

Implications of queer music therapy for LGBTQ+ adolescents

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Abstract

Queer identity can be complex and multifaceted, especially for adolescents. The aim of this qualitative case study was to explore the impact of a queer music therapy (QMT) model on a group of LGBTQ+ adolescents. The music therapy process that was conducted was designed to facilitate the exploration and expression of queer identity. The study was conducted at a private high school in South Africa with two participants. The music therapy sessions were conducted over a period of six weeks and comprised techniques from the QMT model such as critical lyric analysis, music-centred art processes, musical autobiography, and group anthem writing. The findings emerged from the thematic analysis of transcribed audio recordings of the sessions as well as semi-structured interviews. Results showed that the music therapy sessions offered the participants a space to explore their queer identities, as well as offering them a space for acceptance, growth, and reflection. These findings were presented by the following themes: navigating queer identity, interactions with self and others, dealing with challenges, family dynamics, the influence of religion, supportive spaces, the role of music therapy, living in a queer world, understanding acceptance, experiences of difficult spaces, the role of family, and experiences within music therapy. These themes are discussed in relation to queer identity.

Keywords:

Queer music therapy

LGBTQ+

Adolescence

Identity

Self-expression

Exploration

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Implications of queer music therapy for LGBTQ+ adolescents

1. Introduction

As an adolescent, I came out as queer to my family, friends, and community. In addition to dealing with mental health issues, I faced a substantial amount of discrimination, stigmatisation, and isolation when news had spread about my sexual orientation, as coming out was something that people in my community rarely did. This created much anxiety within me and exacerbated my mental state. As an adolescent, I spent a great deal of time consuming music, and as a musician, even more so. The music that I used and listened to had a powerful impact on my thoughts and emotions, and in hindsight, I can see how it aided in shaping me into who I am. I believe that a platform through which one can express oneself, especially through music, may have the power to ease struggle and improve self-esteem.

1.1 Background and research problem

The purpose of this study was to investigate how LGBTQ+ adolescents respond to queer music therapy, a model of music therapy designed for work with this specific population. The acronym “LGBTQ+” stands for lesbian, gay, bisexual, transitioning, and queer (or questioning), all identities that comprise the larger LGBTQ+ community. Adolescence is a period of change and transition in physical, mental, and emotional realms, and these changes may have an impact on how adolescents view themselves and how society views them, making it a particularly sensitive time (Blakemore, 2019; Douglas & Stewart, 2017). LGBTQ+ youth are more likely to experience mental health problems such as depression, anxiety, addiction, and psychopathological symptoms as a result of bullying (Ahuja, 2016; Garaigordobil & Larrain, 2020), stigmatisation, discrimination (DeLay et al., 2016), and potential familial rejection they experience as a minority group (White et al., 2018). They are also more likely to commit suicide (Ahuja, 2016; Johnson et al., 2019; Rogers, 2017). Adolescents listen to music for many different reasons, including for emotion control (Rentfrow, 2012), mood enhancement (Ter Bogt et al., 2010), self-expression (Miranda, 2013), social connection (Tarrant et al., 2002), and stress management (Ter Bogt et al., 2010). Additionally, research suggests that music consumption can foster great resilience, self-efficacy, optimism, and a sense of purpose in life (Gupta & Singh, 2020). Numerous experts in the field believe that music therapy is a suitable option for treating adolescents because it promotes autonomy, self-expression, and control through the use of music (Frisch, 1990; Gold et al., 2007; Stegmann et al., 2019). With the use of the queer music therapy model developed by Bain et al. (2016) and the best practice guidelines by Whitehead-Pleaux et al. (2012), queer music therapy could be a vastly helpful intervention for LGBTQ+ adolescents. Queer music therapy combines queer theory, music therapy, and principles of anti-oppressive practice

into specific techniques suitable to LGBTQ+ adolescents. This will be a pioneering study both nationally and globally.

1.2 Aims

This study aimed to explore the experience of queer music therapy for a group of LGBTQ+ adolescents. This study will contribute a greater understanding of how music therapy may be a beneficial intervention for this population as this is still a relatively new area of research. It may also, hopefully, increase practitioners' familiarity with queer music therapy for LGBTQ+ clients. LGBTQ+ adolescents and other clients may view music therapy as an acceptable intervention when more awareness is raised.

1.3 Research questions

The study was guided by the following research questions:

- How do LGBTQ+ adolescents describe their lived experience of being sexually and/or gender diverse?
- How do LGBTQ+ adolescents describe their experience of queer music therapy?
 - o How do LGBTQ+ adolescents express the perceived benefits of their experience of queer music therapy?
 - o How do LGBTQ+ adolescents describe their experience of queer music therapy in relation to their personal story?

1.4 Dissertation outline

Chapter 1: Background and research aim

The background information will be presented in this chapter to serve as motivation for the research topic. It will also include the objectives and research questions.

Chapter 2: Literature review

This chapter will review literature regarding gender and sexuality, theories of homosexuality, adolescence, the effects of music, and queer music therapy.

Chapter 3: Research methodology

This chapter will discuss the use of qualitative research situated within an interpretive phenomenology. It will also discuss the methods of data collection and analysis.

Chapter 4: Data analysis

This chapter will discuss the data analysis process and present the findings.

Chapter 5: Discussion

This chapter will discuss the themes that emerged from the data analysis and explore them in light of the research questions as well as implications for practice.

Chapter 6: Conclusion

The final chapter will include concluding remarks, recommended future research, and limitations of the study.

2. Literature review

2.1 Introduction

Considering adolescents' use of music, the difficulties and strengths of adolescence, and the additional struggles of the LGBTQ+ population, it is crucial to consider music therapy, particularly queer music therapy, as an intervention for LGBTQ+ adolescents. First, I will provide some information on the LGBTQ+ acronym, gender, and sexual orientation. I will then discuss theories of homosexuality, queer theory, adolescence, mental health risks in LGBTQ+ adolescents, the effects of music, and music therapy with adolescents. This will be followed by a discussion of anti-oppressive music therapy, music therapy with LGBTQ+ clients, and queer music therapy.

2.2 LGBTQ+

Cherry (2020) explains that this abbreviation stands for lesbian, gay, bisexual, transgender, and queer (or questioning), and the plus denotes alternative sexual orientations or gender expressions. She states that the first four letters have been in use since the 1990s, but since then, there has been a greater understanding of the significance of integrating various sexual identities, leading to the addition of the extra letters and ultimately better representation. The abbreviation stands for a wide variety of gender identities and sexual orientations.

According to Levounis and Yarbrough (2020), LGBTQ+ people have always existed and been part of our communities. Healey (2014) states that examples can be found from every age and location, such as early Ottoman literature, ancient Indian medicinal manuscripts, and prehistoric rock drawings in South Africa and Egypt. He also states that, many societies, particularly those in Asia that are known to have recognised a third gender, have always been accepting of LGBTQ+ people. Levounis & Yarbrough (2020) state that the way that society views gender and sexual orientation has radically evolved in recent years, as LGBTQ+ people had masked their sexual and gender identities when the Stonewall Riots began in 1969 by the gay civil rights movement in New York. They further posit that, since then, a variety of sexual orientations and gender identities have developed, giving LGBTQ+ people the chance to express and self-identify.

2.2.1 Gender

Beliefs about gender are generally based on gender binaries. Male/female, homosexuality/heterosexuality, and transgender/cisgender are some examples of these binaries (Drescher, 2015). Healey (2014) states that gender is significantly more complex than biological gender, mostly referred to as sex, which comprises physical components such as external genitalia, sex chromosomes, gonads, hormones, and internal reproductive organs. He mentions that biological

gender is used to assign sex at birth, identifying individuals as either male or female. However, gender refers to the interrelationship between one's biological gender, one's gender identity¹, and one's gender expression². While gender was once considered as a binary in Western culture, it is now seen as a spectrum with many open alternatives (Healey, 2014; Levounis & Yarbrough, 2020). Drescher (2015) highlights that many societies have insisted—and continue to insist—that each person must be assigned as either a male or female at birth, with the expectation that they will adhere to the assigned category. These ideas originated from notions put forth in the middle of the 20th century, which claimed that babies born with abnormal genitalia required quick surgical procedures to allay the concerns of worried parents about whether their child was a boy or a girl.

2.2.2 Sexual orientation

Sexual orientation refers to one's physical, romantic, and emotional attraction toward others (Healey, 2014). Levounis and Yarbrough (2020) articulate that the term has come to include one's sexual identity, sexual behaviour, and sexual attraction. They further state that while most people previously identified as either straight or gay, new terms continue to emerge with which people can identify. Lastly, they alert to the importance of noting that one's sexual identity does not determine or imply their sexual behaviour or attractions.

2.3 Theories of homosexuality

According to Drescher (2009), a descriptive, empirical conceptualisation of etiological theories of homosexuality can be developed and divided into three main categories: pathology, immaturity, and normal variation. Also included are minority stress and queer theory. Each category will now be discussed.

2.3.1 Theories of pathology

According to pathology theories, adult homosexuality is a disorder or condition that differs from "normal" heterosexual development; a deviation from healthy and mature life (Mitchell, 2002). These theories make a number of presumptions, such as that adult heterosexuality is the norm and not a disease; that deviating from gender norms and expectations signifies homosexual disease; and that an external, pathogenic agent, developing before or after conception, causes homosexuality, such as intrauterine hormonal exposure, excessive mothering, insufficient fathering, sexual abuse, or excessive masturbation (Drescher, 2002; 2015). Drescher (2015) mentions that, after contrasting

¹ One's internal sense of self as male, female, both, or neither.

² One's outward presentations and behaviours related to one's perception of gender identity.

views that either pathologise or normalise homosexuality, the DSM's second edition dropped homosexuality as a diagnosis. Additionally, he states that some pathology theorists have been quite upfront about the fact that they believe homosexuality is a social evil. Psychiatrist and psychoanalyst Edmund Bergler (1971) stated in one of his books:

I have no bias against homosexuals; for me they are sick people requiring medical help... Still, though I have no bias, I would say: homosexuals are essentially disagreeable people, regardless of their pleasant or unpleasant outward manner... [their] shell is a mixture of superciliousness, fake aggression, and whimpering. Like all psychic masochists, they are subservient when confronted with a stronger person, merciless when in power, and unscrupulous about trampling on a weaker person. (p. 28-29)

Bieber et al. (1962), as part of the New York Society of Medical Psychoanalysts, conducted a study exploring the nature of homosexuality that lasted nine years. A large portion of data was gathered from 106 homosexual men and 100 heterosexual patients. They concluded that homosexuality was pathological and required psychoanalytic treatment. Not only did they claim to have empirically proved that heterosexuality was biologically superior, but they also claimed that homosexuality was, by nature, treatable and substitutive.

2.3.2 Theories of immaturity

Drescher (2002; 2015) states that theories of immaturity view homosexuality as a natural progression toward mature heterosexuality, and that adult homosexuality is viewed as stunted growth because it is considered a phase that one should outgrow. Freud's (2016) theory of immaturity is worth noting. According to him, instincts must pass through the five stages of psychosexual development³, specifically referring to the oral and anal psychosexual stages, before they may develop more sophisticated sexual expressions. He further states that adults who are sexually aroused by other means⁴ were considered to be experiencing fixations of libido regressions, and these latter behaviours were thought to be manifestations of underdeveloped sexuality. A paper by van den Aardweg (2011) also discusses the theory of immaturity in homosexuality. He quotes other authors who have said that a homosexual is "emotional in his teens" and that "ex-homosexual people sometimes verbalise the same self-insight" when reflecting back. He shares an interesting yet disturbing passage in his paper:

Neurotic and immature self-centeredness is most conspicuous in the lives of many who slide or hurl themselves – fatalistically or rebelliously – into a gay lifestyle. This eventually leads to a

³ Oral, anal, phallic, latent, and genital stages.

⁴ Fellatio or receptive anal sex.

pervasive personality deterioration, emotionally and morally. The person risks becoming addicted to depersonalised lust; many narcissistically seek attention and veneration, become liars to themselves and others, and cheat their partners. The moral sense becomes dull; many lost their religious faith. Exterior appearances notwithstanding, joylessness, cynicism, and self-absorption may predominate the person's inner and private life. (p. 343)

2.3.3 Theories of normal variation

According to normal variation theories, homosexuality is a naturally occurring phenomenon (Mitchell, 2002). They state that homosexual people are born different, but that the difference is natural, much like being left-handed (Drescher, 2002; 2015). Some believe that being “born gay” is a theory of normal variation, and they define homosexuality as good, or at the very least, neutral. These theories do not see homosexuality as a psychiatrically diagnosable condition (Drescher, 2015).

2.3.4 Minority stress

The concept of minority stress emerged from research conducted with LGBTQ+ people. It refers to the stress experienced by a minority group due to values that differ from the dominant group, resulting in conflicts within social fields experienced by members of the minority group (Meyer, 1995). This concept states that those who hold marginalised sexual orientations experience health discrepancies due to years of harassment, abuse, oppression, and victimisation at the hands of homophobic cultures (Meyer, 2003). According to Meyer (2003), minority stress holds three assumptions. First, stressor experiences are exclusive to marginalised groups and are not experienced by the dominant group. Second, the stress experienced is persistent with social and cultural structures. Third, the stress experienced has its roots in social processes and institutions. In their discussion of minority stress within the LGBTQ+ community, Williams and George Trottier (2019) pay particular attention to the difficulties that members of sexual and gender minorities encounter in a heteronormative and cisnormative society. Four processes are identified by the minority stress model: identity concealment, expectations of stigma, homophobia, and external stressors. This paradigm can be used for individuals who identify as sexual minority, transgender, or gender non-conforming, as these groups also experience psychological distress and negative mental health outcomes as a result of perceived and actualized stigma. Moreover, this model's application to LGBTQ+ youth shows that stressors specific to minority groups strongly predict poor outcomes for mental health.

2.3.5 Queer theory

Stein and Plummer (1994) state that queer theory emerged in the 1980s, having been publicised in several academic conferences at Yale and other ivy league universities, in which scholars presented their work about lesbian or gay participants. It quickly evolved into a need for new ways of thinking

and theorising, since, in the eyes of many, the term “lesbian and gay studies” was not broad enough. Queer theory questions the binary structures of sex, gender, and sexuality that are conventionally understood (Carroll, 2012) and challenges these current conceptual dualisms that marginalise the minority as “other” (Stein & Plumber, 1994). It challenges the heterosexual matrix, the process that promotes heterosexuality and gender binary (Butler, 1990). Simply put by Bain et al. (2016), queer theory is an interdisciplinary field that dissects rigid sexual classifications and challenges the concept of “normal” identities. Furthermore, it challenges heteronormative ideologies through the argument that sexual identities are fluid, not fixed.

2.3.6 After-queer

Gender and sexuality theorists in youth studies and educational studies coined the term “after-queer” (Talbert & Rasmussen, 2010). While acknowledging that “queer” itself is a constantly evolving notion, after-queer does not disparage queer theory or suggest that it comes before or after queer theory. In this sense, after-queer goes beyond what is still possible in queer theory to seek meaning. This endeavour is a reaction to the constraints found in the stabilising and destabilising effects that queer representational vocabularies frequently have. After-queer aims to critically interact with the inclinations, routines, constraints, and traditions connected to queer theory and research. However, after-queer is dedicated to challenging and disentangling ideas about queer youth. By portraying LGBTQ+ youth as those who need protection, persistent excursions toward narratives create a challenge. By distancing queer from particular themes and its requisite connections with transgression and resistance, after-queer opens up new opportunities for extending queer’s analytical potential. It tries to dismantle the problematisation of regulatory narratives of development and the notion that transgression is inherently transformative by contesting the sense of “othering” created by the binary of homo/heterosexuality.

2.4 LGBTQ+ life in South Africa

South Africa is the only country on the African continent that constitutionally protects the rights of LGBTQ+ people (Camminga, 2018). In 1993, the protection against discrimination based on sexual orientation, sex, and gender was included in South Africa’s Constitution, specifically in the Equality Clause of the Interim Constitution. This was a controversial and internationally significant development during the negotiations to end apartheid. This inclusion attracted global attention as it framed LGBTQ+ rights as human rights internationally. The Equality Clause became part of the new Constitution in 1996. It emphasises equal protection and benefit of the law for everyone and prohibits unfair discrimination. The timing of South Africa’s constitutional developments contributed to the reinforcement of these rights in the country.

Naidoo et al. (2023) explored the challenges faced by the LGBTQ+ community in South Africa, despite the country being recognised for its comprehensive human rights approach towards LGBTQ+ rights. Despite legal protections, Naidoo et al. highlight the ongoing marginalisation, mistreatment, and discrimination of LGBTQ+ people by the police. The authors focused on police discrimination as a significant barrier to reporting incidents of violations by the LGBTQ+ community. The findings indicated that there was a consistent pattern of self-reported experiences of police discrimination in KwaZulu-Natal, Western Cape, and Gauteng provinces. Naidoo et al. emphasise the urgent need for interventions to address this persistent issue, stressing the importance of upholding human rights and combating unfair discrimination by those meant to provide protection.

2.4.1 Healthcare for LGBTQ+ people

Several authors have explored LGBTQ+ people's access to healthcare in South Africa. Muller (2017) conducted a study exploring this, specifically in public-sector healthcare for issues such as HIV testing, treatment, and counselling. Despite the constitutional guarantees of non-discrimination and healthcare access for LGBTQ+ (Caminga, 2018), Muller's (2017) study still revealed widespread homophobia and transphobia in society. This study identified significant barriers to healthcare in the form of violation in the elements of availability, accessibility, acceptability, and quality of healthcare. Discrimination, moral judgement, and lack of knowledge about LGBTQ+ identities contributed, and still contribute, to disparities in access to healthcare. Another study by Mkhize and Maharaj (2020) in KwaZulu-Natal aimed to understand the use of healthcare services among LGBTQ+ university students. The students revealed that they encountered stigmatisation, prejudice, and marginalisation within the healthcare system and that healthcare workers lacked training in addressing their concerns. The students preferred private healthcare services due to perceived better understanding of their needs. Mkhize and Maharaj recommended inclusive policies, cultural sensitivity training for healthcare workers, and public health strategies to reduce stigma and improve access to healthcare.

2.4.2 LGBTQ+-inclusive curriculums in schools

An increased awareness of LGBTQ+ youth, inclusive sex education, and inclusive curriculums are needed in South African schools. Francis (2019) explored the intersectionality of race and sexuality among queer youth in South African schools, arguing that race significantly influences the experiences of queer youth. Additionally, he stressed the impact of racialisation and racism on the normalisation of heterosexuality. Francis's findings underscored the need for a more defined framework, inclusive curriculum, and teacher training programmes that address the intersectionality of gender, sexuality, and race. In order to combat homophobia in schools, Francis suggested collaboration with organisations and advocated for a conscious effort to challenge cultural stereotypes.

Sex education in South Africa is often rooted in compulsory heterosexuality and tends to overlook the needs of queer youth (Francis, 2018). Francis (2018) addressed the requirements and challenges of sex education, focusing specifically on addressing issues such as the high prevalence of HIV, early sexual behaviour, and adolescent pregnancy. This study emphasised the importance of recognising young people as legitimate sexual beings, acknowledging diversity of sexual experiences, and building a sense of agency and responsibility without moralistic alienation. Francis highlighted the perspectives of LGBTQ+ youth and their expectations of sex education. They expressed the need for relevant, accurate, and inclusive information that considers sexual and gender diversity. Rejecting assumptions of heterosexuality, including diverse perspectives in the curriculum, accessing internet-based learning approaches, and collaborations between schools and LGBTQ+ organisations are some possibilities that Francis suggested for inclusive sex education.

