Art Therapy and LGBTQ: Bridge to Understanding

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Abstract

The lack of participatory arts-based studies in multi-cultural investigation overlooks the window of opportunity to use art making as a means to gain deeper insight from lesbian, gay, bisexual, transgender and queer (LGBTQ) community. Without the ability to participate in the production of knowledge informing art therapy research, understanding of the LGBTQ community may be insufficient and superficial. This peer-led research gave participants a voice in the research process that helped them gain insight into their preliminary healing goals. The overarching themes throughout the study were relationship and sexuality related to (a) social and internal acceptance of sexual expression and identity, (b) discovery and change found in critical inquiry, and (c) effects of and resilience to heteronormativity. More participatory arts-based research was recommended to increase understanding and multicultural competency that comes from accurate information about the LGBTQ population.
Dedications

This thesis is dedicated to all who live with fear yet are courageously working to live authentically.
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CHAPTER I

Introduction

Research Problem

Art therapy. The American Art Therapy Association (AATA, 2007, 2009) required educational and ethical standards to ensure that art therapists were multiculturally competent. Additionally, there were continued efforts by many in the mental health and art therapy fields to highlight the importance of the different facets of multiculturalism (Calish, 2003; George, Green, & Blackwell, 2005; Hiscox & Calish, 1998; Howie, Prasad, & Kristel, 2013; Lee, 2013; Potash, 2005; Talwar, Iyer & Doby-Copland, 2004; ter Maat, 2011).

While art therapy students and practitioners have been guided in multicultural education and practice, this cross-cultural umbrella may be insufficient for those when working with people who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ). Therapists must consider the intersection of the representation of race, ethnicity, class, gender, sexuality, disability and religion with their clients (Goodman & Gorski, 2015; Talwar, 2015). Talwar (2015) wrote, “that we have to think beyond the narrowly defined, medicalized model of art therapy to envision ways to empower our clients, rather than pathologized the realities they cannot escape” (p.101). A framework that acknowledges the social, cultural and historical impact of those we work with will confront the superficial notions of multiculturalism in art therapy. This begins with reflecting on one’s cultural perspective and the hidden cultural aspects of our psychological, spiritual, and physical selves.

LGBTQ community. Tuhiwai Smith (2012) reminded her readers that colonizing people into communities can happen through deliberate policies aimed at keeping them out.
of sight and on the margins. This experience of marginalization and, oppression of individuals from the LGBTQ community was historically evidenced by the inclusion of homosexuality as a mental disorder in the American Psychological Associations (APA) first *Diagnostic and Statistical Manual of Mental Disorders* (DSM-1). Homosexuality was not removed from the mental illness list until the 1970’s, and the APA did not publically oppose treatments based on the assumption that homosexuality was a medical disorder or that patients should change their sexual orientation until the 1980’s (Association of Gay and Lesbian Psychiatrists, 2012). Additionally, discrimination was reinforced through laws that allowed exclusion and dismissal from the armed forces, prohibition of same-sex unions, and discrimination in employment based on sexual orientation, to name a few.

Through observations, personal interactions, and a review of the literature, the researcher concluded that there was overwhelming evidence of discrimination and oppression of those who identified as LGBTQ and that the social structure that defined the community placed individuals in the position of *other* which perpetuated the continuation of discrimination and oppression. With this in mind, and acknowledging the art therapy researcher as an outsider, a sufficient amount of research in methodologies was necessary so that no harm or oppression occurred in the design of the study or future work with LGBTQ-identifying individuals.

**Methodologies.** In exploring different research methods cited in Creswell (2014) and Kapitan (2010), it became apparent that part of deconstructing the researchers social structure needed to be included when decolonizing methodologies, in research. Looking to uncover central tentations of how art expression can be beneficial to individuals who identified as LGBTQ, the researcher noticed the lack of research that intersected art therapy
with this population. Further, published research often highlighted LGBTQ as one entity rather than illuminating the individual differences within the community. Using a participatory arts-based research methodology goes beyond the medicalized models of research and had the potential to empower participants while challenging and illuminating social oppression. The lack of participatory arts-based studies in multi-cultural investigation overlooked the window of opportunity to use art making as a means to gain deeper insight from a sample participant’s experience. Without the ability to participate in the production of knowledge informing art therapy research concerning the LGBTQ community, study participant’s voices were oppressed and the art therapist understanding of the results was superficial. It also perpetuated the viewpoint that the problem was with the individuals who identify as LGBTQ rather than with the social or structural issues of a heteronormative society. Continually producing research studies of oppressed people using methodologies other than participatory would ensure that participants stay within their community boundaries which would neutralize attempts at multicultural competency within the art therapy field (Tuhiwai Smith, 2012).

**Research Question**

After exploring the issues of how to become competent to work with LGBTQ-identifying individuals, the researcher began to wonder where and how art therapy and the LGBTQ community might intersect? The following questions guided this study:

1. Is art making an effective way to address the restorative needs of the LGBTQ community or find a deeper meaning for their concerns?

2. Can the creative process help individual participants and/or research group identify themes related to healing that may further assist the group?
3. Can community-based participatory art help identify a healing process that does not perpetuate the social structures that contribute to *otherness*?

4. How can the creative activities in the research process be helpful or influence the oppressive social structures?

5. Could this process give art therapists an accurate account of the individual participants that leads to improved LGBTQ cultural competency in art therapy?

6. What perceptions would the participants have about using art making as an expressive process in the future?

**Rationale and Basic Assumptions**

Several researchers acknowledged the widespread damage caused by the heteronormativity reflected in demographic and health mental statistics on individuals who identified as LGBTQ. This led to the assumption that there was a need for healing in this community (Duncan & Hatzenbuehler, 2014; Durso & Meyer, 2012; Hadley, 2013; Grant et al., 2011; Kira et al., 2008; National LGBTQ Task Force, 2015; Perrin-Wallquist & Lindblom, 2015; Testa et al., 2012). Doing so required understanding and advocacy for the transformation of the social constructs contributing to the inequity of power and privilege in our society. This inequity was also extended to the field of art therapy. In reviewing social justice movements through history, Talwar (2015) noticed that each of the movement’s responses centered on the memory of historical and, cultural traumas passed intergenerationally to those in the present. As a heterosexual woman living in a heteronormative society, the researcher could not assume what the healing needs were for those who identified as LGBTQ. Nor can she presume to determine who needs the healing, when healing happens, or if healing even needs to take place.
An art-based participant inquiry was a starting point to provoke, challenge and illuminate the healing needs and social oppression of the participants. The researcher provided an LGBTQ art-making group to an existing treatment facility that otherwise only offers those who identify, peer and talk therapy support. By providing the group, the participants could determine whether art therapy was an effective way to express their individual healing concerns. In a systematic literature review, Blomdahl, Gunnarsson, Guregård, & Björklund, (2013) identified sixteen studies where art therapy methods were examined and compared to understand the healing mechanisms that they termed “therapeutic factors” (p. 324). The eight factors cited were self-exploration, self-expression, communication, integration, symbolic thinking, creativity, and sensory stimulation (Blomdahl et al., 2013). They concluded that art making produced the factors that were healing in the treatment of depression while noting that art therapy had a variety of applications which affected the client in different ways.

**Hypothesis**

By providing space for arts-based inquiry, this study hypothesized that the participants might find a deeper meaning in their healing and/or reveal identifiable themes for further exploration when they took control over the research process. In addition, the participant-researchers would also be able to recognize an intersectionality between their personal discoveries and the group.

**Purpose of the Study**

The objective was to use art expression to identify and voice the healing needs of the participants in the group. Using an arts-based participant inquiry the researcher hoped to empower the participants for the purpose of maximizing their human potential, freedom, and equality. Approaching the research in this manner allowed the act of art making to build a bridge
between the LGBTQ community and the heteronormative society. The results of this study may assist art therapists in increasing their multicultural competency and help them to better serve the community.

**Definition of Terms**

For the purpose of the study the terms “participatory and arts-based” referred to the methodologies used in research. In participatory research, the participants of the study were considered co-researchers who use their knowledge to inform the direction of the study. Additionally, the participants come to “identify their needs and strengths and transform their lives in ways that contribute to individual and collective well-being and social justice” (Golub, 2005, p. 17). Likewise, art-based inquiry extracts meaning from the images created by the participant-researchers. Reflective action follows the creative work. Participants were influenced by changing dynamics of their experience that were the result of artmaking (Kapitan, 2010).

**Justification for the Study**

There were numerous accounts in the psychiatric literature of the distress suffered by LGBTQ people living in a heteronormative society. Art therapy appears to be an ideal form of treatment for this population. Newport and Gates (2015) wrote that between 2012 and 2014 Atlanta, Georgia, was in the top twenty cities with the highest population of LGBTQ-identifying individuals. The researcher who resides in metro Atlanta is likely to encounter LGBTQ-identifying individuals in her practice. Without previous experience or direct interaction with people in the LGBTQ community, one only has research to obtain accurate information concerning the needs of the individuals who identify as a member of this group. However, there were gaps in art therapy research that impeded the art therapy researcher from becoming
multiculturally competent to work with the LGBTQ population. Further inquiry revealed the social structures that perpetuated discrimination and oppression justifying the need for authentic self-reported accounts in art therapy research. Using a participatory arts-based research sample may help to build a bridge to empower the participants, confront the social structures and accurately contribute to the limited information that intersects art therapy and the LGBTQ population.
CHAPTER II

Literature Review

The literature review addressed topics of relevance for the intersection of art therapy and the LGBTQ population. It begins with demographic, social, and political reports of the LGBTQ community. Followed by the psychological effects of living with racism, discrimination, and internalized homophobia. Additionally, the section reviewed studies using art therapy with the LGBTQ population and discussed directives previously implemented by art therapists with this community. However, much of the research cited statistics and information that highlighted LGBTQ as one entity rather than illuminating the individual differences and needs of each identification. This poses many problems when art therapists search for accurate information regarding LGBTQ-identifying individuals. It also reflects the need for participant generated studies that will capture a more precise personal experience. The section concludes with an elaboration of the methodologies reviewed when considering the design of the study.

Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Community

In the 1950’s, Harry Hay founded America’s first national gay rights organization called The Mattachine Society. The group worked to eliminate discrimination, prejudice, and bigotry and to assimilate homosexuals into mainstream society (Hall, 2010). Today, approximately nine million Americans identify as LGBTQ (Sue & Sue, 2013), and individuals still struggle with acceptance and combat heterosexism, homophobia and transphobia daily. It was through the heteronormativity of our society that discrimination was generated and perpetuated. Daley and Mule (2014), posited that “all social institutions are characterized by heterosexuality that assumes sex = gender = sexuality; meaning a female should be feminine” (p. 1289). Struggling with one’s identity involved internal perceptions that were in contrast to the external perceptions
and assumptions made by a heterosexual society. Consequences of that conflict, play out differently. The subject of acculturation was an ongoing discussion primarily within the white middle-class gay population, while members of other groups within the LGBTQ community were more concerned with matters of marginalization and daily living (Hutchins, 2013).

For many who identify as LGBTQ, discrimination issues begin with their families and continues into the local communities and national political arenas. Some political matters such as marriage equality, for the LGBTQ population, are starting to change although inequality continues to exist. Some of the historical, political concerns included job protection, reform of school curricula to include contributions of LGBTQ individuals, and discrimination in housing and health benefits (Sue & Sue, 2013).

Grant et al. (2011) reported on The National Transgender Discrimination Survey that was one of the largest surveys to date of transgender and gender non-conforming individuals. Grant et al. found that the LGBTQ community was significantly more likely than the US adult population to have earned a college degree. However, the respondents reported much lower household incomes than the population as a whole, with many living in dire poverty. LGBTQ-identifying people can legally be denied employment or fired from their job in thirty-two states (National LGBTQ Task Force, 2015). Between the years of 1995 and 2008, hate crimes targeted at sexual minorities were eight times higher than expected, as compared to the general population (Duncan & Hatzenbuehler, 2014). In the transgender community, individuals are subjected to high rates of both physical and sexual violence with 43-60% reporting physical abuse, and 43-46% recording sexual abuse (Testa et al., 2012). Grief and loss have been a reality for those in the gay community as they have confronted the realities of HIV for the past thirty years (Sue & Sue, 2013). Coming out is an ongoing procedure that may result in discrimination
and rejection from friends, family, homes, jobs and community causing a great deal of psychological stress (Halpin & Allen, 2004). In a study of adolescents who came out to their families, participants reported feelings of anxiety, insecurity, worry, shame, and panic intermingled with themes of dishonesty (Perrin-Wallquist & Lindblom, 2015). Racism, discrimination, and internalized homophobia was found to have strong adverse effects on health and mental health including depression, anxiety, substance abuse, attachment, self-blame, and post-traumatic stress (Durso & Meyer, 2012; Hadley, 2013; Kira et al., 2008). With statistics such as these, unfortunately, it should be of no surprise that a staggering 41% of respondents to the National Transgender Discrimination Survey reported attempted suicide as compared to 1.6% of the general population (Grant et al., 2011).

**Distrust in Mental Health**

Continued inclusion of Gender Identity Disorder diagnosis in the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5; American Psychiatric Association, 2013) is interpreted as offensive and hostile to the LGBTQ community (Testa et al., 2012) leading to nondisclosure to healthcare providers. Nondisclosure of LGBTQ identity to healthcare providers is a factor that contributed to poor healthcare. Moreover, secondary victimization in which victims seeking help are victimized by the people from whom they are seeking help may cause distrust of psychologists and counselors (Stracuzzi, Fuertes, & Mohr, 2011). Past discrimination and rejection in health care settings along with denied access to transition-related medical attention, if mental health concerns are divulged, are more reasons for possible distrust (Testa et al., 2012). None-the-less, despite these events, LGBTQ individuals are proportionally more likely to present for mental health treatment and use counseling services more frequently than individuals who do not identify as LGBTQ (Pelton-Sweet & Sherry, 2008). This fact indicated
the importance for art therapists to have an accurate depth of knowledge about LGBTQ-identifying individuals for multicultural competency.

**Art Therapy**

A review of art therapy literature revealed that there was insufficient information for art therapists working with LGBTQ-identifying persons. One obstacle found in some research cited statistics and information that highlight LGBTQ as one entity rather than illuminating the individual differences in the needs of each identification (Addison, 2003; Duncan & Hatzenbuehler, 2014; Durso & Meyer, 2013; Pelton-Sweet & Sherry, 2008; Sue & Sue, 2013). Problems with studies conducted in this manner included: (a) how sexual orientation was operationalized in the study in terms of identity; (b) small sample sizes; (c) studies that were restricted to specific states, cities or regions; and (d) framing questions in a manner that did not permit differentiation between bisexual, homosexual or transgender (Herek, Norton, Allen, & Sims, 2010). Using this research to understand the individual needs of a client that self-identifies as gay as opposed to transsexual may misinform art therapists.

Fraser and Waldman (2003), discussed the importance for art therapists to also be aware that not all LGBTQ clients are seeking therapy for issues related to being queer. While Addison (2003) emphasized staying informed of the issues and concerns of the transgender experience, noting artwork might be comprehended only through a critical awareness. The participatory research of this study gave those involved a voice that accurately reflected their individual experiences.

Of the studies reviewed, gender identity was found to be the most reported area that intersects art therapy with LGBTQ identification (Barbee, 2002; Bergin & Niclas, 1996; Piccirillo, 1996; Sherebrin, 1996). Although these studies recognized the unique challenges for
people identifying as transgender, Piccirillo (1996) used numerous inconsistencies, conflicting and inappropriate transgender identifiers that reflected clients preferences. The study by Bergin and Niclas (1996), questioned what was gender-appropriate or gender normal, concluding that there was no correct answer. However, they presented two case studies in which the first discussed that the treatment teams opinions were used to determine the source of the clients feminine behavior. Additionally, their concluding comments stated that the clinically responsible practice for art therapists requires assessing and treating possible underlying causes for gender variant behavior such as sexual abuse or family dynamics. Neither of these stances suggested that the art therapist was practicing from a positive psychology perspective but affirmed they deemed the behaviors and identities regulated to pathology.

In the same year, Sherebrin (1996) discussed the evolution of Gender Dysphoria diagnosis before disclosing a holistic, client-centered theoretical approach in her work. She believed that the client knows what is needed to be at peace with themselves, she supported her views by allowing her client to describe their art therapy journey in their words. In a similar vein, Barbee (2002) used clients photography to generate narratives in his research. This first-hand account of the therapy journey in Sherebrin (1996), as well as the use of visual narrative and verbal gender stories in Barbee (2002), were seen as positive.

Brody (1996), discussed the imagery and process in art therapy with a lesbian support group. A self-identified lesbian, her desire was to foster lesbian pride to become visible within society. She based the framework of the group in self-in-relation theory where the participants worked with group themes that circled. This study seemed relevant and promising given she was a member of the minority group. However, her personal desire for the women to embrace their lesbian pride overshadowed the individual experiences of each of the participants. The reader is
left feeling robbed of the pertinent information from the groups experiences and circumvented about the researchers feelings of disappointment over the woman’s inability to embrace their lesbian identity. This was deemed a lost opportunity to enlighten art therapists of each participant’s individual journey of how they expressed their identity. Brody (1996) acknowledged her possible bias and in her final notes saw the study as a “rough map to previously uncharted territory” (p.29). She then invited others to fill in the map with expanding art therapy theory to encompass more fully LGBTQ-identifying persons.

Pelton-Sweet and Sherry (2008) discussed several theories of sexual identity development in the coming out process critically, from stage theory, interactionist theory to a more fluid experience. In doing this, they highlighted the need for our society to explain and categorize that which we have not experienced or acknowledged within ourselves. It also illuminated the inadequacy of these categories to explain how one expresses whom they are meant to be in their creation while perpetuating the notion of otherness. Furthermore, the study reviewed research, painting a clear picture of the complexities of the coming out process. It acknowledged that the “most important aspect of a clients’ self-expression often is the ability to come out and be out” dually with the negative effects it can have on one’s life (Pelton-Sweet & Sheery, 2008, p. 171). Finally, the study discussed the advantages of art therapy for those struggling with identity.

**Art Therapy Directives**

Although there was a limited amount of art therapy research literature on the LGBTQ population, many art therapy techniques were ideally suited for an LGBTQ-identifying person. To begin, struggling with one’s identity involves internal perceptions that are in contrast to the external perceptions and assumptions made by a heterosexual society. Several studies
recommended directives for exploring identity issues (Addison, 2003; Bergin & Niclas, 1996; Brody, 1996; Fraser & Waldman, 2004; Pelton-Sweet & Sherry, 2008; Sherebrin, 1996). Art therapy provides clients with a means to create images that formulated a more authentic self that validates one's existence. Piccirillo (1996) noted that “art offered a liberating opportunity to define a distinctive whole self” expressing “This is who I am” (p. 45). The directives and materials used for identity exploration included collage, drawing, quilt work, puppet, and dollmaking using fabric, historical symbols, magazine imagery, and drawing materials. Dollmaking also had therapeutic effects for those who suffered from complex trauma, (Stace, 2014). Other techniques included self-portraiture and poetry (Sherebrin, 1996), and photography and verbal narratives (Barbee, 2002). The directive “Inside Me, Outside Me” was an example in which two self-portraits were presented to indicate one's public and private, inner self (Pelton-Sweet & Sherry, 2008, p. 173). Self-portraits were represented using a variety of media and took different forms, such as a box or a mask.

Another directive was to choose an animal that represented a part of the self and then create a safe place for it using a variety of materials. This instruction was seen as valuable for a sense of emotional safety for those while coming out and appropriate for group or individual formats (Brody, 1996; Pelton-Sweet & Sherry, 2008). Art therapy is also an effective treatment for those with feelings of anxiety and depression, (Blomdahl, et al., 2013; de Morais et al., 2014; Sandmire, Gorham, Rankin, & Grimm, 2012). Many LGBTQ-identifying individuals personally experience symptoms of chronic trauma because of living under the constant stress of homophobic and transgender racism, discrimination, and violence. There were distinct benefits of art therapy in the reconstruction of the trauma narrative (Naff, 2014). Resolving various
traumas in art therapy may help alleviate loss, insecurity, shame, attachment, self-blame, and post-traumatic stress.

