

# A Critical Analysis of Disabilities Discourse in the *Journal of Research in Music Education*, 1990–2011

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## ABSTRACT

*Employing a critical approach to discourse analysis (CDA), I employ four established models of disability to identify the models and discourses invoked in a set of 17 studies published in the Journal of Research in Music Education, 1990–2011: (a) the medical/deficit model, (b) the social model, (c) the theory of complex embodiment, and (d) the cultural model. I selected the Journal for my analysis because of its influence on scholarly discourses within the music education field. My findings suggest that together with three overarching discourses, the medical/functional/deficit model prevails throughout the dataset. In keeping with humanistic disability studies thinking, I explore the implications of the findings and the possibilities that alternate disabilities models hold for music education research and teaching.*

*Handicapped children. Mainstreamed children. Children with disabilities or children with special needs. Exceptional learners. Differently abled.* These referents and others are used to label children in music education research, the nomenclature denoting a discursive construction of human variation from an arbitrarily chosen *norm*. Children textually marked as such are positioned as the *other*, much in the same manner as Koza (2009) describes in her model of binning, sorting, and ordering. This process of sorting and ordering unintentionally serves multiple purposes, including the discursive construction of subjects and participants in research. How do scholars in music education discursively define or construct disability? What does disability mean for children's musical experiences, the ways in which music educators make music learnable for all children, and for music education in general? Do our perspectives of some children as being different from our *normative* constructions—even if those students are deemed gifted—disable them, therefore keeping all too many children at the margins of school music experiences and preventing them from succeeding or experiencing music to their fullest potential?

These questions comprise the genesis of this investigation regarding discursive constructions of disability within music education and the messages that those constructions convey. Investigations addressing disability in our field have often been the

purview of scholars with backgrounds in special education and music therapy. Mitchell and Snyder (1997) argue that the professional natures of fields such as rehabilitation and special education are problematic due to their focus on the “management, repair, and maintenance of physical and cognitive incapacity” (p. 1) regarding human function. Their argument is applicable to music therapy and, by extension, to music education’s embracing of therapeutic epistemologies and practices in the teaching of music to children with disabilities.<sup>1</sup> The discourses embedded in the therapeutic and rehabilitative professions typically frame disability from a medicalized, functional, and deficit perspective: as the result of a disability, an individual who is not able to perform a particular function or set of functions must be managed, repaired, or both (Smart, 2009). Superficially, these discourses are well meaning and seductive, yet unintentionally work against best intentions: “Even in the face of benign rhetoric about disabled people’s best interests, these locations of disability have resulted in treatment, both in the medical and cultural sense, that has proven detrimental to their meaningful participation in the invention of culture itself” (Snyder and Mitchell, 2006, p. 3).

In this inquiry, I employ four established models of disability—one originating from medical science and three emerging from humanistic disability studies—to identify the discourses invoked in a set of studies extracted from the *Journal of Research in Music Education (JRME)*: (a) the medical/deficit model (Davis, 1995; Garland-Thomson, 1997; Imrie, 1995; Linton, 1998) (b) the social model (Shakespeare, 2010; Siebers, 2008), (c) the theory of complex embodiment (Siebers, 2008, 2010), and (d) the cultural model (Snyder and Mitchell, 2006). I begin by describing and offering a critique of these models and follow with a critical discourse analysis where I map emergent disability discourses from a set of 17 *JRME* studies. As a result of my analysis, I argue that the medical/deficit model of disability predominates this particular corpus of scholarship, and that the textual construction of disability within the *JRME* is one of embodied, functional deficit. Further, I claim that in keeping with the transient, contingent, and complex aspects of disability, constructions of disability have shifted. I conclude by exploring the possibilities that such perceptual shifts hold for future music education research and teaching.

## PURPOSE AND RESEARCH QUESTIONS

My purpose was to determine how disability was invoked, constructed, and deployed in 17 studies focusing on disability, 1990–2011, in the *Journal of Research in Music Education*. Given the eminence of the *Journal* and its attendant social power (van Dijk, 2003) as a premier source of expert knowledge for the dissemination of peer-reviewed research within music education, I selected the *Journal* for my analysis precisely because of its influence within our field: the ways in which disability are addressed, discussed, analyzed, and reported in the studies published by the *Journal* are powerful. Because of *JRME*’s reach and prestige, it has enormous potential to influence mentalities both

positively and negatively within music education regarding disability. I approached this inquiry through the following research questions: What models of disability are operational in these studies and do new ones emerge? What discourses of disability are at play within these 17 studies? Further, how do the emergent discourses and each identified disability model either nourish or make unimaginable particular ways of thinking about children and music learning and teaching?

## **THEORETICAL FRAMEWORK**

### ***Disability Studies: The Humanist Critique***

Multiple theories and models of disability exist; those posing new possibilities for music education emerge from theorists working in disability studies, a transdisciplinary area of study (Kliewer, Biklen, and Kasa-Hendrickson, 2006; Longmore, 2003). The work emerging from disabilities studies represents a coming-together of scholarship and political activism across a broad swath of academic inquiry over approximately the past 20 years, including the humanities, art, theater, and cultural studies (Kliewer, et al., 2006). Disability scholars first worked to articulate and theorize “a political, social, and ideological critique,” and later extended their scrutiny to questions exploring identity formation and “the biases, prejudices, and ideology of disability studies toward minorities, ethnicities, and racialized groups” (Davis, 2006b, pp. xvi, xiii). Disability studies thus “represents a complex effort toward holistic realizations of disability experience that displace traditional, reductionistic, psychological, and medical orientations with their emphases on defect, impairment, and abnormality” (Kliewer, et al., 2006, p. 188). Scholars in this area conceptualize disability along permeable continua: as shifting and contingent, complex, meaningful, and overlaid with multiple social constructions and dimensions.

