

Art Therapy Considerations for Transgender Youth and Young Adults

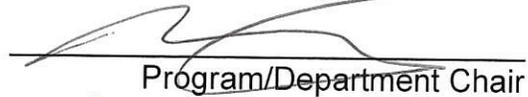
By

Adam Robert Trussoni

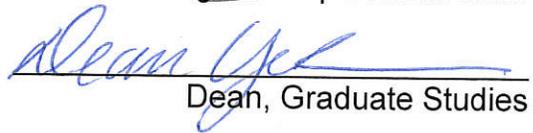
A Thesis Submitted to the
Graduate Faculty in Partial Fulfillment
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Introduction

Social stigmas, being shunned by family and friends, violence, and sexual abuse are some of the hardships that transgender youth may face. The complex nature of being a transgender person almost inevitably creates emotional, physical, and financial hardships for the individual which often times results in substance abuse problems, personal relationship issues, and suicidal tendencies (Schnebelt, 2015). Although sexual identity seems like an adult problem, the foundations of sexual identity are formed during the youthful years, and it is at these times that the young boy or girl is most vulnerable to perils such as bullying, sexual violence or abuse, physical violence, and family abandonment. Through personal research and art interventions with people who are personally involved in the transgender community it is possible to earmark the social and emotional troubles that transgender youth and young adults face. Through this research it may be possible to find a way for art therapy interventions to make a difference in an individual's life.

What does it mean to be Transgender?

Being transgender is more than a person's attitude toward gender specific clothing or cross-dressing, rather it is an inherent state of being that is contradictory to the sexual identity that is created by a person's genitalia. Being transgender relies as much on a person's mental and emotional state as it does their sexual identity. In fact, there are many transgender people who do not opt for sexual reassignment surgery as it is not the sexual organ that is causing their issues, but rather the feelings and state of mind that are caused by living as a gender that they cannot identify with. According to Green and Peterson (2015) the definition of transgender is: "A person who lives as a member of a gender other than that expected based on sex or gender

assigned at birth. Sexual orientation varies and is not dependent on gender identity” While the definition of transsexual is: “A person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. Transsexuals often wish to transform their bodies hormonally and surgically to match their inner sense of gender/sex” (2015). Holiday Simmons and Fresh! White, two contributors to the book *Trans Bodies, Trans Selves* (2014) explain that:

As transgender and gender nonconforming people (or trans people, for short), we have many different ways of understanding our gender identity our inner sense of being male, female, both, or neither. Some of us were born knowing that something was different about us. Others of us slowly, over time, began to feel that we were not our full selves in the gender roles we had been given (Erickson-Schroth, 2014, p. 3).

The Accepted Trans Person: Historical Perspectives

It should be noted that throughout this paper the words transgender, transsexual, bisexual, and homosexual are used according to the sources cited in an attempt to show both similarities and differences within these populations. Some of the reference material may be outdated where they label all of these sexual orientations under the blanket term of homosexuality, even though people know now that transgender people may not label themselves as transsexual, bisexual, or homosexual. This author as well as some of the authors of the cited sources are not experts in the field of transgender issues and therefore have no personal experience to lead their views and ideas. However, the cited authors who consider themselves to be transgender use the blanket term of homosexuality often and loosely in relation to the transgender lifestyle. For some like Feinberg (1996, p. 4), their realization that they were homosexual predated their realization that they were transgender. For others homosexuality may not be a part of their transgender identity. This first section is meant to empower transgender youth by showing that there was a time when

society would have revered them for their differences rather than shun them as may happen today.

The idea of being a transgender person is not a new phenomenon. In his research Lucker (2005) tells of a cult of priests from late second/third century literature who behaved in transgender ways. These priests formed a cult that worshiped the goddess Kybele, and would sometimes practice self-castration, dress as women, and dance with femininity, or speak with a female voice. The author writes that the priests would “ritually transform” their bodies by entering an excited state of being where they then mutilated their own genitalia with a sharp object. They would also behave in ways that could be viewed as feminine or woman-like. There are parallels that are drawn in this text between the gallae and the hijra of India who are assigned male gender at birth but do not identify as such.

In the same text Lucker (2005) goes on to argue that modern society’s idea of gender identity should not be compared to cultures of the past that practiced these types of rituals for fear of projecting our modern psychological models on them. It could be argued however that using examples of past culture’s experiences with sexual identity can empower individuals and help modern society to not feel so threatened when confronted with people who challenge gender-identity norms.

Park (2013) uses a term that she created called “proto-transgenderal” to describe cultures of the past that displayed transgender like traits. She gives examples of proto-transgenderal cultures like the story of the Han dynasty’s Emperor Ai and his male lover Dong Xian which provides the pretense for homosexuality in modern Chinese culture. Park also writes about the commonality of men playing the role of women in Chinese theater, Buddhist sects that partook in homosexual

relationships, and shamanistic traditions of transgender priests in Vietnam. All of these examples can be examined using the pretense that the transgender idea, while not a pervasive or prevalent idea, existed in multiple locations and cultures throughout history.

