Research article

Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy

Candice L. Bain, Patrick R. Grzanka, Barbara J. Crowe

Department of Music Therapy, Arizona State University, United States
Department of Psychology, The University of Tennessee, Knoxville, United States

Abstract

Interest in music therapy with lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals has increased in the last decade. The distinctive needs of the community have been acknowledged through the publication of LGBTQ best practices in music therapy (Whitehead-Pleaux et al., 2012). A survey of U.S. music therapists’ attitudes towards the LGBTQ community received 409 responses in the first two months. These respondents demonstrated progress in music therapists’ understanding and knowledge of LGBTQ issues, but at the same time, more than half of the respondents did not feel adequately prepared to work with LGBTQ clients (Whitehead-Pleaux et al., 2013). Queer, in the context of this paper, denotes both (a) individuals who identify as any non-conforming sexual or gender identity (including lesbian, gay, bisexual, transgender, transsexual, asexual, pansexual, etc.), or (b) individuals, and theoretical perspectives, that reject heteronormative sexual and gender politics.

Given the complicated and fraught history of the medicalization of sexuality and gender (Bland & Doan, 1998; Bryant, 2006; Foucault, 1978; Terry, 1999), the constitution of LGBTQ youth in particular as an at-risk group (Cover, 2012; Waidzunas, 2012), and music therapists’ increased interest in conducting affirmative therapy with sexual minority and gender nonconforming clients, it is critical to identify the potential challenges of putting queer youth under the disciplinary microscope of music therapy. In other words, developing multicultural competencies around LGBTQ issues in music therapy may be more complex than simply including or incorporating diverse sexual orientation and gender identity issues into an existing disciplinary framework that has been historically hostile towards non-normative sexualities and genders (Ahmed, 2012; Epstein, 2007). The challenges of conducting music therapy with LGBTQ populations within community settings has been documented in very few sources, and this deficit in music therapy literature inspired this interdisciplinary framework to think through these challenges. Music therapists have called for serious consideration of queer theory in music therapy (Hadley, 2013), but at this time, it appears that such a call has remained unaddressed in the mainstream scholarship of the discipline. Accordingly, this work attends to a critical area of music therapy research, training, and practice inasmuch as it constructs a distinct paradigm for...
approaching music therapy with LGBTQ individuals, and especially youth, in community settings.

Queer theory is an interdisciplinary field that destabilizes sexuality categories and challenges the concept of normal and fixed identities (Stein & Plummer, 1994; Sullivan, 2003). At the time of this publication, there were no published articles specifically on queer theory applied to music therapy with LGBTQ clients. In order to address this dearth of literature on what might be termed “queer music therapy,” this project investigates queer theory and applies its theoretical concepts to music therapy interventions. The ideas of foundational queer theorists Foucault (1978), Sedgwick (1990, 2005), and Butler (1993) were especially influential for this project. Foucault (1978) situates sexuality within historical and cultural struggles over power and knowledge, and Butler (1993) applies this theory to heterosexuality, suggesting that a normalized, yet complex matrix of discourses render heterosexual identity into an unspoken imperative. Sedgwick (1990) argues that the structured homo/hetero binary opposition is limiting and that language impacts understandings of sexual identities. These perspectives – among many other emergent concepts in queer theory today – can advance how music therapists currently approach working with this population and interpret music therapy experiences with LGBTQ clients. For example, statistics that circulate in the media nearly uniformly posit LGBTQ youth as a fundamentally at-risk and vulnerable population; however, queer theoretical perspectives reveal opportunities for empowerment within a music therapy setting, rather than focusing on their implied vulnerability (Butler, 2004; Cover, 2012; Erwin, 1993; Grzanka & Mann, 2014; Puur, 2012; Rofes, 1983; Waidzunas, 2012).

Relatively little music therapy research has focused specifically on queer theory (Hadley, 2013), thus the literature for this project is richly interdisciplinary and includes scholarship from sexuality studies, LGBT psychology, counseling psychology, and the psychology of music, in addition to formative research in music therapy. We argue here that the theoretical insights of these diverse fields can be synergized to empower queer youth within a therapeutic environment that is radically – as opposed to superficially – inclusive. First, we introduce and survey key developments in queer theory. Second, we explain how queer theory may complement and challenge recent developments in inclusive and social justice-based music therapy approaches. Then, we outline several potential therapeutic interventions for use with LGBTQ youth that reflect queer theory. Finally we discuss the broader implications of queer theory for music therapy, including both practice and research that might move the field toward a radically inclusive approach to therapy with LGBTQ clients.

