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Neuroqueering Art Therapy: Bringing Neurodivergent Gender Diversity into the Creative Arts

Therapy Room: A Literature Review

Avital Eisen

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Abstract

Recent research across disciplines has established the significance of the overlap between neurodivergence and gender diversity, a truth long espoused by the community. Acting on this research, some mental health disciplines have begun addressing neurodivergent transgender and gender diverse people as a unified population in their research, but the field of art therapy has not yet followed suit. Theoretical frameworks of intersectionality, queer theory, and disability justice highlight the importance of centering the unique experiences and needs of neurodivergent gender diversity. Using these frameworks, this literature review synthesizes community knowledge with art therapy research on both neurodivergence and gender diversity, identifying current and historical issues as well as common themes that lay a foundation for empowerment-oriented clinical work with neurodivergent gender diverse people. Themes identified in literature on gender diversity include a history of misgendering, pathologization, and erasure, as well as present strengths of platforming gender diverse voices, work on issues with embodiment, and the benefits of community. Themes identified in literature on neurodivergence include issues of erasure, misdirected focus on behavior, and ableist perspectives, as well as the benefits of a creative and non-verbal context, the wide sensory potential of art materials and processes, the provision of a supportive structure, and the opportunity to develop skills for managing executive functioning. Conclusions based on these findings highlight the benefits of community engagement, the importance of considering access needs, and the impacts of oppression, illuminating critical knowledge and tools for future clinical work and research with this intersectional population.

Keywords: neurodivergence, neurodiversity, autism, gender diversity, transgender, intersectionality theory, queer theory, disability justice, art therapy

Introduction

Most art therapy literature reviews, especially those that are masters theses, are focused on the use of art therapy with one specific population or issue, for example art therapy and gender diversity or art therapy and Autism Spectrum Disorder (ASD or autism), Attention Deficit/Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), or other forms of neurodiversity. However, I come from a background of women's, gender, and sexualities studies, which trained me to use a different approach. Intersectionality theory states that no one individual's experiences are defined by a single axis of their identity (Talwar, 2010). Instead, their experiences are unique to the specific combination of identities that they hold. This means that one person with one identity would be different intrinsically from the other people who hold that identity, even if they have the same or similar sets of experiences relating to that identity. As such, it is critical to examine groups defined by multiple intersecting identities, rather than a single issue on its own. Without an intersectional approach, multiply marginalized populations such as neurodivergent transgender and gender diverse (hereafter shortened to TGD) people are erased entirely from clinical and popular narratives.

Art therapy is a natural fit for the intersection of neurodivergence and gender diversity. Social communication and executive functioning difficulties can impede therapeutic connection and progress in traditional talk therapies for many neurodivergent people. Similarly, stereotypes and gendered associations with language can make verbal therapies difficult for TGD people (whether focused on gender therapy or other matters). As a neurodivergent nonbinary person, I came to this topic based on my experiences developing an understanding of my various identities through creative, metaphorical, and non-linguistic methods of communication and identity exploration. It was not until I wrote a poem and painted its contents that I felt fully comfortable in my gender. Similarly, it was not until I began to describe my thoughts and brain processes through metaphor that my therapist and I came to an understanding of the nature of my neurodivergence. Furthermore, creative ways of thinking and expressing have been integral

to my ability to understand how my neurodivergence and gender diversity are connected, and recognize the impacts of this connection on my experiences. Though my individual experiences do not necessarily reflect any broader truths of an entire population, they do demonstrate the potential of art therapy to help people like me, and perhaps also people who are unlike me except in our shared identification with this combination of labels.

These topics are not only important to me. Academic research has extensively shown the significant overlaps between TGD and autistic populations (Cooper et. al, 2022), and the relationship is backed up by community evidence, as seen with the popular gender label “autigender”. Similar academic research regarding ADHD, OCD, and other forms of neurodivergence has not been as substantially conducted (or is not available through Lesley’s resources), but community evidence indicates that this is more representative of the interests of those in academia than the actual makeup of the community (see search results for both OCD and ADHD in the subreddit r/asktransgender). Given this prevalence in combination with the common expectation that experiences of marginalization will have a negative impact on mental health, it is critical that mental health fields pay attention to this demographic. The broader field of mental health counseling has begun exploring this intersection, but the field of art therapy specifically has not. The aim of this thesis is to paint as full a picture as possible of the intersection of neurodivergence and gender diversity in the context of art therapy, and investigate the potential of creative and non-verbal methods of art therapy for providing affirming, critically conscious care for this population.

Defining Terms

Gender Diversity

As a sociopolitical construct, the notion of gender is inherently dependent on social norms and context. This thesis is written in a field situated within modern Western society, where gender concepts are based on a firmly entrenched and heavily enforced binary. The two sides of this binary are labeled in English interchangeably as man, boy, or male, and woman,

girl, or female. The traditional personality descriptors masculine and feminine are associated with man/boy/male and woman/girl/female respectively. Part of enforcement of this binary is a demand for strict adherence to certain character traits stereotypically associated with an individual's assigned side. These stereotypes are as broad as the idea that men must be strong and powerful while women must be dainty and helpless, and as specific as the allocation of certain toys to boys (such as trucks) and girls (such as dolls). As rigid as this structure seems to be, it begins to fall apart the moment any level of multicultural awareness is introduced. I draw on my own Jewish culture to dispute the notion that men are defined by their strength, as our masculinity is traditionally defined by knowledge, study, and prayer. Similarly, the framing of women as dainty and helpless truthfully applies only to white women, while women of color tend to be viewed in very different ways — see the “angry Black woman” stereotype.

