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Use of the Creative Arts Therapies and Creative Interventions with LGBTQ Individuals: Speaking out from Silence a Literature Review

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Use of the Creative Arts Therapies and Creative Interventions with LGBTQ Individuals:
Speaking out from Silence a Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) community is an at-risk population in dire need of competent treatment. This thesis explores sixteen published articles that investigate the use of the expressive therapies and expressive arts with LGBTQ individuals. The silencing of the LGBTQ community by an oppressive heterosexist and transphobic society causes negative impacts to LGBTQ individuals' wellbeing, physical health, and self-expression. Research suggests that because of their stigmatized identity the LGBTQ community has special therapeutic concerns such as, internalized self-hatred, social rejection, gender or sexual orientation confusion, and safety needs. Multicultural and feminist theories of psychology propose that acknowledging the role of gender and sexual minority identity during treatment can positively influence LGBTQ clients' mental and emotional health. Informed creative arts therapies, creative clinical interventions, and community arts-based projects can have various beneficial impacts on mental health, including reintegration of difficult experiences, increased self-awareness, improved interpersonal connections, and further development of self-concepts. Through the expressive arts LGBTQ individuals can experience a safe holding space for the pride and pain of their experiences.

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Introduction

Marginalized populations go under researched, but the current available research can inform expressive therapists towards a better understanding of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) experience. Due to their sexual identity and gender identity, the LGBTQ community experiences systemic and institutionalized oppression as well as societal and social stigma. LGBTQ individuals are also vulnerable to experiences of hate speech, harassment, violence and discrimination due to their sexual orientation and gender identity (Pachankis & Goldfried, 2010). In fact, researchers have discovered that on average, people who are lesbian, gay, and bisexual are about twice as likely to experience discrimination in their lifetimes when compared to their heterosexual counterparts (Pachankis & Goldfried, 2010). Depending on the countries they have lived in during their lives LGBTQ clients may endure violence, imprisonment, or even face death at the hands of their government for engaging in homosexual acts (Addison, 2001). These experiences of gender and sexual identity related discrimination can include both verbal and physical hate crimes. Sexual orientation related hate crime survivors are more likely to develop depression, anxiety, and post-traumatic stress disorder than other crime survivors (Pachankis & Goldfried, 2010).

In addition to the potential negative impact of external oppressive forces on LGBTQ community members, there is also a deleterious effect that arises from internalized homophobia and transphobia. Researchers Pachankis and Goldfried have found that gay men's lack of sexual identity disclosure can be attributed to several issues including associating their sexual identity with shame, embarrassment, guilt, and fear of negative evaluation (2010). And there is also a

greater potential for LGB community members who choose to conceal their sexual orientation to experience low self-esteem, affective distress, and cognitive preoccupation (Pachankis & Goldfried, 2010). The LGBTQ community is faced with a slew of complex challenges to their wellbeing and mental health which must be carefully considered when serving this population in an ethical and competent manner, but population specific interventions and concerns are significantly unresearched and that complicates the ability of the expressive therapies to aid in the healing of the LGBTQ community.

Part of the difficulty of developing strategies and best practices for applying psychological aid to LGBTQ clients is rooted in the history of the field itself, which was created within a heterosexist and transphobic society and thusly became an institution that has upheld those tenants. By understanding the historical foundations of the psychology field, one can then begin to see how to dismantle and interrupt its design so that it brings health, wellbeing, and liberation to the LGBTQ community instead of pathology. In the past, psychoanalytic discourse has approached clients who are lesbian or gay by attempting to investigate causes that led clients to identify that way as opposed to how that identity functioned within their lives (Fraser & Waldman, 2001). In stark contrast to its approach with lesbian and gay clients, psychoanalytic discourse did not investigate the causes or roots of heterosexual sexuality which was deemed to be a normative result of healthy development (Fraser & Waldman, 2001). Instead same sex orientation was viewed as a developmental failure during Oedipal stage characterized by the rejection of interest in potential heterosexual mates and described as a marker of immaturity (Fraser & Waldman, 2001). Melanie Klein, a prominent psychoanalytic therapist, even went as far as to theorize that people who experienced same sex object choice did so as a defense against psychosis (Fraser & Waldman, 2001). Another significant psychoanalyst, Carl Jung, viewed

same sex attraction as an identification with the “opposing” sexual archetype; lesbian women identifying with the “masculine” anima and gay men identifying with the “feminine” animus (Fraser & Waldman, 2001). From these handful of perceptions proposed by the psychoanalytic field’s most integral and influential thinkers, we can understand how scholarly thoughts surrounding the LGBTQ community were fundamentally riddled with erroneous connotations of gender and sexuality, psychopathologizing, and deeply held negative stereotypical assumptions (Fraser & Waldman, 2001).

This deeply dangerous heterosexist and transphobic history is an essential piece of the psychology timeline whose destructive influence has persisted and persists in various forms of unethical and damaging mistreatment of the LGBTQ community. It is vital that therapists remember it was only in 1992 that same sex attraction was declassified as a disease by the World Health Organization and in 1987 completely removed from the Diagnostic and Statistical Manual (Fraser & Waldman, 2001). And prior to that many LGBTQ individuals were forcibly institutionalized, emotionally and physically abused, and dehumanized in the name of treatment alleged to cure them of a sexual or gender identity which was not ill. These attempts at annihilating a part of their spirit included but were not limited to “conversion therapy,” aversion therapy, and shock treatments (Fraser & Waldman, 2001). Though there has been immense harm acted upon the LGBTQ community by the field of psychology there is a capacity for meaningful change and reconstruction towards a field that addresses LGBTQ oppression within society, LGBTQ culture, and strengths within the LGBTQ community. Currently, the unethical practices used under the name “conversion therapy” are condemned by most American therapists (Addison, 2001). Additionally, in 1990 the American Psychological Association found scientific evidence which indicated “conversion therapy” does not turn LGBTQ people into heterosexual

and can negatively impact clients' wellbeing (Addison, 2001). As the field develops through time it slowly makes small motions that address its deeply marred history and demonstrates its ability to progress towards a future that understands and honors the humanity of the LGBTQ community.

The creative arts therapies are a part of the psychology field which includes different modalities such as art therapy, dance movement therapy, music therapy, psychodrama, and the intermodal expressive therapy all of which can be adapted to have a potentially positive impact on client's well-being. The creative therapies function under the idea that the connection between emotional and physical wellbeing and self-expression is one where properly supported self-expression can generate positive results (Pelton-Sweet & Sherry, 2008). LGBTQ people in particular have been stripped, silenced, or made to question their self-expression due to fear of emotional, physical, and spiritual repercussions from a heterosexist society. But this silencing of free self-expression can create obstacles towards LGBTQ people developing their relationship to themselves, construct their identities, and creating relational bonds (Pelton-Sweet & Sherry, 2008). The research within the creative therapies modalities is very limited and the relationship between self-expression and mental wellbeing among the LGBTQ community in treatment is not yet fully understood. This thesis will explore the effectiveness of various clinical creative art therapy interventions and creative goal-oriented activities implemented with the LGBTQ population and examine the impact of encouraging self-expression among a historically silenced and antagonized group.

