An Arts-Informed Study: A Music Therapists Personal Journey with Attention-Deficit Hyperactivity Disorder or ADHD and Generalized Anxiety Disorder

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An Arts-Informed Study: A Music Therapists Personal Journey with Attention-Deficit/Hyperactivity Disorder and Anxiety

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Abstract

This arts-informed, first-person study examines how having a diagnosis of Attention-Deficit/Hyperactivity Disorder and Generalized Anxiety Disorder has affected a music therapists’ journey through her personal and professional life. The data used in this study includes: a) an analysis of referential musical improvisations based on my past experiences, my feelings in the present, and what I am hoping for in the future; (b) an analysis of paintings created in response to the musical improvisations; and (c) the personal experience of the researcher during the artistic creations. Through analysis of the data nine themes were found, three in each time period: past - chaos, hardship, and heartache; present - building self-confidence, emerging happiness, and hope; and future - acceptance, joy, and confidence. These themes provide insight into the changes in perception of the researcher’s disability.

Keywords: ADHD, GAD, personal journey
An Arts-Informed Study: A Music Therapists Personal Journey with Attention-Deficit Hyperactivity Disorder and Generalized Anxiety Disorder

This study investigated my personal experience with having a diagnosis of Attention-Deficit Hyperactivity Disorder and anxiety through my education and work as a music therapist. When I was preparing for my thesis, I had originally planned to focus on children with Autism Spectrum Disorder (ASD). Most of my experience as a music therapist has been with children with ASD and I was very interested in learning more about working with this population. The initial searches of the literature resulted in a plethora of information. In light of my diagnosis, sifting through all of this information and trying to determine a research question became overwhelming for me. I had difficulties focusing on the readings and comprehending the large research studies I was using, which resulted in a great deal of stress and many emotional breakdowns that brought self-doubt and periods of non-stop crying. There was a point where I felt as though I wanted to give up on my thesis and throw away all of the work I had put into my master’s degree. At this point I decided to take a break from my thesis and to change my topic. After multiple topic changes, I realized that I am likely not the only music therapist who has these challenges. Thus, I thought I could contribute to the literature by focusing on my own journey.

After I had established a research question, I then had to choose what type of methodology would work best. Originally, I considered Moustakas’s heuristic research methodology. According to Moustakas (1990), heuristic research “refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis” (p. 9). After beginning the process of
writing my thesis I decided to go a different direction to deepen my exploration and self-understanding. I then chose to use an arts-informed design that includes influences from the first-person approach, reflexive phenomenology.

When conducting a review of the published literature, I found only two articles that discuss practicing therapeutic professionals who have some type of disability, though it seems likely that there are many more. The purpose of this investigation is to examine my own lived experiences as a music therapist with a disability.

**Literature Review**

**Attention Deficit/Hyperactivity Disorder**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder and is defined as “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (American Psychiatric Association [APA], 2013, p. 61). According to the APA (2013), an individual can either be diagnosed with inattention, hyperactivity-impulsivity, or both. Someone diagnosed with the inattention component of ADHD may have difficulty maintaining focus, completing tasks, staying organized, and being persistent. A key discrimination is that these symptoms are not associated with rebelliousness or difficulty comprehending the information. If an individual is diagnosed with having the hyperactivity-impulsivity symptoms they may exhibit unnecessary body movements (like tapping or fidgeting in a seat), restlessness, actions that may be considered hasty and can cause harm, interrupting, and making decisions without understanding the consequences. In order to be diagnosed with ADHD, the individual must present six or more symptoms listed within the diagnostic criteria.
before age twelve. In diagnosing ADHD there are three levels of severity: mild, moderate, and severe.

According to the DSM-5 (APA, 2013), ADHD is typically diagnosed during childhood, as symptoms must be present before the age of twelve. In addition, an individual must exhibit symptoms in more than one location (school, work, and home). The DSM-5 states that individuals demonstrating inattentive behavior may also have cognitive problems, including difficulty taking tests, recalling memories or facts, and poor executive functioning (APA, 2013, p. 61).