It is within this context that the term gender diversity is introduced. Though the term “gender” itself is relatively new, methods of queering the gender binary have existed throughout history and across cultures. For instance, there are numerous mentions in the Talmud of anywhere from six to eight gender labels in historic Judaism, including labels that explicitly call out physical changes made with human intervention (Scheinerman, 2023). In modern Western society, this queering has taken the form of the gender diversity movement. As a concept, the term encapsulates anyone who is not cisgender, i.e. whose gender diverges from the gender they were assigned by society (and the medical system) at birth. Examples of non-cisgender identities include binary trans men (assigned female at birth) and trans women (assigned male at birth), as well as nonbinary genders such as genderfluid, agender, and demigender (all of which may apply to any gender assigned at birth). Transmasculine and transfeminine are umbrella terms that encapsulate both binary and nonbinary identities. As a movement, gender diversity also involves the efforts of cisgender people who reject aspects of cisnormativity such as gender roles, aesthetics, and stereotypes.

Neurodivergence

Neurodivergence is an umbrella term that can be used in a variety of ways, depending on context. Generally speaking, it refers to either 1. any difference in neurological functioning that influences one's experiences in any way (such as mental illnesses), or 2. the specific category of differences that influence one's experiences in all areas of functioning (such as autism, ADHD, OCD, PTSD, Tourette Syndrome, Down Syndrome, schizophrenia, and more). This paper will work with the latter option. While the majority of literature I found referred specifically to autism, many people in neurodivergent communities prefer to label themselves with this broader term for a variety of reasons. For example, oftentimes individuals do not have just one form of neurodivergence, and attempting to categorize which experiences arise from which labels only results in unnecessary and artificial segmentation of one's identity. In the spirit of avoiding prescription of overly narrow boxes, this paper will predominantly utilize the term neurodivergent rather than the more specific labels.

Queer(ing)

As with neurodivergence, queer is an umbrella term commonly used to refer more inclusively to the LGBTQIA+ community. Similar to most terms used to describe members of this community, it is a reclaimed slur, and as such can be seen in some spaces as controversial. However, the term has become widely accepted as an empowering and useful tool in a variety of settings. Furthermore, opposition to the use of such an umbrella term can often be traced back to exclusionist roots, such as the "trans exclusionary radical feminist" (TERF) movement, biphobia, and more (freedom-of-fanfic, 2019). The term queer can be highly beneficial especially for people whose experiences defy neat categorization, as it rejects the notion that one must claim a specific, concise, and static label. I have used the term queer for myself for nearly a decade now, largely for this reason. My individual identities and frameworks for my experiences have shifted radically in that time, but queer has been a constant both externally as a label and internally as a cornerstone to my self exploration.

Moving beyond the personal, queer theory is useful as a theoretical framework for the rejection of binaries and general categorical reckoning. In this way, the word can be used as a verb, “queering”, to refer to the act of troubling implicit norms and disrupting essentialized identities and social structures (Hardy & Monypenny, 2019). The act of queering one’s perspective is critical to the formation and acceptance of nuanced understandings of other people’s multifaceted identities, especially within the context of a therapeutic relationship.

Literature Review

Theoretical Framework: Intersectionality Theory and Art Therapy

Intersectionality has been a theoretical underpinning of much of my experience in Lesley’s Art Therapy program, beginning with Talwar’s (2010) seminal introduction of the theory to the field. In this work, Talwar discusses the importance of approaching identities intersectionally in art therapy practice. By incorporating understandings of cultural variability and subjective truths into their practices, art therapists can work to counter the history the field has of pathologizing difference. This counteraction is a crucial precursor for critically conscious, anti-oppressive treatment. Talwar (2010) addresses the issue of power imbalances in therapeutic relationships, challenging art therapists to not only avoid exacerbating imbalances, but actively work against them. The clinical power imbalance is at the root of the pathologization of neurodivergence and gender diversity. The bulk of experiences related to both identities are deeply internal, but diagnosis relies on clinician evaluation. If clinicians view themselves as experts and their clients as unreliable narrators, the result is that diagnosis, and the life-saving care to which it provides access, is gatekept based on external interpretations of what amounts to the top of the client’s iceberg. When they work intersectionally, clinicians instead uplift clients as experts in their own experiences and honor their perspectives as valued truths.

Digging further into the application of intersectional analysis in art therapy contexts, Hogan (2022) discusses the ways intersectional thinking encourages viewing gender as fluid and expansive rather than a fixed binary of male and female. Hogan explores the way

intersectionality enables art therapists to imagine our fellow humans complexly, and recognize that there are no static or binaristic elements of our identities or experiences. This article focuses specifically on the context of gender, invoking the works of Judith Butler and other feminist and gender studies scholars, but the framing opens the door for application of intersectionality and queer theory in contexts of ability, disability, and functioning. When art therapists “question classificatory and treatment practices” (Hogan as cited in Hogan, 2022, p. 91) it disrupts the divisive and reductive categorization of disability often imposed by systems of oppression. These divisions, such as neurotype versus mental illness, often seem empowering on the surface in much the same way as the gender binary has historically been for many women, but as with the gender binary, the reality is much more complex. For instance, while aspects of neurodivergence such as special interests and hyperfixations are not inherently disabling and should not be considered symptoms of a mental illness, there are other aspects, such as executive dysfunction, that are.

Queerness, Disability, and Expressive Arts: Establishing a Foundation

As is often the case with research at the intersection of multiple marginalized identities, this project lives in the metaphorical negative space of the literature. Regardless of how many different ways I searched the databases available to me, I could not find any articles that related directly to both neurodivergence and gender diversity in art therapy. In order to have content related to the topic, I chose to broaden my search to more general concepts of queerness, disability, and expressive arts. Even with this choice, I still only found three articles that related strongly enough to the topic to be worth including. As a result, the majority of this literature review will be focused on weaving together aspects on the periphery of the topic in a variety of ways, such as art therapy work with individual identity categories and community generated literature on the intersection. To establish a foundation, I begin with a brief review of each of the three articles with direct connections to queerness, disability, and expressive arts.