In order to challenge heteronormativity and promote critical awareness in South African schools, Francis and Kuhl (2020) advocate for the implementation of an LGBTQ+-inclusive curriculum that extends beyond sex education. They posit that schools play a vital role in exposing students to an inclusive curriculum and addressing sexuality and gender identity. Furthermore, they emphasise the limitations of fear-based teaching and the importance of creating a curriculum that encourages understanding and transformation of societal attitudes. Francis and Kuhl acknowledge the challenges of integrating such a curriculum and question whether programmes to educate teachers can effectively cultivate critical awareness in them.

2.5 Adolescence

Adolescence is defined as the time between the start of puberty and the beginning of adulthood. It is characterised by considerable physical, social, cognitive, and psychological changes (Blakemore, 2019; Douglas & Stewart, 2017). While being cognisant that gender is not binary, as stated above, there are certain physical traits that occur in those with female or male reproductive organs. Physically, those with female reproductive organs experience an increase in oestrogen while those with male reproductive organs experience an increase in testosterone. According to Blakemore (2019), this is when sex differences in mental health begin to appear. While depression before puberty affects boys and girls at roughly equal rates, it may increase throughout and after puberty, with adolescent girls experiencing it at a rate which is twice as high. Hyde and Mezulis (2020) discuss gender differences in depression, stating that gender inequality contributes to higher rates of depression in women, ultimately leading to larger gender differences in depression. The authors address inequality in terms of the disparity between men's and women's power and resources, taking into account elements like income inequality, limited education for women, underrepresentation of women, and violence against women. Hyde and Mezulis also discuss the impact of the media, noting that a substantial amount of media output includes sexual content that objectifies females.

Adolescents are also exposed to sex-related content on social media, which may encourage them to engage in sexual self-disclosure. Blakemore (2019) adds that, during puberty, the brain also changes. According to longitudinal studies using MRI over the past 20 years, the tissue in various parts of the brain exhibits patterns of maturational growth. White matter volume, for instance, rises throughout the brain. She mentions that changes in the social environment are usually positive and adaptive, but can also be stressful. Physical changes can alter how adolescents see themselves and how they are perceived by society. Finally, Blakemore states that adolescence causes mental changes. Cognitive capabilities like planning, behaviour control, and remembering, as well as mental abilities like mentalising, are still forming. These modifications may suggest that adolescence is a time of increased mental health risk.

It is also important to note the strengths with which adolescents are equipped. The University of Queensland (2021) created a post that states how easy it is to focus on the negative aspects of adolescence. Adolescents may also portray certain admirable traits such as resilience, confidence, adaptability, proactivity, and perception.

2.6 Mental health risks in LGBTQ+ adolescents

There are a multitude of studies discussing the effects of bullying and victimisation on the mental health of LGBTQ+ adolescents. According to Ahuja (2016), Amos et al. (2020), and Johnson et al. (2019), adverse mental health outcomes are a much higher concern in LGBTQ+ adolescents, the most concerning being depression and suicide. LGBTQ+ adolescents are four to five times more likely to attempt suicide as a result of bullying and discrimination (Ahuja, 2016). Due to stigma, these adolescents are more likely to experience specific risk factors, such as familial rejection, bullying, and social rejection, which can all have a negative impact on mental health (Johnson et al., 2019; Lothwell et al., 2020). Bullying and cyberbullying have a substantial impact on LGBTQ+ adolescents' mental health. A study by Garaigordobil and Larrain (2020) compared the mental health of heterosexual and non-heterosexual victims and aggressors to examine potential differences in sexual orientation in the percentage of both victims and aggressors of bullying and cyberbullying. They discovered that non-heterosexual adolescents had a much greater victimisation rate and that the bullying they endured was much more violent. Additionally, the non-heterosexual adolescents exhibited significantly higher levels of depression, anxiety, and psychopathological symptoms such as somatisation and obsession-compulsion (Garaigordobil & Larrain, 2020).

Roberts (2017) posits that LGBTQ+ youth are more likely to experience victimisation, bullying, and discrimination in a variety of settings, including households, churches, and educational institutions. Furthermore, sexually transmitted diseases, school difficulties, addiction, depression, or suicide may occur from these impacts on one's physical and mental well-being as well as from social problems. A

study by DeLay et al. (2016) examined the connection between homophobic slurs, depressive symptoms, and adolescents' self-esteem during the transition to middle school. They discovered that homophobic slurs led to poorer levels of self-esteem and higher levels of depressive symptoms. The long-term effects of the link between young adults' psychological health, risky behaviour, and school victimisation of LGBTQ+ adolescents were explored by Russell et al. (2011). Their findings revealed a direct connection between victimisation, mental health in young adults, and a higher risk of HIV and STDs. White et al. (2018) evaluated how LGBTQ+ adolescents and their heterosexual, cisgender peers felt at school and how they viewed social and academic experiences in a national survey of more than 19 000 American high school students. Teenagers who identify as LGBTQ+ experienced bullying much more frequently than they did pleasant emotions and positive school experiences.

2.7 Affordances of music

According to studies by Miranda (2013; 2019), Rentfrow (2012), and Ter Bogt et al. (2010), adolescents listen to music for about three hours each day, and people use music for a variety of purposes, such as emotion control, mood enhancement, self-expression, social bonding, and stress management. Baltazar (2019) discusses how adolescents use music to regulate their emotions, moods, and energy levels, highlighting the significance of affect regulation in their wellbeing and development. She stresses the interaction between regulatory strategies and musical mechanisms as essential components of music regulation. Furthermore, adolescents navigate their affective goals across cognitive, affective, and sensorial levels. According to a study by Gupta and Singh (2020), listening to music significantly increased resilience, self-efficacy, optimism, life meaning, and psychosocial flourishing. The study looked at the impact of instrumental music on positive characteristics of behaviour, demonstrating how music has the capacity to create favourable schemas and can act as a convenient resource to improve quality of life. It is important to note here that music listening can also be problematic in terms of rumination in those with a tendency to depression (Garrido & Schubert, 2015; Larwood & Dingle, 2021), and even triggering for those with trauma (Ahonen, 2018) or substance use issues (Lozon & Bensimon, 2023).

2.8 Music therapy with adolescents

Many authors in the field regard music therapy as a well-suited treatment modality for the adolescent population (Frisch, 1990; Geipel et al., 2022; Geipel et al., 2018; Gold et al., 2007; Ishak et al., 2021; Stegmann et al., 2019). The structural and symbolic components of music provide adolescents with a basis on which intrapersonal and interpersonal experiences can be expressed (Frisch, 1990). According to Frisch (1990), the music within music therapy may achieve this as it allows for control, it respects the autonomy of the adolescent, and it offers the opportunity for self-expression. Stegmann et al. (2019) state that non-pharmacological interventions, such as music therapy, have proven

promising in paediatric healthcare as alternative treatment modalities for several reasons: they are safe, they may ease certain symptoms and improve quality of life, and they can be implemented in clinical and individual settings. A study by Gold et al. (2007) evaluated the efficacy of particular music therapy techniques in clinical practice. Children and adolescents with psychopathology responded better to music therapy that was restricted to particular techniques such as improvisation and verbal reflection of the music. In a study by Rosado (2019), researchers interviewed 14 adolescents about their experiences with music therapy. The study's findings showed that music therapy integrated cognitive and affective processes and provided continuity of experiences while also affirming participants' strengths and coping mechanisms.

According to Tervo (2001), music, specifically rock music, can provide adolescents with the possibility of expressing and sharing feelings of anger, rage, grief, longing, and psychological integration, as well as opportunities to experience closeness and isolation. Using existing contemporary songs in music therapy with adolescents can be considered the most natural way for them to engage in therapy because even though it is comfortable, the songs can be powerful because of the associations made and messages embedded within the music (McFerran, 2010). McFerran (2010) emphasises how writing original songs is also a beneficial technique. She has said that, in her work with adolescents, she has seen the high level of commitment that adolescents make to the process of songwriting. She adds that other beneficial music therapy techniques for adolescents include group improvisation, which provides them with an opportunity for socialisation, and individual improvisation, which can be very meaningful and intimate.

2.9 Anti-oppressive music therapy

In 2013, Baines linked the concept of anti-oppressive practice (AOP) to music therapy. AOP contends that power imbalances stem from factors such as age, class, ethnicity, gender identity, sexual orientation, geographic location, health, ability, race, and income. It asserts that personal issues are intertwined with oppressive structures deeply ingrained in the profit-driven model of patriarchal, racialised, homophobic, and colonial capitalism. Key characteristics of AOP include critical consciousness-raising, solidarity, balancing client voices with social justice, and collaboration with social movements and unions. The goal of anti-oppressive music therapy (AOMT), then, is to combat oppressive barriers while adopting anti-oppressive principles to address clients' issues within their socio-political context, acknowledging the impact of societal power imbalances on people. AOMT aims to navigate and critique the healthcare system, empower clients, and work towards creating a socially just future by challenging oppressive structures.

Baines (2021) delved further into the intersection of music therapy and AOP within healthcare. She critiques music therapy's historical support of Eurocentric, white supremacist, and heteropatriarchal

ideologies that contribute to systemic discrimination. Baines advocates for inclusivity in music therapy pedagogy, addressing historical biases, fostering cultural sensitivity, and promoting critical music therapy theories to challenge systemic oppression. The article calls for a transformation in music therapy pedagogy, incorporating BIPOC (black, indigenous, and people of colour)-authored publications, cultural sensitivity training, and recognition of LGBTQ+ stories. It urges the removal of oppressive elements from music therapy practices, the acknowledgement of and respect for indigenous knowledge, and critical reflection on gender roles, lyrics, and historical biases. Baines (2021) builds on her 2013 publication, stating that AOMT is a framework for ethical practice, accountability, community harmony, and global healing, while recognising and addressing underrepresentation and biases within the field.

2.10 Music therapy with LGBTQ+ clients

Although research in this area has developed, it is still fairly scarce in terms of studies that have been conducted, of which there are only a handful. According to Steward (2019), research indicates that music therapists are currently under pressure to provide a therapeutic and affirming atmosphere for their LGBTQ+ clients; nevertheless, there is a lack of information, training, and professional guidelines to help them do this effectively. The other articles that I have found involve questionnaires, surveys, and theoretical orientations all related to music therapy with LGBTQ+ clients, which I will now discuss.

The study conducted by Whitehead-Pleaux et al. (2013) investigated how music therapists globally engage with LGBTQ+ clients, colleagues, and students. The findings revealed that, while music therapists are becoming more aware of LGBTQ+ individuals and are working to combat some types of discrimination against them, they still need to be better informed about and educated on the diverse experiences of the LGBTQ+ community. Only a small percentage of music therapists reported having any knowledge about LGBTQ+ issues, with most of this education coming from training outside of music therapy. More than half of them felt unprepared to work with this community, and only few of them sought supervision for such cases, even though many of them believed they understood the group's needs, difficulties, and strengths and felt confident working with them. Given the survey's results, this is very troubling. The authors underscored the significance of incorporating education on LGBTQ+ topics, heterosexism, bias, and the role of supervision in music therapy training based on these noteworthy findings. Wright (2021) conducted a pilot study in which music therapy students received instruction centred on providing support to LGBTQ+ clients. The findings show that students' assessments of their general readiness to support LGBTQ+ clients have significantly improved, especially in the areas of LGBTQ+ terminology and healthcare disparities. Additionally, participant feedback indicated positive perceptions and emotions regarding the knowledge acquired, with a particular interest in learning more about supporting LGBTQ+ clients.

Myerscough and Wong (2022) wrote an article in which they reflect on their experiences as minoritized music therapy trainees in the UK, exploring the intersectionality of their identities. Themes such as self-presentation, insider-outsider dynamics, inequity in training, minority stress, power dynamics, communication, positive experiences, and personal growth are discussed. They emphasise the importance of reflexivity at both individual and institutional levels in music therapy training. Despite diverse identities, Myerscough and Wong note similarities in their experiences and question whether the methodology accentuates convergence over divergence. The article highlights the impact of power and institutional culture on expressing minoritised perspectives, particularly in academic language. The authors call for the recognition of diverse voices in academic publications, advocate for ongoing reflexive practice, and stress transparent communication. Despite emotional challenges, Myerscough and Wong completed their training, hoping their writing would resonate with other minoritised trainees. They assert that discrimination persists in society, aiming to prompt reflection on and reassessment of training practices from minoritised perspectives. Encouraging a willingness to make mistakes and advocating for responsibility in creating more equitable practices on personal and structural levels, the authors emphasise the need for change.

Boggan et al. (2017) interviewed 12 music therapists who either identified as LGBTQ+ or had experience dealing with LGBTQ+ clients for a paper on perspectives on queer music therapy. These interviews aimed to gather the music therapists' opinions on queer music therapy. The results showed that the queer music therapy model has important advantages as well as areas where it could be strengthened by considering intersectional issues of ableism and ageism within LGBTQ+ populations and addressing the structural limitations of the music therapy discipline. While queer music therapy is beneficial for working with LGBTQ+ clients, the authors argue that it also has to consider the structural limitations of music therapy as a field and incorporate intersectionality theory for the sake of diversity.

Whitehead-Pleaux et al. (2012) addressed good enough practices in music therapy for the LGBTQ+ community, emphasising the increasing likelihood of encounters between music therapists and LGBTQ+ clients. The need for guidelines here is highlighted to ensure therapists are knowledgeable about the specific needs of this population. The authors' recommendations include clinical practices, such as assessment and treatment for transgender clients, community service, and research. They also extend to policies, hiring procedures, training, supervision, and workplace practices for colleagues, managers, and administrators. Lastly, they suggest good enough practices for instruction and clinical training including curriculum, recruitment, admissions, and interactions with students and staff.

In a related paper, Baines et al. (2019) emphasise the need to address power imbalances and oppressive forces affecting marginalised groups in music therapy. They advocate for improved methods to assess gender-aware quality of care, urging music therapists to continuously update their

expertise to advocate for marginalised clients and communities. The goal is to achieve respectful practice through cultural humility and accountability, with gender analysis considered integral to this process. The role of the therapist is portrayed as actively engaging in social and political work, promoting and supporting change. Baines et al. emphasise the significance of encouraging gender- and queer-affirming care, critically analysing views from privileged positions, and engaging in deeply reflexive practice. They call for an education that transcends binary perceptions of humanity, fostering compassion and engagement in radical mutuality for a more socially just future.

Dr Elly Scrine has made significant contributions to the study of gender and sexuality amongst young people within music therapy. Scrine's research emphasizes the importance of understanding and addressing issues related to gender and sexuality in therapeutic settings for adolescents. They suggest that music therapy can serve as an intervention by actively recognising and challenging repressive structures, playing a significant role in the identity construction of young individuals. Scrine and McFerran (2018) examined whether young people were aware of and understood how music therapists conceptualised their work in order to generate particular language by young people. Themes that arose included how music therapists provided a secure environment for discussing real-world difficulties, how music therapy required a unique method of holding space and sharing power, and that this type of group work had emancipatory potentials and complicated effects.

In another study (2019a), Scrine highlights how working with adolescents in music-based environments necessitates thinking about and examining gender and sexuality for several reasons. According to Scrine, the emphasis can be shifted to shed light on the conditions and impacts of normativity to which every young person is susceptible in order to counter narratives of danger and avoid othering or abnormalising young LGBTQ+ people. Scrine posits that music therapy may be thought of as an intervention in and of itself because it actively recognises and combats repressive structures that exist and plays a significant role in the identity construction of adolescents.

Scrine (2019b) explored songwriting as a strategy to engage young people in discussions about gender and sexuality. Each session started with a discussion on how to define gender; often, a definition that adhered to a gender binary was put forth. Other group members instantly refuted this with the use of new vocabulary. In these debates, ideas of gender independence and fluidity were discussed. Scrine highlights the crucial role of music therapists in navigating evolving discourses and their profession's commitment to critical approaches. Through songwriting, music therapists can empower young individuals, allowing them agency and authority over their narratives. This approach also has the potential to challenge stereotypes about vulnerable and dependent perceptions of queer adolescents, portraying them with strength and independence.

A proposed study by Hinojosa (2021) aims to address the mental health issues of LGBTQ+ high school students. Hinojosa suggests a six-week intervention combining music therapy, art-based

activities, and counselling techniques grounded in Gestalt therapy, psychodrama, and person-centred approaches. The proposed study aims to improve protective factors in high schools by creating an inclusive and friendly atmosphere. This would aid LGBTQ+ students in developing positive identities, coping mechanisms, and a feeling of community. Furthermore, the proposed study aims to combat issues such as homophobia, harassment, and bullying by providing a safer environment for LGBTQ+ students. Hinojosa hypothesises that the study will provide a means of emotional expression, decrease feelings of guilt and shame, and encourage the development of strong, self-empowering identities. The ultimate objective is to foster a supportive community within the school setting while enhancing self-esteem, lowering levels of anxiety and depression, and decreasing suicidal ideation among LGBTQ+ high school students.

Hardy and Monypenny (2019) explored the development of a music and art-based programme aimed at supporting transgender, non-binary, gender-creative, and questioning youth aged 10 to 14 in navigating their queer identity. Positioned between traditional clinical mental health services and community-based approaches, the authors discussed how the programme was intentionally designed with queer people in mind. They discussed the challenges and opportunities in starting the programme and emphasised the importance of an anti-oppressive approach to minimise power dynamics and ensure safety. Hardy and Monypenny advocated for creative, inclusive spaces that embrace intersectionality to offer safer, accessible, and empowering programmes for queer youth.

Lastly, Beauregard and Long (2019) highlighted the challenges faced by LGBTQ+ youth, underscoring the importance of support and understanding within social and familial contexts. They discussed the difficulties experienced by families of origin and the potential for trauma to persist in educational and social service settings. Despite increased acceptance, LGBTQ+ youth still encounter a world marked by a conflict between growing visibility and ongoing discrimination, leading to widespread traumatic experiences, particularly for people of colour in the LGBTQ+ community. The authors advocated for an intersectional approach to mental health treatment. They stressed the significance of recognising the effectiveness of therapeutic relationships and the impact of relational traumas, such as the denial of one's true self. The article promoted creative arts therapies as valuable resources that provide reparative experiences and affirming support for LGBTQ+ adolescents, aiding in identity development and overcoming challenges. The therapist's role is emphasised in fostering healing and repairing disrupted relationships through attunement, affirmation, and corrective experiences.

2.11 Queer music therapy

Bain et al. (2016) report a recent rise in interest in music therapy in the LGBTQ+ community. By establishing good enough practice standards, the paper mentioned above by Whitehead-Pleaux et al.

(2012) recognised and addressed the unique requirements of the LGBTQ+ population. Bain et al. (2016) highlight how it is more difficult to create a new framework for LGBTQ+ concerns in music therapy than it is to simply include or exclude differences in gender and sexuality into an already-existing framework that depicts a historical antagonism toward these differences. The papers mentioned above on anti-oppressive music therapy emphasise the implications for a queer music therapy paradigm, highlighting music's ability to connect individuals with stigmatised identities. Music therapists continue to explore how this paradigm can contribute to social justice by using music to foster positive relationships and supportive social networks among marginalized groups. Additionally, Bain et al. (2016) suggest that music therapists should be mindful of the social functions of music that may unconsciously perpetuate oppression in AOMT practice. This ties into Baines's (2021) continued exploration into AOMT as a framework for ethical practice that addresses underrepresentation and biases within the field, as mentioned above.