The prevalence of diagnosis of ADHD is 2.5% of adults and 5% of children. As children with ADHD age, their hyperactivity often shifts to restlessness, and as adults they may be more prone to poor planning and inattention (APA, 2013, p. 61). When looking at risk factors and genetics, children with parents who are diagnosed with ADHD have a higher chance of being diagnosed themselves. Although the DSM-5 mentions that males are more likely to be diagnosed with ADHD, women have a higher chance of having inattentive symptoms (APA, 2013).

**Generalized anxiety disorder.** Generalized Anxiety Disorder (GAD) is defined as excessive worry and anxiety when thinking about possible events and/or activities. According to the APA (2013), “The intensity, duration, or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event” (p. 222). Children who are diagnosed with GAD are more likely to have worrisome thoughts towards their performance and competency. As these children become adults their worries and anxiety move towards
circumstances pertaining to their everyday life routine (health, finances, children, minor matters like chores, and family matters) (APA, 2013, p. 222).

There are six diagnostic criteria that are used to diagnose GAD and typically need to occur over 12 months. In addition to feelings of anxiety and worry, one must experience three additional symptoms which include feeling on edge, restless, tired, trouble concentrating, tight muscles, lack of sleep, and losing train of thought (APA, 2013, p. 223). Somatic symptoms in an individual with GAD may experience are nausea, diarrhea, and excessive sweating.

In the United States, 2.9% of adults and 0.9% of children are diagnosed with GAD. Among these individuals, women have a 55%- 60% higher chance of being diagnosed than men. Children aren’t typically diagnosed with having GAD at such a young age because the worrying and anxiety is seen as an anxious temperament. In GAD the median diagnosis is age 30, but onset can be seen as early as adolescence. However, children may present worry symptoms about school, test, or performance in sports that are similar to GAD (APA, 2013, p. 222).

The younger an individual is diagnosed with GAD, the more likely they will be diagnosed with other disabilities or illnesses. According to the APA (2013), “Children with the disorder may be overly conforming, perfectionist, and unsure of themselves and tend to redo tasks because of excessive dissatisfaction with less-than-perfect performance” (p. 224). Because of this, these children tend to look for approval and reassurance with every task that they complete. These symptoms and disorder can be caused by genetics. Children who have a parent diagnosed with Generalized Anxiety Disorder experience one-third of the risk in being diagnosed themselves (APA, 2013, p. 224).
Professionals with disabilities. The incidence and experiences of helping professionals with disabilities is rarely discussed in literature. Extensive literature database searches were carried out but little information was found. The only two articles located discussed professionals within the field of occupational therapy (Mutchnick & Blount, 1996; Elliot, Hanzlik & Gliner, 1992), and the content was limited in that both studies examined the attitudes of other professionals towards occupational therapists with disabilities.

Mutchnick and Blount (1996) surveyed a small number (N=11) of professional supervisors of occupational therapists. Six supervisors noted that they provided accommodations for the occupational therapists that had a disability. The accommodations included using adaptive equipment, modifying the environment, temporal adaptation, and employing activity analysis to select only the essential job functions (Mutchnick & Blount, 1996, p. 58).

Elliot, Hanzlik and Gliner (1992) examined the attitudes of coworkers of persons with disabilities. Though many individuals with disabilities were treated favorably by their coworkers, those with drug dependency problems and mental disorders were not. Length of employment and level of experience had no impact on these attitudes.

Personal journey. Growing up with Attention-Deficit/Hyperactivity Disorder and anxiety has made me who I am today: confident, strong, and determined. I wasn’t always like this. I had a difficult time focusing in school and would either do poorly or fail my tests. This caused me to feel that I was not as smart as my peers and I lacked self-confidence. These feelings began to affect my personality which caused my parents to worry.

My parents began to suspect something wasn’t right when I was in the fourth grade. They contacted the school district and requested that I be evaluated. This process was long and further
anxiety-producing. I was seen by the school psychologist who had me sit in an empty, quiet room. After I had talked with the school psychologist about the difficulties I was facing, I was required to complete small examinations. I was given timed worksheets and did exercises where I memorized short sentences or number sequences. This process occurred over four days and was done annually for three years. At the end of each examination, the school psychologist told my parents that while I had some issues and might possibly have ADHD, I scored too high on the examinations to be formally diagnosed. Because I was not diagnosed, I was not afforded any accommodations.

