

A COLLABORATIVE COALITION:  
ACTION RESEARCH RESPONSE TO A MUSIC THERAPY GROUP FOR GENDER  
AND SEXUAL MINORITY COLLEGE STUDENTS

A Thesis  
by  
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## **Abstract**

### **A COLLABORATIVE COALITION: ACTION RESEARCH RESPONSE TO A MUSIC THERAPY GROUP FOR GENDER AND SEXUAL MINORITY COLLEGE STUDENTS**

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The present study explored the experiences of previous group members of the gender and sexual minority college student music therapy group *Myself in Melodies* through action research. The group incorporated a variety of musical experiences with concepts from queer theories. Four previous group members participated in individual interviews discussing evolution of the group, barriers to participation, and further actions for social change. One participant's suggestion for a group discussion led to another cycle of research in which three of the four participants engaged in a group discussion to brainstorm ideas for further action and the role of advocacy in music therapy. Findings include the importance of group music therapy and potential for other forms of music therapy groups for gender and sexual minorities.

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## **Dedication**

This thesis is dedicated to all those who seek to use both their minds and hearts in unison, to those who redefine the rules and find beauty along the way.

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## **Chapter 1**

### **Introduction**

#### **Inspiration for Research**

When I first decided I wanted to become a music therapist, I was riding a bus reading a vignette about runaway and de-homed gender and sexual minority youth. I was a sophomore in college and in the process of not only coming out to others but also building my queer community, reading every book I could get my hands on, challenging my own assumptions about who I was, and finding my voice. With big questions about who I was and who I would be in this world, I was on a search for purpose and how I may be able to be an advocate for my friends and myself in a way that felt authentic.

Due to having parents and friends that have accepted and embraced my understanding and expression of queer identity as well as having economic security, I have never questioned that I would find love and safety in my everyday life. The awareness that so many people cannot say the same tells me that there is work to do in our world, work of which I want to be a part. While my circumstances afforded me the luxury of self-exploration and self-discovery with relatively little concern for how others would respond to me, I know this is not the case for so many people. I am here to imagine a world in which more LGBTQ+ folks can share their diverse stories without fear.

Over time I have learned more about intergroup discrimination among and between gender and sexual minorities, including biphobia, racism, classism, and ableism. As a white, upper-class, educated, able-bodied, Christian-raised, thin, cisgender, queer woman I move through the world with my own societally-constructed benefits. I dedicate myself to cultivating cultural humility and seeking to understand and learn from others with experiences unlike my own.

During my graduate studies at Appalachian State University, I set off to create something I would have loved as a college student: a music therapy group specifically inclusive of gender and sexual minorities. Together, Kendra Bodry, MMT, MT-BC and I formed *Myself in Melodies*<sup>1</sup>, co-facilitating the weekly group for three semesters. Students found out about the group from campus advertisements and referrals from faculty and staff. Group sizes have varied from three to four consistent attendees with as many as six attendees to one session. Participants have used the group to hold space for their questions about themselves and their critiques of society, to experience being heard and seen, to support one another, and to share both pain and joy. The content of meetings depended on the interests and requests of participants. Some experiences included referential music improvisation, song and poetry discussions, brief songwriting and song parody, drawing to music, movement to music, and supportive music and imagery. Discussing songs by gender and sexual minority musicians sparks storytelling, drawing and movement to music brings inward mindfulness, and improvised music making fosters the creative and collaborative communal space.

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<sup>1</sup> A lyric from the Sia (2016) song “Bird set free.”

In the Fall of 2018, not enough people expressed interest in joining Myself in Melodies to form a group for the semester. The following research has been inspired by the experiences gleaned from previous groups and conversations and my hopes to further and deepen the impact of music therapy practice. In particular, I set out to discover what actions taken outside the traditional therapeutic space could impact the potency of therapy with clients.

### **LGBTQ+ Coalition in the United States**

The modern LGBTQ+ rights movement in the United States, which spawned a more visible coalition of gender and sexual minority folks, could be described as starting in the latter half of the 1960s (Blumenfeld, 2013, p. 377). In both the Compton's Cafeteria raid in San Francisco in 1966 and the Stonewall riots of 1969, law enforcement expelled gender and sexual minorities, particularly gender diverse people of color, from communal spaces. Since then, the LGBTQ+ coalition has gone through times and factions that were more and less inclusive of all gender and sexual minorities. More recently, the United States Supreme Court found marriage to apply to the union of any two consenting adults, regardless of gender (*Obergefell v. Hodges*, 14-556 U.S., 2015). Gains in acceptance of sexual minorities have been slow and hard-fought, often at the risk of leaving out gender minorities (van Eeden-Moorefield & Benson, 2015).

For the purposes of this paper, I will at times refer to people with minority sexual orientations and/or gender identities as a coalition, which I define as people who identify as sexual and/or gender minorities who are often brought together for a common cause despite different experiences of discrimination and privilege. While much literature uses the concept of a single community, I believe this fails to reflect the diversity of many people's

experiences, such as the harassment disparities between sexual minorities and transgender folks (James et al., 2016). Commonalities can be expressed without ignoring differences and experiences of disunity. Further, the word coalition invokes the coming together of unique cohorts to work toward a common cause. The diversity among and between gender and sexual minorities is worth amplifying because uniformity would only further oppress us.

### **Gender and Sexuality Terminology**

Culture shifts rapidly. Despite increasing terminology, theories of development, and media representation in the past century, people have experienced, expressed, and lived an expanse of what gender and sexuality can be for centuries (Foucault, 1978). Western culture expects labels for sexual behavior that often overlook attraction, fantasy, and pleasure (Foucault, 1978). However in 2019 in the United States, the conversation continues to explore new levels of nuance. In fact, gender and sexuality terminology evolves so swiftly that many academic texts are quickly outdated as people define for themselves their lived experiences. Admittedly, the following terminology in this study will itself be outdated in a couple of years. Terminology that is not your own can be confusing, and people define and embody identities differently. As Cameron Esposito (2018, May 28) states in each episode of her LGBTQ+ interview podcast *QUEERY with Cameron Esposito*, “This is a show about individual experience and personal identity. There may be times when folks use identifying words or phrases that don’t feel right for you. That’s part of what we’re exploring here.” Part of embracing gender and sexual diversity requires the acceptance of diversity in regards to what terms mean to individual people. With that mindset, I present the following definitions now with best intentions of respect for how these terms are used today and may be applied in the future.

**Sex assigned at birth, gender identity, and gender expression.** Within the LGBTQ+ coalition, two distinct aspects of identity come together: gender identity and sexual orientation. Understanding gender is fundamental to how we consider sexuality. Historically gender has been defined by a binary system of one's *sex assigned at birth*: male or female. However, people can be born with hormonal and chromosomal differences (i.e., androgen sensitivity syndrome) that result in a variety of external genitalia (i.e., enlarged clitoris); such conditions are known as *differences in sexual development (DSD)* or being *intersex* (Accord Alliance, n.d.). People who have *DSD* or identify as *intersex* often have surgical alterations before the age of consent and so may or may not identify with their *sex assigned at birth* ("PFLAG National Glossary of Terms," 2018).

People can also be *transgender*: born with bodies that correlate to what society considers male-typical or female-typical but knowing their *gender identity* to not match their *sex assigned at birth*. *Gender identity* is one's internal sense of self, often understood in relation to qualities commonly understood in a binary as "feminine" or "masculine" rather than rigidly determined by biological *sex assigned at birth* ("PFLAG National Glossary of Terms," 2018). People may experience masculine and feminine characteristics in combination as a fluid expression ("PFLAG National Glossary of Terms," 2018). *Gender identity* is increasingly understood as a spectrum of possibility including identities such as *gender fluid*, *gender nonbinary*, and *genderqueer*. Often these identities are grouped under the transgender umbrella ("PFLAG National Glossary of Terms," 2018). I will use the term *gender diverse* to more clearly refer to folks who identify outside of and beyond the *gender binary*.

*Transgender* and *gender expansive* folks may or may not experience *gender dysphoria*, or clinical distress at the disparity between their *gender identity* and their physical body as well as how they are perceived (American Psychological Association, 2013). Some *transgender* and *gender expansive* folks choose to *transition* socially, physically, medically, or some combination to express their *gender identity* (“Glossary of Terms,” 2018). *Gender transition* may include beginning to use pronouns and a name that matches one’s *gender identity*, dressing differently, receiving hormone replacement therapy, having primary and secondary sex organs removed or reconstructed, among other measures (“Glossary of Terms,” 2018).

In many Native American cultures, *Two-Spirit* is used to describe a person who holds two identities, particularly masculine and feminine spirit (Tribal Court Clearinghouse, n.d.). The inter-tribal Native American, First Nations, gay and lesbian American conference in 1990 conceived the term to encompass “Indigenous North Americans who fulfill one of many mixed gender roles found traditionally among many Native Americans and Canadian First Nations Indigenous group” (para. 2), and further, “the term Two-Spirit varies from tribe to tribe” (para. 1). Despite its broadness, the term is specific to Native and Indigenous people of the North American continent in current day Canada, Mexico, and the United States.

People “whose gender identity aligns with the one typically associated with the sex assigned to them at birth” are called *cisgender* (“PFLAG National Glossary of Terms,” 2018). Regardless of one’s *gender identity*, gender can be expressed in many ways. One’s *gender expression* may consist of how they dress as well as their mannerisms and behaviors (“Glossary of Terms,” 2018).

**Sexual and romantic orientations.** *Sexual and romantic orientations* help one describe the people to which one is attracted. Attraction can be sexual, romantic, and/or emotional in nature and may or may not include action upon sexual behaviors at any point in time. While *sexual and romantic orientations* are not the same as *gender identity*, these orientations often rely upon one's *gender identity* as well as others' *gender identities* to be understood. People who are *gay* and *lesbian* are often described as being attracted to *same-sex* partners or *same-gender* partners. For example, in a cisgender woman and transgender woman couple both women may both identify as *lesbians*. In some Black communities in the United States, the term *same-gender loving* is used rather than adopt Eurocentric terms like *gay*, *lesbian*, or *bisexual* ("PFLAG National Glossary of Terms," 2018). People who are *pansexual* experience attraction to people with various *gender identities*, though not necessarily to the same extent or with the same frequency ("Glossary of Terms," 2018). People who are *bisexual* experience attraction to men and women ("Glossary of Terms," 2018). This definition can be and is applied to include people outside the *gender binary*, causing it to overlap with *pansexual* and *queer* identities (Callis, 2014). People may experience attractions outside their sexual orientation, reminding us that labels are limited and attraction much more complicated than simple.

People who identify as *asexual* experience little to no sexual attraction or interest (The Asexual Visibility and Education Network, n.d.), and people who identify as *aromantic* experience little to no romantic attraction or interest (AVENwiki, n.d.). One's sexual and romantic orientations may or may not overlap, as people can be attracted to different people in different ways. As an example, someone may identify as *asexual* and *panromantic*,

meaning that they are romantically interested in people with a variety of *gender identities* without experiencing sexual attraction to them.

*Queer* is a term that has been reclaimed by many from its use as a slur (“PFLAG National Glossary of Terms,” 2018). Some people use it to describe individual identity (sexuality, typically) like I do. It can also be used to refer to the LGBTQ+ coalition collectively. At its core, *queer* embraces outsider identity of our culture and era. Tilsen (2013) defined *queer* as “a critique of identities ... [that] stands in resistance to fixed identity categories” (p. xxvi). I use *queer* to identify my sexuality because it is the only label that pushes back against the notion of labels. In this way, I reclaim some privacy of what my sexuality means to me except to say that it is beyond heteronormative concepts of sexuality. The term *queer* will be used in this paper to refer to individuals who call this particular identity home as well as to refer to the subversion of gender and sexuality cultural norms.

**Societal pressures and words that hurt.** United States culture reinforces societal norms. *Gender identity* and *expression* and *sexual orientation* are highly policed by *gender binary* standards (Blumenfeld, 2013). *Heterosexism*, related to sexism and transgender oppression, denotes the socially policed binary enactment of sexuality and gender roles (Blumenfeld, 2013). *Heterosexism* can be expressed through violence, discrimination, hate-speech, as well as “neglect, omission, erasure, and distortion” (Blumenfeld, 2013, p. 374). Tilsen (2013) defined *heteronormativity* as “the institutionalized assumption that everyone is (or should be) heterosexual and that heterosexuality is inherently superior and preferable to any orientations outside of heterosexuality” (p. xxv). Social policing occurs within the LGBTQ+ coalition as well.

*Homonormativity* reinforces norms associated with *heteronormativity*; as Tilsen (2013) explained, “*Homonormativity* creates a binary opposition to *heteronormativity*, thus reifying the dominance of the former rather than generating a proliferation of other possible ways of being” (p. xxv [italics inserted]). *Cisnormativity* describes reinforcing the assumptions that all people’s *gender* aligns with their *sex assigned at birth* and that *cisgender* identity is preferable to and better than *transgender* or *gender expansive* identity (Bauer et al., 2009). *Cisnormativity* appears in hurtful actions such as *misgendering*, or using the wrong pronouns or gender markers to refer to someone, as well as assuming only women menstruate (“PFLAG National Glossary of Terms,” 2018).

A term that many in the LGBTQ+ coalition have called to be retired is *homosexual*. Those in helping professions diagnosed people with *homosexuality* as a mental disorder per classifications in the first and second editions of the American Psychological Association’s *Diagnostic and Statistical Manual (DSM)* (Drescher, 2015). With the removal of *homosexuality* as a diagnosis in the *DSM-III*, the term is now considered “an outdated clinical term often considered derogatory and offensive” by many (“PFLAG National Glossary of Terms,” 2018). *Gay*, *lesbian*, and *same-gender loving* are acceptable ways to describe *same-gender attraction* (“PFLAG National Glossary of Terms,” 2018).

## **Music Therapy**

As defined by Bruscia (2014),

Music therapy is the reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music

therapy is the professional practice component of the discipline, which informs and is informed by theory and research. (p. 36)

When someone participates in music therapy, they are invited to have a relationship not only with a board-certified music therapist but also with all of the musical elements present in the session. Music therapy practice consists of many evidence-based techniques that can look as differently as each participant. Fundamentally, music acts as a change agent, communication form, motivator, and unifier. Every known culture in history has relationships with and through music. In sessions, the music can often express or contain what the therapist alone cannot.

**Group music-making.** A significant portion of music engagement in *Myself in Melodies* consists of percussive improvisation. Group members choose from a variety of hand-held percussion instruments (i.e., claves, rainstick) and larger percussion instruments (i.e., djembe, cymbal, timpani, piano) as well as use of body instruments (i.e., voice, hands). The structure, content, and purpose of musical improvisation most closely reflects Gillian Stephens' work of adult improvisational therapy (Bruscia, 1987).

**Adult improvisational therapy.** Based in Gestalt and systems theories, adult improvisational therapy balances musical and verbal processing and exploration. Stephens (Bruscia, 1987) developed the model based upon her work with adults looking to gain self-awareness, self-express, and build interpersonal relationships. "Words are needed to specifically designate what actions or feelings are, while music is needed to elaborate, reflect on, and undergo them" (p. 345). Further, the music provides an opportunity, space, or medium for contact and expression. Change occurs through the Gestalt principles of sharing

contact with another (i.e., therapist or group member), grounding in the here-and-now, and integration of the aspects of self.

### **Action Research**

Music therapists Stige and McFerran (2016) began their description of action research with a question, “how does knowledge relate to practical and social change?” (p. 429).

Action research is about transformation. Through cyclical processes, action researchers typically study the systems and communities in which they operate. Stige and McFerran pointed out the benefits in engaging in action research for music therapists who are always looking to improve their practice. The action research process requires that practitioners acknowledge their positionality in research as well as identify who will be impacted by the study and its outcomes. By positioning themselves as change agents, action researchers “study social reality by acting within it and studying the effects of their actions” (Anderson, Herr, & Nihlen, 2007, p. 1). Anderson et al. recommended collaborative work even for those practitioners with insider status because action research lends itself to restructuring power; as education researchers they described action research taking place “as part of a larger social movement that challenges dominant research and development approaches that emphasize an outside-in, top-down approach to educational change” (p. 7). With our nation in a time of change and social reckoning, with LGBTQ+ folks defining and redefining culture, action research allows researchers to harness that energy into social progress.

### **Purpose of Study**

This research stemmed from an interest to know what participants will identify as critical transformation necessary to improve their experience in the LGBTQ+ college student music therapy group *Myself in Melodies*. By learning about the participants’ experiences, I

launched into identifying how to deepen the impact *Myself in Melodies* has within and beyond the therapy space through learning more about the experience of participants in the group. No research to date found considers applications of music therapy with similar factors (collegiate gender and sexual minority young adults participating in a semester-long music therapy group).

Gender and sexual minorities folks' need for support and space to nurture their resilience has been overlooked in national culture and in the field of music therapy. The ingenuity required to shift social constructs such as the gender binary position the LGBTQ+ coalition to question and adapt music therapy practice to suit their interests, goals, and needs. Through action research, participants reimaged, created, and explored the field of music therapy.

This research does not provide others with answers about how to have a gender and sexual minority-inclusive practice. Rather, I hope this study will inspire readers and listeners to go and do their own work and find out what engaged, critical, reflective practice means in and with the communities in which they move and act.

### **Research Questions**

Anderson et al. (2007) stated the predicament of action research: to refine the research question(s) and embrace the ongoing process of discovery that occurs during the process of research that may shift the original question(s). With that in mind, the original research questions are

1. How does an LGBTQ+ college student music therapy group evolve to meet the interests of the group in real time?

2. What barriers exist to ongoing participation in this group and how can they be minimized or eliminated?
3. What social change needs to occur as a part of or product of this group?

## **Chapter 2**

### **Literature Review**

Little music therapy research and literature has explored the potential benefits, challenges, limits, and opportunities of a specifically designated music therapy group for sexual and gender minorities (Bain, Grzanka, & Crowe, 2016; Boggan, Grzanka, & Bain, 2017), with none specifically addressing such a group for gender and sexual minority undergraduate college students. With a long history of deficit-focused therapeutic intervention on treating LGBTQ+ folks, only recently have those in therapeutic fields considered factors such as holding space for community building, enhancing individual and community resilience in the face of discrimination, and encouraging inclusive and open self-exploration around sexuality and gender. This chapter will consider research with gender and sexual minority young adults and college students from various helping professional fields as well as the current music therapy literature.

#### **LGBTQ+ Young Adults**

Much literature on gender and sexual minority young adults centers on the experiences of cisnormativity, heteronormativity, and the outcome, minority stress (i.e., Corliss, Goodenow, Nichols, & Austin, 2011; Gattis & Larson, 2017; Giammattei & Green, 2012; Lewis, Derlega, Griffin, & Krowinski, 2003; Meyer, 1995; Meyer, 2003; Morton et al., 2018; Rosario, Rotheram-Borus, & Reid, 1996). While understanding the disparities between straight, cisgender people, and gender and sexual minorities may inspire the impetus toward

helping work, the predominant narrative of hardship and pain awaiting gender and sexual minority youth prevails without systemic change. Only by looking at the underlying causes of these disparities can one see the depth of the causes and need for societal change.