Literature Review

A review of available studies in the creative arts therapies demonstrates the need for a comprehensive overview in the trends of the LGBTQ population's response to creative

interventions. The following review of literature will briefly examine various studies which may elucidate the connection between self-expression and mental health in the LGBTQ community. The studies available indicate special areas of awareness and concern for LGBTQ clients, which can orient therapists to build competency in distinguishing differences and similarities among each subcommunity, the overarching concepts of sexuality and gender as it relates to expression, and identity related threats to mental health. Additionally, studies reviewed in this thesis will include art therapy, dance therapy, community based creative activities, creative writing, and music therapy interventions and how it impacts the LGBTQ community's wellbeing through mental and physical effects.

Therapeutic concerns of LGBTQ Population

The special concerns of the LGBTQ population are dependent on the client's gender identity, gender expression, and sexual orientation. Many of the concerns of the LGBTQ population consist of housing and employment discrimination which can include harassment, eviction, homelessness, and unfair job termination (Addison, 2001). LGBTQ clients may also have difficulties with gender confusion, dysphoria, social gender transition, medical gender transition, internalized homophobia, internalized transphobia, religious conflicts, cultural conflicts, and social or relational rejection due to their status (Addison, 2001). These areas of potential concern for the LGBTQ community can be further explored in detail as they relate to the client's cultural background and other intersections of oppression including, but not limited to race, ability, immigration status, and socioeconomic status. Due to the difficulties facing LGBTQ individuals there is potential for their self-expression to be altered due to fear, trauma, or avoidance of negative consequences and this can have a number of effects on the client's life.

Clinical expressive therapists seeking to understand and build competency to work with the LGBTQ community must first inform themselves of the terms used to comprise each identity and the key concepts which they fall under (Addison, 2001). A vital distinction to acknowledge, which is often erroneously conflated, is the difference between sex and gender identity (Killermann, 2017). Gender identity is a person's internal concept of their gender, which includes, but is not limited to the following identities; woman, man, nonbinary, genderqueer, pangender, agender, bigender, demigirl/boy, transgender, transman, transwoman, two-spirit, and hiraj (Killermann, 2017). A person's sex usually refers to the medically assigned moniker given at birth which refers to anatomical, hormonal, and chromosomal characteristics, this typically falls under two categories; male assigned at birth (MAAB) for infants with a penis and female assigned at birth (FAAB) for infants born with a vulva (Killermann, 2017). For infants who are born intersex with ambiguous sex characteristics, there is often medical assignment within the female or male binary instead of assigning them as intersex or worse unethical unnecessary medical intervention to medically align the infant within those categories (Killermann, 2017). The sex assigned at birth does not determine a person's gender identity, but specifically refers to a vastly unsophisticated and coercive medical model of femaleness and maleness. When a person's gender identity and sex are considered aligned in the following way, men born with a penis or women born with a vulva, then they are considered cisgender (Killermann, 2017). When a person is AFAB and identifies as a man he is transgender and when a person is AMAB and identifies as a woman she is a transgender (Killermann, 2017). Transgender can also be used as an umbrella term to include the entire spectrum of genders excluding cismen and ciswomen (Killermann, 2017). Currently those who identify as transgender and/or not cisgender experience a multitude of relationships with that part of themselves including pride, strength, dysphoria,

shame, internalized oppression, and connection, but despite their resilience, they live within a larger cis oriented society which threatens their wellbeing. Outside of experiencing silencing, microaggressions, and prejudice on an individual level, many transgender people experience high suicide rates, violence, institutional oppression, inadequate healthcare, and numerous other challenges (Karcher & Caldwell, 2014). When working with LGBTQ clients it is imperative that mental health workers focus on the themes of witnessing, safety, resiliency, and support.

An expressive therapist must be able to conceptualize the distinctions between gender identity, gender expression, and sexual orientation. Although all these terms are related they are not interchangeable and reliance on one to determine the others is an assumption which should be highly cautioned against when working with LGBTQ clients. Gender identity differs from gender expression because it is internal, and the latter is external. Gender expression or gender presentation is the way a person displays their gender outwardly which can include the clothes they wear, their social behavior, body language, and mannerisms (Killermann, 2017). Sexual orientation is defined as the emotional, sexual, or romantic attraction to a person of a particular gender identity (Killermann, 2017). Heterosexual individuals include men who are attracted to women and women who are attracted to men (Killermann, 2017). Sexual minorities include lesbian women attracted to women, gay men attracted to men, bisexual people who are attracted to people of their gender and another gender, pansexual people who are attracted to people of all genders, and queer people who are attracted to various genders and may identify as gender diverse (Killermann, 2017). Often due to physical and emotional threats within their environments many LGBTQ people are unable to publicly express their gender or sexual orientation and therapists are tasked with respecting their desire for safety while honoring their desire to be wholly integrated.

The experiences of the LGBTQ community are incredibly diverse and there are also shared overarching experiences which may define the identity. LGBTQ individuals are ever evolving humans whose sexual orientation and gender identities exist in a fluid state that continually transform with reference to the inner and external stimuli of life (Fraser & Waldman, 2001). For some of the LGBTQ community, this fluidity is more contained and defined than others. Similarly, within the LGBTQ community there are those who have experienced various levels of engagement with sexual activities related to their sexual orientation due to a myriad of different reasons including but not limited to lack of sexual interest, lack of opportunity, and feeling unable to act on sexual desires (Fraser & Waldman, 2001). LGBTQ individuals may fall on a wide spectrum of engaging in gender expression and transition in both public and private spheres, but regardless of their acting in agreement with their gender identity they are part of the community. As an expressive therapist serving the LGBTQ population one must keep abreast of a client's historical and current relationship with their gender identity, gender expression, and sexual orientation. Additionally, a therapist should be ever cautious and attentive to a client's gender and sexual identities and expression so as not to violate the therapeutic relationship by disclosing or outing client's gender or sexual minority status, which could have extreme consequences for the client (Addison, 2001).

LGBTQ identities are of varying importance to each individual ranging from core to tertiary parts of one's being. When an expressive arts therapist is working with a client it may also not be apparent whether or not the client is LGBTQ because those identities are not always visibly identifiable (Addison, 2001). LGBTQ clients therefore may come to therapy with concerns directly related to their sexuality orientation or gender identity as well as concerns about other parts of their lives which may be considered unrelated or only tangentially related.

For clinicians working with LGBTQ clients there are special concerns regarding their client's physical health and how it relates to their mental wellbeing. LGBTQ communities have been significantly impacted by sickness and death due to HIV, AIDS, violence, lack of access to health care, impacts of oppression related stress on the body, and lower socioeconomic status (Fraser & Waldman, 2001). Expressive arts therapist must be prepared to encounter and navigate potential client diagnosis of HIV or AIDS and potential bereavement for others who have died from HIV or AIDS (Fraser & Waldman, 2001). When working with LGBTQ clients it is also important to be aware of various emotional processes around medical and social aspects of transitioning to affirm one's gender identity. These medical procedures are also at times fraught with legal concerns around who can care for loved ones during medical emergencies and legal processes that gatekeep lifesaving gender affirmation surgeries. Being aware of the connection between the body and the mind of LGBTQ individuals who are vulnerable societally, medically, and emotionally is crucial to maintaining a holistic level of care.

During the course of therapy with clients who are LGBTQ there are distinct considerations a therapist must be able to identify, navigate, and attend to in the work. First and foremost an expressive therapist must have awareness of their own personal attitudes towards gender and sexual minorities including their prejudices, homophobia, and transphobia (Addison, 2001). This awareness must be constantly developed and explored throughout their career and an expressive therapist must address these concerns within person therapy, clinical supervision, and when relevant with clients (Addison, 2001). When and if these concerns about personal homophobia and transphobia are too great an expressive therapist must refer LGBTQ clients to competent and reliable resources (Addison, 2001). The understanding of the self and

how one operates with relation to LGBTQ clients brings authenticity and growth to the therapeutic dynamic.

