Untangling: Gender Dysphoria and the Art of Therapy

by

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Abstract

This paper proposes art therapy as a supplementary treatment option for patients diagnosed by gender dysphoria due to its benefits of creative expression, emotional support and research suggesting the decrease of distress and symptoms of the gender dysphoria diagnosis. In this paper, it explores the topics of gender and art therapy separately, and then the later discusses the intersection of the two. It reviews past research done with art therapy and patients with the gender dysphoria diagnosis, the efficacy of art therapy with these individuals, and particular art activities that would be helpful.

Keywords: Gender Dysphoria, Gender Identity, LGBT, Patient, Art Therapy, Art Activity

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"It is only when being creative that the individual discovers the self," - D.W. Winnicott

I. Introduction

This theoretical paper explores the intersection art therapy and gender related issues such as gender identity and gender dysphoria. This paper will investigate the efficacy of art therapy, list the practices and limitations, and particularly focus on the positive and negative effects art therapy can have on someone who's been diagnosed with gender dysphoria. My thesis is art therapy is supplement treatment for someone who is diagnosed with gender dysphoria. I propose that art therapy can be helpful for someone diagnosed with gender dysphoria because gender dysphoria being highly image based, using an image through the patient's choice of medium can be a more appropriate way to address these feelings of discomfort or distress about their assumed or perceived gender. Not only that, but many times trying to find the words to describe our feelings towards our gender can be difficult to communicate and express them into words. By having another way of expressing these feelings could be beneficial in case regular talk therapy is not enough. Art therapy can serve as alternative version of talk therapy because having to verbally express these feelings and thoughts about gender, especially if this is to voice concerns, may be awkward to bring up into conversation without the art aspect. By focusing on the art piece rather than the patient, it can allow the patient to feel less of a pressure to speak if there is an art piece introduced into the conversation. Due to the stigmatization around gender dysphoria and the mental health issues that are associated with them, having this form of a creative outlet can allows someone to disclose and share their gender issues in a safe environment without any judgement. Art therapy may even be an alternative for an individual if traditional talk therapy hasn't worked in the past, by making this option available to them, it may be beneficial to the

patient with their recovery. However, it's important for the patient to have the treatment plan that work for them, so if talk therapy is necessarily as well, art therapy should not replace it but rather accompany it.

This research paper is divided into five parts: Introduction, What is Gender?, What is Art Therapy?, The Intersection of Gender Dysphoria and Art Therapy, and lastly, Future Directions. In the What is Gender? section, I will discuss the definition of gender, gender theories, the difference between gender and sex, gender non-conformity, the criteria for gender dysphoria and some possible treatments available. In the What is Art Therapy? section, I will talk about the definition of art therapy, a brief history of art therapy, list a few major influencers of art therapy, and the efficacy of art therapy. In the Intersection of Gender Dysphoria and Art Therapy part, it will be discussed how art therapy and gender identity come together. I will focus on how gender and art therapy intersect, why we should think of gender in this context of art therapy, what are the potential benefits of art therapy with people who are diagnosed with gender dysphoria, explain what an art-based assessment is, and what are some possible art activities that would be helpful for these individuals. Lastly, I will discuss the possible future directions of this topic, why there should be more research dedicated to art therapy when it concerns gender dysphoria, and what potentials furthering this research has.

II. What is Gender?

Gender is a social construct that has been examined by many gender theorists including Wendy McKenna, Suzanne Kessler and Judith Butler. When discussing the topic of gender, it's important to know the definition of what gender is since it's often confused with sex. The gender theorists Kessler and McKenna explain, "The term "gender" has traditionally been used to designate psychological, social, and cultural aspects of maleness and femaleness" (Kessler &

McKenna, 1978). Gender can be described as a person's internal sense of their own masculinity or femininity. Kessler and McKenna refer to Stoller who defines gender as "the amount of masculinity or femininity found in a person" (Stoller, 1968, p. 9). Sex is typically defined as a biological category rather than a social construct like gender. Sex is based on physiological traits such as genitalia, chromosomes and hormones and is announced at birth. It is considered an inscribed role, while compared to gender that is considered to be an achieved role through performativity.

This theory that gender is strictly performative was coined by the gender theorist Judith Butler in Gender Trouble: Feminism and the Subversion of Identity (1990), where she states, "Gender reality is performative which means, quite simply, that it is real only to the extent that it is performed" (Butler, 1990, p. 527). Butler argues that gender is not something that is assigned at birth, but rather, gender is constructed through performativity in which a person follows a social script that consolidates these gender expectations and norms. This social script is based off norms that the male and female sex are expected to follow. Gender norms are the normative assumption of what the male and female sex is supposed to behave, act, talk and even physically look like. These norms are created by society, often by the people who are already fit these norms, and must be followed in order to be accepted by society. When Butler mentions the script, she refers to these already existing norms and expectations that a person must follow due to societal pressure because failing to follow the script may lead to social rejection and ostracization from peers. However, by having people follow these gender norms and expectations, it is actually consolidating what it means to be a man or woman. This is dangerous because by consolidating what it means to be a man or woman, is actually creating a standard and an expectation of what is a man and what is a woman. By creating these standards, it is also

creating gender roles which are social roles in society that are deemed acceptable, and sometimes even desirable, based on gender norms. By practicing and repeating these gender norms and gender roles enough in society, or following the social script, it can lead to gender stereotypes of men and women. Gender stereotypes are generalizations of the male and female role. These generalizations about men and women are not always negative and often, not always true. Some examples are: woman stay at home to take care of the children while men are the breadwinners of the family, and men don't show sensitive emotions or don't cry. Female stereotypes are often more feminine, while male stereotypes are often masculine due to the gender expectations of how men and women are supposed to behave. The only way to get rid of these gender stereotypes, is by breaking away these gender roles and expectations so these norms are no longer to be considered the normal. However, this is much easier said than done due to societal pressures to conform to gender expectations.