**Minority stress.** When gender and sexual minorities experience discrimination, oppression, and violence, their instances of depression (Gattis & Larson, 2017; Lewis et al., 2003), emotional distress (Meyer, 1995; Rosario et al., 1996), suicidality (Giammattei & Green, 2012; Rotheram-Borus, Hunter, & Rosario, 1994), homelessness (Corliss et al., 2011; Morton et al., 2018), and substance use (Rosario et al., 1996) and addiction (Giammattei & Green, 2012) increase. This phenomenon known as minority stress, also referred to in literature as gay-related stress, describes the impact of marginalization upon a person's wellbeing (Brooks, 1981; Meyer, 1995; Timmins, Rimes, & Rahman, 2017). Meyer (2003) created the minority stress model which explores the interplay of "prejudice events," "expectations of rejection," "concealment," and "internalized homophobia" (p. 679). Though originally intended to explore the experiences of sexual minorities, the model has gone on to be applied to gender minorities as well (Hendricks & Testa, 2012; Timmins et al., 2017).

**Gender and sexual minority college students.** Research to understand the experiences of gender and sexual minority college students describes a unique time of development, increased independence, yet continued exposure to minority stress. Before arriving to the collegiate setting, many gender and sexual minority teens experience inequality in their high schools (Snapp, Hoenig, Fields, & Russell, 2015a). While gender and sexual minority college students have a certain level of socioeconomic privilege that affords them the opportunity to attend college, minority stress still impacts much of their lives (Schmitz & Tyler, 2018). During a time when many young people are living away from their

families for the first time in their lives, familial support remained the leading indicator of self-esteem, LGBT-esteem, and life satisfaction although community and friend support also increase these markers of wellbeing for a group of LGBTQ 21-25 year olds (Snapp, Watson, Russell, Diaz, & Ryan, 2015b).

Woodford, Han, Craig, Lim, and Matney (2014) found that direct as well as “ambient harassment,” defined as witnessed harassment of another person, contributed to anxiety and depression in sexual minority college students. In Dugan, Kusel, and Simonet’s (2012) study transgender undergraduates reported more harassment and discrimination and less “sense of belonging” than cisgender peers (p. 724). However, this study contains weaknesses as the researchers leave unclear if the study included participants who are intersex or have disorders of sexual development. Despite the troubled history of mental health treatment of gender and sexual minorities, Kerr, Santurri, and Peters (2013) found that lesbian and bisexual women undergraduates used mental health resources at a higher rate than their straight women peers. Unfortunately, the study left out a wide variety of sexual minority women such as transgender and “unsure” gender participants who are also lesbian or bisexual as well as women who identify outside the markers of lesbian and bisexual. Woodford, Kulick, Garvey, Sinco, and Hong (2018) found offering campus resources and inclusive policies, such as encouraging community experiences by hosting an LGBTQ+ student organization or center for the psychological wellness of sexual minorities, increased self-acceptance and decreased experiences of heterosexism and distress among gender and sexual minority students. While schools may have less opportunity to facilitate familial acceptance of gender and sexual minority students, institutional support could reduce the harmful impacts of minority stress.

**Enacting change through practice.** In their article “A critique of neoliberalism with fierceness: Queer youth of color creating dialogues of resistance,” Grady, Marquez, and McLaren (2012) took on the intersections of capitalism, racism, heteronormativity, cisnormativity, and education where they meet in continued colonization. The United States’ culture disenfranchises queer youth of color on many fronts; “many schools have become places that delegitimize the existence and lived experiences of queer youth of color, and, in doing so, define success as an achievement within an exclusively heteronormative domain” (p. 984). To reclaim agency, queer youth of color formed the dance groups Vogue Evolution and Innovation to counter narratives of domination. Through creativity and performance, Vogue Evolution and Innovation “combat the effects of neoliberal politics through dance, community outreach and activism” (p. 995). Members of these groups perform, embody, call attention to, and shape change through artistic means.

Research of the harm done to gender and sexual minority youth and young adults leaves space at the table for therapeutic practice, leaving practitioners with the question: *How do you hold in the therapeutic space someone who’s wounds are not internally but externally inflicted by the very culture in which they live?* Informed by queer theory and narrative therapy, Tilsen’s (2013) book *Therapeutic conversations with queer youth: Transcending homonormativity and constructive preferred identities* took up the question. Tilsen engaged a group of queer youth, whom she referred to as the Q-Squad. Dack, Slobogian, Mateo Llanillos, Ruben Llanillos, and Dylan Ralke acted as “cultural consultants” (p. xix) whose statements are shared throughout the book. Written for practitioners, the text outlines how “in our practices, we can ask questions that help clients interrogate ‘truths’ that hold them hostage to specifications that they cannot or prefer not to meet, yet by which they are judged

under the gaze of normativity” (p. 25). Beginning with her own positionality and process, Tilsen then gave a synopsis of queer theory.

Tilsen queers therapeutic narratives. In addressing the topic of “coming out,” Tilsen suggested a “coming in” model; “*Who would you like to invite in as your guest to your world, where you can be a respected host, rather than having to come out into a potentially hostile world as an unwelcome stranger?*” (p. 47). Radically, this question centers on choice and safety rather than implying the client’s responsibility to be open about all their identities to all people in order to live authentically. Counter to the traditional mode of diagnosis with the *Diagnostic and Statistical Manual* (APA, 2015), Tilsen invited practitioners to diagnose culture:

for example, instead of diagnosing the youth with an anxiety disorder, consider the youth’s experience within the context of a hostile and unwelcoming school climate. Skipping school may be understood as a self-protection strategy; feeling anxious is a sensible response to cruel treatment, one that keeps him or her vigilant (pp. 100–101) making the diagnosis of the culture ““Gender Inflexibility Disorder, Transphobic Features, Patriarchal Violence Subtype”” (p. 101). By calling into question the nature of how traditional schools of thought individualize the experience of stress, depression, anxiety, and other unpleasant symptoms, her model reminds both clients and practitioners of the role of culture in defining human experience.

### **Music Therapy with Gender and Sexual Minorities**

Music therapists practice across the lifespan and in many settings. However, the role of music therapy has been less clear, perhaps, in recognizing cultural differences between therapist and client. Until the early 2010s, little research and literature existed on music

therapy with sexual minorities (Bruscia, 1991; Chase, 2004; Lee, 1996). No journals included literature identifying clients as transgender or gender expansive until Whitehead-Pleaux et al. (2012). Recently music therapy literature has begun to reflect the nation's increasing conversation around inclusion of gender and sexual minority folks in society (Ahessy, 2011; Bain et al., 2016; Boggan et al., 2017; Whitehead-Pleaux et al., 2012; Whitehead-Pleaux et al., 2013). Increasingly, music therapists are presenting at professional conferences on the impact of clients' and therapists' gender and sexual diversity upon music therapy practice with a remarkable number occurring in 2018 (Aronoff, 2016; Berry & Bodry, 2018; Forinash, Hardy, Kynvi, Oswanski, & Robinson, 2018; Gumble, 2018; Gumble et al., 2018; Hardy, 2018; Hardy, Robinson, Kynvi, & Oswanski, 2018; Leske, 2016; McSorley, 2018; Oswanski, 2018; Whitehead-Pleaux, & Donnenwerth, 2018), promising an influx of new voices and knowledge into the conversation. Surveys of music therapists, music therapy program directors, and music therapy organizations documented an increased interest in providing training for gender and sexual minority-inclusive practice (Ahessy, 2011; Whitehead-Pleaux et al., 2013). Of the published literature available today, four articles exist that concern the practice of working with gender and sexual minority clients (Bain et al., 2016; Boggan et al., 2017; Whitehead-Pleaux et al., 2013; Whitehead-Pleaux et al., 2012).

**Clinical practice.** In 2016 Bain et al. proposed queer music therapy as a queer theory-informed method of music therapy practice. Using queer theories, the authors developed queer theory-informed principles:

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” (p. 26)

as well as goals in response to Western heteronormative, cisnormative culture:

support gender identity and expression, improve self-esteem and self-image, promote a sense of control over life (Carter, Mollen, & Smith, 2014), affirm differences and celebrate diversity, combat heteronormativity and cisgenderism, improve group cohesion, facilitate emotional expression and identity expression, and promote empowerment. (p. 27)

The authors also presented five music therapy experiences aimed at facilitating group exploration of above goals:

1. “Musical autobiography assessment” (p. 27)
2. “Gender bender song parodies and performance” (p. 27)
3. “Transitions (music and creative arts)” (pp. 27-28)
4. “Critical lyric analysis” (p. 28)
5. “Group anthem writing” (p. 28).

Through the above experiences, those engaged in music therapy explore their own sense of self with space to reconsider how society has written gender and sexuality scripts for them. In reflecting upon the past, as the musical autobiography and transitions experiences do, clients engage with the fluidity and variation in how they have identified and related to their gender and sexuality. The gender bender song parody and performance and critical lyric analysis question social norms in existing music. Finally, clients can envision a new world

through both the gender bender song parody and performance and group anthem writing; the former reimagining an existing song and the latter creating anew. Intended for LGBTQ+ youth in particular, Bain et al. have responded to the cultural cry to make space for exploration and expression in music therapy practice.

The following year Boggan et al. (2017) explored music therapists' feedback on the former article's proposed radically inclusive music therapy. Ten board-certified music therapists and one music therapist in training reflected many of the key components of queer music therapy as being helpful in approaching therapeutic work with LGBTQ+ clients. Respondents highlighted Bain et al.'s (2016) emphasis on "common cause rather than commonality" (p. 26) helping to address the inherent diversity within the LGBTQ+ coalition, without splintering, by focusing on differences. In line with understanding a coalition instead of unity, respondents noted how queer music therapy lends itself toward group work and community building. Respondents also pointed to queer music therapy's effectiveness at countering the historic pathologizing of LGBTQ+ folks and providing a way in which to address that and other systems of oppression therapeutically.

The key finding of where queer music therapy should grow was in the area of intersectionality (Boggan et al., 2017). Respondents reflected the need for queer music therapy application to diverse needs of aging LGBTQ+ folks as well as those with diverse abilities. Two respondents in particular pointed out that many of the older folks they work with manage LGBTQ+ stigma, which may be more important to them than expressing self-discovery. LGBTQ+ folks with intellectual and developmental disabilities may also experience their identities differently, as two respondents pointed out. Boggan et al. recommended adjusting experiences to fit the cognitive functioning and developmental age

of clients as well as considering the pervasive stigmas placed on people with cognitive and developmental differences and assumptions about their sexuality or presumed asexuality. No participants in the study worked with or commented on how queer music therapy may impact folks with physical disabilities.

**Best practices.** In 2012 Whitehead-Pleaux et al. compiled best practices for music therapy practice with LGBTQ clients, updating Chase's (2004) suggestions for the field, based on her review of music therapy literature with lesbian and gay clients. Whitehead-Pleaux et al. (2012) emphasized the importance of practitioners taking time to educate themselves on "LGBTQ musicians, history, literature, cultures and subcultures, advocacy, ally and support groups, legal challenges social policies, and mental and physical health" (p. 160) and "attend comprehensive and ongoing diversity trainings around LGBTQ issues and culture" (p. 162). The authors called for changes to discriminatory language in documentation, policies, and practice. Of note is the language of the document itself, which included dated terms such as "preferred name and gender" (p. 161), which implies a variety of acceptable options when referring to a client.

Hadley and Norris (2016) took up the importance of multicultural competency as ongoing education, sensitivity, and self-reflection. Central to their points, they stated, "all counseling, all human interaction, is cross-cultural in nature, and that each person is a unique manifestation of his/her/zir culture" (p. 129). They encouraged practitioners to investigate their own beliefs, scrutinize systems of oppression and reflect upon one's place within them, and advocate for justice. Swamy (2014) highlighted three core components of culturally-aware music therapy practice through personal vignettes. First, context is vital to understanding the therapeutic process. A client's life circumstances, their relationship to

music, and their perception of the music therapist and music therapy process are all culturally relative. Additionally, identities the client uses may differ from those the therapist perceives. Finally, Swamy impressed upon the subjective and culturally-influenced process of meaning-making. She articulated the importance of paying attention to the cultural implications of the music used in sessions. While music therapists have strong guiding documents for informed, culturally-sensitive practice that call for self-reflection and education, music therapists' self-perception of competence and the availability of training in the field lag behind.

**Music therapists' self-perception of competence.** Many music therapists and music therapy students feel underprepared to work with gender and sexual minorities in their clinical practice (Whitehead-Pleaux et al., 2013). In a survey open to music therapists worldwide, Whitehead-Pleaux et al. (2013) found that most respondents received training with no mention of gender and sexual minorities and most of those who did receive some training felt it was insufficient. Respondents also reported they expected to meet gender and sexual minorities in mental health settings more than any other clinical setting, either demonstrating prejudice or some understanding of minority stress and consequential mental health disparities. However, logic would indicate that gender and sexual minorities exist within every music therapy setting – from preschool classrooms to hospice care.

Ahessy's (2011) global survey found recognition among music therapists in academia and organizational positions that music therapy training lacks sexual minority competence classes and workshops to address the needs reported in Whitehead-Pleaux et al.'s (2013) report. Greater education seems vital at every level, however, as respondents to Ahessy's survey stand in positions of power and believe sexual minority concerns to "represent an isolated clinical population" (p. 26). Taken together, these surveys indicate that music

therapy training lags behind research and best practices. Without action on the part of music therapists who educate formally and informally, make accreditation standards, host forward-thinking dialogue, and in other ways effect systemic change, music therapists will continue to lag behind our ideals for the field. Clients should continue to have a voice in what change and progress looks like as those primarily impacted by our work.

A blossoming era of music therapy writings, conversations, and presentations exploring the work of music therapists with gender and sexual minorities has arrived (Ahessy, 2011; Aronoff, 2016; Bain et al., 2016; Boggan et al., 2017; Berry & Bodry, 2018; Forinash et al., 2018; Gumble, 2018; Gumble et al., 2018; Hardy, 2018; Hardy et al., 2018; Leske, 2016; McSorley, 2018; Oswanski, 2018; Whitehead-Pleaux et al., 2012; Whitehead-Pleaux et al., 2013; Whitehead-Pleaux, & Donnenwerth, 2018). Music therapists have published new ways of practicing (Bain et al., 2016), proposed best practices (Whitehead-Pleaux et al., 2012), and individuals' and training programs' perceptions of competency in working with gender and sexual minorities (Ahessy, 2011; Whitehead-Pleaux et al., 2013). Promise awaits in how professional training can incorporate the increasing literature and conference presentations.

## **Summary**

Research has demonstrated the painful impact of minority stress on gender minorities (Hendricks & Testa, 2012; Timmins et al., 2017) and sexual minorities (Brooks, 1981; Corliss et al., 2011; Gattis & Larson, 2017; Giammattei & Green, 2012; Lewis et al., 2003; Meyer, 1995; Meyer, 2003; Morton et al., 2018; Rosario et al., 1996; Rotheram-Borus et al., 1994). The needs that ensue due to minority stress call out for attention from helping professionals of all kinds. Gender and sexual minority college students have specific needs of

social and institutional support (Dugan et al., 2012; Kerr et al., 2013; Snapp et al., 2015b; Woodford et al., 2014; Woodford et al., 2018). Increasingly, researchers and practitioners from various helping professions are looking beyond naming individuals' pain and creating opportunities for systemically-minded change (Bain et al., 2016; Grady et al., 2012; Tilsen, 2014).

## **Chapter 3**

### **Theoretical and Research Orientation**

Chapter 3 serves as the space to define and explore theories that inform this research as well as how action research has been informed by queer theories and applied in music therapy research. Key concepts from queer theories and anti-oppressive practice inform my clinical practice. I conducted research using action research methodology, combining influences from queer theory-informed action research and music therapy action research.

#### **Queer Theories**

I hoped to approach this work with sensibilities drawn from queer theories and queer discourse. The plural queer theories emphasize the multitude of ways in which ideas have been developed, described, and applied. Overviewing the breadth, depth, and richness of queer theories is outside the scope of this thesis. However, two key concepts of identity inform my practice. Both performative identity (Butler, 1990) and fluid identity (Sullivan, 2003) provide understanding for how gender and sexuality operate in people's lives and questions how society understands gender and sexual diversity. Queer theorists founded many of their ideas upon poststructuralist thought, which questions singular truths and narratives and rebuffs the simplistic and culturally-essentialist notions of human experience (Sullivan, 2003).

Butler (1990) described performativity in regards to gender identity through a constructivist lens. According to Butler, gender is performed through “acts, gestures” (p.185) to meet the expectations of what having a gender means. Further, she stated that “the action of gender requires a performance that is *repeated*. This repetition is at once a reenactment and reexperiencing of a set of meanings already socially established” (p. 191). In this argument, Butler presupposed the influence of society on the individual. Rather than gender performing the person, the person performs their gender. Performativity can be extrapolated to one’s sexuality as well.

Significant to most queer theories, fluidity of identity moves away from strict, fixed notions of identity (Sullivan, 2003). Linked closely to performativity, fluidity acknowledges the way in which one’s expression of gender and sexuality may change over one’s lifespan, as Diamond (2009) demonstrated in her longitudinal, mixed-methods research on women’s experiences of attraction. Fluid identity allows for a liberation of identity, harkening upon Walt Whitman’s (1855) declaration, “I contain multitudes” (p. 151). While these concepts may be taken to suggest that identities are irrelevant or meaningless, Tilsen (2013) teased out nuance “between ‘being born with’ *desires* and ‘being born with’ *an identity* that is discursive production” (p. 38). Identities are chosen names of lived experience.

Use of the word “performative” in a musical context immediately brings to mind the innate musicality of every being that is expressed and experienced as performance through music making or actively engaging in music (i.e., dance, artistic response to music) (Bain et al., 2016; Small, 1998). Given this beautiful musical metaphor, music therapy seems an apt experiential opportunity to play with the performative components of both gender and sexuality: *what does “feminine” sound like to you? What does an expression of love sound*

*like?* Fluidity in music can be felt in the change of timbre, beat, rhythm, and melodic themes over time. People expect change, variation, and growth of music. In this way, fluidity of self can be explored in a therapeutic context through musical representation of the self or aspects of the self (Kenny, 1999).

### **Anti-Oppressive (AOP) Music Therapy Practice**

Baines (2013) first applied anti-oppressive practice (AOP) principles to define an anti-oppressive music therapy practice. AOP embraces social justice and activism as core tenants. In utilizing AOP in both a mental health facility and long-term care facility, Baines and Edwards (2018) emphasized client choice and agency as she designed and implemented music therapy sessions. Notably, Baines and Edwards (2018) pointed out, collaboration must be used to facilitate sessions to counter and disassemble oppression in the therapeutic setting.

### **Action Research**

While action research has no single source of development, the collaborative nature of its emergence as a research design contributes to its richness in application. Lewin (1946) established the foundational spiral process that sets action research apart from other forms of research, the steps being “a circle of planning, action, and fact-finding about the result of the action” which continues indefinitely (p. 38). Paulo Freire was among those theorists who embedded anti-colonialist practice at the center of action research (Stige & McFerran, 2016). Action research holds potential to impact three distinct and overlapping areas: the professional, the political, and the personal (Noffke, 1997). Because of this, action research can be and has been applied on micro and macro scale, seeking to impact local communities as well as national policy. Action research has strong roots in social justice endeavors, including the pursuit of literacy programs for African Americans (Noffke, 1997). Action

research combines values such as social justice, sharing power, and improving practitioner efficacy.