**Methodologies**

Former social justice responses center on the memory of historical and cultural traumas experienced and are passed intergenerationally to those affected in the present (Talwar, 2015). Collective trauma harms individuals and can rupture that which gives meaning to one's life. According to Tahiwai Smith (2012), the practice of decolonizing methodologies was meant to eliminate the perpetuation of collective trauma in research. Decolonizing is a term used to describe the development of counter-practices of research within both Western critiques of Western knowledge and global indigenous movements.

Based on critical and feminist evaluations of positivism a decolonizing framework is considered appropriate for any group of oppressed individuals. Decolonization theory is more respectful, ethical, and sympathetic vs. ethnocentric assumptions and exploitative research practices. Decolonization principles a line with participatory action research but moves it to a deeper level. Although taking apart the story and giving voice to the oppressed is important it does “nothing to improve current conditions” or “prevent someone from dying” (Tuhiwai Smith, 2012, p. 3). Researchers that are hoping to expose the political and social conditions of the marginalized may feed messages about worthlessness and “higher” order human qualities to both society and the participants. Tuhiwai Smith, (2012) requested that the participants do not lose themselves by denying the historical formations of conditions that denied them full humanity and eluded their sense of hope, but to acknowledge the spaces of resistance and hope. It is within these spaces where exploration of social issues is a “wider framework of self-determination, decolonization, and social justice” (Tuhiwai Smith, 2012, p. 4).
Community-based art therapists practice and address social transformation using art as a means of emancipation. Kapitan, Litell, and Torres (2011) referred to the community as the surrounding social environment of those with whom art therapists practice. In their participatory research approach, they formed a collaborative partnership with a community organization that had a social advocacy mission. They noticed that “for some social activist art therapists, see the community itself is the “client” by being the primary focus of intervention” (Kapitan et al., 2011 p.65). They suggested that art therapy practiced on a macro level might deliberately design arts interventions to use in a collaborative partnership with community organizations with a social advocacy mission.

Summary

The literature review identified the demographic information of those identifying as LGBTQ. It exposed the effects of living in a heteronormative society that perpetuates racism and discrimination, which leads to internalized homophobia. It highlighted the small amount of research found at the intersection of art therapy with LGBTQ-identifying individuals. The lack of research is unfortunate given the effectiveness of the art therapy interventions cited for the participants within the studies. Further analysis divulged an inadiquit amount of art therapy research that gives a voice to the participant's authentic experiences supporting the notion that participatory research was necessary. Finally, more in-depth discussion of what influenced the methodology choice for this study authenticates participatory arts-based research will not perpetuate the oppression of the LGBTQ community.
CHAPTER III

Methodology

Design of the Study

The study utilized a participatory arts-based research design. Participatory research begins with how research is created, carried out and disseminated. The purpose was to turn the case from participants “being studied” to having them emerge as leaders in research. They decided what problems were worth investigation, analyzed their situations, and determined the impact or solution. Developing a relationship between the researcher and members of the community was essential to the success of the participatory research. Being mindful of the social constructs contributing to the inequity of power and privilege in our society so as not to extend to the field of art therapy research and practice. Trustworthiness was established by developing cultural competency and by making an abiding, commitment to the community working to shift the empowerment to them. (Kapitan, 2010).

Participants

Participants in the study were clients and staff at a nonprofit residential and day mental health treatment facility in Atlanta, GA. The group included one employee and six clients who were questioning their identity or identified with those of the LGBTQ community. Including the staff member as a participant was a change from the original research proposal. Clients of the facility received either dialectic behavioral therapy or cognitive behavioral therapy combined with adjunctive therapies during their residency.

Participants were between the ages of 20 and 50 years with the average age being 29. All had come out to their families except one who had come out to most of their family. Two people identified as lesbian, two as gay, two as bi-sexual and one person identified as gender
fluid, queer, gay, or possibly transgender. Six participants described their ethnicity or race as white/caucasian and one member African American. All participants had some college education with one having a bachelor's degree. Two participants reported working in an occupation, one identified as a student and four others stated having no occupation because they were temporary clients at the facility. Four participants reported their family social, economic status (SES), earning 80,000 or above, two said below 20,000 and one between 25,000 and 30,000. When asked if they had a religious affiliation three said no, with one stating a previous affiliation to Baptists, and three said yes, with affiliations to yoga, Episcopalian, and non-denominational respectively. Finally, three participants reported living in an urban setting, three in a suburban and one lived rurally.

**Recruitment procedure.** The researcher recruited participants from the clientele and staff of an existing treatment facility that offered a peer-support group for those who identify as LGBTQ. Two weeks before the research, there was an announcement during a facility-wide weekly community meeting and an LGBTQ peer-support group. The recruitment procedure was different from the original research proposal that included recruitment only from the existing LGBTQ support group within the facility. The change was to acknowledge that possibly not all LGBTQ clients attended the LGBTQ support group allowing for all interested clients to participate. Flyers that included a full disclosure of the design and purpose of the study were handed out upon request and posted throughout the facility. Information providing in-depth descriptions of the following specific areas were included:

1. The definition and utilization of art therapy.

2. A description of participant art-based research and the role of the participants as researchers.
3. There were instructions on the meeting time and place.

Those interested were offered time before agreeing to be a participant, to bring the consent form to their primary counselor to discuss any possible questions or concerns.

**Research Procedure**

The participants of the study were identified by a positive response to the flyer and willingness to engage in this research project. The research group met for 45 minutes a week for six weekly sessions. Possible art interventions were prepared to provide a starting point for the group if needed (Appendix A). Additionally, the study was participant lead so that the participant's choices influenced changes from the original design. Various art materials were provided each week that included 8.5 x 11.5 and 12 x 18 white and colored paper, colored tissue paper, magazines, various collage materials including fabric and assorted beads, acrylic and watercolor paint, chalk and oil pastels, graphite and colored pencils, and clay.

**First Meeting.** Participants arrived, introduced themselves, and identified their preferred pronouns. Participants handed in their informed consent forms and the researcher addressed any questions concerning participation in this research study. Participants were invited to choose an identifying colored pen for identification. Their color choice and client identification number were for use on any identifying documentation throughout the study. The facility requested the use of the identification numbers, and the colored pens were for the ease of coding for the researcher. The numbers and colors were documented on the consent forms and correlated with their participant number. The researcher then asked participants to complete demographic surveys.
The researcher reminded the group they had control over the design of the study and were encouraged to take part in functions necessary for the research. The researcher asked the following questions and described some of the roles that included:

1. Would you prefer the researcher facilitate the group or do you want to facilitate the group yourselves?

2. Would the group prefer to come up with their own art directives or do you want to work from art directives provided by the researcher?

3. Do you want to assign a note taker or use the researcher as a note taker?

After some discussion, one person was chosen to be the spokesperson to relay the choices that the group decided on to the researcher. The group decided to be the final decision makers but preferred the researcher facilitate and note take. They also agreed that the researcher would bring directives to the group for the first three meetings and reevaluate the last sessions.

Next, the pre-questionnaire was handed out. Participants were asked to identify and document three areas where they would like healing to happen including concerns about sexuality. The remaining time was initially designed to create artwork in the framework of an open art studio with self-directed artmaking. However, due to the limited time, the researcher asked the group if she could suggest a directive. The participants agreed, and the researcher introduced the scribble drawing to the research group. The participants were invited to keep their healing intentions in mind while creatively responding; the remaining time was for art making with individual presentations and processing of artwork with the group. Each participant processed their work in written form. Participants were encouraged to seek out their primary counselor or other staff if they experienced dysregulation by their artmaking and processing during the research. The researcher documented the groups verbal processing in a journal and
photographed the artwork. A lockbox and secured office housed the artwork and written documentation after each session.

**Second meeting.** When the group arrived, one participant was absent, and two new people wanted to join the study. The participant spokesperson took charge of a group discussion. All agreed they would accept new members throughout the study and that they could complete the previous missing directives during free time with the researcher present. The art researcher recapped the purpose of the study and handed back the artwork and written processing from session one for review to confirm the information and expand if desired.

The researcher chose a Self-Portrait for the directive in this meeting, and participants were encouraged to make art. The art therapy researcher was available as a resource. After 30 minutes of artmaking, participants individually processed in writing and then came together and electively shared with the group. During the dialog, two participants asked if they could meet with the researcher personally after the group dispersed. The researcher met individually with the participants after which both returned to expand their written response. The researcher documented the verbal dialog in a journal and photographed the artwork.

**Third meeting.** The directive for the session was “Inside Me, Outside Me.” The researcher added various size boxes to the provided art materials given the assigned directive. Five participants arrived on time, and one came late. The researcher distributed the artwork and written processing from session two for review to confirm and expand the information if desired. Afterward, art making commenced. One participant expressed that he could not face the topic and said he had to leave.

Participants worked at their pace with some finishing their artwork and written documentation while others worked until the last five minutes and did not complete their
арт artwork. A group vote decided that they would use session four to finish the artwork and processing for “Inside Me Outside Me” and any other missing work of those who joined the group late. It was also originally planned that participants would complete mid-term evaluation one and two, to determine if they saw any group themes but due to time restraints, they were excluded as research tools. After the meeting, the researcher informed the primary counselor of the participant who left, documented the verbal processing among the group in a journal and photographed the artwork.

Fourth meeting. The participants designed session four as a make-up, so there was no directive. Only two participants came to the meeting; three others finished the previous week, and one was absent. The researcher distributed the artwork from session three, and artmaking commenced. One participant completed the artwork, processed in written form and asked if she could oversee the researcher photograph her artwork saying “it is important that the box lid stays open to show the stuff coming out.” The researcher photographed the work guided by the participant. The other participant finished the artwork on time but did not document a written response. Processing was completed during other open studio time with the researcher present. The researcher recorded the verbal dialog among the group and photographed the remaining artwork.

Fifth meeting. Three participants arrived at the session although one had to leave for an appointment and did not complete full artwork. The researcher reminded the group that the next visit that included a post-evaluation would be the last of the study. The spokesperson led a discussion of how important was the work they were doing and how to move forward with the group. They decided to work self-directed in the session and expressed interest in coming
together to process all the artwork verbally and to create a celebratory group piece in the final session.

The researcher distributed the artwork and written processing from session four. Participants reviewed to confirm the information and expand if desired then art making commenced. One participant did not finish the artwork or written response but completed it during other open studio time with the researcher present. The researcher documented the verbal dialog among the group in a journal and photographed the artwork.

