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## How Art Therapy Can Be Used to Teach Queer Inclusive Sex Education to Queer Youth: A Literature Review

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**How Art Therapy Can Be Used to Teach Queer Inclusive Sex Education to Queer Youth: A**

**Literature Review**

Capstone Thesis

Lesley University

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Art Therapy

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### **Abstract**

This literature review examines the potential of art-making as a tool to educate and inform queer youth about queer sexual experiences. Many queer individuals lack information about safe and healthy sex due to the exclusion of queer experiences in sex education programs. Current sex programs solely focus on abstinence and heterosexual experiences, leaving queer youth in the dark about what to expect from future sexual experiences they may have and how to practice safe queer sex. Through a search of the literature, it was discovered that there is a gap in research using art therapy in this specific context. Through an exploration of the topics of art therapy, LGBTQIA+ history, feminist theory, queer theory, and object relations theory, previous research and writing are integrated into the conceptualization of the potential benefits that would come from the exploration of queer experiences in sex education through art therapy with queer youth.

*Keywords:* queer, sex education, LGBTQIA+, art therapy, consent

*Author Identity Statement:* The author identifies as a queer, white person from New England that is of mixed European ancestry.

### **Introduction**

Many queer people, including myself, never learned about queer sex and relationships in our school's sex education curriculum. Many individuals only receive sex education on heterosexual experiences while others receive no formal sexual education in their school system at all. Many schools that teach sex education solely educate youth on abstinence, pregnancy, heterosexual sex, and the many 'horrors' that can come from queer or premarital sex. This leaves queer youth to turn to the internet to learn about queer experiences, which can sometimes provide incorrect information.

While researching for this paper, I learned that queer sex, consent, and pleasure is often forgotten and not included in the educational system's health curriculum. The lack of discussion surrounding desire, consent, and genitalia in sex education courses leaves many topics unknown to young individuals that are important for a healthy and happy sex life. From this lack of knowledge, many young individuals have experienced being sent unsolicited sexual images, been sexually harassed, assaulted, and/or raped, or have never had a conversation about different types of genitalia or what consensual sex looks like. Queer sex education is needed in today's society to prepare queer youth for future sexual encounters and feel safe and comfortable expressing their identities. Unfortunately, there is a lack of research available regarding queer sex education, however, I hope to bring attention to this topic for future research by gathering information from various fields to make a case for collaboration between art therapy and sex education. This paper will explore the question of how art therapy techniques can be used to start a conversation and educate queer youth about queer-inclusive sex education.

In this literary review, current sex education programs and arts-based research that explores queer sexual health will be examined and the potential effectiveness of using art therapy to educate queer youth about queer sexual health is explored. There is little to no existing

research on how the creative arts can be used to educate youth on queer sexual health, but art-making has been used to teach individuals about consent and autonomy. It has also been used as a method to invoke a sense of community within groups of similar backgrounds dealing with similar struggles.

I am hoping to entice a conversation about queer sex education in America through this thesis capstone paper for Lesley University. The art therapy field is relatively new so there is much room for growth, which I believe can be done by mixing with other fields. By gathering useful information and research, I hope that this literature review can act as a case for the collaboration of art therapy and sex education programs. I hope to inspire the minds of art therapists to share directives and interventions with sexual health educators to utilize the wealth of information to educate youth about sex.

I acknowledge my race and experiences as write this paper as a queer white individual from New England. I also acknowledge the privilege of receiving higher education, which is a privileged institution that has been designed to advance certain kinds of students and exclude others. In writing this paper, I learned about how privileged I was to receive information about sexual health in my public education schooling since many individuals do not receive sexual health education.

### **Literature Review**

The following review of literature will briefly discuss the topics of sex education and how the queer community has been erased from the general sex education curriculum available in school systems. Additionally, studies reviewed in this paper will include art therapy, community-based activities, creative writing, and how it impacts the LGBTQIA+ community's

well-being. The queer community's history with laws and policies and general research on LGBTQIA+ individuals will also be reviewed.

The lack of studies available on how creative interventions can be used to teach inclusive sex education to queer youth indicates the need for more attention on the topic. Queer youth deserve and need to learn in settings that are inclusive of their experiences and provide them with the education necessary to stay safe and healthy in sexual situations. Some too many queer individuals do not feel represented during their sex education because educators and textbooks have failed to appropriately address their identities, behaviors, and experiences.