First is an article from the U.K. exploring the value of creative expression at the intersection of marginalized sexuality and another form of neurodivergence (Richards, 2017). The article showcases six poems of a gay man with a learning disability¹ reflecting on his desires and emotions surrounding his sexuality and life experiences. The individual requested to remain anonymous. The only language that is not subject to at the very least paraphrasing by the author is the poetry itself. Richards (2017) asserts that all discussion and interpretation is based on discussions with the poet, but several key claims, such as the assertion that the stories the poems tell are purely fantasy, were not confirmed by the individual. The inclusion of these claims paired with the lack of direct quotations calls into question the legitimacy of the interpretations offered, and therefore I have chosen not to incorporate them into my synthesis. What this article does offer, however, is a strong example of the value of creative expression as a tool for neurodivergent queer people to explore, grapple with, and share their experiences.

Second is an article that returns with passion to the realm of intersectional and critically conscious care work, discussing disability justice and queer theory in conversation with drama therapy (Sayre, 2022). Beginning with an in-depth description of their positionality, Sayre investigates the social justice roots of drama therapy and contextualizes it through an integration of specific techniques and practices with the intersecting fields of queer and disability movements. Concepts of activist performance and queer performance theory bridge the gap between established drama therapy approaches and disability justice, which Sayre argues is inherently queer. Part of the social justice framing of drama therapy is also a rejection of traditional individual-centered methods of psychotherapy and ableist norms surrounding healing and wellness, informed by sociodrama concepts that raise awareness of group dynamics and aim to shift social and cultural norms. The journey culminates in an investigation of

¹ It is important to note that the U.K. definition of learning disability is different from the definition in the United States. Rather than referring to specific learning disorders, the British term refers to what Americans would call intellectual developmental disorders or intellectual disabilities (National Association of Disability Practitioners [NADP], n.d.).

anti-oppressive and radically inclusive practices that bring drama therapy (and other expressive therapies) into alignment with the outlined framework (Sayre, 2022). The core contributions this article offers are the connection of disability justice and queer theory, as well as the importance of incorporating social justice and rejecting oppressive practices.

The third and final article to meet all three elements of the topic is an investigation of the impacts of sanism and ableism in art therapy, from the perspective of a queer, psychiatrically disabled art therapist and educator (Ehlert, 2020). Ehlert writes from a dual perspective of lived experience and professional status to describe her experiences with the impacts of sanism and ableism in the classroom and the field. She proposes the use of a disability justice framework both personally and systemically, to heal the damages done by sanism and ableism and create an anti-oppressive space that allows for the intermingling of disabled and professional identities. With reference to her queer identity, Ehlert addresses the importance of normalizing not just disability, but the notion that everyone has overlapping marginalized and privileged identities. The crucial takeaway from this article is the incorporation of these identities as present and important aspects of personhood in the classroom and therapy room (2020).

Having established a theoretical framework and the foundation of negative space surrounding the full topic of this paper, I turn now to the true core of this literature review: filling in the gaps with adjacent sources. I found the most success locating literature that applies to this project when I focused on individual components. Several avenues proved quite prolific, but as I began diving into the actual sources they provided I found them to be harmful to my psyche as a member of the communities described, and therefore potentially harmful to the community should I uplift them as reasonable sources. While there is some benefit to including these sources so as to highlight their harmful elements, after careful consideration I determined that comprehensive analysis of many of these articles would not be sustainable for my mental health. As such, the rest of this literature review may be best described, in a lighthearted manner well-suited to the field of creative therapies, as intentionally lopsided.

Art Therapy and Gender Diversity

There is a fair bit of literature addressing art therapy with queer communities generally, but very little that is TGD-specific. While it is important to integrate gender diversity into discussions of queerness, as any author discussing “LGBT” identities ostensibly has, it is equally critical to attend to the experiences that are unique to TGD identities and cannot be adequately addressed when lumped under the LGBT umbrella (Zappa, 2017). Literature specifically addressing what we now refer to as TGD identities within the context of art therapy does also exist, but much more sparsely. The first two articles were published in the 1970s, and five more in the mid-1990s and early 2000s (Barbee, 2002; Bergin & Niclas, 1996; Cohen, 1974; Fleming & Nathans, 1979; Milligan, 1996; Piccirillo, 1996; Sherebrin, 1996; all as cited in Zappa, 2017). While groundbreaking and important, these articles left much to be desired regarding their framing of gender diversity as a whole, and their clients specifically. Zappa (2017) highlights three core problems of these articles in their critique: frequent misgendering of clients, erasure of the voices of the clients and the complexities of their identities, and pathologization of gender diversity. Since then, some articles discussing the LGBT umbrella have built on these sources to address TGD-specific issues, which in turn gave rise to another wave of TGD-specific literature that moves past the problems of their predecessors by utilizing queer and intersectional methodologies. As this wave is still in its beginnings, there have only been a few research articles published thus far, so I will look at each article individually and pull out common threads rather than attempting to draw conclusions regarding the overall character of this area of study.

Hardy and Monypenny (2019) developed a group creative arts therapy clinical program for gender diverse middle school-aged youth. The program is housed in a community center space, and is based in theoretical frameworks of queer theory and queer-informed narrative therapy. Their entire approach is rooted in the intentional praxis of queering, from their choice to merge clinical and community-based settings to their usage of the “borderlands” theoretical

framework, described in this context as “the *both/and* space that exists between and beyond binaries” (Hardy & Monypenny, 2019, p. 2). There is a prominent theme of rejecting the traditional frameworks that have so often rejected us, and choosing instead to put down fresh roots in the anti-oppressive soil of queer theory. The authors framed themselves as collaborators with their participants, drawing on their experiences as queer people and as therapists to co-create a constructive and healing group space. In keeping with this framing, the queering of the curriculum meant that very little was prescribed in advance, with the authors instead choosing to provide occasional structured components sprinkled in amongst unprogrammed time intended to be shaped in the moment by group members and their needs. The program’s overarching purpose was to improve coping skills, foster community, and increase self-esteem, and the goals that paved the way to achieving this depended heavily on who was in the room — with space for this profile to shift constantly alongside the fluidity of group and member identities and experiences. The group culminated each time in a collective artistic experience of some kind, driven by the participants and developed with the intention of collaboratively expressing their collective journey.