After more failed tests and low grades, the school I was attending closed. I began attending a different school in a different school district. At this time, I was in the seventh grade and was barely passing most of my classes. My middle school principal recommended that I see another psychologist. I attended multiple sessions with the new psychologist and was diagnosed with Attention Deficit Disorder (ADD) and test anxiety/generalized anxiety. Although I finally had a diagnosis, I did not qualify for accommodations. Luckily, I attended a small private school and the teachers had the time and resources to help me get through seventh and eighth grade.

When I began ninth grade I attended a private high school. This high school was in a different school district and was slightly bigger than the middle school I attended. During the first year of high school I began to fall further and further behind in class. I remember watching all my friends getting A’s and B’s on their tests and I was getting D’s and F’s. Instead of the typical teenager that wanted to be like the models seen in magazines, I was the teenager that just wanted to be smart. Homework that might typically require forty-five minutes to an hour would take me five to six hours.
At night I would often cry because of the feelings I was having. I felt as though I wasn’t smart enough, and ultimately felt like I was letting my parents down. When it came to school work I had a difficult time, but I seemed to excel in music. I began to play the trumpet when I was five years old. My father was a trumpet player and he taught me. Playing trumpet came naturally. I was able to focus on learning new music and practicing for long periods of time. I believe that all of the feelings I was having towards school were channeled into my playing, allowing me to focus and excel.

My parents knew how much I was struggling, so they fought with the school district and advocated for me to be re-tested going into the tenth grade. I went through the same process as I did when I was in fourth grade, but this time they tested me both in a quiet room and in other environments that had some type of noise or activity. It was here that the psychologists verified that I did in fact have ADD and test anxiety/generalized anxiety disorder. Because of this diagnosis, I was given a 504 plan. According to the U.S. Department of Justice: Civil Rights Division, Disability Rights Section: A Guide to Disability Rights Laws (2009), Section 504 mandates that qualified individuals with a disability have the right to receive accommodations without being discriminated against when partaking programs or activities that require federal financial assistance.

This 504 plan allowed me to utilize a private testing room, have additional time for tests, and receive class notes (provided by another student). I was also given medicine which was supposed to improve my focus, but it did not work as intended. I hated taking the medicine because the side effects were worse than the problems it was intended to address. Once the plan
was put into place my grades began to rise slightly. I was doing better in my classes but was still struggling with tests.

In New York state, Regents Exams are given in certain subjects at the end of each year of high school. Regents Exams evaluate how much a student has learned throughout the school year (APDA, 2012). According to the Office of Assessment Policy, Development and Administration (APDA) Regents Exams are tests that evaluate a student’s achievement based on the learning standards of the State of New York. I failed every single one of these tests because they were timed and the state did not honor my 504 plan, which caused a great deal of stress. I was required to get a tutor, which helped tremendously, and I passed the exams that summer. Midway through my junior year, I began to think about college. Though I am currently a graduate music therapy student, music therapy was not my first choice. In fact, I did not know about the field at the time and I was planning to study psychology. When I met with my guidance counselor to discuss schools and look at my grades, I was told that because of my low grades, I was not smart enough to get into any colleges that I was considering. I was then told that I should go to the local community college with lower admissions criteria or to consider a career that did not require a degree. Being told that I would not be successful ignited something in me. It made me want to prove the guidance counselor wrong.

When I learned about music therapy, I knew immediately this was the right field of study for me. I actually began to believe that I was smart enough to go to college. I applied to the State University of New York at Fredonia and received my acceptance letter a few months later. I was not accepted academically, but was able to attend through a program called the Full Opportunity Program. This program allows students who have lower grade point averages, but exemplary
skills in other fields or activities, such as gifted musicians or athletes, the opportunity to attend college. These individuals likely have lower grade point averages but show exemplary skills in other fields or activities. The program includes one-on-one tutoring, private testing areas, and guidance. It was here that I began to have more confidence in myself and believed I could complete a degree program.

I kept this mentality throughout my four years of undergraduate studies. I was on the dean’s list multiple times and graduated with a grade point average (GPA) that I was proud of. I proved those who didn’t believe in me wrong, and also proved to myself that I was smart enough. I did not let my disabilities define who I was as a student and have been able to maintain this attitude through my professional work. I use my ADHD and anxiety as a motivator now rather than being defeated by it.