Author Leslie Feinberg, a transgender person who was born a woman, offers more examples of transgender or cross-dressing type practices throughout a multitude of different cultures, people, and religions in many countries across the globe (1996). She wrote that 28 different tribes of Africa believed in intersexed deities and sex/gender transformation for their followers and how there are currently still male-to-female spiritual leaders among the Ambo people of southern Angola. There are also 20th century religious practices in both Haiti and Brazil which feature cross-dressing that are based on West African religions. Other South American countries such as Chili, Argentina, Venezuela and Colombia all have historically documented cases of male-to-female shamanistic practices (p. 21-24).

Feinberg (1996) explores the subject of North American Native American transsexuals or transvestites called the Two-Spirit people. In 1974 Leslie Feinberg wrote that she “found my first clue that trans people have not always been hated in 1974” (p. 21). On a day where she played hooky from work she spent time at the Museum of the American Indian in New York City. There she observed a display of small figures that depicted warriors and home-makers and noticed that some of the warriors had flat chests like men and some of them had breasts like women. She then observed the same physical characteristics in the home-makers where some were men and some were women. Curious, she inquired with the curator’s staff and found that he too had noticed this and spoke of the *berdache*, which was a derogatory term that the European colonizers used to describe anyone that they considered abhorrent. The staff member spoke that he believed the definition of the word to mean transvestite or transsexual as he believed that trans people were

what the colonizers witnessed when they coined the term. Modern day LGBT Native Americans consider this a heinous name and prefer the Native given name of Two-Spirit people to be used in its place. Before the curator's staff member made it apparent that he also considered these Two-Spirit people to be abominations, he told the author that Native people did not seem to hate these trans people the way that "we" do and that they in fact appeared to have been held in great regard among their community members (Feinberg, 1996).

As Feinberg researched the subject more she discovered references to both male-to-female and female-to-male trans people in some Native American cultures and speculates that the practice could have existed in all of the Native cultures. There is no evidence of this as many Native cultures have lost their historical data due to genocide by the colonizers. These references that relate to Two-Spirit people are mostly first-person accounts of the colonizer's experiences with them and are filled with anger and hate speech. One quote from a Spanish official in Lima speaks of these transgender/transvestite people, describing them as "sodomites that were thrown into a pit with their king to be eaten by dogs" (Feinberg, 1996, p. 23). The stories go on to tell of Two-Spirit people who were obviously respected in their societies and how the Spaniards murdered them because of the disgust that they felt when confronted with the idea that a man or a woman could dress and live as the opposite sex. It was through learning about the Two-Spirit people and how they were hunted and slaughtered more ferociously than their non-transgender Native American counterparts that Feinberg encountered and accepted her own warrior-spirit. This gave her the strength to see past the oppression and witness and revel in the reverence that the Native people bestowed on their Two-Spirit people (Feinberg, 1996).

Another proto-transgenderal culture that is worth exploring for the purpose of this thesis is the ancient Samurai of Japan. In his paper Williams (1992) examines Tsuneo Watanabe's (1989)

book *The Love of the Samurai*. Here the author studies the contrast between the Japanese people's acceptance and reverence for homosexuality in the 17th and 18th centuries and the modern homophobia that is associated with homosexuality in Japan today. Indeed Williams (1992) calls this era the golden age of homosexuality in Japan where the upper noble class's fondness for homosexual relationships trickled down from government officials to merchants and commoners. This male-to-male love was considered more of a bisexual experience with the noble classman expected to eventually take a wife, similar to ancient Greece where the bisexuality of the higher class was accepted but "considered not to be a lifestyle worth sustaining" (Williams, 1992).

Further examination of the subject (Williams, 1992) gives insight into the prevalence of male-femininity in pre-modern Japanese Samurai culture where warriors wore makeup into battle and dressed in an androgynous way. Male to male love was considered a more trustworthy love in this age when marriage in the noble class was often a pre-arranged political union rather than an act of romance. Even though the era that is examined is during the age of peace, or the Edo period in Japanese history (1600-1868) and the Samurai were not engaged in constant battle like they were during the years prior, the Samurai still kept mostly male company and because of the prevalence for male companionship and lack of women on the battlefield it would make sense that physical and emotional encounters would spawn from these relationships (1992).

Hagakure, The Book of the Samurai (1979) is an arrangement of recorded conversations between a retired Samurai named Yamamoto Tsunetomo who lived in semi-seclusion as a hermit and Buddhist monk after the loss of his lord, and a young Samurai and scribe named Tashiro Tsuramoto. The book is comprised of a series of proverbs, a guide to social ideals and etiquettes, historical facts from days past, and stories of chivalry and political drama. Peppered throughout

Hagakure are stories and guidelines on how to appropriately behave regarding homosexual and transgender behavior and homosexual relationships between Samurai. One such excerpt reads that “Hoshino Ryotetsu was the progenitor of homosexuality in our province, and although it can be said that his disciples were many, he instructed each one individually” (Tsunetomo, 1979, p. 59). It can be assumed that the word disciples means lovers in this context and that the sentence means to say that this particular Samurai had many male lovers. The excerpt goes on to tell a story of Ryotetsu asking one of his disciples what he has learned of homosexuality to which the disciple replies that it is “both something pleasant and unpleasant” (p. 59). As the story progresses Ryotetsu tells this disciple that the basic principle of homosexuality is to lay down one’s life for another. With that it is apparent that the Samurai did not view homosexual love or femininity in a man as anything that weakened their masculinity but as something that was as elegant as the deadly swords that they wielded (Tsunetomo, 1979).

