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## Queer as a Bell: Music Engagement and the Queering of the Psychotherapeutic Relationship

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### Abstract

Musical co-creation between the client and the therapist can be used as a means of skewing the dominant paradigms of the historically hierarchal psychotherapeutic relationship. This process, known as queering, opens the possibility for new ways of being in therapy space that may support empowerment of both the client and the therapist. Music engagement contributes to an intersubjective dynamic where the therapist's material may enter the session space more vulnerably and authentically than through a purely verbal process. When viewed critically through a queered perspective, this intersubjectivity may allow for a decrease in the power differential traditionally associated with the client–therapist dyad. In this article, a queer theoretical perspective is used to examine the unique role music and creativity play in this therapeutic relationship. Current queer, linguistic, and creative arts therapy theory are examined to support the hypothesis.

**Keywords:** *music therapy, psychotherapy, queer theory, queering, LGBTQAI+, intersubjectivity, analytical music therapy*

### Sticks and Stones

As a young boy, growing up in the rural Midwestern parts of the United States, I frequently played an every-child-for-themselves game with my neighborhood friends. In this game, we gathered on the street and a designated thrower tossed the ball into the group of children. If you caught the ball, the objective was to run out-of-bounds or toss the ball to another player before being tackled, and piled upon, by all the other children. There were no alliances and no other rules. It was simply many against one. I remember the fear in my gut that I would be the one to catch the ball because this would put a target on my back. It didn't feel like a healthy challenge to my athletic and game playing abilities, it felt like an excuse to be attacked for being the identified holder. This game was called "smear the queer".

## From Pathology to Identity to Theory

In 1973, the year I was born, the American Psychiatric Association finally removed “homosexuality” from the *Diagnostic and Statistical Manual of Mental Disorders* (Spitzer, 1981). However, the pathologizing of many in the LGBTQ community, notably transgender and gender non-conforming individuals, continues to this day. The DSM’s shift away from pathologizing of sexual orientation did help set the stage for theory development related to non-normative sexual orientations and gender identities. Recently, music therapy literature began to explore theories on work with the LGBTQ community (Harris, 2019; Lee, 2008; Whitehead-Pleaux et. al., 2012, 2013) and Bain, Grzanka, and Crowe (2016) opened the conversation around queer theory, by inviting music therapists to consider a framework for use with LGBTQ youth. The authors noted, “This theoretical framework advances a conceptual model of queer music therapy that emphasizes opportunities for empowerment as opposed to assuming vulnerability and/or ‘fixing’ LGBTQ individuals” (p. 29). While this context was specific to work with those in LGBTQ community, it opened the door to expanding the realm of a queer theory lens and its implications for many aspects of music therapy. This article steps through that doorway, examining how co-creating music in music therapy can be employed as a queering of the psychotherapeutic relationship, through vulnerably and intimately situating ourselves amidst our client’s material.

The origins of the term “queer” are related to being odd or unconventional; somehow other (Queer, n.d.). In the late 1800s, this word evolved into a derogatory, term used for members of the LGBTQ community – most specifically related to minority sexual orientation. Sparked, in part, by identity transformations amidst the AIDS crisis, the word “queer” began to be reclaimed in the 1980s, with the community acknowledging the empowerment that can come from owning a position outside the norm (Barker & Scheele, 2016). In 1990, Teresa de Lauretis borrowed the reclaimed term from colloquial usage in the queer community and adapted it for use in academia. She coined the term “queer theory” which broadly came to describe the intentional shifting of one’s lens to reflect a reality outside the dominant paradigm (Halperin, 2003). In this way, the act of “queering” was informed by decades of critical and feminist theories, which sought to deconstruct dominant narratives and examine power imbalances that are present and often unconsciously enacted in daily life.

Queer theory has its roots in the experience of what it means to be viewed as other, different, or less than, in regard to sexual orientation and gender expression. It asks what we can learn from the standpoint of being other. Halperin (1997) pointed out that queer “acquires its meaning from its oppositional relation to the norm. Queer is by definition whatever is at odds with the normal, the legitimate, the dominant” (p. 62). Queering uses the perspective of “other” derived from experiences in the LGBTQ community and applies this to a broad range of subjects in order to challenge what is assumed as knowledge. Dowson (2000) argued, “Queer theory does not provide a positivity, rather it is a way of producing reflection, a way of taking a stand vis-a-vis the authoritative standard” (p.163). But how might we reflect on a music therapeutic relationship from a queer perspective? And what role can music play in the queering of the psychotherapeutic relationship?

