

Article Response 2

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As I reflect back on this past week my mind is working very hard to process all the concepts that I encountered. I think back to my contributions to our group dialogue and realized that I ask better questions when I am in dialogue with only one or two people. Although I began well with my “questioning”, I got off track as other individuals contributed ideas and I wasn’t able to counter with questions that broadened and opened the discussion. Perhaps I needed more processing time? I’m not sure, but I will need to find a way to improve in this area.

I also think about the human interactions that I have had this past week through the perspective of privilege. Male individuals taking over meetings by setting the agenda, running the meeting, and leaving the women in the group on the periphery waiting for their name to be called on in order for their “turn” in the conversation. All the while completely unaware of their dominance. When discussing the dimension of social power, Sensoy & DiAngelo state:

“...we can think about internalized dominance as the default mode for engaging with the minoritized group. Because we have internalized our position in relation to theirs, we automatically interact with them from a position of unconscious superiority.” (2017, p. 95).

This was definitely my experience this week. Many years ago, I was working as a groundskeeper at a halfway house in Winnipeg, Manitoba after my first year of university. I worked with two males, 16-year-old teenagers who participated in constant micro-aggressions from giving me the heaviest equipment to work with to making decisions for me. One of the young men was significantly less dominant when he and I worked together alone, but when the third male worker joined us, the dominance was complete. I felt more comfortable interacting with the clients of the halfway house than my coworkers. I will continue to wonder how one can be aware of privilege and oppression as a concept, but unable to see it in the environment

surrounding them and most particularly in oneself. I hope to continue to grow in the ability to apply these concepts and understandings to my interactions with others and to my “internal and attitudinal effects” (Sensoy & DiAngelo, 2017, p. 90).

Over the years I have had the privilege to get to know and teach students with autism. I was so disappointed to learn that when autistic individuals were asked how they were perceived by others “Most participants thought that autistic people are perceived by others as being ‘weird’.” (Treweek et al, 2019, p. 763). I was prompted to reflect on how I may have inadvertently supported that stereotype. I would like to think that I wouldn’t do that, but now that I am more aware of this challenge, I need to make sure that I examine my responses both in terms of actions and attitudes so that I do not propagate negative and limiting stereotypes as “participants reported that due to the stereotypes and negative attitudes people hold towards diagnosis of autism, this led to resistance to disclose diagnosis.” (Treweek et al, 2019, p. 760). In the future, I would like to become more informed as to what specific interventions I could undertake in order to address negative stereotypes that are held by non-autistic individuals.

I am also wondering if this resistance to disclose an autism diagnosis could be extrapolated to disabilities in general and if people with less visible impairments would be reluctant to disclose their diagnosis. In pursuit of some perspective around this thought, I decided to speak to my son Trent who was diagnosed with a written expression disorder in grade 8. I have received permission from Trent to share the following conversation and he has approved the contents of this paragraph. Trent has completed two university degrees, a Bachelor of Science in Geophysics degree and a Bachelor of Science in Computer Science degree. He began a new job in the computer science field in July 2019. I asked him if he had revealed his diagnosis to his employer and he replied that he had not because he could not trust the corporate

world with that information. He continued to say that in a school there is a benefit to disclose the diagnosis and there is oversight and procedures connected to the actions taken in regards to the disclosure. In the corporate world he could not trust them to do what was “politically and ethically correct”. When I queried him further, he mentioned that there was also no benefit to disclosing the diagnosis in the corporate world, as when he had a deadline, he just needed to determine how he was going to complete the work in the allotted time. In fact, disclosing his diagnosis could be a detriment to getting a promotion down the road. Trent’s story makes me even more determined to actively participate in educating abled people regarding negative stereotypes and the disabled.

In my music classroom, I have always been drawn to the concept of community music-making within a participatory model. I have had the privilege of practising inclusion when BRIDGES classes (behaviour intervention) as well as TASC students (Teaching of Attitude, Social Skills, and Communication for students with a moderate to severe cognitive/developmental disability) joined my mainstream music classes, as this is a “way to give students with disabilities the power to make and enjoy music” (Baldwin, 2017, p. 18). The TASC students would also participate in presentational performance along with the entire school. After a discussion with their instructional team, they would usually contribute to the presentation of a song by sharing it in sign language as the entire school presented their learning. Through this experience, I agree with Baldwin when it is stated that “disability is no barrier to making music” (2017, p.19). The distinction between therapy and therapeutic discussed in Dr. Mitchell’s guest lecture clarified how although some activities in my classroom might be similar to the activities in a group music therapy session, the purpose of this activity differed. In my music classroom, when students engage in a participatory model that leads to presentational

opportunities, I want my “participants to feel safe in taking the risk to perform” (Mitchell, 2019, p.8). This will require that I support each student’s learning needs, and that our learning space be what the students need it to be (therapeutic).

Another way to make my music classroom a barrier free zone for students with disabilities is through the use of assistive technology. The use of assistive music technology:

“enables active music making and is ideal for students with disabilities that limit their movement, for students with disabilities that limit their movement, for students with hearing loss, speech and language or communication disorders, dyslexia, or autisms.”

(Baldwin, 2017, p. 19).

This reminds me of a student in my class who had been born with Cerebral Palsy and consequently experienced significant weakness on the left side of her body. As a class, we were going to learn how to play the ukulele and I knew it would be incredibly difficult for her to hold the instrument and strum. I was able to find an assistive technology application for my phone that gave a her the sense of playing the ukulele. It enabled her to strum with her stronger hand and featured buttons for chords. Her weaker hand would press the chord (similar to an autoharp), and her right hand would strum the virtual strings on the app. The use of the ukulele app was strictly her choice, but she was eager to use it as it met her physical, emotional, and learning needs. When creating an inclusive environment, I want to remember to consider accommodation, modification, communication, collaboration, and motivation for all types of learners and their learning needs (Baldwin, 2017, p. 21).

References

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