The theoretical foundation behind queer music therapy, outlined by Bain et al. (2016), states that adolescents' use of music to construct identity paired with the tenets of AOMT could be extremely effective with LGBTQ+ adolescents. Issues with identity development as well as other psychological disorders may result from the marginalisation and discrimination that this demographic experiences on a personal and societal level. While studies do show that many LGBTQ+ adolescents need therapeutic assistance to deal with experiences of prejudice and internalised heterosexism, it is crucial to recognise that not all LGBTQ+ adolescents do. Bain et al. propose five features that queer music therapy would envision:

- a) To combat heteronormativity through the emphasis on the complexity and fluidity of sexual orientation
- b) To support the expression of unique personal and social conflict at the hands of oppression
- c) To empower queer people to find strength in their differences through the freedom of expression and performance of their gender and sexual identity
- d) To positively impact interpersonal relationships in order to counteract negative social pressures
- e) To emphasise a common cause instead of the commonality of identity

2.11.1 Goals and considerations of queer music therapy

When working with this population, a music therapist would need to take certain things into account (Bain et al., 2016). First and foremost, it's important to validate all aspects of the social identities of people who are still forming them. This can be done by using terminology that is suitable, especially

preferred gender pronouns, and by demonstrating cultural awareness. Second, having a safe space for all clients is crucial because many LGBTQ+ teenagers lack access to these kinds of spaces. This can be accomplished by refusing to tolerate bullying, hate speech, or other microaggressions; confronting such behaviour when it occurs; not assuming a client's gender or sexual orientation; acknowledging that we all may harbour heterosexist and cisgenderist assumptions; and respecting a client's right to privacy. The support of gender identity and expression, enhancement of self-esteem and self-image, acquisition of a sense of control, affirmation of differences and celebration of diversity, eradication of heteronormativity and cisgenderism, enhancement of group cohesion, facilitation of expression of emotion and identity, and empowerment are some objectives that may be appropriate for this population.

2.11.1.1 Musical autobiography

Using this technique, the music therapist invites clients to select songs that represent their past, present, and anticipated future. Following this, they discuss the selected songs as a group and choose one song to listen to as they reflect on their experience with the therapist. This technique allows the therapist to gain a comprehensive understanding of the client's needs. By emphasising sexual orientation and gender identity, it may be possible to see how the client experiences discrimination and stigma through their musical preferences. This opens up possibilities for evaluation, processing, affirmation, and empowerment. The therapist should assess certain psychosocial domains including self-awareness, self-concept, self-esteem, involvement, interpersonal skills, and emotional functioning. Moreover, in order to gain validation, the therapist could encourage clients to reflect on their sexuality and gender using this technique, giving them a chance to rethink some potentially oppressive aspects. Lastly, it is imperative that the therapist acknowledges the differences in each client's identity as well as the diversity within the group.

2.11.1.2 Gender-bender song parodies and performance

This technique involves rewriting song lyrics. Clients listen to a song with its original lyrics. Thereafter, on a sheet with any gendered words or pronouns removed, clients would be invited to write their own lyrics. The new version of the song would then be performed. Song parodies may be useful for clients who identify as LGBTQ+ as they provide them with the option to modify the gender pronouns in the music they like and sing the new lyrics that do so. The therapist can assist clients in analysing how the rewritten song relates to their identity. Another technique that challenges gender includes the therapist teaching a client their favourite song by a performer of a different gender. This may improve the client's confidence and help them feel more in control by allowing for self-expression. This technique may allow clients to build new relationships in a group context and to adapt the language of music to meet their individual needs.

2.11.1.3 Transitions (music and creative arts)

Clients sit at a table as the therapist provides art supplies for this technique. The therapist asks each client what their pronouns are. On the back of three sheets of paper given to each client, they are invited to write their names and pronouns. The papers represent the clients' past, present, and future. For each piece of paper, a different piece of music is played, and clients are invited to explore, through drawing and/or writing, their LGBTQ+ identities in each respective phase of their lives. Prompts include the paths they have taken in relation to their LGBTQ+ identities in the past, as well as considering what they want from society, their families, or their community in the future. To conclude the technique, each client is invited to sum up their goals for the future in one word. This final prompt allows for a deeper reflection of the process and may aid in constructing personal meaning.

2.11.1.4 Critical lyric analysis

The therapist encourages a discussion with clients concerning a song's lyrical content as part of this intervention. To help clients analyse a piece of music and express orally how they can relate to it, the therapist would pose certain questions. Additionally, therapists may help clients write their own songs using their own experiences and identity-related ideas through the facilitation of a follow-up songwriting intervention. This intervention is product-oriented because clients can perform and record this song.

2.11.1.5 Group anthem writing

Adolescents that identify as LGBTQ+ could gain from creating and singing a group anthem that emphasises their shared differences while accepting them, their queer identity, and their therapeutic objectives. The therapist would support the group by assisting members in verbally processing what they want the song to convey, giving them a chance to create their own perception of the group's identity. This could improve group cohesion, encourage emotional expressiveness, lessen feelings of loneliness, and strengthen identity. Additionally, this intervention could give the group a sense of success because it is both process- and product-oriented.

2.12 Queer and trans leadership in music therapy

A new paper was recently published by Whitehead-Pleaux & Forinash (2022) discussing a study conducted with 10 diverse queer and trans music therapists who have served as leaders in music therapy associations in the USA. Associations include the American Music Therapy Association (AMTA), the American Association of Music Therapy (AAMT), and the National Association of Music Therapy (NAMT). They served for many years, but their stories and experiences have never been documented. Participants were chosen by purposive sampling as leaders in music therapy

associations in the US from the 1970s to 2019, with ages ranging from mid-30s to upper 70s. Participants included one cisgender male, one transgender queer male, two non-binary/genderqueer people, two bisexual females, one bisexual queer person, one transmasculine person, and two lesbian females. One participant identified as Asian, one as Black, and eight as white. Results revealed six primary areas of the participants' experiences as queer leaders.

2.12.1 Roles served in music therapy associations

The participants held a diverse range of positions from membership on committees, to positions elected by co-members.

2.12.2 Disclosure

There was a variety of disclosure amongst participants during their service of their sexual orientation. Some did not reveal anything, some were open about their sexuality/gender from the beginning of their service, some gradually revealed their sexuality/gender, and some were unsure whether or not they wanted to share that information. These decisions were informed by issues of safety, power, acceptance, and the role of transparency. One participant shared that she was open about her sexuality to some people, but not others, remembering that one of her co-workers had a "Yes on Prop 8⁵" bumper sticker on her car, and further stating how interesting it is how one navigates relationships with co-workers. Another participant was told not to come out, as their professors said that they would have difficulty getting certain jobs.

Harris (2019) explores the significance of therapists being cognizant of their sexual orientation and the consequential impact it may have on their professional practices. He underscores the importance of incorporating sexual orientation awareness into the larger framework of identity elements within the therapeutic environment. Harris advocates for a thoughtful examination of decisions pertaining to the disclosure of one's sexual orientation. This becomes particularly intricate when working with clients who identify with minority sexual orientations. While certain studies propose that therapists who reveal their sexual orientations may be perceived as more trustworthy by clients, practitioners may also grapple with concerns and apprehension about potential judgement from clients, potentially affecting the therapeutic relationship.

Harris underscores the difficulties that emerging professionals might encounter when deciding the extent of personal information to divulge. Oversharing carries the risk of breaching boundaries and ethical norms, whereas excessively rigid boundaries may perpetuate power imbalances within the

⁵ This refers to Proposition 8, a California ballot proposition and state constitutional amendment intended to ban same-sex marriage.

therapeutic alliance. Harris recommends approaching disclosure from the perspectives of queer and feminist theories, which endorse minimising traditional power imbalances and perceive disclosure as a means to mutually share vulnerability and power with the client. Finally, Harris stresses the significance of thoughtful deliberation in therapist self-disclosure, acknowledging that when executed thoughtfully, disclosure can serve as a valuable therapeutic tool.

2.12.3 Experience of bias

Participants did not specify any specific barriers to their service, however, many of them questioned how their sexuality, gender, expression, or identity was perceived and judged by their heterosexual co-workers, even though they were unable to recall specific examples of homophobia or transphobia. Additionally, participants felt that the LGBTQ+ communities' experiences were minimised to accommodate those of the straight white majority, causing significant pain and betrayal. What came up for three participants was the Pulse Nightclub shooting.⁶ The AMTA released a statement that completely neglected queer and Latinx people. Team Rainbow⁷ wrote a statement in response and forwarded it to the AMTA who did nothing with it, saying that the response could not be published as they did not want to upset the majority of the members. Participants felt discriminated against, ignored, and disgusted.

2.12.4 Queer and trans leadership

Some participants questioned whether their leadership was just, some became leaders with minimal effort, which sometimes diminished the feeling of being a leader, and some acknowledged that their leadership was deserved. Elements of leadership, such as collaboration, transparency, communication, and understanding were shared among participants. One participant stated that because queer people have learned how to listen intently, take responsibility for themselves, and have faced adversity, they are well-equipped to be leaders.

2.12.5 The future of music therapy and the role of queer leadership

While participants had differing thoughts concerning the future, many of them called for more openness as well as more queer leadership and a “seat at the table” as music therapy progresses, so that somebody is able to speak to issues such as the Pulse Nightclub shooting, should something like that happen again. One participant felt that queer and trans music therapists should focus on how

⁶ In 2016, a mass shooting occurred at Pulse Nightclub, an LGBTQ+ club, in Orlando, Florida. 49 people were killed and more than 50 wounded.

⁷ An international counterterrorism unit.

clients perceived them. Another participant spoke to the need to deconstruct the way music therapy is taught, in order to rebuild it more inclusively.

2.12.6 Newly recognised expertise

Some participants mentioned how they are now being headhunted for their expertise on queer and trans topics, but this has both positive and negative consequences. On one hand, being seen as an expert in something can make one feel validated, but on the other hand, it is often assumed that queer and trans therapists are the spokespeople for a particular group or for how to solve an issue.

2.13 Conclusion

The difficulties of adolescence (Blakemore, 2019; Douglas & Stewart, 2017) paired with the struggles the LGBTQ+ population have to face (Mkhize & Maharaj, 2020; Muller, 2017; Naidoo et al., 2023) make for a particularly difficult situation. This also puts LGBTQ+ adolescents at higher risk of developing an array of mental health issues. Adolescents spend a lot of time listening to music (Miranda, 2013; Rentfrow, 2012; Ter Bogt et al., 2010) and use music for reasons such as regulating emotions, enhancing mood, self-expression, social bonding, and stress management (Gupta & Singh, 2020; Tarrant et al., 2000). Several authors in the field of music therapy regard it as a suitable treatment modality for adolescents (Geipel et al., 2022; Gold et al., 2007; Rosado, 2019; Stegmann et al., 2019) as the music within music therapy allows for self-expression, control and respect for autonomy (McFerran, 2010). Considering the good enough practice guidelines (Whitehead-Pleaux et al., 2012) and the model of queer music therapy (Bain et al., 2016) mentioned in this literature review, queer music therapy could be highly beneficial for LGBTQ+ adolescents.

3. Methodology

3.1 Qualitative research

Qualitative research can be defined as a systematic scientific inquiry which aims to build a holistic description that informs the researcher's understanding of a social or cultural phenomenon (Astalin, 2013). The term "qualitative research" was distinctively used for a long time to describe an alternative to "quantitative research," however, qualitative research has existed extensively in many disciplines where social research began with approaches that would now be considered qualitative research (Flick, 2018). This is a type of research that is based on anthropology, sociology, and various fields of study, such as education, social work, and law (Merriam & Tisdell, 2016). Qualitative research uses text as empirical material (Flick, 2018) and concerns the understanding of how people interpret their experiences, how they construct their worlds, and the meaning that they attribute to these experiences (Merriam & Tisdell, 2016).

An approach to qualitative research begins with knowledge stemming from philosophical assumptions and approaches, which are then interpreted and studied through a framework of procedures (Creswell & Poth, 2018; Merriam & Tisdell, 2016). A key aspect of qualitative research is that data and meaning emerge organically from the context of research (Astalin, 2013). Qualitative is a label that is used as an umbrella term for several approaches and methods which may vary in terms of focus, assumptions, and the researcher's role (Astalin, 2013; Flick, 2018).

3.2 Research paradigm

The foundation of interpretivism is the idea that truth and knowledge are relative, based on people's experiences and how they interpret them, and that they are also historically and culturally placed (Ryan, 2018). Interpretivist research seeks to comprehend the significance of cultural and institutional processes (Hammond & Wellington, 2013). Interpretivists consider the fundamental nature of reality, treat meaning as a social construction, and take into account the distinctive nature of human activity and the power behind social action (Hammond & Wellington, 2013). Ryan (2018) argues that because researchers can never fully dissociate themselves from their personal values and beliefs, these values and beliefs invariably influence how they perform their studies.

Interpretivism adopts a relativist ontological perspective that allows for numerous interpretations of the same phenomenon (Pham, 2018). Relativists suggest that reality is only comprehensible through socially constructed meanings and that there is no one shared reality (Ryan, 2018). Instead of generalising the basis of understanding, Pham (2018) states that researchers obtain a greater comprehension of a phenomenon and its complexity in its particular context. An interpretivist

worldview also allows for thorough understanding of subjects in the context of society and the capacity to do research in natural settings by employing strategies to find more authentic information. However, there are certain disadvantages to interpretivism, such as the fact that it is subjective rather than objective. Pham posits how research outputs are unquestionably impacted by the interpretation, beliefs, and mental models of the researcher.

3.3 Research design

This study employed a case study design. Creswell and Poth (2018) define case study research as:

A qualitative approach in which the investigator explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information, and reports a case description and case themes. (p. 153)

A qualitative case study shares characteristics with other types of qualitative research, such as the quest for understanding and meaning, the researcher serving as the primary tool for data gathering and interpretation, and an inductive research approach (Merriam & Tisdell, 2016). A case study is an in-depth analysis of a constrained system; it is a design that is especially suited to circumstances in which it would be impossible to separate a phenomenon's variables from the environment. This distinguishes a case study from other types of qualitative research (Merriam & Tisdell, 2016; Yin, 2014). According to Creswell and Poth (2018), case study literature identifies a number of common and distinctive characteristics. First, they identify the particular example that will be discussed and examined; one of the most important aspects of identification is being able to define the case within precise parameters. Second, they present a thorough analysis of the case. Finally, they often conclude with the researcher's findings regarding the general significance of the case.

McLeod (2019) provides several advantages and disadvantages to using case studies. Firstly, case studies allow the researcher to investigate a topic in incredibly rich detail. Secondly, they often illuminate certain aspects of human thought and behaviour that studying in other ways would be unethical or impractical. Lastly, case studies provide insight for future research. In contrast, case studies can be seen as lacking scientific rigour and not providing much sufficient basis for the generalisation of results. In addition, researcher bias is a concern. Finally, the results found in case studies would be difficult to replicate, although one could utilise the same case design providing possible similarities and overlaps in results.

3.4 Participants

Participants for this study included adolescents between the ages of 13 and 18 in a South African high school. Participants were recruited by their age, how they identify, and their willingness to take part in

the study. The school at which I conducted my study has a Gay-Straight Alliance (GSA) group attended by both heteronormative and LGBTQ+ learners, facilitated by the school's social worker and the GSA's head students. The social worker informed the head students about the study, who then informed the other members of the GSA. Those interested received information about the study, assent forms, and consent forms (see Appendices A, B, C, and D). Participants signed the relevant forms and handed them to the head students or to me directly. Because of the requirement for parental consent, students wishing to partake in the study needed to have informed their parents about their sexuality or gender identity.

I combined convenience sampling and purposive sampling, both of which are non-random. We use convenience sampling when members of the target population that meet certain criteria, such as accessibility, location, availability, and willingness to participate, are included for the purpose of the study (Etikan et al., 2016). Purposive sampling is the deliberate choice of participants because of certain qualities that they possess (Etikan et al., 2016). In this specific context, I sought to be as inclusive as possible when recruiting participants.

I initially aimed to include a minimum of five participants and a maximum of 10, however, finding participants proved to be difficult. While the information about the study was shared multiple times through word of mouth and WhatsApp, only two participants chose to participate in the study. I speculate that the high-pressure social environment and the importance that students at the school place on reputation made it incredibly difficult for students to choose to partake. It is possible that they may have perceived participation in this study to have negative social connotations, such as isolation and bullying. The detail and depth that a researcher seeks in qualitative research means that a small sample size is inevitable (Emmel, 2013). In qualitative research, selecting an appropriate sample size ultimately comes down to judgement and expertise when weighing the quality of the data gathered against the intended uses, the specific research method and sampling strategy used, and the study output (Sandelowski, 1995). An adequate sample size is one that allows for detailed, case-oriented analysis, which is a hallmark of all qualitative inquiry, while also not being too small so as to prevent the development of a novel and deeply nuanced knowledge of experience (Sandelowski, 1995).

3.5 Data collection

The study comprised eight music therapy sessions which were originally proposed to occur over an eight-week period. Owing to scheduling conflicts and the potential for process disruption due to a university obligation on my part, the sessions took place over a six-week period: one session weekly for four weeks, followed by two sessions weekly for two weeks. Sessions were held at the school, in the social worker's office, after school hours so that there were no absences from classes. This likely

aided in participants avoiding stigma from other learners. Each session included a verbal check-in, a technique derived from the queer music therapy model (Bain et al., 2016), and closing.

3.5.1 Recordings of the music therapy sessions

The music therapy sessions were audio-recorded. This was done in order to capture all verbal exchanges as well as the processes and final products of each QMT technique utilised.

3.5.2 Interviews

A semi-structured interview is non-standardised and is commonly used in qualitative research (Kajornboon, 2005). The researcher has a list of themes to be discussed in the interview, and the order of the questions can be altered according to the direction of the interview. While there are several set questions, additional questions can be included. This type of interview allows the researcher to probe for additional information from the client and also allows the researcher to rephrase or explain a question if the participant does not understand. The interviews were conducted online due to scheduling difficulties. They were conducted after the completion of the music therapy process. I chose to include semi-structured interviews in addition to the session recordings so as to obtain the participants' insight into and reflection on the process. The interviews were conducted individually to ensure that each participant had sufficient time and space to provide their insight.

3.6 Data analysis and interpretation

Braun and Clarke (2019) outline reflexive thematic analysis. The researcher is encouraged to implement this approach with awareness and transparency, remaining cognisant of the philosophical and theoretical foundations of thematic analysis. Throughout a reflexive thematic analysis, the researcher is expected to apply these theoretical assumptions consistently and transparently. It acknowledges the uniqueness of the researcher's interpretation and discourages the pursuit of coding that is considered accurate or reliable (Byrne, 2021). Braun and Clarke (2019; 2021) posit that a key component of reflexive thematic analysis is the researcher's active involvement in decision-making during the coding process which involves ongoing self-reflection and questioning assumptions made in interpreting and coding the data. The coding process is characterised as unstructured and organic, allowing codes to evolve in capturing the researcher's deepening understanding of the data (Braun & Clarke, 2021). The generation of themes, considered as analytic outputs, is portrayed as a creative process resulting from the researcher's work at the intersection of data, the analytic process, and subjectivity. Themes are viewed as interpretive stories about the data which are shaped by the researcher's theoretical assumptions, analytic skills, and the data itself. Braun and Clarke (2021) outline the reflexive approach in six recursive phases:

- Familiarisation
- Coding
- Generating initial themes
- Reviewing and developing themes
- Refining, defining, and naming themes
- Writing up findings

Phase one includes reading and rereading data as well as the transcription of the data. The researcher gathers information pertinent to each code during phase two by systematising the coding of specific data aspects across the full data collection. In phase three, the researcher organises codes into potential topics and collects all pertinent information for each potential theme. Phase four of the analysis involves creating a thematic map of the analysis and determining if the topics relate to the coded extracts from phase two and the whole data set from phase three. The fifth step is an ongoing analysis that clarifies the details of each topic and the overall narrative that the analysis conveys, leading to distinct definitions and titles for each theme. The researcher then chooses acceptable extract instances to link the analysis back to the research questions in phase six, which is the final opportunity for analysis. I used this outline as a reference when analysing my data, utilising some of the steps but changing them slightly.