People are expected to follow the social script of male and female gender norms, but sometimes, a person's gender identity isn't either man or woman. Gender is usually thought as only male or female, while in fact, gender is a much broader category than just being a man or woman. A better way to describe gender is as a spectrum rather than a binary of either male or female, since a person may identify somewhere in the between the two rather than just one or the other. This goes against the common belief that gender can only be man or woman. This can be seen in people who identity as non-binary, and in intersex individuals. People who identify as nonbinary usually don't identify as strictly male or strictly female. They may feel like they fall somewhere in the middle of the gender spectrum. One end of the spectrum being more masculine while the other end of the spectrum being more feminine. In the case of intersex people, not only is their presentation gender may or may not ambiguous, but their biological make up such as

chromosomes, hormones and genitalia are considered ambiguous because they don't particularly fit into the sex category of male or female. Something that will be talked about in this paper is what happens when gender identity doesn't necessarily match up with the sex assigned at birth. As it has been mentioned before, the main difference between sex and gender is that sex is biological since society has deemed it to be physiological traits. While gender refers to how a person feels about one's identity, and how society expects them to behave. For the case of women, they are expected to act more feminine while men are expected to act more masculine. Gender is usually thought as only male or female, while in fact, gender is a much broader category than just being a man or woman. This can be seen with people who are gender non-conforming.

Gender nonconforming is when a person's gender does not conform to social expectations of what is appropriate and acceptable for their gender. This could be by dressing, behaviors and acting in ways that aren't expected by their perceived or assumed gender. This goes back to Butler's idea on a pre-existing script that people must follow. People who are gender non-conforming are going against these expectations and gender norms, and by doing so, not following Butler's metaphorical script. This is not done maliciously, and people who do identify as gender non-conforming don't necessarily see this as a problem, since they usually feel more comfortable not conforming to their perceived or assumed gender. In an article by Heasley, it is explained that a person may be still identify as man, but not conform to these gender expectations. Gender non-conformity is greater explored by looking at ways of being masculine outside the traditional masculine norms and expectations. Heasley lists five different types: (1) straight sissy boys, (2) social justice straight-queers, (3) elective straight-queers, (4) Committed Straight-Queers and lastly, (5) Males Living in The Shadow of Masculinity (Heasley, 2005).

These types of masculinities fit outside the gender norms of straight men because they do not follow these traditional expectations of being a man. This article gives insight of what it means to be gender non-conforming and helps normalizes these other types of masculinities by defining what they are and discussing them further. Talking about gender non-conforming is necessary when defining gender since gender non-conformity challenges gender norms, making these gender expectations apparent and brings attention to double standards of men and women. Hopefully by acknowledging these issues around gender norms, it can eventually remove the expectations around men and women.

The most important thing when it comes to gender is knowing that there is a difference between gender and sex. While sex focuses more on biology and physical traits, gender is focused more on a person's internal masculinity and femininity, and most importantly, how both are constructed and shaped by society. Butler's theory on gender performativity helps explains this by arguing that people must follow a pre-existing script of expectations they must meet. By following this script, it has constructed and shaped what it means to be male and female in society, and consolidated male and female norms through repetition. As Kessler and McKenna mention before, a person's gender can be defined as a person's internal sense of masculinity and femininity, and can be expressed through traits such as actions, speech, expressions and gestures. However, many people still heavily define gender through biological sex categories. By assuming gender is derived "naturally" from these biological sex characteristics is incorrect because a person's physiological traits do not define someone's gender. This can also be dangerous because it can lead to misgendering a person, which is harmful when we get to the topic of gender dysphoria.

A. Gender Dysphoria

Gender Dysphoria (GD) is a diagnosis according to the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). Originally, gender dysphoria was classified as Gender Identity Disorder, but this was later changed in the newest edition of the DSM. Many transgender advocates find this change to the newest edition to be an important step for the LGBT community and transgender identifying individuals because it helps removes some of the stigma around gender dysphoria and being transgender. By removing the term 'disorder', transgender individuals will no longer have a lifelong default diagnosis of their mental health (Heffernan, 2012). Before having the word 'disorder' in the previous diagnosis title would imply that the patient has a mental illness and affected how people viewed transgender individuals. There is often a negative stigma around mental illnesses, and by labeling it as a mental illness rather than a feeling about one's internal sense of masculinity or femininity, it could affect the patient's quality of life. It could impact opportunities like getting a job or a house and can also influence the way they are treated and interacted by other people due to prejudice and transphobia. For example, how they might be talked down upon, or treated with lack of respect solely due to the fact that they are transgender and nothing else. In the past, the diagnosis Gender Identity Disorder was used by mental health professionals to diagnose transgender patients, but now they use the new diagnosis in the DSM-5 called Gender Dysphoria and can be used for any gender nonconforming individual. Making this new diagnosis more inclusive for people who may feel gender dysphoria, but don't identify as transgender. It's important to note that not everyone who has gender dysphoria is transgender since gender dysphoria is a diagnosis that is given based on several criteria in the DSM-5. Like other mental illnesses in the DSM-5, these symptoms must continue for a certain amount of time and it must impair the patient's daily function of life. In general, a person must experience severe discomfort and distress about their

perceived or assumed gender to be diagnosed, so a person doesn't necessarily need to identify as transgender in order to experience gender dysphoria. In most cases, a person identifies as transgender, but someone could also identify as gender fluid, gender queer, or non-gender conforming can experience gender dysphoria. As mentioned before, gender non-conforming refers to not conforming to gender norms or expectations of their assumed or perceived gender. The term gender fluid refers to a person who does not identify themselves with having a fixed gender, while the term gender queer is described as someone who doesn't completely identify as just male or female, but might identify as a neither, both or a combination of the two. However, a person who identifies as gender non-conforming, gender queer or gender fluid doesn't necessarily mean they will have symptoms of gender dysphoria either.