A therapist working with the LGBTQ population must be able to withstand various instances of transference. In the case of clients who are LGBTQ, the potential for the client to transfer negative societal emotions and thoughts onto the therapist is a conceivable scenario which must be handled responsibly. A therapist must be prepared to handle this transference with careful skill, balancing the benefits of affirming the client's identity with allowing the client space to express their pain (Fraser & Waldman, 2001). Another concern for clinicians will be the processing of potential homoerotic transference from the clients and their own countertransference. It is crucial that heterosexual therapists handle these situations confidently without excessive anxiety or discomfort (Fraser & Waldman, 2001).

For therapists working with clients who are LGBTQ and who also identify within that community there are special concerns regarding whether or not to disclose their sexual orientation or gender identities. Therapists who are LGBTQ identified can find that the disclosure of their identity to LGBTQ clients can allow them to act as a positive role model, build rapport, and potentially invite client's projections of internalized self-hatred (Fraser & Waldman, 2001). LGBTQ expressive therapists working within their community must also consider the emergence of dual relationships and how to maintain personal and professional boundaries with clients at LGBTQ social events, activities, and establishments (Addison, 2001). Beyond boundaries directly concerning dual relationships and personal identity disclosure it should be noted that attention should be given to how LGBTQ client may respond to boundaries and disclosure from a therapist based on their experiences as LGBTQ individuals.

When working with LGBTQ clients of any age it is important to acknowledge how their understanding of LGBTQ people developed in their formative years. Familial and immediate regional communities may have differing impacts on LGBTQ clients, but generally within the United States there are trends in experience which may occur in school. Educational environments during the primary and secondary school years often lack formal discussions regarding sexual identity, sexual orientation, and gender identity (Addison, 2005). When these topics are discussed it is often engaged primarily within a framework centering heterosexual and gender binary discourse (Addison, 2005). In health curriculum, reproductive sex is positioned as the primary subject of study, this normalizes lessons in which sex education is defined within narrow terms of sexual intercourse between heterosexual cis couples (Addison, 2005). This type of sex education relegates other forms of non-reproductive sexual activity and sexual reproduction without sex as deviations from the predominating heterosexual contexts (Addison, 2005). This othering of non-reproductive sexual activity and sexual reproduction without sex has homophobic and transphobic implications since much LGBTQ sexuality falls within this scope (Addison, 2005). For LGBTQ students especially, cis lesbian couples, cis gay couples, and transgender people this bigoted predisposition in sex education curricula can be isolating, confusing, marginalizing, and alienating (Addison, 2005).

Lack of gender and sexual orientation competency in classroom curricula expands beyond health and sciences courses (Addison, 2005). Heterosexist and transphobic leanings within the education system are embedded into the institution through lack of representation, marginalization within representation, othering, and lack of interventions to reduce LGBTQ bullying. Without LGBTQ inclusive and affirmative curricula students can often feel alone, invisible, and alienated from themselves, their peers, and learning that relates directly to their

lives (Addison, 2005). It is clear the education system is one example of many institutions which can negatively impact LGBTQ people through both direct and implicit bias. Due to this reality creative arts therapists will find themselves in a position which may require advocating, supporting, accepting, and gauging LGBTQ client's agency to maintain their mental health in relation to educational and other environments that are discriminatory.

As it becomes apparent the lack of safety in various environments, societal stigma, and lack of general empathy towards LGBTQ individuals, the cost of living as a publicly known LGBTQ person becomes apparent and for some clients avoiding those negative consequences comes at the cost of their self-expression. The LGBTQ community includes individuals who are able to conceal socially stigmatized parts of their identity. For LGBTQ individuals with the ability to conceal their sexual orientation or gender identity, there can be negative cognitive, affective, somatic, and self-evaluation effects attributed to concealing these identities (Roberts, 2016). Those with concealable stigmas are cognitively burdened with the evaluation of other's perceptions, which can manifest in hypervigilance when searching for cues of discrimination and devaluing from those with non-stigmatized identities (Roberts, 2016). Additionally, concealing LGBTQ identity can result in increased psychological distress due to the individual's attempts at thought suppression leading to intrusive thoughts or emotional distress intensification due to constant awareness of their stigmatized identity (Roberts, 2016). Living with a concealable stigma also puts an individual at risk for internalizing negative stereotypes about their identity (Roberts, 2016). And once internalized homophobia or transphobia is present it can be important for individuals to be acknowledged and allowed to grieve its psychic and social consequences (Fraser and Waldman, 2001). It is also important for internalized homophobia and transphobia to

be worked with in therapy because it can lead to misdiagnosis and mistreatment if not processed properly (Addison, 2001).

The act of concealing stigmatized identities involves altering appearance, expression, and functions of the body, which also alters an individual's internal experience of their body (Roberts, 2016). Concealing their LGBTQ status can create unsafe feelings within the body, disconnection from the body, lack of feeling self-acceptance, and feelings of hiding their identity in public (Roberts, 2016). The resulting negative effects of concealing their stigmatized gender and sexual orientation identities increases in severity if the individual thinks frequently about this identity or if the identity is central to their being (Roberts, 2016). Somatically, LGBTQ individuals who conceal their identity may have predispositions towards outward bodily orientations due to hypervigilance and scanning for external threats (Roberts, 2016). These acts of concealing self-expression, which are attempts at self-protection can assist a client's physical and emotional survival within certain scenarios, but also has potential for negatively altering their relationship to their body. Creative arts therapist must work very closely and carefully with clients to provide support and coping strategies for the fallout of limiting their self-expression.

Lived experiences of LGBTQ people with concealable marginalized gender and sexual orientation identities are unique because they may be preoccupied with concerns of whether or not to disclose their identity to others. This concern is not afforded to LGBTQ people with visible, non-concealable, identities and those who have been outed by others. The ability to conceal LGBTQ identity allows the individual to attempt to avoid negative responses and potentially be accepted with benefits afforded cis and heterosexual counterparts, but these allowances are only accessible at the cost of concealing the stigmatized identity (Roberts, 2016). Concealing LGBTQ identity can be a part of an individual's pursuit of survival in a dangerous

and discriminating world. Concealing LGBTQ identity can afford some sheltering from homophobic and transphobic discrimination and violence in employment, health care, education, legal, and social environments (Roberts, 2016). Although concealing stigmatized identities may afford some protection against discrimination there is still potential for internal negative impacts as previously described. Currently there is a tendency for disclosing stigmatized identities to be considered therapeutic and healthy which relegates nondisclosure and concealing stigmas to be cast in an unhealthy and dysfunctional light (Roberts, 2016). It is incredibly important for those supporting and affirming LGBTQ clients to hold the balance of potential benefits of identity disclosure, risks of disclosure, and internal risks of concealing LGBTQ status (Roberts, 2016).

Developing competency to work with the LGBTQ community requires familiarizing oneself with therapeutic concerns common among the population such as navigation and processing of unsafe homophobic or transphobic environments and situations. Similarly, a creative arts therapist will need to build skills to assist their LGBTQ client in developing their own experience of identity within the diversity of expression, cope with potential internalized self-hatred due to their identity, and gauge the benefits and drawbacks of concealing their identity in various parts of their lives.