**Sixth meeting.** Five participants attended and immediately requested to complete the post evaluation to have time to verbally dialog about the group's work. The researcher laid out all the finished artwork on a large table. One participant completed the evaluation and requested not to stay for processing. The other participants finished and discussed the group's artwork. A lockbox and secured office housed the artwork and written documentation.

**Data Collection**

**Demographic survey.** Participants completed a demographic survey (Appendix B). The purpose of the questionnaire was to provide the researcher an expanded understanding of each participant. The forms were kept in a lockbox and secured in the researcher's office.

**Informed consent.** The members who choose to be a part of the study were requested to complete an informed consent form (Appendix C). The informed consent form described the purpose and procedure of the research, the rights of the participants, including identity protection, and potential hazards from participating in the research. The consent forms were given to the participants primary counselor for review before coming to the group to be sure they understand the document. The informed consent was filled out with the therapist and brought to the first meeting. The researcher made copies and distributed one to the participant the other was
placed in a lockbox in a secured office. The participants were assigned an identification number by the facility and were invited to choose an identifying colored pen to protect their identity for the final presentation of the research. Their identified color and identification number were documented on the consent forms and correlated to a participant number that was used on all identifying documentation throughout the study. The facility requested the use of the identification numbers, and the colored pens were for the ease of coding for the researcher. The forms were kept in a lockbox in a secured office.

**Pre-questionnaire.** Participants filled out a pre-questionnaire (Appendix D) to determine their healing needs. They were asked to give three examples. The pre-questionnaire was filled out using the assigned number and color of the participants at the beginning of the first meeting and used as a reference to determine if the healing needs changed. After completing the form the researcher collected and stored the information in a lockbox and secured office.

**Participant artwork.** The participant's artwork (Appendix E) was considered a primary source of their direct experience in the research. Critical inquiry into the creative process that included immersion, intense preoccupation, and openness to experience without preconception was active in the data gathering (Kapitan, 2010). The artwork was used to define the motivation and direction of the participants and subsequently the study. The artwork was collected and stored in a locked cabinet in a secured office.

**Written reflection.** After artmaking the participants documented in written form, their reflective process of the experience and the completed artwork (Appendix F). Processing in written form generated an analysis for the participants of the deeper understanding and strengthened the hermeneutic circle method. The researcher was able to give back the reflections in each session allowing participants an opportunity to elaborate on the content if they chose.
Observation log. Some of the participants chose to describe their artmaking and their reflections with the group in a few sessions. The dialog between participants added to the system of feedback loops that are a part of the hermeneutic circle method. The researcher used direct quotes and paraphrasing to document spoken dialog between the participants. During and after each meeting the researcher recorded her reactions and observations of the group.

Mid-term evaluation one. An evaluation sheet (Appendix G) was proposed to hand out during the third session. The proposed purpose of the assessment was to provide participants a means to reflect whether any themes emerged in their artwork or if they identified any changes in their preliminary healing needs since participation in the artmaking process. Voluntary disclosure to the group was proposed for the fourth and final discussions to enrich the comparison and meaning of the group work. Due to time restraints, the evaluation was not completed by the participants.

Mid-term evaluation two. A second evaluation sheet (Appendix H) was proposed to hand out after the third session. The proposed purpose was to provide participants a means to reflect whether any group themes had emerged in the artwork to date. Voluntary disclosure to the group was intended for the fourth and final discussions to enrich the comparison and meaning of the group work. Due to time restraints, the evaluation was not completed by the participants.

Post-evaluation. A post-evaluation (Appendix I) was filled out by group members. The evaluation offered participants the ability to comment on the success or failure of the study. The information gathered from the questionnaire was to help determine whether artmaking in the sample population brought more depth of understanding to the participant's ability to identify and
work through their healing needs. The evaluation provided space to offer suggestions for change of any component of the art making research experience for the benefit of future participants.

**Data Analysis**

**Pre-questionnaire.** Participants preliminary healing needs were analyzed by the researcher using in vivo coding. Codes were sorted for common themes in the data that the researcher triangulated with the participant analysis of the art images, written reflection, verbal discussions and post evaluations.

**The artwork.** Data analysis was completed using the art images of the participants utilizing a hermeneutic circle method. Three key components of the approach are the starting point, the expression, and the understanding (Kapitan, 2010). The participants starting point was their lived experiences that brought them to have a healing need. Next, they expressed their experience by creating an image. Finally, they used the image to come to an understanding. The comprehension is not cognitive but one that apprehends the possibilities revealed by the image (Kapitan, 2010). The participants initiated a connection with one another. Through the use of open-ended questioning and comments a dialogue through image making and verbal responses began. The participants reflected on their internal reactions to the responses, identified symbols, and themes which in turn generated deeper questions and subsequent responses. A joint construction of the meaning of the experience was the result of the back and forth circle of the dialog. The participant artist’s perspective shaped the interpretation but was open to revision and elaboration as they interacted and reevaluated their bias and standpoints.

Participants artwork was given back at the beginning of each meeting, to consider additional symbolic meaning. Additionally, they had the opportunity to elaborate on the content if they chose.
Written reflection. The participants documented the artmaking experience and symbolic meaning in written form at each meeting and were allowed to review, amend, confirm or elaborate what they said during the processing sessions. Written processing generated an analysis of the deeper understanding and strengthened the hermeneutic circle method. The researcher utilized in vivo coding to analyze the written reflection. Codes were sorted for common themes in the data that the researcher triangulated with the pre-questionnaires, participant analysis of the art images, verbal dialog and post evaluations.

Observation Log. The dialog between participants that added to the system of feedback loops of the hermeneutic circle method were documented using direct quotes and paraphrasing by the researcher during and after each meeting. The discussions between participants and observations of the researcher were transcribed and triangulated with the pre-questionnaires, participant analysis of the art images, written reflections and post evaluations.

Post-evaluation. The responses to the post evaluations were used by both researcher and participant to determine the outcome of the success of the experience. Additionally, the researcher utilized in vivo coding to analyze the evaluations to identify themes in the data. For comparison, the themes were triangulated with the pre-questionnaires, participant analysis of the art images, and written reflections. From the final analysis, they were able to conclude whether the pilot study would further benefit the LGBTQ community that is the purpose of participant research.

Validity and Reliability

Hermeneutic models were considered especially appropriate for art therapy research because art expression was inherently a subjective experience (Bloomgarden & Netzer, 1998; Kapitan, 2010). The participant’s involvement in the process offered the potential to reflect on
the use of art in therapy more accurately than quantitative analysis (Bloomgarden & Netzer, 1998). Rossetto (2012), successfully used a hermeneutic phenomenological study with participants using community mural-making for social action. He stated that the “synthesizing of data through processes of writing and rewriting, moving from the parts to the whole and back again” allowed the researcher to arrive “at pertinent themes and metaphors” (Rossetto, 2012, p. 20). Davis (2010) used hermeneutic methods in art therapy research with international students. She concluded that “participants were able to achieve both emotional distance and self-awareness which enabled them to render emotions comprehensible through the aesthetic dimensions of their artworks” (Davis, 2010, p.188).

This study was based similarly to another conducted by Kapitan et al. (2011), where the authors used a participant action research (PAR) method. Kapitan et al. described their model as a cyclical process of critical vision through the use of “Creative Art Therapy” followed by a reflection that created a system of feedback loops that allowed the process to begin again for deeper meaning (p. 64). The use of participant arts-based research allowed for an accurate account of a lived experience without “otherizing” the participants or perpetuating further oppression. The individual and collective interpretations were completed by asking, “What can be done to change the story and the perception of its influence in our society” (Kapitan et al., 2011, p. 68). Using an art-based participant inquiry was a starting point to provoke, challenge and illuminate the healing needs and social oppression of the participants.

The participant’s written process of the artmaking experience and symbolic meaning in each session of this study were given back for review at the next meeting. Participants were able to amend or confirm what they said during the processing sessions. Additionally, they had the opportunity to elaborate on the content if they chose. Allowing them to expand on the substance
of the discussion and having an accurate recall of the participant's input adds to the validity of the study.

The researcher used a reflective journal, transcription, in vivo coding and methodological triangulation as a means to analyze the data (Braun, & Clarke, 2006; Creswell, 2014; Kapitan, 2010; Saldaña, 2015). Consensual validation of the study’s data analysis offered substantive significance. The applied in vivo coding helped eliminate biased interpretations of the themes. Methodological triangulation helped “eliminate inadequate alternative explanations” (Kapitan, 2010, p. 111).

**Ethical Implications**

Possible risk and discomfort to participants included minor emotional or psychological stress when recalling events that brought them to have healing needs. The participants were members of a treatment program at the time of the study. Other therapies and therapists were available in case of emotional or psychological distress. Although two participants experienced some discomfort in the second meeting, the risk was still considered minimal. Working with art medium can bring feeling and emotions to the surface. The researcher invited the participants before and after the meetings to share any unexpected reactions that were a result of working with the materials.

There were confidentiality risks even though numbers and colors identified participants for the final report. Although the researcher did not use the participant’s names, the final presentation of the research may contain details about the individual that could result in someone guessing their identity. Those details include residence, their age, their status as LGBTQ, or their attendance at the treatment facility. A lockbox and secured office housed all the artwork and written materials of the study.
Researcher Bias

Coming from a constructivist worldview, influenced by Jungian thought, the researcher acknowledges that her theoretical viewpoint was an influence on the design of the study. Constructivists believe the objects of research are constructed by the relevant communities of knowledge makers (Gergen & Gergen, 2004). For this study, that means the LGBTQ-identifying individual’s community and the art therapist’s, art therapy community. The challenge is to blur the boundaries for the purpose of “cross-talk, the kind of dialogue that allows multiple realities and values to intersect” (Gergen & Gergen, 2004, p. 73). Allowing multiple realities and values to intersect is valuable to the researcher who believed her life holds many different truths. Other worldviews included being heterosexual, white, middle-class, living in the second half of life, and finally a practicing Christian. Constructivists see that we build our reality with each encounter we have in the world and how we perceive the world. “The failure to share brings about blindness to the values and potentials of alternative traditions” (Gergen & Gergen, 2004, p. 73). Constructivism does not mean giving up what is called truth but rather invites one to see truth claims of all kinds (Gergen & Gergen, 2004). It is through these encounters that all parties are enriched. These dialogs speak to issues of general significance to society. The researcher believed that if we can prevent blindness by acknowledging no particular group is justified to obliterate all dissenting realities each has the power to heal.
CHAPTER IV

Results of the Study

Participants

A total of eight participants attended the artmaking sessions. One participant completed and processed a single artwork only that seemed inconsequential to the study and was excluded from the results. The initial five participants voted to allow others to join throughout the study adding two more to the group after the first session. Attendance for several of the participants was interrupted by obligations to facility treatment plans. A group vote decided directives and written dialog could be completed in the researcher’s presence outside the meetings. Four participants worked outside the sessions. Of the seven remaining only one attended all six sessions and completed all required data. The remaining six participants attended at least three meetings, and all but one completed research requisites.

