LGBTQ Issues in Music Therapy Education and Supervision

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In recent years more attention has been focused on therapy with lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) clients. This is due in part to the fact that more people are "coming out," getting married, raising children, and staying out throughout their life (Whitehead, et al., 2012). It is also affected by media coverage of legislative changes such as the repeals of the "Don't Ask, Don't Tell" policy and the Defense of Marriage Act. In addition, media attention on the high rates of suicide among LGBTQ youth has raised awareness of the need to support this population. Statistics show that LGBTQ individuals seek counseling at higher rates than gender-conforming individuals, so therapists need to be adequately prepared to treat them (Alderson, 2004; Troutman & Packer-Williams, 2014). Music therapists must consider whether to approach treatment of LGBTQ clients from a multicultural perspective or whether to take a more activist stance and work towards systematic societal changes.

Literature Review

Because the literature on music therapy education and supervision with LGBTQ clients is limited, sources from the fields of counseling and psychology are included in this review. Most of the articles and books cited address the needs of education and supervision of LGB issues. Some authors mention the transgender community in passing, but only Whitehead-Pleaux, et al, 2012, make recommendations about best practices. Although several authors assert that this is due to the medical aspects involved in working with transgender and intersex individuals (Ahessy, 2011; Bidell, 2012; Chase, 2004), their omission suggests that transgender identities are less accepted than lesbian, gay, and bisexual identities, perhaps due to underlying transphobia and lack of understanding.

Education

Fewer than half of music therapy education programs and professional associations address LGB issues in music therapy, even though many program directors recognize their importance (Ahessy, 2011; Bain, Grzanka, & Crowe, 2016; Whitehead-Pleaux, et al., 2012, 2013; York, 2015). This is true not only for music therapy training programs, but also for training programs within the fields of psychology, psychotherapy, and counseling (Alderson, 2004; Bidell, 2012; Dillon, et al., 2004; Troutman & Packer-Williams, 2014). While multicultural issues such as ethnicity, race, religious issues, and immigration, are beginning to be included in music therapy education, issues of sexuality and gender identity are rarely considered. In programs and case studies in which LGB issues are discussed, the primary focus has been on HIV/AIDS rather than on culture-specific issues that arise in working with LGBTQ clients (Ahessy, 2011). The AMTA does not offer training guidelines, although LGBTQ populations are in their list of protected minorities. Many of the surveys focused on training students to work with LGB clients but did not address transgender or intersex individuals (Ahessy, 2011; Bidell, 2012; Chase, 2004).

LGBTQ training in the counseling field is inadequate and graduates feel unprepared to work with sexual minority individuals. Content, when offered, is usually part of an elective multicultural counseling course (Alderson, 2004). Although multicultural counseling originally focused primarily on race and ethnicity, it has broadened to include other aspects of identity. The recommendation of most authors, however, is that sexual minority topics should be integrated into the core curriculum rather than being offered as an isolated course or as part of a multicultural course (Ahessy, 2011; Alderson, 2004; Troutman & Packer-Williams, 2014, Whitehead-Pleaux, 2012; York, 2015).

Even though homosexuality is no longer considered a mental disorder, heterosexist biases continue to be present in training programs (Dillon, 2004; Hadley, 2013; Troutman & Packer-Williams, 2014). Certain psychological theories about development consider mature heterosexual relationships to be the normal outcome of development. It is important to address these biases through inclusion in the curriculum of non-dominant narratives so that oppressive practices are not reinforced (Hadley, 2013; Troutman & Packer-Williams, 2014). One way of doing this is to include the experiences of LGBTQ therapists and students, as well as to conduct research with and write case studies on LGBTQ populations. Working with ally programs within the community or within the university helps lessen students' heteronormative biases as they develop relationships with LGBTQ individuals (Troutman & Packer-Williams, 2014; Whitehead-Pleaux, et al., 2012; and York, 2015).

Two articles focused on successful training and education programs. A research group on sexuality helped counseling students move "from maintaining socialized heterosexist and homophobic beliefs, assumptions, and behaviors toward becoming professional and personal heterosexual allies of the LGB community" (Dillon, et al., 2004, p. 174). A training program in which community psychology graduate students worked with LGBTQ youth to build a new performance and gathering space within a community center helped both sexual minority and heterosexual students become aware of their internalized homophobia. They also became aware of "the multidimensional aspects and fluidity of sexuality" (Stanley, 2003, p. 260) by spending time at the community center with individuals from various subcultures.

Supervision

Many authors stress the importance of supervision, especially when a straight-identified therapist is working with LGBTQ clients. The supervisor needs to be knowledgeable about both

the culture and issues within the client group (Chase, 2004; Stanley, 2003; Whitehead-Pleaux, 2012). Although it is seen as important, there are no models for supervision of group work "specifically designed to address the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) persons" (Goodrich & Luke, p. 22), which results in supervisors being, and feeling, ill-prepared. Supervisors should be knowledgeable about LGBTQ culture and issues; be aware of their own cultural conditioning, beliefs, and feelings; and be able to use appropriate tools to address issues related to sex, sexuality, and gender. The AMTA also encourages that therapists seek supervision when working with LGBTQ individuals (Whitehead-Pleaux, 2012).