### **Sex Education**

Sex education has been around since the Age of Enlightenment and has been a way for children to be "guided into adulthood" (Carter, 2001). However, mandatory state-sponsored schooling and increased enrollment of pubescent students have created the possibility for sexual pedagogy throughout the United States of America within the last hundred years (Carter, 2001). The increasing concern about the transmission of venereal diseases was one of the reasons why Americans began public conversation about the "transmission of sexual knowledge" (Carter, 2001).

How sex education programs should inform American youth about sex is a battlefield. There are two opposing "sides" of how sex should be taught to youth in America: one side is Abstinence Only Until Marriage education (AOUME) programs and the other is Comprehensive Sexuality Education (CSE) programs. AOUME programs support the belief that sex is private and sacred and that abstinence is the only option for unmarried people. In contrast, CSE programs believe that sex is a natural act, and that people should be empowered by receiving the complete and correct information they can use when making decisions about sex and their sexual

health (Luker 2006 as cited in Kendall 2012, p. 2). Florida's "Don't Say Gay" law denies students the opportunity to learn about gender identity and sexual orientation (Barbeault, 2014). This state bill seeks to restrict access to comprehensive sex education (CSE). The Gay, Lesbian, and Straight Education Network (GLSEN) Research Institute's National School Climate Survey of LGBTQ+ middle and high school students "found that over 24% of LGBTQ+ students had never had any school-based sex education, and of students who had received sex education in school, only 8.2% reported that it was inclusive to LGBTQ+ topics" (Kosciw, Clark, Truong, & Zongrone, 2020 as cited in The Human Rights Campaign Foundation, 2021).

### **Queer and LGBTQIA+**

The term "queer" is an umbrella term that refers to both gender identity and sexual orientation, also referred to as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual) in other contexts. This includes any person who is not sexually or romantically attracted exclusively to the gender "opposite" them on the gender binary, as well as those whose gender does not align with the gender they were assigned at birth. There are also a wide variety of terms that fit under the umbrella that some individuals choose to use either in addition to or to replace the term "queer". It should be noted that due to the nature of the term as a reclaimed slur, some people may not choose to identify with the term, but this does not impact their belonging to this group.

### **Art Therapy**

Art therapy is a part of the psychology field which have been adapted to have a potentially positive impact on a client's well-being. According to the American Art Therapy Association (2017), art therapy can be defined as an integrative mental health and human services profession that enriches the lives of people through "active art-making, creative process,

applied psychological theory, and human experiences with a psychotherapeutic relationship”. Art therapy has been used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, reduce and resolve conflicts and distress, and even advance societal and ecological change (American Art Therapy Association, 2017). By using integrative methods, art therapy engages the mind, body, in spirit through verbal and non-verbal communication.

Art therapy functions under the idea of emotional and physical well-being and self-expression is one where properly supported self-expression can generate positive results (Pelton-Sweet & Sherry, 2008). Lupton (1997) shares that the practice of art therapy occurs on two different levels; one is personal, and one is “overtly political” (p. 7). An individual may personally use art, writing, or performance in an attempt to express visually or verbally their embodied sensations and emotion (Lupton, 1997, p. 7). This art may not be seen by others, besides the therapist or others involved in a therapy group, due to its purpose “purely [being] self-expression and catharsis” (Lupton, 1997, p.7). The other use of art therapy is when art is used to “express and critique the socio-cultural context in which pain, illness, disability or social stigmatization or inequality are experienced” (Lupton, 1997, p. 2). This art is often publicly displayed in an attempt to promote social change.

The art therapy field faces criticism from other psychological fields by claiming that the field is invalid. Other healthcare practitioners believe that the creative arts do not have enough empirical evidence and do not see the work art therapists do with clients as “valid”. Moon (2001) discusses the struggles art therapists face when trying to develop language consistent with our practice, by sharing that “we [art therapists] have the opportunity to offer the arts as an alternative language to clients who experience themselves as marginalized and misrepresented



by the language of the dominate culture” (p. 241). Moon (2001) also writes that “when we name what it is that we do, in our own words, with our emphasis, from our perspective, we are claiming our right to exist” (p. 269). Since verbal language is such an integral part of how we interact with clients, translate the meaning of the artwork and the art process, and describe therapy sessions in written documentation and treatment team meetings, art therapists need to use words with care. Words have the potential to aid in “moving art toward its full expression” but also contain the power to “contain constrain, or even silence” the emerging meaning in an artwork (Moon, 2001, p. 258). Because of this thin line, art therapists choose what words to use with clients and when to use those words.