### ***A Desire for Normalcy: The Medical/Deficit and Functional Models***

The medical/deficit model situates an individual with disabilities outside the established medical and juridical norm of physical and cognitive competencies: any deviance whatsoever is defined as an *embodied deficit* (Davis, 2006a). Within this model, *disability* is diagnosed and pathologized by medical as well as many therapeutic and educational professionals as comprising discrete physical or cognitive impairments or combinations thereof—disability lives strictly *within the body*, is often perceived as a personal issue, and serves as a stigmatic social marker of negative difference (Goffman, 1963). As a result, the medical/deficit model requires that disability must be managed and repaired. Linton (1998) writes how the medical/deficit model casts its shadow over perceptions of children and adults with disabilities:

Briefly, the medicalization of disability casts human variation as deviance from the norm, as pathological condition, as deficit, and significantly, as an individual burden and personal tragedy. Society, in agreeing to assign medical meaning

to disability, colludes to keep the issue within the purview of the medical establishment, to keep it a personal matter and “treat” the condition and the person with the condition rather than “treating” the social processes and policies that constrict disabled people’s lives. (p. 11)

Closely related to the medical/deficit model of disability, the functional model operationalizes disability in terms of functions or roles: what an individual is able or not able to perform because of his/her disability (Smart, 2009). A primary underpinning of this model is the therapeutic provision of accommodations and adaptations for an individual’s functioning, that it is “the lack of accommodations that is disabling or is the cause/source of the disability” (p. 6). Imrie (1995) argues that this model’s focus on the functional limitations of people with disabilities has as its goal a return to the state of “normal” (p. 397): the individual must be adapted to the environment, rather than the environment to the individual.

### ***Embracing Human Variation: The Social Model of Disability***

Contrary to the medical/deficit/functional models, disabilities studies theorists within the humanities advance the following: disability is socially, culturally, and corporeally constructed; bodies matter in their materiality and multifacetedness; disability is both private *and* public and therefore political; disability can be constructed as part of one’s identity; and disability is rich, complex, and meaningful to people’s lives. Siebers (2008) maintains that social constructionism serves as a powerful alternative to medicalized disability models: it addresses the representations of the body in that “all bodies are socially constructed—that social attitudes and institutions determine, far greater than biological fact, the representation of the body’s reality” (pp. 53–54). Three methodological principles taken from social constructionism, according to Siebers, are key: (a) knowledge is socially situated, (b) identities are socially constructed, and (c) some bodies are excluded by dominant social ideologies (p. 33).

Emerging from social constructionism, scholarship rooted in the social model of disability conceptualizes individuals with disabilities as an oppressed group having a distinctive sense of political agency (Shakespeare, 2010). This notion of agency is intellectually and politically grounded in the Marxist thinking of the Union of Physically Impaired Against Segregation (UPIAS), a British organization that, within the United Kingdom, sought complete integration into public life for people with disabilities: “to participate fully in society, to live independently, to undertake productive work, and to have full control over their own lives” (p. 197). Hence, disability is considered processual, composed of the public, structural, and exclusionary aspects of an oppressing society rather than individually embodied deficits; however, impairments, whether physical, cognitive, or otherwise, are private. The social model of disability therefore intentionally decouples disability from impairment. However, this decoupling of disability from impairment, which is intrinsic to the social model of disability, is the source of its strengths as well

as its weaknesses. Strict adherence to this model can be viewed as repudiating embodied impairments and their deleterious effects upon people's lives (p. 269), failing to enfold the overlapping exigencies, complexities, and lived realities of disability when entwined with sexuality, race, gender, chronic pain, illness, multiple disabilities, and aging.

### ***Theory of Complex Embodiment***

Siebers (2008) argues for theories and models of disability that (a) allow for more complex understandings of embodied variation and (b) more dynamically problematize the liminal spaces occupied by disability's overlapping with lived reality. To this end, Siebers conceptualizes a theory of complex embodiment, which values disability as a cultural and minority identity encompassing the spectrum of human variation across and within individuals' life spans (p. 25).<sup>2</sup> Because of his theoretical reframing of minority identities from a position of strength, Siebers claims that the overlapping of race, gender, sexuality, and class with disability allows for a more nuanced understanding of people's lives. His theory acknowledges both the positive and negative factors affecting disability, in particular the experiencing of disability's material effects such as chronic pain, illness, and aging given that "they work in tandem with social forces affecting disability" (p. 25). Siebers thus pushes against the social model's construction of impairment and its decoupling of impairment from disability. He does not, however, take into account how people with disabilities internalize and make meaning of their lived experiences, how some individuals resist stereotypes and create positive self-images while others resonate to and absorb *ableist* (Hehir, 2002) discourses and prejudices—preferring the so-called able body over that which is constructed as disabled.<sup>3</sup>

### ***Cultural Model of Disability***

Similarly to Siebers's (2008) work in that they seek a more complex theorizing of disability, Snyder and Mitchell (2006) interrogate the "interactional space between embodiment and social ideology" (p. 7) via disability's cultural locations: discursive spaces of human interaction that "evoke sites of violence, restriction, confinement, and an absence of liberty for people with disabilities" (p. x). In doing so, they trace 20th- and 21st-century systems of belief surrounding disability to 19th-century eugenical ideologies and practices within the United States as cultivated through multiple institutions, those they denote as cultural locations where human variation is pathologized and managed: educational settings, therapeutic spaces and practices, and sheltered workshops.<sup>4</sup> Snyder and Mitchell theorize disability *itself* as a cultural model and construct disability as a site of cultural oppression where it is viewed as a dysfunction requiring repair, particularly on the parts of beliefs and practices grounded in applied fields, that is, rehabilitation and special education, which inform the lived experiences of individuals with disabilities. In contrast to the social model's jettisoning of it, Snyder and Mitchell split the concept of impairment: "impairment is both human variation encountering

environmental obstacles *and* socially mediated differences that lends group identity and phenomenological perspective.” As a result, they argue that disability is revelatory and transformative, replete with multiple potentials for political resistance, cultural identification, meaningful knowledge, and understanding (p. 10).