The DSM-5 has two separate criteria for gender dysphoria. One set for children and another for adolescents and adults. The reason why is because the symptoms of gender dysphoria may vary due to age. For adolescents and adults, in order to be diagnosed with gender dysphoria a patient must experience a significant amount of discomfort and distress about their perceived sex. This distress usually must affect their daily functioning, and symptoms must last at least six months and show at least two of the symptoms listed according to the American Psychiatric Association (APA),

1. A marked incongruence between one's experiences/expressed gender
2. A strong desire to get rid of a one's primary and/or secondary sex characteristics such as genitalia
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings or reactions of the other gender

While for children, the criteria for this diagnosis is a bit different compared to adolescents and adults. Although they both have to show a significant amount of stress, children must also meet the criteria for at least six symptoms and last at least six months. The APA lists the symptoms of gender dysphoria in childhood as,

1. A strong desire to be the other gender or an insistence that one is the other gender
2. A strong preference for wearing clothes typical of the opposite gender
3. A strong preference for cross-gender roles in make believe play or fantasy
4. A strong preference for the toys, games or activities stereotypically used or engaged in the other gender
5. A strong preference for playmates of the other gender
6. A strong rejection of toys, games and activities typical of one's assignment gender
7. A strong dislike of one's sexual anatomy
8. A strong desire for the physical sex characters that match one's experienced gender

The reason why there are two separate lists when it comes to the criteria for children and adults is because there are usually behavioral differences seen between the two. In an article by Martin and Ruble (2010) discusses how children recognizes gender distinctions and begin to pick up on gender stereotypes. It explains that infants as young as three to four months old can distinguish between categories of female and male faces, as demonstrated in habituation and preferential looking paradigms in an article that is mentioned by (Quinn et al. 2002). The article further explains that "Developmental researchers have identified that rudimentary stereotypes develop by about two years of age (Kuhn et al. 1978), and many children develop basic stereotypes by age three (Signorella et al. 1993)" (Martin & Ruble, 2013). It's important to note that just because a child meets the criteria for gender dysphoria in childhood, doesn't necessarily mean they will continue to experience gender dysphoria in adolescents and adulthood. The APA states that some research has been done regarding what signs may lead to gender dysphoria later

in life, but like any kind of research, there is no guarantee that children with these signs will be diagnosed gender dysphoria in adulthood.

The "Coming Out Through Art: A Review of Art Therapy with LGBT Clients" (2008) article found that in general, LGBT patients have a higher risk poor self-esteem and mental illnesses such as major depression, generalized anxiety, eating disorders, and other comorbid diagnoses from the DSM-5 when compared to the general population. The article also mentions how research suggest that LGBT patients also have a higher rate of physical illnesses like diabetes, heart disease, and asthma according an article by Dianmant & Wold, 2003. These health issues may arise for these patients since they are often brought on by stress. There is also the social aspect where a LGBT patient may have additional pressures against their non-LGBT peers. This can be seen in LGBT students since there is often a stigma attached around this group. By being part of a stigmatized minority, they are more likely to be verbally and physically harassed in school, which may lead them to feel unsafe and end up dropping as a result. It is possible that individuals may feel uncomfortable talking about their diagnosis to friends, families and loved ones because of the distress and high stigma around gender dysphoria. This can also lead to being socially withdrawn, whether or not by choice, and may be a key reason why someone may not receive treatment. This is why if someone you know is struggling with gender dysphoria, it's important to support the person by letting them know that they are not alone, and that there are possible treatments available to help. When it comes to the diagnosis of gender dysphoria, early intervention is crucial, so these symptoms do not worsen over time.

When it comes to gender dysphoria, there are a few treatments made available for patients. Treatments can depend on few variables such as the age of the patient, and how severe the diagnosis is. The APA recommends for children diagnosed with gender dysphoria to attend

both family and individual therapy, while individual and couples' therapy is recommended for adults. Besides counseling, the APA lists cross-sex hormone treatment, puberty suppression and gender reassignment surgery as other possible treatment options. Usually a person must seek a gender counselor before being able to have this kind of treatment. Top surgery is a common surgery performed on transgender patients who were assigned female at birth as part of their gender reconstruction. This usually refers to the removal of breast tissue to achieve a more masculine appearance. When it comes to gender confirmation surgery, there are often multiple titles for this type of surgery including gender confirmation surgery, gender reassignment surgery, sex reconstruction surgery and sex change operation. However, The American Society of Plastic Surgery (ASPS) recognizes this procedure as gender confirmation surgery. The terms gender confirmation surgery and sex reconstruction surgery also enforce that the patient gender is not changing their gender, but rather confirming the gender they already identify prior to the surgery. Gender confirmation surgery is the surgical procedure that can be done so a transgender individual's pre-existing physical appearance and functions matches up with the gender they identify with. Another possible treatment for a patient diagnosed with gender dysphoria is cross-sex hormone therapy. Both males and females have the hormones estrogen and testosterone in their body. However, women tend to have more estrogen and men tend to have more testosterone. When it comes to transgender hormone therapy, a doctor would prescribe hormones to changes their naturally occurring ratio while simultaneously, giving hormones blockers. By changing the ratio of hormones, by increasing the opposite sex hormones and lowering their biological sex hormones, this can give the patient the desired physical features. These features are different depending on the hormones. Hormones can affect physical features such as the patient's voice, body hair patterns, change distribution of fat throughout the body and emotional

changes. The gender counselor usually has to assess how severe the gender dysphoria is for the patient, and how helpful or unhelpful treatments such as hormones and gender reassignment surgery would be. However, not all individuals who have gender dysphoria have a desire to go through this kind of invasive treatment. This kind of treatment is usually not covered by insurance and can be costly. Depending on the individual, symptoms of dysphoria may not reduce significantly, and distress may still continue after treatment. This possibility should be discussed at length in psychotherapy before performing the surgery and receiving hormones because some effects are not reversable once the procedures are done.