1. Review of literature

1.1. LGBTQ lives in context

Psychological problems can arise from a function of interactions within relationships and systems, including interpersonal relationships, family, community, society, and culture (Crowe, 2004). This model of viewing psychological issues is the most applicable to LGBTQ issues, as their mental health and disorder in relationships typically has more to do with society and culture than biology or epigenetics. Heterosexism refers to the structural disadvantages faced by sexual minorities, including the assumption that everyone must be heterosexual (Hadley, 2013). Homonegativity and homophobia refer to prejudicial attitudes or behaviors towards anyone perceived to be gay (Cerny & Polson, 1984; Herek, 2004; Morrison & Morrison, 2002). Heterosexual relationships are celebrated and reinforced while queer relationships are marginalized. Similarly, transphobia denotes prejudicial attitudes towards transgender and gender-nonconforming individuals. Further, cisgenderism is the systemic devaluation, pathologization, and delegitimation of individuals who do not identify with the sex they were assigned at birth (i.e., those who are not “cisgender,” the term used to denote persons who identify with the sex they were assigned at birth (Schilt & Westbrook, 2009)). Due to these systemic social forces and cultural attitudes, LGBTQ adolescents in the 21st century United States are particularly vulnerable to mental and physical health issues. Many of these youth are members of non-accepting families and also experience verbal harassment, exclusion from activities, fear of being open about their identity, and issues with depression (Human Rights Campaign, 2013). Research also reveals that LGBTQ youth are at increased risk of suicidal ideation (Clements-Nolle, Marx & Katz, 2006; Liu & Mustanski, 2012; Silva, Chu, Monahan, & Joiner, 2015) and homelessness (Durso & Gates, 2012). Thus, despite some evidence suggesting changing attitudes toward sexuality and gender (McCormack, 2012), openly identifying as LGBTQ in today’s social and political climate may have social, legal, physical, and emotional consequences.

For LGBTQ youth, these common struggles may also interfere with identity development, one of the major tasks of adolescence, if youth are not provided with a support system and effective coping tools (Fassinger & Arsenneau, 2007). Psychologists have determined that music is a strong influence on today’s youth and adolescents use music as a tool to express and formulate identity (Tarrant, North, & Hargreaves, 2002). Forming musical preferences during adolescence serves as a method of developing autonomy, as it facilitates the creation of a generational identity that is independent of parents and teachers, and corresponds with the shift from family to peer orientation (Hodges & Sebald, 2011). Consequently, adolescents’ use of music for impression management helps facilitate the transition to adulthood, as a sense of personal identity guides interpersonal behavior and signifies optimal psychological health (Schlenker, 1985; Waterman, 1992). LGBTQ adolescents may turn to listening to music congruent with their sexual identity for support while growing up. Therefore, music therapy may be an effective treatment for LGBTQ adolescents who are struggling with intolerance and need professional support.

Due to the increased amount of research in the past 30 years on stigma against the LGBTQ population (Sullivan, 1994), there is an increased awareness of LGBTQ youth facing an array of problems in their respective homes, schools, and communities (e.g., Cianciotto & Cahill, 2012; Gray, 2009; Pascoe, 2007). Knowledge of their issues is critical to provide quality care for this population. Family acceptance is a critical indicator of positive mental and physical health for LGBTQ adolescents (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), however, recent survey research revealed one-third of these adolescents are experiencing family rejection and one-half report that they often hear negative messages about being LGBTQ at home (Human Rights Campaign, 2013). Many LGBTQ adolescents – and those who are perceived to be LGBTQ – also report verbal harassment because of their sexual orientation or the way they express their gender (Cianciotto & Cahill, 2012; Pascoe, 2007; Watson & Miller, 2012; Robinson, Espelage, & Rivers, 2013). Recent survey results additionally found that more than half of LGBTQ students experience some form of cyber-bullying, four out of ten LGBTQ students have been physically harassed at school, and one of five have been the victim of physical assault at school (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2011). The prevalence of these issues demonstrates that these problems are a social and public health issue, and those in health and human service professions should receive training on LGBTQ cultural competence.

The increased dissemination of alarming statistics regarding LGBTQ youth has helped construct “gay youth” as an at-risk identity category (Waidzunas, 2012). The LGBTQ youth population is often associated with mental illness and suicide risk, which has
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