Homosexuality was most prevalent among Buddhist monks in Japan, although Christian missionaries reported that male-to-male love was also wide-spread amongst all classes of men (Williams, 1992). Similar to the priests of Catholicism, Buddhist monks are not allowed to have sex with women and are in fact not ever allowed to touch the flesh of a women. The religion however, does not hold any condemnation over homosexuality. With this fact it is easy to see why male-to-male relationships were commonplace amongst the monks.

There were other social aspects that honored the idea that a man could show femininity in ancient Japan. Male Kabuki theater performers often dressed as women in pre-modern Japan and as such they were honored for their depictions (Williams, 1992). Men were expected to look their best and be presentable at all times, therefore men were expected to wear make-up to hide

blemishes. It was customary for men of the noble class of Japan to carry powdered rouge in their sleeve in case they became flush in the presence of others (Tsunetomo, 1979).

Falling Out of Grace and Homophobia

Eventually homosexuality and the feminine man in Japan were looked down on and driven into back alleys like they have been in more modern times across the globe. What was once an elegant idea of love between two partners that could relate to the other as only a warrior can, became a symbol of scorn and shame both for the feminine/homosexual male or homosexual female and their family and friends. Much like the Two-Spirit people of America, the idea of homosexuality and femininity in the Japanese man was destroyed by Western culture with its need to colonize and spread its ideas, beliefs, and prejudices across the world (Williams, 1992).

What causes homophobia and why does it so often walk hand in hand with hate and anger? It cannot be denied that homosexuality, a person's attraction to people of the same gender and transsexual behavior, dressing as or behaving in ways indicative of the opposite gender, elicits uncomfortable feelings in some people who are heterosexual that have never witnessed homosexual affection before. Those uncomfortable feelings however, do not necessarily erupt into feelings of anger and hate. Williams (1992) concludes that homophobia is rooted in the disgust for the idea that a man would ever "offer himself as a beauty... a passive object of desire" (Williams, 1992, p. 3). He also pitches the idea that there is an anger or jealousy among men because they have given up their right to be feminine while homosexual men are allowed to embrace their femininity. It can be construed then that the same reaction could be enhanced towards a transgender person because they are able to fully embrace their need to be feminine. The modern Japanese man as well as most of the world has adopted the Western view that men

are not allowed to be beautiful themselves, but instead must own objects of great beauty such as women, cars, and trinkets. It is argued here that there is an unconscious need for men to break free of their masculine role and that the anger they have towards homosexual and transsexual people is an “external projection of their own self-image” (Williams, 1992) or a jealousy that the homosexual individual is allowed to embrace something that they themselves are forbidden to try.

Similar to modern transgender people, all of these cultures experienced both power and stigma from their acceptance of gender equity. When modern society thinks of transgender people they may think of the *Rocky Horror Picture Show*, Rupaul, or *To Wong Fu, Thanks for Everything! Julie Newmar*. In fact transgender comedies in television and film have been around for years. *Tootsie*, *Mrs. Doubtfire*, *Tyler Perry’s Madea*, *The Birdcage*, or the ABC sitcom *Bosom Buddies* all have male leads who dress as women for the lead role (Feinberg, 1996). All of these examples of transgender life are celebrated and revered as revolutionary media or as a breakthrough in acceptance. But can some of these examples of trans/pop culture be looked at as being similar to minstrel shows where the acceptance of a culture that is different and normally abhorred is reliant on that culture being submissive and amusing to the masses? Even with a history that shows prominent warriors and religious and political figures who partook in homosexual or transsexual lifestyles, the transgender person has been stymied, mistreated, and stowed away as a thing of great embarrassment only to be looked at if it amuses the masses.

Section Two - Literature Review

Gender Identity Issues, School, Safety, and Stigmas

Modern American society is less than accepting of transgender people, possibly even less than they are of lesbian, gay, or bi-sexual people. Besides the reasons stated previously in this thesis it can also be confusing to the non-LGBT individual that the DSM-V (2013) characterizes gender identity issues as a disorder. These gender identity issues as they appear in children are labeled as gender dysphoria in children in the DSM-V. The very first description listed is a “marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration”... (DSM-V, 2013, p.452). This list of criteria goes on to describe a person with a strong desire or insistence that they are the other gender, male-to-female and female-to-male cross-dressing, preference for cross-gender roles in play or fantasy, a strong preference for toys stereotypically enjoyed by the opposite sex, a strong dislike for one’s own sexual anatomy, and a strong desire for the primary or secondary sex characteristics that match one’s experienced gender (2013). With this list in place one can easily see that a child with gender dysphoria has all the same earmarks as an adult who is transgender. With that said, how should clinicians go about working with gender dysphoric children and what is the goal? Is the goal to help the child gain coping mechanisms that allow them to work with and accept their gender dysphoria? Or is the goal of therapy to try to dispel the desire to live life as the gender opposite of that which they were born? It seems that for an art therapist, the task would not be to change the way that a certain group of people think or feel about themselves, but rather to give them the ability to find the tools in themselves that allow them to accept who they are. It would then make sense that art therapy would be an appropriate modality for transgender youth to use to discover who they are and gain self-acceptance.