As a professional music therapist, I have learned strategies to address the challenges that I face secondary to my diagnosis. For example, I record my sessions as often as possible. This allows me to review each session to help me notice anything I may have missed if my focus drifted during the session, and helps me retain the content of each session. Having ADHD and anxiety also helps me relate to some of the clients with whom I work. I will admit at times it is difficult to keep my attention for long periods of time, but I work to stay focused on facilitating music therapy experiences that are beneficial to each client. Keeping the focus on my clients helps me maintain attention and be more fully present with them.

Focus of the Study

The study design is an arts-informed, reflexive phenomenological approach. This allowed me to examine my personal journey as a music therapist through music and art. When beginning
the process of this study, I was hesitant. I was unsure whether I really wanted to share my personal experiences with others. When I think of other helping professionals, whether it’s a doctor or a therapist, I see them as someone who is trying to aid in others health or success. I don’t think about what they may be dealing with personally. Within music therapy, there is no research on therapists with disabilities, perhaps because of the associated stigma. I decided to undertake this study because of the lack of research and also to bring awareness to the topic. This first-person research is needed because it provides an insight into my personal life and professional work as a music therapist. This study addressed the question, “How has having a disability impacted my personal life and professional work?” The sub-question for this study was, “Have I ever perceived my disability as an advantage? If so, how?”

**Method**

**Design**

The design of this study applied an arts-informed design with influence from the first-person approach, reflexive phenomenology (Hunt, 2016). As a whole, arts-based research uses the actual artistic expression to provide an understanding of a person's experience, either the researcher's or individuals taking part in the study (Viega & Forinash, 2016). The reason I chose to use an arts-informed design is because arts-based research is flexible. The flexibility of this design allowed me to use musical improvisation and art to express the emotions and thoughts I have had since childhood. Before I was a music therapist, I was a musician. To me, music is where I release all of the emotions I experience on a daily basis. Using music as my method felt natural and adding in the paintings gave imagery to the emotions coming from the musical
improvisations. Using an arts-informed method created a more comfortable environment for me to explore my questions.

The arts sources being used as data in this study are considered to be “art as an adjunctive method in research” (Viega & Forinash, 2016, p. 985). Arts-informed research is “concerned with how art shapes research content rather than in building a study from arts-based practices” (Viega & Forinash, 2016, p. 985). Within this art-informed design, the philosophical assumptions are:

- post-paradigmatic - past and present;
- particularizing - how I interact with what is being presented in the music and painting;
- performative - creating music and art to answer the research question (Viega & Forinash, 2016).

These philosophical assumptions helped inform my research.

The purpose of first-person research, according to Hunt (2016), is to gain firsthand narratives of an individual’s personal subjective experiences within the phenomenon of their choosing. Hunt (2016) stated that first-person research aims to focus on understanding the researcher’s first-person experience when working with the phenomenon in question. This aim helps the researcher create a focus and question for the study (p. 907). This phenomenon is experienced by the individual carrying out the study. I chose to do a reflexive phenomenological study because I felt that it suited what I was looking to explore. I wanted to focus on my own personal experiences with having a disability rather than what others have experienced.

Hunt (2016) defines reflexive phenomenology as involving “methods where the researcher alone studies his or her own encounters with the phenomenon of interest and then analyzes and
interprets the data” (p. 917). This first-person approach was used to identify my personal journey as a music therapist with ADHD and anxiety.

**Researcher as Participant**

As this is a first-person research study, I am the researcher and the participant. I am a 24-year-old White female. I received a bachelor’s degree in Music Therapy and Applied Music from The State University of New York at Fredonia. I am a board-certified music therapist with six years of clinical experience with a variety of clinical populations. This study was conducted as the final requirement for the Music Therapy Master’s program at The State University of New York at New Paltz.

**Materials**

Data was gathered through musical and artistic means. To complete the musical improvisations, I used an electric Yamaha keyboard, rain stick, and small djembe. Watercolor paints, watercolor paper, and brushes were used to create the paintings. An iPhone 8 Plus was used for both audio-recordings and photographs.

**Procedure**

**Data.** Data for this study are arts-based. I completed three referential musical improvisations and three referential paintings. I analyzed these as the sources of data.