## METHOD

For my investigation, I selected studies published within the *Journal of Research in Music Education*, 1990–2011, that either specifically included participants with disabilities or, in the absence of participants with disabilities, described, discussed, or in any way addressed individuals with disabilities as a component of their research purpose, goals, focus, or subject matter. I created the dataset via the virtual equivalent of a hand search, searching the online full text of the *Journals* published corpus, 1990–2011, and bounded the timeframe based upon two landmark federal decisions: (a) the 1990 passage of the Americans with Disabilities Act (ADA) into law and (b) the renaming of Public Law 94–142 as the Individuals with Disabilities Education Act (IDEA) and its reauthorization in 1990. Of articles published between January 1990 and May 2011, 17 studies met my criteria (see appendix). Five out of the 17 studies employed data gathered directly from participants with disabilities (Byrnes, 1991; Darrow, 1993; Flowers & Wang, 2002; Jellison & Flowers, 1991; Rogers, 1991), whereas several studies within the dataset gathered data from a broad spectrum of participants, including music educators (Frisque, Niebuhr, & Humphreys, 2002; Gfeller, Darrow, & Hedden, 1990; Hourigan, 2009; Nabb & Balcetis, 2010; Standley & Madsen, 1991), undergraduate and graduate music education students and music majors (Cassidy & Sims, 1991; Hourigan, 2009; Standley & Madsen, 1991; Wilson & McCrary, 1996), and nondisabled school-age music students (Byrnes, 1991; Cassidy & Sims, 1991; Jellison, 2002; Jellison & Flowers, 1991; Johnson & Darrow, 1997; Rogers, 1991).

Employing a critical discourse analysis (CDA) approach (Fairclough, 1989; van Dijk, 2003; Wodak and Reisigl, 2003) grounded in historical contextualization, I analyzed each textual reference to disability. Specifically, I identified and examined the following three discursive elements in each of the 17 studies: (a) referential/nomination strategies (how social actors are named), (b) predicational strategies (traits, characteristics, features or qualities attributed to social actors), and (c) intensifying and mitigation strategies (such as modifiers that increase or soften statements) (Wodak and Reisigl, 2003, pp. 385–386). Further, I analyzed each study’s literature review and references to get a sense of the systems of reasoning that supported each study’s framing of disability.

My decision to employ a critical discourse analysis in this study was guided by the premise that social power is enacted, reproduced, and resisted through talk and texts—those of us who choose to employ types of critical discourse analysis typically have a clear understanding of our social roles as scholars and researchers and work to expose and resist social inequity (Dobbs, 2008; van Dijk, 2003). Particularly salient to

my investigation of disability discourse within the *JRME* is van Dijk's exhortation that scholars interrogate their own discourse and practices:

Continuing a tradition that rejects the possibility of a "value-free" science, they argue that science, and especially scholarly discourse, are inherently part of and influenced by social structure, and produced in social interaction. Instead of denying or ignoring such a relation between scholarship and society, they plead that such relations be studied and accounted for in their own right, and that scholarly practices be based in such insight. Theory formation, description, and explanation, also in discourse analysis, are sociopolitically "situated," whether we like it or not. (pp. 352–353)

It follows that studies selected for publication in the *JRME* through rigorous peer review are vetted through a process that, while blind, is sociopolitically situated nonetheless—the review process allows certain voices to be heard whereas others are not.

## **FINDINGS: MODELS OF DISABILITY IN THE *JRME* STUDIES**

From my analysis, the medical model of disability prevails throughout the set of 17 studies extracted from the *JRME*. While unnamed in the studies, this traditional model of disability emerges from multiple textual descriptors, including researchers' use of referential and nomination strategies, references to function, comparisons to either a stated or unstated norm, and the syntactical positioning of the referents themselves. Disability constructed as such implies that children either can or cannot accomplish specified actions (Smart, 2009) within either the classroom or the research study itself. Table 1 denotes a sampling of emergent referents deployed to invoke disability and, I suggest, the medical model of disability.

The referents noted in Table 1 situate disability within the body as deficit, a discursive practice reflecting the medical/functional/deficit model of disability. I suggest that while a necessary component of the studies' research paradigms, such nomination strategies unintentionally serve as ableist<sup>4</sup> code for behavioral, neurological, and physical difference. These are textual markers that for all intents and purposes position the normative, neurotypical, nondisabled body-mind (Baker, 2002) as that which is preferred. In addition to the deploying of such referents, studies in the dataset employed explicit predicational strategies (Wodak & Reisigl, 2003) that particularize the nonnormative body-mind by specifically describing embodied functional deficit. Students or children with disabilities are referred to as "trainable mentally handicapped" (Byrnes, 1997, p. 571); "mentally retarded," "children in wheelchairs," and children with "Down's syndrome" (Cassidy & Sims, 1991, p. 24, 27); "mentally impaired" and "hyperactive" (Ebie, 2002, p. 287); "blind listeners" (Flowers & Wang, 2002, p. 203); "emotionally and behaviorally disordered," "hearing-impaired," and "speech-impaired and health-impaired" (Frisque, et al., 2002, p. 96); "children born with an upper limb disability"

