a) have described extractive colonialism (e.g. colonialism in Kenya, Jamaica, and India) as cases in which an outside nation state established a presence and took over in an extant community without establishing a new nation-state as in settler colonialism (e.g. colonialism in the USA, Canada, New Zealand, and Australia). Shoemaker (2015) described extractive colonialism as one of many forms of colonialism outside of settler states. "Extractive colonialism" here will serve as a shorthand for the colonialism experienced by Indigenous people in each of the service-learning experiences pictured, although each community may also experience unique intersections with other forms of colonialism, such as "post-colonial colonialism" or "missionary colonialism" as described by Shoemaker.

rampant kidnapping, abduction, and sexual assault (Freidus, 2017b). Madonna's stereotypic and biased representation of Malawi aligns with broader trends in Westerners' perceptions of Indigenous and colonized people after voluntourism experiences. For example, Freidus (2017a) found that U.S. volunteers' perceptions and experiences in Malawi orphanages were characterized by "misrepresentations of a generic Africa;" stereotypes of "a racialized, needy other" in contrast to benevolent Westerners; and oversimplified misunderstandings of poverty, which mystified systemic causes of inequality and dismissed the effects of poverty in the United States (p. 1306). These patterns reinforce Grech's argument referenced above, that the function of "charity" from colonizers is "above all to learn about itself and develop its practices (medical as well as those of domination)" (2015, p. 12).

Methods

For this analysis, I was interested not only in international music therapy projects themselves, nor only in the representations of them. Rather, I was interested in the whole system that includes these projects, their representations, music therapists' beliefs and attitudes within them, and their relationships to larger systems such as music therapy, colonialism, and ableism. Therefore, I drew on Actor-Network Theory to analyze these system relationships. Since I am focused on the ways that large-scale power imbalances (e.g. ableism) play out into discursive microcosms (e.g. single images), my work here also falls within critical discourse analysis. I describe the foundations of my methods further below.

Critical Discourse Analysis

Critical discourse analysis (CDA) is an interdisciplinary research form that aims to “[demystify] ideologies and power through the systematic and retroductable⁸ investigation of semiotic data (written, spoken, or visual)” (Wodak, 2013, p. 303). *Discourse* here refers not only to texts, but to all forms of communication: photographs, monuments, conversations, and videos are all discursive artifacts. However, discourse is understood not as these artifacts themselves, but as the dialectic social practice that engages them. For example, a text is not simply a text; it is shaped by the situations, institutions, and social structures that frame it. When a text is reproduced and shared, it also has power to shape ideologies of those who read it. Hence, the dialectic nature of discourse: Discursive events both *shape* and are *shaped by* their social contexts (Wodak, 2013).

The “critical” aspect of CDA reflects understandings of social power, as well as the role of discourse in sustaining, reproducing, and/or transforming dominant power structures (Wodak, 2013, p. 303). Discourse is intimately linked to *hegemony*, the process by which dominant groups convince others to participate in inherently exploitative systems. Hegemony upholds social power not through force or direct punishments, but through subtle, repeated events that reinforce and materialize oppressive power structures (Jones & Jenkins, 2008a). Hegemonic beliefs appear as “common sense,” views of the world that are “inherited from the past and uncritically absorbed” (Gramsci 1971, p. 333, cited in Stoddart, 2007). Thus, part of the role of CDA is to challenge that which typically goes unchallenged, to identify covert flows of power in discursive events. Because hegemony operates subtly and repeatedly, CDA is not only relevant to major flashpoints but to all discursive events. As Wodak noted, “Any social phenomenon lends itself to critical investigation, to be challenged and not taken for granted” (p. 302).

⁸ In discourse analysis, the term “retroductable” refers to the clarity and transparency of an analysis. If an analysis is retroductable, any reader should be able to trace and understand it.

Translation. As Jones and Jenkins (2008) pointed out, all translation of real events into accounts is qualitative work. The operative verb, *translate*, holds nuanced relevance here. As Law (2009) explained:

To translate is to make two words equivalent. But since no two words *are* equivalent, translation also implies betrayal: *traduction, trahision*. So translation is about making equivalent, and about shifting. It is about moving terms around, about linking and changing them. (p. 144)

This simultaneous equivalence and betrayal matters in CDA because social power informs the ways that real events become translated into accounts. To some extent, an image of an event provides a window into the “real” event, in the positivist sense. However, an image also necessarily betrays the “real” event by setting and enforcing a particular frame. Analysis of such an image can illuminate the hegemonic beliefs of the translator, as well as the power-laden realities that stem from its propagation.

Materiality. I have mentioned the positivist concept of reality, meaning the ontological belief in a neutral, unchangeable reality that exists “out there,” free from interpretation. Conversely, interpretivists understand multiple realities, each created based on subjective interpretations. Critical interpretivists might analyze accounts of past events to highlight nondominant interpretations or realities, sometimes referring to these processes as “finding voices in silence” or “reading against the grain” (Schwartz and Cook, 2002, cited in Jones &

Jenkins, 2008). Critical interpretivists argue that equitable accounts should integrate a rich, diverse set of perspectives or interpretations.

Anticolonial historians Jones and Jenkins (2008) critiqued critical interpretivist analysis and sought an escape from “its endless referentiality and deferral of representation, from its political inertness, from its inability to escape the threat of relativism, and from the danger of uncertainty in the face of those who claim to know” (p. 127). They noted that grounding in a “truth” can be helpful for Indigenous people struggling to regain control of their past from dominant white groups. However, Jones and Jenkins sought to access such truth without “retreating to a simple-minded empiricism” (p. 127). They turned to Judith Butler’s concept of *materiality* to account for translation and interpretation while maintaining grounding in the real. According to Butler (1993), materialization is the process by which new realities are brought forth through forcible reiteration of norms. Butler understood real sexed and gendered bodies to be the materialization of “sex” and “gender” constructs. In other words, the reiteration of norms related to these constructs does not merely produce “interpretations” of sex or gender; it produces material realities in which people embody and perform a particular sex and gender. Yancy (2016, p. 82) similarly described this concept of materiality in the production of white normativity. He cited DuBois’s explanation of white “emphasis and omission” in representation of Black folks, through which “myths harden into ‘empirical truths’” (p. 82). In this sense, discourse goes beyond abstract power-laden beliefs to bring forth particular material realities. Reinforced norms shape lived realities in every social encounter, including in materialities related to colonialism, Indigeneity, and Disability.

Butler also emphasized that materiality is an effect of power: Dominant power structures, through hegemonic processes, tend to reinforce norms that stabilize the status quo. However,

Jones and Jenkins (2008) offered the possibility of materializing new realities through iterative accounts that reflect Indigenous experiences and destabilize colonizer accounts. Similarly, Manago, Davis, and Goar (2017) highlighted the power of certain discursive responses to stigma to reinforce *or* destabilize ableist realities. Thus, one aim of CDA may be to aid in the production of new material possibilities by demystifying and challenging the discursive practices that uphold dominant norms. As Jones and Jenkins summarized, “Insofar as our knowledge and memory of the past changes, the past changes” (p. 138). And as the past changes, new social implications for present and future realities become possible as well.

Actor Network Theory

Actor Network Theory (ANT) is a framework within discourse analysis that focuses on the web of relationships that connect material and immaterial actors to create an overall assemblage⁹. Law (2009) defines ANT as follows:

Actor network theory is a disparate family of material-semiotic¹⁰ tools, sensibilities, and methods of analysis that treat everything in the social and natural worlds as a continuously generated effect of the webs of relations within which they are located. It assumes that nothing has reality or form outside the enactment of those relations. Its studies explore and characterize the webs and the practices that carry them (p. 141)

Law (2009) further described the following six central tenets of ANT:

⁹ MacLeod et al. (2019) define an assemblage as “a complex tangle of natural, technological, human and non-human elements that come together to accomplish both intended and unintended outcomes in everyday life” (p. 178).

¹⁰ Materiality is described above. *Semiotic* refers to symbols and interpretation, especially widespread patterns of such meaning-making.

- 1) **Semiotic relationality.** ANT focuses less on individual elements and more on their relationships to one another. Elements in a network are understood to define and co-constitute one another. Although the whole system is necessarily affected by each part, individual actants may have less social impact than the architecture of the network as a whole.
- 2) **Heterogeneity.** A system will necessarily include a variety of elements, including human and nonhuman, material and symbolic.
- 3) **Materiality.** Literal materials are important elements in ANT analysis. For example, a school cannot be analyzed simply in terms of people, pedagogies, and curricula; it must also include the physical materials such as the school building, books, seats or desks, technology (e.g., physical computers), and so on.
- 4) **Process and its precariousness.** Because each network is defined in terms of relationality, each actant must play its part or the whole system may disperse. For example, what is the network of a “music therapy session” without a music therapist? Without a client? Without a container for shared physical or virtual space? Without physical instruments or other materials with which to make music?
- 5) **Power as an effect.** The configuration of networks is never socially neutral; social power manifests from the architectural connections that constitute any network. ANT attends not only to the mechanics of network configurations but to the social implications of power that derive from them.
- 6) **Space and scale.** ANT attends to the ways in which systems extend and convert other actants into themselves. While the system can fall apart if actants do not play their role, it can also expand in terms of space and scale as it incorporates new elements.

ANT and Indigenous/Disability Studies. I have chosen ANT for this analysis due to its relationality, its locality, its fluid conceptions of power (emergence), and its integration of the material and immaterial. In my own understandings, each of these elements of ANT aligns with some aspect of critical Indigenous and Disability studies. For example, in ANT, the distinction between material and immaterial elements is de-emphasized and is considered a fluid boundary. This combats colonial human/nonhuman dichotomies, possibly aligning with more fluid understandings of animacy as reflected in Cree and Blackfoot languages (Darnell & Vanek, 1976; Whitehead, 2017; Wiltschko, 2009). It integrates interpretation and the “real” in alignment with Jones and Jenkins’ considerations for anticolonial research described above. It also aligns with understandings of Disability as an embodied experience at the intersection of abstract social structures and beliefs, physical experiences of impairment, and material access barriers. Two of these understandings, locality and emergence, are described with greater detail below.