Holder’s (2022) article also deals with a group setting, but one that was led virtually due to the COVID-19 pandemic. While the group was not initially intended to run virtually, the author thoughtfully accounted for a number of potential drawbacks when making the transition, and the end result not only circumvented the harms but actively introduced new benefits as well. The group was offered through a trans charity with a goal of peer-led support — the author, who was the clinical facilitator, is genderqueer and white, and the co-facilitator was a nonbinary person of color from the community. Interestingly, three out of the nine group members were also autistic, but despite acknowledging this directly, the author does not discuss the implications. The group cycle consisted of six weekly two hour sessions, and used an arts journaling approach that involved clients making images between sessions off camera, which gave them a support system for managing any distressing thoughts and emotions that came up in the aftermath of

each session. The core goal of the group was to work on embodied emotions, based on the understanding that dysphoria impedes the ability to identify and experience bodily emotions in the way that has been observed with other types of trauma. This goal was scaffolded with secondary goals addressing self care and self support, as well as community and belonging. Due to the deliberate facilitation of a “co-created working alliance” (Holder, 2022, p. 84), as well as potentially the mediator of the screens tempering the intensity of the work, the group was successful in all of its goals. Furthermore, the intertwining of self care, embodied emotions, and community and belonging demonstrates the power of interdependence and collective growth in this population that is so frequently isolated.

Hetherington (clinician), Della Cagnoletta (supervisor), and Minghini (lived experience author; 2021) present a unique case that took place within a group setting, but involved a significant amount of work done individually due to extenuating circumstances. As Hetherington (2021) points out, “an absent group is not the same as a dyad in individual therapy” (p. 58), and the benefits of this rare dynamic are evident in the work presented. This article also takes the critical step in empowerment praxis of inviting the client into the academic process, including him as a lived experience author and offering him equal space in the writing. The benefits of this step are thrown into sharp relief with Hetherington’s frank observation that she did not realize until reading Minghini’s words that the group space did not function as a private, safe space, but rather as an in-between public space. This distinction in the character of the therapy space is particularly relevant due to the nature of the work, which was centered around a process Della Cagnoletta developed for the technique of body tracing. Body tracing requires close physical intimacy in a way that many art therapy directives do not, as one person (in this case the therapist) must physically trace the contours of the other person’s (in this case the — trans — client) body. It is a practice that inhabits multiple layers of identity and grapples with how the body exists in relation to each layer, creating a venue for the evolution of perception of self, and recognition of self in the image. For TGD clients like Minghini, the recognition of self provides an

opportunity to choose to accept or reject parts of this body, and envision a more affirming image of self. In this way the transformations that took place over the course of Minghini's three body tracings are not just a representation of his transition, but a piece of it.

There are several common threads among these articles. Firstly, there is a strong guiding intention of collaboration and empowerment that involves the centering of TGD clients in as many areas as possible, up to and including authorship. Hetherington et. al (2021) highlight how critical this empowerment is by demonstrating the difference between even an affirming therapist's perception and the TGD client's reality, while Holder (2022) and Hardy and Monypenny (2019) illustrate this in a different way as members of the community in the role of therapist. A second theme is the exploration of bodies and gender dysphoria, and specifically how they manifest in areas of treatment outside the bounds of traditional gender therapy. Though observations are limited to the specific case studies discussed, findings and anecdotal evidence (both from the articles and my own clinical experience) suggest that disconnection from one's physical body is a common side effect of gender dysphoria that negatively impacts multiple areas of functioning. A third theme is the importance of community. Both the presence and absence of TGD-specific community orientation illustrate this theme; Holder (2022) and Hardy and Monypenny (2019) reflect on the positive impact of an intra-group space for building community, while Hetherington et. al (2021) highlight the continued feelings of otherness that persist in generalized LGBTQIA+ groups. Collectively, these themes paint a picture of respectful and empowering intersectionally oriented art therapy with TGD clients that focuses on supporting agency, grappling with sociocultural context, and honoring their holistic selves.

Art Therapy and Autism

The majority of the art therapy literature that I was able to find related to neurodivergence focused on autism, and among those, the majority of articles were so problematic in their conceptions of autism that I chose to stop reading them for the sake of my mental health as an autistic person. Excluding those with prohibitively pathologizing

frameworks, the majority of art therapy literature on autism fits generally into one of two categories: those with an observer-led behavioral orientation, and those with an autistic-led needs orientation, though some articles exist in the overlap of the two. For the purposes of this literature review, I chose a selection of eight articles that highlight common limitations and strengths in art therapy with autistic clients, including several promising treatment approaches.

Much of the literature fell short in several vital ways in their methodologies and therapeutic approaches. Most notably, six of the eight articles do not give substantial voice to autistic people, as quantified by consulting autistic people during their process and/or utilizing a client-centered, empowering theoretical orientation (Alter-Muri, S. B., 2017; Chapman & Evans, 2020; Darewych, et. al, 2018; Durrani, 2020; Schweizer et. al, 2017; Schweizer et. al, 2022). In all of these cases, methods and results are measured and evaluated by the researchers, other professionals, and other outside observers from the participants' lives, but the participants and other autistic people are never directly or explicitly consulted. Schweizer et. al (2022) go so far as to acknowledge that the perspective of the child is missing, but do not offer a clear reason why it was not included. As a result, all claims made about participant outcomes are filtered through the lens of outside, purportedly non-autistic onlookers. This is evident in several major points made across the literature, such as the assessment that a need to know why something is happening is evidence of a lack of improvement (Schweizer et. al, 2022), the framing of repetitive behaviors and routines as negative and challenging (Alter-Muri, 2017), conflating an external appearance of attention with actual focus (Alter-Muri, 2017; Schweizer et. al, 2017), and assuming that sensory integration difficulties are inherently damaging to attachment (Durrani, 2020). All one would have to do is share any of these claims with an autistic person to learn that they are not accurate representations of our experiences. While clinical research frequently relies on interpretations of the clinician-as-expert, making it difficult to reject any literature that does so, this high bar is necessary with a population for which the basic goals of therapy are often harmfully misunderstood.