**Table 1**

## Emergent Disability Referents in 17-Study JRME Data Set

Referent/Nomination Strategy	Studies Where Employed
<p>“Children with disabilities”</p> <p>Variant example: “children with a variety of mental and physical disabilities” (Cassidy &amp; Sims, 1991)</p>	<p>Cassidy &amp; Sims, 1991; Ebie, 2002; Frisque, Niebuhr, &amp; Humphreys, 1994; Hourigan, 2009; Jellison, 2002; Jellison &amp; Flowers, 1991; Johnson &amp; Darrow, 1997; Nabb &amp; Balcetis, 2010; Sheldon, 1997; Standley, 1996; Wilson &amp; McCrary, 1996</p>
<p>“Children with exceptional needs”</p> <p>Variant examples: “exceptional children” (Frisque, et al., 1994); “exceptional students” (Cassidy &amp; Sims, 1991); “exceptional learners” (Wilson &amp; McCrary, 1996)</p>	<p>Cassidy &amp; Sims, 1991; Frisque, et al., 1994; Gfeller, K, Darrow, &amp; Hedden, 1990; Wilson &amp; McCrary, 1996</p>
<p>“Disabled children”</p> <p>Variant examples: “disabled students” (Frisque, et al., 1994); “disabled peers” (Jellison &amp; Flowers, 1991)</p>	<p>Cassidy &amp; Sims, 1991; Frisque, et al., 1994; Jellison &amp; Flowers, 1991</p>
<p>“Handicapped children”</p> <p>Variant examples: “children with handicaps,” “children with mental and physical handicaps,” “retarded children” (Cassidy &amp; Sims, 1991); “trainable mentally handicapped,” “TMH” (Byrnes, 1997); “handicapped students,” “children with various handicapping conditions” (Gfeller, et al., 1990); “learning disabled and educably mentally handicapped students” (Rogers, 1991)</p>	<p>Byrnes, 1997; Cassidy &amp; Sims, 1991; Gfeller, et al., 1990; Jellison &amp; Flowers, 1991, Rogers, 1991; Sheldon, 1997</p>
<p>“Mainstreamed children”</p> <p>Variant examples: “mainstreamed students” (Cassidy &amp; Sims, 1991; Gfeller, et al., 1990); “mainstreamed groups,” “mainstreamed people” (Standley &amp; Madsen, 1991)</p>	<p>Cassidy &amp; Sims, 1991; Frisque, et al., 1994; Gfeller, et al., 1990; Standley &amp; Madsen, 1991</p>
<p>“Special learners”</p> <p>Variant examples: “children with special needs,” (Sheldon, 1997); “special populations” (Darrow, 1993; Ebie, 2002; “special students” (Frisque, et al., 1994); “persons with special needs” (Hourigan, 2009); “children who receive special services” (Hourigan, 2009; Jellison &amp; Flowers, 1991); “special education students” (Rogers, 1991); “special education children” (Wilson &amp; McCrary, 1996)</p>	<p>Byrnes, 1997; Ebie, 2002; Frisque, et al., 1994; Gfeller, et al., 1990; Hourigan, 2009; Jellison, &amp; Flowers, 1991; Rogers, 1991; Sheldon, 1997; Wilson &amp; McCrary, 1996</p>



and “musicians with only one hand” (Nabb & Balcetis, 2010, pp. 308, 310); “learning disabled or educably mentally handicapped” (Rogers, 1991, p. 66); “deaf and hard-of-hearing children” (Sheldon, 1997, p. 595); and “mentally retarded, had cerebral palsy, were hearing-impaired, learning disabled, geriatric, abandoned, or were juvenile delinquents” (Standley & Madsen, 1991, p. 7).

Researchers included tables that further delineated difference into ever more discrete categories, employing medicalized referents such as “autistic,” “neurologic injury,” “physical impairment,” “tics,” “schizophrenic,” “out-of-seat behavior,” “and depression” (Standley, 1996, pp. 110–118); “learning disabled,” “emotionally/behaviorally disordered,” “speech impaired,” “visually handicapped,” and “trainable mentally handicapped” (Frisque, et al., 2002, p. 98); and the specific naming of “health impairments (e.g., sickle cell anemia, cystic fibrosis)” (Gfeller, et al., 1990, p. 100). Discrete categorizations were deployed as components of survey instruments, using terms such as “physical impairments (legally blind, congenital hearing loss);” “multiple impairments (motor/language deficits/closed head injury, severely multiply impaired/mental retardation/behavioral/speech deficits);” “mental impairments (educable mentally impaired, trainable mentally impaired);” “emotional impairments (sexual abuse);” “and no impairments (normal intelligence/no overt behavioral problems)” (Wilson & McCrary, 1996, p. 28). Further, studies employed discursive modifiers that either intensified or mitigated difference (Wodak & Reisigl, 2003) such as “*severely* disabled students” (Frisque, et al., 2002, p. 95); “students with *severe* behavior disorders” (Gfeller, et al., 1990, p. 99); and “students with *mild* retardation and *minor* problems with coordination” (Jellison, 2002, p. 346) (all emphases added).

However, two studies within the dataset appear to occupy an outlier status, those of Darrow (1993) and Sheldon (1997), which reflect a sociocultural embeddedness within Deaf culture.<sup>5</sup> Whereas both studies address the D/deaf community (Darrow) and deaf students (Sheldon) via hearing as a physical function, deafness in these two studies is not discursively constructed as a deficit; rather, it is presented as a way of life and knowing in the world. Both Darrow and Sheldon address the particularity of their research participants’/subjects’ embodied differences from what I suggest is a cultural perspective, similar to that of Snyder and Mitchell’s (2006) work. In Darrow’s study, the word “disabled” does not appear; terms such as “deaf,” “Deaf,” and “hearing impaired” are defined clinically but, more important, culturally. Sheldon refers to the musicians in her inquiry as just that: as musicians, “the band,” or “the boys” (girls at the school were not allowed to participate, p. 593). Her use of the word *deaf* is not employed as a gratuitous modifier as in “deaf band” or “deaf musicians.” Rather, she too deploys the term culturally. While both studies can be set apart due to their particularistic foci on deafness, each study crucially constructs deafness as embodied difference with cultural practices and implications rather than as disability.

A third study by Jellison and Flowers (1991) incorporates components of social constructionism and a cultural model of disability (Snyder & Mitchell, 2006). The

researchers modify their data-gathering interactions to meet the needs of students with disabilities:

Interviewers of disabled students in the present study were instructed to develop rapport through informal interactions (singing, games, talk, and play) with the disabled students prior to the structured interview. . . . No specific instructions for the development of rapport were given for students interviewing nondisabled students. All university interviewers were instructed to obtain information concerning the child's age, grade, and for disabled students, the disabling condition if known, prior to the interview. (Jellison & Flowers, p. 325)

The researchers' approach invokes social constructionism largely because they instructed their interviewers to develop a sense of rapport with the study's participants. Further, their research design presents a model of inclusion and accommodation: every child is interviewed for the study, and accommodations are provided for making children with disabilities at ease. The language employed by the researchers in their report is inclusive, often using *people-first* nomination strategies, for instance "children with disabilities."<sup>6</sup> However, the use of descriptors such as "disabling condition" above implies a sense of medical embodiment.

## DISCOURSES OF DISABILITY

Three overarching discourses emerge from my analysis of the 17 *JRME* studies: (a) disability deserves particularistic and deep disclosure, (b) disability is situated as embodied deficit, and (c) a hegemony of normativity is inscribed via a system of *ableism* (Davis, 1995; Hehir, 2002), the preference of the so-called nondisabled body over that of the disabled body.