There are undoubtedly many hurdles, heartaches, and hardships that a transgender youth may face each day in order to live true to themselves. Sometimes these hurdles are self-made and simply a manifestation of a person's need to be accepted in society, while others are life-threatening and more profound and immediate like suicide and violence. Transgender people of any age often face an uphill battle because they are different and noticeable.

That noticeability makes the trans person an easy target for scrutiny, bullying, or violence.

Recently there has been much talk of transgender rights as they relate to the use of non-intersexed public bathrooms. This has been the subject of debate on news programs, social media, and the Supreme Court who has ruled in favor of transgender rights more often than not.

Among the arguments like "not wanting any damn perverts in the girl's restroom with my daughter" and such, there has been little talk of the feelings or needs of the transgender person.

The subject of bathroom safety for the trans person has floundered along the wayside instead of being the prominent reason that the issue exists. When a trans person is in a public restroom they become a vulnerable target for physical violence or sexual assault regardless of their age (Erickson-Schroth, 2014, p.149). As this relates to transgender youth it is impossible to not think about the risk factors for violence in school bathrooms as well as other isolated sections of campuses.

When examining materials regarding safety for trans youth at school it becomes apparent that the transgender youth faces many hardships throughout their day. Couple this with a family that can be less than accepting and the trans individual now faces a very bleak vision of the world around them. To make matters worse, it seems that the transgender youth may not benefit from interventions that are specifically designed to help LGB youth, putting them in a class all their own (McGuire, Anderson, Toomey, Russel, 2010). Empirical research (McGuire et al., 2010)

shows that harassment of transgender youth in the school setting is extreme which results in a less-than-safe environment for the student. These risks of harassment not only negatively affect the student's feelings of safety but also increase their risk for mental health problems, which in turn increases sexual risk taking behavior that could lead to the transmission of HIV and other sexually transmitted diseases. Because transgender youth have their unique self-identity problems, these risks are much more pervasive than they are in the heterosexual, lesbian, gay, and bisexual communities and can result in extreme depression, anxiety, and self-harm behaviors. Here the authors state that it is not known if these unique difficulties increase the odds that a transgender youth will acquire mental illness, or if other factors such as stigma, rejection, or victimization by parents weigh heavier on the odds. Factors such as experiencing these stigmas in contrast to not experiencing them could explain why some transgender youth are well adjusted and focused while others acquire mental illness (McGuire et al., 2010).

Becoming the recipient of violence is a risk that every transgender individual faces. This risk is even greater for transgender youth who are more vulnerable and suggestable than their adult counterparts. Experiences with gender-based violence increases the youth's vulnerability to psychiatric conditions such as mood disorders and anxiety disorders. These violent traumatic events can be clustered into three categories; *interpersonal* (between two people), *self-directed* (self-inflicted/self-harm), or *collective* (perpetrated by a group) (Richmond, Burnes, & Carroll, 2012, p. 1). Regardless of which cluster the violence falls under there is the likelihood that one or more event(s) will lead to the trauma-based disorder known as PTSD (Richmond, Burnes, & Carroll, 2012). Diagnostic criteria for PTSD states that a person has

“exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: directly experiencing the event, witnessing the events in person as

they occurred to others, learning that the traumatic events happened to a close friend or family member, experiencing repeated or extreme exposure to aversive details of the traumatic event” (DSM-V, 2013, p.452).

Furthermore there must be the presence of intrusion symptoms, dissociative reactions, persistent avoidance of stimuli associated with the event, negative alterations in cognitions and mood associated with the traumatic event, and marked alterations in arousal and reactivity associated with the traumatic event (DSM-V). With the complexity of PTSD being what it is, it is difficult to find a therapeutic approach that is able to tackle all of PTSD’s complex nuances. Art therapy, it seems is one such therapeutic treatment that has been shown to have a positive effect on the well-being of the PTSD sufferer. PTSD causes disruptions in memory and art making with veterans who suffer from combat-related PTSD have been shown to engage those memories which results in the sufferer confronting and accepting the traumatic narrative that is the cause of their PTSD. In a study of 15 different specialized inpatient treatment programs for veterans with the most severe cases of PTSD researchers found that art therapy was the most promising and effective treatment for these patients due to its combination of enjoyable distraction and exposure to the difficult content that is rooted in the causes of PTSD (Nanda, Barbato Gaydos, Hathorn, & Watkins, 2010). With the extreme condition of the combat veteran’s PTSD experience it could be said that offering art therapy to others, namely the LGBT population, would also produce positive results.