At the forefront of harmful misunderstanding of basic therapeutic goals is an unerring tendency to focus primarily on modifying behavior, typically for the sake of social conformity. This occurs even when ostensibly addressing issues related to emotions and self-image (Chapman & Evans, 2020; Schweizer et. al, 2022), and is particularly prevalent when working with children (Chapman & Evans, 2020; Schweizer et. al, 2017; Schweizer et. al, 2022). In utilizing a behavioral framework for approaching emotion, Schweizer et. al (2022) conflate feeling with outward expression and inadvertently encourage the suppression of, rather than engagement with, difficult emotions. Chapman and Evans (2020) use Acceptance and Commitment Therapy to essentially train an autistic teen with severe anxiety to stop reacting with distress in overwhelming and overstimulating situations, promoting engagement in certain target behaviors as a sign of healing. Schweizer et. al (2017) frame sensory sensitivity as a “restricted behavior pattern” (p. 186) that can be fixed through engagement with art materials. Even when the primary focus is not on behavior, authors often include elements of behavior modification and endorse it as a function of art therapy, thus validating it as a therapeutic goal (Alter-Muri, 2017; Stallings, 2021). Though some authors frame reduction of “problem behaviors” as a necessity to support psychological wellbeing, the driving force remains a push for social acceptability, placing the onus on marginalized autistic people to make themselves more palatable to the oppressive dominant culture.

The most frustrating of the limitations of these articles is the prominent presence of ableist language and framings of autism and associated traits. On the subtler end of the scale, Schweizer et. al (2022) refer to “being very depressed” casually as an example of an “emotion regulation problem” that can be grouped together with “emotional outbursts” and treated alongside an array of deficits (p. 2). In most other contexts, such a statement would prompt evaluation for a mood disorder. Similarly, Stallings (2021) repeatedly uses the term “non-preferred” to describe everything from general dislikes to “dealing with grief” (p. 124), creating a false equivalency that minimizes the harms of distressing experiences and emotions.

On the more extreme end, Durrani (2020) bases their entire research design on an assumption that sensory integration difficulties would automatically result in impaired attachment and relational skills, which they explicitly state they did not feel the need to assess. This assumption is based on a literature review that does not contain any sources published since the release of the new Diagnostic and Statistical Manual (DSM) seven years prior, which included significant updates to the diagnostic criteria for autism. Considering this context, it is evident that Durrani's assumption is based primarily on bias.

Finally and most egregiously is Alter-Muri's (2017) repeated instances of blatant ableism that are not limited to the context of autism. Indeed, Alter-Muri seems to prioritize the minimization of disabled identities at all costs. She uses phrases such as "students with abilities and those experiencing disabilities" and "students experiencing ASD" (p. 22) as opposed to simply calling them disabled or autistic². When describing the importance of accommodating all learners, Alter-Muri operates under the assumption that the goal should be to "camouflage" the disability so that individuals are no longer identifiable as disabled (p. 22). She also frames stims (i.e. self-stimulating activities) as compulsions, manifestations of challenging behaviors, and annoyances to those around them. Finally she goes so far as to — utilizing common vernacular — say the quiet part out loud, claiming that art therapy can be used to encourage autistic people to behave in more socially acceptable ways and implying that we are inappropriate unless channeled or controlled. Overall, Alter-Muri (2017) leans heavily into deeply harmful, eugenics-adjacent conceptions of disability that emphasize the elimination of any visibly disabled traits and the erasure of disabled people from public life.

Despite the harms many of these articles enact, there are constructive elements that can be drawn from all of them regarding art therapy with neurodivergent people. Perhaps the most intuitive is the idea that the creative and nonverbal context of art therapy acts as a mediator of

² The use of person-first versus disability-first language is a nuanced debate, but in my experience as a physically disabled neurodivergent person, the preference is almost always to label the disability rather than calling it an experience. See Liebowitz (2015) for one discussion on preferred language.

common difficulties. The triangular therapeutic relationship characteristic of art therapy provides an external, often task-oriented, third point of focus that facilitates development of skills in collaboration, asking for help, and joint attention, as well as offering opportunities to practice both verbal and nonverbal communication skills (Schweizer et. al, 2022). Utilization of creative, hands-on activities also enhances engagement in the therapeutic process, as it draws on a wider variety of skills, many of which come more naturally to neurodivergent people (Chapman & Evans, 2020; Schweizer et. al, 2017; Schweizer et. al, 2022; Stallings, 2021). The shift in interaction approach from conversation to creativity reduces potentially draining, overwhelming, or stressful social demands of therapy (Chapman & Evans, 2020). Stallings (2021) specifically addresses the use of special interests to enhance the art therapy context further, highlighting benefits such as stimulating social initiation, providing a buffer for addressing difficult topics, and introducing an impactful venue for metaphor.