The art therapy field, and the therapeutical field in general, is dominated by people who are white, cisgender, heterosexual, able-bodied, and English-speaking with access to higher education. Most theories and interventions that are still used today in practice were created by white heterosexual cisgender men (Talwar, 2010). A 2013 member survey from the American Art Therapy Association (AATA) revealed that over 90% of respondents identified themselves as female and white (Elkins & Deaver, 2013). With a growing population of non-white individuals in the United States, art therapy professionals need to diversify as a way to keep the field relevant to their clients.

### **Queer Theory**

Queer theorist Judith Butler introduced the notion of gender as a fluid performative act instead of a fixed biological state (Butler, 1990). Queer theory provides a framework for questioning and resisting binary systems to promote flexibility in individuals’ identities. Queer theory challenges categorized identities, including sex, gender, and sexual orientation, and

suggests that every part of our identity is fluid and mixed, thus capable of transformation at any point in our lives.

Art therapists can utilize a queer theory perspective when working with queer youth to help validate their client's unique identities. The creative arts can allow queer youth to express themselves safely without judgment. The process of art-making can also help individuals learn more about themselves on a deeper level through the exploration of new and different materials.

### **Feminist Theory**

Feminist theory aims to explore inequality in gender relations as well as the constitution of gender. Hooks (2000) states, "Simply put, feminism is a movement to end sexism, sexist exploitation, and oppression" (p. xii). Concepts that feminist theory is concerned with include sex, gender, race, discrimination, and equality. The theory presents the belief that there are existing systems and structures to oppress and work against individuals based on their gender, race, sex, and so on. Through knowledge and action, oppressive systems can be disrupted to support change and understanding. Feminism is a contested term, and many academic scholars use the term 'feminisms' to denote the existence of different approaches that may be used to draw attention to issues around women's position in contemporary societies (Lupton, 1997). It is important to acknowledge that all women have the same experience and that white, heterosexual, cisgender, able-bodied, middle-class feminists cannot speak for all women.

Art therapists can utilize a feminist perspective when working with queer youth by understanding gender and sexuality issues. Working with a population that often experiences abuse, violence, and harassment, art therapists need to be informed on gender and sexuality issues to support and understand their clients' experiences. By having a feminist approach, art

therapists can work with queer youth on creating art that uplifts them when it comes to talking about sexual health.

### **History of LGBTQIA+ Community and Legal Barriers**

For this paper, it is salient to understand the historical oppression that the LGBTQIA+ community has faced in the U.S. In the early 2000's there were laws and policies such as the Defense of Marriage Act, which allowed states the ability to refuse to recognize same-sex legal marriages, and the "Don't ask don't tell" policy in the United States military which resulted in dishonorable discharges for those that openly identified as a member of the LGBTQIA+ community (Faderman, 2015 as cited in de Heer et al., 2021). Sexual orientation and gender identity have been federally protected categories in the United States since the passages of the Matthew Shepard and James Byrd Jr., Hate Crimes Act of 2009 (Flores et al., 2022). However, out of the 46 states and DC that have enacted states hate crime laws, 37 states protect against sexual orientation-based violence or hate crimes, and 28 states protect against gender or gender identity (Flores et al., 2022). Some states and territories provide no specific protection to the queer community (such as Indiana and Arkansas).

The Trump-Pence administration created an extremely hostile cultural environment for the queer community in the United States, particularly those members who are not wealthy, white, male, heterosexual, cisgender, able-bodied, and/or Christian (Karcher, 2017 as cited in Anderson, 2021 p. 225). Anderson (2021) states that the Trump-Pence administration has negatively impacted the queer community:

discontinuing the LGBTQ+ section of the White House website; rescinding Title IX protections for transgender students (Lopez, 2018); appointing anti-LGBTQ+ activist Roger Severino to lead the Health and Human Services Civil Rights office; cutting HIV/Aids research funds; implementing an Executive Order on Religious Liberty; failing to acknowledge Pride month; and extending invitations from the U.S. Department of Education to the anti-LBGTQ+ organizations Focus on the Family and the Family

Research Council as part of the Trump Accountability Project of 2017 (Glaad, 2018, May 1) (p. 225).