I believe that having art therapy as another tool for someone who is experiencing gender dysphoria may be helpful to ease symptoms and distress. Art therapy should be introduced to the patient as another treatment, not as a replacement to other traditional psychotherapies. Art therapy should be used as a supplement to previous programs. It's important for any patient who is struggling to have both someone to talk to while being paired with a healthy, creative outlet to express their feelings. This can be especially true for someone who may have difficulties explaining their symptoms since it can be a very sensitive and private conversation to have. In general, many people may have trouble talking to strangers. This can be seen with sensitive topics like gender dysphoria, so having the option of art therapy as part of the treatment plan may be helpful for someone with this diagnosis. By using a creative outlet, it can relieve some of the symptoms of the diagnosis and the distress around their perceived gender. Art therapy is a way to receive emotional support, explore their identity and cope with the distress in a healthy way as it will be mentioned next.

III. What is Art Therapy?

Art therapy is type of psychotherapy that is used to help express abstract feelings and thoughts through different forms of art mediums such as painting, drawing, collages on paper, clay and sculpture and other ways of creative expression. Art therapy is defined by the American Art Association (AATA) as:

Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals, as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem, and self-awareness, cultivate emotional resilience, promotes insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (American Art Therapy Association, 2018).

This definition is necessary because it addresses the purpose of art therapy and explains it's the process of the art making that can have a positive effect on the patient. The American Art Therapy Association states in order to be an art therapist, an art therapist must complete a master's degree for entry level practice in art therapy, so it's not just anybody that can run these individual or group sessions.

What materials a patient chooses to work with, or how they may use these art materials is important in the process of art making because it can contribute to how the art is being created. How a patient decides to go about creating their piece can be valuable information for the art therapist since it can give them clues on how the patient must be thinking or feeling while creating the piece. This can be seen by the order of what they create in the piece, how fast or slow they use the mediums, and give the art therapist intel on the meaning behind the artwork.

The aesthetic of the finished product is not important, what is most important is the process of how the piece is created, and what the work expresses according to the patient.

Art therapy can be used for a variety of reasons. The most common being for health issues, this can be both mental illnesses and physical illnesses. Another reason why a person might want to try art therapy is to cope with an environmental issue such a traumatic experience that happened in their life. It's important for people to know that art therapy can be used for any age group, and a person doesn't necessarily have to be a trained or skilled artist to participate. Whether they are a beginner artist, an advance artist, or not an artist at all, their artistic ability isn't what matters in art therapy. The reason why is because art therapy has been used as a means for communication, group interactions, and even a diagnosis of a patient, so it doesn't really matter whether the patient is a talented artist or not. What is important when it comes to art therapy is the creation of art and expressing one's feeling that can be therapeutic. Although the finished product can be important for the patient to reflect on as I will discuss later, the aesthetic of the end product is not the central point when it comes to art therapy since it's the process of creating the piece.

When discussing art therapy, it's essential to explain some of the background history of art therapy to fully understand how art therapy works and how it came to be. The name, 'Art Therapy' was originally coined by British artist Adrian Hill in 1942, who personally saw the positive effects of art therapy while recovering from tuberculous in a sanatorium in 1938 (Rubin, 1999, p. 7). The history of art therapy can date all the way to the moral treatment movement in insane asylums. The moral treatment movement developed because of the previous horrible, brutal and immoral treatment of patients. Susan Hogan, a historian and art therapist from the United Kingdom, argues in her book *Healing Arts* (2001) that this change of how patients were

treated may be because of how they were perceived by others. “Madness is now understood more as a disturbance of feeling and less as a disturbance of thought” (Hogan, 2001, p. 35) and the art were a way of tapping into the emotions, but in a controlled way. Hogan mentions how the arts were still processed with caution by some physicians since it was believed that unrestrained imagination could have detrimental effects on patients, but it was later reinforced by psychoanalysis in Freud’s (1856 - 1937) idea of ‘primary progresses’ (non-verbal non-discursive modes which are imaginative and symbolic and secondary processes’ (analytical modes of thought which are verbal and rational) and then made a clear division between reason and imagination (Hogan, 2001, p. 43).

Sigmund Freud’s, founding father of psychoanalysis, plays a major role in art therapy. In the article by Tobin (2017), it discusses Freud’s theory on the conscious and unconscious thought. Tobin explains that psychoanalysis is a method where the patient can free themselves by making their unconscious thoughts and conflicts conscious. This was accomplished through the process of verbalization, and transference. This was done to cope with psychic frustration. (Tobin, 3) Tobin later explains that verbalization is the process of giving unconscious thoughts a conscious form. She explains that in Freud theory, there are two types of unconscious thoughts,

> “preconscious ideas, which are latent yet fully capable of becoming conscious; and unconscious ideas, which are repressed and cannot fully become conscious without the help of psychoanalysis.” These unconscious ideas are “worked out upon some sort of material that remains unrecognized,” while the preconscious idea are linked to perceptions, particularly “verbal images” (p. 21). The difference between these two types is a connection to language. Within psychoanalysis, patients are encouraged to notice and communicate to the therapist every notion that passes through their mind without suppressing the idea because it is unimportant, inappropriate, or nonsensical (Freud, 2010b). This is free association allows hidden material to reveal itself, transforming unconscious ideas into conscious words” (Tobin, 2017, p. 3)

Art therapy is a material that could be used to reveal these unconscious thoughts and creating them into verbal images. Freud's theory of psychoanalysis has impacted and later paved the way for the American "mothers" of art therapy: Margaret Naumburg and Edith Kramer.