**Step 1: Improvisations on past, present, and future.** The improvisations on my past, present, and future experiences were conducted over three days. The musical aspect of each improvisation was created in the moment with the piano and different musical instruments. To truly be in the moment, all doors were closed, the piano was cleared (no sheet music), and the only sounds being heard was the music itself and possibly the rain falling outside the room’s
window. Each improvisation produced a different emotion that correlated with the specified time periods.

The improvisations were referential but structured. They began by looking back to what I had experienced growing up with ADHD and anxiety.

**Step 2: Painting to the improvisations.** The paintings on my past, present, and future improvisations were conducted over three days. Each painting reflected the feelings elicited by each improvisation as well as the new feelings brought on through the act of painting. All doors were closed and no other sounds besides the recordings were heard. Each improvisation was listened to twice in order to understand the feelings being illustrated.

Although previously recorded improvisations were being played, the paintings were conducted in the moment. Each painting produced a different emotion that matched the improvisations for the specific time periods.

**Step 3: Analysis of improvisations.** Arts-informed research, as well as philosophical assumptions from arts-based research, were used to help inform my analysis. After completing the three musical improvisations, I re-listened to each improvisation multiple times. During these listenings, I was attending to the aesthetics of the music. I was looking at the tempo of the pieces, the key center, the emotions portrayed, the range of the keyboard that was utilized, and any themes that arose. I also analyzed the emotions that were evoked while re-listening to each improvisation. I wrote everything down in a table format to keep it organized and easy to read.

**Step 4: Analysis of paintings.** Once the paintings were completed and dried (to prevent smearing) I examined each painting. Like the analysis of the improvisations, I also looked at the aesthetics of the paintings. According to Viega and Forinash (2016) the aesthetics of the arts-
based data are important and makes the research more available to its audience (p. 997). Using the idea of aesthetics, I began to consider the following questions:

- Do the paintings get to the point I am trying to make?
- Do the paintings match the improvisations as well as the question being asked?
- Do the paintings evoke the proper feelings heard in the improvisations and discussed throughout the thesis?
- Do the colors themselves express any feelings related to the musical improvisations?

**Data Analysis**

To answer the question, “How has having a disability impacted my personal life and professional work?” I began first by listening consecutively to the three improvisations that I had completed on my past, present, and future emotions. By doing this, I was able to channel the emotions and imagery that I had experienced when I was recording each improvisation. After listening to each improvisation, I then listened for a second time. During this time, I examined the paintings I had done to the three improvisations. After I finished listening and examining the paintings, I began to identify themes in each musical improvisation that correlated with the paintings. The themes helped provide some organization and insight into the differences between each emotion. The themes of each emotion also helped identify the aesthetics within the music and paintings. The final step taken to analyze the data was to look at the aesthetics of the music and of the paintings.

To answer the sub-question, “Have I ever perceived my disability as an advantage? If so, how?” I focused more on the paintings and music that took place during the last minutes of the
past, the present, and the emotions demonstrated within the personal experience discussed earlier.

Results

The results will be discussed in three sections, which aid in answering how my disability has impacted my personal life and professional work. The results will consist of (a) an analysis of each musical improvisation; (b) an analysis of the paintings; and (c) emotions elicited within the personal experience. Each section of the results follows three time periods on which I was focusing: the past, present, and future.

Past

When re-listening and reviewing the music and painting for my past, themes of chaos, heartache, and hardship were revealed. The music began slowly, utilizing both the upper and lower registers of the keyboard. The notes being played in the upper register moved between stepwise motion to leaps in thirds and fifths. The melody in the upper register gave me an image of a young girl trying to make her way through difficult times. The notes being played in the lower register of the piano moved in fifths, adding to the imagery. The bass notes provided a sense of grounding, but the space between the bass notes gave a feeling of free falling. The music accelerated, yet remained in a four-beat pattern. Clustered notes with some dissonance created a feeling of anxiousness. The music moved back and forth between an adagio tempo and an allegro tempo. When in an allegro tempo the bass notes change from moving in fifths to rapid single note playing. The g-minor key and the changes in tempo and movement of notes evoked feelings of confusion, sadness, and anger. Toward the end of the music, the descending bass line shifted to a major, more cheerful sounding key and begins to slow. The bass notes being played
match the tonal center of each chord. Although the music slowed in tempo, it provided a sense of hope. There was still the feeling of sadness and chaos lurking in the background which can be heard within the bass notes. The music ended with a rain stick, which symbolized the washing away of the anger and sadness demonstrated throughout the majority of the improvisation. This washing away was heard in the melody in a major key that ended the piece.