Another valuable thread is the wide sensory potential of art materials and processes, allowing art therapy to cater to neurodivergent people with a variety of sensory needs. A common characteristic of autism especially, but also many other forms of neurodivergence, is a complex relationship with sensory input, which can manifest as both hypo- and hypersensitivity. Hypersensitivity leads to overstimulation and/or sensory avoidance, and hyposensitivity leads to understimulation and/or sensory seeking. Both also tend to contribute to difficulty with processing sensory input (Darewych, 2021). For hyposensitive people, more tactile art materials such as clay, paints, and textiles offer the opportunity to engage in a multisensory manner with the artmaking process (Alter-Muri, 2017; Darewych, 2021; Durrani, 2020). However, care must be taken to strike a balance between providing adequate stimulation for sensory seekers and avoiding triggering overstimulation. For hypersensitive people, Schweizer et. al (2017) demonstrate the value of utilizing art materials to practice encountering and building tolerance to unpleasant sensory experiences, which grants access to many areas of society that would otherwise be inaccessible. For people and situations that do not lend themselves to this type of

clinical work, colored pencils, markers, and even digital art techniques offer the opportunity to create to participants with higher sensitivities who would normally struggle with the overstimulating nature of many art materials (Darewych et. al, 2018; Darewych, 2021).

Many practitioners view the common autistic need for structure as a dysfunctional trait to be overcome, parallel to their conceptions of repetitive behaviors. In actuality, this need is reflective of the conditions autistic people benefit from in order to thrive. The structure provided by art therapy sessions, with a warm-up, main activity, and cooldown, makes the invitation to explore the possibilities of creation more accessible (Alter-Muri, 2017; Darewych, 2021; Schweizer et. al, 2017). As long as sessions reliably follow this structure, the consistency becomes a baseline upon which looser semi-structured art activities make way for flexibility and exploratory growth. This can be seen in the Scribble Drawing technique used by Darewych et. al (2018), which encapsulates the concrete within the abstract. The majority of participants turned their abstract scribbles into concrete, visible symbols, with half of them recognizing symbols directly within the shapes of their initial scribbles. More broadly, Stallings (2021) uses the containment of the special interest framework to provide structure for clients to engage in therapeutic work. Structure within therapy comes in a variety of shapes and sizes, corresponding well to the varied needs of each neurodivergent individual.

The final constructive and respectful theme is the exploration of executive dysfunction (i.e. substantial limitation in one or more areas of executive functioning). Artmaking, especially within the context of art therapy, provides a number of opportunities to strengthen skills where possible and creatively circumvent those areas that cannot be strengthened. Many types of artmaking involve planning and sequencing skills in some form (Schweizer et. al, 2017), as well as color and symbol recognition, concentration, problem solving, and visual memory (Darewych, 2021). Difficulties in these areas manifest in execution of art directives. For example, Darewych et. al (2018) found a trend of difficulty managing multi-step tasks, demonstrated by the Bridge Drawing with Path directive, during which more than half of participants made either a bridge or

a path, but not both. When done respectfully, art therapy offers a creative and engaging context for identifying specific areas of executive dysfunction without evoking the feeling of being put under a microscope, and once identified, provides a safe and contained environment to gradually address their disabling impacts.

History and Current Treatments

As previously discussed, there is no significant history or current standard treatment approach for art therapy with TGD neurodivergent people. That being said, my theoretical experience thus far has highlighted certain trends in the field that my clinical experience has demonstrated have particular relevance to this population. In my time in school and at my clinical internship I have observed a tendency to compartmentalize identities. This is clearly in opposition to intersectionality theory, and its impacts are concerning. Not only does such compartmentalization prevent recognition of the specific experiences that are unique to the intersection of identities, it also obscures interplay between the identities in general. This can result in clinicians attributing traits and symptoms to one identity or the other in their entirety, which has the potential to impede or damage therapeutic progress. Clinical work switches off between neurodivergence and gender diversity (though accommodations for neurodivergence may be made during sessions focused on gender), failing to leave room for the possibility of a gender influenced by one's neurodivergence, or vice versa. Furthermore, uncharacteristically rigid adherence to diagnostic protocols, and in some cases preconceived notions not backed up by evidence, may lead clinicians to resist recognition of one or both facets of identity. This is a huge contrast to the knowledge held by the current TGD neurodivergent community, in which it is commonly accepted that gender identity and neurodivergence are intimately linked — to the point that terms like “neurogender” and “autigender” were coined as identity labels (Nonbinary Wiki, 2023). As such, in order to address historical and current mainstream standards for clinical work we must look at each identity individually.

Gender Diversity

Despite the early articles on art therapy with TGD clients making important strides in their contextually positive depictions, their focus on individual issues, centering of outsiders' perspectives, and presentation of a client's gender as a barrier to overcome reinforce the idea of gender diversity as a singular, distinctly *different* experience at the root of a client's struggles (Zappa, 2017). There is a common theme of outsider therapists describing the experiences of their subjects, or the particulars of their subjects' othered identities, with a goal of opening their colleagues' minds to this category of clientele. Though well intentioned, this trend reinforces systems of exclusion, client objectification, and misinformation. In addition, though many of the articles discuss the use of art therapy (and specific art therapy techniques) in diagnosis and treatment, the approaches highlighted are rooted in pathologization of gender diversity, and therefore I will not be incorporating them into my synthesis. It also cultivates an exaggerated focus on gender identity at the expense of the myriad other personal, psychological, and social issues that may be relevant to any given client's experiences and needs. As a counter, Zappa (2017) puts forward a new standard of care informed by frameworks of intersectionality, systemic oppression, and queer theory. Central to this standard is the goal of minimizing harm and maximizing client empowerment. To achieve this goal, therapists must honor the expertise of their clients, be explicit about their own positionality, and approach their clients with compassion and unconditional acceptance (Zappa, 2017).