Relationship and Sexuality

Through critical inquiry of the creative process, (see Figure 1) the research group gained insight into their preliminary healing goals that included relational themes to sexuality, nature, mental illness, spirituality, self, child, formal religion and God.

Figure 1. Photograph of participant’s scribble drawing.
Although not everyone cited all three of their needs connected to sexuality, every participant had concerns that included their LGBTQ identity and expression. Two wanted to be stronger LGBTQ advocates, and another to overcome addiction.

The overarching themes, relationship and sexuality related to:

1. social and internal acceptance of sexual expression and identity
2. discovery and change found in critical inquiry
3. effects of and resilience to heteronormativity.

An unexpected theme expressed by one participant was love and natural imagery.

For some, the artmaking experience and inquiry exposed denial of self, social rejection and invoked strong affective responses. They discovered an incongruent relationship between external presentation versus their internal sense of self-worth. It is particularly the case for the participant that completed the entire study. Everyone's private experiences suggested struggle while their public practice was to appear happy and at ease. The variance highlighted the adverse effects of heteronormativity on their relationship with self, family, friends and society. Participants expressed symbolic meaning in resistance to their dealings with a heteronormative society and reflected resiliency among the group.

Acceptance

**Social.** Although all reported they had “come out” to their families and friends, participants felt pressured and judged by loved ones. One disclosed negative relationships with homophobic schools and members of organized religion. Conflicts materialized over the outward rejection of their sexual expression and the LGBTQ “lifestyle” and the participants assigned the responsibility of their conflicts solely on themselves. One felt shame and guilt for having her “true self” rejected by her child and parents (see Figure 2). In a self-portrait she
created an image of a closed door and described being locked away from everyone feeling abandoned and not worthy.

Figure 2. Photograph of participants self-portrait, she is behind a closed door.

To maintain their special relationships several participants expressed the need to learn to accept those, whose beliefs did not include sexuality outside of a heteronormative expression.

**Internal.** Self-acceptance of sexual orientation and expression seemed to affect the participant's sense of self-identity. Three participants healing goals were not related to their sexuality that indicated sexual self-acceptance. For two other participants, relationship with self-identity seemed connected to others perceptions of their sexuality and was internalized as lost identity. Feelings of loss extended to one participant's relationship with their occupation. Although dissatisfied with their current job, lost identity blocked the participant's ability to define a satisfactory profession.

A fragmented sense of self-identity correlated to confused sexuality for the remaining two participants. One wanted to feel confident and learn more about the entirety of their self-identity. The other participant felt impatient and shamed by the uniqueness of their confused sexuality, “I want to be able to experience my sexuality without judgment or forcing it to fit internal or external expectations.”
Critical Inquiry

**Discovery.** Self-portraits “illuminated” for the participants reassuring and upsetting meaning about their relationship to identity. Accepted sexual expression/orientation, distinct self-portraits, and confident dialog correlated with a healthy self-image and were seen in the following examples. A multicolored theme seen in one portrait corresponded to a rainbow and represented one participant's sexuality. Usually a plain dressed person, he was excited to see his image depicted in a multi-colored sweater (see Figure 3). A colorful picture of a wolf paw was a self-symbol adopted by a second participant (see Figure 4), and a third used color to represent “true self” (see Figure 5).

![Figure 3](image3.png)  ![Figure 4](image4.png)  ![Figure 5](image5.png)

The remaining participants were unable to recognize a self-image. Through a self-portrait of a robot, a participant who presented a confident self-identity discovered uncertainty and unresolved gender-related issues (see Figure 6). Another that was confused about who they were “supposed to be,” described their identity as “cloudy.” A third admitted that self-portraits were easier if one pretended they were making someone else, and then disclosed the finished clay piece was actually of a childhood friend (see Figure 7).
The meaning extracted from “Inside Me, Outside Me” exposed incongruence between participant’s external presentation and their inner experience. Affirmation of their sexuality seemed unrelated to the contradiction for four out of five participants. Everyone’s internal perception suggested struggle while their external practice appeared happy and at ease. For example, the participant who went on to complete the whole study described feeling “enlightened” because she never considered disconnection between her presentation to the world compared to her internal expression and experience (see Figure 8). She described a happy, loving, caring external persona and used the color blue to represent struggle with “inner demons.” She assigned meaning to a white semi-transparent fabric that represented “soul” and stated, “my soul is trying to break out of the box to show the world my true nature.”

Figure 8. Photographs of participant’s “Inside Me, Outside Me” Box, three views.

Affirmed sexuality was related to the fifth participant who felt their sexual expression was completely separate from their social identity (see Figure 9). When the participant contemplated
merging the two identities he noted, “feeling overwhelmed, physically disgusted, and “emotionally lost.”

Figure 9. Photograph of participant’s “Inside Me, Outside Me” drawing.

Change. All the participants noted changes after the artmaking experience. Some believed they developed coping skills that would help balance their newfound self-discoveries during the research. Others acquired confidence, self-acceptance, and need to help others that provided an avenue for hope and possibility of change. One participant expressed sadness after retrieving unconscious memories of an angry mother that resulted in “changed feelings toward family understanding sexual identity.” A second person found that reflective distance provided meaning that led to a repaired relationship cited as a healing need. Another felt art making “helped me experience my experiences rather than label them.” Through critical inquiry, all the participants experienced strong affect to exposed discrepancy between public and inner self at the same time, they discovered clarity with respect to self-acceptance, sexual expression, and relationship.

Heteronormativity

Effects. All but one participant referenced feeling rejected by others heteronormative beliefs and practices. External disapproval was the reason for negative self-perceptions that included: worries, body image, self-loathing, and negative core beliefs about self. One participant said, “I have a lot of hurt, guilt, feelings of failure, and lost identity.” Participants also
set expectations on themselves to overcome these emotions felt by the rejection of their sexuality.

After critical inquiry to previously unknown gender-related issues one participant felt the identity issue was rooted in “holding in” his sexuality throughout high school. He recounted abuse from students and staff members at school when “outed” by another classmate and denouncement, by the practicing members of his childhood religion. Internalized guilt and shame where apparent in the written dialog that accompanied his artwork.

**Resiliency.** Suggestions of resilience were in the meanings assigned to symbols used by three participants. Feathers, stars and peace signs were objects that contained a spiritual association, offered gratitude and grounded one participant who was “coming to terms” with family disapproval (see Figure 10). He credited creative exploration during the research for some repair in their relationship.

Figure 10. *Participants photograph of symbols used in “Inside Me, Outside Me.”*

Two participants chose satire as their voice and expressed feelings about their relationship to societies norms for women (see Figure 11 & 12). The first created a ceramic leg, stuck in the air to expose unshaven hair. Half covered by a knee sock, the leg leaned on a razor with a Barbie shoe hung from the toe, and represented social pressure on females to look a
certain way. When the participant discovered the top of the sock looked like lips, she proclaimed the lips spoke to the past and felt no self-judgement over leg hair.

Figure 11. Photograph of participants satirical response to norms for woman.

The participant that attended all sessions created a satirical painting also meant as a commentary on female norms. The image was of a negative pregnancy test with the words # no baby, # of course. The participant described frustration when required to take pregnancy tests during medical visits and stated, “Of course I’m not pregnant, I’m gay.”

Figure 12. Photograph depicting participants frustration during medical visits.
CHAPTER V

Discussion

Relationships and Sexuality

Many of the emotions that came up for the participants were discussed previously in the literature review. As confusion about identity lessens for a person, feelings of alienation and social difference increase. Research has suggested that during the coming out process, levels of self esteem, happiness, and life satisfaction decrease whereas levels of loneliness increase (Halpin & Allen, 2004). This may be especially true for those who enjoy particularly close familial relationship and suggests that for many people coming out is a continuous life long process (Pelton-Sweet & Sheery, 2008). It is also important to note that there are many factors that may affect the process, such as age, ethnicity and gender. Although racial and cultural differences play a role in sexual identity, few empirical studies have been conducted (Pelton-Sweet & Sheery, 2008).

These and other studies in this research examined individual adverse effects of coming out and living in a heteronormative society from a traditional research model that defines participants as subjects. However, no author has specifically viewed these LGBTQ experiences from the participants lens, to point out how the acceptance or rejection of expressed sexuality and identity impact their every significant relationship. The participants of this study noted their personal, professional, social, and spiritual relationships that were affected as well as relationship to substances, education, mental and physical health. Through the experiences of this small sample group the complexities of the interconnection of their relationships were exposed. An example was the participant who’s career satisfaction was effected. Only through first hand recount of the participants, can one come to understand the enormity of the interrelated factors.
on their life. Therefore, this researcher believes that the research that stated, as LGBTQ individuals progress through their identity development, self-esteem, happiness, and life satisfactions grow and loneliness lessens is not coming close to telling the lived story.

**Acceptance**

**Social.** Acceptance of sexuality was a major theme related to the participant’s relationship with others. Pelton-Sweet & Sheery (2008) discussed how coming out was one of the most important aspects of self-expression dually with the adverse effects it can have on one’s life. All participants in this study conveyed strained relationships with friends and family related to their LGBTQ “lifestyle.” Likewise, there were two accounts of abusive encounters with social institutions related to sexuality. Although some of the literature included the adverse effects of homophobia in high school and medical practices, none approached religious organizations. The participants’ experiences confirmed that coming out is a long process and that individuals still struggle with acceptance and combat heterosexism, homophobia and transphobia daily (Perrin-Wallquist & Lindblom, 2015; Sue & Sue, 2013).