Even though the queer community has had some success in improving their human rights in the United States, such as “same-sex” marriage and better gender-affirming care, the United States still has a very long way to go. Queer individuals are still harassed, assaulted, and murdered. According to UCLA’s Williams Institute 2017-2019 National Crime Victimization Survey, LGBT people are up to nine times more likely than non-LGBT people to be victims of violent hate crimes (Flores et al., 2022). The anti-LGBTQ sentiment is extremely pervasive in our society, even with horrific incidents of violence such as Pulse Night Club and Club Q shootings, there is also violence that happens in the everyday life of queer people that includes discrimination in the workplace and schools. There is still work to be done in the legal system to protect the lives of queer individuals in the United States.

### **Research about the LGBTQIA+ Community**

Current available research can be used to inform art therapists and sexual education programs on how to better understand the LGBTQIA+ experience. Due to their sexual and gender identity, the LGBTQIA+ community experiences systematic and institutionalized oppression as well as a societal and social stigma for going against the ‘norm’. Individuals of the LGBTQIA+ community are also vulnerable to experiences of hate speech, harassment, victimization, violence, and discrimination due to their sexual identity and gender identity (Pachankis & Goldfried, 2010). These experiences of discrimination related to sexual and gender identities can include both verbal and physical hate crimes. Sexuality-related hate crime survivors are more likely to develop depression, anxiety, and post-traumatic stress disorder (PTSD) than other crime survivors (Panchankis & Goldfried, 2010).

There have been recent studies discussing the lived experiences of the youth of the LGBTQIA+ community. It is common for queer youth to experience bullying, harassment, and ostracization within many social settings including, but not limited to, their own families, schools, and social circles. Youth who may experience stressors such as discrimination are at a greater risk for mental health issues such as depression, anxiety, and suicide.

Wilson and Liss' (2022) study used the Wake Forest Well Being Assessment to measure safety, belonging, depression, anxiety, and happiness in 784 undergraduate students at a small Southeastern liberal arts college in the Spring of 2019. Results revealed LGBTQIA+ identified college students reported lower levels of safety, belonging, and happiness, and greater depression and anxiety than heterosexual-identified college students. Rutherford et. al (2021) describe a quantitative research study that presents a "socio-demographic and health profile of trans and non-binary participants from the community-based bilingual 2019 Sex Now Survey". Findings demonstrated that trans and non-binary individuals experience many disadvantages compared to cisgender sexual minority men (Rutherford et al., 2021).

A recent study by Huang et al (2019) conducted interviews with 31 Taiwanese men who were taking pre-exposure prophylaxis or PrEP, a daily dose of antiretroviral treatment to prevent the contraction of HIV. The study explored how men who have sex with men (MSM) communicate their use of PrEP with sexual partners through social apps. The findings of the study revealed three types of uncertainty: condition uncertainty, information uncertainty, and stigma uncertainty. Some examples of uncertainty included taking beyond the recommended dose of PrEP due to frequency of sex, not disclosing HIV status to prevent being mislabeled as HIV positive, and social stigma surrounding PrEP as being a 'hookup pill' to have condomless sex. Huang et al (2019) also found that the study gave some insight as to how MSM utilized

PrEP as a way to communicate with their sexual partners on the issues of safe sex, condom negotiation, and HIV disclosure. If individuals were more open to having more informed conversations about HIV, the social stigma around HIV could cease to exist.

### **Erasure of Queer People in Sex Education**

There is a big gap in the United States' sex education program when it comes to teaching young people about queer relationships and experiences. The fact that there is little to no conversation about queerness, besides STDs, leaves queer youth to navigate their sexual health on their own. Without the discussion of the LGBTQ+ experience, queer youth are left to figure out how to engage in safe sexual experiences. De Heer et al., (2021) in their article on sexual consent and sexual violence in the queer community, noted that:

Feminist and queer scholars have been critical of the heteronormative approach to sexual education in the United States and underscore the profound negative repercussions on sexually minoritized people (McNiell, 2013; Ward and Schneider, 2009; Wood & Panfill, 2021). Sexual education, or lack thereof, directly impacts peoples' understanding and ability to consent to sexual acts. Wood & Panfill (2021) content that abstinence-based education “. . . does not teach young people about *how* to consent or withdraw consent. . . .” and purposely disregards LGBTQ+ relationships, further marginalizing this population (p. 67). The erasure of LGBTQ+ experience from sex education is a major problem and works to devalue LGBTQ+ relationships and attempts to instill shame and silence related to expressing sexual desires or dislikes which stem from heteronormativity, transphobia, misogyny, colonization, white supremacy, racism, and other oppressive systems. Exploration of how sexual education practices in the U.S. have affected LGBTQ+ experiences with sexual consent is critical for understanding how sexual contact is negotiated and how forced consent is achieved through coercive means. (p. 704).