Locality. ANT differs from some other forms of discourse analysis in its locality to particular systems, in particular places and periods of time. ANT research does not seek to identify large-scale or universal semiotic fields (sometimes referred to as discourses or epistemes). It does not seek to find universal philosophical foundations that explain *why* social structures operate as they do. Instead, ANT seeks to find rich descriptions of the “strategic, relational, and productive character of particular, smaller-scale, heterogeneous actor networks” (Law, 2009, p. 145). For example, ANT would not approach questions related to the way colonialism operates *as a whole*. Instead, an ANT approach might analyze a particular tribal/colonial boarding school and examine the ways in which connections between material and

immaterial agents were structured to generate colonial hegemonic power in this context. In this way, some particular nuances can be re-examined and contrasted with what is lost in constructions of pan-Indigeneity.

Emergence. MacLeod et al (2019) describe *emergence* in ANT as the notion that “reality is less stable and predictable than we typically acknowledge” (p. 178). This relates to the ANT tenets of precariousness and space/scale described above. New social, ideological, and material realities *emerge* from the shifts of particular networks. In other words, ANT does not seek to find stable or universal descriptions of social phenomena as some social science research does; rather, it understands the very nature of power structures as constantly changing and effecting change. In ANT, social categories do not predetermine power relations. As Law describes it, “the social is also being reworked” as a given network assembles, expands, or deteriorates (p. 147).

The concept of emergence allows for queer, unfixed takeaways in ANT analysis. It also allows for the possibility and even eventuality that systems will change over time. As Law described it, “In this non-foundational world, nothing is sacred and nothing is necessarily fixed” (2009, p. 148). As a researcher, this brings some hope that critical analysis is not merely a reflection of an unchanging and insurmountable reality of exploitative hierarchy. Greater awareness and intentional changes in social networks’ actants or architectures can yield new, more just realities.

Analyzing Photographs

As with all forms of discourse, photographs both reflect and produce realities. In analyzing photographs, it is possible to unveil the “grand narratives” of power and hegemony that permeate each image, while simultaneously allowing each photograph to convey “little

narratives” that complexify and add nuance, in alignment with Disabled and Indigenous considerations of specificity and embodiment (Edwards, 2001, p. 3). Simultaneously, the status of the photograph must be understood as an agent itself rather than a value-neutral depiction of reality. A meaningful analysis, then, will not only ask how power hierarchies are inscribed into the interactions visible in the photographs; it will also ask questions regarding the purpose and impact of the photo as a tool communicating various identities and relationships (e.g., What narrative do these photos produce about who music therapists are and what music therapy is?).

Edwards described three defining moments in analyzing photographs: 1) the framing (arrangement of the setting), 2) the making of the photograph, and 3) the circulation of the image (p. 20). Van Trigt and Legêne (2016) applied this lens in addition to that of Actor Network Theory (ANT) to identify a broader range of human and non-human actors’ agency within a photo. In analyzing music therapy photos, I will draw from these concepts and center upon two grounding questions to apply to several images:

- 1) How do these images and texts reinforce and/or subvert dominant narratives of colonialism and ableism?
- 2) What do these images and texts indicate about the relationship between nondisabled U.S. music therapists/students and Disabled Indigenous people outside the U.S.?

Analysis

Interpretivist research is a cyclical, reflexive process in which new conclusions can be drawn as one returns to the same data, rather than a set procedure with a prescribed beginning and end (Creswell, 2014). It depends on the subjective constructions of the researcher, those studied, and readers/reviewers. Alignment between these multiple perspectives validates

conclusions drawn in interpretivist research (Creswell & Poth, 2018). I sought breadth of perspectives for this project by gathering data from four different international music therapy organizations, and I sought depth of research by analyzing both visual and textual communications, as well as by cyclically re-engaging with the materials over an extended period of time. I assigned themes based on my readings of the images and texts themselves; however, my codes were necessarily shaped by my personal biases. Therefore, I sought advice from my academic advisor throughout the process, including in choosing images, identifying themes, and reflexively engaging with the images and texts. Since visual analysis is not part of my training, I also gained feedback from an art therapist with experience in critical analysis regarding the images. My conclusions based on the analyses were informed by the Disability studies and Indigenous studies readings with which I engaged in this literature review.

The Images

I have chosen four images to analyze as examples of common representations of music therapy in international service-learning. All images depict U.S. American music therapists or music therapy students¹¹ engaging in music-based experiences with Indigenous people in sites of extractive colonialism. While Disability remains a fluid identity category, participants in all photographs here are at least externally defined by Disability, either through the setting in which they are photographed (e.g., “special needs schools”) or through categorized “populations” or “goals” listed in the surrounding texts. Images A-C are public marketing photos drawn from international service organizations’ websites, obtained through a Google search using phrases such as “music therapy,” “international service-learning,” and “abroad” (Maddock, 2017; Music

¹¹ From this point forward, I will use “music therapists” as a shorthand for both professionals and students when referring to subjects in the photographs.

Therapy Without Borders, 2019; Wills, 2019). Image D was taken from my own trip to Kenya in 2011 and was posted on my personal social media page.

Image A. Image A was retrieved from the home webpage for Music Therapy Without Borders, an organization that “specializes in leading music & creative arts centered volunteer service projects around the Caribbean and the globe” (Music Therapy Without Borders, 2019). It was posted with the caption, “Student plays guitar with music therapy volunteer at a school for children with special needs.”



Image A - A child in the Cayman Islands wearing glasses and a school uniform strums a guitar and smiles at a young man, who holds the guitar and smiles back. In the background are two other children wearing school uniforms, and two adults.

Image B. Image B was retrieved from a blog post on the Peace Corps Stories web page. The Peace Corps is an international volunteer organization run by the United States government. The post is titled, “Using music therapy techniques to teach holistic wellness classes in Fiji.” The photo was posted with the caption, “Practicing turn-taking, decision-making, fine motor skills and social skills through music.”



Image B - Photo taken from above shows Kelli Maddock (white music therapist) holding guitar as a Fijian child strums. The feet and/or hands of four other children are visible in the background; one child holds a triangle.

Image C. Image C was retrieved from a music therapy photo gallery on the Jamaican Field Service Project (JFSP) website (Wills, 2019a). The Jamaican Field Service Project hosts short-term service-learning and study abroad trips for United States-based university students to travel to Jamaica. The photo was presented with a caption simply reading, “Music Therapists.” The photo is also posted on an informational page that reads, “Music therapists are able to assist a wide variety of needy populations in Jamaica, including geriatric, homeless, children with autism, and developmentally disabled populations” (Wills, 2019b).



Image C - Three young white women stand or crouch facing an elder Jamaican man, who is seated in a manual wheelchair and facing away from the camera. Two of the women play guitar, and the other plays a plastic chiquita; all three women smile and appear to be singing.

Image D. Image D was taken on my personal camera and posted to my personal Facebook page in 2011, following my own trip to Kenya through Miriam’s Circle: Compassionate Growth NGO. Miriam’s Circle was a United States-based organization focused on holistic community development in internally displaced persons (IDP) camps in Kenya, which has since disbanded. While the photo was uncaptioned, it was posted within an album that I titled, “Umoja, Ubuntu, Upendo: Mzuri Sana,” which roughly translates from Swahili as “Togetherness, Connection¹², Love: Very Good.” The child’s face has been obscured in the image below to maintain the child’s anonymity.

¹² The concept of *ubuntu* popularized by Desmond Tutu can be more accurately translated as the belief, “I am because we are,” or “I am who I am because of who we are.”



Image D – Vee Gilman (white music therapist) kneels and leans over a Kenyan child lying on a mat. Vee holds the child's hand, whose fingers are curled inward, and appears to sing. The child smiles with mouth open and looks up at the camera. The child's face has been obscured to maintain anonymity.

Actants

In order to map the network of contemporary U.S.-based music therapy service-learning depiction, I have identified several actants observable in the images and their accompanying contexts. The purpose is not in categorizing or assigning relative value to particular actants; rather, identifying these actants begins to enrich the description and clarify the boundaries of the network as a whole. The observable and directly inferable actants are listed below:

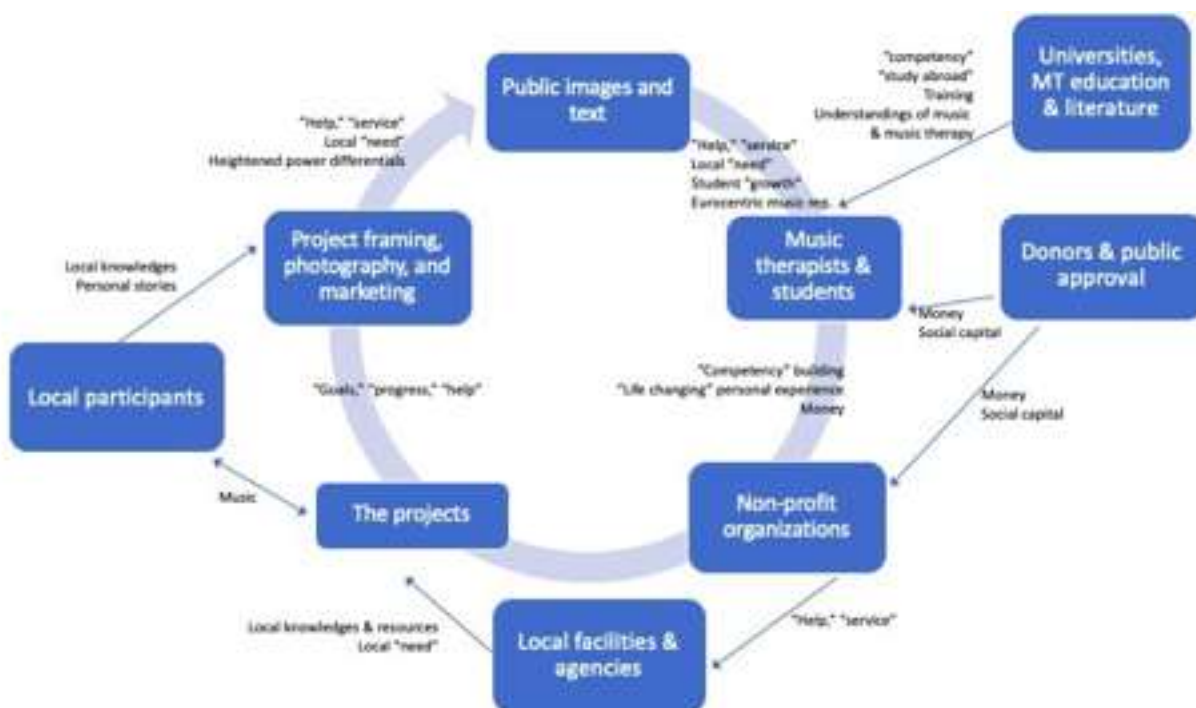
Humans	Music therapists Music therapy students Music therapy supervisors/educators Local ¹³ children/students Local teachers and classroom aids Local elders; “care center” residents Photographers Web designers Viewers/readers
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¹³ In the analysis section, “local” will be used to designate people who live in the community where the experiences are taking place.