"The cornerstone of an LGBT-affirmative approach to supervision is the belief that all gender identities and sexual orientations are equally valid" (Halpert, Reinhardt, & Toohey, 2007, p. 342). Supervisors need to "understand how homophobia operates and be aware of the unique aspects of the lives of LGBT people, such as the coming out process, heterosexism, and the components of an LGBT identity" (Halpert, Reinhardt, & Toohey, 2007, p. 343). Supervisors can help student therapists working with LGBTQ clients discover the link between their own internalized heterocentrism and institutionalized oppression and socialization (Mitchell, 2010). The AMTA suggests that music therapists be aware of LGBTQ resources in the community and help clients and families access them. Perlstein (2010) goes a step further and requires that supervisees volunteer time in community agencies that provide services to the LGBT community.

Best Practices with LGBTQ Clients

One of the most important aspects of working with LGBTQ clients—or, indeed, any clients—is that therapists should not make assumptions. Therapists need to critically examine their beliefs and practices because assumptions that are based on dominant cultural narratives are

often invisible to them. For example, therapists should provide gender fluid options on intake forms, rather than give a binary choice. The same is true for sexual orientation. While some music therapists said that they did not ask clients about sexual orientation because it is a private matter, Whitehead-Pleaux, et al. (2012) point out that not knowing sexual orientation can mean that the therapist makes inappropriate music choices. Therapists should also use gender neutral language, appropriate terminology, and the client's preferred gender pronouns. Some music therapists disclosed that they use preferred gender pronouns in session but use gender pronouns assigned at birth in their written documentation; this practice legitimizes gender normativity and should be avoided (Hadley, 2013).

Therapists should become familiar with LGBTQ culture, especially, for music therapists, music that is important within various subcultures. At the same time, therapists should be aware of and respond to cultural differences within gay and lesbian culture. LGBTQ individuals do not represent a single culture, but multiple cultures, as each person has other identity factors such as age, ethnicity, race, ability, class, etc.

It is critical for therapists to be aware of oppressive social influences in client's lives. It is also important to recognize that music can unconsciously perpetuate oppression. On the other hand, it can also be used to "build relationships and to recognize diverse, fluid, and individual identities" (Bain, Grzanka, & Crowe, 2016, p. 26).

Therapists working with LGBTQ clients need to recognize that there is a separation between sexual orientation and gender identity. This is particularly important when working with transgender individuals (Whitehead-Pleaux, 2012).

Counseling Issues Specific to LGBTQ Community

Key issues that are unique concerns of LGBTQ individuals include: “(a) coming out; (b) homophobia/heterocentrism and transphobia in the family, school, workplace, and community, and internalized homophobia/heterocentrism in the self; (c) role ambiguity in LGBT individuals and relational ambiguity in LGBT couples; and (d) the establishment of ‘‘families of choice’’ and thus of adequate social support (Mitchell, 2010, p. 8).

LGBTQ individuals are unique in that “unlike other minority groups, most individuals from sexual minorities do not have parents who share their minority group status” (Alderson, 2004, p. 208). “Coming out” is a unique experience and a “process of transitioning from a majority identity to a minority identity” (Bain, Grzanka, & Crowe, 2016). Individuals who come out may experience rejection by their families or others, which can lead to deep feelings of loss. In addition, as LGBTQ they may experience discrimination in educational, employment, legal, and healthcare sectors (Ahessy, 2011). The process of coming out is a negotiation of identity in various settings, while having to adjust to heterosexist society. Some behaviors that are construed as mental illness may be part of the coming out process, or vice versa. (Chase, 2004)

LGBTQ individuals are at high risk for suicidal ideation, mental health problems, and substance abuse because of continued discrimination and harassment due to heterosexism, transphobia, gender-role stereotyping, and lack of acceptance by family and society (Whitehead-Pleaux, et al, 2012). As mentioned above, many LGBTQ individuals seek counseling because of these pressures. Unfortunately, many LGB clients are dissatisfied with their counseling experiences (Trautman & Packer-Williams, 2014) “because of incorrect assumptions and blatant biases on the part of their counselors” (Dillon, et al., 2004, p. 163). Some of these biases are the assumption that clients are heterosexual, lack of knowledge about LGB issues, and not recognizing the problems caused by social prejudices and/or internalized homophobia.

A Multicultural Counseling Approach

One method of addressing LGBTQ counseling competency is to use a multicultural or cultural competency model. As mentioned above, much of what little LGBTQ content there is in education programs comes through elective Multicultural Counseling courses. How adequate is this model for working with LGBTQ individuals?