De Heer et al., (2021) conducted a qualitative study to investigate the nuances of sexual consent and communication among LGBTQ+ people concerning sexual violence. Participants that received sexual education beyond an abstinence curriculum shared that their education focused on puberty, the function of the reproductive system, contraception, and sexually transmitted infections (STIs) (de Heer et al., 2021). The study found through discussion that “since sexual education was never contextualized within LGBTQ+ relationships, many queer

individuals lack sexual scripts or norms to pull from which can lead to more room for experimentation in sexual situations and a lack of safe sexual practices” (de Heer et al., 2021, p. 710). The study also revealed the negative framing of queer people in sexual education such as how HIV/AIDS “exclusively” impacts the LGBTQ+ community, which is false information. The information gathered from this study provides useful information on how heteronormative sexual education erases and devalues LGBTQ+ relationships.

A study conducted by Francis (2019) interviewed South African queer youth about their experiences and understanding of sexual education. The study exposed how “compulsory heterosexuality is institutionalized in schools and normalized in teaching and learning” and how “educational practices, curriculum, and pedagogy, produce (hetero)sexual knowledge” (Francis, 2019, p. 774). Participants shared that teachers focused on the high prevalence of HIV and other sexually transmitted diseases, high rates of teen pregnancies, and early sexual debut (Francis, 2019). The study also revealed that participants felt that there needed to be more content or teaching about ‘non-normative sexualities’ due to many teachers only talking about heterosexual content. Findings from the study justified concerns about the social significance of compulsory heterosexuality in South African education and proclaim to need to discuss gender and sexual diversity.

The lack of queer representation in sexual education programs is prevalent. As discussed above, the erasure of queer experiences in sexual education programs leads to unsafe sexual practices, perpetuates shame and guilt, and promotes compulsory heterosexuality and internalized homophobia, sexism, and transphobia. By including information about healthy and safe queer experiences and sexual practices, the well-being of queer youth could vastly improve.

### **Art Therapy and Youth’s Sexuality**

Ringrose et al., (2019) reveal the need for better sex education by conducting two arts-based activities with young people in England. The first activity was a Play-Doh genital modeling workshop, which aimed to teach body awareness and explore taboo content such as female genitalia, pleasure, and desire (Ringrose et al., 2019). The second activity was a drawing activity that aimed to reveal young people's experiences sharing sexual content online by drawing something they experienced online that they wanted to support or advice about (Ringrose et al., 2019). The research demonstrates how creating Play-Doh feminine genitalia counteracts sex education's phallogentric focus and teaches young people about the diversity of female genitalia. The article also illustrates the need for sexual consent to be discussed with young people as many young people often face unsolicited sexual images on social media or are harassed to send nude images to others.

Allen (2013) discusses what female desire looks like through the eyes of young school-age girls. Twenty-two young women from New Zealand were given a 24-exposure disposable camera to take photos over seven days to show how they learned about sexuality at school (Allen, 2013). Participants selected a handful of photos they wanted to talk about with the researcher. Allen discovered female desire's "complexity" through participants' images and "narrativization" which revealed that desire is an "everyday presence" (Allen, 2013). This reveals to us how art therapy can be used to offer individuals a way to express their desires safely without shame or guilt.

There is evidence from research that shows that art therapy can be efficiently used to better understand one's sexuality. Allowing queer people the opportunity to freely explore and talk about sex creates a space where individuals can safely explore their identities (Pelton-Sweet & Sherry, 2008). Fraser and Waldeman (2004) described art therapy used with gay and lesbian-



identifying clients struggling with gender identity, sexuality, depression, homophobia, coming, fear, shame, and fantasy. Individuals reported that art-making was able to “make visible the invisible, hidden, and secret, to bear witness to the pain and to celebrate courage” (Fraser & Waldman, 2004, p. 89). Art therapy interventions on identity could be useful for clients struggling with identity. Makin’s (1997) activity “Inside Me, Outside Me” has the client create two self-portraits—one that the outside world sees and one that depicts what is going on inside (p. 57). This could be useful for queer youth by allowing them to externalize feelings and qualities about themselves that they may have a difficult time expressing verbally.