### *Discourse of Particularistic, Deep Disclosure*

To be marked with a disability is to be subjected to deep disclosure, to be compelled to submit particularistic and detailed data, and to be discursively made up (Hacking, 2006). In the matter of discourse, texts, including the spoken or printed word, have enormous power to create both positive and negative perceptions and/or constructions that—often unintentionally—reduce individuals to stereotypes. For individuals with disabilities, it means to be placed at risk for certain actions on the parts of those in power (Bal, 2011) in multiple settings, including medical, therapeutic, educational, and research communities. Additional data was required of students with disabilities who were subjects of inquiry:

- Participants (N = 163) included students from Grade 2 (n = 37), Grade 5 (n = 32), Grade 8 (n = 34), Grades 11/12 (n = 30), and trainable mentally handicapped (TMH) students (n = 30), all of whom were enrolled in the same public school system in North Florida. TMH subjects had a mean age of 19.6 years and a mean Stanford-Binet score (4th ed.) of 42.5 and most participated in the school choir (Byrnes, 1997, p. 571).

- All university interviewers were instructed to obtain information concerning the child's age, grade, and, for disabled students, the disabling condition if known, prior to the interview (Jellison & Flowers, 1991, p. 325).
- The 42 students who attended School 1 were primarily from middle socioeconomic backgrounds. The 50 students in School 2 were from lower-middle and low socioeconomic backgrounds. Six students in School 2 were categorized as learning disabled or educably mentally handicapped (Rogers, 1991, p. 66).

Requests for identical information from these studies' nondisabled participants were not reported. In the example taken from Byrnes's study above, the descriptors Grades 2, 5, 8, and 11/12 are positioned in the prime syntactical subject position within the sentence, invoking normativity. The additional information stated in regard to the "trainable mentally handicapped students," together with their position as fifth in a sequence of five grammatical subjects, further serves to discursively marginalize those students.

Discourses of particularistic disclosure are invoked via data-collection instruments, including surveys deploying discrete medicalized referents that nominate specific impairments (Frisque, et al., 1994; Gfeller, et al., 1990; Nabb & Balcetis, 2010; Wilson & McCrary, 1996) and meta-analyses (Ebie, 2002; Standley, 1996). I suggest that categories employed when collecting data might serve to create the unstated yet preferred normal or normative body-mind. By employing increasingly discrete categorizations of difference, scholars unintentionally heighten discursive alterity in the perspectives of those completing the surveys. Examples include the following (Wilson & McCrary, 1996, p. 28):

- Physical impairments: A 9-year-old boy who is legally blind;
- Multiple impairments: An 18-year-old male with motor and language deficits as a result of a closed head injury from a motorcycle accident;
- Emotional impairments: An 8-year-old girl who has been sexually abused by her mother's boyfriend; and
- No impairments: A 5-year-old boy with normal intelligence and no overt behavioral problems.

While intended to serve as a guide for graduate music education students taking a summer course for teaching music "to special learners" (p. 27), the statements above, taken together with the attendant categorizations, imply their normative, bipolar opposites via their absence. The final statement delimiting "No impairments," in my analysis, creates normativity's absent presence in its explicitness.

### ***Discourse of Disability as Embodied Functional Deficit***

I suggest that disability is represented discursively as embodied function through multiple and consistent use of unidimensional referential categorizations and nomination strategies as described in Table 1. The discourse invoked in the referents/nomination

strategies serves to situate disability within the body as a functional deficit. Implicated through the deployment of such referents, the disabled body is positioned as other to an arbitrary, invisible but imagined normative body-mind—this positioning of the disabled body thus serves to create the nondisabled body, even when absent (Davis, 1995). The discourse of disability as embodied function pervades the dataset via the referential use of modifiers: “TMH students” (Byrnes, 1997); variations using “handicapped” (Byrnes, 1997; Cassidy & Sims, 1991; Gfeller, et al., 1990; Jellison & Flowers, 1991; Rogers, 1991; Sheldon, 1997); “disabled children” (Cassidy & Sims, 1991; Frisque, et al., 1994; Jellison & Flowers, 1991); “children with disabilities” (Cassidy & Sims, 1991; Ebie, 2002; Frisque, et al., 1994; Hourigan, 2009; Jellison, 2002; Jellison & Flowers, 1991; Johnson & Darrow, 1997; Nabb & Balcetis, 2010); “mainstreamed” (Cassidy & Sims, 1991; Frisque, et al., 1994; Gfeller, et al., 1990; Standley & Madsen, 1991); variations including “special learners,” “special needs,” and “special populations” (Byrnes, 1997; Ebie, 2002; Frisque, et al., 1994; Gfeller, et al., 1990; Hourigan, 2009; Jellison & Flowers, 1991; Rogers, 1991; Sheldon, 1997; Wilson & McCrary, 1996); and variations on “exceptional needs” (Cassidy & Sims, 1991; Gfeller, et al., 1990; Wilson & McCrary, 1996).

Absent are references to the disabling of children due to the physical environment (Siebers, 2008; Smart, 2009), music curricular structure or pedagogical practices, attitudes of teachers and students (Shakespeare, 2010; Siebers, 2008), social actions and positioning (Shakespeare, Siebers), and school/classroom culture (Snyder & Mitchell, 2006). For example:

Modern woodwind instruments, including flutes, saxophones, and clarinets, designed for persons with disabilities are not readily available. As a result, *children born with an upper limb disability and those who begin music study and later acquire a disability, particularly one that limits the use of the hands* [emphases mine] cannot begin or may be forced to resign from their music studies. (Mailhot, 1974, as cited in Nabb & Balcetis, 2010, p. 308)

The implication is of the unchanging normative music study environment, which excludes students with disabilities due to a lack of options for instruments, regardless of adaptation; disability is positioned as embodied deficit.

In contrast Jellison and Flowers (1991), while employing the terms *disabled* and *nondisabled*, mitigate disability as embodied function in that their study did not parse it further:

The subjects were 228 students from four age-groups: 3–5 years (n = 26), 6–8 years n = 83), 9–11 years, (n = 91), and 12–14 years (n = 28). Seventy-three of the students were identified by their respective schools as students eligible for special education services and in the present study made up the group labeled “disabled.” The remaining 155 students made up the “nondisabled” group. (p. 323)

The terms *disabled* and *nondisabled* still serve to sort bodies within the study, suggesting that disability was borne solely by those children who were so labeled and marked.