<p>Materials</p>	<p>Instruments (guitars, plastic Chiquita, triangle) Functional/mobility aids (glasses, wheelchair, strategically placed mat/pillows) Classroom and classroom elements (i.e., chairs, desks, mat, table) Care centers Facility structures (e.g., outdoor pavilion in Image C) Clothing/attire (school uniforms, music therapists' professional or casual attire) Cameras, including camera phones Computers and photo/website editing software</p>
<p>Immaterial actants</p>	<p>Music Money (funding, donorship, cost of travel/participation, organizational revenue) Movement/posture/self-presentation/expressions English language Participants' personal stories Universities, music therapist training, project-specific training Music therapy literature/research Nonprofit organizations (e.g. Peace Corps, Music Therapists Without Borders) Internet, web sites, social media Images Website texts: captions, organizational descriptions, program descriptions Governing bodies (local and state government, American Music Therapy Association, accrediting boards)</p>
<p>Symbols/ideas</p>	<p>Volunteering Service-learning Study abroad Music therapy Cultural competency Professional development Goals and skills (e.g., fine-motor skills, social skills) "Need" (e.g., "needy populations," "special needs") Newness, change Constructions of difference Help, assistance, service</p>

Network Relations

The diagram below broadly represents the flow and connections between various actants in the system of international music therapy service-learning. I will highlight some key themes and connections that become evident through the diagram.



The Inner Circle. The diagram demonstrates that local stakeholders – program participants, local facilities, and broader local communities – are somewhat peripheral in the network. There are multiple levels of communication among Northern/Eurocentric stakeholders: music therapy students, non-profit leaders, universities, and donors. Eurocentric stakeholders are the primary audience of the public images and texts, as evident in the texts themselves (see text analysis). None of the selected texts include direct testimonies from local program participants as they do from music therapy student participants, nor do they include any sections written for local audiences. Thus, the direct programs themselves are one of the only points of access for local stakeholders in the entire network.

This flow of communication conveys and constitutes power. It demonstrates the function of the network in upholding power for Eurocentric stakeholders, especially for the music therapy student participants and for the non-profit organization leaders. The programs are not simply happening unto themselves; they are being mediated by constant communication *about* them to other Eurocentric stakeholders. The direct interaction between music therapist and local participant is necessarily shaped by all the communications leading to that interaction (e.g., the advertisements directed at students, the marketing done at local facilities, the ideas conveyed in music therapy education, the direct training done by the organization), as well as by the preparation for communications after the fact (e.g., the presence of a photographer, the assigned journaling processes and public testimonials). The materiality of the project as “service” or “music therapy” is repeatedly enforced through these communications.

“Need” and “Help.” Messages of local “need” and agency-led “help” drive the whole network. These messages are enforced at almost every level: they drive donors to fund the projects, universities to approve the projects, music therapy students to join the projects, local stakeholders to agree to the projects, and the public to approve of the projects (and by proxy, the U.S. Americans who participate in them). Emphatic belief in the competency of local communities at any point in the system, or serious doubt about the helpfulness of U.S. music therapists, would destabilize the entire network.

Image Analysis

With the whole network in mind, image analysis can unearth the photos’ relationships to colonial and ableist structures. I will ground this analysis in the first guiding question: “How do these images reinforce or subvert dominant narratives of colonialism and ableism?” Having

analyzed each photo's framing, making, and circulation individually, as well as the actors indicated in each photo, I will share themes evident in the four images collectively.

Active Helpers and Passive Sufferers. All four images present music therapists as active helpers "giving" music to Indigenous participants, aligning with dominant colonial and ableist accounts of the "humanitarian cloud" in relation to colonized and Disabled people (Clare, 2001; Van Trigt & Legêne, 2016). They contribute to essentialized images of Indigenous people in the global South as sufferers, and they uphold the charity model of Disability, positioning music therapy as the helpful or generous force that can mitigate Disability as an individualized tragedy (Clare, 2001; Myers, 2001a). I will describe this theme in greater detail, while also noting moments and elements of subversion where they appear.

First, we must consider the mere presence of nondisabled, U.S. American music therapists within the framing of each photograph. As Van Trigt and Legêne (2016) have pointed out, the presence of Western healthcare workers in images documenting activities of Disabled Indigenous people "limits our ability to see [the colonized subjects] as independent, to see their agency" (p. 191). When the photograph's framing emphasizes the visibility of music therapists within the image, cutting faces of Indigenous participants out of the image (as in Images A and B) or facing Indigenous participants away from the lens (as in Image C), the Western music therapists' roles as active subjects in relation to passive objects (Indigenous participants) are even further emphasized. The comparative visibility of each group underscores the intended audience for these images. These images are not posted so that, for example, local participants can share with friends and family about their experiences; they highlight the white, helping faces for white, "humanitarian" viewers.

Music itself is an actor evident in each image. If music was represented as a shared resource, the interaction and image could subvert the active/passive dichotomy. However, when music is presented as something given by therapists and received by Indigenous participants, it upholds the colonial and ableist active/passive dichotomy. Each image above represents music as a resource being given unidirectionally, from music therapists to Indigenous participants. Images C and D represent this unidirectionality the most extremely, with music therapists singing and/or playing music *to* Indigenous recipients in each photo, and with the music therapist in Image D additionally enacting physical movement *upon* the Indigenous subject. Image A represents the greatest subversive quality in this area, as both child and music therapist actively play the same instrument with similarly animated expressions. However, the framing of Image A represents the music therapist as a mobile actor *giving* each participant access to music, one at a time; children and staff in the background passively wait, watching the active musicking take place until the music therapist presumably *presents* the guitar (and thus, the musical experience) to them. Similarly, the music therapist in Image B presents the guitar to one participant as other children look on; the photograph's distribution with the caption emphasizing "turn-taking" further positions music as a resource to which participants must passively wait to be given access.

While Disabled Indigenous people are consistently represented as passive in these photographs, they resist stereotypic categorization as "sufferers." When non-music therapists' faces are visible (Images A and D), they are found smiling and looking directly at others. In this way, these subjects may be understood as resistant actors influencing their own portrayal in images for Western audiences. However, the impact of these positive expressions cannot be understood as strictly subversive. In the context of the active/passive dichotomy already established, they may feed dominant narratives of music therapy as a mitigating force in

response to the “tragedy” of Indigeneity or Disability. Further, the captions used in distribution impact the message as well: Image C’s adjacent text indicating that music therapists “assist needy populations” (Wills, 2019b) frames Indigenous people’s positive expressions as a function of Western “assistance” rather than as one aspect of rich, contemporary lived experiences.

Interference. Depictions of music therapy as a positive interferent in contexts of Indigeneity and Disability emphasize assimilative potentials of music, aligning with ethnically genocidal lenses such as “kill the Indian, save the man” and with similar ableist expectations of performative able-bodiedness (McRuer, 2016). Such representations uphold the colonial code of relations by implying that music therapists’ role is to “fix, diagnose, change, and intern” Disabled Indigenous people “for [their] own good” (Todd & Wade, 1994). They ring dissonant to Kenny’s ethic of non-interference in music therapy with Indigenous people (Kenny & Hadley, 2013) and uphold problematically individualistic models of Disability, approaching Disability as something to be treated, cured, mitigated, or overcome (Clare, 2001).

Instruments in photos A, B, and C convey the assimilative project and reveal whose musics “count” in international music therapy service-learning. These three photographs contain four acoustic guitars, one plastic Chiquita, and one metal triangle. None of the photos contain local instruments or instruments that align with folk musics indigenous to the site; all instruments represent common and commodified tools within dominant music therapy structures in the United States. Western music is thus visually communicated as *the* shared musical space, positioning the music therapist not only as an active agent acting upon passive recipients, but also as an assimilative agent introducing “real” (Western) music to Indigenous and colonized people. The institutional contexts framing each picture can also be understood as actors revealing the implicit assimilative project. For instance, the school uniforms in Image A and the

Westernized special education context in Image D covertly ally music therapy with larger institutional sites of cultural genocide through assimilation.

In Image D, the music therapist acts as a literal interferent in the physical movements of the child. The music therapist is physically positioned above the reclined child, moving the child's arm using a hand-under-hand movement. This movement not only literally interrupts the child's own natural movements; it also aligns with assimilative, taken-for-granted "goals" related to performing normative movements in a Disabled body (Gibson & Teachman, 2012). Unable to physically escape the music therapist, the child in Image D may be considered a resistant actor enacting their agency to socially escape the forced encounter by directing their eye gaze away from the music therapist, toward the photographer.

Similarly, the caption presented with Image B – "Practicing turn-taking, decision-making, fine motor skills and social skills through music" – reveals an explicit medicalized paradigm that defines the role of the music as a positive interferent. The goals implied in this caption assume an assimilative "achievement" of compulsory able-bodiness (McRuer, 2016) through participation in Westernized musicking.

Individualized and Ahistorical. Do the images of international music therapy service-learning situate the music therapy process within broader contexts of culture, community, and colonialism? A situated representation would acknowledge unbalanced power in the therapy relationship, especially as compounded by race, class, citizenship, ethnicity, and Disability. It would represent health relationally and ecologically, and it would acknowledge local resources, histories, and understandings of music and health (Stige & Aarø, 2011). Without this situatedness, representations risk upholding simplistic and stereotyped representations of communities, as well as falsely individualized representations of problems, health, and solutions.

In one sense, Images A and B suggest communal connections in that they depict musical interactions taking place in a group setting. In fact, all four images showcase relational connections of some kind. However, the framing and making of each image emphasize the dyadic relationship between music therapist and individual participant, even cropping other participants' faces out in Images A and B. Images A, C, and D are all situated in institutional settings, but the framing of each photograph positions the music therapy experience as separate, individual, and de-contextualized from the rest of the setting. Further, the institutional settings themselves represent a siphoned, Westernized setting within the larger community, positioning Disabled participants as separated "others within" (Van Trigt & Legêne, 2016).