Rooted in critical theory, action research asks the questions, “What counts as knowledge? Whose knowledge counts?” (Stige & McFerran, 2016). In grappling with the power dynamics of knowledge, action research often seeks to set traditional academic notions of expert and credibility. For this reason, action research ideally involves input from participants, even determining research questions, to explore and enhance the trustworthiness of the research. While acknowledging the power implicit in Western culture’s mode of attributing professional status, action research holds central that often the stakeholders in any situation have little socially-recognized power (Anderson et al., 2007). Additionally, action research is practitioner-focused; Anderson et al. described researchers as components that are themselves being studied and invited to change through the research process (p. 133). Fundamental to this concept of continual growth is the implementation of skepticism about the practitioner’s ability to be an expert.

People have conducted action research applying various theories and in various disciplines of practice. Queer theories have been a compatible and increasingly explored pairing with the critical theory roots of action research. Additionally, music therapists seeking to promote greater equity and efficacy in their practice have used action research to center research around the experiences of the people with whom they work (Bolger, 2015; Hunt, 2005; Schwantes & Rivera, 2017; Stige & McFerran, 2016).

**Queer theories-informed action research.** In addition to being rooted in critical theory, researchers have applied queer theories to action research (Filax, 2006; Kong, 2018). Filax (2006) made the case for how queer theories align with and can advance action

research to embrace the political. Both queer theories and action research address how society impacts how people experience their world (Sullivan, 2003). While not all action research may consider itself political, both queer theories and action research seek to disrupt status quos by asking questions of who and what social norms are serving (Anderson et al., 2007; Sullivan, 2004). Considering Noffke's (1997) three areas of action research – professional, political, and personal – allows the researcher-practitioner to engage with deep areas of clinical concern. The impact of gender and sexuality are of deep personal, societal, and political import. Kong's (2018) work with older gay men in Hong Kong took three phases of action with increasing ownership and leadership coming from participants. The author used queer theory to understand and embrace the shifting and fluid power dynamics. Originally designed as an oral history project, Kong and the participants allowed the study to evolve into a participatory action research project. In all, action research with a queer theories perspective allows for the fluidity of roles taken as researcher with the same principles of performative identity (Butler, 1990) as described in Kong's (2018) article.

**Trans-inclusive feminist participatory action research.** While the scope of this study will not include the rich and dynamic literature on feminist action research, one article from this cannon called out to be included. Singh, Richmond, and Burnes (2013) outlined a trans-inclusive model for conducting feminist participatory action research. Critiquing the limitations and lack of inclusion in both feminist and queer participatory action research, their article provides a “Checklist for participatory action research (PAR) feminist researchers working with transgender communities” of specific research practices to encourage reflexivity (p. 97). Due to the marginalization of transgender and gender diverse

people in today's society, reflexivity on the part of the researcher is vital to present the most accurate and helpful conclusion of the research.

**Music therapy action research.** Music therapy has a rich if youthful relationship with action research, the first music therapy action research taking place in the 1980s (Stige & McFerran, 2016). Stige and McFerran (2016) reviewed music therapy action research from the turn of the 21st Century to 2015, describing the foci, specifics of design, and challenges the researchers encountered.

Bolger (2015) studied three experiences of community music therapy using action research to learn more about the collaborative process with marginalized young people. Analysis of interviews with participants revealed the experience of agency through collaborative research and music-making. In employing collaboration as a guiding principle and utilizing action research methods, Bolger also opened the study to possibilities for social change. As the researcher described it,

In this study I took a social change orientation, rather than an agenda. This distinction is critical. It meant that while I actively presented social change perspectives to co-researchers as they emerged, a social change agenda was not the primary focus of the study. (p. 85)

Bolger's subsequent finding that collaboration is a fluid process further backs up her adoption of social change and skill in applying action research.

Schwantes and Rivera (2017) conducted an action research pilot study with college students with and without intellectual and developmental disabilities. The researchers found that participants expressed enjoyment of not only the experiences within the group but also

the experience of being in the group. That is to say, a sense of community belonging motivated some participants' involvement in the music therapy group.

Hunt (2005) shared her use of action research in understanding young refugees' experiences of music therapy. In making the case for the use of action research in this work, she highlighted the key principles of action research:

- Encourage and stimulate communication, democratic dialogue and development.
- Democratic participation.
- Practical Knowledge.
- Empowerment of people.
- An emancipatory form of research.
- Providing choices. (para. 29)

Each of these points make clear the values of justice, anti-oppressive action, and sharing power.

Music therapy applications of action research emphasized the centering of participants' experiences of therapy (Bolger, 2015; Hunt, 2005; Schwantes & Rivera, 2017). Researchers positioned themselves accordingly, adopting principles of justice (Hunt, 2005), collaboration (Bolger, 2015), and non-expertness (Schwantes & Rivera, 2017). The fluidity of action research methodology allows for participants to continually engage in the therapeutic process as the research approach updates to meet them (Bolger, 2015; Hunt, 2005). Finding a common ground through music-making also demonstrates the attention to de-stratification central to action research (Bolger, 2015; Schwantes & Rivera, 2017).

**Synthesis.** To date, no published music therapy action research that applied components of queer theories has been published. The study at hand seeks to bring together the principles mentioned in Hunt's (2005) article as well as the liberatory concepts of identity from queer theories.

## **Chapter 4**

### **Method**

Guided by action research, the design for this study implemented reflexive and collaborative principles. Trustworthiness was increased through use of member checking, keeping a reflexive researcher journal, and consultation with the thesis advisor. Previous members of *Myself in Melodies* were invited participate in individual interviews and group discussion. Data was considered using inductive and deductive content analysis.

#### **Design**

This research was conducted using action research methodology. Due to the emergent nature of action research and the researcher's openness to participant collaboration (Anderson et al., 2007), the methods of data collection evolved organically. Action research relies on reflexivity of both the researchers and the research process, creating what Lewin (1946) described as a spiral process.

#### **Researchers and Participants**

**Researcher/music therapist positionality.** Transparency and positionality are important to any therapeutic relationship. I am a white, European-American, affluent, educated, land-owning, English-speaking, able-bodied and neurotypical thus far in my life, thin, Christian-raised, queer, cisgender woman. I am a board-certified music therapist and writing this thesis in pursuit of a Master of Music Therapy degree. As a clinician, I operate with an overarching humanistic perspective grounded in multicultural and feminist values.

Further, I do not see myself as an expert but as a journey companion; while I am a therapist, I also see a therapist to do my own work. Social justice and advocacy guide my values and beliefs both inside and outside the therapeutic and research spaces. In conducting this research, I will be playing dual roles as music therapist and researcher. For the most part these roles are congruent in that my philosophical stances remain the same. As I will address below, my power as both the therapist and primary investigator will be kept in check through periodic member checking, reflexive journaling, and research supervision.

Gender and sexual minority people have historically been pathologized and discriminated against in helping fields (Ansara & Hegarty, 2012; Austin & Goodman, 2018; Benson, 2013; Drescher, 2015). Building rapport is particularly delicate and requires intention and understanding, as with other historically marginalized groups in the therapeutic setting (Sue & Sue, 2016). While I consider myself a part of the LGBTQ+ coalition, because of the diversity inherent within the coalition I have interacted and will interact with folks that experience the world differently than I due to the combination of privileged and oppressed identities we hold. I want to acknowledge the limitations of my ability to understand the experiences of queer people of color, transgender, and gender-expansive folks as I am a white, cisgender person. The LGBTQ+ coalition in the United States historically has been and continues to be whitewashed, valuing white leadership, voices, and stories above those of queer people of colors (D'Emilio, 2014; Sullivan, 2003). Discrimination based on race, class, and ability, among other factors permeates all aspects of our culture. An anti-oppressive lens is critical to understand power dynamics within the LGBTQ+ coalition and facilitate truly therapeutic work.

**Participants.** Past members of *Myself in Melodies*<sup>2</sup> were invited to participate in this research. At the time of participation in the group, all were undergraduate students. Previous group members were invited via email to participate in interviews as well as potential further actions to be determined by participants.

Four former group members chose to participate in interviews. Participants briefly described themselves to give context to their experience in their own words, including the option to use a pseudonym (Fairchild & Bibb, 2016). Em is an autistic, transmasculine and bisexual future special educator who loves helping people, laughing with friends and family, and the arts, and experiences long-term anxiety and depression. Em sees teaching students with disabilities and simply being a transgender teacher as forms of activism that impact the lives of students. Their interview lasted approximately an hour. Anna is a white, lesbian App State student who enjoys music, nature, and the TV show “The X Files.” Her interview lasted approximately an hour and 15 minutes. Jax is a white bisexual woman completing her undergraduate degree who loves working out, hiking, kayaking, and making music. Her interview lasted approximately 45 minutes. Rachel is a white queer woman in graduate school who loves music. Her interview also lasted approximately 45 minutes. The length of participants’ interviews impacted the presence of their voices in the results and discussion chapters.

### **Action Setting**

The group took place on the campus of Appalachian State University. Initially, the study was designed as participatory action research to be facilitated alongside a Fall 2018 semester *Myself in Melodies* group. Each semester the group met, new people joined and

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<sup>2</sup> The music therapy group for gender and sexual minority college students co-facilitated by the researcher.

some participants left. However, there were insufficient people interested in joining to form a group that semester. For that reason, the study became a retrospective look at how the group had functioned in previous semesters.

### **Data Collection Methods**

**Interviews.** Previous participants of *Myself in Melodies* were invited to an interview about their experiences of participation in music therapy, barriers to their participation, and what social change they find relevant to the group process via email (see Recruitment Email in Appendix A) with a reminder email sent approximately one week later. Interviews were conducted on University-owned equipment, recorded on the Zoom platform, and deleted once they were transcribed. Deidentified transcriptions remain in the possession of the researcher. See interview questions in Appendix B.

**Group discussion.** In an individual interview, one of the participants suggested holding a group discussion with other participants. Interviewees indicated if they were comfortable being contacted about follow-up opportunities. All four consented and were invited to take part in the group discussion. Three of the four took part in the group discussion that centered on the third research question, “what social change needs to occur as a part of or product of this group?” and took place for just over an hour via Zoom.

**Researcher’s reflexive journal.** For the dual purposes of data collection and reflexivity to enhance the trustworthiness of the study, I kept a reflexive journal throughout the research process (Anderson et al., 2007, p. 153). Journal entries included thoughts, feelings, questions, and exploration of biases that arose during the research process (See Journal Guide in Appendix C). Present moment reflection as well as subsequent review of journal entries collectively provided insights about the research.

**Collaboration.** While not a data collection method, the intention and overarching value of collaboration guided the research process (Bolger, 2015). Participants selected pseudonyms and identifiers as complete phrases to be used in written and verbal description of the research (Fairchild & Bibb, 2016). For example, participants could specify that they are a “student and animal-lover with complex physical and mental health problems” (Fairchild & Bibb, Table 1). In this way, participants’ voices can be heard in the research as they choose how their stories are told. Participants had access to the transcript of their interview, and for those who partook in the group discussion, access to the transcript of the group discussion and the collaborative document, with an invitation to review, clarify, and edit any content. Participants stated the extent to which they wanted to participate in further actions.

### **Trustworthiness**

Trustworthiness, or internal validity, refers to “the demonstration that the researcher’s interpretations of the data are credible or ring true to those who provided the data” (Anderson et al., 2007, p. 36). Both researcher-participant and therapist-client relationships are hierarchical. This power differential might have been magnified because I am white, of high socioeconomic status, cisgender, and a graduate student. Member checking, reflexive journaling, and research supervision deepened the trustworthiness of this research.

Throughout the information gathering process, I engaged in member checking, or presenting my understanding of the revelations in the research back to the participants for their feedback (Anderson et al., 2007, p. 153). Their opinions, perceptions, values, beliefs, thoughts, and feelings were forefront to how the study proceeded and adapted accordingly.

This was done formally, such as through review of interview transcripts, as well as informally, such as asking clarifying questions in interviews and the group discussion.

Further, reflexive journaling provided an opportunity to investigate my own biases and assumptions that may interfere with or complicate the research (Anderson et al., 2007, p. 153). In keeping a weekly, and at times daily, journal, I spent time with the data, processed my own experience of the research, and developed questions to ask in member checking and research supervision.

Experienced music therapist, researcher, and social justice advocate, Dr. Melody Schwantes, MT-BC served as thesis advisor for the research. In qualitative research, researchers may choose to identify a critical friend who mirrors the role of the thesis advisor in the academic setting. This research consultant fulfills many roles: acting as a sounding board, offering alternative views of the research process, and questioning “the researcher’s assumptions, biases, or understandings” (Anderson et al., 2007, p. 153). Dr. Schwantes provided regular consultation about the research process.

### **Ethics and Consent**

**Ethical concerns of the study.** Of critical importance to all research, and particularly discussed in action research, are power dynamics between the researcher and participants (Anderson et al., 2007). From the outset of research, I sought to acknowledge the power dynamics at play in research and in the therapeutic setting. Keeping this in mind throughout the process, participants had opportunities to state their needs verbally and in writing through formal and informal member checking.

The confidentiality of participants’ identifying information and sharing of gender and sexual identities that may or may not be known by others outside of the research and Myself

in Melodies group was also a central concern. For this reason, interviews took place on a University computer and paper files stayed in a lockbox. Participants determined how to share their own identifying information and that of others was removed from transcripts and left out of research advising discussions. Further, in the sharing of the thesis in writing, at the thesis defense, and at conferences, participant self-selected pseudonyms and identified self-descriptions will be used (Fairchild & Bibb, 2016).

**Informed consent.** Participants received the consent form for the interview and interview questions approximately 24 hours in advance of the interview. Participants could choose to verbally consent in order to eliminate identification on a signed consent form. See Informed Consent in Appendix D that covered both interview consents as well as subsequent actions in which participants chose to engage.

### **Data Analysis**

Inductive and deductive content analysis directed the analysis of interview and group discussion data due to its ability to synthesize themes from a variety of data sources (Ghetti & Keith, 2016). Careful and cyclical review of data resulted clusters of similar descriptions of experiences, phenomena, and ideas. Researchers applying content analysis interpret data for the purpose of meaning making in a particular cultural context. In this study, I considered data in the context of the experience of gender and sexual minority college students in the current cultural climate of the United States.

Similar forms of data were grouped together for consideration. In this case, interviews were coded together. In coding the interviews, inductive categorization was employed. In the review of interview transcripts, points shared by participants were marked and noted. Themes emerged rather than sorted to fit the research questions in keeping with the action research

principle of valuing participants' knowledge (Anderson et al., 2007), particularly young people (Cahill, 2016). Once removed from the transcript as discrete codes, they were grouped to create codes for salient themes and subthemes. Throughout the process to identifying themes and subthemes, organization remained in question to allow for reconsideration of how best to convey meaning. Only components of the reflexive journal that related to the themes and subthemes of the interview transcripts were included.

The first cycle of research, the interviews, led to a second cycle to revisit the topic of advocacy and action ideas (Lewin, 1946). A more structured, deductive application of content analysis guided the review of the group discussion transcript due to the participants choice to create a list of recommendations and ideals (Table 2). Participants brought their ideas from their individual interviews to discuss with one another. The researcher also provided a list of the ideas from the interviews to prompt if necessary. Jax consented to have her ideas discussed by the group in her absence. The participants of the group discussion created a list of recommendations and ideals that was used as a framework for themes and subthemes. Quotes from the group discussion transcript bolster and contextualize that framework.

## Chapter 5

### Results

Many ideas, reflections, thoughts, and questions emerged in the four interviews and the group discussion. In this chapter, the results of both cycles of research will be presented one after the other. The four interviews brought forth seven themes with a total of 19 subthemes (Table 1). Themes include expectations and reasons for joining, group environment, power of music, participation, benefits, barriers, and advocacy and further actions. Reflections from my reflexive journal as they relate to these themes and subthemes have been included for additional context. Finally, I present recommendations and ideals identified by participants in the group discussion about further actions and ideas about the intersection of music therapy and advocacy.

Themes	Subthemes
Expectations and Reasons for Joining	Uncertain Relationship to music therapy LGBTQ-specific
Group Environment	Cohesion with time Appreciation of commonalities and differences Atmosphere Size
Role of Music	Connection Improvisation
Participation	Variety Give and take
Benefits	Personal growth New actions and tools Professional development

Barriers	Schedule Comfort in group
Advocacy and Further Actions	Group existing Ideas Music therapy and activism

Table 1. *Interview themes and subthemes*

### **Expectations of the Group and Reasons for Joining**

**Uncertain.** All four participants mentioned that they had vague and few expectations at all about what the group would be like. Their openness to try something new comes across in how they each described looking past that uncertainty when choosing to join. Jax described her decision to join in metaphor of taking a risk.

I didn't really have any expectations of the group. .... I was like, "you know what, I should try this group," and ... I did. .... It was just kind of like, "just jump in. I don't know what I'm going to jump into but just go jump on in anyway.

Rachel commented on her openness. "I think I kind of went into it with no expectation. I kind of went into it with like curiosity." Em further reflected on the outcome of taking that risk. "I wasn't really sure what to expect. But I was very open to trying it and engaging with it, and I think it really paid off for me." Both Jax and Rachel spoke about how they heard about the group from someone they knew which piqued their interest.

Anna shared some anticipation. "I was ... like, 'I don't know what music therapy is. Who knows what they're going to make us do?' and so I didn't even know what to expect there." While starting with few expectations, Anna said she developed some with time in the group with ongoing curiosity about what she would get from the experience.

Probably after like the second time going in I think I was expecting .... opportunities to talk about my feelings and my, like past and present .... opportunities to like connect with other people in a way that you might not get to outside of like a safe quiet room .... and an opportunity to do it through music. I wasn't sure what effect it would have on me. But I was, um, like pleasantly surprised.

She also shared about an expectation that was not met.

I really wanted to go and meet other people on campus. .... I think I was hoping to meet like another woman who identified as a lesbian because I hadn't met a whole lot of those in my previous community. And I don't think anyone there at least said that that's how they identified, which was fine. .... But I met other people, some of whom I'd seen around but hadn't interacted with yet. Um. So I guess I definitely, I got to meet people and then we started saying 'hi' in the hallway. Which was another thing I was hoping for, because I didn't know anybody at the school. So I was hoping to meet people and a little bit of friendship. Still, still friendly with a couple of people. Maybe one, I guess? Well, one or two that were in the group. .... I'd say that most expectations were met, and then any that weren't, weren't all that important. They were just... just "maybes" and "what-ifs," but that's okay.

Em also commented on their uncertain expectations about how group facilitation.

I knew that you [and Kendra] were graduate students, so I kind of wasn't sure. .... But I was like overwhelmed by like how professional and like on top of it... Like if I didn't know you were graduate students, I probably wouldn't have guessed because of like how confident you were in running this group and how well it was done. So I guess my expectations were kind of shifted in that way once I got there. .... I felt like I was in good hands. Like you guys knew what you were doing

**Relationship to music therapy.** Three participants came to the group with an existing relationship to music therapy, even if that was simply that they had heard of it. Em shared how they learned about music therapy in their major program.

Music therapy caught my eye because being in special education that's something that's kind of in conversations more using music therapy for students with disabilities. .... So I thought, "you know, maybe this could help me."

Jax and Rachel both shared about what Jax described as a "unique opportunity" to experience music therapy as music therapy students. Jax said, "I thought I had a unique opportunity. .... Like, I can receive music therapy as a music therapist. Well, future music therapist." Rachel shared that this would serve a dual purpose as professional and personal development.

So I was like, "well, this would be like, you know, cool to be on the receiving end of music therapy as well. .... I just thought it would be, might be nice to get the perspective of being a client. You know, kind of like not just help better understand music therapy as a music therapist, but, like, I love music, you know, it's a great tool.