The painting that followed the musical improvisation contained many different colors, including black, blue, purple, grey, and brown (see Figure 1). These dark colors gave the painting a feeling of heartache and sadness, which created a likeness to a storm cloud with the light trying to come through and tame the storm. All of these colors within the painting match the improvisation, not only because of the colors but also the feeling it elicited in me. The brighter, more vibrant colors that emerge in the right corner of the painting match the ending of the improvisation, which gave a sense of hope. The darker parts of the painting matched the minor key and the feeling of sadness heard in the improvisations. The lack of definition of form created a feeling of chaos. These feelings of chaos are also felt within the personal experience detailed above.

Figure 1. Past.
Creating a painting to match the musical improvisation was difficult. I had to surrender my thoughts of being closed off to truly take in the music and create a painting that matched it. By doing this I was able to create a painting that got to the point of what I was trying to portray.

Present. The second improvisation and painting presented themes of hope, emerging happiness, and building self-confidence as I finish my academics and begin working as a music therapist. The music began with an alternating bass line and a strong melody. The upper and lower parts of the keyboard were used, and both provided a strong grounding feeling. The bass noted being played alternated between the first and fifth note of the chords in a rapid motion. This bass line motion continues throughout most of the music. The notes on the upper part of the keyboard were played in thirds and fifths. The bass line changes halfway through the song and matches what is being played in the melody. The melody played on the upper part of the keyboard sounded happy and flowing, giving me a feeling of bliss. The melody had an upbeat, moderato like tempo that followed a four-beat pattern in the key of F major. As the music continued, it vacillated between the original happy flowing music, and sounds that feel slightly anxious. This only happened a few times and didn’t last long. The music begins to pick up speed for a short time, allowing the bass notes and melody to become intertwined. This darker sound symbolized the difficulties I still face having ADHD and anxiety, but as it moved away it showed that these difficulties do not define my life anymore.

The music began to slow down and became slightly chaotic for a few bars, hinting that chaos is still a part of my life but it does not control or affect me in a negative way. Toward the end of the piece there were some dissonances. These added to the slight chaos that still arises from time to time. The song ended with a rhythmic drum beat on a small djembe. A simple
melody was played on the keyboard along with the drum beat. This section of the improvisation portrayed me finishing my schooling and beginning my professional career as a determined music therapist. The marching beat of the drums evoked an imagery of me walking to my own drum, confident and no longer seeing my disability as a negative attribute.

The painting for the present differed from the past because it portrayed a sense of happiness and building of self-confidence (see Figure 2). The light blue color gave a ground base while the yellow and pink colors represent me. The painting showed that I have accepted my disability and now know how to use it to my advantage. When looking at the past and present paintings it is clear that the colors have changed from darker colors such as black and grey to light blues, yellow, orange, and pink. Colors like black and red still linger in the picture but they are contained within the circle and under control.

In the middle of the painting there are bulges around the perimeter of the center orb, almost like sun flares. The flare interrupts the circular design. These outbursts of color and the dark colors in the center symbolize the chaos that may still occur at times. This matches the
darker sounding parts of the improvisation. Within this painting it is clear that I have come to accept my disability, but there will always be some chaos. The difference is that the chaos is less prevalent than before, and I have some control of it. Creating a painting for the present allowed me to look at myself in the moment and see how far I have come.

**Future.** The final painting and musical improvisation uncovered themes of acceptance, confidence, and joy when looking to my future. The music began with a free-flowing melody in the upper register of the piano and there was no set tempo or time signature. The notes in the upper register moved in thirds and fifths at the beginning of the song. The bass notes of the song matched the tonal center which moved around F-sharp and E-flat. The melody created a floating feeling that acted as the grounding foundation for the piece. This higher melody on black-note pentatonic scale had a joyful sound to it. When multiple notes were played at the same time, the music creates a peaceful and relaxing space. This space represents the unknown of what the future will bring.