Naumberg followed Freud's theory and used his theory of the unconscious mind for her art therapy. She wanted her patients to create a spontaneous image as a form of "symbolic communication". Naumberg believes that this symbolic communication could be a more helpful way to explain the unconscious mind due the difficulties of trying to verbally explain. For her, symbolic communication within art therapy enhanced the psychoanalytic process of verbalization and transference, as a unconscious conflict was frequently expressed more directly in pictures than in words" (Tobin, 2017, p. 5). For Kramer, she focused on a different approach of art therapy by creating her practice of "Art as Therapy". She believed that patients needed guidance towards developing and strengthening a mature ego defense so they can learn to cope with the unconscious conflicts that they face in their lives, rather than using art as a way to express these unconscious thoughts like Naumberg believed. Kramer believed that the role of the art therapist should guide the patient with any technical assistance about the art therapy activity and provide for emotional support if needed. Tobin explains that, "The resulting art objects serve as containers for the unconscious conflict, recreating the drama in form and content" (Tobin, 2017, p. 7). Both Kramer and Naumberg are artists whose ideas contribute to the history of art therapy and the development of art therapy today. They are both considered key figures in the art therapy world with Naumberg enhancing Freud's theory on psychoanalysis, which focuses on verbalization through art and Kramer focusing more on a strength-based approach to art therapy through emotional support with these unconscious problems.

Talking about the history of art therapy is essential since it can better understand what art therapy is. It has been developed by major figures such as Sigmund Freud, Margret Naumberg and Edith Kramer. Since then, art therapy has come a long way with more recent research done by art therapists like Susan Hogan who focuses on gender issues in art therapy, and by the creation of organizations such as the American Art Therapy Association founded in 1969. This non-for-profit organization is dedicated to the growth and development of art therapy as a profession. Art therapy has been practiced more in different medical fields besides psychopathology. It has been used for a diverse set of patients varying in age and physical diagnosis. It has been mentioned what art therapy was, how it works and some of the background history on art therapy. This context is necessarily to address because it's relevant when it comes to the efficacy of art therapy.

A. The Efficacy of Art Therapy

Art therapy can be used for a variety of reasons and because of this, art therapy groups have been created to suit the needs for certain individuals. These can be for both mental and physical health issues. In order to be diagnosed with a psychological disorder, a person must meet a certain number of criteria in the DSM-5, which was published by the American Psychiatric Association in 2013.The DSM-5 lists the criteria for the classification of psychological disorders such as depression, generalized anxiety, post-traumatic stress disorder, substance abuse and eating disorders. These health issues can range from mild to severe, but usually for a patient to be diagnosed, the illness must be affecting the patient's daily functioning. This was earlier mentioned in the gender dysphoria section when the criteria were discussed. Art therapy can also be used for physical illnesses like cancer. Although physical illnesses are not diagnosed or treated the same way as mental illness, art therapy has been used as a tool for these patients for

many years. Not only can art therapy be used for health problems, but it has been used for patients dealing with environmental stressors like family or relationships issues and has even been used to treat people recovering from traumatic experiences like sexual abuse.

There has been lots of research done on the efficacy of art therapy, and whether art therapy had a positive effect on patients. Many studies have been conducted on different demographics to test the efficacy of art therapy. The studies presented in this paper, the participants ranged from different types of symptomology, diagnosis and age to show that art therapy can be helpful in various different kinds of circumstances. An article by Slayton, Archer & Kaplan (2010) questioned if art therapy was an effective method of treatment. In this article, they included many different studies that were varying in symptoms, age groups, and disorders. They collected qualitative data on 35 studies that used art therapy as a therapeutic tool for their recovery. This qualitative study is exploratory research that is used to understand the efficacy of art therapy better. The results of this qualitative study reveal that there was indeed a positive effect when doing the art therapy. By collecting this diverse set of studies, it shows that the efficacy of art therapy extends over different demographics. The article lists these studies and results found, some examples in the reading suggests that art therapy shows improvement are: a study by Gussak (2004) looked at incarcerated men and found that group art therapy had statistically significant improvements in behavioral functioning and mood, a study by Sachhett, Byng, Marshall & Pound (1999) that focused on stroke patients with severe aphasia and found that individual art therapy using drawing for communication helped improved ability to communicate and make recognizable drawing and another study by Franks & Whitaker (2007) looked at adults diagnosed with personality disorder and found after 9 months of weekly group art psychotherapy had a statistically significant reduction in the mean score on PSDI; reduction

of symptoms and observed improvements (Franks & Whitaker, 2007). The findings of this article suggest that there is only a small amount of quantifiable data to support the claim that art therapy is effective in treating a variety of symptoms, age groups, and disorders.

A more recent article done in 2018 by Regev and Cohen-Yatziv (2018) also examines the efficacy of art therapy through 27 different studies, focusing only on adult patients. Like the previous article, this article has a collection of diverse categories including cancer patients, medical conditions (non-cancer related), mental health, trauma victims, prison inmates and the elderly. Each category found different findings due to different symptoms and conditions, but overall the results of the article were positive. There were only two studies in the article that found no differences with art therapy. A study mentioned in the article by Crawford et al (2012) found no differences in primary outcomes in patients that were diagnosed with schizophrenia, and another study that also focuses on patients with schizophrenia found that clinical effectiveness of group art therapy did not significantly differ between more or less severe negative symptoms (Leurent et al, 2014). These two studies focusing on patients with schizophrenia may suggest that art therapy is not a useful treatment with these patients since there was no positive effect found. However, there were other studies done with other patients that showed positive effects from the art therapy: An article done by Oster et al (2006) found that individual art therapy (five sessions, one hour each) had an overall increase in coping resources among women with breast cancer, another study by Kopylin and Lebedev (2013) found that group art therapy has a positive influence on war veterans particularly on their symptomatic status, personality functioning, cognitive abilities and creativity and quality of life (Kopytin and Lebedev, 2013), and another study by Rusted et al (2006) that found art therapy increased mental alertness, sociability, physical and social engagement in patients diagnosed with dementia. The

findings of this article suggest that art therapy has a positive effect on adults ranging from many diagnoses and conditions. This can be seen in some studies by a decrease of symptoms and increased improvements such as social skills and cognitive functions.

