

RESEARCH | PEER REVIEWED

# How the Identities and Lived Experiences of LGBTQ+ Music Therapists Impact Their Therapeutic Practices and Relationships with Service Users

Kay Lai <sup>1\*</sup>

<sup>1</sup> Earth Sound Music Therapy, Manchester, United Kingdom

\* [earthsoundmusictherapy@gmail.com](mailto:earthsoundmusictherapy@gmail.com)

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## Abstract

This qualitative study explores how LGBTQ+ music therapists' identities and lived experiences impact their therapeutic practices and relationships with service users. Through semi-structured interviews with three LGBTQ+ music therapists, this research investigates authenticity, empathy, identity expression, and intersectionality with neurodivergence. The findings highlight how participants' personal histories of marginalisation and queerness inform their approach to music therapy, influencing their relational depth, therapeutic flexibility, and ability to foster safe, inclusive environments. Music becomes a medium not only for emotional expression but also for affirming identity and challenging social norms. Therapists' experiences with internalised oppression, fear of disclosure, and navigating professional boundaries reveal the complex dynamics of being LGBTQ+ in clinical practice. A key insight is the therapists' use of shared or parallel experiences of exclusion as sources of empathy, enhancing connection and trust with service users—especially queer and neurodivergent youth. The study concludes that LGBTQ+ therapists' identities are not separate from their professional roles but are essential to their therapeutic ethos. The findings contribute to growing conversations around inclusivity in music therapy and suggest systemic support structures that affirm the identities of LGBTQ+ therapists in practice.

**Keywords:** music therapy; LGBTQ+; therapist identity; authenticity; therapeutic relationships; intersectionality; inclusion

## Introduction

This research explores how LGBTQ+ music therapists bring unique relational tools to their practice, rooted in their lived experiences, identities, and self-reflective work. Their authenticity, empathy, and ability to hold space for complexity allow them to connect with service users in profound ways, especially those navigating marginalisation or identity exploration.

A music therapist's practice is shaped not only by musical and clinical decisions but also by their identity and lived experiences. These personal dimensions influence how therapists relate to service users and navigate the therapeutic space. This research explores how LGBTQ+ music therapists' identities and experiences inform their practice and relationships with service users. While literature increasingly recognises the value of therapist identity in fostering trust and attunement, there is limited focus on LGBTQ+ practitioners. This study addresses that gap by drawing on semi-structured interviews with three LGBTQ+ music therapists in the UK, exploring themes of authenticity, empathy, self-disclosure, and creating inclusive, affirming spaces—particularly for queer and neurodivergent youth. In a time of heightened socio-political critique, this research highlights the importance of institutional support and reflective practice that recognises identity as a strength, not a liability, in therapeutic work.

## Positionality Statement

This research was undertaken as part of a postgraduate music therapy assignment and is informed by my identity as a queer woman. As both a researcher and a member of the LGBTQ+ community, I was motivated to amplify the voices and experiences of LGBTQ+ music therapists, whose perspectives remain underrepresented within the literature. I was particularly interested in exploring how authenticity, identity, and lived experience shape therapeutic relationships and practice. Participants were informed of my queer identity prior to the interviews, and I engaged in ongoing reflexive practice throughout the research process to consider how my experiences and perspectives might influence data collection and analysis. By exploring the experiences of LGBTQ+ music therapists, I hope to contribute to a broader understanding of how authenticity can be a meaningful resource within therapeutic work. Although this study centres LGBTQ+ identities, my desire is for a future in which authenticity and belonging are widely accepted so individuals feel less constrained by labels and more able to be recognised as themselves.

## Literature Review

The mental health needs of the LGBTQ+ community have gained increasing attention in recent years, particularly regarding the importance of affirming and culturally competent therapy. Research indicates that LGBTQ+ individuals experience higher rates of depression, anxiety, and trauma due to societal discrimination, stigma, and marginalization (Robinson & Oswanski, 2021, p. 75).

Audre Lorde, self-described as a “Black, lesbian feminist, socialist, mother, poet” (1984, p. 114), emphasizes that breaking silence is a key act of resistance against oppression, arguing that remaining silent sustains systemic injustices and that speaking out empowers individuals and fosters solidarity among marginalized identities. Her assertion, “Your silence will not protect you” (Lorde, 1984, p. 41), highlights language as a vital tool for self-expression and collective liberation. This perspective resonates with LGBTQ+ music therapists who participated in this research, encouraging them to use their unique experiences and identities to facilitate personal and social transformation in their therapeutic work.

While there is growing research on the benefits of “LGBTQ+ affirmative music therapy” (Robinson & Oswanski, 2021, p. 84), little is known about the role LGBTQ+ therapists themselves play in this process, particularly in the context of music therapy. This literature review explores relevant studies on LGBTQ+ identity in therapy, the specific role of music therapy for LGBTQ+ service users, and how therapists’ identities shape their professional practices.

### ***LGBTQ+ Identity and Music***

Ansdell suggests that how others perceive and respond to an individual helps construct or reconstruct their identity: “We are indeed improvising our identity in relation to who we need to be with others, or for others, or for a context” (Ansdell, 2014, p. 113). Identity can shift depending on the people and situations encountered, meaning that how the therapist and service user view one another can shape their sense of identity and change for a context. Identity formation is an ongoing process, particularly during childhood and adolescence, as part of one’s life course. In music therapy sessions, the therapist and service user collaborate through the “Magic Mirror” of music to create a reflection of self-identity and a sense of belonging (Ansdell, 2014, p. 115).