Probably the most serious results of transgender youth and their exposure to adverse events like bullying or violence is the risk of self-harm and suicide. Suicide is the third leading cause of death among adolescents and young adults in the United States (Mustanski, & Liu, 2012). When you add in risk factors such as gender identity and sexual identity, it becomes clear that youth

who wrestle with these challenges are at an even greater risk for self harm or committing suicide. Furthermore Mustanski and Liu revealed the results of a structured psychiatric interview which assessed conduct disorder symptoms, levels of clinical depression, and past or prospective suicide attempts among LGBT youth over a one-year follow up period. Their results show that the risk factors for self-harm are even greater for this population than they are for their heterosexual peers. Lack of familial and social support, mental illness, victimization, and under developed cognitive functions all separate the transgender youth from their peers or adult contemporaries. Sadly it seems that the risk factors for suicide for a transgender youth of color increase from those of their Caucasian counterparts (Mustanski, & Liu, 2012).

Singh (2012) followed and studied 13 transgender youth of color which revealed the subjects' levels of resilience or their ability to rebound from negative life events, oppression, racism, and other challenging experiences. The author used a phenomenological method where she collected first-person descriptions of the daily lives of transgender youth of color in order to document and account for their levels of resilience in the face of adversity. Similar to their non-colored counterparts, transgender youth of color face the same hardships and risk factors but the added stigma of racial prejudice shows that they are actually at greater risk for acquiring mental disorders, sexually transmitted diseases, suicidal behavior, and substance abuse problems. This is exasperated by the fact that some youth of color are uneducated on issues of sexually transmitted diseases, sexuality, and gender due to federal education policies that hinder education on these subjects and rather pushes education on abstinence. In an odd role reversal there is also more local social stigma related to LGBT youth of color, even though history has shown that many ancient civilizations where the youth of color's people may have originated from, endorsed, promoted, and revered people who took on transgender identities in their communities. Singh

wrote that schools are a dangerous place for transgender youth in general and the transgender youth of color are at greater risk for bullying and violence. She states that transgender youth of color have a 68% greater risk of not attending school due to safety concerns where 87% of the study's 13 participants experienced bullying, 53% experienced physical bullying, and 26% of them were physically assaulted. To make matters worse the subjects reported hearing racist language (54%) from the school staff and students (23%) in addition to the hate speech that was based on their transgender nature.

Although it would seem that transgender youth of color have a bleak outlook, Singh finds interesting information relating to this population's resilience and ability to bounce back from adversity. It turns out that a person's level of resilience is based on a scale that also weighs their hardiness, intelligence, and individualism. Here resilience is defined as a person's ability to cope, maintain, and grow from experiences of hardship and adversity. With this study's focus population it can readily be seen that resilience is needed, especially for transgendered ethnic minorities or people of color. Singh reports that there are adaptive behavioral strategies that racially diverse transgender groups have acquired that allow them to face adversity and adapt to it as a way to cope. Racial and ethnic pride and being able to notice and negotiate racist behavior all helped participants cope with the racism that they faced. They also reported that family relationships both good and bad helped to strengthen their resolve. Access to healthcare and being able to provide for themselves also helped them to have resilience in the face of workplace discrimination or the need for medical or psychiatric treatments. Having a place in a community of LGBT individuals, belief of a higher power, and finding a sense of hope for the future had an impact on resilience as well.

Interestingly in these studies focusing on transgender issues, besides the brief mention of art therapy as a treatment for non-transgender people who suffer from combat-related PTSD, there is no mention of the nurturing of a creative mind or what type of effect art therapy would have on a trans person's ability to grow and adapt to adversity. Later research shows, however that art therapy is a great tool that the LGBT community can use in order to move past unresolved issues both in their coming out experience and their outlook on the future (Schnebelt, 2015).

Section Three Methods

Art Therapy for the LGBT Population

Because it would be hard to isolate this information to being comprised of only art therapy for transgender individuals, it seems appropriate to broaden the scope to include lesbian, gay, bisexual, and transgender individuals. It has been stated that art therapy is a workable tool that can be used to knock-out the deepest dents for the sufferers of combat related PTSD, but how can it be used as a treatment for issues related to our target population? Here we will examine the need for art therapy in the LGBT community as well as practices, pitfalls, and ponderances of important information regarding therapy and counseling for the LGBT community.

Not surprisingly the first step that a transgender individual must navigate when seeking out any type of therapy is to obtain health insurance that will cover their therapeutic needs. There is a contingency of people who believe that a transgender person's healthcare needs should not be allowed to "clog" up the system since they believe that the reason that compels a transgender person into transitioning is a personal preference of wanting to exist as the opposite sex rather than a biological or psychological need. Considering the fact that the DSM-V regards gender dysphoria as a mental disorder there should be no argument against insuring a transgender

person. Where previously it has been discussed that this diagnosis of gender dysphoria could cause stigma towards the individual, in this case the diagnosis could help the person receive treatment through insurance. It is estimated that 49.9% of transgender individuals are without healthcare and many also find it hard to locate a therapist who agrees with their issues of gender identity or find that they are being denied services due to their gender dysphoria (Heck, Croot, & Robohm, 2015).