Conflict in participants personal relationships manifested in the outward rejection of their sexual expression, and they assigned the responsibility of those conflicts solely on themselves. Their embodied responsibility generated feelings of shame, guilt, self-hate, failure, being afraid and not being enough. These same emotions were reflected in other studies found in the literature review (Durso & Meyer, 2012; Hadley, 2013; Kira et al., 2008; Perrin-Wallquist & Lindblom, 2015).

**Internal.** Although all had come out publically, some still harbored internal rejection of sexual orientation and expression. Low social support may be a contributing factor in low self-acceptance and depression (Vincke & Bolton, 1994). The participants confused sexuality and
negative self-perceptions related to external rejection and lead to invalidating self-judgement, low self-esteem, shame, and fear. These participants experienced psychological stress as the result of discrimination and rejection. Participants of Perrin-Wallquist and Lindblom (2015) study reported comparable feelings in response to rejection. Similarly, authors found substantial adverse effects on health and mental health including depression, anxiety, substance abuse, attachment, self-blame, and post-traumatic stress related to racism, discrimination, and internalized homophobia (Durso & Meyer, 2012; Hadley, 2013; Kira et al., 2008).

Internal acceptance of sexuality, seemed to affect the participants in positive ways as well. Clear self-portraits and celebratory dialog of three participants correlated with self-accepted sexuality in this research sample. The positive response of the participants aligns with Fraser and Waldman (2003) who reported the importance for art therapists to be aware that not all LGBTQ clients are seeking therapy for issues related to being queer.

**Critical Inquiry**

The participant’s artwork was considered a primary source of their direct experience in the research. Critical inquiry into the creative process revealed deeper meanings and discoveries about relationships and acceptance that changed everyone’s healing needs and reflected resiliency among the group. For these participants, art promoted an opportunity for interaction that had benefits separate from and beyond what they thought to be possible by spoken words alone. Their comments about artmaking at the closing of the group included, “it helped me to visualize what to work on in talk groups” and “art therapy exposed healing needs that wouldn’t have been in talk therapy.” These comparisons were not found in the literature review.

**Discovery.** Struggling with one’s identity involves internal perceptions that are in contrast to the external perceptions and assumptions made by a heterosexual society. Sherebrin
(1996) believed that the client knew what is needed to be at peace with themselves and used self-portraiture and poetry in her client-centered research. In this study, four participants initially struggled to find a self-image. After critical inquiry, one of the four realized unknown gender-related issues in the meaning of their self-portrait. Piccirillo (1996) noted that art offered liberation and an opportunity to define a whole distinctive self to express this is who I am. Additionally, several other studies recommended directives for exploring identity issues (Addison, 2003; Bergin & Niclas, 1996; Brody, 1996; Fraser & Waldman, 2004; Pelton-Sweet & Sherry, 2008; Sherebrin, 1996).

Pelton-Sweet and Sherry (2008) and Brody (1996) believed the directive “Inside Me, Outside Me” was ideally suited for clients struggling with identity and was illustrated by the participant that attended every meeting. The participant noted the meaning of her artwork was an “illumination;” freedom to show the world her true nature. It is likely the meanings extracted from this art making influenced her satirical commentary on female norms in the final session. The participant asserted in the artwork, frustration with medical practitioners. Her repeated experiences validated what Testa et al. (2012) discussed that discrimination and rejection in health care settings are more reasons for possible distrusts in the LGBTQ community.

Although the directive may be ideal for some, it was overwhelming for another participant. In his case, the participant’s emotional readiness to address identity issues was likely the reason for the reaction. Observation of the participant's varied responses to the directive appeared relational with accepted sexuality that supported acceptance as an underlying theme and emphasized the effects of heteronormativity on the relationship with self.

**Change.** The art expression provided a glimpse into a world that was either previously unknown to or not fully appreciated by the participants. Similar introspective experiences were
reported in other studies that included using art to formulate a more accurate self and raising new questions that necessitated answers (Barbee, 2002; Kapitan et al., 2011; Piccirillo, 1996; Sherebrin, 1996). One participant in Sherebrin (1996) study felt that art therapy provided the means to allow their innermost self to reassure and answer questions to their consciousness. Self-discoversies in this study, provided an avenue for hope and possibility of change. Reflective distance in the process gave participants space to either explore initial reactions or to transform them further into meaningful responses.

**Heteronormativity**

Published research often highlighted LGBTQ as one entity rather than illuminating the individual differences within the community. The participant led design captured a more accurate personal experience from this sample of LGBTQ identified people. The participant’s amplified voice exhibited more individuality among the sample than reported in the literature except for Brody (1996). Hutchins (2013) discussed the differences in acculturation between white middle-class gay population and other groups within the LGBTQ community but not personal individuality.

The participants individualism was apparent in their preliminary healing needs. One participant wanted to “maintain love relationships” and be a stronger advocate for the LGBTQ community while others needed to get through the “rough patches” or overcome addiction. Three participants seemed to embrace and positively express their sexuality; two were confused by their sexuality and one felt it caused isolation. Diversity in the meaning of their images represented, sexuality, nature, love, mental illness, spirituality, self, child, God, and formal religion. Finally, the uniqueness of each participant was displayed in their self-portraits where
one participant identified a symbol of self, seen in the wolf paw totem, and the another could not produce a self image as seen in the portrait of a childhood friend.

**Effects.** Where there were similarities among the sample group and within the literature review was in the overwhelming evidence of external discrimination and oppression of the participants LGBTQ sexual identity. Most reported comparable adverse effects of injustice and rejection seen in the literature (Durso & Meyer, 2012; Hadley, 2013; Kira et al., 2008). The discrimination placed the participants in the position of *other*, that was similar to what was pointed out in the literature review by Tuhiwai Smith (2012).

Evidence that the participants embodied otherness appeared in their healing goals. It was illustrated by their felt distress exhibited through internalized expectations of self and the assumed responsibility for their relationships as related to sexuality. The researcher considered whether their response was an example of the memory of historical and, cultural traumas passed intergenerationally to those in the present (Talwar, 2015). Exposing the internalized *otherness* of the participants of this study may help to stop the perpetuation of the viewpoint that the problem was with them rather than with the social or structural issues of a heteronormative society.

Tuhiwai Smith, (2012) requested that participants do not lose themselves by denying the historical formations of conditions that denied them full humanity and eluded their sense of hope, but to acknowledge the spaces of resistance and hope.

**Resiliency.** From their artmaking experience, two participants flexed their resistance to the psychological effects of living with homophobic repression. Described by Daley and Mule (2014), “all social institutions are characterized by heterosexuality that assumes sex = gender = sexuality; meaning a female should be feminine” (p. 1289). Through the use of art materials, these two participants expressed two satirical commentaries on societies internalized
heteronormative experience of sexuality and gender roles. It was within these responses where exploration of social issues was a framework of self-determination, and social justice had by the participants. Producing research studies of oppressed people using methodologies other than participatory would ensure that participants stay within their community boundaries and would neutralize attempts at multicultural competency within the art therapy field. Talwar (2015) wrote, “that we have to think beyond the narrowly defined, medicalized model of art therapy to envision ways to empower our clients, rather than pathologized the realities they cannot escape” (p. 101).

**Limitations of the Study**

A larger sample may have revealed more information that better represented the LGBTQ community. Although the study was not broad enough to represent the whole group the researcher used the participant-led design to hear directly from a sample of the LGBTQ populace. The participant's sexual identification and expression seemed to intersect every significant relationship in their lives. Individuality and resiliency themes were also seen along with outlier themes of love and nature. With a bigger sample size these intersects and themes not found in other studies in the literature review may reappear.

Demographics were also affected by the sample size. Grant et al. (2011) found that the LGBTQ community was significantly more likely than the US adult population to have earned a college degree while having much lower household incomes than the population as a whole. The participants in this study reported a much larger income and only one of the seven had a college degree. The small example makes it impossible to compare the differences.

Cultural competency was one of the researchers guiding questions to the success of the study. One participant did not believe her LGBTQ identity was captured clearly enough to
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improve art therapists cultural competency when working with a person identified as LGBTQ. The researcher felt combining LGBTQ-identifying individuals into one entity may have contributed to the lack of clarity of this participants LGBTQ identification. Combining the members of the community was a criticism the researcher had of other studies in the literature and contrary to her beliefs, yet this research replicated the same design. The participant-led design and use of direct quotes from each member of the group gave everyone a voice in this study in hopes to offset the limitation.

The research was conducted in a treatment facility that structured the day using 45-minute group sessions. Most of the participants commented in the post-questionnaire that they felt rushed, would like longer sessions, more time to create, do written dialog and verbally process as a group. Artmaking helped find meaning in the experiences of the participants and may have encouraged the flow of emotions. Essential to an art therapists role is the ability to provide containment while reinforcing skills that will help regulate emotions. Time restraints challenged the researcher and participants when strong emotions surfaced. During the second session, two of the participants stayed to discuss emotional responses to the artmaking. Both missed their next group that was unacceptable for their treatment plan. One of the two participants left the next session after the “Inside Me Outside Me” directive was announced. This same person expressed abuse as a teen after being outed by a schoolmate. Many LGBTQ-identifying individuals personally experience symptoms of chronic trauma. There are distinct benefits of art therapy in the reconstruction of the trauma narrative. Although delving into a trauma narrative may be an extreme comparison and not the purpose of the study, the researcher wondered with more time for group support whether the participant would have stayed to
complete the study. Further identity exploration in art making may have alleviated the person's insecurity and shame.

Another factor impacted by time restraints was the eliminated mid-term evaluations. Evaluation one was to provide participants a means to reflect whether any themes emerged in their artwork or if they identified any changes in their preliminary healing needs halfway through the study. The purpose of mid-term evaluation two was to provide participants a means to reflect whether any group themes had emerged in the artwork. Missed opportunity to identify individual themes at the half way point may not have been critical to the outcome, given participants identified them in the end. However, a lost opportunity to explore group themes that may have enriched discussions may have affected the cohesion or eliminated the formation of a sustainable community.

Additionally, some of the participants wanted to create a group art piece for display to encourage social changes that are the purpose of participant-led research. Had the study been longer in duration that might have been possible. Likewise, more artistic commentaries on social issues related to homosexuality and gender may have come from an extended study. Two participants expressed interest in creating an LGBTQ art therapy blog that would provide access to those in the LGBTQ community and the art therapy community. They saw social media as a means for therapists to understand the experiences of those who identify LGBTQ in the future. Again, more time may have provided for these developments to happen.