Nieuwenhuis (2016) emphasises that a key measure for data analysis, findings, and conclusions in qualitative research is trustworthiness. Trustworthiness can be assessed through four aspects, including credibility, transferability, dependability, and confirmability. Credibility refers to ensuring that readers will believe the findings of the research. This can be achieved through appropriate research designs and methods, as well as a theoretical framework that aligns with the methodologies and research questions. Nieuwenhuis adds that transferability pertains to how the reader can make connections between the research and their own experiences, and this is increased by the selection of participants familiar with the research topic and by the researcher clearly describing the scenario. Dependability can be achieved by following the correct research design, steps of gathering data, and the personal assessment of said data. Confirmability refers to the degree of neutrality of the researcher, meaning that the findings are not shaped by the researcher's bias, but rather by the participants. This can be enhanced through triangulation or researchers' reflections on their personal predispositions.

3.6.1 Reflexivity

Olmos-Vega et al. (2022) define reflexivity as “a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research process” (p. 2). This definition emphasises how

reflexivity is a continuous process that lasts the entire time a research project is conducted. It also emphasises its collaborative and shared nature, which means that for the research team dynamic to be most effective, reflexivity must be incorporated. Finally, they emphasise how reflexivity is complex in that it entails paying close attention to the environmental, methodological, personal, and interpersonal aspects that affect the study that is being undertaken. The monitoring of the impacts of a researcher's positionality, acknowledgement, and recognition is one objective of reflexivity in qualitative research. By considering the values, views, knowledge, and prejudices of the researcher, the accuracy of the research and the credibility of the findings may be improved (Berger, 2015). Additionally, reflexivity supports maintaining a sense of self as an integral component of the environment they examine as well as identifying and explaining the potential or actual consequences of personal, contextual, and circumstantial parts of the research process and findings. I was intentional about this in that I consistently made myself aware of any feelings that arose throughout the process and documenting them in a journal.

3.7 Ethical considerations

Remenyi et al. (2011) describe ethics as a society's code of moral conduct. Academic institutions require researchers to apply for ethical approval to protect the researcher and the participants if something goes wrong. This application should contain details about the nature of the research, how it will be conducted, participants' information, questionnaires, interview schedules, and how findings will be disseminated.

I obtained a letter of permission from the private high school where the study was conducted (see Appendix F) as well as a letter confirming that the school's social worker will assist in the case of any participants needing additional support after the music therapy process (see Appendix G). Participants and their parents or caregivers were provided with information letters containing the full details of the study and what was required of the participants (see Appendices A and C). These letters also stated that future researchers may use the information required from the research for further studies. Assent forms needed to be signed by participants and consent forms by their parents or caregivers (see Appendices B and D).

The name of the high school and the identities of the participants have remained confidential. The interviews took place online. Participation in this study was voluntary and participants were free to withdraw at any time without providing an explanation.

3.7.1 Avoidance of harm

As the researcher and therapist, I ensured that neither of the participants felt compelled to provide information or engage in activities that they may have found unsettling. Participants were free to withdraw from the study at any point, even after they had given assent.

3.7.2 Confidentiality and protection of data

No identifying information was included in this study. Data will be archived for 10 years at the music therapy offices of the University of Pretoria in an electronic, password-protected format. If any other researchers wish to access this data, they must obtain consent from participants and parents/guardians.

4. Analysis and findings

4.1 Introduction

The following section will provide information about the participants in the study, the music therapy sessions conducted, as well as a detailed account of the analysis process.

4.2 Participants

As previously stated in chapter three, the participants for the study were two adolescents who are 16 years old, identified as members of the LGBTQ+ community, and attended the same private high school in South Africa. One participant was in grade nine, and the other was in grade 10. They voluntarily attended the sessions and the participants understood the research process as it was explained in detail before it began. They were also aware that they could withdraw at any time. The participants did not know each other personally before the process started.

Although I initially aimed to include a minimum of five participants and a maximum of 10, as stated in chapter three, recruiting participants proved to be difficult. There were a number of logistical challenges and setbacks, and there may have also been some resistance to participate. Information about the study was circled a number of times, specifically over WhatsApp, but I suspect that people may have been hesitant to participate due to fear of being exposed.

For purposes of confidentiality, I have used pseudonyms for the participants. Daniel identified as transgender and gay and used the pronouns he/him. At the time of data collection, he had been on testosterone for three and a half years and was nine months post-op top surgery. His parents accepted him and he had a close relationship with his older sister. Nathan used the pronouns she/her and is sexually diverse, though she prefers not to use labels. Her parents accept her and she has close relationships with her two older siblings, one of whom is also part of the LGBTQ+ community. Although they didn't know each other previously, Daniel and Nathan had several things in common. Both of them had deadnames and had a preferred name that they wished to be called; they had both started their schooling careers at their current school, left to attend a smaller school, and returned to the original school; they share a very similar taste in music; and both feel socially outcasted.

4.3 Music therapy sessions

The study comprised eight music therapy sessions which were originally proposed to occur over an eight-week period. Owing to scheduling conflicts and the potential for process disruption due to a university obligation on my part, the sessions took place over a six-week period: one session weekly for four weeks, followed by two sessions weekly for two weeks. The duration of the sessions differed, but each session lasted about one hour. Each session comprised a verbal check-in, a technique from

the queer music therapy model, and verbal processing. The participants appeared to be comfortable sharing in the space and grew to be comfortable with each other. Techniques facilitated in sessions included musical autobiographies, critical lyric analyses, gender-bender song parodies and performances, clay work, transitions, group anthem writing, and performance of the group anthem.

4.4 Steps in the analysis of data

4.4.1 Data preparation

After the conclusion of the entire process, I transcribed each session and interview verbatim. The interviews were conducted individually after the process of eight music therapy sessions. Participants had two weeks between the end of the sessions and the interviews, giving them some time to reflect on the process. The interviews were conducted online due to scheduling difficulties. I then used the following stages to analyse the data. The data from the sessions and interviews were initially kept separate, but the analyses were conducted in parallel. I here discuss the analysis process of the sessions and interviews, respectively, in parallel.

4.4.2 Level 1 coding

In the first level, I thoroughly read through each session and interview transcript, assigning each important bit of information an initial code as I went along. As I assigned codes, I kept my research questions in mind so as to include information relevant to the study. Please see Appendix F and G for examples of session and interview transcripts respectively.

Table 1

Extract of level 1 codes from session transcript

Megan:	Um, but first and foremost I want to stress that, I mean there's only two of you, but this is a confidential space. I trust that both of you are going to respect that. Um, and anything you say here is safe. You are welcome to bring and say and do anything here. Um, for context, Megan, I matriculated from [this school] in 2016. Um, and I came out as gay in grade 11. Yeah. So it was a fun time for me <laugh>. Yeah. I just wanted -	S1B: Creating a safe space
Nathan:	Especially in [this school].	
Megan:	In [this school], and I was one of two people in the school who were out. Um, yeah, I'm sure you can imagine it was quite the talk of the town. But I lived.	
Daniel:	Yeah, I also don't think most people gave a shit when I came out. They're like, okay, good for you. Just, I don't care.	S1C: Nonchalant reactions to coming out

Nathan:	Yeah	
Megan:	What were you expecting?	
Daniel:	A lot of backlash. Like, oh my goodness, a non-boy, a transgender boy in the boy's bathroom, go away. Which just kind of happened. I was kicked out of the boy's bathroom, which I expected. So I went to the teacher's bathroom and then [sister], my sister, fought like hell to get the gender-neutral bathrooms in. She said -	<p>S1D: Expecting backlash when coming out</p> <p>S1E: Experiencing backlash</p> <p>S1F: Support from family members</p>
Megan:	They did though, right?	
Daniel:	Yeah. She said, I'm not gonna let my brother come in here and not have a place to go.	
Megan:	Good	
Daniel:	And they did. They put them in.	
Megan:	So now? you use the male?	
Daniel:	I use the gender-neutral one or usually just don't unless I have to go.	
Megan:	<laugh> just don't go to the bathroom.	
Daniel:	Unless I have to change for PT.	
Megan:	Yeah. Do you think you would still be met with backlash in the male bathroom?	
Daniel:	I'm pretty sure most of them have forgotten. I just don't care. I more so, I just don't wanna figure out what goes on in those bathrooms.	<p>S1G: Forgetting someone's sexual/gender identity</p> <p>S1H: Apathy about potential backlash.</p>

Table 2

Extract of level 1 codes from interview transcript

Megan:	Okay, so the first question is, tell me about when you first realised that you might be LGBTQ+.	
Nathan:	When I like, first?	
Megan:	Mm-hmm.	
Nathan:	Probably like in grade six. I told you about. Okay, I'll, I'll, I'll re-say it. I told you about that one girl that I liked.	R2A: Experiencing sexual/gender diversity from a young age
Megan:	Mm-hmm.	
Nathan:	And then, and then pretty much she left and then only like later on we realised that we liked each other at the same time and it was just like the weirdest thing to me. Yeah.	R2B: Making sense of one's sexuality after the fact
Megan:	Wow	
Nathan:	Yeah. that was first. Oh my god. It was so cute because like, we used to discuss what difference, what, what different sexualities meant. So we were like, oh my god. So pansexual means like, you, you, you like everyone. And then this means like, it's so cute. I, yeah.	R2C: Making sense of different sexual identities from a young age
Megan:	<laugh> So you were grade sixes? Twelve. Twelve years old. Sorry, grade six. You were twelve?	
Nathan:	Yeah. Yeah.	
Megan:	And what was that like? Like what, you know, what do you remember going through your head?	
Nathan:	I was like, I felt bad. Like I, I, I didn't think that it was like, okay because it was just like different from like, liking a guy and like, I just didn't think that she would like, feel the same. And yeah, I, I just, I felt really confused at that stage. Like I didn't know what was happening. Cause I've like, I've never had that before. Yeah. I was just super confused and I, and I thought I wasn't like supposed to, I don't know. Yeah.	R2D: Feeling guilty about liking someone of the same gender R2E: Thinking one's feelings won't be reciprocated R2F: Feeling confused

		R2G: Thinking that liking someone of the same gender/sex is wrong
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4.4.3 Level 2 coding

The next step was to view all of the codes within each data set (the sessions and the interviews) and to group together those with similar content. Once this grouping was complete, I assigned each group a label.

Table 3

Extract of level 2 coding (sessions)

Gauging the influence of one's identity on others	Strong emotions about coming out	Lived experience of discrimination
S5S: Feelings of paranoia of the same sex in changing situations	S1Z: Not coming out for fear of being judged	S1Q: Being bullied for being gender/sexually diverse
S8L: Not wanting others to be uncomfortable around you	S2JJJ: Fear of coming out	S2M: Being spoken about negatively for being sexually/gender diverse
S5T: Isolating to avoid potentially uncomfortable situations	S4RR: Feelings of fear around coming out	S8Z: Being disadvantaged as a minority
S5N: Concealing parts of one's identity for the sake of others	S5F: People not disclosing their identity	S7Q: Straight cisgender people grouping gay people together solely for being gay
	S1D: Expecting backlash when coming out	S3A: People acting strange instead of talking about it
	S1P: Pressure of coming out	

Table 4

Extract of level 2 coding (interviews)

The use of labels	Sexual/gender identity as a part of life	Disclosure of identity
R1A: Choosing an initial label	R1F: Knowing that you're sexually/gender diverse but not knowing specifics	R1V: Disclosing one's identity to peers
R1B: Not fully resonating with a chosen label	R1G: Being aware of sexual/gender diversity from a young age	R1W: Not feeling the need to disclose one's identity
R1C: Identifying with a label out of confusion/despondency	R1H: Sexual/gender identity feeling right	R1X: Considering how others would feel about one's queer identity
R2X: Using labels to differentiate between social groups	R2A: Experiencing sexual/gender diversity from a young age	R1Y: Feeling conflicted about disclosing one's queer identity
R1FF: Identifying with 2+ queer labels making it harder to fit in	R2C: Making sense of different sexualities from a young age	R1JJJ: Disclosing queer identity in certain situations
R1KK: Not fitting in with stereotypical labels		

4.4.4 Level 3 coding

Due to the number of groupings after level 2 coding, I decided to do a further clustering of level two codes. This resulted in forming level three codes, constituting the sub-themes.

Table 5

Extract of sub-themes from level 3 coding (sessions)

Being immersed in the LGBTQ+ world	Fulfilling transgender identity	Coming out
Dating in the queer community	The significance of gender correction surgery	Strong emotions about coming out
Undermining queer issues	Effects of hormone treatment	Lived experience of coming out
Awareness of factors in LGBTQ+ life		

Undermining one's sexual/gender identity		
Queer celebrities as role models		
Activist mindset		
Highlighting someone's identity for the wrong reasons		

Table 6

Extract of sub-themes from level 3 coding (interviews)

Experiences within music therapy	The world of queer identity	Toward a larger acceptance
Offerings of music therapy	The significance of identity	Influencers on social media
Techniques used in music therapy	Sexual/gender identity as a part of life	Activism
Feelings about the music therapy process	Difficult emotions related to queer identity	Queer representation
The effects of music	Coming out	Progressive perspective
Reflections on the music therapy process	The use of labels	

4.4.5 Identifying themes

After completing level three coding, I began to identify themes. Some of these themes were combinations of sub-themes, while some sub-themes were substantial enough to stand alone as themes.

Table 7

Extract of themes (sessions)

Navigating queer identity	Being a person in the world	Dealing with challenges
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Being immersed in the LGBTQ+ world	Exploring adolescent identity	Challenges within the school environment
Fulfilling transgender identity	Attitudes toward self	Mental health challenges
Coming out	Navigating social perceptions	

Table 8

Extract of themes (interviews)

Living in a queer world	Gauging acceptance	The role of family
The world of queer identity	Toward a larger acceptance	
The queer community	Factors against acceptance	
Repercussions of disclosure		

4.5 Themes

The tables below provide the full set of themes emerging from the thematic analysis of the music therapy sessions (Table 9) and interviews (Table 10) respectively.

Table 9

Themes identified from music therapy sessions

Theme	Description
Navigating queer identity	Exploring the experiences of identifying as queer, fulfilling a transgender life, and factors about coming out.
Interactions with self and others	Exploring the facets of adolescent identity, self-treatment, and people's behaviours.
Dealing with challenges	Exploring challenges within the school environment and mental health.
Family dynamics	Exploring relationships, behaviours, and expectations of family.
Influence of religion	Exploring the occurrences, ambiguity, and often harsh conditions of religion.

Supportive spaces	Exploring the necessity and experience of supportive spaces.
The role of music therapy	Exploring the experiences of and music within music therapy.

Table 9

Themes identified from interviews

Theme	Description
Experiences within music therapy	Exploring the offerings, techniques, feelings, and reflections of music therapy.
Experiences of difficult spaces	Exploring the school and religious environments.
Living in a queer world	Exploring queer identity, labels, coming out, and a sense of community.
Gauging acceptance	Exploring perceptions of activism, representation, bullying, and discrimination.
The role of family	Exploring the acceptance, support, and expectations of family.

4.6 Conclusion

In this chapter, I explained the thematic analysis process of the two data sources. 12 main themes (Table 11) were identified from the music therapy sessions and interviews respectively after four levels of coding had been conducted. Themes from sessions and interviews were kept separate to highlight specific details the data sets. The following chapter will discuss and expand on these themes. Because I want the participants' full expressions to be conveyed, I have chosen to include statements where strong language was present.

5. Discussion

5.1 Introduction

In this chapter, I will discuss the themes identified during the analysis phase. The themes will be discussed with reference to the research questions guiding the study, and supported by relevant literature. The 12 themes can be grouped into six main umbrella sections under which themes from both data sources are discussed. These sections are identity, challenges, religion, family, support and acceptance, and music therapy. I will reflexively examine each theme in accordance with its most important aspects. Because I want the participants' full expressions to be conveyed, I have chosen to include statements where strong language was present. This is important because it fully captures the essence of the participants' sentiments.

The following research questions will be addressed in this discussion chapter:

- How do LGBTQ+ adolescents describe their lived experience of being sexually and/or gender diverse?
- How do LGBTQ+ adolescents describe their experience of queer music therapy?
 - o How do LGBTQ+ adolescents express the perceived benefits of their experience of queer music therapy?
 - o How do LGBTQ+ adolescents describe their experience of queer music therapy in relation to their personal story?

As stated in the previous chapter, 12 main themes were identified from the music therapy sessions and interviews.

Table 11

Themes identified from music therapy sessions and interviews

Themes from sessions	Themes from interviews
Navigating queer identity	Living in a queer world
Interactions with self and others	Understanding acceptance
Dealing with challenges	Experiences of difficult spaces
Family dynamics	The role of family

Influence of religion	Experiences within music therapy
Supportive spaces	
The role of music therapy	

5.2 Identity

The concept of identity was one of the most prominent to emerge from the music therapy process. The participants grappled with their identities in terms of being queer, but also in terms of adolescence and how they placed themselves in the world. The themes of navigating queer identity, interactions with self and others, and living in a queer world refer directly to the concept of identity and address how the participants account for their lived experience of identifying as queer.

5.2.1 Navigating queer identity

The participants' experiences of navigating their queer identities were multifaceted. They shared experiences of and emotions around coming out, the various facets that comprise the LGBTQ+ world, and for Daniel, the experiences of being transgender. Coming out was a frequently discussed subject, and the associated emotions were strongly expressed. In Daniel's case, with regard to coming out, he anticipated opposition and received it.

Daniel: a lot of backlash. Like, oh my goodness, a non-boy, a transgender boy in the boy's bathroom. Go away. Which just kind of happened. I was kicked out of the boy's bathroom, which I expected. So I went to the teacher's bathroom and then [sister], my sister, fought like hell to get the gender-neutral bathrooms in. (Session 1)

Alonzo and Buttitta (2019) emphasise that coming out is often stressful because of preconceived assumptions. Although coming out is deeply personal, it also occurs in a larger context. Fear was a prevalent emotion surrounding coming out for both Daniel and Nathan, as the literature suggests is the case for many other queer adolescents (Russell et al., 2014). This results from being aware of other people's coming out experiences and not wanting to have those same experiences. It might be frightening to consider how coming out would affect one's close relationships with others as well as their standing in the community more broadly. It is crucial to understand that coming out has different meanings for different people according to their experiences, social surroundings, personal beliefs, and values (Guittar, 2013). Some lay a strong focus on revealing their sexuality with others, while some see coming out as a solitary journey of self-affirmation. These qualities frequently cohere.

Daniel: That's one of the reasons why it was so hard for me to come out. Well, it wasn't actually particularly hard, it was more, like, daunting. Because no one knows what trans people are. I was the

first one in the school's history. It was terrifying. I remember being so sick with anxiety that day [...] You don't know what this is like. You don't know the pure fear of possibly facing that class again, who I have to be stuck with for the rest of the year and have them hate me. (Session 4)

When someone comes out, people's reactions can differ. Although Nathan's and Daniel's immediate families were accepting, they also encountered hostility in other settings. Their relatives also received backlash; for instance, Daniel's mother received retaliation from his aunt and grandmother. While some people were apathetic in their responses, others were overtly homophobic.

Daniel: I hated that woman. She was my teacher in, I don't know, grade seven. Her name was Mrs T, I don't remember. I hated that woman. I did not like her from the get-go. When she started spewing homophobic shit, I immediately stopped listening to her for the rest of the year. (Session 2)

Daniel spoke about the effects of hormone treatment. He has been on testosterone for approximately three years. Although the changes in his body became evident, he expressed increased anger levels periodically and spoke about the potential of testosterone to increase one's aggression, although this is a controversial topic.