Grace Jones, a Jamaican American icon, singer, and actress, has famously described herself as both “masculine and feminine” (Foreman, 2015), embracing an androgynous identity that defies traditional gender roles. For more than four decades, Jones has been a prominent figure in the LGBTQ+ community, known for her gender non-conforming style and her bold opinions on gender, race, and individuality. Jones’s public statements about gender and sexuality align with my research question about the connection between LGBTQ+ identity and music. Jones also noted that there was music in her family a long time ago, but certain religious elements rejected music as something that could be entertaining or enjoyable like show business (Keeling, 2019, p. 149).

Additionally, the underrepresentation of marginalized identities within the music industry can impact how these individuals engage with music. McSorley (2020) highlights how therapists’ own biases, gendered experiences, and systemic norms—such as sexism and cisnormativity—shape therapeutic relationships, underscoring the ethical responsibility for music therapists to address microaggressions and promote inclusive, affirming spaces for service users with marginalised gender identities. “Queer and trans musical artists created new frames of possible identities and could express what participants couldn’t” (Jones et al., 2025). This article explores the significant role of music in LGBTQ+ identity development, particularly around the coming out process. Drawing on qualitative data from interviewing LGBTQ+ participants, the authors found that music is a powerful medium for self-expression, emotional processing, and identity affirmation. Songs chosen during the coming out period often reflected personal transformation, while queer artists offered models of authenticity, pride, and empowerment. Importantly, music is described as a way to access community and belonging. This study by Jones, Clarke and Annesley highlights the therapeutic potential of music in LGBTQ+ contexts. It reinforces its relevance for inclusive, identity-affirming music therapy practices.

Recent research has begun to explore LGBTQ+ experiences and perceptions in music therapy more directly. For example, Mulley et al. (2026) examined social perceptions of queer and trans music therapists and clients through a qualitative story completion study, highlighting the significance of disclosure, inclusivity, and shared identity within therapeutic relationships. Their findings suggest that LGBTQIA+ participants often viewed openness and affirming practice as ethically important, while shared identity was understood as potentially meaningful in fostering trust and safety. While this research offers important insight into perceptions of queer and trans identities in music therapy,

there remains limited research focusing specifically on LGBTQ+ music therapists' own lived experiences and how these shape their day-to-day therapeutic practice.

### ***Music Therapy and LGBTQ+ Service Users***

On the Nordoff and Robbins website, a music therapist Joe reflects that “Here at Nordoff and Robbins, we aim to empower everyone we work with to express their individuality and grow their self-esteem, no matter what their background” (Nordoff and Robbins, n.d.). Joe used songwriting to support LGBTQ+ individuals, emphasizing how music and therapist flexibility allow unique identities to be expressed. The lyrics from one service user, Ruthie, read: “God knows I have nothing to hide / I’m me ... standing in the presence of thee.” The website states: “The lyrics are about imagining a world where National Coming Out Day might no longer be needed” (Nordoff and Robbins, n.d.). It encourages a reflection on the relevance of the LGBTQ+ labels in a context when the act of coming out is no longer deemed essential by society.

Queer and Trans Music Therapy (QTMT), explored comprehensively in the landmark handbook edited by Lee (2022), offers a radically inclusive, anti-oppressive, and music-centred framework that redefines traditional practices by centring LGBTQ+ therapists' and service users' lived experiences, musical identities, and creative expressions—positioning queerness as both a critical lens and a resource for innovation, equity, and therapeutic transformation in the field. Music therapy can uniquely support LGBTQ+ individuals by providing a safe space for personal exploration, emotional expression, and self-awareness. It can help LGBTQ+ individuals, especially youth, navigate identity challenges, discrimination, and societal pressures. Through activities like song choice, improvisation, and songwriting, service users can express their feelings and develop self-confidence.

Halverson-Ramos (2018) discusses how music therapy works uniquely with LGBTQ+ service users and highlights music therapy's role in fostering healing, promoting authenticity, and supporting LGBTQ+ individuals on their journey toward self-acceptance. The therapist's understanding of LGBTQ+ challenges and self-identity is crucial in creating a supportive and affirming therapeutic environment. In the present study, participants' lived experiences of marginalized gender identities and sexual orientations serve as valuable resources within music therapy relationships, fostering empathy and creating affirming spaces for LGBTQ+ service users. These experiences allow therapists to offer LGBTQ+ affirming environments, where service users feel validated and understood. Implicit communication—through appearance, song choice, and unspoken intentions, emerged as a key tool for signalling inclusivity and understanding. For instance, Biedka (2022) illustrates how “Sidney connected repeated song requests with received implicit communication regarding a client's potential identity conflict,” which allowed the therapist to connect with their client's identity conflicts subtly. Overall, the interplay of lived experience and implicit cues enhances the therapeutic relationship, offering a supportive space for service users to explore identity within a safe, affirming context.