Physical and emotional acts of dehumanization by a heterosexist and cissexist society enacted through institutions, government, workplaces, families, poorly trained therapists, social networks, and media can contribute to LGBTQ individuals concealing their identities and altering their self-expression. Due to the pervasiveness of oppression LGBTQ people face during their lives they are presented with a myriad of situations and instances in which they must decide if they will express themselves in alignment with their identities or not. The LGBTQ individuals who alter and conceal their identities for survival potentially risk disconnecting from their body,

emotional distress, hypervigilance, and self-rejection. As creative therapists and LGBTQ clients contend with the negative impact caused by the loss of their self-expression and concealing their identity, it is also evident that their counterparts who do not conceal their identities fair better in certain aspects of mental and physical health.

Art Therapy

Art therapy has the capability of encompassing the profoundly political and personal experience of the LGBTQ community. The art created can boldly proclaim LGBTQ desires, hopes, and pains which may have otherwise remained unspoken and unexpressed. Just as existence within LGBTQ personhood is subversive, whether public or private, so too is LGBTQ art subversive, challenging the omnipresent heterosexist presence in the world and within themselves. LGBTQ artwork contains the vast complexity of a lifetime and the immediacy of significant instances, both of which inherently serves as a defiant yet vulnerable tool for dismantling spaces that deny them implicitly and explicitly. Through the safety of an art therapy setting LGBTQ clients can begin to express themselves fully in regard to their identity and otherwise. The artistic expression of the self being externalized into tangible art images allows the client and the therapist to witness and reintegrate the clients experience. The making of the art itself is known to have positive impacts on physical and mental wellbeing. Additionally, the art images allow communication to the self and to others which provides opportunities for support and empowering perspective taking. For LGBTQ clients expression can be discouraged and silenced through various oppressive entry points causing a slew of negative effects, but restoring self-expression through art making can provide healing on various levels.

Art therapy is used with clients in the hopes that the artistic image making itself is healing and or that the therapeutic communication derived from the art images will have healing

effect on the client. Art therapists are bound by codes of ethics to avoid discrimination when engaging with LGBTQ clients (Addison, 2001). But within the art therapy field of study there is very little specific information about ethical obligations and approaches for clients of the LGBT community (Addison, 2001). And due to cultural differences, many art therapists may be unable to recognize symbols commonly used among LGBT clients, especially if they are heterosexual or an LGBTQ therapist with a differing intersectional background (Addison, 2001). Although there are limited resources about ethical obligations and concerns for LGBTQ clients in art therapy the information available reveals positive outcomes for artistic expression made by LGBTQ clients expressing themes regarding invisibility, coming out, identity related rejection, connection to community, longing for acceptance, internalized homophobia or transphobia, and self-love (Addison, 2001).

In order to work with clients of the LGBTQ population it is imperative to first familiarize oneself with the culture and visual symbols used to convey different identities. A therapist and their client will benefit if the expressive therapist is oriented, knowledgeable, and curious about the aspects of queer culture. An open mind is an asset, but not sufficient without practical information about what LGBTQ people experience and how they communicate those experiences in art imagery. One of the most common symbols of the LGB community is the six-colored rainbow flag with purple, blue, green, yellow, orange, and red stripes (Addison, 2001). Most recently, there has been an addition of a black and brown colored stripes to the rainbow flag to show solidarity and centering of LGBTQ people of color. Some of the more well-known gender identities and sexual orientations within the LGBTQ community have a flag to represent their identity, except for the culturally specific genders. This means that color schemes relating to the flags can be used as symbols themselves when clients integrate them into various images

during therapy. Other symbols used by members of the LGBTQ community are pink triangles which were forced on homosexuals in Nazi concentration camps and equal signs made popular by its use to symbolize equality by the Human Rights Campaign (Addison, 2001). Other common symbols are intertwined Venus symbols indicating women attracted to women and intertwined Mars symbols indicating men attracted to men. The trans symbol is depicted as a single symbol in which the Mar and Venus symbol are overlapped sharing a circle with the addition of line with an arrow and plus overlapped.

LGBTQ clients may also symbolize their queerness in therapeutic art images by using LGBTQ themed multimedia, referencing famous gender and sexual minority celebrities, or referencing celebrities who are not themselves LGBTQ, but who are popular within the LGBTQ community (Addison, 2001). Symbols used in therapeutic art images can also include references to phrases and colloquialisms often used or popularized by the LGBTQ community and places or establishments with prominent gay communities (Addison, 2001). Building working schemas of visual images used by the LGBTQ community will assist the flow of art therapy sessions and aid in avoiding potential resentments arising due to clients feeling they are being put in a position to educate the art therapist about LGBTQ culture while explaining their art images. Practical and applied knowledge of LGBTQ symbols, imagery, and culture is crucial in order to establish rapport with clients who may be reluctant to verbally discuss their stigmatized identity. If a client is using therapeutic art images that holds information about their sexual or gender identity it is imperative that the art therapist can recognize this and respond in a way which acknowledges the client.

A case study of a thirty-five-year-old woman receiving art therapy treatment at a gay and lesbian counselling center provides an example of how LGBTQ imagery can provide a starting

point for clients to discuss their sexual orientation (Fraser & Waldman, 2001). In this case, a lesbian magazine in the therapeutic setting provided an opportunity for the client to speak about her lesbian attraction for the first time in twenty years (Fraser & Waldman, 2001). Since a part of the client's identity was represented in a lesbian magazine among the art studio supplies, she was able to use it as a tool to create collage and discuss women she identified with and women to whom she was attracted (Fraser & Waldman, 2001). Through the provision of representative LGBTQ media among the art making materials the client was offered an implied acceptance of her sexual orientation within the therapeutic environment marking it as a space she felt safe enough to express herself (Fraser & Waldman, 2001). Through the opportunities presented in the art therapy session the client represented her internal feelings of attraction to women after two decades of non-expression (Fraser & Waldman, 2001).

In a different case study, a thirty-five-year-old gay man attending art therapy included a rainbow object from a gay magazine in a collage which the therapist recognized as a reference to LGBTQ community (Addison, 2001). Although the gay man attending art therapy was receiving treatment for issues outside of his sexual orientation he was able to be witnessed supportively, though casually, by his therapist (Addison, 2001). Expressive therapists can show support for LGBTQ community by using representative media, magazines, posters, music, and art in the therapeutic space (Addison, 2001). These items in the therapeutic space demonstrates a contentious recognition of their identity, a desire to welcome LGBTQ clients, and a willingness to set a tone for respect of LGBTQ clients within the space (Addison, 2001).

A group art therapy case study of a thirty-year-old lesbian teacher who had not yet disclosed her sexual orientation to her community demonstrates a common struggle of an LGBTQIA client (Addison, 2001). Through the therapeutic dialog and collage making within the

group setting, the lesbian client was able to speak about her fear of losing her livelihood due to her sexual orientation, her internalized homophobia, and the discrimination she experienced as a lesbian woman (Addison, 2001). The client created a collage including symbols representing her lesbianism such as a famous lesbian singer, a triangle, the word equality, the word queer, and an image with two women together (Addison, 2001). While the client was struggling with fear of being outed at her workplace, she was able to feel safe enough in the group art therapy environment to be seen as a lesbian, share the low self-esteem and conflict she felt about her sexual orientation, and express her pride in her sexual orientation while speaking truthfully about the painful experience of heterosexist society (Addison, 2001). Although not always true for all LGBTQ clients, in this case the client's main concern during the session was difficulty specifically concerning her sexual orientation. As is with this case, there may be times when images created by clients can only be understood through the lens of their sexual orientation or gender identity (Addison, 2001). In this instance viewing the image in the lens of sexual orientation while supporting the client in the group setting created a safe outlet for the client to express her full self (Addison, 2001).