One issue within the LGBTQ+ community is the undermining of certain matters. Daniel and Nathan spoke about how the school had built a gender-neutral bathroom, which is a step towards inclusivity, but how that bathroom is now being misused as a venue for certain behaviours that would require consequences if exposed. Some students felt that this was unacceptable, but when the issue was raised with staff members, nothing was done about it. A study by Swanson and Gettinger (2016) evaluated the knowledge, attitudes, and behaviour of teachers towards LGBTQ+ students. Results revealed that when working in a school with an active GSA, an antibullying policy, or training specific to LGBTQ+ adolescents, teachers were more likely to exhibit supportive behaviours towards LGBTQ+ students. In addition, teachers' estimates of how often they adopted supportive positions were much lower than how important they thought it was to do so. This suggests that even when teachers recognise the necessity of supporting LGBTQ+ students, they may not always intervene. This research does not appear to correlate to the school climate of the school that Daniel and Nathan attended as they have an active GSA.

Daniel spoke about how the school has attempted to highlight his transgender identity but for the wrong reasons. He was under the impression that he was only accepted into the school because having a transgender student would be good for their reputation and would position them as accepting. The school has asked Daniel several times for permission to publish a story about him.

Daniel: Which is, I'm pretty sure, the entire reason they accepted me. Look, we have a trans kid. We accepted him. Look how accepting we are. Look at us. (Session 5)

Factors of LGBTQ+ life came up in conversation. These included the prevalence of ongoing medical issues in the queer community such as HIV/AIDS, the importance of being familiar with LGBTQ+ history, and risk factors for queer adolescents. Adolescents who identify as sexually or gender diverse are more likely to have negative mental health outcomes like depression and suicidality (Johnson et al., 2019), victimisation (Colvin et al., 2019), and physical health issues like sexually transmitted diseases (Rodgers, 2017).

5.2.2 Interactions with self and others

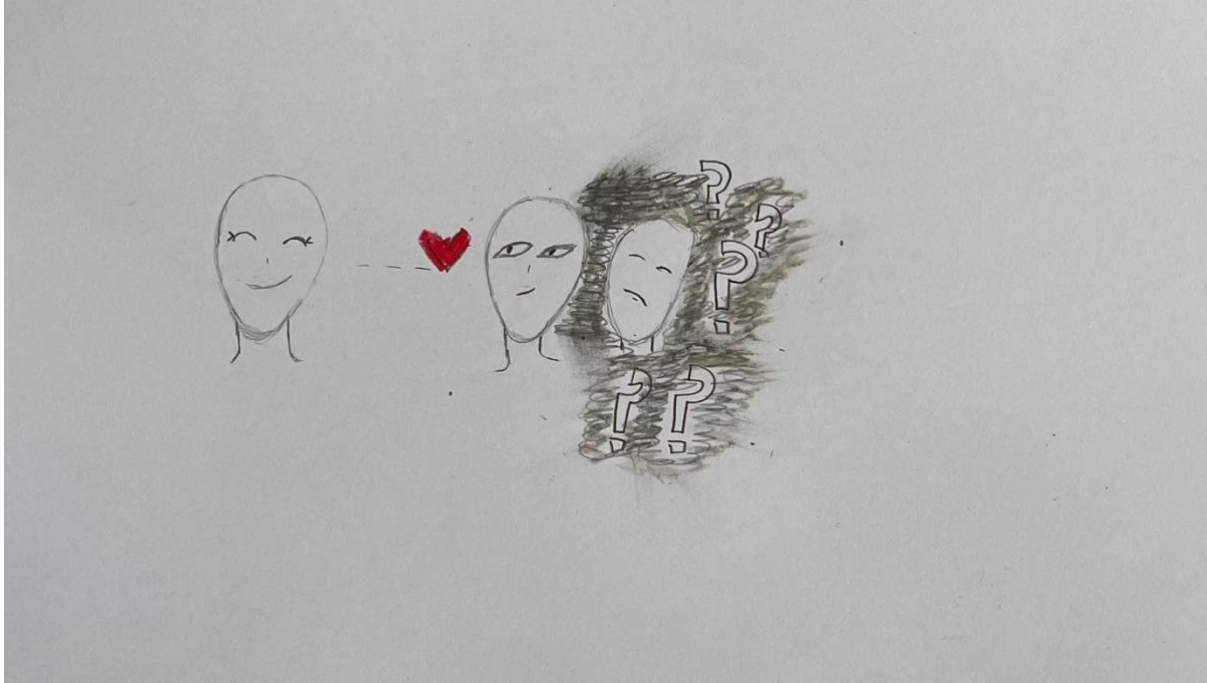
Daniel and Nathan engaged in conversations around adolescent identity, self-care, and the behaviours of others. Another prominent topic that emerged was that of the adversity of adolescence with regard to social relationships. The participants expressed feelings of overwhelm, isolation, being misunderstood, and not fitting in socially. Additionally, they both expressed experiencing low self-esteem, mental health challenges, and difficulty finding genuine people and connections. According to Blakemore (2019), adolescence is a distinct period of physical, neurological, and social development. With regard to mental health in particular, these changes make adolescence a particularly susceptible period. Adolescence is a time of shifting and powerful emotions in addition to the changing social environment of this stage.

Nathan: I hate it. I hate being a teenager because it's just like, you don't find authentic and real people anymore. You just don't, like no one's real, everyone's, like, superficial. Especially at this school. Like, everyone's just, like, fake. (Session 1)

Another area that Daniel and Nathan explored was the social repercussions of queer identity. This included feeling judged and confused, as well as the possibility of friendships being negatively impacted. For Nathan, there were certain people in her life who knew about her sexuality and others to whom she chose not to disclose this. These were people whom she was unsure about how they would react to her being sexually diverse and she did not want to risk potentially making her social situation at school more difficult. Daniel worked for the school's first-aid team, mainly with the rugby teams. He often expressed how he chose not to disclose his sexual identity in these situations because he thought that this would make his patients uncomfortable. These were situations wherein he needed to act and behave with caution. For both Nathan and Daniel, these situations indicate the extent to which they would go to make others comfortable while putting themselves second. In relation to their queer identities specifically, they both expressed feelings of confusion, guilt, and shame. They mentioned feelings of paranoia in social situations, isolating themselves to avoid potentially uncomfortable situations, and concealing certain aspects of themselves.

Figure 1

Nathan's first drawing using the "transitions" technique in session 5



Using the transitions⁸ technique from the queer music therapy model in the fifth session, Nathan drew this image with the instruction of drawing something that represented how she felt about her past while exploring her queer identity. This image describes her feelings of confusion around having feelings for another girl. She said that it felt wrong and that she hated herself for it. She is slowly becoming more accepting of this side to her. Mereish and Poteat (2015) examined the relationships between distal stressors (such as discrimination, rejection, and victimisation) and proximal stressors (such as internalised homophobia and sexual orientation concealment) and psychological and physical distress amongst LGBTQ+ people. They assessed the links between minority stressors and psychological issues (such as depression and anxiety) and physical issues (such as distressing physical symptoms), as well as the mediating effects of shame, worse relationships with a close peer and the queer community, and loneliness. The findings demonstrated that shame, worse relationships with a close peer and the queer community, and loneliness acted as mediators between the links between distal and proximal stressors and distress. The results highlighted the potential social and interpersonal pathways in which stressors relating to LGBTQ+ people may cause psychological and

⁸ The transitions technique is an artistic process wherein participants explore their past, present, and future on three pieces of paper.

physical distress. This research appears to relate to Nathan’s experience as the feelings of shame that she endured likely stemmed from the relationships between similar distal and proximal issues.

Although the subject of self-care was discussed, specifically in terms of basic hygiene and writing as a form of self-care, this was small in comparison to how the participants often treated themselves inadequately. They spoke about using unhealthy coping mechanisms such as alcohol and cannabis, comparing themselves to others, judging themselves harshly, and self-deprecation. Many of these behaviours were related to low self-esteem and mental health challenges. McDermott et al. (2008) discuss the link between homophobia and self-destructive behaviours. They contend that homophobia acts as punishment on a deeply personal level and forces LGBTQ+ people to cope with being positioned as deviant, filthy, or repulsive due to their sexuality or gender. They propose that LGBTQ+ adolescents are more likely to engage in self-destructive behaviours in an effort to avoid the shame associated with homophobia. However, Daniel and Nathan were able to reflect on making constructive life choices such as associating with the right people, focusing on shifting from a negative mindset, and taking responsibility for their actions.

Figure 2

Nathan’s “The Contributor” clay sculpture from session 4



While working with clay in the fourth session, I invited the participants to create something that represented how they viewed themselves currently. Nathan named her sculpture “The Contributor.”

Her sculpture had a front and a back side, saying that it represented two things in her life that contributed to her current state. The image on the left represents global warming, her love and care for animals, and how she cares about everyone. The image on the right represents her anxiety, brain fog, and self-deprecation.

Navigating social perceptions with regard to queer identity was something deemed quite difficult by Daniel and Nathan, and something to which I related. These conversations were heartfelt and I found it incredibly difficult to separate my own experiences from my role as the therapist. I too experienced the same difficulty as a queer adolescent and so remaining objective was tricky. For Daniel and Nathan, this difficulty was exacerbated by them not identifying with the names by which they were previously known. The term “deadname” is used to describe the name that a transgender person was given at birth (Sinclair-Palm & Chokly, 2022). It emerged from transgender communities and describes the name that most transgender people no longer use. Nobody in Daniel’s life uses his deadname. Nathan refers to her birth-given name as a deadname, although not in the traditional sense previously described. She goes by Nathan now as she said that her deadname represents a past version of her to which she no longer relates.

While Daniel is comfortable using the labels “transgender” and “gay,” Nathan prefers not to use labels. The two spoke about the potential of labels either to put people into boxes or to provide comfort to those struggling with identity. They also discussed the roles of stereotypes. Although they both disliked the concept of stereotypes, they reflected on the positive aspects of them, such as using them to find like-minded people. They also acknowledged that stereotypes have origins.

Two sentences that emerged from the sessions have resonated with me. These included the statements that hatred and lack of acceptance are taught, and that children are not homophobic by default. It has somehow become standard practice to expect at least some level of homophobia from people in our lives because these biases have already been ingrained in them.

Daniel: I saw a story of a kid, someone who told a kid that they were gay and the kid, instead of, you know, being homophobic ‘cos kids aren’t born with homophobia, they said, he said, ‘wow, imagine how many more people can be in love now.’ I, I was like, this is proof that, that hate is taught. (Session 7)

5.2.3 Living in a queer world

Upon reflection, Daniel and Nathan explored the different facets of living in a queer world. For both of them, coming to terms with their queer identity was a difficult process accompanied by feelings of guilt, confusion, and fear of rejection, assault, exclusion, and humiliation. They both engaged in this process between the ages of ten and 12.

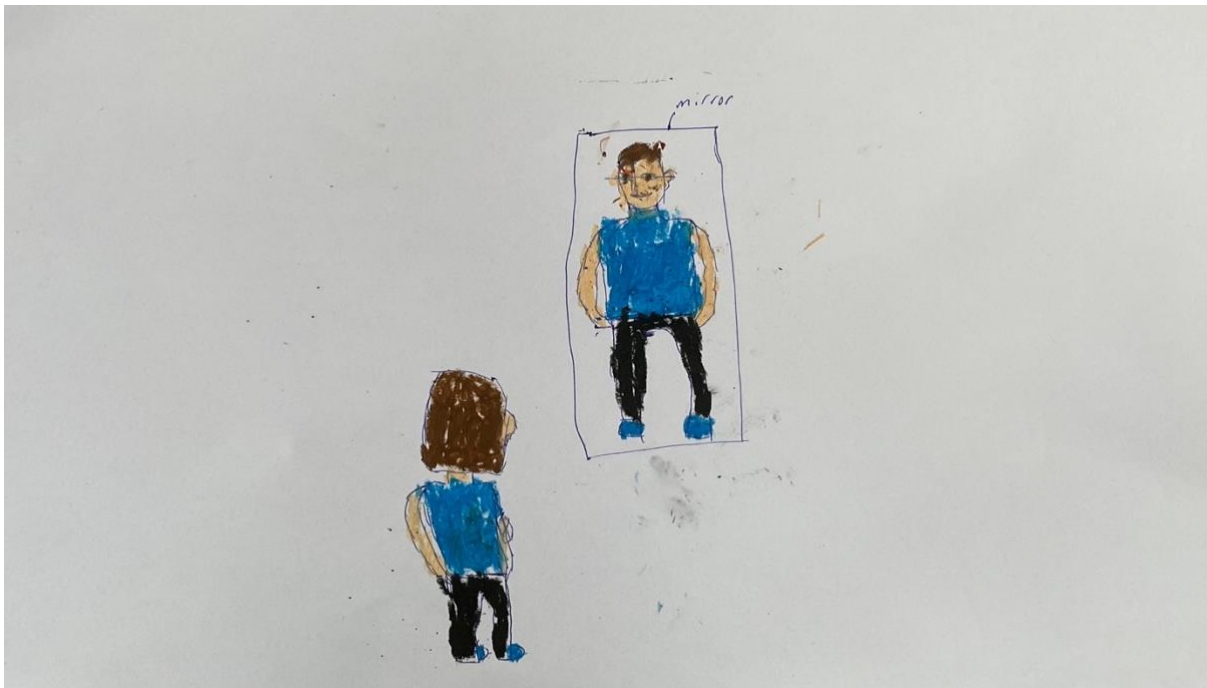
Daniel: And I started learning about the trans community and, like, what it means to be trans and all that kind of stuff. And then it just was like, it just snowballed from there until I realised, oh.

Megan: How did it feel to get to that “oh?”

Daniel: I still remember that feeling, this moment I realised I was trans, that physical feeling of feeling like something had been lifted off my chest and then immediately slamming back down, 'cause I had to tell people now. (Daniel’s interview)

Figure 3

Daniel’s first drawing using the “transitions technique in session 5



Using the transitions technique from the queer music therapy model in the fifth session, Daniel drew this image with the instruction of drawing something that represented how he felt about his past while exploring his queer identity. When discussing this image, Daniel expressed not knowing who the person in the mirror was. He felt uncomfortable and the reflection did not resonate with him. He felt disgusted and repulsed, saying he wanted to lose certain physical features but he did not know how to go about doing that.

Daniel shared some of his experiences within the transgender community. He mentioned the lengthy process of having one’s gender marker changed: this takes approximately 18 months, during which time he has had to endure situations wherein he is misgendered and referred to using his deadname. Having to correct people constantly can be taxing. He also mentioned certain prejudices about transgender people. Transgender women are often perceived as predatory men, while transgender men

are often perceived as hurt women who need help. Lastly, Daniel spoke about how often transgender people are discussed with hatred by other members of the LGBTQ+ community.

For both Daniel and Nathan, one of the most significant aspects of identifying as LGBTQ+ is the sense of community that it provides. It may often feel like a place where the only individuals in the world who can somewhat comprehend the lived experience of being queer are present. In terms of living as an LGBTQ+ person, South Africa is the only country on the African continent that constitutionally protects the rights of LGBTQ+ people (Camminga, 2018). The importance of community and cultural values in the LGBTQ+ community is highlighted by Abreu et al. (2021) by saying that people draw on these values to support activism, authenticity, pride, visibility, collective intergenerational resilience, the centring of mental health, intersectionality, and centring those who are marginalised. Despite the fact that their study emphasises community as a protective factor for LGBTQ+ persons during large-scale events, this sense of community fosters resilience in the face of more general social rejection and prejudice.

Megan: What aspects of identifying as LGBT have been meaningful for you?

Nathan: I think one thing that I do really appreciate is the community. Like just the community itself. Just always having those people that you can relate to and just, like, make you feel okay for being something that other people just wouldn't accept and whatever. Even like, even though I'm not currently in that state, which I'm so grateful for, I'm really grateful that I'm not in, you know, a country or whatever that doesn't accept it. Yeah. It's just having those people. Like I, I truly love community and I love being with, I mean obviously, I love being with other people that understand me. (Nathan's interview)

5.3 Challenges and difficult spaces

Many challenging experiences were explored during sessions. The participants discussed these different spaces and attempted to unpack their various components. The themes of dealing with challenges and experiences of difficult spaces highlight the impact thereof on the participants' lived experience of identifying as queer.

5.3.1 Experiences of difficult spaces and challenges

One of the most challenging spaces for Daniel and Nathan is the school environment. Not only does the school have incredibly high academic expectations, but the social realm is particularly taxing. Having gone to the same school, I felt quite strongly about a lot of the things the participants shared, such as the patterns of behaviour displayed in students, the attitudes held by students about academic success, and the pressure to succeed in this way. Daniel and Nathan discussed the difficulty of navigating the academic environment. They spoke a lot about choosing subjects for matric and which

of those subjects were deemed “acceptable” in the eyes of the school. Some subjects held certain stigmas, for example, selecting maths literacy connoted lower intelligence, and selecting science connoted the opposite. They both expressed feeling stressed about their academic workloads and felt a sense of pressure to select and perform in the right subjects.

Figure 4

Daniel’s clay sculpture from session 4



me + science = dunce hat / me + maths = dunce hat

While working with clay in the fourth session, I invited the participants to create something that represented how they viewed themselves currently. Daniel sculpted a dunce hat and wrote “me + science = dunce hat / me + maths = dunce hat.” He mentioned how he struggled with science and maths and how he felt the pressure within the school to perform better. He acknowledged that his thinking around this correlated to the mindset adopted by the rest of the school, which he did not want. He also mentioned the possibility of his mental health interfering with his academic performance.

Daniel and Nathan described the students in the school as having a hive-mind mentality. They mentioned how the students lack independence and the extent to which they rely on their peers to

function socially. This frustrated Daniel and Nathan as they felt strongly about being individuals with their own views and values. Additionally, according to them, the hive mind's views on queer identity within the school environment were rigid and unaccepting.

Daniel: [This school]'s the kind of school where you either thrive or drown. Yeah. You can either keep your head above water and you can swim to safety or you drown and you get eaten by sharks. Yeah.

There is no in-between. (Session 1)

Being queer presented a new challenge in addition to the typical educational setting. According to Atteberry-Ash et al. (2019), LGBTQ+ youth are more likely than their cisgender heterosexual peers to experience homophobia and transphobia, which increases their risk of being bullied, skipping school, and feeling unsafe at school. These dangers are exacerbated by the intersections of gender identity and sexual orientation. Although the school recently established a GSA, students have repeatedly vandalised the GSA's notice board. There was no response from the school staff, and nothing was done about it. Additionally, Nathan discussed an instance in which she confided in a staff member who then violated her confidentiality and brought up the event with another staff member who approached Nathan the next day. The situation was deeply upsetting for Nathan. On the other hand, it is important to acknowledge that several staff members have demonstrated real concern for queer students and have spoken out against bullying and other forms of prejudice against these students. Lastly, Daniel and Nathan discussed the occurrence of taking a same-sex date to the matric dance. This was something about which I felt strongly as it was something I had to consider as a matric student in a same-sex relationship. They discussed the general pressure that comes with bringing a date to the matric dance as well as the potential consequences of bringing a same-sex date. They both predicted that the community would be shocked as a result.

Another challenging area for Daniel and Nathan was that of mental health. Again, this is something with which I too have struggled, so I was very intentional about being objective. They discussed certain pathologies with which they were dealing such as depression, anxiety, and ADHD. They both, at some point, have struggled with symptoms of depression and anxiety to the extent that it interfered with their school work and their ability to concentrate. Throughout the music therapy process, both Daniel and Nathan dealt with changes to their medication, altered dosages, and side effects such as insomnia, headaches, blurred vision, and confusion (Bhandari, 2023).