To begin, let’s examine the history of the psychotherapeutic relationship. In early Freudian psychoanalytic models, the “patient” was primarily viewed by the analyst through what was thought to be a neutral perspective. The analyst would help the patient heal through an uncovering of the patient’s unconscious material. If the therapist had personal responses to the client, known as “counter-transferences,” they were largely viewed as blocks to the treatment process that needed to be resolved. In other words, the analyst’s job, was, in part, to bring as little of themselves as possible into the sessions. As theories in psychotherapy developed into the 20th century, clinicians such as Klein, Winnicott, and Rogers, began to look at the significance of the relationships *between* the client and the therapist in the therapeutic equation (Hansen, 2000). These theories helped increase awareness that the clinicians’ presence and experiences

may be relevant to the treatment process. This notion that the therapeutic process is necessarily co-created by client and therapist became known as intersubjectivity (Natterson & Friedman, 1995). From an intersubjective perspective, the presence of clinical phenomena such as transferences, counter-transferences, enactments, and resistances are not simply isolated in the mind of the client but rather played out in therapeutic relationship in the intersecting spaces between the client and the therapist (Buirski & Haglund, 2009). In short, both the client's and the therapist's psyches are relevant to the client's treatment process. This departure from early psychoanalytic thought marks a movement toward dismantling the power differential inherent in earlier therapeutic relationships. To queer something is to examine its foundations, to critically evaluate its assumptions, biases and limits, and then to play with possibilities of transformation (Glickman, 2012). Intersubjectivity challenged the foundations of the client-therapist dyad, questioning the assumption that therapists should categorically withhold personal reactions from the client. In this way, an intersubjective approach can be employed in a queering of the dominant paradigms of the historically hierarchical therapeutic relationship. Stevenson (2008) examined the links between queer theory and intersubjectivity, stating, "The notion of essentialist identities is ontologically problematic, limiting how the therapist and client see themselves and one another and creating separation between them" (p. 257). Therapists can use a queered view of intersubjectivity to move away from the dichotomized roles of *healer* and *healed* and toward a therapeutic realm of greater multiplicity and deconstruction? a realm that holds the possibility of openness, fluidity and a more "expansive and creative worldview" (p. 258).

### Music and Words in Intersubjectivity

Music psychotherapy approaches such as analytical music therapy (AMT) emphasize the role of music in an intersubjective framework. Scheiby (2005) discussed the musical relationship as an intersubjective catalyst in analytical music therapy relationship, noting, "In order for transformation to take place, the music therapist and the client must go on a musical journey together. They are both transformed by the music they make together. They are both being in the music together" (p. 10). However, there is reason to believe an intersubjective approach may be more related to advanced practices in music psychotherapy. Acknowledging and examining the degree to which we, as therapists, bring ourselves, personally into the music therapy process is challenging. As Kenny (1999) noted:

We tend to think of intersubjectivity as a problem. It is so difficult to come to terms with our subjective experience that we like to wrap it in caveats and qualify it, to protect it, to control it, to temper it. In the music therapy experience, we are engaged in a deep intersubjective space with clients (p. 129).

Kenny alluded to the idea that all music therapists may experience degrees of intersubjectivity in shared musical spaces with clients, but that the extent to which we recognize and process this experience as a potential strength may vary significantly. Queering is not a passive act, but rather an act of resistance and transformation, with cognizance and action at its core. Because of this, the degree to which intersubjective music therapy experiences may be viewed as queer, is dependent, in part on therapist awareness and intentionality.

A key element of a queered intersubjective framework in music psychotherapy is a critical examination of what therapists share with clients. Self-disclosures in therapy happen when a therapist reveals personal information to a client in a manner that is deliberate, inadvertent, or unavoidable (Barnett, 2011). These kinds of disclosures may happen unconsciously, for example, through our clothing or hairstyle choices, or they may happen consciously as through revealing one's sexual orientation or religious background. Navigating choices in therapist self-disclosure can be complicated. When a therapist discloses personal information that the client experiences as mis-attuned, it can be damaging to the therapeutic process. The client may view the therapist as hav-

ing co-opted the therapeutic space in service of the therapist's needs. However, when verbal disclosures are viewed as empathic and connected to the client's experience, the process can help decrease the power imbalance of the client–therapist relationship and work to create a shared sense of being present in the therapeutic process (Harris, 2019). When shared with thoughtful examination, therapist self-disclosures can be viewed as a queering of the therapeutic relationship in that they have the potential to reduce the power imbalance of the psychotherapeutic relationship as well as the vulnerability the client may experience in their own disclosures. This effort toward a balance of power can contribute to increased trust, sense of safety, and potential for growth on the part of the client. Verbal disclosures on the part of the therapist are often conscious decisions. But what about disclosures in the music?