Another article called, “Coming Out Through Art: A Review of Art Therapy with LGBT Clients” (2008) focuses solely on art therapy with lesbian, gay, bisexual and transgender (LGBT) patients, especially during the coming out process. In this article, it discusses the specific emotional and physical issues that these individuals may face and how art therapy can increase their wellbeing. This article particularly reviews different art techniques that would be useful for the LGBT population. Particularly listing some art activities that could be useful for transgender patients since they are ideally suited for someone exploring their identity issues. Some examples the article lists are collages, self-portraits, group morals and sculpture. Exploring these art techniques further with patients diagnosed with gender dysphoria has a lot of potential due the unique challenges that these individuals face as the same article mentions “stress from stigmatization and discrimination - leading to emotional distress, substance abuse, and suicide among other issues.” (Coming Out Through Art: A Review of Art Therapy with LGBT Clients, 2008). The article claims that research in art therapy techniques have shown success in treating anxiety, panic, hopelessness, and low self-esteem, no matter the patient’s sexual orientation or gender identity.

Overall, art therapy has been found to have a positive effect for patients with physical illnesses and some mental illnesses like depression and generalized anxiety. The patients discussed in these articles ranged from different age groups, diagnoses and symptoms. Where art therapy concerns gender, there is still a lot of new research that can be conducted due to the lack of research as the “Coming Out Through Art: A Review of Art Therapy with LGBT Clients”

(2008) article points out. Like any other research, there still is a lot more that can be explored and given the unique challenges these individuals face such as discrimination and prejudice, there is a lot of potential that this research involving gender dysphoria and art therapy can have. Although there still can be more that can be explored on the intersection of gender dysphoria and art therapy, there has been some research that points to art therapy being beneficial for these patients.

IV. Intersection of Gender Dysphoria and Art Therapy

In general, some patients find it difficult to explain how they're thinking or feeling, which is why using a creative outlet can be a healthy alternative to better articulate these emotions. This is especially true when it comes gender dysphoria due to the unique challenges that these individuals face. As mentioned before, this can be highly stigmatized and discriminated for these patients, which can make it a sensitive topic for some. Many studies suggest that art therapy has a positive effect on people who are diagnosed with gender dysphoria. Einant S. Metzel investigates how gender intersects with art therapy in the fifth chapter in her book *Art Therapy Meets Therapy: Creative Exploration of Sex, Gender and Relationships* (2017). In this chapter called "Current Research About Gender Exploration in Art Therapy and Sex Therapy", she explores different articles regarding the current research on different gender issues such as on transgender patients. Metzel mentions how most of the research on art therapy and gender has been scarce and mostly anecdotal. Some articles she mentions on this topic are: One study by Sherebin (1996) looks at the therapist's role when treating a patient with gender dysphoria. Metzel mentions how this article is somewhat dated, but important to discuss because it brings an excellent point on how art therapy is helpful as long as it's benefits the patient. In the case of this article, it's imperative for the art therapist to separate their own feelings towards the

process of the art therapy. The use of art therapy will no longer be helpful if it no longer benefits the patient, even though the art therapist may have some attachment.

Another study that Metzel refers to is an article by Fleming & Nathans (1979), this study looks at a female to make transgender patient, and it's mentioned because it makes a few major points around gender dysphoria and art therapy:

1. The label of transsexual is not a diagnosis. We must look at each other desiring sexual reassignment and help him/her to understand the complex motives which form such a wish.
2. A gender identity is a constantly evolving phenomenological construct, and the transsexual must have a chance to explore such an evolution.
3. The evolution in transsexuals takes on some highly idiosyncratic and excessive characteristics which can better understood through an adolescent analogue
4. The clinician dealing with the transsexual should be aware of the excessive involved in such an evolution and not use them to dismiss the desire for sexual reassignment as pathological
5. By allowing the patient an opportunity to explore the full meaning of his/her transsexual motives in the context of physical, social and physical transformations, he or she has a better chance of making the final choice for surgery a realistic one.
6. The use of art work can be a helpful medium to express feelings and meaning which can provide an understanding for both the patient and art therapist.

When working with a patient with gender dysphoria, there are some things the art therapist should keep in mind. When it comes to any form of therapy, it's important for the patient and therapist to have an open communication. This is especially true when it comes to patients that deal with the topic of gender dysphoria. Metzel mentions research by Hogan and Cornish that focuses on gender and the effects of art therapy can have based on the therapeutic relationship with the patient. The argue that relationship of the patient and their therapist is crucial when it comes to the efficacy of art therapy since they believe that a strong and open relationship can change the art therapy experience. By having a strong and open relation with their art therapist, it can be assumed that the art therapy experience would be a positive one compared to a negative one. This can be achieved by having an open communication with the art

therapist and for the art therapist to be attentive to gender related issues that the patient might be facing. The article "Coming Out Through Art Therapy: A Review of Art Therapy with LGBT Clients" (2008) suggests that knowing Butler's "queer theory" (1990) on how gender is not a fixed, is crucial when working with transgender patients. It's important for the art therapist to have a basic understanding on gender issues and theories when it comes to approaching patients with gender dysphoria. The reason why is because understanding these issues can impact the effectiveness of the art therapy. A patient with gender dysphoria may feel more comfortable around an art therapist who understands gender terminology and is knowledgeable on gender theories, which can lead to a more open and stronger communication with the art therapist. Some of the most important topics that an art therapist working with these patients should know are the differences of sex and gender, and the unique challenges they may face such as stigmatization and discrimination around these patients. The third chapter in Susan Hogan's book called *Gender Issues in Art Therapy* (2003) focuses on Art Therapy with Gay, Lesbian, Bisexual and Transgender Clients (Donna Addison, 2003). In this chapter, it discusses how an art therapist should approach a patient from the LGBT community. Due to high stigmatization around the LGBT community, especially when it comes to transgender patients, it's important for the art therapist to keep a few things in mind when working with the patient. One example the reading mentions is the particular challenges that transgender people must face compared to gay, lesbian and bisexual individuals. "It's difficult for the transgender clients to obtain legal documentation with new names or gender. It is easy to see why people are often ashamed of their 'differences', as society tends to reinforce stereotypes regarding sexual orientation and gender identity" (Addison, 2003, p. 58). The reading also states how art therapists must address their own homophobia when working with LGBT patients. This can also be said for transphobia, if an art