5.4 The influence of religion

Daniel: Just, religion, shut the fuck up, please. For five seconds. (Session 2)

Daniel and Nathan's identities have been profoundly influenced by their religious beliefs. They go to a religious school, so they are continuously exposed to religious ideas and concepts. Both of them acknowledged how challenging it was to navigate their small religious community.

Despite the fact that they anticipate certain things, such as the rapid spread of personal information, they nevertheless find it stressful. According to a study by Gibbs and Goldbach (2015), LGBTQ+ adolescents who grow up in religious environments are more likely than other LGBTQ+ adolescents to experience suicidal thoughts and attempts.

Daniel: There's one guy who said that he, like, they were asking about when he found out he was gay. And I said, well first I had to become a guy and then I found out I was gay. And then when he was finished telling the story, one of them was like, hey, backtrack, what? So I told him the story and one of them said "Yeah, I actually heard through the grapevine that you were, but I wasn't sure." And I was like, yep. And it came as a shock to everyone else except, like, two.

Megan: How did that feel that it was, that he had heard through the grapevine?

Daniel: Yeah. I expected it.

Megan: You did?

Daniel: It's so small and everything spreads like wildfire. [referring to the religious community] (Session 7)

Daniel and Nathan explored religion and its ambiguity. They discussed some common misconceptions about their own faith and the potential for preconceived assumptions to conceal positive features. I use the word "faith" here more broadly, as both Daniel and Nathan do not fully align or identify with their religion, but more with the traditions that belong to it. They stressed that there are several ways that religious texts can be interpreted and how those readings can be interpreted to reflect homophobia. Finally, they thought about how many religions have constrained viewpoints and frequently exhibit deceitful tendencies (Roggemans et al., 2015).

Daniel: We do tend to have the most accepting religion, but I think that's also bullshit because that's what they want us to think. That's what all religions want you to think. They're the best, they're the most accepting when deep down they're all the same. They're all cults. They're all just vile. (Session 2)

Due to the non-LGBTQ+ welcoming stance of mainstream religions, Wood and Conley (2014) highlight how LGBTQ+ individuals often have negative experiences with religion. These negative experiences may result in a loss of religious identity, religious or spiritual struggles, or mental health issues as a result of religious abuse. The most prominent opinion to form out of the sessions was that the conditions of their religion were incredibly harsh. Daniel and Nathan both fully expected backlash from the religious community for identifying as queer. They both expressed feeling the pressure of the community's expectations to align with its religious views, but they both felt a large amount of resentment towards their religion because of how rejected they felt by it. Daniel expressed that he no longer identifies with the religion and has left the community as he felt safer in other communities as

a transgender person. He refused to align with the community's views despite feeling the pressure to do so. He and Nathan both expressed feeling like they didn't belong in the community, and Daniel said that he did not care about this or the potential repercussions of leaving the community. A review by Goodwin (2022) found that the majority of LGBTQ+ people experienced negative religious experiences, including rejection based on sexual identity, conflict between religious identity and sexual identity, and a general rejection of religious practice over the course of their lives. Increased rates of depression, anxiety, internalised sexual stigma, suicidality, substance abuse, and high-risk sexual behaviour were all among the effects on mental health. Daniel expressed that the religious community is to blame for its queer members feeling despondent. He also believed that the community's homophobic behaviour was completely intentional, resulting in the experience of religious trauma for many people.

Daniel: Religious trauma. No matter how accepting your religious community is, you always walk away with religious trauma. And that's, like, something people don't seem to notice. Like, religious people, you are the cause. You are the reason trans, like, queer people, trans people, whatever, you are the reason they wanted to die.

Megan: Do you think they don't notice or they choose to ignore?

Daniel: They choose to ignore. They, actually, I don't think they choose to ignore. I think they choose to make it worse. (Session 2)

5.5 Family interactions

The participants each had unique relationships with members of their families. We explored these relationships and discussed family dynamics as well as the role of family in identifying as queer. We are only beginning to grasp the ways in which families affect the health of LGBTQ+ adolescents, according to a paper by Newcomb et al. (2019). What little we do know about the effects of family has mostly concentrated on the implications of sexual health, substance abuse, and mental health. The impact of families on violence and suicide has not been well studied.

5.5.1 The role of family

Before coming out, both Daniel and Nathan felt that their families would be accepting of their queer identities. In Daniel's case, his family had already expected him to be queer, they just did not know how he would specifically identify. Conversely, Nathan felt that she could not approach her parents regarding the confusion she felt in relation to her queer identity before coming out. This left her feeling quite alone. Indeed, both families were accepting. Daniel's parents immediately tried to accommodate him and consider his needs in relation to his queer identity.

Daniel: So I came out to my mom, she came out to my dad for me. My mom was actually in a queer relationship at the time, so I knew she was gonna be okay. And also my family had been expecting this for my entire life. They expected some sort of queer identity. They were expecting lesbian, but no, they weren't expecting trans. But she was completely chill with it. She was like, "Okay, what different, like, what else, what do you want me to do? You wanna go get a haircut?" or that kind of stuff. So we got a haircut that day. And then my dad, I don't know what she told my dad, but I think she was like, "So this happened. We need to go get more clothes." So he, like, helped pay for that. (Daniel's interview)

When coming out publicly, Daniel's mother was met with backlash which prompted an activist response from her. She felt very strongly about standing up for Daniel and highlighting the importance of their relationship over anything else. Strong family relationships have been found to support transgender youths' health and wellbeing, according to Brown et al. (2020), which suggests the possibility that having strong relationships with one's family can protect transgender youth from the stress brought on by the stigma around transgender identity. Mayeza (2021) investigated the experiences of LGBTQ+ youth in South Africa regarding coming out to their parents as well as parental reactions. Interviews revealed that those who had not come out viewed it as problematic, reinforcing heteronormativity. Mayeza identified factors influencing decisions to come out, such as the parent-child relationship and perceived parental reactions shaped by religion, gender norms, and cultural dynamics. Participants experienced varied parental responses including acceptance, rejection, violence, and silence. Silence was a common reaction that was also interpreted differently by participants. While some viewed it as disapproval, others believed parents required time to understand the situation. Emotional stress was a significant factor, leading some participants to come out despite potential risks. Mayeza highlights the need to equip LGBTQ+ youth with emotion-focused coping skills to manage non-supportive reactions and emphasises the importance of affirming parental responses.

Daniel: But she held her head up high. Be like, "That's how you wanna raise your child, good for you, but they will not talk to you again I would prefer to actually make my son, like, keep my son happy. (Session 1)

5.5.2 Family dynamics

Although a family may be accepting of one's queer identity, family relationships may still be difficult. Daniel has a sister with whom he is close and has a good relationship. Nathan has two older siblings to whom she is close and who both identify as queer. She described her relationship with them as special and she could not imagine her life without them. Nathan's relationship with her mom, however, has taken strain. While she is there for Nathan overall, she sometimes displays certain behaviours that Nathan does not like.

Nathan: Um, yeah, my mom, I think I've developed, like, a, a bad relationship with her, like in regards to how I see her, like perceive her. So now I'm just like, I don't like anything she does. And what she likes is, you know, like, pink, like purple and she likes flowers and like, I don't like a lot of those things because, you know, I'm like, okay, if I like these things then I'm gonna become her and I'm really terrified of becoming her. (Session 1)

It is important to recognise the impact that parents' behaviours may have on their children. There have been certain situations in which Daniel and Nathan felt misunderstood by their parents because their parents did not consider the full picture of these situations. Their parents have also been dismissive and discouraging of certain ideas. One notion in particular that significantly influenced Daniel and Nathan was hypocrisy from their parents. Nathan did not understand why her mother would tell her one thing and then do the opposite.

Nathan: I mean, 'cause my mom's taught me, you know, not terrible morals, but just morals that have, like, closed me up as a person rather than being open. (Session 2)

Nathan: And just, like, a lot of bullshit. So, like, everything she tries to preach, she doesn't carry out herself. So she'll be like, "Oh, don't do that. That's not nice." But she'll do it herself. You know? (Session 5)

As previously stated, Daniel's family had always assumed that he would identify as queer in some way since Daniel was very young. His family recognised signs in him indicating this. Before he came out, though, his parents had to endure cisgender experiences with him before knowing that he was transgender. Wagner and Armstrong (2020) studied parents' perceptions of the experiences of their transgender children. Parents reported experiencing shock, frustration, and confusion when they approached the matter with their children, among other strong feelings. Once parents started to acclimatise to the transition, these feelings changed into guilt and anger about not recognising indications earlier in their children. According to Wagner and Armstrong, when the parents' initial shock subsided, they became unclear about how to behave or what to say and emphasised the difficulty of adjusting to new pronouns or physical characteristics. Additionally, they closely watched their children for indications of depression or other mental health problems. The parents frequently reminded themselves that their child was still their child and that they desired for them to be loved and accepted for who they were. Parents were also concerned about the ongoing discrimination and stigma towards transgender people, such as being bullied for using different bathrooms. Finally, parents reported that their children had changed from pre-transition symptoms like depression, sadness, and suicidality to post-transition symptoms like increased happiness, confidence, and adaptability.

Daniel: I showed signs from when I was two when I learned to talk and I, like, could differentiate between gender. I was firm. I am a boy. My parents could not convince me. Trying to get me into a

skirt or dress; you have a better chance fighting a mountain lion in meat panties than trying to get me in a skirt or dress. It was impossible. (Session 2)

Daniel: My mom says she took me bra shopping once and she would've rather had a colonoscopy with no, like, anaesthetic at all. It would've been less painful than that day. (Session 5)

5.6 Support and acceptance

The participants explored the concepts of support and acceptance in relation to their queer identities, as well as the factors contributing to or against acceptance of LGBTQ+ people.

5.6.1 The role of supportive spaces

Daniel and Nathan discussed the role of support in their lives. Outside of the music therapy space, they stressed the need to find and utilise supportive spaces, for example, Daniel is a member of a support group for gender-diverse people. For Nathan, she experiences support from her group of friends wherein she feels accepted and respected.

Nathan: As time went on, they, I mean that group was, like, we called ourselves the gay group though. I don't know what we called ourselves, but I felt accepted in that group. (Session 5)

Both Daniel and Nathan also experienced support from their families, specifically their parents. They both expressed gratitude for this support as well as the respect and acceptance that came with it. Certain staff members at school also proved to be supportive of Daniel and Nathan. These supportive spaces aided in Daniel and Nathan not feeling alone. Nathan highlighted the human need for support, saying that human beings require the support of others and need these spaces to explore certain issues.

Nathan: I mean, us humans, we're supposed to be in a group, you know, actually speak about our problems, whatever. It's better than just, you know, having a one-on-one therapist. You know, you want, like, people to relate to. (Session 4)

5.6.2 Understanding acceptance

Certain factors emerged from the participants that contributed towards a larger sphere of acceptance of the LGBTQ+ community, such as activism, queer representation, and progressive perspectives pertaining to identity. Factors also emerged that hinder the progression of acceptance, such as bullying, discrimination, and internalised homophobia.

Daniel spoke about the impact of influencers on social media. He identified with certain YouTube influencers such as Thomas Sanders, Noah Finn, and Jamie Raines. He very much resonated with these influencers' stories which prompted him to start learning about the transgender community and what it means to be transgender. He also mentioned influencers such as Blaire White and Calvin

Garrah who have spoken out against feminist and transgender stances respectively. Daniel also makes an effort to remain current on the literature surrounding LGBTQ+ statistics.

Gündüz (2017) underlines the function of social media in identity development, emphasising how it facilitates identity expression, exploration, and experimentation. In addition, social media provides a variety of connections and communication channels. However, social media can also have negative effects, including risky sexual behaviour, poor body image, decline in academic performance, and cyberbullying (Akram & Kumar, 2017).). Bates et al. (2019) discuss the role of social media in LGBTQ+ identity. They contend that access to safe online and offline environments through social media gives LGBTQ+ youth opportunities for more secure identity development. Social media can be utilised by queer youth to find other identities with which they identify. The experiences of South African YouTube influencers in creating spaces where social norms can be questioned or overturned are discussed in an article by Andrews (2020). These influencers can now find audiences and represent queer lives in a public forum. Additionally, it enables queer identities to be depicted in different ways, confounding the ways that queer lives and experiences are frequently stereotyped or misrepresented in mainstream media and simultaneously challenging the prevalent social marginalisation of queer people. Andrews continues by saying that online platforms offer chances for identity and authenticity to be evoked and remade in ways that speak back to the restrictions or oppressions felt in offline spaces. Finally, these spaces give viewers and commenters the chance to express their support for other people's experiences and to share their own.

While speaking about identifying as both transgender and gay, he said this dual identity makes fitting in more difficult and brought up a study by Jamie Raines who found that heterosexual and bisexual are the two most common sexualities amongst trans men with gay being one of the least common (Raines, 2020). Daniel emphasised how simply listening to transgender people's stories can be very helpful in raising awareness.

The concept of representation also emerged. Both Daniel and Nathan recognised the lack of queer representation in many spaces. Nathan thought that representation has been improving, mentioning how big companies such as Xbox displayed a pride flag as their profile during Pride month. Nölke (2017) conducted a study in which the effects of LGBTQ+-specific mainstream media advertisements are explored. The study emphasises how a heteronormative, domesticated picture of being queer continues to be perpetuated through the exclusion of numerous excluded groups from mainstream advertising. It contends that despite their overt inclusion, non-LGBTQ+ consumers are the true target audience for LGBTQ+-explicit advertising, leading to non-target market impacts that alienate a large portion of the LGBTQ+ community. According to Afanaseva (2020), the queer community is one of the major economic drivers because of its large consumer base. Additionally, today's population is implementing and utilising every resource available to raise queer people's visibility and normalise

this phenomenon in society. Afanaseva offers the retailer H&M as an example of a business that operates internationally, has a sizable customer base, and consequently has a big impact on the structure of society. H&M upholds the value of diversity and is dedicated to assisting with and working to advance inclusion, particularly in promoting diversity inside the workplace and in advertising.

Outside of activist and representative spaces, Daniel and Nathan expressed wanting simply to feel accepted and normal. They wanted to be treated like everyone else and feel safe in certain spaces. Nathan highlighted how there is no default for a “normal” person. Rather, “normal” as we perceive it currently generally refers to heterosexual cisgender individuals.

Megan: No one is normal.

Nathan: Exactly. There’s not one single normal person. There’s not a default. (Nathan’s interview)

Nathan also spoke about wanting others to feel comfortable with themselves, as well as feeling a duty to make others experience this comfort. She expressed how everybody should feel included, accepted, and validated.

Nathan: My place as a normal human individual is to make everyone comfortable in their skin, make them comfortable with who they are. So I mean, I think that also relates to the community. Just making them feel like they’re part of something that doesn’t need to be, like, covered up and burn out type of thing. Like they’re human.

Megan: Mm-Hmm.

Nathan: And how they feel is, like, valid. (Nathan’s interview)

The factors that hinder the progression of acceptance, unfortunately, also play a large role. Bullying in schools is one of these factors. Daniel was bullied online for his queer identity on multiple occasions by the same person. Luckily, school staff responded rapidly to this and the student was expelled.

The concept of internalised homophobia also emerged. We spoke about how internalised homophobia often manifests as a result of one’s upbringing and how those struggling with internalised homophobia often also struggle with a lack of identity concurrently.

Nathan: It’s, like, that internalised homophobia is there because of everything around them and how they grew up.

Megan: Exactly.

Nathan: in terms of, like, religion and everything that they’ve learned. And it’s so terrible cause it’s, cause a lot of the time it can be, like, really subconscious and they can’t do anything about it. It’s just

there and they don't understand why. And that's, like, something I struggled with for a while when I was younger and it fucking sucked because I didn't know who I was. (Nathan's interview)

LGBTQ+ individuals frequently experience discrimination. Many types of discrimination, including racism, internalised homophobia, and transphobia, are frequently linked together. At some point in their lives, Daniel and Nathan have each encountered discrimination because of their LGBT identities. Nathan experienced this with a healthcare professional. In a study conducted by da luz Scherf (2023), discriminatory practices against sexual and gender minorities in South Africa were examined. The research revealed historical discrimination in employment, housing, and social security, along with both macro- and microaggressions. The study also emphasised the struggles that LGBTQ+ South Africans face seeking medical care in public facilities, including denial of care, stigmatisation, prejudice, and disparaging treatment from medical staff, compromising the quality of healthcare. Despite robust legislation on LGBTQ+ rights, violence and prejudice continue to pose significant challenges for queer people in South Africa.

Nathan: I was called weird by a doctor cause of my sexuality. That sucks. By a fucking doctor. And he was like, "Oh, do your parents know?" And I was like, yeah, they fucking know. They knew before you, okay? You're not part of this conversation. (Nathan's interview)

Daniel had strong opinions on how conservatism impedes acceptance of LGBTQ+ people. He claimed that homosexual cisgender men often try to appease conservatives in the hopes that they will be saved, but Daniel believes that conservatives will fight against gay rights in the same way that they have fought against transgender rights.

5.7 Yield of music therapy

The role of and experiences within music therapy will be discussed in this section. The impact of the queer music therapy model as well as the role of music, song lyrics, and genres will be explored. Based on the participants' engagement in and experience of a process of QMT, it has become increasingly clear how important the role of being conscious of constructions of gender and sexuality is on LGBTQ+ adolescents' wellbeing and healthy development (Scrine, 2019a). The value of supporting the expression of queer identity, affirming these differences, and challenging heteronormativity and cisgenderism is significant.

5.7.1 The role of queer music therapy

As stated above, techniques within the queer music therapy model were utilised. In session one, the participants completed the musical autobiography, selecting songs that represented different stages of their lives. This led to discussions of song lyrics and characteristics of musical genres. Nathan described her choice of genres here as "depressing" but stated that she very much related to the lyrics

of her chosen songs. Daniel also mentioned relating to song lyrics. I was intentional about confirming all aspects of the participants' identities throughout the process, including their sexual orientation, gender, and use of proper terminology like their preferred pronouns (Bain et al., 2016). The appropriate terminology used in this dissertation also shows a dedication to challenging the dominant gender ideologies and respects the diversity of the participants.

In session two, the participants and I engaged in the critical lyric analysis technique. This allowed us to more deeply explore the lyrics as well as identify and interpret themes within them. We used the songs *Same Love* by Macklemore and Ryan Lewis featuring Mary Lambert, as well as Angel Haze's rewritten version of the same song. Since its release in 2012, *Same Love* has been perceived as an anthem for the LGBTQ+ community, with some noting its social relevance and community empowerment owing to its advocacy of equality. However, the song has also been heavily criticised by others who claim that the lyrics encourage homophobia and passive acceptance of the community (Bain et al., 2016). This song is a clear example of how music has the potential to be both damaging, by reinforcing dominant norms, but also potent, as an anti-oppressive force (Scrine, 2019a). A little over a year later, Haze's rendition of the song was released. Over the same beat, they freestyle rapped on their personal experiences with prejudice and acknowledged the fluidity of sexuality. Holody et al. (2016) explored how popular songs from genres like rap, country, rock, R&B/hip-hop, and pop depict risky behaviour in their lyrics. They discovered that references to alcohol and sexual conduct appeared most frequently in rap and R&B/hip-hop. The most frequent associations between drinking, drug use, and sex were with positive feelings and intoxication as well as socialising. Additionally, sex was most frequently discussed in the context of casual relationships. According to Holody et al., media literacy workshops are necessary to teach these audiences how to evaluate the media content they receive because adolescents are the biggest music consumers. While Daniel and Nathan could appreciate the general message of the original version of the song, there were certain lyrics that they did not understand or with which they could not relate.