Such individualized and decontextualized representations, paired with charity and medical paradigms described above, allow music therapists to conceive of their work in simplified terms that keep them from grappling with the complexities of colonialism and ableism that inform such relationships. As such, culturally salient agents (such as instruments, songs, and language) are falsely represented as value-neutral. Without acknowledging colonialism's presence in these interactions, music therapists inevitably repeat and reinforce it.

Social Distance and Hierarchy. While lack of representation may cause underrepresented groups to be viewed as foreign or dangerous, representations that highlight social distance and hierarchy can exacerbate this issue by solidifying underrepresented and marginalized people's position as "other" (Mahadeo & McKinney, 2007; Myers, 2001b; Van Trigt & Legêne, 2016). These images of international music therapy service-learning ultimately reinforce such social distance and hierarchy.

In all images except Image A, music therapists and non-music therapists can be identified and categorized strictly based on racialized bodies. Similarly, in all four images,

nondisabled/Disabled dichotomies separate music therapists from Indigenous participants through visual markers of physical impairment (the child's glasses in Image A, the wheelchair in Image C, and the child's body positioning in Image D) and through accompanying texts describing participants in terms defined by diagnosis (Image A, Image B, Image C).

Music therapists' physical positioning in relation to Indigenous participants in each image also indicates distinct role separations between music therapists and other participants. In group settings (Images A and B), the music therapist is positioned independently in the middle of a circle or arc comprised of Indigenous participants, whereas in Image C, the Indigenous subject is surrounded by an arc of music therapists. Social separations are compounded by the guitars in each of the first three pictures, which create a physical barrier between therapists and participants even when played jointly. While these inverse positions carry differing implications for who is "at the center" of the music therapy experience, the physical locations in each case separate music therapists further from Indigenous participants and compound the visual "us/them" categories already present based on racialized and impairment-defined bodies.

Hierarchies can be read visually through both the photograph angle and the subjects' physical height in relation to one another. Image A spatially presents a relatively equal relationship between the music therapist and the featured child, with therapist and child facing one another at about the same height and the camera oriented on the same plane. In contrast, the elevated camera angle in Image B presents participants as "below" the dominant gaze, and in Images C and D the music therapists themselves are physically positioned above Indigenous participants. These physical hierarchies align with the multiply inscribed social hierarchies between therapists and participants in these settings, reinforcing paternalistic understandings central to the charity model.

As a whole, social distance and hierarchy as represented in these images define music therapist identity *in contrast to* client identities. Music therapist identity here is white, Western, U.S. American, settler, nondisabled, and dominant or paternal; this identity is solidified in contrast to “client” or participant identities as Black, globally Southern, Indigenous/colonized, and oppressed or dependent.

Text Analysis

Three of the four images (Images A, B, and C) were published or posted with significant bodies of accompanying text. Analyzing these texts provides context for the images and provides a richer understanding of the overall representations of international music therapy service-learning. Image A is posted on the Music Therapists Without Borders (MTWB) homepage, alongside a general description of MTWB, a letter from the organizational director, and several testimonials from past music therapy volunteers. Image B is posted on the Peace Corps website as part of a blog entry about one music therapist’s experience in the Peace Corps. Image C is posted on multiple pages of the Jamaica Field Service Project (JFSP) website, which includes a page of general information and a page of testimonials from past volunteers. I analyzed the first six testimonials out of seventy-five that were posted.

As mentioned above, the only accompanying text to my personal photo was an album title: “Umoja, Ubuntu, Upendo: Mzuri Sana.” My personal caption differs from the other texts in that, because it is written in Swahili, its audience is limited to those who participated in the service-learning project with me (both U.S. American colleagues and Kenyans with whom I had connected on social media). However, since this caption provides limited written material to analyze, I also included the narrative portion of a grant application that partially funded one of my trips to Kenya. This trip was funded by the university through a “Discovery Grant” meant to

enrich my academic studies by allowing me to apply music therapy ideas outside the university setting.

For this analysis, I derived codes and themes from the text itself rather than superimposing categories onto the texts. I marked common messages or “codes” in the program Atlas.ti, identifying 41 codes across the four texts. I condensed these codes into ten code groups, which I will refer to as “themes.” The narrative analysis below will mainly relate to these themes and their prevalence.

Themes. The ten themes are described in the table below. They are listed in order of prevalence, meaning the number of instances in which they occur. The top seven themes were present in all four texts.

Name	Occurrences	Description
Positive impact on MTs	45	MTs and organizational leaders describing benefits to participating MTs. Examples include describing the experience as fun or challenging, crediting the experience for increased cultural competency or other skills, and noting increased employment opportunities because of the experience. Many sections under this theme are direct testimonials from participating MTs.
Local deficit/need	34	MTs and organizational leaders’ descriptions of local communities and participants in terms of deficit or need. These descriptions include an emphasis on “third world” status of communities, personal trauma narratives of program participants, and descriptions of program participants in terms of deficit-oriented “population” categories.
Beliefs about music	32	This theme reflects MTs’ beliefs about music through the lens of their international service-learning experiences. The main ideas here are about the “power of music,” either in general or in terms of its particular significance for the local community, and the idea that music bridges cultural gaps in the service-learning experience.

Cultural "competency" ideas	30	Sections with this theme credit international service-learning experiences with increasing MTs' cultural competency. Sometimes "cultural competency" is named directly; other times particular ideas are valued, such as colorblindness, universality, or understanding the local community. Discourse related to "cultural competency" is analyzed further below.
Positive impact on locals/community	29	Most messages under this theme are general statements about "service" or "making a difference" in the local community. Others include descriptions of local participants as engaged or grateful for MT experiences, and descriptions of specific goals/purposes in MT such as <i>helping</i> local participants cope with trauma or <i>providing</i> music as an additional form of recreation. Contrasting with the "positive impact on MTs" category, this category does not include any direct testimonials from local participants.
Music therapy beliefs/language	28	This category mainly consists of participant goals framed in the language of music therapy, as well as general statements crediting music therapy education with MTs' preparedness or programs' successes. It also includes two quotes that I coded as "MT evangelism," which reflected a desire to "introduce" or "expand" music therapy as a discipline in new geographic areas.
Connection/bond between MTs and participants	13	In all four texts, MTs speak to the relationships and connections that they felt with local participants. Some describe an "instant bond" or connections forged through music. Others describe lessons learned from local participants or speak generally about "meaningful connections."
Audience	8	I used this theme to code narratives and passages clearly directed toward a particular audience. While many sections are written for the general public (with a strong Eurocentric bent), some sections specifically address prospective volunteers, organizational leaders, or funders.
Participant/MT compare & contrast	8	Comparisons and contrasts are made through lenses of race, class, and community; none in these texts relate to Disability. Some contrasts note dichotomies between "first world" and "third world." Some comparisons emphasize universality and colorblindness. Some simply name cultural differences, e.g., noting that local participants were curious about U.S. culture.

Local knowledge/expertise	2	Only two instances of local knowledge and expertise are present, both in Text 4 (my grant application to Arizona State University). One notes the need for assessments done by and for locals; the other notes that locals would be paid for their expertise and contributions to service projects. Contrasting discourse between local need and local expertise is discussed below.
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Speakers and Audiences. Before discussing the content of the texts, I want to first establish the context of this discourse. This context establishes whose voices are present in the discourse, whose voices are notably absent, and who the messages are directed toward. In this case, the texts mainly serve to represent the organization and projects to the “general public” – a term which I use loosely here. While most of the texts are publicly available online, their content indicates that they are aimed at English-speaking readers within the United States. In some cases, the audience was more specific (e.g., passages using second-person such as “I encourage you to volunteer” directly address prospective volunteers).

Five communicative relationships were present in the texts. They are listed in order or prevalence below. The abbreviation “org.” refers to organizations as a whole; it also includes organizational leaders when they are addressed or speaking directly in the texts. The arrow points from the speaker to the audience.

1. Org. → volunteers general public
2. Org. → prospective volunteers
3. Volunteers → org. or org. leaders
4. Org./volunteers → funders/donors
5. Volunteers → co-volunteers and local participants

As already mentioned in the overall network description, these texts demonstrate that local participant perspectives are somewhat peripheral to the whole communicative project in international music therapy service-learning. Local participants are only addressed in the brief photo caption in my Facebook post – only five words in the whole of the texts. Local participants are not quoted in the texts *at any point*. Compare this to *75 testimonials from music therapists* posted by JAFSP alone. The emphasis on music therapists' voices in the texts compounds a similar emphasis on dyadic MT/participant connections in the images (see image analysis above).

Top code groups. The most prevalent theme throughout the four texts is the positive impact that international service-learning experiences had on participating MTs. This indicates that while these projects may have many functions, their primary function is to provide a positive experience for music therapy students and young professionals. Based on the texts, music therapists were positively impacted because they found the experiences to be fun, meaningful, and personally or professionally challenging; because they felt that they gained insight or knowledge from the trips, especially knowledge related to culture; and because the trips in some cases provided professional advantages after music therapists returned home. The “fun,” vacation/voluntourism aspect of the trips, mentioned directly in two out of forty-five quotes in the category, is understandably unique to travel-based experiences. However, music therapy students presumably have opportunities to be challenged, to gain clinical experience and insight, to build professional resumés, and to interact with clients of different cultures within their usual academic and practicum experiences in the United States. What sets international service-learning experiences apart from these other opportunities for so many students and volunteers?

I believe the second-most prevalent category, *Local Deficit/Need*, begins to answer this question. Several quotes in this category construct the level of need for participants and communities in these projects as *more* dire than the needs of clients or communities in the United States. The construction of participants and communities as high-need concomitantly elevates music therapy volunteers and their work. The assumption is that if the community or participants need music therapy more, the music therapy itself is more effective or valuable, and the music therapists themselves thereby become more effective or valuable as well. This assumption is outlined in the following quote from Text 4: “Because the need in [local Kenyan community] is so great, I believe that music therapy practices will pay off even more there than they typically do here. By seeing the full positive power that music can have for people, I will be re-inspired in my studies once I return to the United States.” Thus, of the benefits that MTs and organizational leaders claim to belong uniquely to international service-learning projects, the majority rely on the construction of an Other with elevated needs, elevated risk, and elevated potential for transformation.