**Future Studies and Recommendations**

It is recommended to repeat this study with a larger group over an extended time to identify whether relationships, independence, and resilience themes reflect the LGBTQ community accurately. Repeating the research would also add to the validity. Participants
requested longer sessions that would include more time for artmaking, written dialog and group processing as a change in the design essential for future studies. Increasing the allocated time would eliminate the limitations experienced by the researcher and participants.

The participants narrative in the research mirrored accounts of many LGBTQ-identifying individuals who personally experience symptoms of chronic trauma. There are distinct benefits of art therapy in the reconstruction of the trauma narrative (Naff, 2014). All participants in the research thought artmaking gave them a way to express themselves more authentically than when they were in peer and talk groups. They felt the likeness of the group provided support and safety to explore their unique concerns and became lost in the creative process without worry of what others thought. Likewise, several of the participants felt the directives given by the researcher were key to their discoveries. Given, the positive responses of the participants and the benefits of art therapy cited in the literature it is recommended that mental health treatment facilities consider LGBTQ art therapy groups.

Kapitan et al. (2011) suggested that art therapy practiced on a macro level might deliberately design arts interventions to use in a collaborative partnership with community organizations with a social advocacy mission. LGBTQ arts-based groups could additionally be created within communities to replicate these same experiences. Another option is built on the participants blogging idea, to inquire further into social media platforms for the purpose of critical inquiry in artmaking for the LGBTQ community. Designing arts-based directives for deliberate use with the LGBTQ community may offer more information to help those who suffer from the adverse effects of heteronormativity.

More multicultural research outside traditional methods of study is recommended to break oppressive social structures and to allow authentic voices to recount their truth accurately.
Conducting studies that include individual identities of the LGBTQ may provide a more accurate account of their respective identities. In this study, all but one participant thought the participant lead design was essential for a factual account of the lived LGBTQ experience. They saw the researchers presence in this design as supportive without being intrusive or controlling. Finding evidence of internalized otherness within the group solidified for the researcher that the participant lead design is essential to eliminate continued oppression. Future research using participatory arts-based inquiry is needed so that future students and therapists can become multiculturally competent when working with the LGBTQ community.

**Conclusion**

The participants valued art making as more accurately reflecting their emotional process with minimal distortion. Understanding that conducting research using traditional methodologies would likely perpetuate discrimination, the notion of otherness led to a participant art-based research study. Exposing the internalized *otherness* of the participants within the study the researcher hoped to stop the perpetuation of the viewpoint that the problem was within them rather than with the social or structural issues of a heteronormative society. The objective of the study was to use art expression to identify and voice the healing needs of the LGBTQ community. Using an arts-based participant inquiry the researcher hoped to empower the participants and give them a voice in how the research was created, carried out, and disseminated. They decided what problems were worth investigation, analyzed their situations, and determined the impact or solution. Through that process, all found new insight or a solution to their healing needs.

By providing space for arts-based inquiry, the researcher hypothesized the research participants might find a deeper meaning in their healing concerns and/or reveal identifiable
themes for further exploration while recognizing an intersectionality between their discoveries and the group. All the participants felt that artmaking and written dialog led to a better understanding of their needs and with more group sharing thought their capacity would expand. All participants found themes within their individual work, that extended to the group but time restraints kept them from exploring them within the group.

The questions raised by the researcher included whether art making was an effective way to address or find a deeper meaning for the restorative needs of the LGBTQ-identifying participants. Like other research, this study provided evidence that artmaking was an effective means of therapy. The participants responses indicated that art therapy complimented talk therapy. Additionally, the creative process helped the group to identify themes that they could use but did not benefit the unity within the group. Several in the group felt that they wanted to use their artwork to inform society, and they decided to continue to work to find a means to do so. Meanwhile, they believed the results of this study were a positive contribution to existing research. Finally, all the members felt that they were respected, and all but one thought their LGBTQ identity was accurately portrayed by the information generated from the study method. The researcher believed that it was the participant lead approach that contributed to them feeling validated. Inspired by the participant’s willingness to be vulnerable to better the art therapy communities understanding of their lived experience the researcher committed to continue to work on behalf of the LGBTQ community.
References


Durso, L. E., & Meyer, I. H. (2013). Patterns and predictors of disclosure of sexual orientation to
healthcare providers among lesbians, gay men, and bisexuals. *Sexuality Research & Social Policy, 10*(1), 35-42. doi:10.1007/s13178-012-0105-2


doi:10.1080/07421656.2015.106063


APPENDIX A

Art - Making Interventions

**Intervention #1**

**Title:** Self-Portrait

**Short-Term Objective:** To externalize feelings and qualities of the self.

**Materials:** 8.5 x 11.5 and 12x18 white and colored paper, colored tissue paper, magazines, various collage materials (including beads), acrylic and watercolor paint, chalk and oil pastels, graphite and colored pencils, and clay.

**Procedure:** Direct the participants to use the materials provided to create a self-portrait in any manner they would like. After the portraits are complete, encourage the participants to share them with the group.

**Expressive Therapies Continuum (ETC) Levels:** The ETC level will be determined by the participants choice of materials and the way in which they use the materials. However, a self-portrait can be considered a self-symbol, making the intervention on the Symbolic level of the ETC.

**Rationale:** This intervention can be used as an introduction to the group. It offers a non-threatening way for the participants to express how they see themselves. The intervention allows the participant to externalize their qualities and feelings of self that are too delicate to expose verbally. The intervention can also open up other topics for future exploration. Sharing with a group may reduce feelings of isolation.

**Intervention #2**

**Title:** Inside Me - Outside Me

**Short-Term Objective** To gain awareness of the differences between ones publically presented self and the private, internal, self.

**Materials:** 8.5 x 11.5 and 12x18 white and colored paper, colored tissue paper, magazines, various collage materials (including beads), acrylic and watercolor paint, chalk and oil pastels, graphite and colored pencils, and clay.

**Procedure:** Direct the participants to use the materials provided to create two representations of self in any manner they would like. After the artwork is complete, encourage the participants to share them with the group.

**ETC Levels:** Changing point of view places this intervention on the Perceptual/Affective level of the ETC. Choice of materials may also influence the ETC level.
**Rationale:** For people who are in the coming out process the private self and the public self may be two very different expressions. Being able to express both selves may offer some increased self-awareness or self-understanding to those who are struggling with identity. Additionally, sharing with the group can offer support for the person during this time possibly reducing feelings of isolation.

**Intervention #3**

**Title:** Your Needs - Your World

**Short-Term Objective:** To externalize feelings and perceptions of one’s needs and the world in the present moment.

**Materials:** 8.5 x 11.5 and 12x18 white and colored paper, colored tissue paper, magazines, various collage materials (including beads), acrylic and watercolor paint, chalk and oil pastels, graphite and colored pencils, and clay.

**Procedure:** Direct the participants to use the materials provided to create a collage of their present needs in their world as they see it. After the artwork is complete, encourage the participants to share them with the group.

**ETC Levels:** Collage work may include the Affective-Perceptual level as well as the Cognitive/Symbolic level of the ETC depending on how the client’s choice of material and how they choose to use it.

**Rationale:** Having the participant create a visual of their needs within their world captures their perceptions without having to verbalize things that may be too difficult to put into words. Moving the perception of their needs in their world from the internal to the external creates a safe distance in which to view it. Having a group to witness and share their world validates their experience while possibly reducing anxiety and isolation.

**Intervention #4**

**Title:** Ideal Futures and Reformed Pasts

**Short-Term Objective:** To identify and visually depict one's healing needs as they relate to the past and the future.

**Materials:** 8.5 x 11.5 and 12x18 white and colored paper, colored tissue paper, magazines, various collage materials (including beads), acrylic and watercolor paint, chalk and oil pastels, graphite and colored pencils, and clay.

**Procedure:** 1. Ask participants to close their eyes and take several deep breaths. 2. After several minutes of relaxation use guided imagery to have the participant to visualize some aspect of themselves or their life that they feel needs healing.
3. Direct the participants to use the provide materials to create a symbol in image or sculpture form to represent their healing need. Then create an ideal future environment that might reform the healing need to a healed need.

4. After the artwork is complete, encourage the participants to share with the group.

**ETC Levels:** The intervention is on the Perceptual/Affective and Cognitive/Symbolic level of the ETC.

**Rationale:** The Perceptual/Affective component of the intervention is emphasized by the expression and containment of identifying healing needs. Once the participants can do this, they can then be asked to create a symbol to represent their needs. Using a symbol creates reflective distance from the affective qualities of the healing need. The combination of creating a future environment for the symbolic need makes the symbol progressive leading the participant on a journey into the future. It points to and describes future possibilities and may instill hope. Additionally, sharing with a group may reduce feelings of isolation.
APPENDIX B

Demographic Survey

Please fill out the following questionnaire.

1. Pseudoname _________________________________________________
2. How old are you? _____________________________________________
3. Do you have a current occupation? ______________________________
4. What is your highest level of education? _________________________
5. What are your socio-economic status? Circle one.
   - Below 20,000
   - 25,000 – 30,000
   - 40,000 – 70,000
   - 80,000 or Above
6. Please describe your ethnicity or race? _________________________
7. How do you identify within the LGBTQ community? ______________
8. Did you grow up in a rural or urban environment? _________________
9. Have you come out to your family and friends? ___________________
10. Do you have a religious affiliation or spiritual practice? ___________
APPENDIX C

Informed Consent Document
Saint Mary of the Woods College

PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE YOUR CONSENT TO PARTICIPATE IN RESEARCH.

Voluntary Participation: All research participation is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. You are entitled to ask questions and to receive an explanation previous to signing this form.

Description of the Study: This is a six-session study in which you will create art in response to what you feel are your healing needs. The study is a participant-research design. You are considered a co-researcher and will help guide the direction of the research. You will have a voice in how the information is generated and distributed.

Nature of Participation: You will participate in six sessions. In the (first) and subsequent sessions you will:

   a) Fill out forms and questionnaires
   b) Be asked to consider your healing needs
   c) Create visual response using art materials to those needs
   d) Present your finished artwork to the group
   e) Engage in a dialog in response to the created image.

Purpose of the Study: The objective is to use art expression to identify and explore your healing needs. In doing so, the researcher hopes to understand if artmaking will be useful to the healing requirements of the group. By providing space for arts-based inquiry, the research participants might find a deeper meaning in their healing concerns and/or reveal identifiable themes for further exploration.