## Musical Disclosures

Verbal discourse in psychotherapy is traditionally done in turn taking. My client speaks, then I speak. We wait for each other to finish and our expressions rarely overlap, lacking shared space and time. When we create music with a client, we are bringing a greater degree of our own expression into the session in addition to the possibility of sharing in this space of expression. In this way, musical co-creations can serve to unsettle the traditional client/therapist dynamic, queering roles that are historically more fixed in therapy such as giver/receiver, expresser/listener, subject/object, and healer/healed. When we create with our clients, we step out of these fixed and familiar molds and enter into the world of unknown, of possibility? a world with increased potential for growth and transformation. This willingness requires courage and self-reflection on the part of the therapist.

As therapists, the choices we make in creativity, interpretation, emotionality, and musicality are all reflective of our own perspectives and experiences. While we can and should do our best to tailor the music to the needs of the client, we cannot escape bringing ourselves into the music's creation. In this way, we are revealing ourselves to our clients, sharing the space of expression, and even vulnerability. One aspect of this vulnerability is that many of our choices in musical expression and interpretation are unconscious or semi-conscious. Examples might be the instruments we choose to use in an improvisation, or selecting/shifting the key, tempo, or melody. While these choices are informed by our therapeutic awareness, and may, at times be conscious, they are often not be as carefully controlled or filtered as our verbal interventions. Musical expressions often contain a rawer authenticity, allowing for the client and the therapist to share in an emotional space. In the music therapy space, the client and the therapist have different roles, but these roles need not be understood as hierarchal. When enacted responsibly, this shared vulnerability can help the client experience the therapist more as an equal, leading toward a decrease in the power differential of the therapeutic relationship and an increased potential for experiencing empowerment and growth.

Consider how clients may experience being asked to create music. In analytical music therapy, when a therapist helps illuminate unconscious material present in a client's music, there is frequently a sense of being caught off guard or exposed. For example, a therapist may verbally reflect on the presence of tension and dissonance in the client's music when the client had previously been unaware of the unease in the topic being explored. Music creation often taps more deeply into the unconscious (Scheiby, 2005). This vulnerability of not being conscious of what you bring into the therapy room can, at times, evoke responses ranging from shame to defense. When therapists engage in music, we allow for the possibility of sharing this experience. When my voice accidentally cracks or I hit a "wrong" note, when I allow myself to feel the deep sadness in a passage of a song or express the excitement of a rhythmic passage with a client, I am bringing myself, more personally, more authentically, and more vulnerably into the session space. As with verbal disclosures, the goal is for these emotional experiences to be attuned to the needs of the client, however music therapists may also be transformed by the musical experiences. Scheiby (2005) noted:

I look at the music therapeutic relationship as a more mutual relationship than the typical relationship in verbal psychotherapy. Because the music therapist also plays music in the work, there is always the possibility of healing for the therapist as well, even when this is not the therapist's intention (p. 10).

These co-creative engagements further skew the traditional client–therapist relationship by acknowledging the degree to which the client and therapist are both present in the session space. In this way, the co-creative process helps dismantle the traditional psychotherapeutic structure where the therapist is seen as a “knowing blank slate” and the client is viewed as the sick one, in need of transformation. This reframing, in more egalitarian terms, can be viewed as a queering of the therapeutic relationship. By consciously engaging these intersubjective spaces through the music, therapists can use the presence of their own creative and emotional material in sessions to support the empowerment and insights of their clients.