Local Deficit/Need vs. Local Knowledge/Resources. The reliance on deficit framing throughout these texts is evident in the contrasting prevalence of two codes: *Local Deficit/Need* (34 quotes) versus *Local Knowledge/Resources* (3 quotes). Terms emphasizing deficit are found in all four texts, including the following phrases:

- “needy populations”
- “less fortunate”
- “extreme poverty”
- “severe trauma”

When local community members are characterized or complimented, descriptions of their strengths ultimately return to themes of deficit and need. For example:

- “how strong these people are and how content they’ve learned to be with what they have”
- “[community member] epitomizes compassion in a context of extreme marginalization”

Other constructions of need appear more covertly, through descriptions of participants and communities in terms of clinical populations – especially in descriptions of disability – and descriptions of local cultural norms in problematizing terms. The texts exemplify Walter’s (2016) description of “5D data” commonly used to describe Indigenous people and communities: they emphasize disparity, deprivation, disadvantage, dysfunction, and difference.

Local knowledge and resources are referenced in two of the four texts. The quotes here refer to local musicking as a resource, the need for local voices in assessment processes, and plans to pay local stakeholders for ongoing labor related to the music therapy projects. Each ultimately relates back to ideas about project efficacy. For example, the paid local stakeholder is presented as someone to be taught/mentored who can then continue work done during the music therapy project.

Ideas of “Cultural Competency.”¹⁴ One common theme was related to cultural competency, occurring sometimes as direct claims that trips built MTs’ cultural competency and

¹⁴ Several authors in music therapy and elsewhere have critiqued the concept of “cultural competency,” arguing that the term “competency” misleadingly suggests the possibility of a final and complete state of “competency” in all cross-cultural relations. Some have suggested alternative goals such as “cultural humility.” I have chosen to keep the term “competency” here not based on my own agreement with it as a point of arrival, but because it aligns with the ideas presented in the texts that I analyzed.

other times in MTs' reflections about what they learned related to culture. However, as Freidus (2017a) found in other "voluntourism" experiences, volunteers' sense of increased cultural competency sometimes actually coincides with shifts toward reductive misrepresentations of visited communities and oversimplified misunderstandings of poverty. Similarly, in the field of music therapy, Tang and Schwantes (2021) found that music therapists who participated in study abroad experiences did not consistently increase their cultural competency, as assessed by themselves one or more years after the projects. I sought thicker descriptions in the texts to understand what constituted volunteers' self-assessed increases in cultural competency after their service-learning experiences.

Overall, I found that the concept of cultural competency was ill-defined and connected to many varied, sometimes conflicting ideas about culture in the texts. Central to codes in the *Cultural Competency* theme was a sense of finality and confidence, as evident in statements such as, "Now I am familiar with the community," and claims that service-learning experiences "broaden [MTs'] multicultural competency." The term *competency* is operative here, because it reflects the writers' sense of an arrival point in cross-cultural relations – the idea that such a skill can be built through one cross-cultural experience and held by the music therapist from then on, translating universally into future cross-cultural interactions. While such "competency" represents a variety of beliefs, it is presented in the texts as *one thing* that music therapists can gain more of through participation in these projects.

Music is presented throughout the texts as a sort of lubricant in cross-cultural interactions, easing social friction that is presented as inherent to cross-cultural interactions. Sometimes this relies on the construction of music as a sort of "universal language," such as in the quote: "I may not speak their language, but everyone loves music." At other times music is

presented as more of a tool that MTs employed intentionally to reduce such tensions. For example, “music provides a beautiful barrier [in discussing taboo topics],” and “music was a major tool that helped me connect with people.” One text (Text 2) mentions the importance of finding culturally integrative music, such as reggae remixes of songs that were popular in the United States. As it is discussed in these texts, part of *cultural competency* might be the music therapist’s intentional use or application of music to reduce social tensions. However, this definition retains the music therapist as the agent in the interaction, the one controlling and manipulating the music for such purposes. It also centers music therapists’ music as universal or easily translatable, rather than reflecting an open stance of learning local musics and their purposes. Finally, it solves a problem that is also defined from the MTs’ perspectives: the social tensions described relate more to MTs’ sense of discomfort in navigating a new cultural environment than to clients’ experiences of discomfort in music therapy contexts.

Other cultural themes in the texts relate to sameness and difference between local communities and MTs’ home communities, generalizing these comparisons to more global us/them dichotomies. Some reflected a “colorblind” attitude, as in the quote, “I now have a more universal view of the world, and how similar people really are.” Others made sense of the local culture through comparisons with MTs’ home cultures, as in the quote, “People in the [host community] face many of the same problems as people here in the States, but their challenges are magnified by the context of extreme poverty.” In other cases, MTs took away insights about their own cultural selves through comparisons with their experiences in the new environment – for example, “I just learned as much about my own culture as I did about the people of Jamaica.” Prevalent throughout characterizations of the local culture are ideas that the impoverished and needy areas are the “real” version of the culture – for example, the references

to experiencing life in the “third world,” or specifically contrasting the “real Jamaica” to the Jamaica experienced by many tourists. These essentializing contrasts align with Freidus’s findings in other voluntourism experiences, indicating that MTs may come away from international service-learning projects with more simplistic understandings of theirs and other cultures, global problems, and large-scale systems of inequity.

Active/Passive Dichotomy. As mentioned above, one hallmark of the “humanitarian cloud” is discourse presenting privileged actors (settler/colonizer, nondisabled, wealthy, etc.) as active helpers and targeted actors (Indigenous/colonized, Disabled, poor, etc.) as passive recipients of care. The words and phrases used to describe experiences in international music therapy projects overwhelmingly aligned with this dichotomy. The list below shows words and phrases that MTs used to describe their actions in these settings:

Verbs	Other phrases
Teach	“whose lives I touched”
Serve	“what we did for them”
Assist	“a miracle and a gift”
Volunteer	
Influence	
Help	
Support	
Intervene	

Provide	
Allow	
Broaden access	

Each of these words and phrases conveys a dynamic in which MTs *act* and local community members passively *receive* the MTs’ actions and their related benefits. By contrast, local participants’ actions are only described in two of the texts (Text 2 and Text 4). Participants’ actions are most commonly presented in passive voice. The list below shows words and phrases describing local participants’ and community members’ actions as discussed in the texts:

Verbs	Other phrases
Practice	“are inclined to answer [the MT]”
Swarm [the MT]	“get really into it”
Misbehave	
Change	
Take care [of another community member]	
Volunteer	

Aside from descriptions of one participant’s service to her community (described with the verbs “take care” and “volunteer” listed above), community members’ actions are either not mentioned in the texts or are described in terms of their reception and response to MTs’ actions. This erases local community projects and intra-community self-reliance, presenting outside

volunteers – specifically music therapists – as *the* agents in solving local problems. Other descriptions locate problems within participants themselves (e.g. “misbehave”), and the verb “swarm” depicts community members in language commonly used to describe insects. Thus, when community members are portrayed as active, the descriptions evoke multiple stereotypes leveraged against Disabled and Indigenous people.

Discussion

Overall, the visual and textual discourse regarding international music therapy service-learning projects constructs the music therapy experience as a decidedly unequal exchange between “haves” (music therapists) and “have nots” (local participants). As portrayed in this discourse, the music therapy experience positively impacts local participants by *giving* them the “miracle and gift” (Text 3) of music therapy and its associated skills or resources, and it benefits the music therapists by “accelerating [their] growth” (Text 1) through structured engagement with a needy and receptive Other. These representations may not reflect the “real” events that occur in such projects, and they are certainly not the only possible interpretation of the events; for example, local participants may not even be experiencing their engagements with the volunteers as “music therapy” per se. However, from a critical materialist perspective (Butler, 1993; Jones & Jenkins, 2008), the repeated enforcement of this lens *creates* a materiality that makes such depictions real. While the network of international music therapy service-learning discourse has many functions, the parameters of the network and the contents of the discourse reveal one primary purpose: to substantiate the worth of music therapists with dominant identities. This benefit is directly experienced by the individual music therapists who participate in such service-learning projects; however, the conveyance of power as an effect of this network also points to the continually generated, broader construction of music therapists as helpful,

healthy, skilled, resourced, and so on. This network shapes the materiality of music therapy as a whole – the parameters, power dynamics, and values inscribed into it – both within and beyond international service-learning experiences.

Music Therapist Sentiments Toward “Others”

Representations of international music therapy service-learning projects reflect a broad range of possible sentiments, beliefs, and relational stances from the participating music therapists, and each of these individual experiences is situated within complex networks of colonialism, ableism, and so on. Myriad writers and theorists have described a variety of sentiments that white settlers and nondisabled folks take toward oppressed Others, including fear, desire/attraction, infantilization/patronization, disinterest or avoidance, embarrassment, fury, pity, experimentation/objectification, moral superiority and satisfaction, tokenizing enthusiasm, idealization, curiosity, and disgust (Alloula, 1987; DuBois, 1920; Morrison, 1994; Yancy, 2016). Many such sentiments were evident in the images and texts that I analyzed, such as in music therapists’ elated expressions in several photographs (tokenizing enthusiasm), their physical positioning above and bodily manipulation of local participants (infantilization/patronization), and their repeated accounts of growth and transformation through participation in international music therapy experiences (experimentation/objectification). Given this broader context, I would like to highlight one pattern that is less evident at the surface but may inform many of these encounters: the construction of problematized Others to assuage anxieties and fears of those in power.

Fear, Desire, and Constructed Otherness. While overt expressions of fear were not prominent in the images or texts that I analyzed, the themes that I found combined with critical discourse regarding dominant motivations indicated that fear and desire may be at the root of

these and many other colonial/ableist encounters. Music therapists' discourse regarding their experiences in international service-learning contexts indicates that they depend on problematized Others to fix, change, study, and compare to themselves. Indeed, in the texts analyzed here, the increased (constructed) "need" in international service-learning settings professedly elevates the value of music therapists who participate in them. As I repeatedly came across these themes, I wondered *why* dominant music therapists so predictably created these contrasting dichotomies in relation to clients and participants. Fear was a fascinating answer – something I never expected, that was not obvious in the discourse that I analyzed, that I never was aware of driving my own international service-learning participation, but that ultimately lay beneath the surface in each of these examples.