Another obstacle that the trans person may face when looking for effective mental healthcare is the lack of competent therapists who have been trained to deal with the specific needs of working with a transgender person. There is evidence that some therapists and counselors who work with LGBT clients discriminate towards them during their mental health treatment (Goettsche, 2015). In order for therapy to be effective it is of great importance that the therapist or counselor work to dispel their own biases before working with the LGBT population. The Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) has specified certain guidelines that therapists must follow before being allowed to work with transgender clients in a group setting (Goettsche, 2015).

Just as there is with intake of patients of any kind, there should be an initial assessment or consultation to determine the client's needs and if the counselor/therapist will be able to meet those needs. Such an assessment may include filling out intake forms, consent forms, and/or questionnaires. These forms are structured to allow the facilitator to glean information about the client that will specify what avenues of treatment may be best for them. Goettsche suggests this information can also be used to determine if there are any factors that would preclude the client from participating, like serious cognitive disabilities or suicidal ideation (2015).

Once these criteria have been met and all paperwork has been finished, they can then be assigned to a group that will mesh with their individual needs and personality type. Goettsche believes it is very important to place a client into a group that will be nurturing and supportive of their concerns in order for therapy to be most effective. Therefore it is very important to research the prospective client before admitting them into any particular group, both for their safety and the safety of other group members (2015).

The therapist also should be evaluated by supervisors in regard to their own biases and beliefs about gender and sexual identities, as well as their knowledge about transgender issues. Furthermore, the therapist should be confident and sure of their own sexual identity. Heck, Croot, and Rebohm (2015) state that there may be times when it is proper and helpful for a heterosexual facilitator to speak to a group regarding the group's biases towards him or her and how the facilitator's sexual orientation may affect the therapist-client relationship. In their study of transgender groups the authors found that the non-transgender status of the therapist made it more difficult for the group members to speak openly about more specific sexual intercourse details than it would have been if the therapist had been transgender. In their specific example, resolution came after the therapist "reframed the concern back to the group" (p. 3) by asking the group how they felt about the non-transgendered status of the facilitator and how it affected their ability to share openly and honestly.

What roles should a counselor or therapist be proficient in who works with LGBT youth? Orecchia (2008) contends that there are three main roles for a counselor to embrace in order to be effective when working with this population: cultural competence, working with families, and social advocacy (p. 2). Understanding the differences in cultural acceptance of anything outside of heterosexuality is important in order to understand the cultural and familial hardships that the

client is facing. Orecchia found that familial hardships can include sexual violence or abuse, alienation, avoidance, physical violence or abuse, and expulsion all of which can be exasperated by cultural beliefs. Outside of some cultures who still accept the transgendered individual as a spiritual relic, many cultures of the world are against homosexuality or transgendered behavior and this hate can permeate the family life of a culturally unaccepted LGBT youth. It is also important for the counselor to be able to recognize their own biases and convey their knowledge of LGBT culture to both the client and their families. This requires the therapist or counselor to be proficient in their client's gender identity, their family history of LGBT ancestry, and to be aware of the particular cultural issues that those facts entail. Orecchia (2008) states that more often than not a counselor who works with LGBT youth will inevitably work with the client's entire family on their acceptance in both the family setting and society at large. After the client has been accepted into the therapy group and all of the above steps have been examined and negotiated the wonders of art therapy can begin.

Schnebelt (2015) writes that the early days of art therapy for a transsexual population was cloaked under the veil that it was being used for the purpose of understanding gender identity issues as a psychosexual illness and not for the purpose of teaching acceptance of oneself or to gain the tools to resolve inner conflict. More recently and more out in the open, he states that Beaumont (2012) developed an art therapy treatment model aimed specifically at gender-variant clients with the tagline of Compassion Oriented Art Therapy (COAT). This type of art therapy couples mindfulness techniques with self-soothing techniques in a way that allows the client to create works of art that process threat-based emotions (p. 19) which help to unravel the tapestry of shame that is woven from the threads of gender nonconformity. The model for COAT therapy relies on the pretense that the transgender individual's lack of self-compassion results from inner

criticism and shame and that it can be regulated through utilizing tools that increase self-awareness, self-acceptance, and the acceptance of others. Artwork that is produced in COAT based art therapy sessions would therefore be used as a vehicle to deliver information to the subject regarding themselves rather than a means for the therapist to gain insight into the client's inner-self (Beaumont, 2012).

Schnebelt (2015) states that it is important to remain informed of the current issues and concerns of the modern transgender person lest the artwork that they create be viewed through a lens of outdated knowledge and understanding. It is also important to remain aware of current social and political events to understand how transgender people are being marginalized and treated by modern society. Remaining informed of the current issues that face this population also pertains to current cultural issues as they relate to LGBT acceptance as those have been proven to change over time as well, similar to how ancient Japan's views on the LGBT lifestyle changed from acceptance to disapproval.

For an LGBT individual the coming out period is one of the most important and stressful events of their lives. During this time they announce to their family and friends that they are in fact homosexual or transgender, at which point they may become more vulnerable to mental health issues due to increased stress or emotional levels, as well as the prospect of losing familial or social support systems. When this stressful event is already coupled with higher risk factors for mental health, drug dependency, abuse, or suicide as research shows (Mustanski, & Liu, 2012) that it is with an LGBT person, it becomes apparent that a suitable approach to supporting mental health is needed. Pelton-Sweet and Sherry (2008) support the notion that there is evidence showing a correlation between personal creative expression and a person's sexual identity and that a creative mind facilitates physical and emotional health. With this hypothesis

they argue that the use of art therapy could therefore have a positive impact on the client's emotional health and physical well-being during the coming out period.