### ***Discourse of Ableism Inscribes a Hegemony of Normativity***

Ableism creates a hegemony of normativity, which I suggest is discursively inscribed throughout the dataset, apart from studies by Darrow (1993) and Sheldon (1997). The multiple descriptors employed throughout the dataset (see Table 1 above) served as “referential strategies by which one constructs and represents social actors” (Wodak and Reisigl, 2003, p. 386). Although disability on multiple levels was central to each study’s research focus, the textual marking of the body as either having or not having a disability suggests a discourse that Davis argues is a “hegemony of normalcy” (p. 44): the arbitrary fit and able body is that against which all others are compared, even in its absence. The body of difference is necessary for the creation of the so-called normative body:

*Some of the subjects’ motor movements were markedly slower than those of a “normal” child, thus affecting the rapidity with which they could vary their responses over time. (Byrnes, 1997, p. 576; emphasis added)*

We measured teachers’ views regarding whether *students with physical disabilities and/or their peers without disabilities* [emphasis added] benefited from the inclusion of the students with physical impairments in instrumental music. Using a Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*), respondents indicated the degree to which they believed that the student(s) with *physical disabilities* [emphasis added] included in their programs benefited from their experience in instrumental music. They also indicated the degree to which they believed *students without physical disabilities* [emphasis added] benefited from working with those students. (Nabb & Balceris, 2010, p. 313)

Contiguous placement of referents included “blind and sighted children” (Flowers & Wang, 2002, p. 202), “One of the primary goals of mainstreaming is the development of positive social relationships between handicapped and nonhandicapped children” (Cassidy & Sims, 1991, p. 23), and “disabled and nondisabled children” (Jellison & Flowers, 1991, p. 322).

These dichotomies unintentionally produce what Wodak and Reisigl (2003) call *in-groups* and *out-groups* (p. 386), the so-called norm being the in-group of those constructed as nondisabled. Students in the out-group are cast as the disabled other, requiring their integration into the community from without. Doing so creates what Mitchell and Snyder (1997) claim is a “social space of difference” (p. 4), in which normative systems of belief produce the person with disabilities as a problem that requires repair (Davis, 2006a), and one that is acted upon and produced as docile (Tremain, 2006, p. 187). The juxtaposing of disability against ability creates and reinscribes culturally constructed dichotomies that are all too often false notions of ableist haves and have-nots. The reality is that within each of our lives the nondisabled body eventually becomes a fiction.

## **DISCUSSION: NOURISHING OR MAKING UNIMAGINABLE**

The predominance of the medical/deficit/functional model of disability, together with the three emergent discourses of disability, suggests a historical and continuing reliance on a model of disability that fails to encompass and nourish multiple ways in which music can be learned, enacted, and taught, ultimately doing a great disservice to all children. Belief systems that fall back on the medical/deficit/functional model of disability perpetuate narrow ontologies of disability and ability, as well as the knowledge gained from both. Such perspectives of disability perhaps serve as points of reference for learning and teaching in music education, but I suggest that the emphasis on disability as a medicalized embodied functional deficit disallows and tends to absolve so-called nondisabled actors within the social field their share of responsibility. Relying on models rooted in therapeutic and medical traditions limits the perspectives and practices of teachers by constructing students in unidimensional modes that consist primarily of their disability—students run the risk of being marginalized in multiple ways. The end result is that *everyone's* musical experience suffers due to a silent and invisible system of ableism that abjects all too many children in our care.

Embracing new imaginaries that embrace human variation and difference does not necessarily mean throwing the baby out with the bathwater; rather, it implies that as music educators we refocus our energies in creating music-making experiences that are more permeable, enfolding, encompassing deeper and broader diversities of body-minds. It implies a shifting of thinking and priorities that results in access to multiple types of music making. Constructing the entire musical experience to become more deeply and broadly accessible ultimately requires imaginaries that allow for the honoring of different skills and interests, different instruments, and different forms of musical expression, contexts in which all students have multiple opportunities to engage in the creation and performance of their own music on their own terms.

## **SUMMARY, IMPLICATIONS, AND CONCLUSIONS**

Employing four established models of disability, I identified the models of disability and discourses surrounding disability embedded within 17 studies published in the *JRME* 1990–2011, seeking to understand how the emergent models and discourses either nourish or make unimaginable ways of thinking about children and music learning and teaching. I suggest that limitations exist regarding the discursive constructions of the student/child/individual with disabilities, which signal assumptions that presume and perpetuate a normative, nondisabled/neurotypical standard in opposition to a disabled other (Baker, 2002; Davis, 1997). I argue that the studies' limitations stem from conceptualizations of disability rooted in medical, therapeutic, and rehabilitative professions (Snyder & Mitchell, 2006). Disability is textually inscribed as embodied,

typically unidimensional, and ultimately intractable, consistent with professional usage so often critiqued by disability studies scholars.

According to my analysis, the medical/deficit/functional model of disability, with prominent exceptions (Darrow, 1993; Sheldon, 1997), holds sway throughout the dataset: children with disabilities are described in ways that foreground their differences as medicalized functional deficit within the music learning environment. Three discourses surrounding disability weave their way through the studies: (a) disability deserves particularistic and deep disclosure, (b) disability is an embodied, functional deficit, and (c) a hegemony of normativity is inscribed via systemic ableism. These discourses are accomplished in large part through referents and nomination strategies that frame the dichotomous and unequal positioning of those marked as disabled and nondisabled; such modifiers and descriptors implicitly valorize and reinscribe the normative subject position. Through these discourses, disability is constructed as being first and foremost embodied within the child who requires repair. Disability is constructed fundamentally as a private matter, disallowing a shared responsibility for it on the parts of the community and its members' attitudes and interactions. Children with disabilities are often requested as part of the research process to provide accounts of themselves, to disclose information that is not requested or reported from students textually described as nondisabled. This information further objectifies students with disabilities, serving to categorize them and discursively make them up (Hacking, 2006). The resultant positioning casts students with disabilities as attractive or fearful others, a strategy that tacitly prefers the mythological normative nondisabled body-mind (Baker, 2002). Disability is textually presented as a state of *less-than* rather than a dynamic continuum that is shifting and contingent, imbued with personal, social, historical, economic, and political meaning, conceptualized through multiple lenses.