## You, Me, and All That is in Between

### Meredith

Meredith, a 43-year-old client, is speaking about her relationship with her father. Her father experienced periodic rages when she was younger which were unpredictable and would often catch her off guard leaving her feeling vulnerable and frightened. To the outside world, her father appeared kind and loving. Her friends didn't experience a frightening version of her father. When Meredith was 15, her father left the family and remarried, resulting in significantly decreased interactions with Meredith and her siblings. After many years without contact, her father has reached out to Meredith, wanting to reconnect. As she is unpacking these stories in our session, we agree to examine her complicated feelings toward her father through music. I pick up the guitar and begin playing an alternating progression of minor chords in efforts to match the mood. As Meredith begins to vocalize, I join her, and our voices are quiet and breathy. We sing soft tones together in unison. Her voice begins to quiver. I hear vulnerability mirrored in my own voice as we move forward. I feel small and childlike and jump an octave with my voice in order to explore this role more. Meredith joins me in this upper range and we engage in sounds of crying. As we are vocalizing, I feel a deep sadness and fragility. I am co-creating the sounds of a small and frightened child. The accompanying chords underneath continue to provide holding and containment for the tenuous nature of the vocal sounds we are producing. Gradually our cries begin to increase in volume and intensity. The crying becomes wailing and our pitches are now at odds, holding jarring dissonance. Our voices develop a harsh edge and we are producing uninhibited screams. My guitar accompaniment moves from a gentle arpeggio to an intense and driven rhythmic strum. After a period of screams, we eventually devolve into breathy sighs and finish quietly together. Meredith and I then reflect on this experience, verbally.

### What I Don't Share

In this music, I am reminded of my emotional trajectory with my own father. My father's alcoholism contributed to unpredictable rages when I was a child. He was warm and charismatic, but also unpredictable and at times frightening. When I was 18, my father followed my brother into an intensely conservative, fundamentalist religious cult where they both still live today. My coming out as gay contributed to an estrangement of more than 15 years. My story intersects with Meredith's on many levels. As we are vocalizing, I identify with the sounds of a frightened child and with finding a voice for the rage that has been pent up out of fear. I hear the echoes of pain from abandonment and vulnerability for making that pain known. In the music, I am helping lead Meredith through this territory as I have been led through this territory in my own music psychotherapy journey.

In these moments, I don't believe sharing the details of my history will benefit Meredith's process. But I feel my story present in our shared musical experience. The goals are hers. The journey is hers. But my emotional story intersects in our co-created music and these cross points help me be present with greater depth as I attempt to gain insight, attune with, and also challenge Meredith. She articulates that she felt empowered in the improvisation to find her voice; that her anger, in particular, had been so difficult for her to access in the past. She reflects that my gentle pushes into "angry sounds" helped her take ownership of her own expressions of anger; and to feel witnessed and accompanied in expressing it. It is through engaging these parallels as part of the creative therapeutic process that we disassemble the fixed roles of "healer" and "healed" and enter into a queering of the relationship.

## Discussion

The clinical example in this article focuses on co-creating music in a client-therapist relationship. However, a queer perspective may be applied to many music therapy relationships where music is used as a means of communicating. Consider, for example, how a queer framework may be applied to music-based interactions in educational, training-based, collegial, and supervisory relationships where the power dynamics and/or limitations of verbal language may benefit from being deconstructed. Additionally, while these examples use music as the primary creative modality, a similar examination would be fruitful in regard to movement, imaging, art creation, dramatic enactments and other forms of creativity that can be used therapeutically.

The "smear the queer" game paints a picture of isolation and attack, echoing the historic experiences of queerness. But, just as late 20th century activists reclaimed the term "queer" to become one of empowerment, so too can we work toward empowerment through a queering of the music therapeutic relationship. This article examines how queering music psychotherapy involves a radical connection, sharing, and supporting of the client's experience through musical co-creation. When implemented through a queered intersubjective perspective, co-creative musical engagement can help engender a shared vulnerability and help work toward a balance of power between client and therapist. A closer examination of how a queer perspective may impact our therapeutic relationships and our work can be strengthened through facilitated self-inquiry such as personal therapy and process-oriented clinical supervision. An exploration of this kind requires strength and courage, but thoughtful engagement through a queer perspective can help support empowerment and transformation in ourselves and our clients.

## About the author

Brian T Harris, PhD, MT-BC, LCAT is a music psychotherapist in private practice in NYC. He holds a PhD in Expressive Therapies and is a faculty member at New York University and a core faculty member of the Kint Institute's creative arts therapy and trauma certificate program. Dr. Harris is the past head of the Pavarotti Music Center's music therapy department in Mostar, Bosnia and past consultant to UNICEF in development of music therapy initiatives for Syrian refugee children in Jordan. He is co-editor of the book *Creative Arts Therapies and the LGBTQ Community* in addition to numerous other publications. Dr. Harris is a trained Advanced Vocal Psychotherapist and Analytical Music Therapist and is the current president of the International Association for Analytical Music Therapy. He has worked for over 20 years with a diverse range of clients.

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