Critical theorists recognize that such repeated constructions of otherness belie the fears and desires of those in power, those most invested in their construction. Baldwin spoke to this dynamic in his analysis of white people's need for the problematized constructions of Black people:

What you say about somebody else, anybody else, reveals you. What I think of you as a being is dictated by my own necessities, my own psychology, my own fears and desires. I'm not describing you when I talk about you; I'm describing me... What white people have to do is try and find out in their own hearts why it is necessary to have a 'n*****' in the first place, because I'm not a n*****. I'm a man. But if you think I'm a n*****, it means you need it. (Baldwin, 1963)

These projections onto constructed Others do not simply occur as isolated and individual sentiments. Baldwin's description of individual fears projected onto problematized Others applies to the white gaze on a structural and communal level. As Yancy (2016, p. xxx) described, "The Black body is constructed as antithetical within a binary logic that points to the white body's own signifying [and material] forces to call attention to itself as normative." In other words, white folks aim their own fears into the construct of Blackness, constructing an opposite to which they can contrast themselves and an Other from whom they can distance themselves. Thus, analyzing the ways that white folks present Blackness reveals whites' anxieties and fears about themselves.

Such othering as a response to individual and collective fears is not limited to white/Black racial relations. Nussbaum (2004, p. 219) described similar projections of nondisabled folks' fears onto Disabled people and bodies: "Normals know that their bodies are frail and vulnerable, but when they can stigmatize the physically disabled, they feel a lot better about their own human weakness." Kaplan (1997) similarly noted that colonizers' depictions of Indigenous people as s*v*ges and cannibals likely represented guilty projections of colonizers' own violence and rapacity in the context of North American genocide. In each case, the aggrandized and problematized portrayals of marginalized individuals and groups can be understood as a mirror that reflects individuals and groups from dominant groups -- their anxieties, fears, and traits from which they wish to separate themselves.

This dynamic brings to mind multiple meanings of the word "foil": Dominant groups and individuals *foil* (prevent from succeeding) marginalized groups by repeatedly presenting "others" as a *foil* (a contrasting person/group that emphasizes the traits of its opposite) in supposed opposition to themselves. However, these presentations function more like literal foil (i.e.

aluminum foil), reflecting back a diffuse and distorted image of the dominant groups and individuals who set them up.

In this case, music therapists' understandings of clients, participants and communities may reflect the fears and desires of music therapists, both individually and as a collective. In international service-learning settings, why is it important to music therapists that their clients be Indigenous? Disabled? Located in the Global South? Cash-poor? Just as Baldwin described white people *needing* the construction of Black people as “n*****” in order to justify and elevate themselves, international music therapy service-learning discourse demonstrates that music therapists in the United States *need* the construction of a high-need, highly othered client or community in order to justify their roles and assuage their own fears. The specifics of these constructions may point to particular underlying fears held by participating music therapists. For instance, constructions of clients as needy may assuage fears related to dependency, allowing therapists to view themselves contrastingly as self-sufficient. Construction of clients as passive and grateful may mitigate personal or vocational feelings of futility, allowing music therapists to understand their work to be powerful and transformative. Thus, the acknowledgement of this fear unsettles the baseline assumptions and ignorances that generally go unquestioned in music therapists' problematic and harmful self-representations, facing the mirror back toward music therapists themselves.

Opportunities for Personal Reflection. For music therapists who wish to critically examine the biases and drivers behind the harms we produce, Baldwin's analysis introduces a tool for self-reflection that moves beyond the intellectual. Identifying patterns of harm (e.g. “I know now that presenting my clients as passive and needy is a symptom and propagator of colonial and ableist harm”) is an important first step. Just as Trask (2019) suggested that

oppressors can be found by asking, “who benefits?”, oppressors may engage in this first step by asking the inverse: “Who is harmed?” For example, music therapists examining presentations of their own work may ask: If I am presented as helpful here, who is framed as needy? If I am presented as healthy and normative here, who is framed as broken or deviant? If I am presenting myself or my work as a solution here, who or what is framed as a problem?

However, the next step is to examine *why* we feel the need to create problematized Others to “fix” or “help” in the first place. Otherwise, we may find it easy to distance ourselves from the harms we cause. For example, I often (especially in the process of this thesis project) feel compelled to distance myself from my experiences and stances in Kenya, positioning myself in a “before/after” dichotomy that absolves me now from harm I caused in the past. I can create such a distance by emphasizing the particular context of international service-learning, with which I have not engaged in several years. I can create a distance by positioning myself now as “after” having engaged in more critical theory, Disability studies, Indigenous studies, and so on. However, a more honest examination places greater accountability upon me, acknowledging the perpetual tension of defaulting to colonial and ableist patterns even as I seek to unlearn them. Yancy (2016) describes this process as an examination of the times in which white folks are “ambushed by whiteness,” the ways in which “whiteness waylays the white self even as one fights against racism with all good intentions” (p. 20). This type of reflection seeks the patterns behind the particulars – patterns of harm that I have replicated onto my clients, both internationally and locally, both then and now. This deeper reflection, which much of my thesis work and graduate work overall have consisted of, includes questions such as: Why have I so frequently sought clients who I could frame as “high need” or “high risk”? Why do I over-emphasize and aggrandize my own impact upon my clients, both in Kenya and locally? How

would it change my own self-conception, personally and as a clinician, to deeply and consistently understand my clients and communities as extremely capable, full of expertise, highly resourced, and active agents in their own liberation?

What Can Be Done?

The discourse that I analyzed revealed repeated, multiple layers of harm conveyed both intimately and broadly, through both the representations of international music therapy service-learning and the projects themselves. These revelations beg the question: *Can international music therapy service-learning ever be anti-colonial or anti-ableist? Or even, Can music therapy as a field ever be anti-colonial or anti-ableist?*

Abolition. Overall, I personally find myself with quite an aversive stance toward music therapy service-learning projects at the close of this research. Even knowing the positive experiences that I had in Kenya, and even maintaining some relationships with friends (based both in the U.S. and in Kenya) who I met during those experiences, I recognize that those positive aspects still ultimately fit as cogs within a larger, more robust network that perpetrates both intimate and global levels of harm. This harm acts *against* the very people and communities who I came to know and care about within my experiences in Kenya.

International service-learning projects are so rooted in colonial and ableist notions of saviorism, pathology, exploitation, and pity, that an anti-colonial, anti-ableist version is difficult to imagine. As Van Trigt and Legêne (2016) noted, the very presence of white/settler, nondisabled “helpers” (or guests, or interferences) can falsely suggest that Disabled Indigenous people needed to be helped, managed, studied, or controlled. Is there a possibility of these projects that does not draw on music therapists’ desire to do one of these things – to help, manage, study, or control a problematized Other? With such a robust history of missionaries,

volunteers, and healthcare professionals operating as colonial and ableist agents, is it possible for these projects not to (albeit unwittingly) replicate these same conveyances of power? I cannot firmly answer “yes” to either of these questions. Thus, for well-meaning music therapy students and professionals wondering what can be done about these projects, one answer might be to simply *not go*. For music therapists working in such projects and wondering how to change them to be less ableist and colonial, the first question might be: Should this work continue *at all*?

Just this discourse analysis carries ramifications beyond the strict context of international service-learning settings, these questions also generalize to the field of music therapy more broadly. Does *music therapy* persist as an entity without leaning on notions of “help” and control? Without multiply inscribed power dynamics between therapist and client? Without music therapists’ individual and internal desires to disrupt, interfere, or (more broadly) enact change upon another? Similarly, in a field rooted so heavily in medicalized and ableist notions of disability, as well as in colonial structures, does any music therapy or music therapist ever fully avoid replicating these conveyances of power?

I do not have firm “yes” responses to any of these questions either. Yet, I continue to work liminally, continuing my work as a music therapist while critiquing myself and the field – knowing that I will never completely escape my own epistemologies of ignorance, ambushes of whiteness (and other dominant stances), and perpetration of harm. It may be that the field of music therapy – and more intimately, my own work right now – perpetrates more harm than good; it may be that the only way to genuinely achieve anti-colonial and anti-ableist goals is to abolish the field entirely. It is possible that my tolerance for this field (and my belief in my own work) right now is driven not only by a lack of awareness, but a *refusal* to recognize all the

layers of harm in which I participate. Here again, I must actively resist the impulse to situate myself dichotomously, as an “outsider” or an “exception” within the field.

Radical change. An anti-colonial and anti-ableist version of these entities, if it exists, would necessarily shift the assumptions and boundaries that currently define both international service projects and the music therapy field. It would radically shift the schema associated with “international service-learning,” and even with “music therapy” more broadly. For instance, the idea of “service” signifies the dynamic in which music therapists and volunteers assume to know the problems of a community, assume to hold the solutions to those problems, and proceed to act upon these ideas with the expectation that community members will passively receive and benefit from them. The idea of “therapy” conventionally points to ideas of broken or suffering participants, receiving care/help/healing from healthy, unproblematic, and unproblematized healers. If music therapy was definitively anti-colonial and anti-ableist, many things that are currently considered “music therapy” would no longer “count” as music therapy. Many things that are currently definitionally excluded from “music therapy” would be incorporated, perhaps even centered. The identity and role of “music therapist” would necessarily stretch, contract, and become fluid – less static and dichotomous than its current in/out status and its definitional checklist of (mainly academic) requirements. It would not only consider, but celebrate and center the times in which folks who I currently consider “clients” teach me, heal me, move me, and connect to me. It would celebrate and center the times in which folks who I currently consider “clients” teach, heal, move, and connect with their own families, friends, and community members – beyond institutionalized settings, at unscheduled and unprescribed times, and without the presence of dominant outsiders.

Degrees of Harm. As beautiful as these radical changes would be, these visions often feel far-off and idealistic. As Martin Luther King, Jr. explained, justice work requires “audacious faith” in radical change paired with diligent work within the *now* – a constant wrestling with both the “is-ness” *and* the “ought-ness” of the world. Postcolonial feminist theorist Mohanty (1988) described “degrees of harm” as one way to conceptualize important changes within ultimately problematic structures. Music therapists have plenty of agency to enact changes that mitigate harm by degree, even as we continue to perpetrate harm within our lives and work. For instance, the harm that I perpetrated through my representations of experiences in Kenya might have been mitigated to a degree if:

1. Local participants had made, framed, and/or received the images of the experiences we shared,
2. I had member-checked the images and descriptions of my work with local community members before sending them to my personal network and potential funders,
3. I had received explicit and affirmative consent to take and share the images and stories that I took from those whose pictures and stories I was taking, and/or
4. Local participants had defined and described the experiences that took place between us, either instead of or in addition to my own descriptions.

The potential to reduce harm by degrees, while not offering an ultimate utopian future, provides something which clinicians can grasp. This framework can help music therapists and other clinicians avoid immobilization and despair. It also prompts us to continually engage with the things that we find problematic, rather than seeking to avoid them entirely.