A comprehensive understanding of social stigma, oppression, and minority stress is essential for music therapists working with LGBTQ+ service users. By recognizing these factors, therapists can better grasp the unique challenges and needs these service users bring into therapy: “A greater knowledge and understanding of the LGBTQ communities, their needs, issues, norms, and more, will aid music therapists in developing open and affirming practices that welcome, not only LGBTQ service users, coworkers, and students, but individuals of all cultures” (Whitehead-Pleaux et al., 2012). Queer music therapy (Bain et al., 2016; Bain & Gumble, 2019) fosters a therapeutic space that is both supportive and culturally competent, enhancing the effectiveness of music therapy in meeting the specific needs of LGBTQ+ individuals. However, a key barrier lies in the limitations of our own

awareness and gaps in professional training. To address this, it is essential that training programmes actively incorporate intersectional frameworks and equip therapists to acknowledge and respond to diverse identities in practice (Boggan et al., 2018).

McIvor (2023) explores service user perspectives on helpful qualities in the music therapy relationship within adult mental healthcare. Using interpretative phenomenological analysis, the study identified “Power Relations” and “Feeling Safe and Being Challenged” as central themes. Service users emphasised the value of informality, mutual respect, trust, and non-judgmental communication in building therapeutic alliance—elements closely aligned with resource-oriented approaches that prioritise service user empowerment and collaborative growth (Rolvjord, 2010), as well as feminist music therapy frameworks that actively deconstruct clinical hierarchies and address systemic oppression (Hadley, 2006). Notably, service users preferred therapists who were honest, flexible, and collaborative, suggesting that authenticity and equality promote therapeutic safety. These insights support a relational model of music therapy where therapist identity, including aspects such as openness and presence, significantly influences therapeutic outcomes—offering a relevant lens for understanding LGBTQ+ therapist-service user dynamics.

### ***Therapist Identity and Intersectionality in Practice***

The reflections of a queer cisgender male music therapist who began his work in music therapy in the late 1970s have remained influential in the field throughout the 1980s into 2020s: Colin Lee (2019) highlights the intricate interplay between sexual orientation and professional identity within therapeutic practice. This unique perspective fosters a strength that enhances clinical effectiveness, particularly in building rapport with service users, including those within the LGBTQ+ community and individuals living with HIV/AIDS.

Therapists who share the LGBTQ+ identity with their service users are often better equipped to understand and address the unique challenges LGBTQ+ individuals face, such as coming out, identity confusion, and navigating social rejection (Lee, 2008). Lee’s insights highlight how LGBTQ+ therapists shared identities, including their gender, sexuality, and minority background, fostering empathy and strengthening therapeutic alliances, illustrating how intersectionality enriches music therapy by enhancing cultural sensitivity and deepening service user connections. The exploration of transference and counter-transference issues underscores the necessity for sensitivity and awareness in therapeutic relationships. Being a gay man and working with his service user who received a diagnosis of AIDS can present challenges: “Showing vulnerability within the therapeutic relationship has since become essential to my work in palliative care for it allows a balance to emerge between professional competency and human frailty” (Lee, 1996, p. 74). Lee highlights how maintaining professional boundaries while allowing authentic personal connection within the therapeutic relationship can deepen trust, emotional expression, and musical attunement that can greatly benefit the therapeutic process.

Gumble also unpacks in research that a non-binary therapist may build stronger therapeutic alliances with LGBTQ+ service users due to their shared experiences and ability to offer a non-judgmental, affirming space by “offer[ing] gender affirming voice work to those seeking to access and embody affirming gender expressions, particularly vocal expressions” (Gumble, 2019, About the Author).

Therapists who share an LGBTQ+ identity with their service users often report feeling a deeper sense of responsibility and connection to their service users’ struggles (Kessler & Waehler, 2005). However, navigating personal and professional boundaries can also pose challenges, as therapists may encounter internalized biases or difficulties managing their emotional responses to shared experiences.

This literature presents a range of perspectives on LGBTQ+ identity in music therapy, highlighting both its benefits and challenges. Many sources agree that affirming, culturally competent therapy is crucial for LGBTQ+ individuals, as they face higher rates of mental health issues due to societal stigma (Robinson & Oswanski, 2021). Lorde's (1984) emphasis on breaking silence as a form of resistance aligns with the role of LGBTQ+ music therapists in fostering empowerment and self-expression. Ansdell's (2014) concept of identity as fluid and shaped by interactions connects with music therapy's ability to create reflective spaces for service users to explore their identities.

However, while research supports the positive impact of LGBTQ+ affirming music therapy (Biedka, 2022; Halverson-Ramos, 2018), some sources suggest that music can also unintentionally reinforce exclusion. McSorley (2020) highlights how dominant narratives in lyrics and the underrepresentation of marginalized identities in the music industry can limit inclusivity. Instrument choices, song lyrics, and gendered expectations of pitch may reflect dominant narratives that uphold gender stereotypes, which can limit inclusivity in therapeutic settings. This contrasts with Nordoff and Robbins' (2024) perspective, which emphasizes the therapist's role in using music as an empowering tool.