therapist who works with transgender patients does not address their transphobia, this can get in the way of the patient's recovery since they will not be receiving the best quality of treatment. For the patient to have the best possible experience with art therapy, an art therapist must be able to attend to the patient's their specific needs. In the case of a patient diagnosed with gender dysphoria, it's important for the art therapist to have a basic understanding of gender issues and theories, recognize the unique circumstances they face, and address their own issues about gender and possible prejudice against these individuals before working with them. When approaching these patients, there are specific art activities that the art therapist might find useful when working with these individuals and exploring gender dysphoria more in depth.

Art therapy can be a tool for patients to freely express these feelings into art rather than words. Specifically, when it comes to the intersection of gender and art therapy. There are few art activities that could be effective for treating these patients. Some example of these different therapeutic approaches are collages and the "Inside Me, Outside Me" activity mentioned in the "Coming Out Through Art: A Review of Art Therapy with LGBT Clients" (2008), and the Bridge Drawing art-based assessment.

The first possible art activity that can be helpful for patients with gender dysphoria are collages. In order to do a collage, a patient would be asked to collect different images from magazines, catalog or printed out from the internet, to create a visual representation of something of the art therapist's choosing. One possible route the art therapist could take is by asking the patient to create a collage on what's going on in on the patient's head. The patient must then find images to visually represent what they might be thinking, feeling or remembering at the time. This relates to gender because multiple symptoms of gender dysphoria look at how the patient may feel about their perceived gender since it doesn't match up with their gender identity. By

allowing the patient to create a piece of artwork that expresses how they feel inside against how they might externally present, is not only a healthy way to express how they feel, but a good way to communicate to the art therapist and give them insight on what they're thinking and feeling. It could even give them a better understanding of levels of distress the patient may feel and let them see the difference of what is going inside vs outside. The most useful thing about collages is it's a simple enough task that it can be used for a patient of any age or any diagnosis, which is useful for the art therapist to know in case they work with a wide variety of symptoms and patients. As it's been discussed earlier, symptoms of gender dysphoria can start as early as childhood, so by having an art activity that could work for both children and adults would be useful for the art therapist because it's such a flexible art activity, and can be used for multiple diagnoses besides gender dysphoria. The only thing that would have to change would be the art therapists' instructions and directions to the patient, since it might have to tend to the other symptoms.

The second art activity mentioned in the article is called "Inside Me, Outside Me". In the example presented here, the patient creates two-self-portraits where one self-portrait is the publicly presented self, and the other is the private, internal self. Another way of doing this activity is by using other mediums like a mask or a box. By using the inside of the box or mask, it represents the private self, and the outside of the box or mask symbolizes the public self. The article explains that, "For LGBT clients in the early phase of coming out, these may be two different portraits. The idea of creating self-portraits has been used by many clients in art therapy as a means for externalizing feelings and qualities of the self that are too delicate to expose verbally." (Coming Out Through Art: A Review of Art Therapy with LGBT Clients" (2008) Like the collages, creating a mask or a box is a hands-on creative way to express how the patient

views what is going on inside their head vs what other people may perceive from an outsider's perspective. Patients can use magazine clippings, images from the internet, paint, markers and other mediums to help convey these feelings. When it comes to the masks, it's important to note that they are rarely created to wear, rather, the purpose of this activity is purely for the patient to express these feelings about their outside self vs their inside self. This activity can be useful for the art therapist because it can help them understand how a patient may feel inside, and the assumptions that they believe people, the art therapist included, may have based on how they appear on the outside. This activity is extremely useful for patients who are diagnosed with gender dysphoria because it can communicate to the art therapist how people may have expectations or assumptions based on their perceived gender, against how they self-identify internally.

The third art activity is called The Bridge Drawing. This activity is an art-based assessment. Art therapists usually use the term art-based assessments or art therapy assessments to describe these activities (Betts, 2006). However, in this paper the term art-based assessments will be used. There are many types of art-based assessments created in art therapy. In one article by Betts (2006) she explains that an art-based assessment are "According to the American Art Therapy Association (2004a), assessment is "the use if any combination of verbal, written and art tasks chosen by the professional art therapist to assess the individual's level of functioning, problem areas, strengths, and treatment objective." Art therapy assessments can be directed and/or not directed, and can include drawings, paintings, and/or sculpture (Arrington, 1992)." In a dissertation by Olena Darewych, she describes an art-based assessment as, "Art-based assessments are indirect measures which are theorized and reveal symbolically a client's personality, level of cognitive functioning, problems and characters strengths (Darewych, 27). In

particular, she describes The Bridge Drawing assessment as a way for an individual to create an image to reflect their perception of their past, present and future life. The Bridge Drawing is used as a metaphor for transition from one space or mental state of consciousness to another (Darewych, 28). Darewych later explains the symbolic meaning behind the image,

> Jung (1964), founder of analytic psychology, referred to bridge crossing over a river as a symbolic image for change. In the Bridge Drawing, the image segment depicting the bridge may also represent the liminal space or "existential vacuum" (Frankl, 2006) within the creator earthly journey, overwhelmed by feelings of emptiness and being stuck; neither here nor there

How this art-based assessment works is by the art therapist asking the patient to draw a bridge. Each art therapist may word this question may different. In one study by Hays and Lyons, the instructions for the Bridge Drawing were "Draw a bridge from someplace to someplace," (Hays & Lyons, 1981). The patient must then draw the bridge as they please. In this particular study done by Hays and Lyons, they looked for 12 variables in the drawings: (1) directionality, (2) placement of the self in picture, (3) places drawn on either side of bridge, (4) solidarity of bridge attachments, (5) emphasis by elaboration, (6) bridge construction, (7) type of bridge depicted, (8) matter down under the bridge, (9) vantage point of the viewer, (10) axis of the paper, (11) consistency of gestalt, and (12) written associations of drawings. All of these variables in the piece are important to the art therapist because it can bring insight about the art and indicate the patient's direction of travel. This can be past, future or no movement at all.