You have been asked to participate in this research project because you are a lesbian, gay, bisexual, transgender or queer identified adult. The participatory design of the study is meant to empower you the participant by having you define the meanings found in the research as opposed to studying you. The final presentation of the research will be published and used to inform. Approaching the study in this manner proposes to use art making with the LGBTQ community and the heteronormative community using art therapy as the materials to build a bridge.

This study is being conducted as a partial fulfillment for masters of arts in art therapy degree from Saint Mary-of-the-Woods College, St. Mary-of-the-Woods, Indiana.

Possible Risks:
a) There are potential risk and discomfort to you that may include minor emotional or psychological stress when recalling events that may come up during this research study.

b) Working with art medium can unexpectedly bring feeling and emotions to the surface making the art process uncomfortable for the participants.

c) You will be asked to provide confidential information about yourself.

d) There are confidentiality risks even though participants will choose pseudonyms for identification. The final presentation of the research may contain details about the individual that could result in someone guessing their identity. Those details include residence, their age, their status as LGBTQ, or their attendance at Skyland Trail.

Possible Benefits:

a) There may be no direct benefits from participating in this study. However, some people find that creatively expressing themselves enhances their sense of well-being.

b) You will have an opportunity to contribute to art therapy research by participating in this research.

Confidentiality: Drawings, notes, interview recordings, and transcriptions will be identified by a pseudonym of your choice. Any documents linking your name to the pseudonym will be destroyed after the data analysis.

The group processing sessions will be audio recorded and transcribed with your permission. Following transcription, the recording will be deleted. All data will be kept in secured files, in compliance with the research ethics of the American Art Therapy Association and Saint Mary of the Woods College (SMWC). All identifying information will be removed from questionnaires as soon as your participation is complete. No one will be able to know which are your questionnaire responses.

Opportunities to Withdraw at will: If you decide now or at any point to withdraw this consent or stop participating, you are free to do so at no penalty to yourself. You are free to skip specific questions and continue attending at no penalty.

Opportunities to be Informed of Results: In all likelihood, the results will be fully available around November 1, 2016. If you wish to be told the results of this research, please contact:

Co-Researcher: Nancy Morales                        Phone: 404-661-7099
She will either meet with you or direct you to where you can read a copy of the results. The results will be on file in The Mary and Andy Rooney Library on the campus of St. Mary of the Woods College.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____________________.

If you have questions or concerns about this study, please contact the researcher, the researcher’s supervisor (if the researcher is a student), or the chair of the Human Subjects Institutional Review Board.

**Researcher**
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**Co-Researcher**
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(908) 938-6079

**Chair, Institutional Review Board (IRB)**
Dr. Lamprini Pantazi, Ph.D.
Chair, Human Subjects Institutional Review Board
Saint Mary-of-the-Woods College
Saint Mary of the Woods, IN 47876
lpantazi@smwc.edu
(812) 535-5232
Your signature below indicates that you voluntarily agree to participate in this study.

Dated this __________ day of (month) ____________, 20 __

__________________________________  __________________________
Signature of Participant                          Signature of Person Obtaining Consent
**APPENDIX D**

**Pre-Questionnaire**

Please identify three areas within yourself or your life where you feel you have healing needs. Describe below.

1). ______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2). ______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3). ______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX E

Participant Artwork

Session 1

Participant 1

Participant 2

Participant 3

Participant 4

Participant 5
Session 2

Participant 1

Participant 2

Participant 3

Participant 4

Participant 5
Participant 6

Session 3 & 4

Participant 1

Participant 3

Participant 4
ART THERAPY AND LGBTQ

Participant 5

Participant 6

Participant 7

Session 5

Participant 1

Participant 3
## Written Reflections

### Acceptance

<table>
<thead>
<tr>
<th>Healing Needs</th>
<th>Post- Questionnaire</th>
<th>Witten Sessions</th>
<th>Verbal Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting self</td>
<td>More acceptance of self</td>
<td>Acceptance of identity</td>
<td>Avoiding sexuality</td>
</tr>
<tr>
<td>others religious beliefs without internalizing,</td>
<td>Acceptance and confidence in body image</td>
<td>Inability to accept sexual urges</td>
<td>Religious Judgment</td>
</tr>
<tr>
<td>parents non-acceptance of participant</td>
<td>How deeply ingrained core beliefs are</td>
<td>Inability to accept past mistakes</td>
<td>Become someone different in each setting</td>
</tr>
<tr>
<td>family non-acceptance of participant</td>
<td>Where I am at</td>
<td>Shows my true self</td>
<td>What if they do not like me.</td>
</tr>
<tr>
<td>relationships with people who are not accepting of lifestyle</td>
<td>Frustration with not being accepted</td>
<td>Thoughtful words grounded in acceptance</td>
<td>Apologizing for self.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black –Wolf as Symbol for Self</td>
<td>Coogi sweater (representing sexual identity) was ordered, couldn’t be more excited.</td>
</tr>
</tbody>
</table>
## Relationship

<table>
<thead>
<tr>
<th>Healing Needs</th>
<th>Post Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>With body image comfortable in my own skin</td>
<td>Mother</td>
</tr>
<tr>
<td>Family acceptance and understanding approval expectations - guilt more honesty effective communication acceptance of sexuality acceptance of mental illness</td>
<td>Frustration with not being accepted in the outside world.</td>
</tr>
<tr>
<td>Maintaining Marriage - long term love</td>
<td>Self-fragmented insecure confused</td>
</tr>
<tr>
<td>With Son - shame and guilt</td>
<td>Nature / Animals</td>
</tr>
<tr>
<td>With Self patients self-hate come to terms with self</td>
<td>With LGBTQ community</td>
</tr>
<tr>
<td>With Substances - abuse</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td></td>
</tr>
<tr>
<td>Spirituality find peace judgement</td>
<td></td>
</tr>
<tr>
<td>Friends non accepting</td>
<td></td>
</tr>
<tr>
<td>School non accepting</td>
<td></td>
</tr>
<tr>
<td>Those you love who do not accept lifestyle</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
</tbody>
</table>
### Sexuality

<table>
<thead>
<tr>
<th>Healing Needs</th>
<th>Post Questionnaire</th>
<th>Written Sessions</th>
<th>Verbal Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to feel comfortable</td>
<td>Sexual confusion &amp; insecurity problematic to sense of self</td>
<td>The “me” I truly am</td>
<td>Avoiding Sexuality</td>
</tr>
<tr>
<td>Without shame guilt secrets</td>
<td>Gender issues</td>
<td>Dildo represents sexuality</td>
<td>Satire on society disregarding needs or lifestyle of LGBTQ community</td>
</tr>
<tr>
<td>Without need of family approval</td>
<td>Sexuality</td>
<td>Shame and Guilt about being gay</td>
<td></td>
</tr>
<tr>
<td>Understand and learn more about sexual identity</td>
<td>Frustration with not being accepted</td>
<td>Think of “Pan” that would make it very sexual</td>
<td></td>
</tr>
<tr>
<td>In relation to family approval expectations letting them down</td>
<td></td>
<td>Multi-colored rainbow represents my sexuality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Different from everyone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Holding in my sexuality through HS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No real home in the outside world</td>
</tr>
</tbody>
</table>
### Self (form of)

<table>
<thead>
<tr>
<th>Healing Needs</th>
<th>Post Questionnaire</th>
<th>Written Sessions</th>
<th>Verbal Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming more confident</td>
<td>Sexuality confusion, insecurity problematic and fragmenting sense of being</td>
<td>Self-symbols rainbow colors wolf</td>
<td>Self-love and esteem</td>
</tr>
<tr>
<td>Self without shame</td>
<td>Difficulty with self-image</td>
<td>Shows my true self</td>
<td>Difficulty seeing myself</td>
</tr>
<tr>
<td>More in-touch with self</td>
<td>Internal self crashing waves tumultuous constant battles inner demons overwhelmed by merging inner self and social self struggle</td>
<td>If I figure out who I am, what if people do not like me?</td>
<td></td>
</tr>
<tr>
<td>Occupational identity</td>
<td>Self-discovery reflection insight clarity focus Introspection of past, present, and future self</td>
<td>Outside self calm clear lively generous happy smiling loving caring</td>
<td>Realize I become different in each situation</td>
</tr>
<tr>
<td>Increase self-esteem</td>
<td>Cloudy self-image</td>
<td>Lack of identity</td>
<td></td>
</tr>
<tr>
<td>Acceptance of self and sexual identity</td>
<td>Difficult to see myself locked away from everyone.</td>
<td>Who am I?</td>
<td></td>
</tr>
<tr>
<td>Internally validating myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting positive body image</td>
<td>Pretend you are someone else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validating</td>
<td>No real place in outside world</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without need for family approval</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand and learn more about myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without self-loathing or negative core beliefs of self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peace with self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

Mid-Term Evaluation One

Can you identify any themes that may have emerged from the images in your art? If so, please list below.

__________Yes, I have identified the following themes

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________No, I do not see any themes in my images or artwork.
Mid-Term Evaluation Two

Can you identify any themes that may have emerged from the images in the collective groups art? If so, please list below.

___________Yes, I have identified the following themes

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

___________No, I do not see any themes in my images or artwork.
APPENDIX I

Post-Evaluation

Please answer the following questions to the best of your ability.

1). Did your healing needs change because of working with the art materials? If so, please explain.

2). Did you find deeper meaning in the preliminarily identified healing goals after the art making sessions? If so, please explain.

3). Did you find themes in your completed artwork? If so, please explain.

4). Do you think working in a group influenced your artmaking? If so, do you see it as positive or negative?

5). How do you feel that artmaking in the research group differs from what you do in the peer-lead support group?
6). Do you consider that your expression of your LGBTQ identity was precisely captured in the artmaking process of the research project? If so, please explain.

7). Do you believe the information documented by the research method will accurately represent your experience to the art therapy community? If so, please explain.

8). Do you think the research project and the decisions within the group will have an effect on the larger LGBTQ and/or art therapy communities? If so, please explain.

9). Would you change anything about how the research group was designed and conducted that may influence future research groups? If so, please explain.

10) Do you feel the art therapy researchers presence in the group affected the group and/or outcome? If so, please explain.