The role of LGBTQ+ therapist identity is another key theme in the literature explored. Lee (2008) and Gumble (2019) argue that shared identities between therapists and service users strengthen therapeutic alliances, offering deeper understanding and validation. However, Kessler and Waehler (2005) note the challenges of navigating professional boundaries and personal biases. To capture this complexity, the concept of intersectionality, originally coined by Crenshaw (1989), further emphasizes how overlapping identities shape both service user and therapist experiences. Applying this intersectional lens requires self-reflection. As Lee (2008) states, "To be authentic in the therapeutic relationship means to know and understand who you are in relation to the needs of the client (para. 12)."

### ***Synthesis and Response to the Literature***

I believe being an authentic therapist means truly knowing yourself—your strengths, experiences, and even your biases, so you can show up fully and honestly for your service users. It is about being present in the moment and understanding how your identity and approach impact the therapeutic relationship. In music therapy, authenticity also means knowing your own connection to music while being tuned in to the service user's musical world. It's about being open, adaptable, and using who you are to create a meaningful and supportive space for the service user.

Lee (2008) emphasizes the importance of not pressuring therapists to disclose aspects of their identity, a perspective I support. However, I also recognize the value of transparency where appropriate. Within institutional structures that can often be disempowering, therapists must remain mindful of how they engage with service users. Effective therapeutic relationships require attunement—not only in listening but also in recognizing when and how to offer guidance and support. Ultimately, we serve as role models in how we navigate both our musical interactions and the broader therapeutic space, ensuring that our presence fosters empowerment rather than reinforcing existing power imbalances.

In exploring the balance between shared identity and deep listening, I reflect on the interplay between personal experience and professional responsibility in therapeutic work. Awareness is crucial—not only of our own identities and biases but also of how we create space for the service user's experience without unintentionally imposing our own.

The fluid nature of identity also resonates deeply. Each interaction, whether in therapy or personal relationships, has the potential to shift our self-perception. As therapists, we are not separate from this process—we are actively engaged in it. The challenge is knowing

when our personal reflections and evolving perspectives enhance the therapeutic space, and when they might get in the way of truly understanding what the service user needs.

When it comes to boundaries, rather than attaching to rigid rules, I view it as a matter of attunement. There are moments when sharing aspects of ourselves can foster trust and make the therapeutic environment feel more authentic. However, if this sharing redirects focus away from the service user, it risks altering the therapeutic dynamic in unhelpful ways. “It was important to be clear and honest about my feelings in order to safeguard both the therapy and my survival” (Lee, 1996, p. 50). Perhaps the key is for our sharing to serve the service user’s process rather than our own. This highlights the delicate balance between knowledge, empathy, and open-minded listening in therapeutic work.

Tapping into my own experiences allows me to empathize with service users on a deeper level, creating a more genuine and empathic therapeutic connection. “All one can do is to be there as fully and deeply as possible” (Lee, 1996, p. 30). Understanding my own emotional relationship with music helps me recognize its power for others, whether in moments of joy, struggle, or self-discovery. While every service user’s journey is unique, drawing from my own experiences enables me to listen with greater sensitivity, respond with authenticity, and create a safe space where they feel truly seen and understood. The key is to balance self-awareness with openness, ensuring that my insights enhance, rather than overshadow, the service user’s own story.

## **Methodology**

### ***Research Design***

This study employed a qualitative methodology aligned with the Nordoff-Robbins tradition, drawing on the concept of “gentle empiricism” (Ansdell & Pavlicevic, 2010), which values rich, contextual understanding of lived experiences within musical relationships. The study explored the lived experiences of LGBTQ+ music therapists and how their identities shape their work with service users from diverse backgrounds. This approach captures the complexity of therapists’ experiences, addressing gaps in the literature by highlighting underrepresented perspectives and offering insights to support inclusive and culturally sensitive music therapy practice.

### ***Participants***

Three qualified music therapists who self-identify as LGBTQ+ were purposively recruited through professional networks. Participants represented a range of practice settings, including schools, mental health services, and community organisations.

### ***Data Collection***

Semi-structured interviews were conducted via Zoom. Each interview lasted between 45 and 60 minutes and was recorded with the participants’ consent. All recordings were transcribed and anonymised to protect the identities of the participants. Data and contact information were securely stored on an encrypted computer. Ethical considerations, including anonymity and confidentiality, were maintained throughout the research process. The interview guide consisted of open-ended questions (see Appendix).

### ***Data Analysis***

This complex process involved making careful decisions about how to group data under different themes. It led to the development of three main themes, each with several sub-

themes, as outlined in Table 1. Transcripts were manually coded to identify key ideas and concepts. Reflexivity was central to the analysis, with on-going attention to power dynamics, positionality, and potential bias.

**Ethical Considerations**

To protect participants’ identities, ethical approval was obtained from the Nordoff & Robbins Research Ethics Committee, and coded identifiers ensured anonymity. Given the sensitive nature of discussing queerness in clinical settings (Roffee & Waling, 2016), particular care was taken to safeguard emotional well-being and respect participants’ autonomy in disclosure.