Nathan: I don't know. Like, "My love, my love, my love, she keeps me warm." Just like, in the chorus. I don't know. I feel like the chorus would have more, like a deeper meaning to the actual rapper. It kind of just doesn't really fit into the song.

Daniel: <laugh>. It doesn't make much sense. Especially cause it's talking about being, singing that he's gay. Now he's talking about, like, a hetero relationship. Make it make sense.

Megan: Make it make sense. Unless they are making love a metaphor, like personifying love as a "she." That's one way to look at it.

Nathan: I don't really like that. (Session 2)

Haze's version of the song was more relatable, especially for Nathan. Daniel described this version as "more intense," while Nathan identified quite strongly with specific lyrics. From both versions of this song emerged a discussion about musical genres. The original lyrics say "*If I was gay, I would think hip-hop hates me.*" We talked about the preconceptions often held about rap and hip-hop, with Daniel saying that the lyrics are often sexist and "atrocious." Both Daniel and Nathan stated that listening to this kind of music is often perceived as "socially acceptable" which is why it becomes so mainstream. This also feeds into the hive-mind mentality of high school students acting in a certain way to fit in.

Nathan: I just identify with "*No, I'm not gay, no, I'm not straight, and I sure as hell am not bisexual. I'm where I am when I am it.*" I love that. Cause also, I don't know, it just brings in a bunch of stereotypes and shit like that I, that I don't need, like personally, I hate stereotypes. (Session 2)

In the third session, we engaged in the gender-bender song parody and performance technique. Although it is important to recognise that music can potentially oppress the LGBTQ+ community by reinforcing some forms of heterosexism and the gender binary, this QMT technique can challenge heteronormativity by adapting musical language to take into account the complexity and fluidity of sexuality (Bain et al., 2016). Bain et al. add that allowing a client to determine the language of their music and critically discuss queer music may affirm their identities. Daniel and Nathan had decided on a song in the previous session (*Tear in My Heart* by 21 Pilots), and I brought another one that I thought would work well (*Jolene But It's Gay* by Reinaeiry). I provided both of them with a sheet of paper containing the lyrics of the first song but with all gendered words and pronouns replaced with blank spaces so that they could fill in their preferred ones. We performed the song together and then explored the meaning of the lyrics. Daniel and Nathan both had different interpretations.

Daniel: To me, it's about a, like a very deep love. Especially because, like, the, "*my heart is my armour*" part. It's like he's built up walls to keep people out to protect himself, and this one person broke through and got, like, snuck a way into his heart.

Megan: Yeah.

Nathan: I see it very differently.

Megan: Yeah? Tell us.

Nathan: I just see it as someone, like, actually carving out your heart, like hurting you. I see it as that. And here, this whole part's, like, "*You fell asleep in my car, I drove the whole time.*" (Session 3)

Although we did not perform the second song, listening to it developed into a discussion about the role of music in queer identity. Both Daniel and Nathan preferred *Jolene But It's Gay* over the original *Jolene* by Dolly Parton. Daniel mentioned how difficult it is to find queer representation in music, more specifically, positive representation. Tan (2018) argues how, despite LGBTQ+ problems

and representation in music rising to the fore, the level of prejudice and lack of visibility inside the music industry is still very high. In order to challenge discrimination, normalise LGBTQ+ musicians in the mainstream music scene, and inspire others, queer visibility in music is important. Tan outlines the various ways that LGBTQ+ representation can take in the mainstream music industry, including music that addresses discrimination, promotes queer pride, shares queer difficulties and issues, and is simply made by LGBTQ+ musicians. Although there is a growing variety of music by queer artists, it is still difficult to find music with which one truly resonates. However, there are certain songs with which one may affiliate queer identity due to the ambiguity of lyrics. A study by Fortunato and Morton (2022) explored the prevalence of depressive symptoms among LGBTQ+ high school students in the United States. They attribute a portion of the issue to the lack of representation and inclusivity in the media, specifically musical media. Fortunato and Morton used surveys and statistical analyses to compare the confidence levels reported by participants when analysing lyrics of LGBTQ+ artists versus heterosexual and cisgender artists. The results indicated that LGBTQ+ high school students reported a higher average level of increased confidence when analysing LGBTQ+ artists' lyrics compared to heterosexual and cisgender artists. This study suggests that empowering mainstream American pop song lyrics by LGBTQ+ artists are perceived as slightly more empowering by queer high school students, supporting the need for increased LGBTQ+ representation and inclusivity in the mainstream American music industry.

Daniel: It's also hard to find good representation. Especially cause a lot of it's just, like, sex. (Session 3)

While working with clay in session four, I played a piece of instrumental music while the participants explored their sculptures. They had differing opinions about the music. While Daniel prefers music with lyrics, specifically lyrics that tell a story, Nathan appreciated how the music evoked emotions within her and provided her the space to explore her thoughts. She also commented on the ability of music to evoke memories of people and how music is often used as a coping mechanism.

Nathan: I like it cause it kind of gives me a space to just have my own thoughts, you know? I mean, relating to a song is one thing, but another thing is just to, you know, have that space and time for your mind. (Session 4)

Although some of Daniel's and Nathan's images using the transitions techniques have been explored above, they both expressed enjoyment for this technique and commented on how it helped them to put their past into perspective. This is a type of projective technique in which the therapist plays music and invites the clients to interpret, identify, or describe something through drawing (Bruscia, 2014).

One of the most significant techniques used in the process was the group anthem writing. I witnessed different behaviours from both Daniel and Nathan. Nathan often used humour by offering

inappropriate themes for the song, such as including the term “MILF⁹” in one of the verses. I suspect that this was a defence mechanism for her. Conversely, this technique seemed important for Daniel and he wanted to make something meaningful of it. He seemed to feel quite strongly about which themes would be included in the song, such as adolescent suicide, sometimes commenting on the negative connotations of the lyrics that she provided or shooting down Nathan’s inappropriate ideas. The anthem writing process began in the sixth session with both Daniel and Nathan present. For personal reasons, Nathan could not attend the next session, leaving Daniel and I to continue with the writing process. He and I decided on a structure for the song and spoke about how the rest of the lyrics should be written. The lyrics of the song were written in a story-like manner and depict the progression of a queer relationship in a school environment. The storyteller goes from feeling shy and embarrassed about having feelings for someone of the same sex, to feeling proud and confident to do so. Before performing the song in the final session, we showed Nathan our ideas for which she expressed a lot of admiration. I wonder how the anthem would have materialised had Nathan been involved in the entire process. Scrine (2019b) emphasises how songwriting may provide queer adolescents with agency and authority over their identities and how it has the capacity to object narratives of queer youth as powerless and in need of protection. As in Scrine’s (2019b) study, songwriting with Daniel and Nathan demonstrated their capacity for both thorough critical analysis and celebration of other gender and sexuality cultures.

Table 12

List of initial ideas that emerged at the beginning of the group anthem writing process

How we feel as a group	How the group has brought us together
How pain and/or shared experiences can unite	We can all relate to things and have a lot in common
Past, present, future	It’s okay to not be okay
Straight is not great	Not a rugby boy, not a girly girl, just me
Outcasts	“everyone is somebody, but nobody wants to be themselves”
“We suffer more often in our minds than in reality”	I’m not one of you, and that’s okay
I’m not going to fit in and that’s okay	That’s not who I am

⁹ A colloquial acronym that stands for “mother I’d like to f***”, connoting an older woman, typically with children, considered sexually attracted.

Forbidden friends	“When death takes my hand, I will hold you with the other promise to find you in every lifetime”
“In this hole you are my paradise”	Fuck your hierarchy
A group for outcasts to fit in	Being more than tolerated
I know my limits and you don’t fit into them	Everyone is someone but never themselves

Stolen glances in the halls
Spending time alone ‘cause I can’t be seen with you
Checking my phone for any missed calls
Too scared to let the truth be known

I wanna hold your hand without them staring
I wanna hold you in my arms without being judged

I’m not like one of you, but that’s okay
That’s not who I am
Everyone is someone but never themselves
It’s okay not to be okay

Stolen glances turn to holding hands
Spending time with you because I want the world to see us
Don’t need to check my phone ‘cause I’m here with you now
I don’t care, gonna shout it for all to hear
I’m gonna scream “ _____ (name/pronoun) is my love” for all to hear

I’m gonna hold your hand even if they stare
I’m gonna hold you in my arms even if I’m judged

I’m not like one of you, but that’s okay
That’s not who I am
Everyone is someone but never themselves
It’s okay not to be okay
It’s okay not to be okay
It’s okay not to be okay

Reflecting on the music therapy process more broadly, I noticed behaviours and utterances from Daniel and Nathan that were indicative of their positive feelings toward the group space. Earlier on in

the process, Nathan asked me why we didn't extend the sessions to two hours so that we would have more time together. There were also times when I would mention that the session would soon be coming to an end and Nathan would remind me how much time remained. When just beginning the group anthem writing process, Nathan suggested that we give our group a name to signify our connection. We decided on "The Outcasts" as a name.

Megan: Is there anything you guys have been reflecting on since our last session?

Nathan: How sad it is that it's gonna end. I like this.

Daniel: Yeah. Honestly.

Nathan: It's really nice just to have this, like, just to have, like, a group. (Session 4)

Megan: How are you feeling about ending?

Nathan: Not great.

Daniel: Yeah. I really enjoyed these sessions. (Session 8)

Something that I found quite interesting to observe was Nathan's behaviour and attitude towards me as the therapist. I started to notice this in session four when she handed me a tub of clay, seemingly inviting me to engage in the activity alongside them. From there, I noticed that she would often ask me questions about my own experiences of certain things, such as attending the same high school, how I navigated identifying as queer in the community as an adolescent, and my experience of mental health challenges. Reflecting on this, I perceive it has Nathan finding someone to look up to as there may be nobody else in her life who can relate to her experience.

5.7.2 Experiences within music therapy

The interviews with Daniel and Nathan after the music therapy process were incredibly insightful when thinking about what the process provided them. Aside from the specific techniques used, Daniel and Nathan discussed how the space offered them a space for exploration, acceptance, growth, and reflection. They described it as a space in which they could be themselves and be comfortable in their skin. Most importantly, it was a space in which they could explore and make sense of their queer identities.

Daniel: I don't think it really changed the way I perceived it. It more helped me, like, realise my past in a way. Like the past, part of my past where I, like, I knew something was up but I wasn't sure what, and these sessions helped me realise exactly what I was thinking. What was also really nice about these sessions is that they introduced me to music I kind of forgot about. (Daniel's interview)

Nathan: I really, I loved it and it just, it made me think about everything truly. Like it literally just gave me a space where I could just think about my sexuality and who I am as a person. Cause, I mean, also at mine and Daniel's age, we do, like, struggle with our identity. (Nathan's interview)

Nathan: I loved them. I really, thoroughly enjoyed the sessions. They were incredible to me also because, like, before, so I have had my community online and whatever, and just like friends in general, but for the last couple of months, I just haven't had that because of [this school] and just not really knowing where to fit in. So just having that really gave me a sense of, I'm still okay, even though I feel like this, and I'm okay because there's other people like that. (Nathan's interview)

Daniel and Nathan also expressed appreciation for having a safer space created for them. This is crucial as safe spaces for queer youth are very few and far between (Bain et al., 2016), which is something that they acknowledged. It was also a space unlike others that they had experienced and ones that they had not been offered, beside for Daniel's support group.

Nathan: It gave me a sense of growth, because one thing I have been trying to do this year is kind of branch out to different things that I could be doing just to actually identify as like, the person I wanna be, or like, just becoming the person I wanna be. And one thing is just, like, I wanna actually be more open to doing things. So that was a really great opportunity for me to do something like that. And it just showed me how, like, actually taking a chance can end up being very beneficial to do. (Nathan's interview)

Nathan: This was, like, very different to anything I've ever done before. Like, this was to do with, like, fully identifying as my sexuality and just understanding who I am in terms of my sexuality, and that's beautiful. Like, we literally had a space to be there for ourselves and understand that it's okay. (Nathan's interview)

For Daniel, the small number of people who chose to participate in the sessions was surprising. When I asked him to reflect on this, he said that he thought that people in the school did not care about queer issues. What stood out for Nathan the most was how comfortable she felt in the space.

Daniel: I honestly don't think they care. Queer issues or topics, it's, it's [this school] mindset. If it's not academics and if it's not [religious], they don't care. (Daniel's interview)

Nathan: Just feeling so comfortable. Just to, like, speak everything, just to speak to you guys and just being comfortable in the space that I was in. (Nathan's interview)

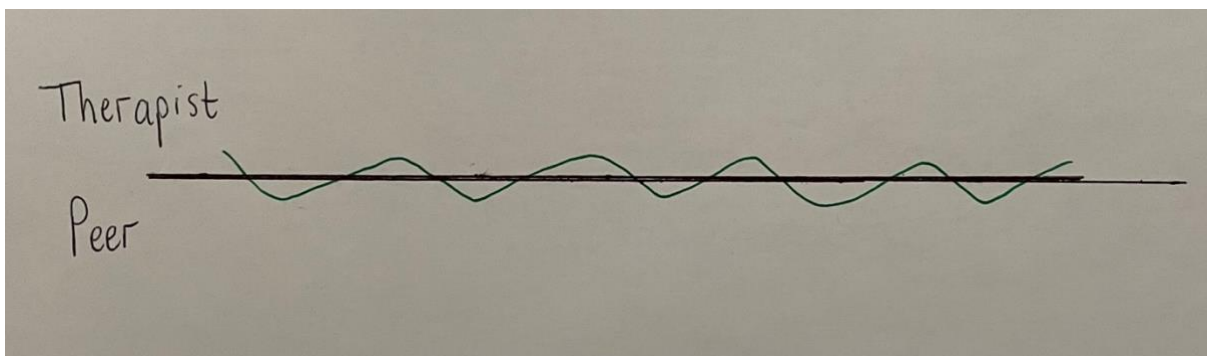
Nathan: It was literally, like, it was therapy. It was literally therapy for me. That's why I loved it so much. (Nathan's interview)

5.8 Thinking reflexively

There were several factors throughout the process that required me to think critically about my role as the therapist. The three of us involved had several things in common: we attended the same high school, we belonged to the same religious community, we experienced mental health challenges in adolescence, we preferred a lot of the same music, we had similar senses of humour, and we were fairly close in age. This resulted in me occasionally feeling like more of a peer than a therapist. Throughout the process, I kept a journal in which I noted all of my thoughts and feelings. This was something about which I needed to remain aware as I had a duty to fulfil and boundaries that needed to be kept in place. I did this by taking a small step back in sessions, still remaining fully present, and actively thinking about my responses and how they would be perceived. Figure 5 below represents how this felt for me, almost like walking a thin tightrope. Initially, I would have liked to be more objective in my role as the therapist, but upon further reflection on the things I had in common with the participants and the potential insight I could offer them as someone who has endured similar experiences, I allowed myself to accept that there would be moments occurring on either side of the tightrope, and that being aware of this was already significant.

Figure 5

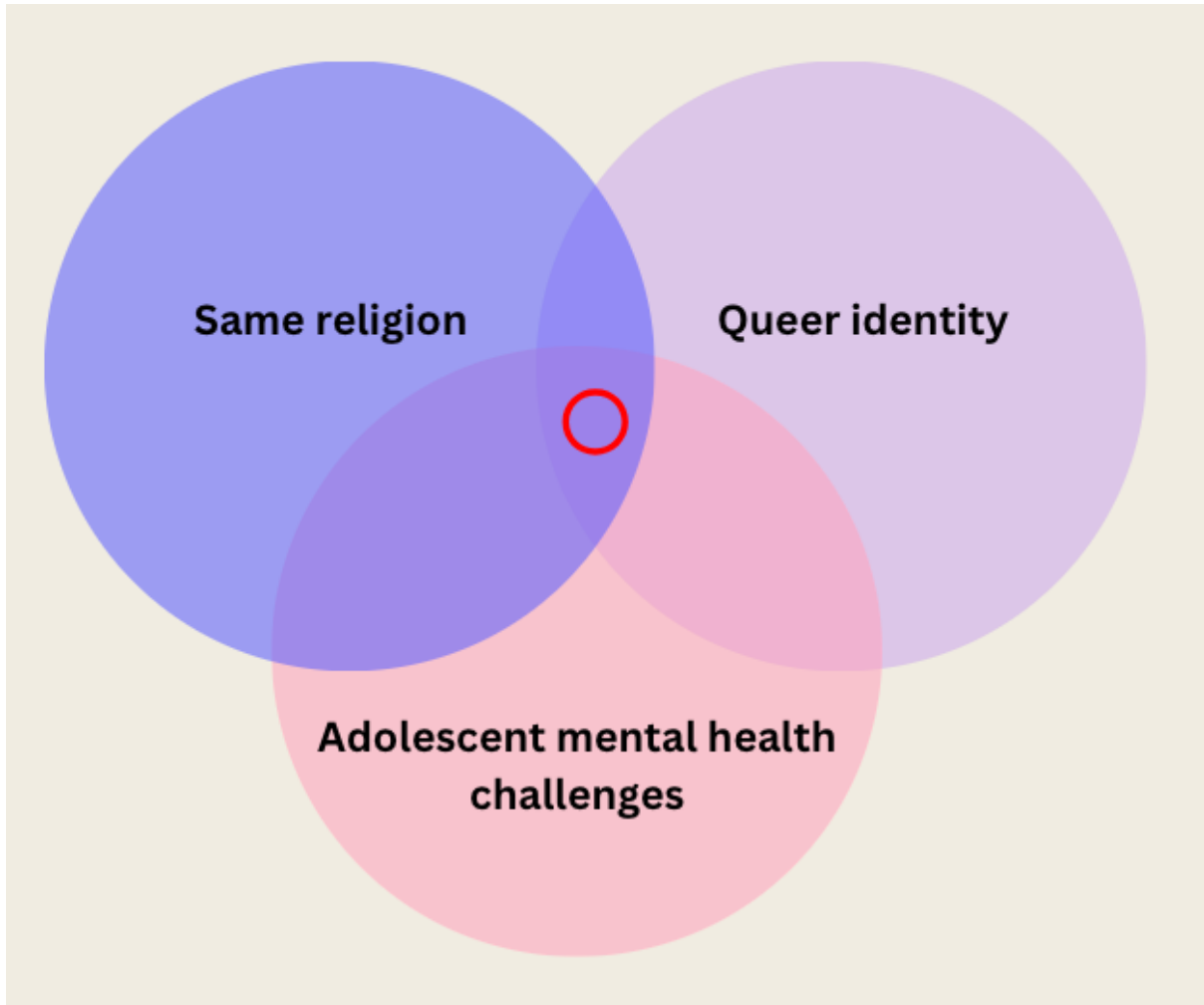
Navigating the balance between peer and therapist



I often asked myself questions such as whether or not I was being inappropriate in terms of my humour, or whether the participants were being overly familiar with me because of all that we had in common. Additionally, at times I found myself feeling irritated with the participants when they would make light of certain topics using humour as a defence. I have since reflected on this to a large extent. I can only speculate that perhaps they felt comfortable enough in the space to do so, or perhaps the feelings came from me in that had I been offered the same opportunity at their age, I would have taken it more seriously.