As the bass notes became more noticeable, the music began to move, sounding to me as if someone was walking through a park admiring all that is around. The tempo shifted from larghetto to andante. Cluster notes of thirds and fifths in both the upper and lower ranges of the keyboard worked together to provide a sense of contentment and understanding. This sense of contentment and understanding is what I am looking for going forward in my life, understanding the events that have taken place and accepting them. By using pentatonic scale the music had a futuristic, floating feel.

Although the music demonstrated the joy and confidence I look forward to having in the future, there will always be some chaos lingering in the background. Toward the end of the
piece, grace notes and thirds and fifths were played together to portray the chaos. As the music started to slow, I experienced a feeling of recognition for all I have gone through and what I hope will happen in the future.

The painting for the future may look chaotic, but it demonstrates my interpretation of my hopes for the future (see Figure 3). Each stroke of the brush and splatter was done purposefully, not only to match the improvisation, but to also demonstrate that I hope to have a happy and joyous future, a future of having full confidence in myself as a human being and a music therapist.

![Figure 3. Future.](image)

Within this painting there are emotions of recognition (the black toward the bottom) and understanding. This understanding demonstrates that I have come a long way from heartache to accepting my disability and using it to empower, rather than tear down, who I am. This can be seen in the colors used throughout the painting. I used every color that I had in the watercolor palette. The colors yellow and orange represented my happiness for the future. The colors blue, purple, and green were used to represent the feelings of acceptance and content. The red is for
confidence and the black and brown represent the chaos that is still somewhere in the background. Not only were the colors important, but also the splatters. The splatters match the music as well as my journey of having ADHD and anxiety. They are purposeful and were done as though I was saying, “This is me! I am confident, happy, and accept myself for who I am, no matter the hardships I have gone through.”

**Emotions of personal experience.** The emotions demonstrated within the personal experience section are consistent with the feelings evoked within the musical improvisations and paintings. When writing about my personal experience, I became overwhelmed and nervous. Discussing my past through writing, music and paintings evoked emotions that I hid away and didn’t want to face. The feelings of self-doubt, heartache, lack of confidence, sadness, and anger were prevalent in the beginning. As time went on these feelings began to change into self-love, confidence, happiness, acceptance, and ultimately being proud of who I am. As I thought about my past, present and future I noticed that the sense of chaos is present in all three, but becomes weaker as I move through each time period. As the chaos weakens, the strength and confidence in myself grows. As I became more confident in myself, I began to believe that my disability is not a bad thing; it has helped shaped who I am today.

**Discussion**

The analysis of my musical improvisations and paintings revealed three themes within each time period. In the past, the themes of chaos, heartache, and hardship were heard throughout the improvisation in the minor key and within the dark colors in the painting. As the music ends and the next musical improvisation begins, the present themes of building confidence, hope, and emerging happiness start to appear. Finally, the last time period, the
future, presented themes of acceptance, confidence, and joy. In each improvisation there is a continuous theme of chaos. As the music and paintings move from the past to the present to the future, this sense of chaos remains but weakens as time goes on. These themes presented in each musical improvisation and painting reflect my personal journey with ADHD and GAD and show how I have turned them into a positive part of my life.

The first musical improvisation and painting on the past depicted a troubling time. Chaos, hardship, and heartache were heard throughout the entire improvisational piece. The painting also matched the feelings of the music by the use of colors and the overall look of the painting. At this point in my life I did not believe in myself and always felt anxious and alone. It felt as though the world was crumbling in and I had no control over it. My grades were terrible, I was experiencing difficulties in school, and I felt as though I was letting my parents down. At this time, my disability became an anchor, holding me down from achieving the goals and dreams I had set for myself. As I began receiving the help I needed, all of the terrible feelings I had started to evaporate, allowing for more positive feelings to arise.

The present improvisation and painting themes of emerging happiness, building of self-confidence, and hope showed that I was beginning to move away from the negative thoughts, and into feeling more positive and comfortable about having a disability. When I began examining my musical improvisation and painting for the present, I felt all of the negative feelings from the past start to fade away. My past experiences helped me understand not only who I was, but also how others with ADHD and GAD must feel. In the past I felt alone, like I had no one to talk to. I was not comfortable being my true self because of my fear of being judged. Now that I have come to terms with my disability, I feel comfortable to sharing my story.
I also believe that my change in feelings toward my disability have helped me achieve many milestones, like graduating college and completing a master’s degree.