**LGBTQ-specific.** All four participants mentioned the appeal of joining an LGBTQ-specific group in finding and have new experiences of community. Jax, Anna, and Em particularly mentioned wanting to connect with themselves and others. Jax described the group as an opportunity specifically to explore self-acceptance.

I was just talking with [a professor] one day about trying to identify as bisexual and become – well, identifying as bisexual – but being more comfortable, trying to be comfortable with that. And [they] had suggested, “hey, you should try this group,” and so I just did.

Anna and Em both described their interest in music therapy being increased by the focus of *Myself in Melodies*. Anna described this excitement:

I was like, “ah, cool. I can be a part of a music therapy group that’s specifically for me. Or for like people like me.” So I guess that was a big draw. .... Like, if it had just been a music therapy group like I still might have gone. But definitely knowing that it was specifically oriented for part of the community was amazing.

Em saw *Myself in Melodies* as a chance to connect with other gender minorities at a time when they were feeling “isolated.”

I guess it kind of drew me because it was LGBT-specific and I felt like I probably would have still checked it out even if it wasn’t. But it definitely motivated me even more because I found myself like needing a space to talk about those issues because I am the only trans person in the Special Education Department. .... I was feeling kind of isolated in that, and I wanted a space to talk about those issues.

Similarly, conversations with other gender and sexual minorities appealed to Anna. When asked about taking group conversations about music and gender, heteronormativity, and queer censorship into other parts of her life, Anna said:

Those were already things that I really enjoyed having conversations about. And that, I think, was one of the reasons why I was so, why I decided to stay in the group and join it, was because it seemed like a space that I would get to have those conversations with people that actually cared.

For Anna and Rachel joining *Myself in Melodies* meant exploring new opportunities. Anna pointed out the contrast of coming to Appalachian State University from the community in which she grew up.

I had just moved and was not and still am not out to my family and lived in like a very like conservative community. And it was so like repressive. And it was just so cool to like see like advertising for like just positive associations with the LGBT community. And so that's really what drew me in. .... It was just really encouraging to move to campus and find a space that was like accepting of my ideas and beliefs.

Rachel shared her limited engagement with LGBTQ-spaces and people and seeing an opportunity to learn more.

I personally don't really feel super connected with like the LGBT community. Like I have never really done anything with the community. Like I don't even have that many like friends who are a part of that community. So I thought, you know, it might be nice to kind of check it out, see what it's about. .... I guess one of my expectations coming in – even though I was just like, curious – was just like, I was like, hoping to just learn more about like other people's perspectives on like, regarding, you know, the LGBT community, and maybe just learning a little bit more about it in general. And I think I did. .... Being in the group longer would have probably, I would have learned more.

### **Group Environment**

Participants described a variety components that related back to the group environment. These included cohesion with time, appreciating commonalities and differences, atmosphere, and size.

**Cohesion with time.** Participants commented on ways in which the group dynamic shifted over time and what factors contributed to changes. Anna described the process of group formation through making musical mistakes and reflective discussions.

I remember being so shy, and everyone was so shy. ... I don't know exactly when all that changed. But I think even just making mistakes, and the fact that we just kept going and sometimes it made what we were doing cooler. .... I'd say that was the biggest thing: seeing that it was okay to try something and have it not work out. I think also like being... We were asked a lot of introspective questions. And being forced to *stop* and actually think about what we were doing, or had just done, or some

sort of assumption that we had. And then, you know, usually voicing that for the group helped .... I guess bring some of like everybody's personal barriers down over time.

Anna spoke of the need to make meaning out of being in *Myself in Melodies* with other participants.

I think at first [*Myself in Melodies*] was this group of people who came together and didn't, no one knew each other that well. .... I felt like we were all like squashed into the same room and were like, "okay we have to make some sort of sense out of this." Um. And then I think as time went on, there was a group dynamic that established itself. .... I think towards the end of it even like us group members began to have like ideas of our own and preferences about maybe what we wanted to do next week. Which was fun, because I had, a few months ago, had no idea what I was walking into.

Jax found the group cohesion also reinforced an existing relationship with another group member.

I definitely felt like as a group, me and the other team members, and even like us and you and Kendra, like just kind of became like closer, and like really got to know each other in that space. .... There was someone in the group that like we really have been connected for a while. But just being in the group really, I think, brought us closer together. And they ended up becoming like a really huge part of who, or not who, but a big part of me being able to accept who I am. So I think that connection grew even deeper through the group.

Em mentioned differences in the group that shifted with time. "I think, when I was there at least, everybody else was a [music] major. So like they kind of knew like what this was about and were comfortable with it – like I became pretty comfortable with it too."

When asked how she had noticed the group changing over time, Rachel said she "got to know the group better and it became more comfortable for me personally." She also noted that by the time the group dynamic had developed, it was the end of the semester.

It felt short, like it felt like when it actually ended, like it felt like it was short, you know? Because there was quite a few times where we didn't meet because like the other ... people weren't there, or whatever the case was. .... Like once we finally get this like group cohesion going and as you like, feel like really comfortable in it, it's just like, "mehr, well, this is the end."

**Appreciating commonalities and differences.** Jax and Em pointed out how group members “supported” one another across different experiences and identities. Jax highlighted the ways in which support was given.

I noticed we were each going through something different, but we supported each other. Whether that was musically or verbally or just eye contact and nodding. It was neat to be supported, like that. .... just being able to support each other better and further and deeper.

Em commented on finding benefit in listening to other’s stories that differed from theirs.

It was helpful for me to hear other people’s experiences as well as share my own and kind of um, even though other people identified differently within the community than I did, we could find commonalities and differences within experiences and identities. And I thought that was really valuable.

**Atmosphere.** Both Rachel and Anna commented on the environment of the group and how it contrasted other parts of their lives. Rachel shared that the group setting gave her a chance to slow the pace of her day.

I remember that semester being particularly hectic. .... So it was nice to kinda like settle down and connect with myself and with others on a deeper level and just take time to be in group. .... Like the vibe of the room with like sitting on the floor, pillows on the floor, and like the lamps. It just, you know, the aesthetic of it as well just kind of created this – I wouldn’t really say necessarily like relaxing, because some of the things that we did, you know, we were like pretty involved with doing things. .... It was just a nice space to go to.

Anna reflected on the contrast of her busy days to the atmosphere of the group requiring a change in energy.

I remember walking in and being very frazzled from the day and would almost be shocked at first, like with the quiet ‘cause it was so, it was such a change. It was like a 180 change. But I think being able to just sit down and breathe was... I had to practice a little bit first, \*chuckling\* but definitely came more naturally as time went on. So that was another thing I had to work on being in the group.

Anna shared about the impact of the group atmosphere on her and reflected that she could let her thoughts and feelings be present in the group space.

I think the experience itself was like very calming, I would say. Because I just always remember walking into the room. And even if it was a little bit late, like it was okay. And \*chuckles\* it was just like the lights were kind of down. It was like we could all just sit and speak quietly and talk or not talk. .... It was okay, which was nice. To just be able to go there and .... express whatever mood I was in. .... It was nice just to go somewhere that I could just sort of breathe but also like say anything that was on my mind and it was okay.

**Size.** Both Anna and Em preferred the small group size. However, both qualified their answers. Anna implied perhaps wishing for a larger group at one point. “I think we had like [a small number of] people which ended up being really nice.” Em commented on the lack of awareness about the group on campus, and their benefit from that. “It did feel like nobody really knew about it. Which was kind of a good thing for me because I kind of prefer the smaller group.”

### **Role of Music**

Participants mentioned a variety of experiences from the group that stood out to them for various reasons. The most commented upon were improvisation; song discussion of Angel Haze’s “Same Love (Freestyle)” (ZIONOLOGY) a reinvention of Macklemore and Ryan Lewis’ “Same Love” (Macklemore & Lewis, 2012), an experience described in Bain et al. (2016); and music and drawing experiences. The subthemes of the role of music are connection and improvisation as these were explored most fully by participants.

**Connection.** Em and Rachel both commented upon the impact of musical experiences to engage group members and build comfort. Em noticed the way interacting through music broadly as “a more open environment because” it allowed people to share more easily than in “talk group therapy.”

Like the music aspect of it and the art and the dance and everything, is kind of has an ice-breaker effect. Um. And I think it made – at least for me and I could kind of see it in other people – it feel like a very joyful and open um experience. I, there's just a lot of, it just felt very safe and open.

Rachel similarly gave an example of beat-making as a reason to work together.

I think that sometimes the group was like very quiet. Certain activities that we did were more, would engage each other more. Like I think one time we did like beat-making. .... and that was nice in like building cohesion within the group. .... It's like, something like that we're physically doing together. .... You know, like something tangible that we're doing together versus just like talking, sharing. .... I thought that was a nice way to kind of connect with the other group members.

**Improvisation.** Improvisation came up briefly for some participants in describing what happened in the group. Jax recalled “a lot of active music-making – improv.” Anna and Rachel commented on the quality of those experiences. Anna said, “We did vocal improv. I remember that. And that was almost magical. It was so freeing.” Rachel described how improvising with other group members brought new experiences and facilitated closeness in the group.

There's like two [improvisations] that we did that like have stuck out to me since then. One of them, I think was like a vocal improv that you had us laying on the floor. That was, that was awesome. That, I just like, I had never experienced anything like that before. So. Just was powerful, in like a whole deeper kind of way. And then there was another improv where we were all kind of like in this funk, I want to say. I mean, I can't speak for everyone else but it just kind of felt like that. And we did this improvisation. And I remember I like jumped onto piano and had this, like this way deep moment in the improv and then like the group ended, or it was like time to go. But like we were all like not wanting to go. .... It just felt like really unfinished, I guess. Yeah, but those two improvs particularly like I felt really connected with everyone in the group.

Anna also reflected on the inspiration she experienced from how others participated.

It was very... I don't know, I guess like impromptu collaboration. I think that helped. And it was fun like watching people like choosing what they chose to sing. They were ideas I might not have had or... So I would watch and think, “wow, that's cool, like something in their personality made them think to come in on like a low, minor riff,” or like something I wouldn't have thought to do. .... So just watch them and be like, “oh, cool. Okay, cool. I wouldn't have thought to do that.” And then that would, then I'd try to do it or do something similar, or be like let me do something I never did before. And I'm sure they must have felt at least part of the same way about me. So I think we probably all encouraged each other to try new things.

## Participation

Interviewees identified ways in which they participated through different kinds of experiences (i.e., song discussion, drawing to music), ways of engaging in the group such as speaking and listening, and energy they brought to the group. They discussed participation as appreciation for the variety in sessions, give and take with other group members, and making adjustments to how they participated.

**Variety.** Participants expressed enjoyment of a variety of experiences and ways to engage in the group. Em and Anna both expressed excitement about novelty. Em described the increase in different experiences offered.

Like first it was more – if my memory serves me correctly – uh, making music and talking. And later on uh we brought in like, uh, art, and I think we did some dance, and the, um, those word cards. .... Those different things coming in and I appreciated that growth and coming to group and “oh,” like, “we're going to do a new thing today.” That was exciting.

Anna found the instrument variety exciting. “I was so fascinated every day when I walked in and there were new instruments and I was like, ‘Wow!’”

Participants also observed that they could participate in different ways. Anna observed that “my role did change every session” and that “I liked being part of a group. But like, there weren't necessarily some of the social expectations that there would be in other groups. Like if I just wanted to sit back and listen that was okay.” Jax said the way she wanted to participate changed from week to week.

I kind of liked the variety [of ways to participate]. Because some days I was more talkative than others. So some days I wanted to talk more than others. Some days I just needed to listen. Some I needed to listen to a song parody. Others I needed to improv what I didn't even know I needed to improv. So I just, yeah, the variety was just – Ah! And drawing, the art! .... I liked having a little mix of it all.

Jax also described the value of being a participant, in contrast to having many responsibilities outside of the group.

I don't think I really had like much of a role other than the participant and that was a good role for me to be in. .... Versus, you know, being a leader in so many different areas of my life. It was nice to just sit back and be like, "I'm going to take all this in." .... Whether I was listening to other people, or saying what I had to say, or just playing what I needed to.

Anna observed that she preferred to feel connected to the group in how she participated.

I think I was probably happiest with myself on days that I was more extroverted and had more energy and was able to throw ideas out there and improvise and build on other people's ideas. Those are probably my favorite days when I just felt very like connected with myself. It was like, "yeah, let's do this. Let's do that." So yeah, those are probably my favorite times.

**Give and take.** Participants shared their awareness of the ways in which other's participation impacted them. Jax found community through mutual sharing. "I think the group really allowed me a space to be heard and hear others. .... It was a unique space to feel like you're not alone." Anna also enjoyed this give and take. "I remember having a lot of interesting discussion, too, that you guys facilitated. ... I remember sharing and enjoying listening to other people share." Rachel reflected upon how this occurred in music.

It was just a nice space to go to. .... It just felt, you know, or I felt supported and .... Heard .... While also listening at the same time. .... Like in the music. Like, it's like you go to this like really deep place. And I just, I kind of just imagine like this cycle of like listening but also speaking. It's like listening to others speak and then all speaking and being heard. You know, this cycle. .... Musical speaking.

Anna spoke to how others inspired her participation.

I thought it was fun to watch because I would pick up an instrument, and I would have an idea of how to play it. And it wasn't wrong or right. But then someone else would pick it up and they'd do it completely differently from how you ever would have thought of it. .... I observed the other group members a lot. \*Chuckles\* And like took a lot of my cues from them.

Em commented upon how the group dynamic compared to another therapy group. “Participation seemed more like equal. .... We all kind of collaborated and listened to each other pretty well I would say.” Rachel and Anna also commented on the balance of sharing and listening. Rachel shared:

I would say I was pretty present with the group. You know, participating when – or like, you know – having a little bit of leadership as far as participation goes if everyone else has been quiet. Or like, you know, I was... I remember trying to like be aware of if other people were quiet but they wanted to talk like trying to let them .... like have that space, so that they could engage.”

Anna described letting go of some sense of responsibility and embracing collaboration.

It was kind of a small group. So sometimes I would feel bad if I wasn't talking 'cause I was like, “oh my god. It's quiet.” Um, but I think towards the end, I kind of got over that and was like, “I'm okay with just sitting back and I think they're okay with that too.” So that was really, really nice and really freeing. .... I felt like there was a balance where everyone in the group let everyone have a turn in making decisions. Which was nice because I sometimes worry like, “oh, I'm making too many decisions. I need other people to step up.” But I think there was a good balance there. .... And as far as I remember it was very equal and open in letting whoever wanted to share, share.

Anna in particular described novelty aspects of group therapy interactions, such as having other group members reply to her and collaborating with them. Anna shared that “it was kind of a weird feeling to go in and have other people, other than just the therapist, like listening to you and responding to you.” Anna also mentioned how being in a group required compromise. During experiences such as group songwriting,

There was a choice we made, had to make, like others would have a completely different preference or... So that would throw me sometimes, 'cause you're like, “obviously, this is the right choice.” .... It was so funny. I had to like just let go of perfectionism because we'd be like, “What do we think goes here?: And someone would say something and I'd be like, “It's not good. We could have done better, guys.” \*Laughing\* I had to get over that. I had to just get over it.

## Benefits

Participants identified ways in which they benefitted from being members of Myself in Melodies. They observed that through the group they experienced personal growth, gained new actions and tools, and increased professional resources. These benefits mark the expansion of group participation to other aspects of participants' lives.

**Personal growth.** Anna, Jax, and Em shared about the personal growth they experienced through participating in the group. Each identified different ways in which they changed within the categories of relating to others, sense of self, and decreasing anxiety. Anna in particular shared about how the group impacted her listening skills and broadened her worldview. Anna noticed the way she listened changed and how she used that to learn from another group member.

I remember like definitely trying to be a good listener to others who were speaking because it's so ingrained in me as someone is speaking to be like thinking of something to reply with. .... So I remember kind of learning just to listen, which was nice, and definitely helpful and valuable. .... There was one member of the group who, you know, talked a lot about their gender. And that was like very new for me. And it was gain just like sitting and listening and not trying to respond and just .... listen. And let their worldview sort of, you know, intersect with mine. And I had to make some adjustments – but it wasn't, it wasn't a bad thing. It was just new.

Anna and Jax spoke to how the group impacted furthering their senses of self. Anna mentioned increased confidence in speaking up for social justice through finding a likeminded community.

I think that probably helped me with confidence, as far as interacting outside of the group. .... Just becoming bolder about... bolder about, you know, literal human rights. .... I'd say [the group] helped me be more confident in a place that I wanted to be, but hadn't been.

Jax found the group helpful with self-acceptance.

I think with – well especially with where I was in my journey through accepting who I am and, you know, identifying as bisexual – it was a really good group to be a part

of. .... I was hoping to be more comfortable in who I am. And I think I, being in the group really helped me along with a lot of other things: individual therapy and just time.

Em shared that the group had a “calming” effect on their anxiety.

I actually didn't even expect it to be as powerful as it was for me. .... It was just so relaxing on like a body-level, it almost felt like I had just like gone swimming, or taken a bath, or like something like that that's just like very physically relaxing. And for me, my anxiety manifests in a very physical way. .... That's been a lifelong thing for me. .... So I think it really both mentally and physically – and of course those things aren't entirely separate, they're intertwined – is really good. .... So it was a really interesting way to process, you know, emotions, thoughts and feelings, and all that stuff. And I found it really helpful.

Em also noted that being “silly” was part of the process. “You kind of have to release some inhibitions to do these things that you don't do every day to kind of reap the benefits.

**New actions and tools.** Jax and Em talked about more tangible actions and tools that they got from being in the group. Jax described using one of the song discussions from the group to have conversations with friends about her sexual identity.

I still listen to [the song parody “Same Love (Freestyle)” by Angel Haze] every now and then. .... I ended up reaching out to like the LGBTQ Center and kind of like making friends there. And talking to my, my other friends who did not identify as part of the LGBT Center, just about like, “Oh, hey, we listened to this song in like this thing that I'm a part of,” and like, ‘Can I listen to it with you?’ and like, “Tell me what you think.” .... And just kind of like opening up these conversations and most of those were with friend that I had told about my sexuality and they're like, ‘Oh, this is cool,’ like, ‘Wow!’ And so that was neat, just being able to like... I don't know. I guess it normalized it a lot. I was like, “Hey, here's a song” and then it's like, “Okay, let me go show my friends like the song.” .... Yeah, it normalized my identity. .... That like, this is just a thing.

Em shared that they have continued to set intentions with word cards, inspired by an experience using value cards from acceptance and commitment therapy (Miller, C'de Baca, Matthews, & Wilbourne, 2001).

We kind of like chose intentions or set intentions, and I found that to be a really interesting concept that I think was really beneficial for me. .... That kind of like thinking and practice is something that I carry over from *Myself in Melodies*.

Em also pointed out an aspect of the group that was a “continuation” of other aspects of their life rather than a new component. When asked if they had conversations outside of the group about music and gender, heteronormativity, and queer censorship, Em reflected that this was already a part of their life.

A lot of these issues [music and gender, heteronormativity, and queer censorship] are things that have been on my mind and things that I've been talking about with other people even before group. But I did appreciate not only that the members of the group were LGBT or questioning but that that was intentionally part of the group. .... It was a reflection and a continuation of those thoughts and experiences.

**Professional development.** Rachel and Em both commented on new ideas for work in their disciplines from participating in the group. In response to being asked about if she had conversations outside of the group about music and gender, heteronormativity, and queer censorship, Rachel expressed her thoughts about how those conversations in the group inspired her to think about her music therapy practice. “I [was] like, ‘Wow.’ You know, it just like gave us something, another level to think about as far as like possible work that we could do.” Em commented on how they would use their experience in the group in their future profession and connected that to a way in which the group would have an ongoing impact.