The findings pose multiple implications for music education regarding scholarly inquiry in regard to research method, practice, and disability. Applying forms of discourse analysis to both printed and spoken texts allows a deeper understanding of our belief systems and assumptions that linger often unarticulated, just beneath the surface in our research practices and scholarship, our writing, and in the final published product. It allows means for us to interrogate our own work and research practices, to question those processes, and to better articulate or even disrupt our beliefs regarding children, music, and the relationship between the two. These research methods afford us opportunities to think deeply about the systems of reasoning behind our decisions to sort, describe, differentiate, and categorize children in the pursuit of deeper understandings and knowledge about music making, thinking, learning, and teaching.

Investigating music learning and teaching spaces through critical discourse analysis types allows us opportunities to investigate discursive terrains where we might interrogate understandings, constructions, and beliefs surrounding disability as a key component of musical experiences. Doing so has potential to shed light on how scholarship, research, and teaching practices might actually marginalize some bodies and

not others. Difficult questions for further inquiry might be posed: Does the music classroom environment, replete with pedagogy and ideology, serve as a cultural location of disability (Snyder & Mitchell, 2006)? If so, how? If not, why not? How might it be a cultural location of disability for some children but not for others? What is to be gained by “maintaining disability as alterity” (Mitchell & Snyder, 1997, p. 23) within our music-making, learning, teaching, and research contexts? How do music teaching practices purport to normalize students with disabilities to so-called cultural norms (Wolfensberger, 1972) and, by extension, socially enculturated normative musical practices and expectations? Do such practices disable students culturally or in other ways? How is music ability socially and culturally constructed in classrooms, schools, or communities? What systems of belief or ideologies are implied? What does it mean to deploy the term *music ability*? Who has the wherewithal to construct and define it? Is music ability or music talent treated as being some *thing* that resides in the body? Is music education research and scholarship (design, questions, data collection, analysis) complicit in disabling students? Does an ideology of ableism persist in our research and educative practices?

Alternative models and theories of disability (Davis, 1995, 1997, 2002; Linton, 1998; Mitchell & Snyder, 1997; Shakespeare, 2010; Siebers, 2008; Snyder & Mitchell, 2006) emerging from humanities-based disability studies challenge us to rethink our beliefs and perceptions surrounding disability. My work in disability studies has profoundly reshaped my personal belief system and professional perspectives surrounding disability, its embeddedness in culture, and what it means for my scholarship, pedagogical practices, and music making. This shift in thinking requires me to move beyond professionalized rehabilitative and therapeutic perspectives to acknowledge disability as arising from a complex, interactive tapestry that includes human relationships, perceptions, and beliefs. Such a tapestry includes the “social, political, and intellectual contingencies that shape meaning and behavior” (Linton, 1998, p. 6), implying that in concert with the disabled body there exist multiple cultural and historically bound practices that reflect and shape meaning in relation to it, pitting the non-normative body against the so-called normal or normative body. Disability as framed from a humanistic disability studies perspective moves beyond and outside the bodily condition to encompass a history of intertwining interactions between the so-called nonnormative body and the world around it, opening up new opportunities for deep and critical reflection on the parts of both music education scholars and educators.

Teaching music from a disabilities studies perspective implies an empathic adjustment of pedagogy to the music-maker—superb teaching expects that of music educators—but there is arguably much more. For instance, teaching from a theory of complex embodiment might allow music educators fresh opportunities to construct students through a perspective that, through a fine attunement to students’ rich complexities and materialities of which disability is one facet of many, might embrace *all* aspects of their students, including their multiple abilities, race, gender, class, and sexuality.



Constructions of disability on the parts of teachers and students may well become much more elastic and contingent, leading to a reconstruction of disability as a “product of social injustice” that requires “significant changes in the social and built environment” (Siebers, 2008, p. 3). I suggest that music teacher practice and pedagogy move further, beyond inclusiveness, to become anti-ableist by enacting more politically active positions regarding the systemic ableism that persists throughout classrooms, schools, and community contexts.

The findings from this study pose opportunities for music scholars and educators, uncomfortable yet critical perspectives through which we might glimpse our own assumptions about music-making bodies, our cultural expectations about what a music-making body must do when, where, with what, and with whom. Siebers (2008) invites us to consider an *ideology of ability*, which at its core is the preference for so-called able-bodiedness (p. 8), society’s and culture’s insistence “that the body has no value as human variation if it is not flawless” (p. 26). This calls into question how all music-making bodies are constructed, regarded, and valued within the webbed social interactions of their music-making environments, regardless of context.

Due to the eminence of the *JRME*, the disability model and discourses emerging from this dataset are powerful: they reflect and reinscribe historical attitudes and practices that bind music education with disability, including the design of research paradigms, the treatment of human subjects, and the framing of underlying research assumptions. It is imperative that these discourses and models be critiqued and interrogated in future studies given that disability is a key issue for music education in multiple ways, including access to music-making experiences and issues of diversity and social justice. Conceptualizing disability via disability studies holds potential for researchers in music education to encounter alternative ways of thinking about disability, to construct it in its multiplicities as a social and cultural phenomenon rather than as solely a condition of the body. Doing so will allow researchers to investigate the complex overlappings and constructed natures of disability with race, class, gender, and sexuality that are present in music classrooms/venues, music-making bodies, and, indeed, the musical experience. The social and cultural contexts of music-making environments present rich opportunities for investigations that connect disability to musical identity and performativity, or disability *as* ability.