Figure 6

Similarities between therapist/researcher and the participants



5.9 Implications for practice

The QMT model and its proposed goals rang true in my process with Daniel and Nathan. What was important to consider from the moment we started, besides for the strong influence of music in general, was the importance that adolescents place on their preferred music and how this is most often quite telling of aspects of their identity. Daniel and Nathan really engaged with their preferred music in ways that allowed them to express these aspects. Being intentional about using appropriate terminology, such as preferred pronouns, was crucial throughout the process. Because of how adolescents make use of music and the significance that it holds for them, providing a space in which to explore different kinds of music and analyse song lyrics and related themes was very powerful. Within these, the participants had the opportunity to challenge and critique the heteronormative views and gender binaries with which they are faced in many other environments. Using other art media, such as drawing and clay, provided Daniel and Nathan with opportunities to explore their identities

from different perspectives, and to make sense of different facets of their identities. Through songwriting, their voices were allowed to speak and the control over the song's narrative lay with them. The most significant aspect of the process, in my opinion, was that Daniel and Nathan had a safe space in which to explore and reflect on the very real and often complex aspects of being queer.

6. Conclusion

The key conclusions of the study given in this dissertation are summarised in this chapter. Furthermore, recommendations for further investigation are explored together with the conclusions, limitations, and recommendations of this study. To conclude this research study, a few closing remarks are provided.

6.1 Summary of findings

To conclude, the aim of this study was to explore the experiences of QMT for a group of queer adolescents. The sessions were based on the QMT model outlined by Bain et al. (2016) and designed to create a safe space in which to explore participants' identities and the factors that contribute to their formation. The space allowed for the participants' self-expression, exploration, and performance of queer identity. The techniques utilised within QMT helped the participants to make sense of chapters of their lives as well as to put things into perspective.

The participants had the chance to explore the multifaceted nature of identifying as queer. They discussed their experiences of coming out, the backlash they received for this, and the different contexts in which different experiences were held. They reflected on the school environment in particular, which was not only a difficult social realm to navigate but also one enmeshed with the teachings of religion. They discussed how difficult it was to integrate socially with simultaneously identifying as LGBTQ+, while at the same time feeling unsure about how or where their queer identity aligns with the religious views by which they were surrounded. They also acknowledged the unfortunately real influence of bigotry and discrimination in their lives. The participants reflected on how lucky they felt to have families who were supportive of their identities and acknowledged that this should not be something to take for granted.

Perhaps the most significant finding in this study was the impact that the QMT sessions had on the participants' experiences. They were both highly appreciative of the space provided as this was not something that was offered in other areas of their lives. They experienced feelings of acceptance and genuineness in the space while being provided the opportunity for exploration, growth, and reflection. They described the therapy space as one in which they felt comfortable to be themselves.

Although the participants may still experience discrimination, dismissal, and misunderstanding, I think that this process has allowed them to see the value in queer identification and what it means to be comfortable with and proud of it. Although they verbally expressed their gratitude, this was also evident to me in how they participated in the process.

In terms of research quality, as proposed by Nieuwenhuis (2016), I was rigorous in my data preparation as well as the analysis. The findings of the study reflect the raw data collected. I adhered

to the ethical considerations and the participants were fully involved in the whole process. I intentionally sought to be true to their voices and experiences of queer identity. With a research topic that is as close to me as this one is, all steps taken throughout the process were done with intention and care as I believe that these findings will be of great value to the field of music therapy.

6.2 Recommendations for further research

I believe that future researchers should actively seek out spaces that would benefit from a QMT model. The topic of LGBTQ+ identity is already so widespread but with little intervention thus far in the field of music therapy. The QMT model could perhaps also be altered to meet the specific needs of a community. I would also suggest a study such as the current one be repeated with more participants as well as more sessions in order to allow the therapeutic relationship to develop, to build more trust, and to provide more time for progress to occur. A study such as this one may be beneficial in an individual process. Even in a short period of time, the stories and experiences shared by the participants demonstrated the potential for deeper therapeutic intervention.

6.3 Limitations

This qualitative study had a small sample size and cannot necessarily be generalised to the larger population. It explored the in-depth experiences of queer identity, although this could mean different things to different people. The participants inhabited a very specific environment whose conditions may not apply to other spaces.

6.4 Conclusion

In this study, audio excerpts from QMT sessions and semi-structured interviews were analysed by the researcher / music therapy student. The findings were explored using themes. The intention was to explore the participants' experiences of QMT with regard to their queer identities. Excerpts from the sessions and interviews were provided which truly encapsulate the essence of their experiences. The QMT sessions provided a space of acceptance, growth, exploration, and reflection.

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Appendix A



STUDY TITLE: IMPLICATIONS OF QUEER MUSIC THERAPY FOR LGBTQ+ ADOLESCENTS

Dear _____

My name is Megan Marks. I am a student at the University of Pretoria and I am currently enrolled for a Master's degree.

I am doing a research study on how music therapy may be effective for teenagers who identify as LGBTQ+ as well as allies of the community. I would be grateful if you would consider participating in this study, but it is up to you whether you would like to partake. If you decide to take part, you are also free to withdraw from the group at any point.

All the sessions will occur at your high school after school hours. All sessions are free of charge.

The music therapy sessions will need to be audio-recorded for analysis. The recordings will only be accessed by me and my research supervisor. The results that I find from these recordings will be written in a dissertation, but anything shared during sessions is confidential. A pseudonym will be used in place of your name, keeping your identity confidential, and nothing that would divulge your identity will be included. The name of the school will not be used. You will also be required to partake in an interview after the music therapy process. Data collected from this research project will be archived for 10 years at the music therapy offices of the University of Pretoria in an electronic, password-protected format and future researchers will be able to use the anonymised transcripts of the interview for their studies.

Please feel free to contact me or my supervisor if you have any questions. Contact details are provided below. Your decision to participate will be greatly valued and appreciated.

Kind regards,

Megan Marks

076 626 1246 / marks1998@gmail.com

Supervisor: Dr Carol Lotter

Contact details: carol.lotter@up.ac.za / 021 420 5372

Appendix B



School of the Arts
MUSIC THERAPY

MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD

I, (Name) _____ agree to attend music therapy sessions by Megan Marks for the purpose of a MMus (Music Therapy) research dissertation through the University of Pretoria from (months) _____ to _____ 20____.

I understand that I have the choice to attend music therapy sessions and that I am allowed to stop attending at any point. I also accept that sessions will be audio-recorded as they will be used for research purposes, as well as for the music therapist to reflect on sessions and plan for ongoing sessions. I understand that the data will be anonymised and will not include any identifying information.

Name of participant: _____ Signature: _____

Contact number: _____ Date: _____

Researcher name: _____ Researcher signature: _____

Date: _____

Supervisor name: _____ Supervisor signature: _____

Date: _____

Researcher: Megan Marks

Contact details: 076 626 1246 / marks1998@gmail.com

Supervisor: Dr Carol Lotter

Contact details: carol.lotter@up.ac.za / 021 420 5372

Appendix C



School of the Arts
MUSIC THERAPY

STUDY TITLE: IMPLICATIONS OF QUEER MUSIC THERAPY FOR LGBTQ+ ADOLESCENTS

Dear parent/caregiver

My name is Megan Marks. I am a student at the University of Pretoria and I am currently enrolled for a master's degree in music therapy.

I am researching the possible impact that music therapy may have on LGBTQ+ adolescents as well as allies of the community. The purpose of this research is to explore whether music therapy is a suitable intervention for LGBTQ+ adolescents regarding self-expression and identity.

Group members will be referred by the school's social worker, with whom they are all familiar. The social worker will explain the study to them and what it entails, and candidates will then have the opportunity to accept the invitation to partake, or to decline participation.

All sessions will occur at the high school after school hours and will be free of charge.

All music therapy sessions will need to be audio-recorded for analysis. Recordings will only be accessed by me and my research supervisor. The results of the analysis will be written in a dissertation, but everything shared during sessions will remain confidential. Participants will remain confidential as pseudonyms will be used and no identifying information will be shared. The name of the school will not be used.

Participants are free to withdraw from the study at any point without owing anyone an explanation.

Data collected from this research project will be archived for 10 years at the music therapy offices of the University of Pretoria in an electronic, password-protected format and future researchers will be able to use the anonymised transcripts of the interview for their studies.



School of the Arts
MUSIC THERAPY

Please feel free to contact me should you have any questions. My contact details are provided below.

Your decision to allow your teenager to participate in this study will be greatly valued and appreciated.

Kind regards,

Megan Marks

076 626 1246 / marks1998@gmail.com

Supervisor: Dr Carol Lotter

Contact details: carol.lotter@up.ac.za / 021 420 5372

Appendix D



School of the Arts
MUSIC THERAPY

MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD

Herewith I, (parent/guardian) _____ give permission that (child's name) _____ may take part in the music therapy sessions by Megan Marks, for the purposes of a MMus (Music Therapy) research dissertation through the University of Pretoria.

I understand that (teenager's name) _____ has the personal choice to attend music therapy sessions and may withdraw at any point. I also grant permission for sessions to be audio-recorded. I understand that my child will remain anonymous using a pseudonym.

With full acknowledgement of the above, I agree to my child participating in this study on this _____ (day) of this _____ (month) of _____ (year).

Name of parent/guardian: _____ Signature: _____

Contact number: _____ Date: _____

Child's name: _____

Researcher name: _____ Researcher signature: _____

Date: _____

Supervisor name: _____ Supervisor signature: _____

Date: _____

Researcher: Megan Marks

Contact details: 076 626 1246 / marks1998@gmail.com

Supervisor: Dr Carol Lotter

Contact details: carol.lotter@up.ac.za / 021 420 5372

Appendix E

1. Tell me about when you first realised that you might be LGBTQ+.
2. How did you experience coming out to your parents/caregivers?
3. Have you come out to your peers?
 - a. If so, what was your experience?
 - b. If not, is there any specific reason?
4. How do you feel about your place in the community as an LGBTQ+ person?
5. What aspects of identifying as LGBTQ+ have been meaningful for you?
6. What has been the most difficult?
7. How did you experience the music therapy sessions with regard to your own identity and how you perceive it?
8. Is there anything that stood out for you?
9. How do you think the music therapy process has benefitted you?
10. What did you find unhelpful about the music therapy process?
11. Is there anything else you'd like to add?

Appendix F

Extract of Session 1

DANIEL:

That would be very nice. Actually, no, it's not really. I went to a school like that. I had people coming up to me being like, hello? And I'm like, I don't know who you are. <laugh>.

MEGAN:

Have you not always been at [this school]?

DANIEL:

I was at [this school] for grade one. Went to remedial education in grade two. Then I went into grade three with that. But I came back to [this school] and I had gaps. They brought me back to grade two.

NATHAN:

Mm. That's what's going on with me right now.

DANIEL:

Yeah.

MEGAN:

Yeah. Also coming back from another school.

NATHAN:

It's terrible.

DANIEL:

What school were you at?

NATHAN:

[Another school].

DANIEL:

Yes, I've heard of them. I was at [another school].

NATHAN:

I haven't heard of [another school].

MEGAN:

So, I mean, you guys have sort of read through all the stuff that I gave you, but I want to just, yeah,

yeah, spend the session getting to know one another cause that's obviously important, and answering any of your questions and yeah, listening to one or two of the songs that you chose and just talking about them a little bit. Um, but first and foremost I want to stress that, I mean there's only two of you, but this is a confidential space. I trust that both of you are going to respect that. Um, and anything you say here is safe. You are welcome to bring and say and do anything here. Um, for context, Megan, I matriculated from [this school] in 2016. Um, and I came out as gay in grade 11. Yeah. So it was a fun time for me. <laugh>. Yeah. I just wanted -

NATHAN:

Especially in [this school].

MEGAN:

In [this school], and I was one of two people in the school who were out. Um, yeah, I'm sure you can imagine it was quite the talk of the town. But I lived.

DANIEL:

Yeah. I also don't think most people gave a shit when I came out. They're like, okay, good for you. Just I don't care.

NATHAN:

Yeah.

MEGAN:

What were you expecting?

DANIEL:

A lot of backlash. Like, oh my goodness, a non-boy, a transgender boy in the boy's bathroom, go away. Mm-hmm. Which just kind of happened. I was kicked out of the boy's bathroom, which I expected. So I went to the teacher's bathroom and then [sister], my sister, fought like hell to get the gender-neutral bathrooms in. She said -

MEGAN:

They did though, right?

DANIEL:

Yeah. She said, I'm not gonna let my brother come in here and not have a place to go.

MEGAN:

Good.

DANIEL:

And they did. They put them in.

MEGAN:

So now? You use the male?

DANIEL:

I use the gender-neutral one or usually just don't unless I have to go.

MEGAN:

<laugh> Just don't go to the bathroom.

DANIEL:

Unless I have to change for PT.

MEGAN:

Yeah. Do you think you would still be met with backlash in the male bathroom?

DANIEL:

I'm pretty sure most of them have forgotten. I just don't care. I more so, I just don't wanna figure out what goes on in those bathrooms.

NATHAN:

Yeah. Yeah. You have to get a key now.

MEGAN:

Really?

NATHAN:

Yeah. <laugh> It's that bad.

MEGAN

That's odd. Is it that downstairs one?

DANIEL:

Um...

NATHAN:

It's the one in the S block.

DANIEL:

There's also one in the Yards.

MEGAN:

Yeah. Oh, okay. I know a lot of suspicious things happened in that, that one downstairs <laugh>

DANIEL:

The gender-neutral ones are now that.

MEGAN:

Oh, that's not good. No, that was not the purpose.

DANIEL:

I complained, I found deaf ears. No, I, yeah. I mentioned it to Ms. F. She was, she took it seriously.

MEGAN:

At least someone did. Yeah. Mm-hmm. Do you find that staff here is accepting?

DANIEL:

They didn't know.

MEGAN:

Oh.

DANIEL:

Which was fun.

MEGAN:

<laugh>. Yeah. Sure.

DANIEL:

And I had to get my first aid certificates. Yeah. And I had to be under my deadname cause I hadn't changed my name yet. And I had to go to Ms. V and explain to her what was going on. Except I didn't know, she didn't know I was trans. And then she said, "have you gone on some kind of gender thing?" I was like, oh, <laugh>. That makes a lot more sense now.

Appendix G

Extract of Nathan's interview

MEGAN:

Okay. So the first question is, tell me about when you first realized that you might be LGBTQ+

NATHAN:

When I like first?

MEGAN:

Mm-Hmm.

NATHAN:

Probably like in grade six I told you about. Okay. I'll, I'll, I'll re-say it. I told you about that one girl that I liked.

MEGAN:

Mm-Hmm.

NATHAN:

And then and then pretty much she left and then only like later on we realized that we liked each other at the same time and it was just like the weirdest thing to me. Yeah.

MEGAN:

Wow.

NATHAN:

Yeah. That was first. Yeah. Oh my god. It was so cute because like, we used to discuss what difference, what, what different sexualities meant. So we were like, oh my god. Okay, so pansexual means like, you, you, you like everyone. And then this means like, it's so cute. I, yeah.

MEGAN:

<Laugh>. So you were grade sixes? 12. 12 years old. Sorry. Grade six. You were 12?

NATHAN:

Yeah. Yeah.

MEGAN:

And what was that like? Like what, you know, what do you remember going through your head?

NATHAN:

I was like, I felt bad. Like I, I, I didn't think that it was like, okay because it was just like different from like liking a guy and like, I just didn't think that she would like, feel the same. And yeah, I, I just, I felt really confused at that stage. Like I didn't know what was happening. Cause I've like, I've never had that before. Yeah. I was just super confused and I, and I thought I wasn't like supposed to, but I don't know. Yeah.

MEGAN:

Mm-Hmm. When did you, if, if you ever felt that changing, when, when was it?

NATHAN:

The changing?

MEGAN:

Yeah. Like the, the sort of guilt or confusion that you were feeling.

NATHAN:

Like when that happened?

MEGAN:

Did you ever just feel, feel like different about it?

NATHAN:

Like, like started to accept it? Mm, yeah, definitely. Like as I just grew older. Yeah. And I found out that more people felt like the same as I did. I felt more like I had a group and then I was like just normal.

MEGAN:

Mm. And now, yeah.

NATHAN:

I'm just gonna quickly move cuz the sun is like murdering me.

MEGAN:

Sure.

NATHAN:

Yes.

MEGAN:

That's better.

NATHAN:

Everything. Everything's so bright.

MEGAN:

This is why I hate sun.

NATHAN:

It's gonna give us cancer. I swear to God.

MEGAN:

I literally avoided it at all costs. Like my curtains are maybe like 10% open right now. Cause I just can't, it's too much for me.

NATHAN:

No, I don't want cancer.

MEGAN:

I also don't really want cancer. Right. The second question is, how did you-

NATHAN:

Do you like my mug?

MEGAN:

That's so cute. Make me wish I could like, draw and paint.

NATHAN:

No, seriously. But I don't know. It's just such a difficult skill to be honest. Like, you know those people that, that do realism?

MEGAN:

Mm-Hmm. Jeez.

NATHAN:

It's insane. I don't know how like she looks like a person on a painting. It's insane. Well, I mean that's obviously what it is, but like, it's weird how-

MEGAN:

This thing that I made, I had like a very clear vision in my head and it just didn't turn out the same.

NATHAN:

Oh no, that looks so cute. I saw that on your status, it looks so good. Hello. Sorry, it's my mom.

MEGAN:

It's cute but I was intending for them to be flowers.

NATHAN:

No, it looks so good. I saw when it on your status and I was like, that's so cute. Cute. It looks so good.

MEGAN:

It is, but like it's, yeah. I mean it's kind of trash in a lot of ways, but I still like it. I made it.

NATHAN:

Okay. Yes, yes. I like pottery.

MEGAN:

Yeah. It's, it almost was a disaster. Like the paint, one of the paints exploded and then we had to scrape it off. It was bad. I was heartbroken, but it, it was fine.

NATHAN:

Did you, did you do it at that one pottery, tea, the coffee place?

MEGAN:

Mm. Clay Cafe.

NATHAN:

I really wanna go.

MEGAN:

It's so fun. Oh, I love it.

NATHAN:

But it also, like, they take, I'm surprised that you got yours so like, fast.

MEGAN:

They generally don't take long. I went again maybe two weekends ago. I got a message like during what's today, this week? That, that they were ready. So it doesn't take long.

NATHAN:

Yeah. I know. My, my sister had some party there and they said that it's gonna take like a month or two because of load shedding. So that's the only problem with load shedding.

MEGAN:

Yeah. Usually they, I think they just say that to be safe. Usually it doesn't take that long.

NATHAN:

It's taken like a month now.

MEGAN:

Okay.

NATHAN:

Yeah.

MEGAN:

Anyway. Next question is, how did you experience coming out to your parents?

NATHAN:

<Laugh>? My dad's just like over there. Dad, do you wanna leave? Okay. Bye. Love you. It was, it, it went really well to be honest. Like, there was no problem. I remember like hiding under my, my one fluffy blanket and I was like, like kind of just like trying to hide myself. And I, and then I told my dad like I was, I was gay and then he, he was super supportive about it actually. He gave me a hug and was like, that's perfectly fine. And then he told me a story about how he told Ethan, my brother, that if he ever came out as gay or whatever, he'd love him and blah, blah blah, blah blah. Yeah. So it was good. Mm.

MEGAN:

Your mom?

NATHAN:

Well my mom, yeah. My mom was the first parent that I told. And she was also perfectly fine with it. No, no issue. Whatever. Yeah. There's, there's more racism in my family in, in my like parents rather than Yeah. Homophobia.

MEGAN:

Yeah. I remember talking about this in one of our sessions that like, that's just a generational thing with them.

NATHAN:

Yeah. Really is. It's so bad. My dad's horrible with it.

MEGAN:

Oh. So sorry. I'm so tired. Yeah, your experience coming out to both of them was quite positive.

NATHAN:

Yeah. Surprisingly. I mean actually not, not surprisingly. I don't know why I was so scared. I think I just, I don't know. I was just scared that they wouldn't accept me.