As an Indigenous musician in my home region pointed out to me, sometimes the obsessive avoidance of harm can cause more harm itself (T. Sabbas, personal communication, September 2017). I told him that when I was present for Indigenous music and dancing, I often stood at a distance and silently observed. I wanted to avoid harm that I might cause by overstepping, invading, or singing songs that did not belong to me. However, he noted that what I intended as a respectful distance could also be interpreted as a cold distance, a disapproving distance, or an indifferent distance. A similar lesson was evident in the video *The Color of Fear* (Lee, 1994), a conversation on race in which the white participant who repeatedly blunders and finally listens to his colleagues of color is, in the end, more tolerable than the “good” white participant who remains silent through most of the conversation to avoid offense. These instances emphasized to me that harm is possible in every direction; the goal cannot be to avoid it entirely. By engaging, failing, acknowledging, and learning, at least harm can be excavated and reduced by degree.

Beyond International Service-learning Settings

I have investigated such constructions in the context of international music therapy service-learning due to its clear, multiply inscribed representations of dichotomy and disparity. However, music therapists invoke themes of high need, dependency, and transformation through therapy in many settings beyond international service-learning. Such discourse shapes the materiality of music therapy as a discipline, from ideas in music therapy education to direct experiences in sessions. Any time that clients are being described or presented collectively, as metaphors or simplifications rather than complex and unique wholes, music therapists have allowed their own anxieties to overtake and calcify their clinical relationality. In such cases, music therapists must investigate *why* they need clients and settings upon whom they can project

ideas of need, lack, and passivity. Just as Baldwin advised white folks to look into their hearts and learn *why* they needed to construct a ‘n*****’ in the first place, music therapists must look inwardly to deconstruct their desire to present a “high-need” client, an “at-risk” client, a “violent” client, an “aggressive” client, a “resistant” client, and so on.

Future research in the field of music therapy could expand on this project to examine representations of music therapy work in contexts beyond the international service-learning settings that I explored here. These might include local music therapy sessions either within or outside of settler-colonial contexts, sessions portraying music therapists with nondominant identities (e.g., Indigenous, BIPOC, or Disabled music therapists), and examinations along other axes of power (e.g., sexism, heterosexism, sizeism, and so on). Future research might also examine other forms of discourse – especially music, which was a notably absent feature of the discourse in this thesis.

Conclusion: Becoming Un-sutured

This brand of music therapy – that which roots itself in multiply inscribed power differentials between client and therapist – is not the only possible version of music therapy, nor is it the only paradigm through which music therapists currently practice. As Scrine (Australian Music Therapy Association, 2020) has described, “Music therapy is a profession built outside of pathology and deficit,” whose work can draw on intersecting resources, identities, and contexts rather than relying on fixed and reduced understandings of clients. New materialities can be produced through iterative accounts of music therapy that destabilize the realities depicted by those in power (Jones & Jenkins, 2008). For example, new materialities emerge from the direct perspectives of clients and communities with whom music therapists interact, especially from the ways in which such accounts critique and contrast with dominant narratives. Such materialities

can also develop from accounts of music therapy that depict both therapist and client as whole and complex, each with their own needs and resources. Kenny's *Field of Play*, her principle of non-interference, and her belief in the self-organizing system provide examples and foundations for such practice (see Kenny, 1989; Kenny & Hadley, 2013). These materialities can destabilize the colonial and ableist underpinnings of dominant music therapy practices and representations, introducing radical changes to what music therapy is and what it can be.

Shortly before her passing, Kenny wrote about the ways in which it was necessary for music therapists to “put aside” sedimented, power-infused understandings of their roles and relationships with clients:

We have to put aside various aspects of our own identity, like “position”, or “healthy” to engage fully. How do we colonize ourselves intrapersonally as music therapists so that this deep connection cannot be realized? Then how do we subsequently colonize our patients and clients? (Personal communication cited in Stige, McFerran & Hadley, 2017, para 10)

Kenny described this process of “putting aside” as necessary for the deep sense of wonder and true play present in meaningful therapy. Yancy (2016) described a similar process of “nurturing a disposition to be un-sutured, a disposition to crack, re-crack, and crack again the calcified operations of the white gaze” (p. 14). Neither depiction represents a single journey with a distinct point of arrival. Movement away from dominant, reductive understandings requires iterative self-reflection and an openness to being surprised, confronted, curious, and in awe. Music therapists must “look into their hearts” (Baldwin, 1963) and honestly reflect on the ways they represent their own work,

so as to unearth and destabilize the fears, biases, and anxieties that motivate calcified understandings of their clients and communities.

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Appendix: Analyzed Texts

Text 1: Music Therapy Without Borders, website homepage

Enriching lives across the globe, note by note 🎵

- What is MTWOB

Music Therapy Without Borders specializes in leading music & creative arts centered volunteer service projects around the Caribbean and the globe. Our trips combine the power of the arts with the excitement of international travel and the desire to make an impact.

Our Mission

Our mission is to facilitate enriching & transformative opportunities for students and professionals to learn, grow, connect, and broaden their multicultural competency, while expanding the reach of the field of music therapy.

Join the Movement!

Sign up for one of our unique international service projects for an authentic, purposeful way to explore the world while learning, connecting, and making an impact.

Welcome!

Are you a music therapy student looking to accelerate your growth?

Are you a professional music therapist hoping to expand your reach?

Are you a choral singer who wants to engage in meaningful interactions with local populations on your next tour?

Do you love to travel, meet new people, and experience other cultures?

You've come to the right place!

Thank you for stopping by the Music Therapy Without Borders website! As the Founder & Director of MTWOB, I want to invite you to have a look around and see what we are all about.

Be sure to check out the photo galleries and project blogs from past trips to get a sense of what our volunteer service projects are like! I hope that you are able to find all the information you are looking for.

Feel free to contact us if you have any questions.

I hope to meet you on one of our upcoming trips soon!

“What an incredible week!

Julianne was a gracious host that taught us how to lead in a special needs summer camp, all while showing us the best of Cayman!”

“TAYA 2017 was a fantastic experience and a great introduction to the idea of global music therapy.

We were able to address the needs of the community and have a fabulous time in the process of our work.

Invite me again, please!”

“A wonderful experience connecting with kids while testing your own creative energies.”

“[This project] was a challenging, encouraging, and rewarding experience for myself as a professional.

I would encourage anyone who is interested in growing in self-awareness to take a leap of faith and sign up for the next service trip!”

Text 2: Peace Corps, “Stories” webpage feature

Using music therapy techniques to teach holistic wellness classes in Fiji

Life in Fiji begins with rhythm, whether it is mothers patting their baby’s bums to get them to sleep or hearing the village lali (traditional drum of the south pacific, pronounced “lah-lee”) proclaim morning devotionals at 5:30 a.m.

Practicing turn-taking, decision-making, fine motor skills and social skills through music. Every breath and every day in Fiji begins with music.

There is something inherently special about music; scientists have spent decades trying to quantify the “it” quality of music. It makes you want to dance, changes your emotions, transports you to another country, transports you to another time and can remind you of that one memory you forgot you remembered.

Following World Wars I and II, a few musicians began treating shell shock (currently known as post-traumatic stress disorder) through music. From this, the field of music therapy was created. It’s still a relatively new field in the United States, with only around 7,000 practicing music therapists. In order to be a music therapist in the U.S., one must complete at least a four-year degree, a practicum, a 1,200-hour internship and pass a board certification exam.

I don’t remember a specific moment when I learned about the music therapy field, but I do remember that when I was choosing my undergraduate degrees of Bachelor of Arts in Music and Bachelor of Arts in Psychology, I figured that the only profession I could possibly go into was music therapy. During my master’s of music therapy, I learned that music therapy was using music to reach a non-music goal. I learned to use music to reach goals with people with developmental disabilities and psychiatric disorders, older adults, the medical field, holistic wellness and trauma. I completed my internship working with trauma and had an amazing internship director who encouraged me to think toward the bigger picture. I had always wanted to apply to the Peace Corps, and the timing just seemed right.

A picture of a student's journal following the "Blurred Lines" intervention used to teach consent. Music seemed to be magical! The very first day I arrived in my host village with a guitar, I was swarmed by children and ended up singing “Let It Go” from Disney’s “Frozen” at least five times. Music created an instant bond and instant cultural integration; I may not speak their language very well, but everyone loves music.

In Fiji, most Volunteers teach in either primary or secondary schools teaching holistic wellness education courses. I teach these classes, plus music classes at a secondary school with around 200 students. Our emphasis is on life skills and sexual reproductive health education. Sexual reproductive health is taboo to talk about in Fiji, so music offers a beautiful barrier; I’m not discussing the taboo topic, but the music or the artist is. Students are more inclined to answer questions about music than questions about them personally.

Most of the time, I use music therapy techniques such as lyric analysis to enhance critical thinking skills in regards to life skills, singing to boost self-esteem or songwriting to increase confidence. For just about every topic in our classes, from resilience to sexual health to community safety, there is always a song for that topic. And in Fiji, there is most definitely a reggae remixed version on the internet somewhere. We talk about the lyrics and emotions; emotional identification is a precursor to understanding empathy and sympathy. Teaching Year 13 about consent through the use of the song "Blurred Lines."

My favorite lesson uses the song "Blurred Lines" by Robin Thicke and Pharrell to discuss consent, rape culture and victim blaming. It's a fun and catchy song – it makes you want to dance – but the lyrics aren't the best. In fact, there is no "blurred line" on consent. The students underline one lyric they really enjoy and at the end, they have to imagine that someone is saying that to them in real life. What would they do? How would they say no? They get really into it and really own their decisions.

I've also used music to talk about puberty ("Hot and Cold" by Katy Perry), healthy relationships ("Hello" by Adele), goal setting ("Drive" by Incubus) and much more. Music is magical. It creates this instant bond and my integration is enhanced when I go out of the way to use reggae versions or Fijian songs. It is a true sign of respect. It's also a positive reinforcer; when my students misbehave, I remove music from the lessons and they quickly change their behaviors.

I owe my incredible experience, success in the classroom and cultural integration in the Peace Corps to the training I received as a music therapist.

Kelli Maddock is a youth development Volunteer in Fiji. She has a master's degree in music therapy from Drury University.