The three key areas of cultural competency that can be used in clinical work with LGBTQ clients as well as in supervision on this work are: awareness/beliefs, knowledge, and skills (Alderson, 2004; Goodrich & Luke, 2011). Awareness calls upon supervisors and supervisees to be aware of their own worldviews and cultural conditioning, to recognize the challenges of coming out; to recognize the effects of heterocentrism; and to believe that gender neutral language is important. Knowledge is used to determine culturally relevant and developmentally appropriate goals, and to understand LGBTQ culture and issues. Skills include the tools and techniques necessary to address issues related to sex, sexuality, and gender.

Chase (2004) proposes that music therapists use a cultural literacy model. “This model requires the straight therapist to develop familiarity with the client’s heritage and milieu and a willingness to examine themselves, their own privilege as heterosexuals, and their attitudes, feelings, and beliefs about gays and lesbians” (p. 36). She emphasizes the importance of supervision as part of culturally competent music therapy practice. AMTA guidelines include sexual orientation and gender identity in lists of culturally competent practices (Whitehead-Pleaux, et al., 2012).

One problem with working from a multicultural approach is that these approaches are often focused outward, based on the idea of learning to work with people from other cultures. The invisible, unmarked category is Western European cultural production. If LGBTQ issues are

addressed from this perspective, the dominant hegemony that considers certain types of sexuality and gender expression as "normal" is reinforced (Hadley, 2013).

A Queer Music Therapy Approach

An alternative approach is espoused by Bain, Grzanka, and Crowe (2016), who argue that "developing competencies around LGBTQ issues in music therapy is more complex than simply including, or incorporating, diverse sexual orientation, and gender identity issues, into an existing disciplinary framework, that has an historical hostility towards non-normative sexualities and genders" (p. 22). They propose instead a queer music therapy. The formerly stigmatized word "queer" has been reclaimed as a name for theory and individuals that reject heteronormative sexual and gender politics. It denotes a refusal to be classified on the basis of sexuality (Alderson, 2004), an embrace of gender nonconformity (Bain, Grzanka, & Crowe, 2016), and an attempt to include broader categories of sexuality, including "bisexuality, transexuality, intersexuality, asexuality, and the possibility of moving between categories" (Hadley, 2013, p. 378). Queer theory argues that sexual identities are fluid, and that the construction of a homo/hetero binary opposition is limiting. It argues that gender is socially constructed through performance and therefore non-normative gender performance can be used for empowerment (Butler, 1990).

According to queer theory, many of the psychological problems experienced by LGBTQ persons have to do with society and culture, in which "heterosexual relationships are celebrated and reinforced while queer relationships are marginalized" (Bain, Grzanka, & Crowe, 2016, p. 23). Openly identifying as LGBTQ can have social, legal, physical, and emotional consequences. Rather than focusing on the individual as being the one with the problem, queer therapy attempts to address sexuality as a system of power and inequality. The problem is caused when the

individual tries to live within that system. In this view, the high rate of LGBTQ clients who seek counseling is not due to personal developmental or emotional problems associated with homosexuality, but rather due to internalized homophobia and cultural heteronormativity (Bain, Grzanka, & Crowe, 2016).

Significantly, many music therapists did not know the term "ally," most did not know the term "heteronormativity," and not all used gender-neutral language in clinical work. "This further indicates the need for education around heteronormativity and assumptions regarding sexual orientation" (Whitehead-Pleaux, et al., 2013, p. 413). Heterosexual bias is a part of many theoretical models, including developmental psychology, and it "penetrates psychotherapy literature and training programs" (Ahessy, 2011, p. 13). It is embedded in institutions and promotes both the inherent superiority of heterosexuality and the assumption that everyone is heterosexual (Hadley, 2013). Troutman & Packer-Williams (2014) consider an understanding of heterosexism as the first requirement for working with LGBTQ populations. Rather than trying to change them to fit into an oppressive system, therapists should work toward challenging and changing these dominant narratives (Baines, 2013; Hadley, 2013).

Queer music therapy would: "1) combat heteronormativity by emphasizing the complexity and fluidity of sexual orientation, 2) support expression of unique personal and social conflicts due to oppression, 3) empower queer individuals to find strength in differences by freely expressing and performing their gender and sexual identity, 4) positively impact interpersonal relationships to counteract negative social pressures, 5) emphasize common cause rather than commonality of identity" (Bain, Grzanka, & Crowe, 2016, p. 26).

Summary

LGBTQ issues have not been adequately addressed in either educational programs nor in supervisory practices in music therapy and related mental health fields. Rather than trying to fit LGBTQ issues into existing elective multicultural competency courses, they should be integrated into a core curriculum that acknowledges and works to overcome the social construction of heteronormativity in favor of a fluid conception of sexuality and gender. In music therapy practice, music choices should reflect knowledge and understanding of LGBTQ issues and culture in order to promote empowerment and avoid unconsciously perpetrating oppression.

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