The authors (Pelton-Sweet, & Sherry, 2008) indicate that there is a relationship between the stifling of creative expression and a decline in a person's overall health. With the coming out period being a stressful time, it could be considered the ultimate time for self-expression of an LGBT individual. This process of revelation has levels of "outness" that are achieved, each with their own increased levels of anxiety. For some the coming out process starts at one level where they come out to friends, which then moves up a tier where they come out to family members, and finally they come out fully to people in the workplace. The use of art therapy during these stages can not only produce a non-confrontational tool that can be used to highlight the coming out process, but can also be used as a way to process through the emotional upheaval that the person is experiencing. Evidence is presented by the authors that also shows a positive boost to the immune system when using creative expression which can be attributed to the subject suffering less from psychological problems.

Admittedly there is little evidence that points to specific art interventions for the transgender population although Pelton-Sweet, & Sherry (2008) state "However, many art therapy techniques are ideally suited for exploring identity issues and a number of case studies relate the value of art therapy to LGBT individuals (p. 3)." The authors presented a list of art therapy interventions that were used during group therapy sessions for low-income lesbians who focused on relationship issues, trauma and abuse, social, economic, and other issues related to their gender identity. The group participated in self-portraits, collage making, group murals, and sculpture as it related to "concepts of family, guilt, shame, fear, anger, and homophobia (p. 3)". Their expression through

art allowed them to reveal invisible and hidden feelings that allowed them to confront pain and to gain the courage to stand up to it.

In their research (Pelton-Sweet, & Sherry, 2008) explained that art therapy may have a positive effect on the transgender person as well, being that a person with gender identity disorder possesses a need to come to terms with issues such as gender, sexuality, family conflicts, sadness, shame, guilt, and discrimination. They cite an art therapy intervention “*Inside Me, Outside Me*” as being particularly helpful for this population. The directive for this intervention is for the client to create two self-portraits, one that represents their inner private self and the other is the self that they show in public. This directive can also be modified where the client uses two masks decorated in a way that conveys their inner and outer selves instead of creating images drawn on paper. An intervention such as this can have a powerful effect on the transgender person who is in the process of coming out. The subject’s two portraits/masks may exhibit very contrasting looks thereby expressing the differing views of their self-image. The images that are created are then used to verbally externalize feelings about their gender identity and to cautiously approach issues of self-image and change. Regardless of the lack of evidence based research on specific art therapy interventions for transgender youth, there is evidence that supports the use of art therapy as a treatment option for problems such as identity issues, depression, sexual abuse, and suicidal tendencies which are experienced by youth in general, but are also experienced by transgender youth. Art therapists are trained in diverse techniques to address challenging issues and it can be concluded that these techniques may be used or modified to work with transgender youth and young adults.

In Malchiodi's *Handbook of Art Therapy* (2012, p.241) Miller wrote of how adolescents often question their identity by asking questions such as "Who am I" or "How do I fit in". These questions can be confusing for anyone but they can be even more confusing for someone who has questions about their gender identity. Conformity versus individualism and acceptance from social groups are part of the brick and mortar that create the foundation for a young person's identity. The absence of this foundation for the transgender youth could mean that they never fully come to terms with their gender identity or that they live in hiding, ashamed to be themselves due to society's pressures to conform. Art therapy can be used to help an adolescent with identity issues and given the creative nature of children, Miller (2012, p.241) asserted that it is a great way to allow youth to explore their identity and express themselves through nonverbal communication. This could be true for the transgender youth as well given that there is safety in being allowed to communicate nonverbally. Miller (2012, p.241) wrote that one specific art therapy intervention that has been effective in supporting self-awareness and themes related to identity is the creation of small, multipage "I am" books. These books depict themes that revolve around "I statements" such as "I need, I wish, I love, I believe, or I hope" through the use of painting, drawing, writing, or collaging. She also wrote of a way to modify this project where the client creates an "I am" box and then creates items that relate to identity issues to place inside.

According to Miller (2012, p.241) depressed youth can present a significant challenge to an art therapist due to the fact that they may exhibit normal signs of moodiness and withdrawal that can be confused as chronic depression. A solution to this problem is to take into account the pervasiveness and severity of the symptoms of depression that the client reports. Self-harm and suicidal ideation are both indicators of a teenage client who is suffering from depression symptoms that are far more serious than the normal unhappiness that a client may have. The use

of art therapy for clients with depression can be effective by gearing the subject matter to client's strengths and interests. This has the effect of keeping the client's attention and can also be the catalyst that produces enough interest to garner activity from them. Through art therapy the transgender youth with depression can find a safe place to express themselves and take risks while also trying out new narratives and roles that they may not be comfortable exploring in public (p.251).