### **The Third Hand and Consent**

The “Third Hand” is a metaphor that Austrian art therapy pioneer, Edith Kramer, coined to “describe an area of the art therapist’s functioning wherein artistic competence and imagination are employed in the empathetic service of others” (Kramer, 2000, p 47). The ‘Third Hand’ is a hand that helps a client’s creative process along “without being intrusive, without distorting the meaning or imposing pictorial ideas or preferences alien to the client” (Kramer, 2000, p 48). Art therapists may use the Third Hand with their clients to help them avoid frustration or to offer aid throughout the art-making process.

Consent, as defined by the Rape, Abuse, & Incest National Network (RAINN), is an ongoing process of discussing boundaries and an agreement between participants to engage in sexual expression. Consent should be clearly and freely communicated. By there is a verbal and affirmative expression of consent, this can help partners understand and research each other’s boundaries. RAINN also notes that “consenting to one activity, one time, does not mean someone gives consent for other activities for the same activity on other occasions” (RAINN, n.d.). Kramer’s Third Hand relates to consent in more ways than one. Clients have to consent to

be seen by art therapists by signing paperwork and having a verbal agreement about what sessions will entail. When it comes to art therapists utilizing the Third Hand, therapists need to receive consent to aid them in their creative process. Art therapists should avoid aiding clients if they do not ask for assistance and art therapists certainly should not overstep boundaries and disrupt their client's creative process. Clients and art therapists should have an open line of communication so that neither party violates the other's personal boundaries and experiences discomfort. Having a conversation about boundaries and consent during sessions can be a great way to provide queer youth with healthy sexual scripts to follow.

De Heer et al., (2021) state that sexual consent is an important factor when it comes to understanding the negotiation of sexual contact between people. De Heer et al., (2021) share that attention to consent is scarce in the literature on LGBTQ+ sexual experiences. Since many sexual acts exist in LGBTQ+ communities besides penetrative sex, there is room for confusion as to what may or may not be understood as sex by the involved individuals. Due to this, a different standard of sexual consent is required. Participants in de Heer et al.'s study identified that communication (both verbal and non-verbal) regarding consent was "particularly important among sexually minoritized groups because of the different and varied ways that sex can be interpreted. Participants found that communication needs to happen progressively at each since many things are considered "sex" in the queer community (de Heer et al., 2021). Participants expressed that consent doesn't have to necessarily be verbal but "behavioral cues can be misinterpreted' and interpreting other people's body language is where a lot of confusion gets involved". (de Heer et al., 2021).

The queer community's shared experience of sexual trauma contributes to the need for more consent –both literally in terms of how and when consent is given (to avoid coercive

situations and issues of forced consent) and figuratively in terms of more awareness, understanding, and valuing of consent (de Heer et al., 2021). The queer community has engaged with the idea of consent as an “evolving consent, such as the use of safe words as well as creating safe spaces for conversations about hard sexual topics like sexually transmitted infections (STIs), HIV/AIDS, and the need for protection, sexual position preference and comfort level, and coming out stories” (de Heer et al., 2021).

There is a lot of potential for the use of the Third Hand when it comes to making art to discuss sexual health with queer youth. As mentioned above, consent is a salient piece of therapy and sexual encounters. Art therapists could incorporate the topic of consent into conversations when working with youth. Doing this could lead to queer youth gaining a deeper understanding of consent, learning their boundaries, and recognizing how and when to ask for consent in sexual situations.

### **Object Relations Theory**

Object relations theory is a part of the psychoanalytic theory which refers to how humans form and maintain relationships and how relationships help people form their personalities. The theory also states that “object relations are interpersonal relationships that shape an individual’s current interactions with people, both in reality and in fantasy” (Corey, 2009 as cited in Malchiodi, 2012, p. 70). Object relations theory provides a framework for understanding different ways people “superimpose” early relationships and experiences on present relationships (Malchiodi, 2012, p. 70). The “object” is at the center of objects relations theory, with the “object” tending to be a person. A parental figure is a common object due to many young individuals projecting their desires and other powerful emotions on. Object relations theory overlaps with attachment theory as well. In the art therapy field, object relations theory can be

used to describe how art can “contain, organize, and mirror internal object relations and the interplay between therapist, client, and art product” (Robbins 1987, 2001 as cited in Malchiodi, 2012, p 70). In other words, the art products themselves represents the therapeutic relationship. Lastly, Malchiodi (2012) writes, “art adds a dimension to therapist-client interactions because it creates a setting in which individuation and separation can be witnessed, practiced, and mastered through creative experimentation and exploration” (p. 71). The offering of art itself is a form of nurturing that the art therapists provide the client by allowing creative expression.