I guess part of the reason I was drawn to the group was because I was interested in the concept of music therapy and um the use it could have for the students I work with. .... I, uh, can take elements of that practice and implement it with my students. And just use the therapeutic benefit of music and the other elements we used to hopefully have the same effects that it had on me of being very physically and mentally relaxing and helpful with processing things. And maybe other benefits that I didn't have that other people, the students that I work with, might have. So I guess that, in that way, it might in the future, as I go into my profession affect social change and individual lives of my students.

## Barriers

When asked about barriers to their participation in the group, participants mentioned two major components: schedule-related barriers and comfort in the group. In some cases barriers were addressed or resolved. Rachel managed timing difficulties by speaking with the facilitators. In the subtheme of comfort in the group, both Anna and Jax cited their own adjustment as an alleviation of those barriers.

**Schedule.** The most common barrier across the participants was conflicts with the time the group was offered. Jax and Rachel both had school obligations directly before the group. Jax chose not to bring up a shift in time that would have made getting to the group feeling less rushed so as to avoid inconveniencing other group members.

I think one [barrier] for me personally is I had practicum right before the group. .... I was just in the space like, "Ah," like, "That was a lot. I'm now tired." And then like thinking about like notes for the clients, or like, "I got to write this down." And also, like the time of like, "We got to get from point A to point B so we can make it here on time." .... I mean, I guess I could have been, like, "Hey, can we move it back 15 minutes?" but .... then it would have had to go through everybody else and would have been a hassle.

Rachel, however, found that her schedule conflict resolved.

I remember at the beginning we had our practicum, and we were like, kind of like racing. .... We would end our practicum like kind of later in the evening, and then we would like race over to try to get to group. But the second that we said that you guys adjusted, which was really nice.

Em cited timing and schedule as the reason they stopped attending the group. "My schedule changes were a logistical barrier." During the interview, Em also apologized for not communicating more when they stopped attending the group.

It was just a really tough time and things just happened and that's just how the cookie crumbled. But in retrospect I would have been more... I would have communicated more about what was happening because that was probably disconcerting for you.

I noted in my reflexive journal how hearing from Em about the reason they stopped attending allowed for closure that I had not yet experienced. “It was nice to have closure with this client. Which I didn’t expect to be an outcome for me. I hadn’t thought about the potential for closure through doing these interviews.”

**Comfort in group.** Anna and Jax also mentioned their comfort in the group being a barrier due to a variety of factors such as facilitation style, working with other group members, and self-acceptance. They both mentioned how those barriers lessened. Anna was not used to the facilitation style.

It was new sometimes how reflective you guys were to me. Like I would say something, and then .... You'd just be like, ‘yeah, it sounds like...’ \*Chuckles\* And I was like, “I need to know!” Which isn’t healthy, you know, and I certainly recognize now. But at the time I was like, “just tell me if I'm wrong!” And you guys were like, “hm, interesting perspective.” \*Chuckles\* .... And that was very new [not to have] like very definitive feedback. \*Chuckles\* Which ... I’ve gotten used to more over time, but definitely at that point I was very, very surprised. I didn’t know what to make of it. .... Definitely like some internal barriers for me to be comfortable with myself. .... You and Kendra, you were kind of just keeping that space like, ‘it’s okay. .... We’re not making mistakes. But if you consider that you made a mistake, like it’s okay. And we can keep moving. It didn’t like ruin everything. And it’s alright.’

Em reflected on how the facilitation style increased their comfort in the group.

I think you mentioned like, um, that aspect [of being silly] and acknowledged that and encouraged... I remember you just encouraging people to do whatever felt comfortable to them. .... I appreciated that you were like sensitive to the potential for people being self-conscious and not forcing anyone to do anything.

Anna also noted how barriers shifted throughout the group’s time together.

It was sort of like, if [barriers] were addressed, it was very naturally, and it just happened over time. And, you know, familiarity helped. Um. Growing confidence with being here helped – like at the school and on campus. Just knowing where things were and who people were. I think it all sort of came together more naturally than anything else. Progression over time.

Jax described self-acceptance impacting how she participated in the group.

The barrier, just like within myself, of acceptance and just like letting myself be who I *am*. And just loving that knowing that that's okay. Which, thankfully, I'm at *now*. But I think that was, that was another barrier, because there were some days it was just like, "ah, this is great." Like, "I am me and in this space I am me." .... I just felt like, "I am totally supposed to be here. This is totally helping. Wow." And then other times where we'd be doing something and just something really hard would \*sigh\* show itself to me. And I'd be like, "wow, that is way too hard to deal with right now. I'm just gonna, like, shut that back down and cross my arms and not really participate right now 'cause I don't feel like working through that at the moment." .... Just 'cause, you know, there are layers to accepting yourself. And .... I'm not at that layer yet.

Jax went on to explain how she worked through that barrier.

I think that was a big thing was being with these people that .... that care. Be with these people that know what we've gone through... That want to see you get through it. That want you to be you. Yeah, "keep coming back." .... The desire to be fully me [made me keep coming back]. Just because, you know, I grew up in a really Southern conservative area with really Southern conservative family and so, you know, being gay isn't a good thing. And so it was that internalized homophobia and it was, you know, fighting a lot of thing, but it was wanting to have nothing to do with that. Wanting to *know* who I am, to *love* who I am, and to love who I love.

I noted in my reflexive journal that while the barriers participants mentioned made sense, I was surprised by what was not mentioned. "Thinking about the research questions I developed, I have been surprised through the individual interviews that the participants identified barriers as logistic and internal. This is my bias. But I was really hoping they would have some insights about systemic barriers. But it also reinforces my belief that systemic barriers would be the hardest to identify."

### **Advocacy and Further Actions**

All four participants had ideas about advocacy and further actions based on Myself in Melodies. First, they mentioned that the group's existence acted as a form of activism. They shared other ideas about continuing the group in varying degrees of its original form. Finally, participants discussed the intersection of advocacy and therapy, including some concerns.

**Group existing.** Anna, Em, and Jax all shared that they saw the group's existence as a resource is a form of advocacy. When asked about further actions the group could take, Anna said, "I think the fact that [the group] exists is an awesome first step." Em spoke about what the group meant.

I just think the group existing is advocacy because you're advocating for the mental health of LGBT students. And that's really valuable work that shouldn't be underestimated. ... I think the purpose that it served was important to me and probably important to other people in the group as well. And that in itself is a form of activism and advocacy.

Jax similarly identified *Myself in Melodies* as a resource.

It has a lot of power, especially for me. For anyone in the LGBTQ community. But I think especially – maybe this is just for my own personal experience – but those that are kind of new to accepting themselves or identifying as part of that community, I think just knowing that there is this unique outlet where I can go and explore and meet others that are doing the same thing.

Em, echoed the power of knowing about resources.

I think a lot of people would benefit from it. Not even being in it, but knowing... Like for me, even though I don't really go to the LGBT Center and I don't go to TransACTION<sup>3</sup>, the fact that those organizations exist on campus is meaningful to me because it shows me that I'm supported and people like me are supported in this community.

A continuation of the group, Anna expressed excitement about getting to be involved in the present study.

I'm glad I could help. I thought it was cool because [I had already heard about] your thesis. And then you email me, and I was like, "oh, cool. I can actually be part of that. That's cool." Yeah it's really no problem. I hope it was helpful.

**Ideas.** Each participant shared some ideas for further actions. Jax brainstormed a few ideas that would allow *Myself in Melodies* to continue at Appalachian State.

The only thing that I really can think about [for the group moving forward] is when like App State has their Pride, their, like the on-campus Pride and just like maybe

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<sup>3</sup> A group for transgender and gender non-binary students hosted by the LGBT Center at Appalachian State University (<https://lgbt.appstate.edu/pagesmith/42>)

having like a Myself in Melodies like booth. .... Maybe having like pamphlets at the Counseling Center of like, 'This is Music Therapy,' or, I don't know, they may already be there. Or having... I was thinking – this would involve [a professor]. .... But maybe having like a practicum or a CRP<sup>4</sup> offered. Or like [led by] the masters students.

Anna described a future for groups like Myself in Melodies at Appalachian State and beyond as well as music therapy research and literature.

I just think it'd be so cool to see more music therapy specifically for like the LGBTQ community that people actually go to. That's the dream. \*Chuckling\* .... I could see something like that, you know, happening at App State. Like as years go by, it would be cool to maybe see it more. And definitely like what you're doing, like research and articles. .... So, it'd be nice if it was happening now. But hopefully it'll happen in the future. At least.

Em wondered about the potential to use technology to increase accessibility to resources.

I was going to ask um if you have any knowledge of people trying to combine, to use music therapy via the internet? Because that seems like an interesting concept but like a really hard thing to execute. Because you were talking about like queer youth's access to those kinds of resources and what came to mind was like, all of the people that live in like rural Montana that may not have any... like there's no way that like an LGBT music therapy group would ever start in their town. Like, is there a way that we can use music, even if it's not like traditional music therapy to reach those people?

Rachel brought up the possibility of having an awareness-raising group with gender and sexual majorities included.

I think it would be really cool if a group like this existed but had more, um, maybe people who like just didn't know anything about the LGBT community. .... Or like, I guess just like a chance to explore these ideas for people who might not just be directly affected. .... I mean, I'm thinking like, you know, the community and then like people who are allies. But I feel like people who are allies already have like some understanding. That's why they're like allies. So, kinda like branching out further. Like I feel like... I feel like there's more people out there that would be allies that just don't know enough about it or like, I don't know. When you're like directly seeing someone in a position of pain or oppression that like strikes a chord in you and you're like, 'wow, you know, I want to like learn more about this,' or like, 'how could I play a role in helping this?' .... When you play music with other people you're connecting with them on kind of a deeper level so just creating music together. .... Being how like people in the LGBTQ community are just people, too. You know? .... I would

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<sup>4</sup> Clinical Research Project, the final clinical experience for music therapy students at Appalachian State before going to internship.

imagine [active music making], and then, you know, some of like the lyric discussion like, that just like gives a deeper perspective into some of the pain.

Finally, Em recommended that “a group discussion might also be good for your project,” creating the second cycle of research in this study.

**Music therapy and activism.** Participants identified how music therapy as a discipline and practice relates to activism. Em and Rachel identified the value of music therapy for gender and sexual minorities. Em commented on the increased accessibility of music as a way to share stories and the personal importance of experiencing that in the group.

I think music is obviously a really powerful vessel for activism and has been for a really, really, really long time and probably will continue to be. And I think it has a lot of potential now because it's easier for people to independently make music with technology and with the internet. So, at least for me, I'm seeing more and more – and there's a lot of reasons for that – more and more LGBT musicians and artists in general like telling their stories through music. And getting to experience some of that, hearing other people's music and creating our own music in group and telling those stories was really important.

Rachel wanted music therapists to offer music therapy specifically for gender and sexual minorities.

I think it's really important that, you know, music therapists work with this population. Especially with its increasing .... It just seems like the community is getting larger. You know? And it's becoming more accepted so therefore people are just being more honest themselves and... I think it's a good population to offer music therapy to.

Participants also pushed back on the intersection of music therapy and activism. and Anna and Em brought forward questions and concerns about the need for activism, confidentiality, and the researcher's views. Anna wondered how it would be ethical to engage in activism as a therapy group.

I guess there could have be activism. But then it's kind of like a, 'Oh, we're in this therapy group together, and we're at your protest or whatever.' So then that's I guess an issue of confidentiality. .... It's sort of hard because some people might want to remain anonymous when they're part of this group. Maybe, I mean, partnering with

the LGBT Center on campus and like, saying like, ‘Oh, I’m going to be there and like anyone who wants to come is free to join.’ .... People who are in the LGBT community, they already experienced oppression like every day. And it’s like, I don’t necessarily want to like shove people into a traumatic situation .... I see things that I would like to change. But it’s hard to force people who might already have had negative experiences with that to go and confront it head on. .... I’d like to be more actively participating in things myself, but I’m not. So I’m not sure how you would take a music therapy group in that same direction.

Anna further proposed how to respond to this by bringing in community-building. “I guess like we could start with more social, just social opportunities before it has to become activism, because that’s important. It’s really important, too.” Em also questioned the group’s reach beyond itself. “I don’t really see that [Myself in Melodies] had much of an impact outside [of existing]. But ... I think that’s okay. I don’t think it needs to.” Finally, Anna turned the question of music therapy and activism around to me.

Where do you see yourself taking this intersection of music therapy and LGBTQ activism, as it were, in a career ... ? I’m curious where you see yourself taking this? ‘Cause I think it’s awesome. ... I don’t think there’s a whole lot of jobs that are like, you know, that one specific thing.

### **Group Discussion**

The group discussion existed as a space to discuss further action ideas and contribute another round of data to the research. Ideas from individual interviews were brought to the group discussion for further development. I had a list of their recommendations from each interview to help remind participants if necessary as well as to share ideas from Jax who consented to having her ideas discussed in her absence. Participants in the group discussion described, questioned, brainstormed, and proposed ideas to and with one another. After about 45 minutes into the hour-long conversation, I encouraged the group to choose one of three potential paths for the conversation. One, continue the discussion which would provide information for me to analyze in this thesis. Two, create a list of recommendations and ideals

to be included as a document within the thesis and any further publications of this research. Three, choose further actions to take on as a group or individuals, including tasking me with an action to undertake. The group chose option two, creating a list of recommendations and ideals (Table 2), which follows.

Table 2. *Group recommendations and ideals*

Recommendations	Ideals
<ul style="list-style-type: none"> <li>• More offerings of music therapy (in) groups for middle school, high school, college students               <ul style="list-style-type: none"> <li>○ Adding to existing groups</li> <li>○ Establishing groups</li> <li>○ LGBTQ-specific groups</li> <li>○ Diversity groups</li> <li>○ Collaborating with the Counseling Center</li> <li>○ And beyond students: music therapy groups at existing LGBTQ groups, such as PFLAG</li> <li>○ “Potential for K through 12”</li> </ul> </li> </ul>	<p>“Helping more so the general public in understanding the LGBT community and understanding that it's not necessarily a choice, like this is who we are” and “acceptance”.</p>
<ul style="list-style-type: none"> <li>• Community Music Therapy as a potential               <ul style="list-style-type: none"> <li>○ Intentionally from outset</li> <li>○ Openness to moving toward CoMT</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Greater inclusion of LGBTQ artists’ music in sessions</li> </ul>	<p>Greater empathy accessed through active music-making with LGBTQ and gender and sexual majorities and discussion about songs by LGBTQ musicians</p>
<ul style="list-style-type: none"> <li>• Collaboration between Music Therapy program and Counseling Center</li> </ul>	

<ul style="list-style-type: none"> <li>• “Recognize the power of using music therapy, specifically in this context – or whether it's high schoolers, or even potentially middle schoolers, or young adults in college – to just like create a really unique and safe space for expressing thoughts and feelings and getting stuff out about those issues. And also creating community.”</li> </ul>	
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### **Music Therapy Groups for Gender and Sexual Minorities**

Participants had many ideas about how to continue *Myself in Melodies* or create similar groups. Anna reiterated a point from her interview about the meaning of having groups like this offered in many parts of our country. “Just a group like [*Myself in Melodies*] existing, like step one would have been revolutionary and very extraordinary.”

### **Community Music Therapy**

Rachel shared an idea about community music therapy (CoMT) being a helpful approach for building community between gender and sexual minorities and majorities. “The aspect of making music with the other people like brings people together.” She pointed out CoMT for “[bringing] the elements of music therapy out into the open for others to witness or for people to participate in order to like create connection” particularly for people who “have biases toward the community to kind of connect with and to help understand.” Rachel went on to bring up the consideration that using CoMT “would depend on the group, ‘cause some people might not be as open and out and comfortable.” She also mentioned that a CoMT group could start “either as like an intentional focus from the get-go or like having it evolve to that.” Rachel also pointed out that CoMT includes the understanding that therapy does not promise confidentiality.

**Existing groups.** When discussing ways to use music therapy for awareness-raising, Em wondered about incorporating music therapy into an existing group framework. “I could like see that being integrated into that kind of environment for that purpose.” Em gave the example of PFLAG<sup>5</sup> as one such organization that offers groups for gender and sexual minorities and groups for their loved ones.

### **School-Based Groups**

The group discussed school-based groups for high school, middle school, and elementary students. Em brought up the option to offer music therapy through a Gay-Straight Alliance group at a high school. Em also mentioned music therapy for even younger gender and sexual minority students. “As a teacher, I wanted to like emphasize the potential for K through 12.”

When I mentioned combining ideas of having an inclusive awareness-raising group in the model of community music therapy (mentioned above), the participants brought up an important point about ensuring gender and sexual minority students’ safety. “I worry about ... these ... teens already have a spotlight on them and already have a target on their back because they’re part of the community, and like sticking them in a room where they’re forced to talk about these issues .... with people that don’t like it. .... I think you have to be really careful about how you executed that kind of group. Rachel commented “I’m like, ‘Oh, that sounds amazing!’ .... And then I was like, ‘Wait, that could be dangerous.’”

After the discussion, I reflected on how much my experience of high school led me to one thought process and the participants to another. My middle and high school had diversity

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<sup>5</sup> Parents and Friends of Lesbians and Gays is a national organization that seeks to increase the acceptance and understanding of gender and sexual minorities by offering resources to them and their loved ones such as “peer to peer support” (<https://pflag.org/needsupport>).

awareness days built into the curriculum during which students attended sessions designed to facilitate self-awareness of privilege and disadvantage and teach anti-racist, anti-sexist, anti-heteronormative action. To me using music therapy toward that end seemed cohesive with a high school. I explained that I was imagining a group as an opportunity to address a variety of identity differences. Rachel said, “I guess like the focus of the group could be just like on differences of people, like gender or race or ethnicity, you know, like would be a safer way” to approach such a group.

### **Broader Groups**

Anna asked about the scope of a potential group.

I guess it’s a question of like whether it would be a group of like *Myself in Melodies*, where it’s like very specifically oriented about the LGBTQ experience, or if it’s maybe like an open community group that’s like, “Yeah, one of the things will be, one of our focuses will be this experience?”

When discussing awareness-raising groups, Anna brought up the potential for self-selection to undermine the intention of the group. “If this was like a voluntary group .... more than likely, the people that would go to it would already be open and accepting.” Em agreed with her and then questioned the premise.

But if you’re talking about .... multiple issues, like let’s say you include disability, race, ethnicity, sexuality, and gender. Like our LGBT community is rife with racism and those issues need to be addressed. .... Other communities are full of homophobia and that needs to be addressed. We’re all ableist! \*Chuckling\* That needs to be addressed.

### **Continuing *Myself in Melodies* at Appalachian State**

In addition to looking beyond Appalachian State, participants wondered about the future of *Myself in Melodies* and similar groups’ on campus. They brainstormed structures that could support an ongoing group such as the Music Therapy Program and Counseling Center. Jax wondered about ways of increasing awareness of such a group.

**Music Therapy program and Counseling Center.** Participants offered ideas about the benefits of the Music Therapy Program collaborating with the Counseling Center to advertise music therapy groups and co-facilitate groups for sexual and gender minorities. Em brought up some logistical considerations and workarounds. They mentioned the likelihood of paperwork being necessary. They also brainstormed ways to show what music therapy is using groups already offered at the Counseling Center.