Operating within Zappa's (2017) critically conscious standards of care with TGD clients, the newer wave of empowerment-oriented research puts forth several promising art therapy techniques. In keeping with the theme of the importance of community, all the cases put forth involve group, rather than individual, models for therapy. Some techniques used within these group settings can be repurposed for individual sessions, while others are dependent on the group context. Most ideal for use in a variety of therapeutic settings is body tracing (Hetherington et. al, 2021). This technique necessarily involves intimate closeness between two

bodies, and while the implications of this intimacy differ depending on whether the second body is a therapist or another group member, both are beneficial (when done correctly) for different reasons. However, as demonstrated by Minghini's difficulty with completing the directives in a non-TGD-specific group setting, it is critical that the group be a true insider space for members of the community. Holder's (2022) approach was constructed for and fully implemented in a group context, and made a smooth transition to a virtual format. Some elements of the approach are specifically centered around the communal creation and sharing of art, while others are deeply internal and individualized. The group image and shared gaze were beneficial in the formation of community among the group members, fostering critical connection in a time of deep isolation. The journaling aspects, on the other hand, offer an opportunity to engage extensively in an iterative, individual process focused on embodied emotions, which can be implemented in a variety of clinical contexts. Meanwhile, Hardy and Monypenny (2019) offer a curriculum that is constructed on the foundations of the group process, making it inseparable from the group context. Their approach is to use expressive arts techniques to harness the theoretical frameworks of borderlands and queer theory, providing an open-ended and largely un-shaped space for exploration and both individual and group identity formation. By providing group members with as much creative control and agency as possible, this approach makes space for engagement with any topics that may come up, rather than prescribing issues based on demographic. Each of these articles presents elements of specific art therapy techniques as well as underlying intentions and containment opportunities, all of which can be useful in considering supportive approaches to art therapy with TGD individuals and groups.

Neurodivergence

Examining history, trends, and implicit standards for treatment with autism presents a more divided front both within and outside of the field of art therapy. There is vast community knowledge and growing academic evidence (Kupferstein, 2018; McGill & Robinson, 2021) that behaviorist approaches to autism, such as Applied Behavior Analysis (ABA), do more harm than

good to the autistic people they are intended to support. An argument on behaviorism as a whole is beyond the scope of this paper, but based on the traits of neurodivergence it is clear that the approach has no place in this context. For example, the core issues autistic people deal with are not maladaptive behaviors that cause them harm intrinsically and need to be modified for their safety, but rather a collection of traits surrounding social communication and ways of processing information. The need to modify the resulting behaviors is driven not by the autistic people themselves, but rather by the discomfort of those around them. Despite all of this, the overwhelming majority of literature historically and presently frames behaviorism as the gold standard for work with autistic clients, highlighting positives even when directly addressing the concerns of the community (such as Arthur et. al, 2023).

As discussed above, the field of art therapy is no exception to the trend of favoring behaviorism. Disregarding these approaches, the reviewed literature on art therapy with autism does offer two distinct supportive techniques. First is Stallings' (2021) Special Interest Connection Framework. Though one facet of this method does address behavior modification, the rest of the method offers a variety of useful strategies and avenues for connection, and can function fully with the behavioral element removed. The other five facets are social initiation, social facilitation, creation of personal metaphor, clarification of communication, and mediation of anxiety. Using artmaking and conversational techniques that center around a client's special interests offers a unique way of meeting them where they are at in order to foster a trusting and familiar environment for clinical work. The second technique comes from Darewych's (2021) Group Digital Art Therapy program. The program offers a variety of directive-based interventions to be completed using one of two artmaking apps, as well as a choice of creative activity apps and standard art media for warmups and cooldowns. The artmaking apps both have auto-save features (which is beneficial for executive function), and accommodate two different approaches to creating — a painting app with a toolbox that simulates a variety of art materials on a blank canvas, and a detail-oriented coloring book app that offers just two methods of filling in color.

This program circumvents the need for engagement with overstimulating sensory input for sensory sensitive participants, but may be understimulating for sensory seeking participants.

Discussion

This literature review sought to investigate the value of art therapy in work with the intersectional population of neurodivergent TGD people. Very little high quality academic literature was found that substantially linked the three facets of this topic, despite implicit knowledge of the community highlighting the commonality of identity overlap and the popular appeal of creative expression to this group (an observation from my experience as a member of this community). As such, the review took an approach of gathering themes from each facet separately to be woven together in this discussion. There are a number of common themes found in work with both populations, as well as implications to consider when traits from both groups are integrated. In piecing together elements from the existing literature highlighted above, a collage can be generated that depicts a potential future of art therapy with neurodivergent TGD individuals. Though inferences can be made regarding the unique experiences that may come up in art therapy for this intersection of identities, more research will be needed to back up these inferences with evidence.

Common Themes

Exploring neurodivergence and gender diversity as two separate issues may have created an artificial divide between the two sets of experiences, but this serves to reinforce the similarity between the two groups by highlighting common themes. Some of these themes can be attributed to the general experiences of marginalization, such as the importance of empowerment and uplifting clients as experts in their own experiences, but others are more specific to this particular overlap. One such theme is the notion that working in community, or even simply in relationship, can be a method of fostering therapeutic, social, and identity growth. In the literature on neurodivergence this is seen in the depiction of the art therapy triangle, as well as engagement in specific creative methods, as an avenue for fostering social connection

and developing helpful interpersonal skills. In the literature on gender diversity this can be seen in the recognition of the benefits of working communally with others who experience systemic and internal conflict surrounding their genders, or otherwise share experiences of gender diversity. Collectively, this theme recognizes the benefits of engaging interpersonally in a safe and respectful environment on the social and psychological wellbeing of neurodivergent TGD individuals.

Another interesting theme is difficulty with embodiment, a term which I use to refer broadly to the experience of being in a body and engaging with the physical and social world. Within the context of gender diversity difficulties arise from dysphoria, which can lead TGD individuals to so strongly disassociate themselves from their bodies that they are unable to identify emotion sensations (Holder, 2022) or even reckon with their body as their own (Hetherington et. al, 2021). With neurodivergence, issues are rooted in sensory integration and the impacts of hypo- and hypersensitivity on one's ability to interact with the world. Though originating in very different manners for each identity, difficulty with navigating one's body as it exists in space and society is a distinctly shared experience.