Text 3: JAFSP website, description and first six of 75 testimonials

MT-BC Supervised Music Therapy Clinical Hours

The trips of the Jamaica Field Service Project include music therapy students and professionals from across the US. These university students work under the supervision of AMTA board certified music therapists and professors. Our music therapy students work at a variety of locations throughout the rural parishes of Jamaica, including the parish Infirmaries, hospitals, homeless centers, and special needs schools across the island. Music therapists are able to assist a wide variety of needy populations in Jamaica, including geriatric, homeless, children with autism, and developmentally disabled populations. Students train extensively before and during their trip, preparing for their work in the care centers under the supervision of our AMTA certified MT-BC's.

[Participant name], St. Mary of the Woods College
 JAFSP was a fulfilling and multi-faceted cultural immersion and volunteer experience. Through the exposure to Afro-Caribbean music and culture, training with skilled supervisors, and living among locals, I learned about Jamaican history and modern life. I knew that my work was making a difference, and I had so much fun doing it - the Jamaica Field Service Project is "voluntourism" at its finest!

[Participant name], Sarah Lawrence College
 I feel so lucky to have been given this experience because it changed my life. I never knew I could feel love for a country and culture not my own, my passion for music and my belief in its power has increased exponentially, and I cherish every moment I had with the men, women, and children whose lives I touched. They think what we did for them was a miracle and a gift, but what they don't know is what they gave to me in return is so much more than I could ever ask for and I appreciate it from the bottom of my heart.

[Participant name], University of Western Ontario
 It's such an easy, selfish thing for Americans to go into a third-world culture like that and feel guilt. But when you realize how strong these people are, and how content they've learned to be with what they have, there's no way you can take the easy way out. You learn to be strong with them; to not pity them, but rather to walk beside them, hold their hand, sing together, and smile together through music.

[Participant name], State University of NY at Potsdam
 As you may know, I graduated this past May, and have been applying for teaching positions all over the state with little luck until recently. Last week, I was offered a position to teach instrumental music grades 4-8, in the Syracuse City School District. I was told they received over 70 applicants for the position. I was also told that my application stood out because of my experience Jamaica. I am forever indebted to you and the program for the considerable advantages that landed me my first teaching gig. Thank you!

[Participant name], Wooster College

This trip was not only exciting and fun, but for me it was life changing. Just by taking a step back, I learned just as much about my own culture as I did the people of Jamaica's. I now have a more universal view of the world, and how similar people really are. I realized how much our actions can influence people all across the planet. I have gained the confidence to travel more and further expand my personal boundaries

[Participant name], Indiana University

I knew that the JAFSP would be a great experience, but I could not have anticipated how much it would affect me as a person. Being able to see the "real Jamaica" helped me to understand the culture and people better, and I feel sorry for the tourists that never get to see the parts of the island that we did. It has also helped me realize that service to others must be a part of my life, since there are so many that are so less fortunate than I am. Overall, it is an experience that I will always treasure.

Text 4: Miriam’s Circle, Project narrative for Discovery Scholarship from ASU

Project Narrative

Compassionate Creative Growth

Music Therapy in [Town Name], Kenya

This scholarship will allow me to integrate music therapy experiences into my work this summer in [Town Name], Kenya. I will be traveling to Kenya through a small, grassroots organization called Miriam’s Circle: Compassionate Growth. This will be my second summer and Miriam’s Circle’s fourth year in [Town Name]. Music was a major tool that helped me connect with people in Kenya last summer. Now that I am familiar with the community and with actual music therapy practices, I hope to integrate music into my experiences in Kenya even more this year.

About Miriam’s Circle

The vision of Miriam’s Circle is to promote holistic growth within and between populations in [Town Name] and the Internally Displaced Persons (IDP) camps that surround it. It began as a system of financial and emotional support for a single woman, [Name], who lives in [Location] (an IDP camp outside of [Town Name]). When Miriam’s Circle began, [Name] lived in a tent with her teenage daughter who has Cerebral Palsy. In addition to taking care of her daughter, [Name] traveled into [Town Name] every day to volunteer as a teacher at a school for children with disabilities. [Name] epitomizes compassion in a context of extreme marginalization. Miriam’s Circle formed as a way to celebrate and support people with extraordinary compassion. Miriam’s Circle began by creating a salary for the work [Name] was already doing as a volunteer. We now also provide scholarships for fourteen girls and one boy in [Town Name] based on high financial need, leadership potential, demonstrated compassion, and academic capacity. We support these scholars through high school and in post-secondary school endeavors. We operate on the Girl Effect principle that supporting individuals, especially women, has positive ripple effects for the entire community.

The Community: [Town Name]

[Town Name] is a small town at the intersection of Kenya’s two major highways. Because of post-election violence in 2007 and 2008, twelve Internally Displaced Persons (IDP) camps surround [Town Name]. Many IDPs lost their property and capital in the post-election violence, so the IDP camps are areas of extreme poverty. These camps are not temporary shelters; rather, they are the long-term homes of their residents and function as semi-independent municipalities. However, the IDP camps still depend on [Town Name] for things like school, health care, and other public services.

People in the [Town Name] community (especially the IDP camps) face many of the same problems as people here in the States, but their challenges are magnified by the context of extreme poverty. For example, people with disabilities have far less access to transportation, individualized education, and augmentative communication systems than they would here in the States. Therefore, the opportunity music provides for education and relationship-building across the learning spectrum is even more valuable there than it is here, because opportunity costs for such programs are extremely high in [Town Name].

Music provides unique opportunities for people without disability labels as well. For example, because of lack of funding, [Town Name] Secondary School has no official fine arts program; all arts are facilitated by students outside of school hours. Music is proven to increase academic success, so providing more musical opportunities can help the students at [Town Name] Secondary School achieve their academic and career goals. Further, the community-building effects of music have particular significance in Kenya, where political elites' manipulation of marginalized people and economic competition pitted ethnic groups against each other in 2007-8, causing these people to be displaced. Although [Town Name] Secondary School is already noted for its atmosphere of respect between ethnic groups, building community through music can only intensify this link. It can also provide opportunity for cross-cultural comparisons not only between the music of various ethnic groups, but also between popular music in Kenya and the United States.

Music therapy practices are also especially valuable in the [Town Name] community because of the prevalence of exposure to severe trauma among Internally Displaced People. Many people in the IDP communities directly witnessed post-election violence and fled their hometowns for their own safety. Post-trauma is a specific population for music therapy. Therefore, because of my music therapy skills and my deep personal interest in helping others cope after trauma, I can creatively help displaced people process through their traumatic experiences and find positive outlets for their emotions.

Finally, music is enormously important as a recreational activity in [Town Name]. Music is already deeply integrated into the culture of [Town Name], but community members lack access to materials and structures for recreational music experiences. For example, [Town Name] Secondary School has student-led clubs, but performances and entertainment activities at the school are rare. Music can provide a way for students to relax and have fun during their time away from studying. Perhaps more importantly, music is also a healthy form of recreation for high school graduates in the IDP camps. Kenya's education system has a year-long gap between high school graduation and the beginning of college, and this gap year is a time of high vulnerability for Kenyan students. Music as recreation will allow high school graduates to have fun in a way that is safe and intellectually stimulating.

Initiatives

I have four main initiatives for this project, and I will also enact multiple smaller projects for community growth and my own experience. However, although I am familiar with the community, I plan to reframe needs assessments before enacting any specific initiatives. I will adapt my plans based on feedback I receive from community members and experiment with different musical experiences to determine which help most to forge relationships with and between community members. With this in mind, my initiatives are as follows:

- 1) Musical Mentoring Experience and Stipend – I will do one-on-one music therapy work with Phyllis, a seventeen-year-old with Cerebral Palsy. I will also mentor one of the Miriam's Circle scholars, including her in music therapy sessions with Phyllis to facilitate a relationship between them. I will build capacity in this Miriam's Circle scholar so she can continue her relationship with Phyllis after I leave Kenya, using music as a communication tool. After the trip, I will continue to check on this relationship via Skype, reports from the Miriam's Circle Kenyan

Director, and cell phones. The Musical Mentoring Stipend will provide monetary compensation for this Miriam's Circle scholar's continued time and travel to sessions with Phyllis.

2) Health Rhythms and Drum Circles at [Town Name] Secondary School – Using the protocol I learned last semester, I will facilitate Health Rhythms sessions with groups of students at [Town Name] Secondary School. The Health Rhythms evidence-based protocol uses drumming as a tool to connect people, including not only drumming but also ice breakers, guided imagery, guided verbal communication, and other components geared toward making connections between participants. As with the Musical Mentoring Experience, I will ensure this program's sustainability by establishing student leadership and instrument availability. I will donate Remo drum shapes to the school, and I will also lead an "upcycling" activity, converting old water jugs into drums and making shakers out of bottles and dry beans.

3) Individual Mentoring of Miriam's Circle Scholars – My main role in Miriam's Circle is empowering and building relationships with the Miriam's Circle scholars. Music will open avenues of communication otherwise inaccessible between the scholars and me. This will look different for each girl: For some, it will look like processing through traumatic experiences, using music as a tool to give expression to emotions that might otherwise be silenced or repressed; for others, music will provide a structure in which we can consider the future together, including the girls' dreams, fears, and plans; for still others, it will be a purely recreational activity, offering a healthy alternative to less-desirable options of how to spend time between high school and university.

4) Community Center in [Location] or [Other Location] IDP Camps – By establishing a community center with musical instruments and structured activities, I will broaden the access to musical experiences in [Town Name]. This will allow the entire community to access some of the benefits of these music programs, and it will provide a continued opportunity for music as recreation for high school graduates in the [Location] and/or Jakaze communities.

5) Other – I will complete other, smaller projects as they arise. I will visit a school in [Town Name] for students with disabilities, and I will do music therapy with them, potentially guiding the classroom teachers through some basic music therapy practices as well. I will also participate in music activities when Miriam's Circle gathers for a single celebration with all the scholars together. At the dorms at [Town Name] Secondary School, I will use music as a tool to relate and compare cultures with students, many of whom want to know what the United States' culture is like.

My Education

My work in Kenya last summer inspired me to learn more about music therapy. Taking music therapy classes this year has prepared me to use music more effectively to build community in [Town Name] this summer. Every time I learn a new practice or theory in music therapy, I consider how it might apply in [Town Name]. Funding for music therapy experiences in [Town Name] will allow me to directly and legitimately apply the music therapy theories and practices that sometimes remain abstract in academia. Also, because the need in [Town Name] is so great, I believe that music therapy practices will pay off even more there than they typically do here. By seeing the full positive power that music can have for people, I will be re-inspired in my studies once I return to the United States.