Maybe even just doing one session. Just to give like a taste of music therapy. ....  
Having just music therapy as an element of an existing therapy group might be easier than making a whole new group as a first step.

Anna said,

I know like the Counseling Center already offers like a lot or several group therapy opportunities. And I wonder, like, if the Music Therapy Department would be able to like team up with the Counseling Center to provide something like that? But then, you know, because it's through the Counseling Center might get more exposure.

Em wondered about the lack of collaboration between the Music Therapy Program and Counseling Center. "I'm like really surprised that that connection already hasn't been made in a significant way." I shared in the group discussion that there were "politics" involved in why this relationship did not exist. I did not mention to participants that the Counseling Center had declined to advertise Myself in Melodies in Spring 2017. Em and Rachel were surprised to hear about the Music Therapy Clinic, a resource about which they knew little to nothing.

**Pride week booth.** Jax, who was not present at the group discussion, gave me permission to share her ideas for further actions. Specifically, I shared her idea of having a booth at Appalachian State's yearly celebration of Pride to advertise Myself in Melodies. When mentioning this, Jax was unaware that the group was not currently being offered. I chose to still bring this idea to the group to see what ideas they might have.

Participants in the group discussion wondered about the booth representing a group or the Music Therapy program's support of gender and sexual minorities. They wondered how the booth would look and if group members would be present at the booth.

If the group wasn't community music therapy, like how it's been, just like private .... I'm seeing that having the booth kind of in general like Music Therapy does support this population and we do work here on campus with it. .... I guess just more indirect seems appropriate. But then I guess it really would just depend on the group."

Participants suggested that the Appalachian State chapter of the American Music Therapy Student Association could host the booth if group members were uncomfortable.

### **Music by Gender and Sexual Minorities**

Anna recommended that music therapists make music by gender and sexual minorities more central to sessions. "Maybe even using more LGBTQ artist' music in the therapy sessions itself. .... In like anything, this would become. If it was Myself in Melodies, if it became a new group. I just think that would be a cool focus."

### **Actions and Ideals**

Ideals appeared in participants' beliefs about the current role and seeing the potential for music therapy practice. Anna mentioned the seeming lack of music therapy positions specifically working with gender and sexual minorities. "It kind of tells you a little bit about like the current state and climate." Em shared their belief about the importance of music therapy specifically for gender and sexual minorities as a resource.

I would just like more people to recognize the power of using music therapy, specifically in this context – or whether it's high schoolers, or even potentially middle schoolers, or young adults in college – to just like create a really unique and safe space for expressing thoughts and feelings and getting stuff out about those issues. And also creating community. Especially in like a high school group, because I feel like the younger you are, the harder it can be to find – especially like if your parents aren't supportive, it can be really difficult to find community when your parents are like barring you. Like my mom, literally... Like when I was in community college as a high schooler, I emailed the LGBT club advisor, and I was like, "hey, can I join the

club?" And she saw the email and emailed him and said, "never contact my child again." So like when you're a kid and you're dealing with that stuff, like, if this is something that's happening in your school or your community, it could be like a really helpful resource.

Throughout the conversation, participants grappled with ideal actions and realistic actions. Rachel identified the difference between her ideals and steps toward those ideals.

I can say that like the ideal would be to get the people who really need to like 'see the light' so to speak .... that's like not necessarily an end goal, but like a bigger goal. So like how can you be smaller waves in order to eventually like reach that, you know?

Em invited the group to wonder about the implications of making "small waves" of change.

But how can we reach those students with smaller waves? .... I just feel like there's a lot of people that just would either ignore it or oppose it until... like for a long time without really engaging.

Rachel agreed that "resistance is real. .... And it's also just like difficult." Anna reiterated the importance of the "small waves" mentioned earlier in the conversation, saying, "I just think, even if a single one of these ideas became a real thing, that would be an awesome outcome from this meeting."

## **Summary**

Through individual interviews, participants shared a broad range of reflections about their experiences of *Myself in Melodies*, such as the appeal of joining, what it was like to be a part of, what barriers they faced, and how they found benefits of being in the group. They also explored ways in which the group could expand to include social change and what iterations of *Myself in Melodies* could exist. One such recommendation, a group discussion, created an additional cycle of research. Three participants collaborated in a group discussion further exploring ideas, reflections, and questions about music therapy and advocacy brought up in the individual interviews such as other school settings for gender and sexual minority or inclusive music therapy groups and collaboration between groups and programs to expand

options. Two cycles of research, the interviews and group discussion, led to rich ideas for consideration.

## **Chapter 6**

### **Discussion**

This research considers the experiences of participants in *Myself in Melodies* through information gathered in four interviews, a group discussion, and the researcher's reflexive journal. Participants identified aspects of the group's evolution, barriers of schedule and comfort in the group, further actions for social change, and other topics not addressed in the research questions in individual interviews. Both cycles of research explored potentials for advocacy in a music therapy group. This chapter will discuss those all of those findings.

The following research questions guided the data collection.

1. How does an LGBTQ+ college student music therapy group evolve to meet the interests of the group in real time?
2. What barriers exist to ongoing participation in this group and how can they be minimized or eliminated?
3. What social change needs to occur as a part of or product of this group?

Themes and subthemes that addressed topics other than the three research questions will be addressed followed by other findings of the research, limitations of the study, and recommendations for research and clinical practice. The first two research questions elicited fewer responses and focus from participants. This phenomenon will be explored in the limitations. Participants addressed the third research question in both their individual interviews and the group discussion, leading to further elaboration and development of the

knowledge shared. A significant portion of participants' interviews brought forth themes not accounted for by the three research questions. These other findings are presented as participants' voices are valued in action research and inductive content analysis.

### **Evolution of the Group**

The first research question centered on understanding what ongoing changes the group could make to best meet participants' wants and needs of the group. Participants mostly commented upon the ways in which they changed and grew during the experience of being in *Myself in Melodies*, questioning the foundation of the first research question about how the group could evolve to meet group member needs. This research question yielded few responses with three subthemes providing relevant information: cohesion with time, connection, and variety. The first two subthemes have been connected in this discussion due to the causal relationship participants noted between the two. An additional reason participants made few comments about the group needing to evolve is because the study was retrospective rather than concurrent with the group (please refer to the Method for more information about the original research design). Further, the interview may have insufficiently addressed this research question which will be discussed further in the limitations of the study.

Participants noticed that a group culture arose from time spent together and musical interactions. Anna and Rachel described the formation of a group culture. The development of a group culture is central to understanding the process of group therapy (Gladding, 2016). Music as a process is evolutionary in that it spans time and allows for continual change and growth (Kenny, 2006). The addition of new musical experiences, as noted by Em, created opportunities for participants to explore themselves as multifaceted, dynamic beings (Butler,

1990; Kenny, 2006; Sullivan, 2003). Em and Rachel described how music experiences facilitated interactions, especially when the group was forming. These findings describe unique benefits of group therapy as opposed to individual therapy in which making music with peers is not possible.

Participants commented upon the continued variety of ways to engage during the group, such as new experiences and modalities (i.e., movement to music, drawing to music) and instruments as providing novelty and anticipation for future sessions. The concepts of performative and fluid identities give ample metaphors with which to consider the importance of variety (Bain et al., 2016). Performativity (Butler, 1990) denotes the ways in which we create who we are based on how we express ourselves. Fluidity (Sullivan, 2003) allows for the changing yet cohesive ways in which we experience ourselves as human beings. Jax described how her participation changed week to week. These principles of queer theories enrich the understanding of including variety in session structure.

Participants observed the evolution of *Myself in Melodies* as the group spent time together in a variety of musical experiences. Music facilitated a reason and means to develop group cohesion and connection between members. The variety of experiences allowed for ongoing growth of the group and individual expression as well as being engaging and enjoyable. The relatively minimal findings for research question one will be explored in the limitations. A discussion of the second research question follows.

### **Barriers to Participation**

The theme “barriers” and subthemes “schedule” and “comfort in group” directly addressed the second research question. Three of the four participants mentioned the combined timing of the group and their personal schedules conflicted causing difficulty

participating. The second factor consisted of various ways in which the participants experienced discomfort in the group. Participants described these barriers as individual, leaving room for further questions about how they may have been systemic.

Timing and scheduling of groups has occurred as a barrier in college student music therapy groups (i.e., Neel, 2017). An interesting component of this barrier in the present study is how or if participants chose to share this barrier while participating in the group. Two of the participants chose not to address this barrier with the group facilitators. Rachel addressed a schedule barrier with facilitators and found that her needs were accommodated and felt supported. The choice to accept or address barriers raises questions about participants' self-agency. Though perhaps a different expression of agency, the findings of the present study relate to Rolvsjord's (2015) explorations of how clients co-create the therapeutic relationship. Minority stress is associated with higher rates of perceived helplessness and hopelessness (Meyer, 1995), suggesting that minority status may degrade sense of self-efficacy. Other contributing factors to sense of agency may shed more light on participants' willingness and comfort asking for accommodations in a group.

Participants mentioned barriers related to their discomfort in the group, particularly self-acceptance and facilitation style. Jax identified self-acceptance as barrier within herself that she resolved through the determination to love herself. Jax described ways in which this was addressed through having the group to come to, so that while the group could trigger her to feel uncomfortable it also provided a space to experience comfort and connection. Amir (1999) interviewed a music therapy client, a music therapist herself, who found self-acceptance through Guided Imagery and Music session. Anna found the facilitation style of nonjudgmental responses to participant sharing uncomfortable at first. Both of these

participants reported the combination of discomfort and comfort that kept them returning to *Myself in Melodies*. Navigating discomfort by embracing the benefits in group settings appears in the music therapy literature as well (Mary, Miller, & Miller, 1999). A group music therapy client called Mary in Mary et al.'s (1999) chapter on client experiences spoke about her concern of judgment and embarrassment in the group. This raises an important question about how other group members may have experienced similar discomforts that were either not alleviated or who stopped coming to the group due to discomfort rather than continuing to attend.

### **Advocacy and Further Actions**

Through two cycles of research participants identified a wealth of ideas about advocacy and activism could stem from *Myself in Melodies*. The results from both the individual interviews and group discussion have been synthesized in this section as most of the ideas from interviews were further developed in the group discussion. For this reason, new headings have been assigned. The theme “advocacy and further actions” from individual interviews and all findings from the group interview (see Table 2) are discussed below under the titles: “the group existing,” “school-based groups,” “existing groups and organizations,” “community music therapy (CoMT),” “music by gender and sexual minority musicians,” “Music Therapy Program and Counseling Center at Appalachian State,” and “distance music therapy.” Individual interviews included such ideas, one of which was Em’s recommendation for a group discussion with other participants. Ideas mentioned in interviews were then brought to and explored in the group discussion for further development.

Participants agreed that the group provided a valuable experience for them individually and believed in its potential to benefit others in the future. Broadly, they shared

ideas about how music therapists could continue to offer groups for LGBTQ folks at various ages and in various settings. Participants shared their ideas about promoting future iterations of *Myself in Melodies* and collaborations with the Counseling Center at Appalachian State. Rachel described the potential benefits of facilitating community music therapy group to bridge into societal change. Anna recommended sharing more music by LGBTQ musicians in sessions.

**The group existing.** Participants emphasized the place of *Myself in Melodies* as a resource and symbol of advocacy at Appalachian State University. This responds to the call for social-justice framework in music therapy practice (Bain et al., 2016; Baines, 2013). Being a resource and offering mental health support centers the therapy itself as a form and indication of social change. Gathering as a group has long been important for gender and sexual minorities, as occupying space is a political act when denied the option to do so (Blumenfeld, 2013).

**School-based groups.** Participants discussed new options for school-based music therapy for gender and sexual minorities. Em suggested music therapy for gender and sexual minority students at all education levels. At this point no music therapy literature exists describing any such groups. Participants introduced the possibility of using a music therapy group to promote acceptance while centering the safety of gender and sexual minority students. Band (2016) explored the potential use of Guided Imagery and Music to assess perceptions of bullying with elementary students who engaged in bullying. The participants recognizing their feelings about bullying in Guided Imagery and Music sessions, indicating that sessions may prove effective in decreasing bullying behaviors. School anti-bullying or bullying prevention programs are well documented in other disciplines as well (e.g.

Chalamandaris & Piette, 2015; Gaffney, Ttofi, & Farrington, 2018). Music therapists have offered other school-based groups addressing social and intrapersonal skills (e.g. Clark, Roth, Wilson, & Koebel, 2013; Scrine & McFerran, 2018). Combining the above literature would indicate the feasibility of such music therapy groups in the future. The focus on cultural change through increasing acceptance rather than attending to students who are being bullied presents a queering of the assumption of how therapeutic space is used.

**Existing groups and organizations.** Em brought forward the possibility of adding music therapy to existing groups such as Parents and Families of Lesbians and Gays (<https://pflag.org/>). Due to the history and some ongoing practice of mental health providers pathologizing gender and sexual minorities for their identities and expressions (e.g. Ansara & Hegarty, 2012; Serovich, Grafsky, & Gangamma, 2012), many gender and sexual minorities distrust mental health providers or have considerable skepticism of their agendas (Benson, 2013). Offering music therapy at an agency with an established mission to benefit the wellbeing of gender and sexual minorities may increase a sense of trust with the music therapist.

**Community music therapy (CoMT).** In the group discussion participants explored CoMT as a theoretical framework for both gender and sexual minority groups as well as inclusive gender and sexuality awareness-raising groups (Bain et al., 2016). CoMT applies a critical lens to the notion that therapy occurs behind closed doors and centers the ways in which people have and continue to use music to engage with one another in ways that may prove therapeutic (Stige & Aarø, 2012). While not a therapeutic group, Grady et al. (2012) described how a queer youth of color dance group combined artistic expression and social change. Stige and Aarø (2012) described the importance of “rights-based” collaborative

ethical decisions (p. 24). Rachel suggested CoMT as either a theoretical orientation with which a group could begin or offer an option based on participant interest in crossing traditional therapy boundaries to increase potential for group activism, another core component of CoMT (Stige & Aarø, 2012). CoMT's emphasis on acknowledging inequity and enacting social change would support the common concerns and ideas of gender and sexual minorities such as increased safety, equity, and acceptance. Further, CoMT could be applied both in a gender and sexual minority group as well as for a broader inclusive gender and sexuality group to encourage understanding, compassion, and community-strengthening based upon the "ecological" quality or "working with the reciprocal relationships between individuals, groups, and networks in social context" (p. 22).

**Music by gender and sexual minority musicians.** Anna recommended gender and sexual minority musicians' music be featured in music therapy groups for gender and sexual minorities. The use of precomposed music in a session contributes a particular perspective to the session (Gardstrom & Hiller, 2010). The authors described bringing in songs that objectified women to discuss sexual violence. Doing so allowed participants to identify with themes in the songs that relate themselves to the artists. In a group like *Myself in Melodies*, including diverse gender and sexual minority perspectives may have multiple benefits. First, any gender and sexual minorities grow up without mentors for navigating a largely cisnormative, heteronormative culture (Maalouf, 2012). In this way, group members may broaden and deepen their sense of community through connecting with musical artists. Second, the diversity of group members may mean that group members feel isolated by identity. For example, Anna mentioned being the only lesbian-identified group member. She may have found exploring a musician's experience of being a lesbian beneficial.

**Music Therapy Program and Counseling Center at Appalachian State.** Anna, Em, and Rachel recommended collaboration between Appalachian State's Music Therapy program and Counseling Center to provide groups together and advertise music therapy groups such as *Myself in Melodies*. They identified this relationship as a way of providing increased structural support for the visibility, access to, and continuation of *Myself in Melodies*. In reality, recruitment for *Myself in Melodies* proved challenging each semester it was offered and the group discontinued due to lack of interest. When asked in Spring of 2016, the Counseling Center declined to advertise the group. Woodford et al. (2018) found that greater institutional support of gender and sexual minorities could mitigate impacts of minority stress. Increased access to resources creates a more supportive environment.

**Distance music therapy.** An idea from Em's individual interview was exploring the possibility of distance music therapy as a resource for people in remote locations. Limited music therapy literature explores this option (Krout, Baker, & Muhlberger, 2010; Lightstone, Bailey, & Voros, 2015) despite its growing prominence in other helping disciplines. Lightstone et al. (2015) facilitated effective music therapy sessions for a veteran with posttraumatic stress disorder (PTSD) living in a rural area via Telehealth. Krout et al. (2010) assigned music therapy students to write songs in pairs through Skype video calls. The potential for distance music therapy remains to be more fully explored, especially considering limitations of sound quality and synchronous music making.

Interestingly, only group music therapy came up in interviews and the group discussion. While this may be due to the focus on a music therapy group, this may also reflect the value of social support and reducing isolation among gender and sexual minorities (Snapp et al., 2015b) who may lack mentors or peers to relate to in a cisnormative and

heteronormative culture (Maalouf, 2012). After familial support, social support is the single most important factor in determining positive mental health outcomes for gender and sexual minority teens and young adults (Snapp et al., 2015b). Research participants mentioned their appreciation for the commonalities and differences among group members and cited learning from other group members as the source of personal growth (Yalom & Leszcz, 2005; see below). All of this would suggest that the group setting serves an important role.

### **Other Findings**

Two entire themes, two partial themes, and two subthemes from participant interviews brought up findings relevant to the overall topic of research but not directly to the research questions: Due to the values of researcher reflexivity and participant agency in action research, the thoughts, reflections, values, and ideas of participants are included in this section (Stige & McFerran, 2016). These findings broaden the scope of this research in important ways by challenging the researcher's expertise and control over the study.

**Expectations and reasons for joining.** Participants described their expectations of the group as having vague or few expectations and cited the group being LGBT-specific and their relationship to music therapy as draws to joining. All of the participants stated being unsure what to expect about the group. This may relate to relatively few music therapy groups offered for college students, for gender and sexual minorities, and for wellness and community-building in general. However, this could also relate to other factors such as limited information provided on promotional fliers for the group. Regardless of the factors, participants all decided to attend to find out what the group would be like (Stige, 2010). What is not clear is how ambiguity played a role for students who may have been interested but decided against joining whose experiences are not captured in this study.

All four participants cited the appeal of joining a music therapy group for gender and sexual minorities, particularly for finding community and people who may want to have conversations about the treatment of gender and sexuality in society. Maalouf (2012) described two primary forms of identity, vertical and horizontal. Vertical identities consist of those that generally correlate with genetic inheritance or upbringing by biological parents (vertical relationships) such as race and ethnicity and religious or spiritual tradition. Horizontal identities, on the other hand, generally consist of identities such as disability, minority sexual identity, and transgender or non-binary gender identity, which are not inherited or taught by caregivers. People may seek similarly-identified folks with which to form communities or coalitions.

Three of the participants expressed curiosity about experiencing music therapy for themselves. For Rachel and Jax, engaging in music therapy as a client offered a contrast to studying music therapy (Vaillancourt, 2016). Em had learned about benefits of music therapy for children in special education programs. Practitioners who engage in their own therapeutic process such as music therapy groups (Brooks, Bradt, Eyre, Hunt, & Dileo, 2010; Cheek, Bradley, Parr, & Lan, 2003) and individual Guided Imagery and Music sessions (Beck, Hansen, & Gold, 2015) experienced decreased burn-out (Cheek, et al., 2003), perceived stress (Brooks, et al., 2010), and depression and anxiety (Beck et al., 2015). Additionally, self-understanding facilitates ability to connect meaningfully with others in intercultural therapeutic relationships (Hadley & Norris, 2016).