**Findings and Discussion**

Table 1 presents the themes and sub-themes identified in the interview data:

**Table 1.** Themes and Subthemes

Themes	Subthemes
<b>1. Therapist Authenticity and Self-Disclosure</b>	Navigating Disclosure and Professional Boundaries
	Fear of Coming Out
	Internalized Oppression, Self-Acceptance, and Identity Fluidity
	Queer Visibility and Representation
	Intersections of LGBTQ+ and Neurodivergence
<b>2. Empathy Through Lived Experience</b>	Empathy through Experiences of Marginalization
	Queer Identity as a Resource for Relational Depth
	The Value of Knowing What It’s Like to “Not Be Accepted”
	Challenging Assumptions
<b>3. Creating Spaces for Exploration, Affirmation, and Identity Expression</b>	Music as a Tool for Affirming Identity
	Curiosity and Expression in Queer Youth
	Identity Exploration in Music Therapy
	Keeping Each Other Safe

**Theme 1: Therapist Authenticity and Self-Disclosure**

Self-disclosure and professional boundaries

All three participants described nuanced experiences around disclosure of their queer identities, highlighting a constant internal negotiation: whether revealing personal information is appropriate, beneficial, or potentially risky.

Participant 2 expressed uncertainty in disclosing their bisexuality to both service users and staff. Their reflection on “choosing to reveal” their identity to a lesbian colleague illustrates how disclosure can deepen connection and trust. However, they also emphasize contextual appropriateness, particularly when addressing homophobia without revealing personal identity: “If homophobic language is being used, I can highlight that that’s not okay in the session. I don’t necessarily reveal about my own identity there.”

Participant 1 voiced internal conflict about revealing in therapy: “Will it damage our

relationship? Will they be judgmental of me? Will they think differently of me?” They described a lack of training and systemic support around how LGBTQ+ therapists might navigate self-disclosure, indicating that concerns are not purely individual but structurally embedded in the profession. The conflict between being open and appearing “professional” reveals a tension: “I would worry that I’d be seen as less of a professional and that I’d been too personal.”

Participant 3 also described the fear and risk involved in disclosure, particularly within conservative work environments: “It felt quite scary... not knowing if they were going to accept me. If they would think I was odd.” Yet, over time, their experience of affirmation helped them shift toward being more open in all settings, reflecting a personal transformation through practice: “Through that experience, I became more comfortable sharing my identity straight away.”

### Fear of coming out

Participants described specific anxieties around disclosing in environments dominated by particular gender or cultural norms.

Participant 1 recounted their fear of coming out in a predominantly Christian, all-female staff group, suggesting that shared gender did not necessarily equate to safety. The homophobic cultural background further amplified their fears: “The staff members there were probably predominantly Christian. They were all women... it felt quite scary.”

Participant 3 noted a more generalized discomfort: “How much am I revealing about myself? How safe am I? I’m fear[ful] of being judged... What I want to be doing is making music with someone.”

For Participant 2, perceived assumptions of heterosexuality from both male and female colleagues led to surprise upon disclosure, which underscores how queer invisibility can result in dissonance within work relationships: “She saw me as a straight woman and then I revealed that I was bisexual... which helped us connect more.”

These reflections illustrate how heteronormative environments, even if not overtly hostile, may cause LGBTQ+ therapists to self-censor, delaying authenticity due to fear of being judged or misunderstood.

### Internalised oppression, self-acceptance, and identity fluidity

Participant 2 offered the most in-depth reflections on their journey of self-acceptance, shaped by their upbringing in a homophobic Christian community: “I didn’t allow myself to explore that part of myself, so I experienced kind of the self-hatred... internal homophobia perhaps that was unconscious.” They described the importance of environments that validate and support identity exploration—both for themselves and for their service users: “Identity is not something static... understanding the identity changes and is fluid and also dependent on the environment.”

Similarly, two participants suggesting that working environment and colleagues often assume a binary identity base, reflecting on the lack of space within training to explore their own identity in relation to their professional role.

Participant 3, although less focused on self-reflection, noted their position of privilege in not being questioned about their gender or identity, recognizing how invisibility can be protective but also carries a responsibility: “That’s why I think I have more of a duty to confront these issues when they come up.”

This sub-theme illuminates how internalized homophobia and societal norms can shape therapist identity formation—and how therapists often support their service users’ self-acceptance while undergoing their own parallel journeys.

## Queer visibility and representation

Across participants, visibility emerges as both a source of connection and risk. For Participant 3, being visibly in a same-sex relationship enabled them to model authenticity for a service user: “Part of my identity being out, being open, not being ashamed of my partner... she felt safe to share that she was also thinking about who she was attracted to.” However, they also navigated professional sensitivity, aware of how therapeutic transference might manifest: “Just got to be sensitive... careful that there wasn’t a possibility she might be writing the song about me.”

Participant 3 noted how being “read” as straight complicated visibility, and how recognition of shared queerness with a colleague deepened their working relationship: “She had never perceived me as queer... that’s when we then started to connect.”

Participant 1 worried that queer visibility is too often treated as excess or over share: “It’s unprofessional to be openly gay... but being openly married in a heterosexual relationship is not.” This is reinforced by Monypenny and Hardy (2023), who highlight the need to challenge oppressive norms so that queer music therapists can express their identities authentically without fear of being seen as unprofessional: “Oppressive precedents and legacies must change to allow queer students to cultivate authentic professional relationships and to allow queer professionals to thrive rather than merely survive.”