A final shared theme is the need to work against a history and current mainstream that harmfully pathologizes core identity experiences and enforces conformity. While the pathologization Zappa (2017) references occurred largely in literature from an era when gender dysphoria was less well understood clinically, the difficulties described in the cases presented by Holder (2022) and Hetherington et. al (2021) as well as the current political climate in the United States highlight that it is an ongoing concern. Similarly, though there has been significant movement away from a history of deeply pathologizing views of neurodivergence, the pathologization is still present as the overwhelming majority of clinical work and public attention remains focused on behavior modification and even a search for a "cure" — in other words, the elimination of traits perceived to be problematic and pathological. For both populations, this trend of pathologization begets an uphill battle for destigmatized and respectful recognition of

one's identities and right to self determination, as well as a worrying vulnerability to institutionally inflicted harm and removal of agency.

Synthesis: Exploring Implications at the Intersection

Having addressed common themes between two distinct populations, the natural next step is to explore what happens when they overlap. Without explicitly studying the overlapping population in the context of art therapy it is not possible to draw any definitive conclusions. However, the above identified themes provide a framework for synthesizing aspects of this overlap, which will hopefully be represented more concretely in future research.

Reflecting on the theme of social engagement, I consider the power of offering an interpersonal space in which both aspects of identity are centralized and honored. Minghini's (2021) identification of the LGBTQIA+ group context as a still-othering space for his TGD experiences echoes the experiences of disabled queer people who feel like outsiders when attempting to engage with spaces dedicated to only one of these two identities (Ratcliff, 2020; Williams, 2021). Even when attempting to be inclusive, spaces that are only explicitly created for one identity often wind up sidelining the other. In order to have the opportunity to embrace their whole selves, neurodivergent TGD people need access to neurodivergent TGD spaces. However, part of operating these spaces, especially in clinical contexts, requires leaders to be cognizant of potential clashing cognitive, emotional, and social needs, both between group members and within a single individual. For example, structures and systems are important tools of understanding for many neurodivergent individuals, while many gender diverse identities inherently defy such structure. This is not necessarily a barrier to engagement, and may in fact provide welcome opportunities for expanding world views and learning from each other, but the potential for difficulty should be anticipated. This also highlights a unique benefit of art therapy, which provides visualized and non-linguistic methods of identifying, depicting, and communicating gender without being subject to the limitations of standard social definitions.

Another important aspect of creating an art therapy space that embraces both

cornerstones of identity is assessing the accessibility of the artmaking itself. The literature review highlights several methods and specific techniques for work with each group individually, but additional considerations may be needed when implementing these techniques with clients with both identities. For instance, how might sensory hypersensitivity or hyposensitivity influence a directive geared towards embodied dysphoria work? How might aspects of body tracing such as outline modification interact with the ways of thinking that are characteristic of neurodivergence? How about the interaction of executive dysfunction and medical transition? These questions present a potential for both complicating factors requiring additional layers of accommodation and unique benefits offering additional options for solutions, depending on the individual's specific traits and needs. Similarly, the integration of TGD identity issues into techniques introduced for neurodivergence such as Digital Art Therapy and the Special Interest Connection Framework offer unique ways of using traits of neurodivergence to creatively explore gender concepts that defy language, while the use of artistic expression offers concrete structure to the exploration that might otherwise prove overwhelmingly abstract.

While all of these internal and/or localized issues are important to consider, it is equally critical to recognize the systemic and societal axis. As previously noted, both neurodivergent and TGD populations deal with significant amounts of discrimination, removal of agency, and other forms of oppression at all levels of interaction, from interpersonal to institutional. The literature review reflects some individual ways each separate identity may encounter oppression, including ableism, misgendering, and pathologization, but obviously does not touch on the unique experiences of oppression that are specific to their intersection. Most apparently, given that both gender diversity and neurodivergence often include visibly evident departure from social norms, is the amplification of signals of difference and the potential for victimization that they often invite. Though not everyone's goal is to "pass" as neurotypical or cisgender, the ability to do so can often be paramount to one's safety, especially when other axes of oppression are also present. Another unfortunately common issue is the use of one identity to

invalidate the other. A pathologizing false claim made popular by transphobic author JK Rowling and her surrounding TERF movement is that autistic people cannot be transgender, and that autistic transmasculine people are merely confused girls who have been manipulated by TGD activists and communities. Impacts from this invalidation range from internal suppression and familial rejection to denial of access to care. A final note on intersecting oppression is the observation that behavior modification is eerily similar to queer conversion therapy, a practice that has been outlawed in many jurisdictions around the world. The implications of this observation are twofold: first, that this could make behavior modification techniques particularly triggering for TGD clients who may have been exposed to conversion therapy, and second, that this makes even more of a case for the removal of behavior modification from standards of care in clinical practice with all neurodivergent individuals.

Final Reflections

I came into this project full of passion and, as a member of the community being studied, knowledge that I could not formally share without external evidence. My notes are littered with moments of frustration at a lack of acceptable citations for things I knew to be common, confusion surrounding my own identities and biases, and anger at the seeming impossibility of certain tasks. At one point, after finishing a section reviewing some particularly hurtful articles discussing autism, I had to take a month-long break to recuperate. Though I knew going in that staying true to my personal values would make this project an uphill battle, I only became more committed to this goal as the hill got steeper. I rejected huge swathes of academic literature, much of it written and reviewed by respected clinicians with exponentially more field experience than me, on the basis of refusal to platform perspectives that have the potential to do harm. Though this was a massive risk, I arrived on the other side of the literature review with evidence backing up my stance. The theoretical grounding of this thesis, intersectionality, disability justice, and queer theory, comes together to provide a clear structure for the rejection of established standards when said standards can be proven to violate the safety and agency of marginalized

individuals or groups. In their place, this thesis plants the seeds of a new standard based in critically conscious, empowerment-oriented, intersectionally structured practice.

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THESIS APPROVAL FORM

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

Thesis Advisor: Raquel Chapin Stephenson