Winnicott (1953) introduced the concepts of “transitional space” and “transitional objects”. Transitional space is described as an “intermediate area of experience where there is no clear distinction between inner and outer reality” (Malchiodi, 2012). Art-making can be considered an example of a transitional space because individuals experience and practice relationships and attachments to their surroundings. The art-making process, including the therapist, is a holding environment where object objections can emerge and develop over time. “Transitional object” is an important object of the individual because it represents more to the individual than what it is. Art products can become transitional objects by being instilled with meaning from the individual. For example, a client may make a clay figure of a former partner, which could symbolize unresolved trauma and anxiety that they experienced with their previous partner. Art therapy provides a space where clients can feel heard and witnessed by the art therapist and create an art product that can contain their feelings about themselves or the world.

### **Creative Arts Approaches Used with LGBTQIA+ Population**

It is important to educate community members and promote awareness of LGBTQIA+ sexual experiences to promote a sense of belongingness among queer youth. Art-making is a great way to build connections between individuals and groups. Creating a space for LGBTQIA+

youth to create art with others could vastly help individuals form connections with others, share their experiences, and support one another. The LGBTQIA+ population faces several unique challenges including stress from stigmatization and discrimination which can lead to emotional distress, substance use, and suicide, among other issues (Pelton-Sweet & Sherry, 2008). Any of these issues can be addressed in art therapy sessions with LGBTQIA+ clients.

There have been many studies conducted that focus on working with LGBTQIA+ individuals. For example, collage work has been used in individual and group therapy with gay-identifying men and lesbians to explore experiences with bigotry, hatred, internalized homophobia, and sexual identity (Addison, 1996, 2003; Brody, 1996 as cited in Pelton-Sweet & Sherry, 2008). Brody (1996) conducted a weekly support group for low-income lesbians to examine issues relating to relationship dynamics, trauma, abuse, socioeconomic class, lesbian identity and culture, visibility, gender issues, and transference (Brody 1996 as cited in Pelton-Sweet & Sherry, 2008). Art activities for the group included self-portraits, collages, group murals, and sculptures, and the “participants approached concepts of family, guilt, shame, fear, anger, and homophobia through individual and group art-making” (Pelton-Sweet & Sherry, 2008).

### **Discussion**

In this paper, I reviewed currently available research on LGBTQIA+ people and sexual health practices and found that there is limited information available on the use of art therapy techniques to teach queer-inclusive sex education to queer youth. Through my research I discovered that current sex education programs available in the United States do not include queer relationships and experiences, making it difficult for queer youth to relate to the information taught in classrooms. I gave an overview of art therapy, queer theory, feminist

theory, and object relations theory to provide context as to how these theories have been applied to working with the queer community. I discussed the history of the queer community and legal barriers and how laws, policies, and bans a role in the lack of representation in sex education. The available research on the queer community was discussed to inform art therapists and sexual education programs about the queer experience. The topic of consent was also reviewed to note its importance and relevance to both art therapy and sexual health. I was able to connect Edith Kramer's Third-Hand metaphor with consent by stating how art therapists utilize consent throughout clients' art-making process. Lastly, I mentioned how art therapy and creative art approaches have been used with the queer community to discuss sexuality.

## **Themes**

### *Erasure of Queer People*

Queer relationships and experiences are rarely included in school-based sex education programs. Many queer people have reported that they have not received sex education in their school and queer people who reported receiving sex education shared that the content was not very inclusive to LGBTQIA+ topics (Kosciw, Clark, Truong, & Zongrone, 2020 as cited in The Human Rights Campaign Foundation, 2021). Through my research, it was obvious that current sexual education programs are rarely conceptualized within LGBTQIA+ relationships, making queer youth feel underrepresented and lacking sexual scripts or norms which can lead to unsafe sexual practices (de Heer et al., 2021).

The current social climate of the country is not as welcoming towards queer individuals. There are still ongoing debates about the lives of queer individuals in politics and everyday life by people who are not a part of the queer community. Historically, the community itself has been consistently targeted by individuals with the intent to harm and rid the world of people who do

not subscribe to gender and sexuality norms, which are rooted in white supremacy, heterosexuality, and toxic masculinity. Even though there have been recent laws set in place to protect queer people, there are also new laws and policies being created to erase and ‘ban’ queer individuals (Barbeauld, 2014). These laws and hate crimes toward LGBTQIA+ lives affect their mental health and well-being by being more likely to develop depression, anxiety, and PTSD (Panchankis & Goldfried, 2010).