## Intersections of LGBTQ+ and neurodivergence

Participant 2 offered a rich account of how their own experience of ADHD intersects with their queer identity and informs their therapeutic practice. They opened by acknowledging the growing scientific and cultural awareness (Walker & Raymaker, 2021) of the overlap between neurodivergent and LGBTQ+ identities: “There are strong scientific connections between LGBT identity and neurodivergent identity... how our gender identity and our neurodivergent identities can intertwine and create ways of thinking about ourselves.” This recognition positioned neurodivergence not as a separate trait, but as part of a complex identity constellation that includes sexuality, gender, and neurological difference. It suggested a way of being in the world that naturally informs therapeutic awareness and relational sensitivity.

Participant 2 went on to describe a therapeutic relationship with a teenage boy navigating ADHD and low self-esteem. Through selective self-disclosure, the therapist was able to offer connection and reassurance by acknowledging and empathising with the boy’s internal struggles: “As a person with ADHD, I’ve learned that we have to be nice to ourselves... especially when we’re feeling frustrated with not being able to complete tasks.” This act of vulnerability—sharing personal experience in a bounded and intentional way—opened up space for the service user to voice his own frustrations and to feel understood: “He’s opened up a little bit more about himself saying, you know, I get frustrated... I find it hard to remember what I’ve done.” Crucially, this disclosure and modelling of self-compassion had tangible therapeutic impacts. The therapist noted a shift in the service user’s motivation, self-perception, and creative process: “He’s less self-critical. He’s more motivated to come back to ideas.”

This example underscores the relational and therapeutic value of lived experience—how personal insights drawn from neurodivergence can serve as a relational resource and contribute to service user growth. It also echoes earlier themes around authenticity, self-disclosure, and empathy, but through the added lens of neurodivergence and its influence on identity and communication styles.

Participant 2 reflected: “And I wonder whether if I hadn’t shared that aspect of myself, would we be in the place we are now with the work?” This explores the importance of critically reflecting on the place of identity and experience in therapeutic outcomes. It also

raises questions around the ethics and effectiveness of sharing relevant aspects of therapist identity when it serves the therapeutic relationship and aligns with the service user's needs.

The first theme highlights the complexity of navigating personal identity within professional boundaries. Participants described that sharing their identity is not a simple yes-or-no decision, but something they carefully consider based on how safe they feel, who holds power in the situation, and whether they feel emotionally ready. This reflects Marais and McBeath's (2021) argument that therapist self-disclosure should not be treated as a binary act but rather approached with careful consideration of *when* and *how* disclosure occurs. While some feared being perceived as "too personal," others found that selective sharing of their queer identities deepened therapeutic connection. This echoes McIvor's (2023) finding that therapist honesty is a respected quality, suggesting that authenticity—when attuned to service user needs—can enhance trust. One participant's reflection aligns with Walker's (2021) *neuroqueer* perspective by resisting fixed identity labels and embracing fluidity. Their intersectional experience of ADHD and queerness informed a flexible, empathetic practice that affirms neurodivergence as strength rather than pathology.

## **Theme 2: Empathy Through Lived Experience**

### Empathy through experiences of marginalisation

Participants reflected on how their own experiences of marginalisation informed their capacity for empathy in therapeutic contexts. Participant 1 explicitly connected her identity as a queer woman and her experiences of discrimination to the way she approaches inclusivity and care in music therapy: "I have lived experiences of being a minority... experiencing harassment or oppression or whatever it might be through being queer, even through being female. And I think that gives me a lot of empathy and a lot of care and a real desire to create an accepting, inclusive space for all service users." This lived understanding of exclusion informed her intention to hold space for others to define themselves freely.

Similarly, when Participant 3 worked with a trans woman who had experienced bullying, she recognized that while she could not fully empathize with the experience of being trans, she could relate to the broader experience of marginalization: "I couldn't empathize specifically with that experience, but I could really empathize with... not being accepted or feeling... lack of acceptance... I really worked to create that environment where she was accepted and celebrated."

Participant 2 also acknowledged that her insight into others' experiences of marginalization developed over time through seeking out affirming queer communities in adulthood. She shared that these experiences helped her hold space for service users to explore themselves: "I guess my experiences gave me insight into what some of their experiences might be... to have hope as well that people can discover new parts of themselves because I've really experienced that myself."

### Queer identity as a resource for connection

All three participants indicated that their queer identity allowed them to bring a deeper sense of authenticity and relational connection into their work. Participant 1 highlighted how her own queer identity and neurodivergence shaped her musical understanding and approach to therapy: "How are we going to help someone through something if we haven't necessarily understood it or experienced it?" This reflection underscored her belief that authentic, lived knowledge enables a stronger therapeutic presence.

“We had a trusting relationship. She wanted to share with another adult that she was interested in a girl at school.” A participant shared their own sexuality, it helped create a sense of safety and mutual understanding. This openness encouraged the service user to explore her own identity. “The overlap of musical and sexuality together... learning about that specific detail that really helped our connection.”

A participant reflected that learning about the service user’s involvement in a gay men’s choir—where music and queer identity were closely intertwined—highlighted how shared understanding of identity through music can strengthen therapeutic rapport, deepening the participant and service user’s connection.