A case study of a lesbian client receiving art therapy clearly links the connection between effects of heterosexist societal oppression and the painful lived experience of the marginalized individual (Fraser & Waldman, 2001). During the art therapy session, the lesbian client created a drawing of a figure standing in front of a blank mirror (Fraser & Waldman, 2001). This image expressed the client's feelings of being unseen and invisible within her lesbian identity (Fraser & Waldman, 2001). The client felt her sexual orientation was unacceptable and this impression was echoed in the lack of lesbian representation in her environment (Fraser & Waldman, 2001). In many LGBTQ clients the effects of living in an oppressive heterosexist environment can lead to

internalized homophobia, difficulty establishing a healthy relationship with their own sexual or gender identity, and mental health difficulties (Fraser & Waldman, 2001).

In a case study of a young gay man undergoing art therapy treatment, the images made conveyed the painful longing of estrangement and abandonment after being disowned by a family member (Fraser & Waldman, 2001). Familial acceptance and rejection due to an LGBTQ client's identity is a typical theme within the community. The tension of living as an LGBTQ individual within a family can cause stress on relationships and create dysfunction within the dynamics as a whole due to homophobia and transphobia. When the revelation of living as an LGBTQ person leads to familial and relational acceptance with family members it strengthens social support and has a distinctly significant protective effect on mental health. In this case study the client drew an image of a person's silhouette floating on an empty sea while a large sun set in the background (Fraser & Waldman, 2001). Through this depiction the client was able to convey his feelings of loneliness through the empty landscape while simultaneously depicting his feelings of invisibility through the negative space in the blank yet outlined figure. The image he created allowed him to communicate his desire for acceptance from a mother who had treated him coldly when he came out (Fraser & Waldman, 2001). The image was evocative of the warmth he wanted from his mother but was no longer receiving after disclosing his gay orientation (Fraser & Waldman, 2001). The image holds his longing for the relationship with his mother and his removal from her acceptance. Although the content is painful it is important in his therapy because it provided him the insight that he was not only hurt by his mother, but left wanting. This awareness though a painful conclusion provided awareness and an ability for mourning, honoring of what was, and acknowledging his personal suffering.

In a case study of a sixty-eight-year-old client receiving art therapy in an older person's hospital for anxiety and depression, a series of drawings created based on her experience of gender and bisexual orientation brought about various insights on her mental health difficulties (Fraser & Waldman, 2001). In the initial drawing she depicts an image which demonstrates the constriction of being unable to express her sexual orientation and gender nonconforming identity which she later found to be a significant contributor to her difficulties with depression (Fraser & Waldman, 2001). The next drawing of a tunnel evoked a sense of possibilities and many choices or paths which represented ways in which she could live her life. The last drawing in the series included rainbow imagery, couples, and a group of figures, it expressed her right to her sexual orientation and right to her whole personhood (Fraser & Waldman, 2001). Through the creation and witnessing of these images with the therapist the client felt "reborn". And as the client's identity and connection to the LGBTQ community strengthened there also emerged concerns, fears, and anger about other's potential vindictive responses to her sexual orientation and grief over time lost while not expressing her identities in the past (Fraser & Waldman, 2001). Through drawings made in art therapy the bisexual client's self-expression encouraged positive thoughts about social supports within the community and a sense of engaging revitalization with life. Along with the growth the client experienced as she strengthened her connection to her sexual and gender identity so too did the difficulties of those identities enter her life.

The use of art therapy with lesbian, gay, bisexual, and gender nonconforming individuals in these studies suggests that the use of therapeutic artistic interventions supervised by a competent art therapist can attend to a large array of LGBTQ specific needs. Art therapy can accommodate LGBTQ clients desire to express themselves regarding invisibility, coming out, relational difficulties, social support, longing for acceptance, internalized self-hatred, and self-

love. Furthermore, the use of art therapy with LGBTQ clients can provide them with a safe refuge where they can raise their awareness of themselves, their thoughts, their feelings, and their mental health difficulties. The externalization of internal feelings can strengthen LGBTQ clients' connection to the self and develop their constructs of self. Art therapy when utilized by ethical and competent practitioners can be flexible enough to encompass special population needs and engage the client's exploration of self with regard to their LGBTQ identity and beyond.

Dance/Movement Therapy

Dance movement therapy functions on the theory that the mind and the body are connected such that body movements, postures, and mannerisms reflect psychological inner states and therefore changing body movements can change the internal psyche (Roberts, 2016). Body movements are considered as nonverbal expressions which can be utilized within a therapeutic relationship to identify emotions, cope with distress, and build social connection (Roberts, 2016). Dance movement therapy has been shown to have a positive effect on anxiety, stress, and reduce depression in those who are being stigmatized (Roberts, 2016).

LGBTQ individuals living in a heterosexist and transphobic society experience oppression at various junctions of their personhood and over multiple points in their lifetime. Karcher and Caldwell conducted a qualitative and arts-based research study investigating the bodily effects of oppression on members of marginalized populations (2014). Specifically, this study included the exploration of somatic effects of oppression on transgender individuals whose experiences were collected through a series of interviews (Karcher & Caldwell, 2014). The study defined somatic oppression as both a psychological and socio-political action in which marginalized groups are unjustly dehumanized, delegitimized, and exploited to the benefit of the

non-marginalized group in power (Karcher & Caldwell, 2014). Somatic oppression is enacted via both verbal and nonverbal means towards the bodies of those in marginalized groups restricting and limiting their range of vocalizations, kinesthetic sphere, and discouraging dominant gestures (Karcher & Caldwell, 2014).

In particular dance movement therapy has the potential to ameliorate or halt the worsening effects of somatic experiences of oppression caused by living with a concealable stigma, like marginalized gender identities and sexual orientations (Roberts, 2016). Because much of dance movement therapy work is localized within the body it has a special ability to evaluate an LGBTQ person's sense of bodily safety and their personal somatic experience of stigma or embodied shame (Roberts, 2016). Although there is not much clinical research regarding specific dance movement interventions and each of the LGBTQ populations there is research regarding shame and populations who are considered marginalized and that information may be potentially clinically useful to the LGBTQ community (Roberts, 2016). Similarly, narrative accounts suggest that the body is a source of knowledge and power for healing trauma caused by psychic and somatic oppression (Johnson, 2009). Through research about shame, stigma, trauma, and dance movement therapy evidence suggests powerful potential for use with LGBTQ clients.

In addition to living with a stigmatized identity, shame, and somatic oppression, LGBTQ clients can also experience trauma. From the perspective of traumatology, critical feminist theory, and somatic psychology, LGBTQ status is understood to exist on a continuum of trauma in which chronic traumatization occurs due to living within a homophobic and transphobic society (Johnson, 2009). This trauma is theorized to exist for LGBTQ individuals even if there is no direct overt transphobic or homophobic physical assault or violence taking place (Johnson,

2009). Whether an LGBTQ individual has or has not been affected by physical assaults, there is still a potential for negative impact by way of traumatic effects from homophobic and transphobic social control that alienates them from their bodies (Johnson, 2009). Narrative research and theoretical concepts of trauma suggest embodied work can serve to transform effects of oppression through reclaiming connection to the body (Johnson, 2009). It is possible dance movement therapy can help LGBTQ people to restore that which is lost through traumatic identity related experiences.