### ***Consent***

Consent is important for both sexual health and therapy. As defined by RAINN, consent is an ongoing process of discussing boundaries between participants to engage in activities (n.d.). Clients and therapists have to agree to start a therapeutic relationship. Within the relationship, the client and therapist need to have open communication as well as clear boundaries to ensure that each person feels heard and safe. If clients and therapists are making art, therapists can utilize Kramer’s Third Hand to help clients in their creative process. Asking and receiving sexual consent is essential when it comes to understanding how to negotiate sexual contact between people. Since there are many types of sexual acts within queer sexual acts, consent must be discussed at each step of sexual encounters to avoid coercive situations. Art therapists could model consent during art-making sessions by practicing the Third Hand. This could lead to queer individuals grasping the concept of consent, learning their boundaries, and recognizing how and when to ask for consent in sexual situations.

### ***Belongingness and Safety***

Queer individuals’ safety is constantly at risk just because of their identity. Art therapy offers a safe, holding environment to clients through communication and trust with therapists. Objects relation theory illustrates the importance of transitional objects and space within the field

of art therapy and how it can be used to create a safe holding environment to explore one's sexual and gender identities (Winnicott, 1953). The art-making process has the potential to produce objects that can emerge and develop over time. Within art therapy sessions, space is provided for clients to be witnessed by the art therapists and create art products that can contain their feelings about themselves, the world, and past experiences.

Art-making also has the potential to create a sense of belongingness among queer youth. Creating a space for queer individuals to create art with others can help them build connections by discussing their past experiences and challenges. Exploring topics such as bigotry, hatred, internalized homophobia, and other issues queer people may experience, can help foster community and belongingness (Addison, 1996, 2003, Brody 1996, as cited in Pelton-Sweet & Sherry, 2008; Pelton-Sweet & Sherry, 2008). Accompanying discussions of these tough topics and issues with art-making, queer youth can create art products that help them process and express their emotions, which could be a cathartic experience.

### **Limitations**

Even though much of the research reviewed suggests that utilizing creative art approaches with queer youth to discuss queer sexual experiences could be beneficial, due to the lack of research and the diversity of the queer community, the findings are limited. There is no current existing queer-inclusive sex education program available for educators to teach queer youth about. Much of the literature reviewed relies on the information provided by small case studies, which provided data on specific experiences but cannot be generalized to a large population given the variety of queer experiences. Also, even though the experiences of queer individuals are all within the same umbrella of sexual minority experiences, each individual has distinct therapeutic considerations due to the differences among each subgroup. It is important to



understand that the LGBTQIA+ community includes both gender and sexual minorities which is why there are different needs and risks for each client. Another limitation of this literature review is the lack of research available concerning non-binary, transgender, intersex, asexual, two-spirit, and polyamorous individuals. Given the fact that there is a current ongoing public conversation about non-binary and transgender identities, I hope that there is more research available in the upcoming years to be conducted and available to the general public that could help inform the possibility of queer-inclusive sex education.

### **Implications**

The potential of using art therapy interventions to teach queer-inclusive sex education to queer youth appears to be hopeful based on the findings in this literature review. Art therapy could better serve queer individuals if future research was developed to explore art therapy interventions with each subgroup/identity of the LGBTQIA+ community. There may be certain art interventions that would work better for sexual minorities rather than gender minorities and it would be beneficial to share and compare data across the subgroups to deepen the understanding of how artistic expression operates within the population.

### **Conclusion**

The LGBTQIA+ community is made up of a diverse group of individuals with different perspectives and experiences of life, socialization, and discrimination. It is queer peoples' human right to have access readily available to them about their sexual health that accurately represents sexual experiences they may encounter. Why wouldn't we want this community to have the information they need to practice safe sex? I argue that queer experiences should be included in the main programs of sex education to inform all youth about different types of sex and sexual experiences as a way to dismantle toxic masculinity, shame, guilt, and compulsory

heterosexuality. Art therapists have this incredible opportunity to create affirming queer spaces for the LGBTQIA+ community, where queer youth can freely explore their sexuality and gender and advocate for themselves.

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***THESIS APPROVAL FORM***

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**Youth: A Literature Review**

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In the judgment of the following s this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor: Raquel Chapin Stephenson**