### The value of knowing what it’s like “not being accepted”

Across all three participants, there was a clear sense that having experienced exclusion gave them a heightened sensitivity to the needs of those who may feel similarly unseen or marginalized. Participant 1 articulated this connection when describing her intentions in creating inclusive spaces for service users: “What this person needs most of all is just to be heard and accepted and celebrated for who she is [...] It’s using my experience of not always feeling accepted and kind of feeling that empathy for service users... Learn from and respect and celebrate each other.” This relational style mirrors humanistic and relational principles central to many music therapy models, including Nordoff-Robbins music therapy, where mutual respect and creative attunement are valued (Nordoff & Robbins, 2007).

For Participant 1, growing up in a homophobic family and community meant they had internalized shame around her queer identity. Her later process of self-acceptance shaped how she related to young service users who were themselves questioning or exploring identity: “Self-acceptance, the importance of affirmation and validation of your identity, the possibility of having a space where you feel able to be yourself or to explore being yourself as well feels important.” The personal journey from suppression to expression not only provided personal healing but also directly informed how she understood and supported the developmental processes of her service users.

### Challenging assumptions

Another dimension of empathy that emerged was the ability of participants to challenge assumptions—both their own and those present in broader environments.

One participant mentioned awareness of the importance of pronouns: “I’m trying not to make assumptions.” Two participants noted the importance of bringing their “authentic musical self” to therapy and not pretending to be an expert in others’ identities or musical styles, contributing to a respectful and reciprocal dynamic with service users: “Being my authentic musical self and not trying to pretend that I know about or I’m an expert in musical worlds or other people’s identities.”

Participant 2 similarly commented on how her relative privilege of not being questioned about her gender identity gave her both insight and a sense of responsibility: “I have maybe even more of a duty to confront these issues when they come up.”

This sub-theme reflects how lived experiences not only deepen empathy but also inform ethical commitments within therapeutic practice.

The second theme explores how participants’ experiences of marginalization informed their attunement and sensitivity. Their understanding of being “not accepted” supported inclusive practices and reinforced identity as a valuable clinical resource.

### ***Theme 3: Creating Spaces for Exploration, Affirmation, and Identity Expression***

#### **Music as a tool for affirming identity**

Participants widely recognized music as a medium through which identity can be expressed, validated, and explored in therapy. Participant 3 reflected on working with a young person who was producing electronic music that resonated deeply with her queer identity: “She wanted to write a song about some of her feelings...sometimes songwriting is about something specific and sometimes it’s more exploratory.”

One participant expressed that a service user was interested in a girl at school and chose to write a song about her feelings. “She’s been really exploring more and more in our sessions... connecting with that side of herself more... I think it really ties into themes of self-acceptance and understanding that our identities are complex and we don’t have to present as normal.” They further contextualized electronic music’s historical links to queer culture, noting that genres such as house, drum and bass, and techno originated as forms of resistance and community-building among marginalized queer communities: “Electronic music is very much about inclusion and acceptance of who you are.”

Participant 3 similarly saw the power of music in affirming identity, particularly through encouraging service users to bring in music reflective of their cultural, religious, or sexual identities: “Celebrating someone’s music is celebrating their identity... whether that’s a religious piece of music or a piece of music that’s really affirming their sexuality.” In another example, she described how a service user’s involvement in a gay men’s choir deepened their therapeutic rapport: “It was so nice that the music and his identity as a gay man could be held together.”

#### **Identity exploration in music therapy**

Music therapy was consistently described as a space that supported identity exploration in both structured and fluid ways. Participant 3 noted the value of allowing service users to explore new parts of themselves without fixed outcomes as they have experienced that: “the connection to practice is perhaps a bit more empathy and understanding and just trying to give room to people to explore things and explore who they are... enable people to take more risks, to explore different avenues.”

Participant 2 described working with a young man who sang love songs originally written from a female perspective, highlighting how the space allowed him to safely explore same-sex attraction and gender roles through music therapy: “He would often sing love songs... man to man singing... Anything around his queerness, he just felt comfortable doing that in that space and that’s what he needed.” This example illustrates how music therapy can function as a subtle and empowering medium for trying on identities and rehearsing new ways of being, outside of rigid societal expectations.

#### **Curiosity and expression in queer youth**

A prominent pattern across participants’ narratives was the way in which queer youth used music therapy as a context to express emerging identities in a trusted, affirming relationship. Participant 3 recalled a session where a young girl confided in her about her interest in another girl at school: “I saw it as a positive thing that she felt safe to share that part of herself. Which she was in those early stages of exploring.” The act of songwriting became a vehicle not just for emotional expression but also for identity formation and validation. Similarly, Participant 1 described how service users’ musical preferences and choices signalled a process of identity discovery: “There’s an element of us both

understanding how this music connects with this young person... I see parts of myself in this music. I see myself being represented.”

Participant 3’s description of group sessions reinforced this point; she encouraged service users to bring music from their personal and cultural worlds as a form of self-definition: “I want to learn about your music, and I want to celebrate your music... Thank you for being you.”

These moments of curiosity, mutual learning, and identity expression served to affirm the agency and authenticity of young service users, especially those navigating their gender and sexual identities.