The future improvisation and painting presented themes of joy, acceptance, and confidence. At this time, I am continuing to build confidence and be happy with my disability. Although I have no control of what the future will bring, I hope that I will be completely confident and fully accepting of the disability in which I was born. I have many goals and dreams for the future which include turning my psychology minor into a bachelor’s degree, becoming a Nordoff Robbins music therapist, and possibly creating a group in which other helping professionals with disabilities can come together and talk about their life experiences and the difficulties they face in the professional world. I hope that the continued positive regard for my disability will continue into my future endeavors and help take away the stigma of professionals discussing their own disabilities.

**Personal Thoughts**

When beginning this research, I was not sure how it would turn out. I’m not typically someone who likes to share many details about my life. I have learned to use many defense mechanisms and humor to cover up my feelings, or I simply change the subject. Really examining the issues I have experienced growing up and even what I experience now was difficult at first. I had so much to say but did not know how to say it. Being able to use the arts within my research helped formulate my thoughts and express the feelings I have had for many years.

Throughout the process of writing my thesis I have become more aware who I am as a person and as a music therapist. I have been able to examine the experiences I have gone through
on a deeper level, and come to terms with the negative feelings I once had. There are times when I think about what I have gone through and become upset. At such a young age I experienced so much stress and difficulties. If I did not receive help in high school my disability may have led me down a different path. I am thankful for the support and help that led me to believe in myself again and push me to succeed and see my disability in a positive light.

Another key aspect that ultimately led me to choosing this topic was seeing that there was little research. Helping professionals do just that - help - yet there is little information about these individuals having a disability and how they cope with it in their chosen work. One thing I have continued to think about while writing this thesis is, “Why do helping professionals not want to discuss their experiences with others and share how they have used it to become successful working members of society?” Having this type of research available, I believe, would be beneficial and an encouraging resource for new helping professionals with disabilities who are entering the working world.

Future of music therapists. This study demonstrated my personal experiences as a music therapist living with ADHD and GAD, and how I have developed resilience and learned strategies to empower my personal and professional life. The use of an arts-informed design with influence from Hunt’s (2016) first-person approach, reflexive phenomenology helps provide a basis for future music therapists with disabilities to examine and discuss their own experiences whether personal and/or professional. In sharing my story, I hope that helping professionals will begin to see their disabilities as a positive aspect of their life and work within the challenges their disability presents, developing their own resilience and creating new perspectives.
Limitations of this study. Although there are many studies that use arts-informed/reflexive phenomenology, a limitation for this study is that there is little research available on therapeutic professionals with disabilities. Thus, there is no literature to provide triangulation or support of my experiences. Another limitation is inherent in the method itself, in that I was the only participant in the study. All information provided was based on my personal feelings and experiences to the events and music that took place.

Conclusion

Through my career, I have felt a hidden message that it is not appropriate to discuss the feelings that are associated with my own personal disabilities. Music therapists learn to help and accept others and their disabilities, but it might feel almost taboo to discuss our own. When applying for jobs, I decided that I wanted to tell those interviewing me that I have ADHD and generalized anxiety disorder. I disclose this because I have worked hard to be where I am today, and I would not be where I am if it were not for my disability. I should not be looked down upon, and there should not be assumptions on my skills as a music therapist based on my disability. I see my disability as a strength and use it to be a better music therapist.

When working with someone with a disability it is assumed that they can feel when you are unprepared or not confident in yourself. This causes that individual to possibly feel unsafe or confused due to not understanding what is going on. As a music therapist this is not a position I want to but my client in. By working hard and understanding my disability I hope to empower my clients, not confuse them. If I am comfortable in my own skin, I am able to do music therapy with no distractions of self-doubt. If an individual can feel when I am doubting my abilities than
they must be able to feel when I am fully confident in myself. My hope is that the confidence I am projecting helps empower them as well.
References


*Music therapy research* (3rd ed.) (pp. 980-1006). Dallas, TX: Barcelona Publishers.