**Group environment.** Aspects of the group environment that indicated other findings consisted of participants' appreciation for commonalities and differences, atmosphere, small size, and facilitation. In this way, participants highlighted the aspects of the group that stood

out to them that they remembered and that contributed to a group culture. Em and Jax commented on how they felt connected to other group members despite differences between them (Yalom & Leszcz, 2005). Gender and sexual minorities may relate to one another through shared yet varied experiences of self-discovery, challenging social norms, and facing discrimination (Bain et al., 2016). Rachel and Anna commented on the calm or slower-paced atmosphere of the group that signaled a difference from other areas of their lives. Participants mentioned the small size of the group as more comfortable while also noting they would like more people to know about the group which would likely increase the size. Myself in Melodies combined group therapy which and potential identity disclosure, both of which require building trust between group members (Yalom & Leszcz, 2005).

**Improvisation.** Improvisation stood out among the experiences which participants described in their interviews. They described such experiences as “magical” “freeing” “powerful” and identified feeling “connection” to others and inspired by others’ music. McFerran and Wigram’s (2002) exploration of seasoned music therapists’ understandings of group improvisations revealed similar themes of creating “meaningful music,” being in the moment, and musical interaction reflecting the individuals and group simultaneously. Improvisation presents a particularly potent means to express oneself musically, as the process is one of continual change, addressed earlier in the discussion in relation to performative and fluid identity.

**Give and take.** Participants commented upon the give and take in participation. A combination of sharing and listening through speech and metaphorically through music supported group cohesion for Rachel, reducing sense of isolation for Jax, and sparked new ideas for Anna. The interactions of group therapy are fundamental to its therapeutic value

(Yalom & Leszcz, 2005). Participants mentioned the ways in which give and take in the group facilitated interpersonal relationships that facilitated experiences of creativity and connection to self and others, as described in *Adult Improvisational Music Therapy* (Bruscia, 1987).

**Benefits of the group.** Participants cited three main ways in which they benefited from participation in *Myself in Melodies*. Anna, Em, and Jax described personal growth. Jax and Em shared new actions and tools they utilized. Rachel and Em also indicated professional development of their respective disciplines. Participants described increasing confidence and self-acceptance, developing listening skills and open-mindedness, and noticing reduced anxiety. Personal growth appears in the seminal music therapy literature (Sears, 1968) and in more recent literature (i.e., Kwan & Clift, 2018). Kwan and Clift (2018) similarly found “experiencing one’s true self” (p. 150), increased self-confidence, social connection, and stress reduction among participants in a community-based group facilitated by a music therapist, music educators, and social workers. More concrete take-aways from the group included Jax’s mention of song conversation-starter and Em’s mention of intention-setting with word cards. People’s relationship to music in therapy can transcend the therapeutic space (Neel, 2017; Rolvsjord, 2015). Professional development centered on increased awareness of options for future professional practice. Music therapy literature cites many instances of opportunities for music therapy students to engage in music therapy (i.e., Amir & Bodner, 2013; Neel, 2017). However, no known literature at this point describes the use of music therapy specifically with special education majors.

**Overall impressions.** Participants brought their knowledge to the three research questions and shared about other aspects of being in *Myself in Melodies*. The group evolved

over time through musical experiences that facilitated group cohesion. Schedule and comfort in the group presented barriers to participation. Action ideas and ideals reflected participants' belief in the importance of resources for gender and sexual minorities. They were drawn to this unique group, appreciated and found community through improvising and interacting with a small group of others. Ultimately, they found value in their experience of being a member of Myself in Melodies.

### **Limitations**

Several limitations appeared in conducting this study. Such considerations include aspects of the method, time limitations of the study, and subjectivity and experience of the researcher.

Changes to the method and self-selection of participants impacted data collection. The study originated with the anticipation that the research would occur as the group was active. The first research question, regarding the evolution of the group in real time, proved more difficult to assess with the original intention as a retrospective study. Additionally, self-selection of research participation undoubtedly impacted findings and knowledge shared. The group members who responded to and followed up on participating in research likely had the positive experience and certain level of rapport with the researcher to feel comfortable engaging in an interview and subsequent group discussion. Previous relationship to music therapy may have also influenced their interest in participation.

The time allotted for this study limited the research process and further actions available to participants and the researcher. Ongoing collaboration with participants would have provided opportunity to continue the brainstorming process (Cahill, 2016; Stige & McFerran, 2016). Additionally, further actions taken in this study were limited. Participants

noted this in the group discussion, as they chose to create a list of recommendations and ideals rather than commit to follow up actions. While this undoubtedly limited the current study, ideas from this study remain available for response and action to the participants, researchers, and other witnesses.

The subjectivity that allows for close consideration of qualitative data also invites the bias of the researcher (Anderson et al., 2007). Despite repeated review of possible themes and organization of the data, reflection, and research supervision, the results remain impacted by the subjective process of qualitative research. The limited experience of the researcher in conducting interviews presents another limitation. As the former therapist of participants and a current graduate student in music therapy and clinical mental health counseling, my focus is on meaning-making in conversations. I found myself grappling with the balance of inviting participants to reflect in the moment through follow-up questions and setting aside my own observations during interviews. At the time of interviews, participants had not been group members for at least 9 months, providing some distance from the therapeutic relationship.

The findings of the research also challenged some assumptions about participants' points of view. For example, systemic barriers to gender and sexual minorities are widely cited on many levels in medical health services (e.g., Romanelli & Hudson, 2017). In a culture designed for gender and sexual majority folks, identifying all of the ways in which our culture supports this proves a challenge. While the researcher sought to understand systemic barriers that may have been perpetuated in *Myself in Melodies*, systemic barriers were not identified in the research. The lack of comment on systemic barriers may indicate that they were relatively low or that participants were unaware of systemic barriers, highlighting the way in which systemic barriers endure in our society.

## **Recommendations**

Participants made clear the importance of having music therapy groups for gender and sexual minorities that translated to ideas for future research and clinical practice (Whitehead-Pleaux et al., 2012; Whitehead-Pleaux et al., 2013). Further, the synthesis of research and practice inherent to the foundation of action research provides a framework for music therapists to consider ongoing engagement and education for professional development (Stige & McFerran, 2016). Music therapists, music therapy educators, music therapy students and interns, and professional music therapy organizations are strongly encouraged to reflect on participants' recommendations, ideas, and ideals.

Groups provide a unique environment for gender and sexual minorities to experience connection and contribute to the variety of resources and supports (Bain et al., 2016). Community music therapy presents a particularly promising orientation of practice in this context (Bain et al., 2016). Clinical practice could include greater recognition of gender and sexual minority artists (Whitehead-Pleaux et al., 2012). Additionally, relevant faculty, staff, and administrators of Appalachian State University with power to enact change should heed participants' recommendations for collaboration between the university's Music Therapy Program and Counseling Center for the benefit of students' awareness of and access to a variety of mental health supports (Woodford et al., 2018).

Given the dearth of literature about ways to provide not only inclusive therapy but specific spaces for gender and sexual minorities in music therapy practice, increased research and literature is essential to deepening the conversation about such practice (Bain et al., 2016; Boggan et al., 2017). Specifically, music therapy research about the potential for gender and sexual minority-specific and gender and sexuality inclusive school-based groups

(Bain et al., 2016) and collaborative agency groups remains unexplored. To further the music therapy field and closely related disciplines, research can explore the professional development impact of experiencing interdisciplinary therapies and practices with future practitioners. Exploration of the feasibility of distance music therapy to provide support in remote areas remains a limited area of research (Krout et al., 2010; Lightstone et al., 2015). Only with increased research can our professional conversations expand about the multifaceted ways in which music therapy can be used to support and inspire gender and sexual minorities and social change for greater acceptance (Whitehead-Pleux et al. 2013). By calling in the voices of participants in music therapy, practitioners can queer their vision of gender and sexuality to include the broad range of identities, expressions, and intersections and ask new questions (Tilsen, 2013).

Ultimately, research and practice rely upon one another. Sharing ideas facilitates practitioner growth and development and practice creates environments in which to consider new ideas. Action research grew out of attempts to improve practice and does not require formal a research process to implement action research principles (Anderson et al., 2007). Regardless of the scope, method, or discipline, practitioners can always seek to reflexively explore the impact of their work, others' experiences, and consider ideas for change and growth.

## **Summary**

Participants' responses in a variety of themes created recurrent connections to the importance of communal space, harkening on history of oppression of gender and sexual minorities and quest for mentors and peers. Other themes and subthemes spoke less to participants' gender and sexual identities and expressions and more to other aspects of their

humanness. Further, participants variety of experiences indicated that just because the group was LGBTQ-specific did not mean there was one way to lead the group for all gender and sexual minorities.

Action research provides a valuable means of inviting researchers and research participants to question ways in which more traditional forms of research have sought to understand gender and sexual minorities experiences. In this way, the research may itself become a form of advocacy for awareness of and change to societal norms. Noffke (1997) identified how action research touches the political, the professional, and the personal. So, too, can the practice of music therapy.

The present study found factors about group evolution, barriers to participation, and further actions related to advocacy from interviews with four participants of the group *Myself in Melodies* and a group discussion. This research also identified some key components of *Myself in Melodies* that made it a meaningful music therapy group for participants. The action research method of this study allowed for the exploration of further social actions and the role of advocacy in therapy to lead toward concrete steps. Notably, three of the four participants met for a group discussion of further actions and created a list of recommendations and ideals. Ideas included variations on music therapy groups for gender and sexual minorities at various school levels, in other organizations, and for social change; centering music by gender and sexual minorities in sessions; and use of distance technology in music therapy.

Other findings allowed participants' reflections, values, and ideas to come forth in the research. Those findings include their expectations and reasons for joining, the group environment, improvisation, the give and take of participation in the group, and benefits of

being in the group. Participants were drawn to the unique combination of a music therapy group for gender and sexual minorities despite being unsure of what the group would be like. They experienced connection with others who were both similar to and different than themselves in a calm, small group. Through musical improvisation they felt the power of music to generate inspiration and “magic.” Collaboration facilitated a give and take between group members as they both shared and listened to one another. They grew personally and found new things to take into other parts of their lives including their future professional work.

Participants pointed out the importance of community and variety, indicating the role of collaborative work to increase knowledge and diversity. Further research and expansion of music therapy services and resources for and inclusive of gender and sexual minorities will add to the depth and complexity of the conversation. As promised, this study provides ideas and inspiration not answers.

## References

- Accord Alliance (n.d.). *FAQs*. Retrieved from <http://www.accordalliance.org>
- Ahessy, B. T. (2011). Lesbian, gay and bisexual issues in music therapy training and education: The love that dares not sing its name. *Canadian Journal of Music Therapy, 17*(1), 11–33.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Amir, D. (1999). Tales from the therapy room. In Hibbens, J. (Ed.) *Inside music therapy: Client experiences* (pp. 267–276). Gilsum, NH: Barcelona Publishers.
- Amir, D., & Bodner, E. (2013). Music therapy students' reflections on their participation in a music therapy group. *Nordic Journal of Music Therapy, 22*, 243–273.  
doi:10.1080/08098131.2012.762035
- Anderson, G. L., Herr, K., & Nihlen, A. S. (2007). *Studying your own school: An educator's guide to practitioner action research* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgender children from 1999 to 2008. *Psychology & Sexuality, 3*(2), 127–160.  
doi:10.1080/19419899.2011.576696
- Appalachian State University. (2019). TransACTION. Retrieved from <https://lgbt.appstate.edu/pagesmith/42>
- Aronoff, U. (2016, July 7). *A music therapy group for gay men: Thoughts and considerations*. Presentation at the European Music Therapy Conference, Vienna, Austria.

- The Asexual Visibility and Education Network. (n.d.). Overview. Retrieved from <https://www.asexuality.org>
- AVENwiki. (n.d.). Aromantic. Retrieved from <http://wiki.asexuality.org>
- Austin, A., & Goodman, R. (2018). Perceptions of transition-related health and mental health services among transgender adults. *Journal of Gay & Lesbian Social Services, 30*(1), 17–32. doi:10.1080/10538720.2017.1408515
- Bain, C. L., Grzanka, P. R., & Crowe, B. J. (2016). Toward a queer music therapy: Implications of queer theory for radically inclusive music therapy. *The Arts in Psychotherapy, 50*, 22–33. doi:10.1016/j.aip.2016.03.004
- Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy, 40*, 1–5. doi:10.1016/j.aip.2012.09.003
- Baines, S., & Edwards, J. (2018). A constructivist grounded theory research project studying music therapy as an anti-oppressive practice in long-term and psychiatric residential care. *The Arts in Psychotherapy, 60*, 1–8. doi:10.1016/j.aip.2018.04.003
- Band, J. P. (2016). Using music and imagery to explore bullying behavior in elementary school children. *Journal of the Association for Music and Imagery, 15*, 1–18.
- Bauer, G., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). “I don't think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses Care 20*, 348–361. doi:10.1016/j.jana.2009.07.004
- Beck, B. D., Hansen, A. M., & Gold, C. (2015). Coping with work-related stress through Guided Imagery and Music (GIM): Randomized controlled trial. *Journal of Music Therapy, 52*, 323–352. doi:10.1093/jmt/thv011

- Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy, 25*(1), 17–40.  
doi:10.1080/08952833.2013.755081
- Berry, A. P., & Bodry, K. (2018, April 13). *Music therapy within the LGBTQ+ community*. Presentation at the conference of the Southeastern Region of the American Music Therapy Association, Chattanooga, TN.
- Blumenfeld, W. J. (2013). Heterosexism: Introduction. In M. Adams, W. J. Blumenfeld, C. (R.) Castañeda, H. W. Hackman, M. L. Peters, & X. Zúñiga (Eds.), *Readings for diversity and social justice* (3rd ed., pp. 373–379). New York, NY: Routledge.
- Boggan, C. E., Grzanka, P. R., & Bain, C. L. (2017). Perspectives on queer music therapy: A qualitative analysis of music therapists' reactions to radically inclusive practice. *Journal of Music Therapy, 54*, 375–404. doi:10.1093/jmt/thx016
- Bolger, L. (2015). Being a player: Understanding collaboration in participatory music projects with communities supporting marginalised young people. *Qualitative Inquiries in Music Therapy, 10*(3), 77–126.
- Brooks, D. M., Bradt, J., Eyre, L., Hunt, A., & Dileo, C. (2010). Creative approaches for reducing burnout in medical personnel. *The Arts in Psychotherapy, 37*, 255–263.  
doi:10.1016/j.aip.2010.05.001
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books, D.C. Heath and Co.
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C. Thomas.
- Bruscia, K. E. (Ed.). (1991). *Case studies in music therapy*. Gilsum, NH: Barcelona

- Publishers.
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). University Park, IL: Barcelona Publishers.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Cahill, C. (2016). Doing research *with* young people: Participatory research and the rituals of collective work. In P. H. Hinchey (Ed.), *A critical action research reader*, (pp. 157–170). New York: Peter Lang Publishing.
- Callis, A. S. (2014). Bisexual, pansexual, queer: Non-binary identities and the sexual borderlands. *Sexualities*, *17*(1/2), 63–80. doi:10.1177/1363460713511094
- Carter, L. W., Mollen, D., & Smith, N. G. (2014). Locus of control, minority stress, and psychological distress among lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology*, *61*, 169–175. doi:10.1037/a0034593
- Chalamandaris, A.-G., & Piette, D. (2015). School-based anti-bullying interventions: Systematic review of the methodology to assess their effectiveness. *Aggression and Violent Behavior*, *24*, 131–174. doi:10.1016/j.avb.2015.04.004
- Chase, K. M. (2004). Therapy with gay and lesbian clients: Implications for music therapists. *Music Therapy Perspectives*, *22*, 34–38. doi:10.1093/mtp/22.1.34
- Clark, B. A., Roth, E., A., Wilson, B. L., & Koebel, C. (2013). Music therapy practice with high-risk youth: A clinician survey. *Canadian Journal of Music Therapy*, *19*, 66–86.
- Cheek, J. R., Bradley, L. J., Parr, G., & Lan W. (2003). Using music therapy techniques to treat teacher burnout. *Journal of Mental Health Counseling*, *25*, 204–217. doi:10.17744/mehc.25.3.ghneva55qw5xa3wm

- Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health, 101*, 1683–1689. doi:10.2105/AJPH.2011.300155
- D’Emilio, J. (2014). *In a new century: Essays on queer history, politics, and community life*. Madison Wisconsin: The University of Wisconsin Press.
- Diamond, L. (2009). *Sexual fluidity: Understanding women’s love and desire*. Cambridge, MA: Harvard University Press.
- Drescher, J. (2015) Out of DSM: Depathologizing homosexuality. *Behavioral Science, 5*, 565-575. doi:10.3390/bs5040565
- Dugan, J. P., Kusel, M. L., & Simounet, D. M. (2012). Transgender college students: An exploratory study of perceptions, engagement, and educational outcomes. *Journal of College Student Development, 53*, 719–736. doi:10.1353/csd.2012.0067
- Esposito, C. (2018, May 28). Trixie Mattel. *QUEERY with Cameron Esposito*. Podcast retrieved from <https://www.earwolf.com/show/queery/>
- Fairchild, R., & Bibb, J. (2016). Representing people in music therapy research and practice: A balancing act. *Voices, 16*(3). Retrieved from <https://voices.no/index.php/voices/article/view/878/729>  
doi:10.15845/voices.v16i3.878
- Filax, G. (2006). Politicising action research through queer theory. *Educational Action Research, 14*, 139–145. doi:10.1080/09650790600585632
- Forinash, M., Hardy, S., Kynvi, L., Oswanski, L., & Robinson, B. (2018, November 17).