Implied in disabilities studies perspectives for music research and teaching is nothing less than a sea change in thinking: to construct all children in all their complex materiality—all else should follow. Given that both teaching and music are socioculturally situated historicized practices that occur in the human here-and-now, scholar-researchers and educators must acknowledge that all participants in the music research/teaching environment work together in constructing each other in myriad ways, which includes their perceptions of ability and disability: their social constructions of each other are directly influenced by the concentric rings of culture within which individuals interact. Disability studies perspectives make it possible, indeed imperative,

for music education researchers and educators to interrogate the so-called normative music-making body, our underlying assumptions about what is believed and perceived as normal, and our unacknowledged and uninterrogated preferences for such a body. This compels us to question the positioning of bodies marked as other in relation to the so-called normative body, individuals who as a result of this positioning experience marginalization, exclusion, and social stigma. We must collectively and continually question the ideological meanings that lurk behind the marking of particular bodies as the other, especially the children we teach (Davis, 2006a) and for whom we desire to experience and enjoy music to the fullest. In seeking answers, disability studies' multiple perspectives provide possibilities through which researchers and educators might parse, understand, and push against the societal and cultural discrimination, devaluation, and oppression faced by children and adults with disabilities.

Being marked by the medicalized models of disability deployed in our scholarly literature is consequential, serving to capture us through the imposition of artificial boundaries and beliefs. Rather than bringing us close and embracing us fully, medical/deficit/functional models enforce distance and keep us at a safe remove. Eventually, it is more likely than not that each one of us will experience disability through a variety of circumstances, including aging and illness.<sup>7</sup> Disability is an unstable, shifting, and contingent construct with potentialities and possibilities to elide with and *become* ability. Disability, however theorized or defined, is a component of our lives regardless of our conscious decisions to identify as such; nondisabledness is temporary and fleeting. Unless we begin to reconceptualize disability through models and theories that interrogate and resist the imposition of medicalized deficit, *each one of us* risks being marked *as the other*. The medical/deficit/functional construction of disability places each one of us at risk for certain actions that on the surface appear to be justified and benign.

Disability as part and parcel of human diversity and, by extension, music-making experiences poses both challenges and opportunities for music education researchers and teachers. Disability challenges us in that it requires our best theorizing in how we construct difference and derive meaning from that difference as historically, socially, and culturally situated within and without our research and teaching. It offers up opportunities in how we choose to move forward with intention and creativity, expanding music educators' and researchers' frames of reference for broader constructions of disability that are fluid and dynamic rather than static and immutable. Disability requires that scholars are flexible in conducting future research and in proposing music learning and teaching models that are fully embracing and equitable. It may well be that disability studies theories and models will allow music education at some point to move beyond dichotomies to a paradigm in which markers of difference will no longer be necessary. How we choose to follow through holds the potential for establishing a more creative, equitable, and joyful future for the musical experiences of all learners.

## APPENDIX

### *JRME Dataset*

- Byrnes, S. (1997). Different-age and mentally handicapped listeners' responses to Western art music selections. *Journal of Research in Music Education* 45(4), 568–579. Retrieved from <http://www.jstor.org/stable/3345423>
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## NOTES

1. Undertaking and writing this study created a conundrum in that some of the very referents and descriptors I interrogated I also employed; using labels and categories that indicate disability or nondisability such as *disabled*, *nondisabled*, or *children with disabilities* is fraught terrain. Those working in special education, inclusive schooling, therapy, and rehabilitation prefer *people-first-disability-second* language practices, such as a *student with disabilities* to denote disability as a secondary characteristic rather than a defining aspect of that student. The 6th edition of the *Publication Manual of the American Psychological Association* (2010) follows suit, the principle intending to “maintain the integrity (worth) of all individuals as human beings” (p. 76). However, disability studies theorists take exception to this nomination strategy, arguing that people-first language is a liberal outgrowth of the medical model of disability (Snyder and Mitchell, 2006), which ultimately enshrines and reinforces it (Shakespeare, 2010). They lay claim to disability as a vital component of identity, asserting that bodily difference is political: it is a marker of identity for those who share disability as both a social and political experience (Linton, 1998, p. 12; Siebers, 2008). Relying on disability vis-à-vis minority identity is problematic, but Linton makes the point that descriptors including *disabled people* center disability strategically and politically; doing so intentionally and discursively marks the body with difference. Further, I draw a connection between Linton's thinking and that of Bonilla-Silva's (2006) theory of *color-blind racism—denying difference erases difference*, which he theorizes as a component of systemic racism.

Problematically, the use of referents and descriptors implies and to a great degree cements disability and ability as bipolar opposites rather than acknowledges their shifting, contingent realities. An emergent referent, *differently-abled*, is similarly irksome to scholars in disabilities studies: Wendell (2010) critiques this denotation as an attempt to “reduce the otherness” (p. 346) of disabled people. Rather than accomplishing its goal, she argues that this label patronizes and thus increases disabled people's otherness. It is imperative to interrogate the necessity of discursively marking and structuring disability or ability; due to disability as transitory and contingent, at some time or another we will all be in the same boat. For the purposes of this study and consistent with APA style however, I give primacy to the term *with disabilities* and use *disabled* to a lesser degree. I remain troubled by my own reliance upon such labels and categorizations.

2. Siebers (2008) makes a case for theorizing disability as a cultural and minority identity in that he views it as “an elastic social category subject to social control and capable of effecting social change” (p. 4). He argues that rather than being a liability as result of pain and suffering, disability as a minority identity operates from a position of strength: “Minority identities acquire the ability to make epistemological claims about the society in which they hold liminal positions, owing precisely to their liminality” (pp. 15–16). This is highly contested territory: Tremain (2006) argues that crafting a political movement based upon minority identities will fail due to the proliferation and splintering of disability into ever-increasingly discrete categories (p. 193), resulting in further disciplining through normalization.

3. *Ableism* is the preference for the nondisabled body. See Hehir (2002) and Rauscher and McClintock (1997) for thorough discussions regarding ableism.

4. Snyder and Mitchell (2006) further clarify cultural locations of disability as specific sites of violence against disabled individuals when constituted as bereft subjects; that is, “as properly the

subject[s] for eugenic care, control, rehabilitation, evaluation, roundup, exclusion and social erasure” (p. x).

5. Capital “D” Deaf refers to Deaf culture. For a full discussion, see Davis 1995.

6. See n. 1.

7. According to data provided by the Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC), in 2009, 36,150,710 people in the United States between the ages of 5 and 64 in the United States, 12% of its population, claim disability. Retrieved from [http://disabilitycompendium.org/Compendium2010/section1.html#one\\_three](http://disabilitycompendium.org/Compendium2010/section1.html#one_three)

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