### Keeping each other safe

A thread running through all participants’ reflections was the importance of creating safe therapeutic spaces where identity exploration could occur without harm. Safety was viewed not only in terms of physical or behavioural risk, but also emotional and social safety in relation to gender, sexuality, and cultural inclusion.

Participant 3 described responding to microaggressions or inappropriate comments in group settings with both immediacy and care: “If ever any inappropriate or potentially harmful language... I’m challenging those and I’m making sure that everyone in the room feels safe.” She also emphasized the importance of checking in with service users post-incident to evaluate their comfort and agency in moving forward.

Participants also highlighted safeguarding in relation to gender identity and pronoun use. Participant 2 described being conscientious when referencing trans musicians in sessions: “I always make sure that the young person understands... if there’s an issue with pronouns... we have a conversation around who is this artist and how are they wishing to be referred to.” Participant 1 added: “My own awareness of the importance of pronouns... I’m trying not to make assumptions.”

Such efforts reflect a commitment to creating environments where service users can explore identity safely, affirming service user identity while modelling inclusive, respectful practice.

The third theme illustrates how music therapy serves as both a creative and political space. Participants used music, language, and inclusive practices to co-create environments where service users could explore identity safely. Their own experiences of identity development and social exclusion enabled them to sensitively support others, particularly queer and neurodivergent youth. These findings affirm the need for training and supervision that recognize LGBTQ+ identity not as a concern, but as a relational and ethical strength in music therapy practice.

This discussion explores how LGBTQ+ music therapists’ identities and lived experiences shape their therapeutic practices and relationships. Drawing from four emergent themes, it situates the findings on queer identity, self-disclosure, empathy, and inclusive practice. The findings emphasize the therapeutic value of music as a medium for self-expression, community, and affirmation—especially within queer and neurodivergent experiences. They also illuminate the tensions therapists face in balancing authenticity with professional boundaries in often heteronormative work environments.

### Contribution to Knowledge and Practice

This research suggests that LGBTQ+ music therapists’ identities are not secondary to their work, but central to how they build trust, connect with service users and shape their practice. Their lived experiences inform a practice ethos grounded in empathy, authenticity, and inclusive care.

Awareness is raised for supervision, training, and institutional support that honours the complexity of therapist identity, moving beyond neutrality toward a relational and affirming model of practice. Therapists should be supported in integrating, rather than silencing, the parts of themselves that enrich therapeutic connection.

## Conclusion

This study raises significant reflective questions about authenticity, disclosure, and trust within the therapeutic relationship, particularly in the context of LGBTQ+ music therapists. Participants' insights highlight the complex terrain of socialisation and the unknown, where the absence of familiarity or understanding in a service user-therapist dynamic can make it difficult to build trust. The process of revealing one's true self as a therapist, whether in terms of gender identity, sexual orientation, or belief system, can be both emotionally demanding and professionally risky.

A central theme emerging from the data is the tension between professional boundaries and personal authenticity. Participants expressed a shared empathy for the challenges of navigating this tension, especially when working with young people exploring their own identities. They questioned how much of themselves they should share to support a strong therapeutic alliance. For instance, when service users become aware of a therapist's LGBTQ+ identity, does this deepen the connection and foster greater therapeutic benefit? Or could it complicate the dynamics, depending on the service user's background or the clinical setting? We don't know, but I can empathise with participants' concerns about how challenging the process of disclosure about identity is. From my perspective, avoiding assumptions about pronouns and drawing from our own lived experiences can help cultivate an inclusive therapeutic relationship. While we may not have walked the exact same path as our service users, we often understand what it feels like to be marginalised or rejected. That authenticity is reflected in the musical relationship and can foster deeper trust with those we work alongside.

These questions do not yield simple answers but instead call for nuanced clinical judgement. As a participant noted, the decision to disclose aspects of identity often depends on the therapeutic context, the service user's needs, and the therapist's sense of safety. The importance of appropriate training becomes evident here—training that equips therapists with tools to assess when authenticity might enhance trust, and when it might compromise the therapeutic space. Such training could empower therapists to bring more of their true selves into the room without sacrificing professional integrity or emotional safety.

This research offers a foundation for further inquiry into LGBTQ+ and neurodivergent therapists' experiences across disciplines. As the field of music therapy continues to evolve, centring identity, inclusion, and lived experience will be essential for ethical and effective practice.

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## About the Author

Kay Lai is a music therapist and the founder of Earth Sound Music Therapy. She completed her Master of Music Therapy at Nordoff and Robbins in July 2025, followed by training in

Neurologic Music Therapy. Based in the North West of England, Kay has clinical experience working across schools, care homes, and hospitals. Kay is interested in collaborating with marginalised communities, and exploring how music can foster equity and inclusion.

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## Appendix

### *Interview Questions:*

- How do you define your identity, and what aspects of your life—please share if feel comfortable such as upbringing, gender identity, sexuality, culture, race, religion, or lived experiences—feel most important to you in shaping who you are?
- Can you tell me about a time when your identity helped you connect with a service user?
- Can you think of any example where your lived experiences influence your interaction with a service user?
- Would you be comfortable sharing any specific challenges or support you've experienced in your work that relate to your identity? How have these experiences influenced your role?
- How do your personal and professional experiences help you create a space for all service users?
- Can you share any example of how you've used your own identity and experiences to support for the service user?