- LGBTQ+ and Music Therapist: Intersecting Identities*. Roundtable discussion at the National Music Therapy Conference, Dallas, TX.
- Foucault, M. (1978). *The history of sexuality, volume one: An introduction*. New York, NY: Vintage Books.
- Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2019). Evaluating the effectiveness of school-bullying prevention programs: An updated meta-analytical review. *Aggression and Violent Behavior, 1*, 14–31. doi:10.1016/j.avb.2018.07.001
- Gardstrom, S. C., & Hiller, J. (2010). Song discussion as music psychotherapy. *Music Therapy Perspectives, 28*, 147–156.
- Gattis, M. N., & Larson, A. (2017). Perceived microaggressions and mental health in a sample of black youths experiencing homelessness. *Social Work Research, 41*(1), 7–17. doi:10.1093/swr/svw030
- Ghetti, C. M., & Keith, D. R. (2016). Qualitative content analysis. In K. Murphy & B. L. Wheeler (Eds.) *Music therapy research* (pp. 830–839). Dallas, TX: Barcelona Publishers.
- Giammattei, S. V., & Green, R.-J. (2012). LGBTQ couple and family therapy: History and future directions. In J. J. Bigner & J. L. Wetchler (Eds.) *Handbook of LGBT-affirmative couple and family therapy* (pp. 1–22). New York, NY: Routledge.
- Gladding, S. (2016). *Group counseling: A counseling specialty* (7th ed.). Columbus, OH: Merrill Prentice Hall.
- Glossary of Terms. (2018). Retrieved from <https://www.hrc.org/resources/glossary-of-terms>
- Grady, J., Marquez, R., & McLaren, P. (2012). A critique of neoliberalism with fierceness:

- Queer youth of color creating dialogues of resistance. *Journal of Homosexuality*, 59(7), 982-1004. doi:10.1080/00918369.2012.699839
- Gumble, M. (2018, November 16). *Exploring the potential of gender affirming voicework in music therapy*. Presentation at the National Music Therapy Conference, Dallas, TX.
- Gumble, M., Reed, R., Bain, C., McSorley, K., Fansler, V., & Hadley, S. (2018, November 17). *Queering music therapy spaces: Listening and looking with radical inclusivity*. Presentation at the National Music Therapy Conference, Dallas, TX.
- Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, 34, 129–137. doi:10.1093/mtp/miv045
- Hardy, S. (2018, November 17). *Music therapy and transgender adolescents: A community-based workshop to promote resilience*. Presentation at the National Music Therapy Conference, Dallas, TX.
- Hardy, S., Robinson, B., Kynvi, L., & Oswanski, L. (2018, November 16) *Music therapy and transgender identity*. Presentation at the National Music Therapy Conference, Dallas, TX.
- Hendricks, M. L., & Testa, R. L. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43, 460–467. doi:10.1037/a0029597
- Hunt, M. (2005). Action research and music therapy: Group music therapy with young refugees in a school community. *Voices*, 5(2). Retrieved from <https://voices.no/index.php/voices/article/view/223/167> doi:10.15845/voices.v5i2.223

- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Kenny, C. B. (1999). Beyond this point there be dragons: Developing concepts for general theory in music therapy. *Nordic Journal of Music Therapy*, 8, 27–136.
- Kenny, C. B. (2006). *Music and life in the field of play: An anthology*. Gilsum, NH: Barcelona Publishers.
- Kerr, D. L., Santurri, L., & Peters, P. (2013). A comparison of lesbian, bisexual, and heterosexual college undergraduate women on selected mental health issues. *Journal of American College Health*, 61, 185–194. doi:10.1080/07448481.2013.787619
- Kong, T. SK. (2018). Gay and grey: Participatory action research in Hong Kong. *Qualitative Research*, 18, 257–272. doi:10.1177/1468794117713057
- Krout, R. E., Baker, F. A., & Mulberger, R. (2010). Designing, piloting, and evaluating an on-line collaborative songwriting environment and protocol using Skype telecommunication technology: Perceptions of music therapy student participants. *Music Therapy Perspectives*, 28, 79–85.
- Kwan, C. K., & Clift, S. (2018). Exploring the processes of change facilitated by musical activities on mental wellness. *Nordic Journal of Music Therapy*, 27, 142–157. doi:10.1080/08098131.2017.1363808
- Lee, C. A. (1996). *Music at the edge: Music therapy experiences of a musician with AIDS*. London, UK: Routledge
- Leske, B. (2016, July 7). *The social world of community choral singing: A study of the*

- Melbourne Gay and Lesbian Youth Chorus*. Presentation at the European Music Therapy Conference, Vienna, Austria.
- Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, 2(4), 34–46. doi: 10.1111/j.1540-4560.1946.tb02295.x
- Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003) Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22, 716–729.
- Lightstone, A. J., Bailey, S. K., & Voros, P. (2015). Collaborative music therapy via remote video technology to reduce a veteran’s symptoms of severe, chronic PTSD. *Arts & Health: An International Journal of Research, Policy and Practice*, 7(2), 123–136. doi:10.1080/17533015.2015.1019895
- Maalouf, A. (2012). *In the name of identity: Violence and the need to belong*. (B. Bray, Trans.). New York, NY: Arcade Publishing.
- Macklemore, & Lewis, R. (2012). Same love (feat. Mary Lambert). On *The heist* [CD]. Seattle, WA: Macklemore, LLC.
- Mary, Miller, L., & Miller, E. (1991). Playing music in the group. In J. Hibben (Ed.) *Inside music therapy: Client experiences* (pp. 83–86). Gilsum, NH: Barcelona Publishers.
- McFerran, K., & Wigram, T. (2002). A review of current practice in group music therapy improvisations. *British Journal of Music Therapy*, 16, 46–55, 2002.
- McSorley, K. (2018, November 18). *Experiences of gender microaggressions in music therapy*. Presentation at the National Music Therapy Conference, Dallas, TX.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. doi:10.1037/0033-2909.129.5.674
- Miller, W. R., C’de Baca, J., Matthews, D.B., Wilbourne, P.L. (2001). Personal values card sort. University of New Mexico; Albuquerque.
- Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health*, 62, 14–21. doi:10.1016/j.jadohealth.2017.10.006
- Neel, K. M. (2017). Self-care for students: A pilot study on self-care education on the pre-internship music therapy student. (Unpublished masters thesis). Appalachian State University, Boone, North Carolina.
- Noffke, S. E. (1997). Professional, personal, and political dimensions of action research. *Review of Research in Education*, 22, 305–343.
- Obergefell v. Hodges, 14-556 U.S., (2015). Retrieved from [https://www.supremecourt.gov/opinions/14pdf/14-556\\_3204.pdf](https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf)
- Oswanski, L. (2018, November 17). *The B in LGBTQ, the unseen majority*. Presentation at the National Music Therapy Conference, Dallas, TX.
- PFLAG. (2019). Retrieved from <https://pflag.org>
- PFLAG National Glossary of Terms. (2018). Retrieved from <https://www.pflag.org/glossary>
- Rolvjord, R. (2015). What clients do to make music therapy work: A qualitative multiple case study in adult mental health care. *Nordic Journal of Music Therapy*, 24, 296–321, doi:10.1080/08098131.2014.964753

- Romanelli, M., & Hudson, K. D. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *American Journal of Orthopsychiatry*, *87*, 714–728. doi:1037/ort0000306
- Rosario, M., Rotheram-Borus, M. J., & Reid, H. (1996). Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology*, *24*, 136-159. doi:10.1002/(SICI)1520-6629(199604)24:2<136::AID-JCOP5>3.0.CO;2-X
- Rotheram-Borus, M. J., Hunter, J., & Rosario M. (1994). Suicidal behavior and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescent Research*, *9*, 498–508. doi:10.1177/074355489494007
- Schmitz, R. M., & Tyler, K. A. (2018). The complexity of family reactions among homeless and college lesbian, gay, bisexual, transgender, and queer young adults. *Archives of Sexual Behavior*, *47*, 1195–1207. doi:10.1007/s10508-017-1014-5
- Schwantes, M., & Rivera, E. (2017). “A team working together to make a big, nice, sound”: An action research pilot study in an inclusive college setting. *The Arts in Psychotherapy*, *55*, 1–10. doi:10.1016/j.aip.2017.01.011
- Scrine, E., & McFerran, K. (2018). The role of a music therapist exploring gender and power with young people: Articulating an emerging anti-oppressive practice. *The Arts in Psychotherapy*, *59*, 54–64. doi:10.1016/j.aip.2017.12.008
- Sears, W. W. (1968). Processes in music therapy. In E. T. Gaston (Ed.), *Music in therapy* (pp. 30–44). New York, NY: Macmillan.
- Serovich, J. M., Grafsky, E. I., & Gangamma, R. (2012). Research on reorientation therapy.

- In J. B. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 433–442). New York, NY: Routledge.
- Sia. (2016). Bird set free. On *This is acting* [CD]. New York, NY: RCA Records.
- Singh, A. A., Richmond, K., Burnes, T. R. (2013). Feminist participatory action research with transgender communities: Fostering the practice of ethical and empowering research designs. *International Journal of Transgenderism*, *14*, 93–104.  
doi:10.1080/15532739.2013.818516
- Small, C. (1998). *Musicking: The meanings of performing and listening*. Hanover, NH: Wesleyan.
- Snapp, S. D., Hoenig, J. M., Fields, A., & Russell, S. T. (2015a). Messy, butch, and queer: LGBTQ youth and the school-to-prison pipeline. *Journal of Adolescent Research*, *30*(1), 57–82. doi:10.1177/0743558414557625
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015b). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, *64*, 420–430. doi:10.1111/fare.12124
- Stige, B. (2010). Reflection. Musical participation, social space, and everyday ritual. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps. Community music therapy in action and reflection* (pp. 125-150). Surrey, UK: Ashgate.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Stige, B., & McFerran, K. S. (2016). Action research. In K. Murphy & B. L. Wheeler (Eds.) *Music therapy research* (pp. 429–440). Dallas, TX: Barcelona Publishers.
- Sue, D. W. & Sue, D. (2016). *Counseling the culturally diverse* (7th ed.). Hoboken, NJ: John

- Wiley & Sons, Inc.
- Sullivan, N. (2003). *A critical introduction to queer theory*. New York, NY: New York University Press.
- Swamy, S. (2014). Music therapy in the global age: Three keys to successful culturally centered practice. *New Zealand Journal of Music Therapy*, 12, 34–57.
- Tilsen, J. (2013). *Therapeutic conversations with queer youth*. Lanham, MD: Jason Aronson.
- Timmins, L., Rimes, K. A., & Rahman, Q. (2017). Minority stressors and psychological distress in transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, 4, 328–340. doi:10.1037/sgd0000237
- Tribal Court Clearinghouse (n.d.). *Walking in two worlds: Understanding the Two-Spirit & LGBTQ community*. Retrieved from <http://www.tribal-institute.org/2014/INCTwo-SpiritBooklet.pdf>
- Vaillancourt, G. (2016). When the client is a music therapist! Experiencing five approaches music psychotherapy. *Canadian Journal of Music Therapy*, 22, 109–125.
- van Eeden-Moorefield, B. & Benson, K. E. (2014). We're here, we're queer, and we count: Perspectives on queer families. In J. A. Arditti (Ed.), *Family problems: Stress, risk, & resilience*. Hoboken, NJ: Wiley/Blackwell.
- Whitehead-Pleaux, A., & Donnenwerth, A. (2018, November 17). *LGBTQAI+ ally roundtable: Exploring our intersecting identities*. Roundtable discussion at the National Music Therapy Conference, Dallas, TX.
- Whitehead-Pleaux, A., Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash,

- M., Hearn, M., Anderson, N., & York, E. (2012). Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy. *Music Therapy Perspectives, 30*, 158–166.
- Whitehead-Pleaux, A., Donnenwerth, A. M., Robinson, B., Hardy, S., Oswanski, L. G., Forinash, M., Hearn, M. C., Anderson, N., & Tan, X. (2013). Music therapists' attitudes and actions regarding the LGBTQ community: A preliminary report. *The Arts in Psychotherapy, 40*, 409–414. doi:10.1016/j.aip.2013.05.006
- Whitman, W. (1855). *Leaves of grass*. Auckland, NZ: The Floating Press.
- Woodford, M. R., Han, Y., Craig, S., Lim, C., & Matney, M. M. (2014). Discrimination and mental health among sexual minority college students: The type and form of discrimination does matter. *Journal of Gay & Lesbian Mental Health, 18*, 142–162. doi:10.1080/19359705.2013.833882
- Woodford, M. R., Kulick, A., Garvey, J. C., Sinco, B. R., & Hong, J. S. (2018). LGBTQ policies and resources on campus and the experiences and psychological well-being of sexual minority college students: Advancing research on structural inclusion. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <http://dx.doi.org/10.1037/sgd0000289>
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5<sup>th</sup> ed.). New York, NY: Basic Books.
- ZIONOLOGY. (2014, May 1). *Same love freestyle (Macklemore & Ryan Lewis cover)* [video file]. Retrieved from <https://www.youtube.com/watch?v=5kSpeugWix4>

**Appendix A**  
**Recruitment Email**

Dear [former participant's name],

I am reaching out to invite you to share your experiences of the group *Myself in Melodies*. As part of my Masters in Music Therapy, I am writing a thesis about experiences of group members in particular to understand barriers to participation and in what ways your experiences may urge further action on campus visually and/or behind the scenes. You will also have opportunity to participate in advocacy actions inspired by the information shared by former group members if and to the degree you choose.

I will plan to hold meetings in person on campus or via Zoom video conference.

Please respond within two weeks if you are interested in participating so that we can schedule a time to meet. Also feel free to respond with questions. I would be happy to share more information and details about my research goals and process.

Best,

Alice Berry, MT-BC

**Appendix B**  
**Interview Questions**

1. Describe your experience of being part of Myself in Melodies.
2. What drew you to join Myself in Melodies? What were your expectations of the group? Were those expectations met?
3. Describe how you participated in the group. Describe what you noticed about how others participated in the group. How did you prefer to participate?
4. How do you see Myself in Melodies changing over time?
5. Were you aware of any barriers to your participation in Myself in Melodies? If so, what were they? (Barriers may include but are not limited to: facilitation style and structure of the group, logistics regarding the time and space of the group, structure of the group, and culture of group) Were these barriers addressed, and if so, how?
6. Did you experience collaboration with others in the group and/or with me? If so, what did collaboration look like and how did it unfold? How was it for you to experience collaboration in this group?
7. Were there ways in which participating in Myself in Melodies became part of your life outside of the group that you are aware of (i.e., having conversations about music and gender, heteronormativity, or queer censorship with friends, classmates, or family)?
8. What social change would you like to see Myself in Melodies impact on campus or beyond? Describe ways in which this could take place.

9. In *Myself in Melodies* we discussed songs, experiences, and ideas about oppression of LGBTQ+ folks. How do you think the group could move forward in taking some of these things we discussed into a more public realm? What do you see as the role of activism in a group like this on our campus?
10. (If applicable): In what ways would you be interested in taking part in what you have described so far?
11. I have asked you a lot of questions. What questions do you have of me?

## **Appendix C**

### **Journal Guide**

The researcher will use a journal throughout the research process. The content may include thoughts, feelings, questions, and processing of biases that emerge. The journal will serve as a holding place for the researcher to examine and increase awareness of her impact on the research.

## Appendix D

### Consent to Participate in Research

#### *Information to Consider About this Research*

#### ***LGBTQ+ Music Therapy Group Action***

Principal Investigator: Alice Berry, MT-BC

Department: Music, Music Therapy

Contact Information:

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Melody Schwantes, PhD, MT-BC, Faculty Advisor  
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You are being invited to take part in a research study about the experiences of participating in a music therapy group for gender and sexual minorities (LGBTQ+ folks). The purpose of this research is to learn about the experience of participating in the group *Myself in Melodies* (here on referred to as “the group”). The research will serve in partial completion of Alice Berry’s (here on referred to as “the researcher”) Master in Music Therapy graduation requirements. This study seeks to learn about your experience of group music therapy through interviews and what ways that these experiences may urge further action on campus. This may take form in a number of ways, such as music sharing and advocacy on campus.

If you take part in this study, you will be one of about 4-10 people to do so. You must be 18-30 years of age to participate in this research. The research will span approximately four months and will be conducted at Appalachian State University.

### **About the interviews**

You will be asked to reflect upon your participation and wants for the direction of the group; share your opinions, thoughts, and feelings about the group; and collaborate with others, including the researcher, in designing future actions inspired by participants' experiences of the group. Interviews will all take place on Appalachian State University campus or via Zoom on University equipment based on my choice. You may choose to participate an interview of approximately 15 minutes to 2 hours in length, depending on how much you want to share at the time of the interview. The interview will be about my reflections upon participation and wants for the direction of the group; my opinions, thoughts, and feelings about the group; and my potential collaboration with others in designing future actions.

Interviews will be audio recorded and excerpts of the transcript may be published. Audio recordings of my interview will be stored on a University computer and deleted upon completion of the transcript. If you reveal identifying information (name, gender, location, etc.) regarding second parties (i.e., other group members or research participants) that information will be removed from transcripts by the researcher. Deidentified transcripts will be kept by the researcher indefinitely. You will be asked to identify the name and descriptors you want the researcher to use for context in publication for my excerpts.

I understand that the interview is voluntary and there are no consequences if I choose not to participate. I also understand that I do not have to answer any questions and can end the interview at any time with no consequences. I confirm that I am at least 18 years of age.

### **About further actions**

Participants may be asked to brainstorm with others to make meaning of their reflections and plan future actions based on their conclusions and ideas. While further actions may take a number of forms, participants will have the option to be visible in this process or stay behind the scenes.

**About participation**

All participation will be optional and can take shape in many ways and change over time. You may choose to end participation in the research and/or the group at any time and for any reason. If you have concerns as the research continues, please feel free to bring these to the attention of the researcher.

**What are possible harms or discomforts that I might experience during the research?**

To the best of the researcher's knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life. The researcher will do all possible to maintain confidentiality of consent forms and other documents with identifying information. Steps taken will include using a password protected computer for electronic record keeping, keeping paper files in a lockbox, and refraining from using identifying information when discussing research with the thesis advisor.

**What are the possible benefits of this research?**

Benefits of participation in the research may include self-discovery; experiencing of community and peer support; experiencing of comfortable or welcomed emotions; engaging in music-making and creative projects; and experiencing altruism in giving back to communities that are important to you. There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by inspiring others to offer LGBTQ+ services and inclusive groups and engaging in other, more specific advocacy related to LGBTQ+ rights and wellbeing.

**Will I be paid for taking part in the research?**

We will not pay you for the time you volunteer while being in this study.

**How will you keep my private information confidential?**

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what that information is. You will be invited to choose a pseudonym and craft a personal description which may be as detailed or vague as you like.

Documents with identifying information (such as your name) will be kept in a lockbox. Your data will be protected under the full extent of the law.

Audio recordings will be taken on University-owned equipment and kept for the duration of the research period or one year after IRB approval is given.

**Who can I contact if I have questions?**

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (828) 262-8216 and her thesis advisor Dr. Melody Schwantes, MT-BC at (828) 262-8216. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at [irb@appstate.edu](mailto:irb@appstate.edu) or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

**Do I have to participate? What else should I know?**

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study.

This research project has been approved by the Institutional Review Board (IRB) at Appalachian State University.

This study was approved on:

This approval will expire on \_\_\_\_\_ unless the IRB renews the approval of this research.

I request that my name **not** be used in connection with tapes, transcripts, or publications resulting from this interview.

I request that my name **be used** in connection with tapes, transcripts, or publications resulting from this interview.

By signing this form, you acknowledge that you have read this form, had the opportunity to ask questions about and of the research and received satisfactory answers, and want to participate. You may choose to decline to sign and verbally consent. You may request a copy of this signed form for your records.

---

Participant's Name (PRINT)

Signature

Date

---

Participant's Legal Name (PRINT)

Signature

Date

## Vita

Alice Berry was born to and raised by Virginia Schenck, MT-BC and William Berry in a home filled with music, conversations about politics, and dogs in Atlanta, Georgia. She identified music as a passion through playing the flute, singing in multiple choirs, and performing in musicals. She attended the Boston University Tanglewood Institute's Young Artists Vocal Program in the summer of 2009. She graduated from the Paideia School in Atlanta, Georgia in May, 2010. The next fall she began studies at St. Olaf College in Northfield, Minnesota as a music major. She had the honor of singing in the St. Olaf Choir her sophomore, junior, and senior years. She graduated with a Bachelor of Music degree in Vocal Performance in May, 2014.

Alice began her Equivalency in Music Therapy at Arizona State University in Tempe, Arizona in Fall 2014. She completed her clinical internship in music therapy at CarePartners Hospice and Bereavement in Asheville, North Carolina in January, 2016 under the supervision of Deb Curley-Dempsey, LPC, MT-BC, NCC. In February 2016 she became a Board-Certified Music Therapist. In Fall 2016 she began her Masters in Music Therapy at Appalachian State University, adding a Masters in Clinical Mental Health Counseling in the Fall of 2017. She graduated with Masters in Music Therapy and Clinical Mental Health Counseling in August, 2019. After graduation, Alice plans to seek opportunities to combine

her music therapy and counseling practices working with various communities in the Asheville area and spending time with her family, friends, and garden.