Dance movement therapy can also be used to facilitate a connection between LGBTQ individuals and their communities. In a qualitative study, Owen, a transgender male, participated in interviews and became an active co-creator of the research and subsequent art performance which disseminated the qualitative data with the intent to increase awareness and elicit social change regarding transgender issues (Karcher & Caldwell, 2014). Owen engaged in interviews as well as arts-based inquiries such as witness writing, symbol amplification, and exploring the meaning of his imagery (Karcher & Caldwell, 2014). Owen endorsed bodily experiences of constriction from his binder, negative somatic responses to misgendering and receiving slurs, and “expansion and lightness” when connecting to his own self-concept (Karcher & Caldwell, 2014). This study examining both the negative embodied effects of transphobia and the positive physical sensations associated with gender self-acceptance provides expressive therapists with information about the societal influences impacting transgender bodies and how feelings of gender alignment present physically. Other research has had similar findings regarding negative embodiment trends among individuals with concealed LGBTQ identities. One study found that those who live with concealable stigmas, like LGBTQ individuals, can have body postures which are indicative of low self-worth and lack of self-confidence, including shallow breathing

patterns, lack of head to tail connection, underuse of the kinetisphere, and poor bodily core support (Roberts, 2016). While the negative impact of living in a marginalized LGBTQ body is evident, Karcher and Caldwell's study has also added that elements of bodily movement being felt by the client and shared with others can provide positive feelings of empowerment to LGBTQ clients seeking to use public platforms to challenge oppressive systems and generate LGBTQ supportive environments (2014). Deeply rooted somatic oppression can be realized and challenged within the body and through the body the LGBTQ client can also work towards challenging spaces to become safer for themselves and their community.

Dance movement therapy has been shown to improve certain aspects of LGBTQ mental health, bring awareness to bodily experiences of emotions, and connect individuals to a wider community. Insights into how somatic oppression, stress, and mental health difficulties are embodied may allow LGBTQ individuals to release persisting negative emotions and reconnect to their bodies. LGBTQ clients can also benefit from dance movement therapy by developing a safer way to communicate experiences to the therapist, others, and their community. Being able to identify and process somatic tensions and stress is important for LGBTQ clients who are receiving treatment which will guide them towards liberating and free body autonomy.

Creative Writing Therapeutic Interventions

The LGBTQ community experiences difficulties which often can remain unprocessed or unexpressed due to social stigmas, shame, and trauma. Expressive therapists and other clinicians who are capable and competent in dealing with LGBTQ related-stress and traumatic events such as hate speech should be aware of the positive mental and somatic outcomes of using creative writing interventions. Creative writing interventions about traumatic events are based on disinhibition theory which supposes that unexpressed and unresolved feelings are detrimental to

psychological health and finally expressing those feelings increases wellbeing (Crowley, 2014). Due to silencing, invisibility, and lack of safety in their environments, LGBTQ clients could especially benefit from releasing unexpressed feelings about their identity development, discrimination, harassment, gay related stress, and trauma through creative writing.

Lesbian, gay, and queer individuals experience hate speech both directly and indirectly through bigoted people within their community and via the media. The inevitability of LGBTQ people experiencing bullying and harassment is universal for all gender and sexual minorities. Because the mind and body are connected being exposed to hate speech can cause both psychological and physiological damage to targeted LGBTQ populations. These painful dehumanizing experiences can be expressed and processed with careful and patient creative interventions. Research on therapeutic writing interventions provides information on how expressive writing can be used with LGBTQ hate speech survivors to promote physical and emotional healing (Crowley, 2014).

In an experimental study conducted by Crowley, LGBTQ participants in the experimental group wrote expressively about their thoughts, feelings, and beliefs related to being survivors of sexual orientation related hate speech and the control group wrote about an objective writing prompt (2014). The study examined the effects of trauma disclosure, expressive writing, and benefit finding expressive writing on forgiveness promotion and physiological stress recovery (Crowley, 2014). LGBTQ survivors who wrote expressively about receiving hate speech had significant cortisol recovery and more manageable responses to stressful encounters when compared to control the group (Crowley, 2014). Interestingly, the research also demonstrated that benefit finding expressive writing promoted forgiveness, but trauma disclosure expressive writing showed no significant promotion of health from decisional forgiveness (Crowley, 2014).

The results of this expressive writing intervention support the theory that unresolved emotions become toxic, but disinhibition in expression can ameliorate those conditions (Crowley, 2014).

Another study on expressive writing with LGBTQ clients showed positive mental and physical health benefits as well. In an experimental study conducted by Swanbon, Boyce, and Greenberg, somatic physical effects and gay-related avoidance were measured in a sample of gay men (2008). The gay men in the intervention group engaged in an expressive writing exercise about gay-related thoughts and feelings while the gay men in the control group wrote objectively about a non-emotional topic (Swanbon, et al., 2008). The gay men in the expressive writing group reported the writing sessions on their thoughts and feelings about their sexual identity development over time, and their coming out or their gay related stress, was significantly more meaningful, emotional, stressful, and revealing than the gay men in the control group (Swanbon, et al., 2008). The study also found that expressive writing was correlated with reduced gay-related avoidance and stress related physical body complaints (Swanbon, et al., 2008). Similar positive correlations were found in another expressive writing study which demonstrated higher rates of openness about sexual identity and reduced gay related rejection sensitivity after an expressive writing intervention (Pachankis & Goldfried, 2010). In both studies, gay men participating in expressive writing were correlated with better physiological responses than objective writing exercises. The relief of certain somatic and negative mental health effects after expressive writing is an exciting result especially because writing interventions have potential to be employed in many therapeutic sessions and the required equipment is generally readily available to clinicians and clients.

Therapeutic creative writing interventions can provide an outlet for LGBTQ clients to express unprocessed feelings about their identity and negative anti-LGBTQ experiences.

Creative writing about LGBTQ related trauma and oppression benefits clients physically by increasing their ability to recover from physical stress symptoms. Psychologically creative writing interventions have been found to assist LGBTQ clients in exploring emotions and find meaning in difficult experiences. Interpersonally, creative writing about LGBTQ experiences had the protective effect of reducing their sensitivity to identity related rejection from others. The intervention also encouraged clients to be more open about their sexual identity and decreased identity avoidance.

Music Therapy

Silencing is a common occurrence for marginalized people, but the challenges of telling the story of their experience can also be complex to handle. If misinterpreted by those listening storytelling can perpetuate stereotypes, increase feelings of othering, and place LGBTQ clients in vulnerable positions that showcase their emotional pain or put them in unwanted teaching positions (Shpungin, 2012). Silencing of marginalized populations like the LGBTQ community can occur due to hatred, social skill differences, interpersonal issues, prejudices, and personality factors (Shpungin, 2012). These forms of silencing can include microaggressions, group silence regarding LGBTQ issues, talking over LGBTQ people, and devaluing LGBTQ people (Shpungin, 2012). Despite these potentially negative experiences, storytelling can also be experienced as immensely empowering, cathartic, and connecting. To mediate the potential difficulties of storytelling, the expressive therapies can be used to offer LGBTQ people a safe distance from which to share their experiences and provide a platform to express interpersonal and intrapersonal experiences. Music therapy in particular can be used as a channel for LGBT clients to tell their stories vocally through song and musically through the use of instruments. Songwriting, composition arranging, and singing can allow LGBTQ individuals the chance to

connect with to others, help solidify their narratives about their identities, and process emotions related to their identities.