This art-based assessment can be useful for many possible reasons since the metaphor of the bridge can be used in many kinds of contexts depending on the patient's diagnosis, symptoms and age. Some of the reasons discussed in the dissertation were for coping with a death of a loved one, patients experiencing psychosis, children diagnosed with cancer, and patients with suicidal idealization. However, the reason why this art based-assessment is relevant to someone diagnosed with gender dysphoria is because the bridge could represent the journey of

transitioning from one gender to another, or a conflict associated with the gender dysphoria. The Bridge Drawing could be helpful because it can create a real image to an abstract feeling or conflict that's associated with the gender dysphoria. People diagnosed with gender dysphoria may feel guilt or shame, or confusion on why they feel distress about their perceived gender, so by having a creative outlet paired with talk therapy can be beneficial for these patients.

The reason why we should think of gender in the context of art therapy is because when it comes to gender related issues like gender dysphoria, having a healthy way to express these feelings of being uncomfortable and distressed due to their perceived gender is important for the patient's safety and well-being. The Coming Out Through Art: A Review of Art Therapy with LGBT Clients" lists how not only does art therapy ease some of the symptoms of gender dysphoria, but it can also help other emotions around the diagnosis. "Through individual and group art therapy, other clients such as those with gender identity disorder can explore issues relating to gender, sexuality, shame, familial conflict, enmeshment, fear, anger, sadness, regret, rejection, disapproval and discrimination" (Coming Out Through Art: A Review of Art Therapy With LGBT Clients, 2008). Art therapy can also allow the patient to express these often conflicting and confusing feelings that come along with trying to figure out one's gender identity. Art therapy can be beneficial for the patient, since they may feel unsure about their gender identity and need a healthy way to explore it. Specifically, when it comes to gender and art therapy, there are a few art activities such as collages, "Inside Me, Outside Me" and The Bridge Drawing that would be helpful for these patients since all of these activity can help them on their journey of exploring their gender identity and the feelings that may come along with trying to figure it out, or trying come to terms with it. It's important to keep in mind that individuals diagnosed with gender dysphoria face particular challenges and conflicts that

someone who isn't diagnosed with may not understand, such as the stigmatization and discrimination around the LGBT community. Making art therapy another valuable treatment since patients might hesitate to explain these issues since they are so highly stigmatized. That's also why art therapists should be conscious and aware of these particular issues when working with these patients, and keep in mind their patient's symptoms when choosing a possible art technique for their patient since different art activities work for different people. No matter the diagnosis, it's important to note that everyone has different preferences when it comes to art making so just because one art activity may help a patient with gender dysphoria, it doesn't necessarily mean that it will help another patient.

V. Future Directions

The purpose of this paper is to research the relationship between gender dysphoria and art therapy. This research shows the efficacies of art therapy and some possible benefits that art therapy can have on those diagnosed with gender dysphoria, or may be questioning their gender identity. These benefits could be helpful since it can address and cope with some of the symptoms and distress that comes along the gender dysphoria diagnosis. This paper gives the definition of gender and art therapy, explains terminology around gender related issues, describes the gender dysphoria diagnosis and available treatments, lists major figures in art therapy consisting of Sigmund Freud, who later influences art therapists Edith Kramer and Margaret Naumburg, investigates the efficacy of art therapy around patients with gender dysphoria and other demographics and lastly, looks at the intersection of gender dysphoria and art therapy. There still be more research should be devoted to studying the effects of art therapy on transgender, genderqueer and non-conforming individuals. As we see from previous articles testing the efficacy of art therapy, there has been improvements shown by for particular

individuals by doing art activities such as collages, “Inside Me, Outside Me” and The Bridge Drawing art-based assessment. Like any other research, there still a lot more on that can be explored regarding the intersection of art therapy and gender dysphoria. My overall argument is art therapy is another helpful treatment for someone that is diagnosed with gender dysphoria because sometimes just talk therapy alone is not enough. By adding art therapy to gender dysphoria treatment, it gives a safe space for patients to express their symptoms of gender dysphoria, and hopefully can help relieve some of these feelings of discomfort. This can be seen in the “Coming Out Through Art: A Review of Art Therapy with LGBT Clients” (2008) article where it discusses certain art activities tailored for these individuals coming to terms with their gender identity, and in the article by Addison (2003) where she explains how an art therapist must understand the unique circumstances that people with this diagnosis face because it can influence the experience of art therapy, which can make the experience either positive or negative. Gender dysphoria is a real and serious mental illness that should be treated as soon as possible before symptoms worsen. Not only is art therapy a good resource for someone struggling with gender dysphoria, but it can be used for those who are still understanding and coming to terms their gender identity. Like many of the references discussed, art therapy treatment for patients with gender dysphoria is still underexplored but has a lot of potential for these individuals due to the benefits that it can have with treating the symptoms of gender dysphoria, exploring sexual identity and treating mental disorders often associated individuals with this diagnosis. Art therapy can be a helpful way to treat and express these feelings and thoughts common around patients with gender dysphoria. By allowing these patients to have a creative outlet in a safe environment, it can be beneficial for gender dysphoria treatment by helping patients to understand and treat these symptoms involved.

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