Wadeson (2010, p.131) also explores the effects of art therapy on depression while adding that depression is a symptom that everyone experiences from time to time and it is the frequency and chronic nature of severe depression that differentiates it from normal mood patterns. Furthermore she claims that the loss of motivation that is a symptom of depression has a snowball effect where this lack of motivation perpetuates itself through the symptoms of depression, thus keeping the person either unmotivated or depressed or both (p.132). She claimed that this information correlated with her own experience that depressed clients who suffer from a lack of motivation are in fact able to express themselves fully through art therapy. This also shows that the depressed individual's lack of motivation is not the result of a physiological impairment, making it subject to change (p.132). Wadeson used mostly free-drawing based interventions with her depressed clients which were meant to evoke a release of emotion or relay information regarding events that the client felt attributed to their depression. However, she also writes of a client who worked with clay to create a sculpture that represented her fear of both herself and her mother dying during surgical procedures.

Sexual abuse of a child creates a plethora of psychological disturbances that can have a negative effect throughout the lifetime of the abuse victim. Posttraumatic stress disorder, cognitive distortions, altered emotionality, dissociation, impaired self-reference, disturbed

relatedness, and avoidance are all psychological disturbances that appear in both adults and children who have been sexually abused (Malchiodi, 2012, p.175). Wadeson stated that “the prevalence of childhood sexual abuse is estimated to be one in four females and one in six males sexually abused by the age of 18” (2010, p.99). Art therapy can offer a healing solution for children of sexual abuse by first allowing for safe communication and later by providing a means to work through the emotional issues that the victims face. Through the use of art the child is able to communicate their inner perceptions about self and the world and to express emotions that may be subdued out of a fear of the abuser, conflicting feelings of loyalty, confusion, anxiety, or embarrassment (Malchiodi, 2012, p.179). This art is then able to convey priceless information to the therapist that the abuse victim may not be able to verbalize through language alone. Wadeson offered some insight into art interventions for this population by showing results of her own interventions with an adult male who was sexually abused as a child (2010, p.101). Mostly drawing based, these interventions revolved around body image drawings, emotional images of feelings towards the abuser, images of inner dialogue, and drawings that represent things of enjoyment.

Since the risk factor for youthful suicide is so high and the population is so fragile, the therapeutic approach to a young client with suicidal ideation needs to be gentle and effective. Wadeson wrote that the therapist must be fully in tune with the client’s needs in order to understand the complex nature of their suicidal feelings (2010, p.170). Suicide can be the result of depression but can also be the result of a mental disorder such as schizophrenia and the art therapist should be aware of any diagnoses that are attributed to mental illness before working with a suicidal client (p.170). The mental health of the client is important, as is the mental health of the therapist when working with this population and as Wadeson reported there are clients

who are determined enough that they will follow through with taking their own lives. It is very important that the art therapist be tuned in to their client's feelings because often the client who is determined will not communicate their suicidal feelings to anyone out of fear that they will be stopped (p.170-171). Wadson's documentation with this population show that it is important for the therapist to trust their instincts. She shared her experience of losing an art therapy client to suicide who prophesized his determination to die through his drawings. Being that she had just started practicing, she ignored the signs and her own gut instinct to report the client. She showed that through art therapy the client can draw, paint, or sculpt things that may unknowingly represent their suicidal tendencies. Dark imagery, hopelessness, and the use of spirals in their artwork are possible signs that a client may have suicidal ideation. Subjects such as anger, finality, self-harm, harm to others, self-hate, hopelessness, and isolation all have strong ties to suicidal thoughts and can be conveyed through the proper use of art therapy techniques (p.169-199).

Section Four

Summary

History has shown that the transgender person has not always been marginalized and abused by society. In fact many cultures throughout time have honored and revered transgender individuals or practices based on spiritual and religious beliefs. By conveying the honor and tradition that the transgender people once represented it could be possible to instill a sense of pride and reverence in modern-day transgender youth and young adults. This sense of pride could help to dispel some of the stigmas and prejudice that the modern transgender individual faces.

The DSM-V considers transgender behavior to be classified as a mental illness labeled gender dysphoria. This label can create the notion that the transgender youth is suffering from a mental illness rather than a gender identity crisis, which can result in the subject internalizing the gender identity feelings rather than accepting them. This internalization of feelings can lead to mental health issues. Research has shown that self-acceptance is a significant factor in promoting both mental and physical health. LGBT persons may face hardships such as emotional, physical, or financial strains and by using art therapy techniques an individual can overcome these hardships. Even though the research is still narrow and new, the results that art therapists have seen when working with this population have been promising and informative.

Conclusion

It can be concluded through examination of the resources and information provided that art therapy can be an effective tool for the transgender youth or young adult to utilize to help one cope with their gender identity issues. When not properly addressed, these identity issues can lead to depression and other mental health problems. Mental health issues in this population are not caused by internal issues alone, as there are many external factors that exasperate mental health issues such as stigma, bullying, sexual abuse, and violence. When all of these adverse life events combine, it can be difficult for the transgender youth or young adult to navigate their way through the rigors of school or social life that are part of the youthful experience. It should be the goal of any art therapist who works with this population to help the transgender youth cope with their changing bodies, self-view, family acceptance, and any challenge that they face as they come to terms with their sexual identity.

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