A thesis by Mathioudakis explored the benefits of music in the lives of transgender men during their coming out process (2015). The investigation follows a heuristic qualitative research design with the primary investigator and two other transmen forming the sample (Mathioudakis, 2015). The case study of these transmen is based on self-reports and includes their replies to a set of interview questions about if they had any beneficial experiences with music during their transgender coming out (Mathioudakis, 2015). The data was collected through both in person and online interactions (Mathioudakis, 2015).

The thesis includes transmen's reports of both music making and music listening (Mathioudakis, 2015). The transmen in the sample reported that listening to songs provided them with connection to themselves, their emerging gender identity, and their emotions (Mathioudakis, 2015). The emotional and lyrical themes of certain songs, although not specifically mentioning the experience of gender transitioning, were relatable in a way that was gender affirming and inspirational during their coming out process (Mathioudakis, 2015). Also for two of the transmen, listening to musicians who were men became another part of relating to their gender identity and emotions surrounding transition (Mathioudakis, 2015). Music listening provided a positive experience of belonging and being understood which had a protective effect on their well-being (Mathioudakis, 2015). Additionally, music making and lyric writing helped them to process their coming out as transgender through an expressive outlet (Mathioudakis, 2015). Even participants who rarely write songs wrote a song about their FTM transition experience (Mathioudakis, 2015). Overall the transmen deemed their music experiences positive

and felt that those experiences were protective factors which ameliorated difficult circumstances surrounding coming out as transgender (Mathioudakis, 2015).

In a qualitative emancipatory narrative collaboratively written by a transgender teen and a music educator, the teen student named Rie describes her experiences with transitioning, music, and the school system (Nichols, 2013). In her life, Rie faces physical and verbal abuse by classmates with no significant support from her school administration and teachers (Nichols, 2013). Although her band teacher was not explicitly supportive of LGBT issues in the classroom, Rie was supported instead as a musically talented student with great potential (Nichols, 2013). Band class provided Rie with a safe space where she could excel musically in a way the bullies could not hinder (Nichols, 2013). Also, band class provided Rie with a close-knit group of friends and connection with the class as a whole through mutual musical engagement where the common group goal was creating a song (Nichols, 2013). Her experiences of music making are similar to those in the thesis. Like the transgender men, she also accounts to using musical composition as an outlet for emotion and introspection (Nichols, 2013). Her ability to create musically provided her with self-worth and social capital (Nichols, 2013). Ultimately, music allowed Rie to construct herself, connect interpersonally, and build a friend group for social support (Nichols, 2013).

Music therapy and music making interventions can provide a means for LGBTQ individuals to connect with to others through a shared interest while playing together and connect with others by playing music for others. There are not only benefits to interpersonal connection, but also internal effects which occur for LGBTQ people who engage musically. The use of music making can be used as a vehicle for LGBTQ people to cultivate a sense of belonging, process emotions, affirm their identities, and further investigate and develop their identities.

Community-Based Creative Arts Interventions

When the creative arts therapies and creative interventions are used to facilitate communication within a community or between communities it is considered a community-based intervention. Community based art interventions utilize the expression and witnessing power of the collective to produce increased awareness and positive change within itself and often with the larger outside community. As there has been evidence suggesting LGBTQ people's participation in expressive arts is correlated with better personal physical health, there is also research indicating similar results for LGBTQ individuals' mental health after engaging in expressive arts within their community. Community based creative arts can raise awareness about the experiences of oppression, dispel silence around taboo topics, generate safer environments, build community bonds, and empower individuals from marginalized populations.

In a study conducted by Shpungin, Allen, Loomis, and DelloStritto, a theater-based intervention was used to amplify the experiences of silencing of minority groups that occurred at a conference which included LGBTQ members (2012). The results of this theater-based intervention included increased awareness of power dynamics and sociopolitical concerns among the entire group of mixed sexual identity conference members. The drama based narrative intervention also resulted in the LGBTQ members feeling heard by the conference group (Shpungin, et al., 2012).

In addition to silencing indicated in mixed sexual identity groups, there are also experiences of silencing that occur within LGBTQ communities. In a study conducted by Silverman, Smith, and Burns, the expressive therapies including visual arts, music, and drama were used during a two-day symposium in which suicide awareness, reflection, and dialogue was encouraged within a cross cultural population (2013). Specifically, the population included

eighteen participants from the Inuit, Mohawk, Jewish, Christian, Baha'i, South-Asian Canadian, seniors, and lesbian, gay, bisexual, transgender, and questioning communities (Silverman et al., 2013). The data collected included transcripts of the symposium, photographs of art making and the art, photographs of the movement and gestural happenings, all of which were coded into themes by three researchers (Silverman et al., 2013). Despite the lack of a distinct intervention methodology there is an important exploration of the LGBTQ community's perception of suicide, which is of high importance considering their potential for being at higher risk for completing suicide (Silverman et al., 2013).

During a performance activity the LGBTQ participants shared a piece in which they expressed that homophobic and transphobic rejection by society results in shame, compartmentalization, and isolation which leads to suicide (Silverman et al., 2013). This lack of freedom to express their gender identity or sexual orientation was perceived as a factor in developing suicidal ideation (Silverman et al., 2013). In agreement with the other populations, the LGBTQ community members expressed that suicide and suicidal ideation is silenced within their community as well (Silverman et al., 2013). Similarly, suicide survivors expressed receiving judgement from others and themselves generating further social ostracization (Silverman et al., 2013). Within the cross-cultural study universal themes emerged in the art indicating experiences of hiding pain, facing stigma, social isolation, intergenerational presence of suicide, witnessing and being witnessed, and the dualities of sorrow and hope (Silverman et al., 2013). This information suggest that arts based creative therapies can bring awareness to taboo topics within the LGBTQ community and begin to interpret their impact on the community while also creating change by confronting often avoided topics.

Community based art interventions research suggest that exploration and communication from members within a group can lead to individual and larger community awareness. A different study presented similar results. In this study an art therapist researched the connections between art exhibition and social change by holding an art exhibit followed by public discussions (Newman, 2010). The content of the art therapist's art installation was inspired by their clinical work with LGBT adolescents in high school and their own personal experiences within the community (Newman, 2010). The art therapist met with the LGBT youth individually and in groups while creating response art images about their discussions and experiences (Newman, 2010). Through this research the art therapist discovered many of the LGBT youth were concerned with gender and sexuality related social acceptance and safety in their environment because they feared harassment, violence, and ostracization at school (Newman, 2010). Often school can be a site where LGBTQ youth experience or witness homophobic or transphobic violence which makes it incredibly difficult to feel safe during and after such events (Newman, 2010). In light of this information the art therapist aimed to generate awareness of LGBT youth experiences of emotional and physical violence via their art exhibit (Newman, 2010). The art therapist also sought to generate and disseminate ideas within the larger community through discussions about how to provide safety to LGBT students (Newman, 2010). At the exhibit viewers from LGBTQ community identified with the installation artworks and appreciated the support in raising awareness about anti LGBT violence (Newman, 2010). Similarly, heterosexual viewers of the exhibit appreciated the art installation due to relationships with someone in the LGBTQ community and expressed willingness to learn about the topic. This use of art exhibition as a means of activism provides evidence that social transformation is possible through community level art therapy (Newman, 2010).

The dissemination of LGBTQ youth experiences through community based expressive interventions has been shown as beneficial towards transforming community awareness, but in addition to altering the outside community youth can also benefit from creative involvement and control over their narrative. The following study examines these positive effects on a group of LGBTQ youth. Youth Video OUTreach (YVO) was a nonprofit extracurricular educational organization serving lesbian, gay, transgender, and queer youth. YVO taught LGBTQ youth how to create autobiographical documentaries, which were used as a form of outreach and advocacy for LGBTQ youth (Rhoades, 2012). The YVO workshops included drag performances at a retail store, regular discussions, narrative photography sessions, and filmography workshops (Rhoades, 2012). The educational opportunity of documentary film skill building was employed in order to develop the youth's critical awareness of social justice, empower them through artistic activism, and provide scenarios for collaboration towards positive community change (Rhoades, 2012). During the workshops participating youth wanted to include video that expressed positive examples of being LGBTQ, non-gender or sexuality related teenage narratives, and LGBTQ difficulties within their film (Rhoades, 2012). The film was created by nine youth participants over the span of eighteen months to three years depending on their continuation with the organization (Rhoades, 2012). The youths' goals were to connect with other isolated LGBTQ youth, instill hope, and influence heterosexual viewers towards LGBTQ supportive stances (Rhoades, 2012). The film and the work of creating it developed the participating youths' art and activism skills, while also positively impacting the communities they set out to uplift (Rhoades, 2012). The film screenings had an emotional effect on viewers, raising LGBTQ awareness in heterosexual viewers and creating connection to other LGBTQ youth (Rhoades, 2012).

Creative arts interventions can benefit the LGBTQ community on both a personal individual level and through a wider community level. On a personal level community-based art interventions can be used to assist individuals in expressing their inner lives which can benefit them by strengthening their self-concept, allowing them to raise awareness of their feelings, and aiding them to release difficult stigma related experiences. LGBTQ individuals speaking out to the wider community through theater, dance, discussion, and art exhibition, can directly combat the feelings of invisibility, silencing, and underrepresentation. LGBTQ people can use creative arts on a community level to express shame, isolation, and judgment to others in their community and those outside of their community. LGBTQ who utilize group and community art-based platforms to share their work find the art making a beneficial experience and sharing their art to be empowering and influential.

Discussion

Currently, creative arts therapy research on the LGBTQ population is desperately negligible in relation to the deep needs of a population facing a higher percentage of risk for experiencing mental health conditions, using substances, and completing suicide. Despite the huge disparities between creative art therapy research on heterosexual clients versus LGBTQ clients, the collected articles demonstrate that LGBTQ clients experience unique hardships which include institutional, relational, physical, and emotional difficulties.

LGBTQ individuals are impacted negatively by heterosexist and transphobic systems and therefore suffer from disparities in care due to incompetence, negligence, and bigotry. Unfortunately, this disparity in care includes mental health systems and information presented to creative art therapists is minimal at best. It is blatantly clear that LGBTQ clients need competent, ethical, and specialized care that serves the many unique adversities of their experience

including, internalized self-hatred, social rejection, gender or sexual orientation confusion, safety concerns, lack of representation, trauma, and coping with hostile environments.

Although much of the research reviewed suggests a positive trend towards creative art therapies and creative interventions being beneficial, due to the lack of research and the incredible diversity of the LGBTQ community the findings are limited. Much of the literature reviewed relies on information provided by case studies and studies with small samples, which provides deep and rich data of specific experiences, but cannot be generalized to a large population considering the variety of LGBTQ experiences. Also, it must be acknowledged that the experiences of lesbian, gay, bisexual, and queer individuals are all within the same umbrella of sexual minority experiences, but each have unique therapeutic considerations due to differences among subgroups. Similarly, it is important to understand that the LGBTQ community includes both gender and sexual minorities, but there are different risks and needs for clients based on those delineations as well. Due to the effects of intersectional oppressions it would also be beneficial to have information on the impact of the creative arts with LGBTQ individuals of differing socioeconomic groups, races, identity disclosure status, and those of differing health statuses. This literature review is also limited due to its lack of investigation with regards to intersex, asexual, and polyamorous individuals, who are often found within the LGBTQ community.

The potential of using creative expression interventions with LGBTQ individuals appears promising based on the findings in this literature review. The creative arts therapies would be better able to serve the LGBTQ population if future research was developed to explore clinically designed expressive arts interventions with each subgroup of the LGBTQ community. There may be certain creative art therapy interventions which may work better for gender minorities

versus sexual orientation minorities and being able to compare data across subgroups would deepen understanding of how creative expression functions within the population. Also, the creative arts therapy field could potentially influence the intensity of its beneficial effects by exploring longitudinal design studies where creative expression interventions are administered multiple times among samples.

Through the critical synthesis of articles reviewed in this thesis there is evidence that suggests involvement in creative arts therapy treatment, creative clinical interventions, and creative arts-based community activities can improve wellbeing and ameliorate certain negative impacts that silencing and invisibility has on LGBTQ individuals. The reviewed studies and creative arts therapies articles included art therapy, dance therapy, music therapy, intermodal expressive therapy, and drama therapy. Articles reviewed also included clinical creative writing interventions, art activism, and community-based art activities. Despite the type of therapeutic or community-based intervention medium there was an overarching trend towards beneficial effects for LGBTQ people engaged in the expressive arts.

In many of the studies reviewed in this thesis psychological healing and positive self-reports resulted from creative self-expression because it contained the capacity to honor and integrate LGBTQ experiences while restoring individual's control over their narratives. Studies reviewed within this thesis have shown that many different environments including schools and workplaces have been experienced as unsafe and unwelcoming by LGBTQ individuals. Alternatively, through competent facilitation of care the creative art therapies can create welcoming, accepting, and safer spaces that embrace LGBTQ clients through respectful and supportive creative interaction. For some the use of artistic self-expression itself provided a safe holding space to communicate and for others the LGBTQ supportive setting allowed them to feel

comfortable enough to communicate through artistic making. This precious sense of safety enriched the therapeutic bond and opened the path for clients' personal growth in myriad of ways.

The studies reviewed suggest that artistic self-expression provides LGBTQ clients with a means of processing, reflecting, and reintegrating the positive and negative experiences of their lives. Through the expressive therapies LGBTQ individuals shared their experiences of internalized identity related self-hatred, invisibility, discrimination, pride, self-love, identity confusion, pain, mourning, and interpersonal struggles. Through the creative arts LGBTQ individuals cultivated greater self-awareness regarding their feelings and fears, their mental health difficulties, and their grief about interpersonal fallouts. Similarly, the creative arts also provided self-awareness and insights into what LGBTQ people envisioned would empower them, how acceptance positively impacted their lives, and how pride in their identity improved their sense of self. Use of the creative art therapies provided a means for the client to develop and construct their inner self which provided some with enough affirmation to strengthen ties to other community members. The artistic formation of the self through creative arts held space for clients which honored both pain and hope thus empowering them to a more holistic internal and interpersonal embodied presence.

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