

Transitioning Into Visibility:  
A Longitudinal, Retrospective Study Tracing the Social Impacts of Exhibiting  
Therapeutic Art Created by Transgender, Two-Spirit, and Nonbinary Individuals

by  
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## Abstract

This dissertation retrospectively examines the impact of exhibiting art created in a therapeutic setting in a public exhibition space for the purpose of knowledge sharing and education to create social action and social change. The art and artist statements displayed in the art exhibition *Transitioning Into Visibility* in May–June 2018 were created by art therapy client–artists who self-identified as part of the All Genders (transgender, nonbinary, and/or Two-Spirit) and SOFFA (significant others, family, friends, and allies) communities in Whitehorse, Yukon, Canada. A local gallery hosted the exhibition, which was attended by 4,320 people, representing 15% of the population. Data were collected and analyzed 15 months after the art exhibition closed, from the results of a survey ( $N = 53$ ), three in-depth interviews, the gallery’s comment log, visitor art responses, media exposure, and strategic actions. Results identified immediate and long-term impacts on four different levels: community, group (All Genders/SOFFA), individual (client–artists and gallery attendees) and the art therapist–researcher. Social impacts were mapped on each level related to knowledge sharing, education, social action, and social change, and examined for evidence of shifts or changes in perception, attitudes, and behaviours. Resulting themes suggested that the drivers of social impact came from being seen, the evocativeness and provocativeness of art, public awareness, and the benefits of not fitting into expectations when advocating for change.

### **Acknowledgements**

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These are the lot numbers of SAGM red blood cells from the blood transfusions that I received in 2018. Thank you to these people who donated blood.

### **Dedication**

This is dedicated to the All Genders and SOFFA communities. I see you; thank you.

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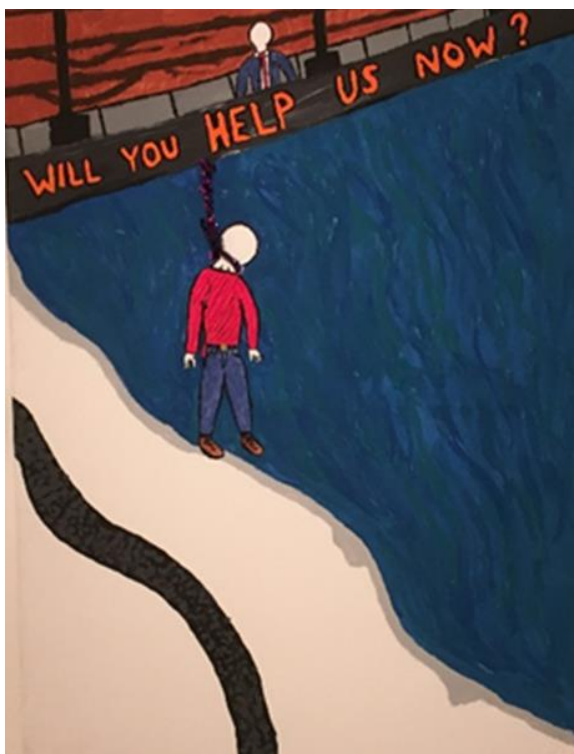
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## CHAPTER 1: INTRODUCTION

John Dewey (1934/2005) believed that art was a compelling means by which a community can be strengthened and mobilized for political action. Figure 1, *The Politician*, was created by my client–artist Chase.<sup>1</sup>

### Figure 1

*The Politician (18" x 24") by Chase (Identity: Trans/Transmasculine; Pronouns: He/Him)*



*Note.* Artist statement: “This piece is about the first time I considered killing myself in a public way out of desperation to get YG [the Yukon government] to help us. There is a faceless politician on the bridge, in Yukon Party blue with a Liberal red tie. The politician has ignored us for years. They know how much help we need, but make excuses. Perhaps if I hung myself from the Riverdale bridge, or drove into the legislative with a note... maybe, just maybe they would help our community. We have tried everything and there are no options left. The words are in NDP orange because they are the only ones who have helped, but they don’t have the seats to truly help us.”

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<sup>1</sup> Names and details included in figure titles, and artist statements included in figure notes, mirror the language chosen by the client–artists to accompany their artworks in the art exhibition. Some chose to be anonymous; others used their full name, first name only, or a pseudonym. Chase chose for his artwork to be anonymously attributed in the exhibition but consented to be identified in this dissertation.

In the painting Chase depicted the first time he considered killing himself in a public and shocking way. His idea developed from deep feelings of frustration and desperation to raise awareness of the needs of individuals who are transgender, Two-Spirit, and/or nonbinary. Specifically, he needed an opportunity to access support and resources from informed, educated, competent, and compassionate transgender health care providers, and for supportive public policy. Chase did not want to die, but he felt he was out of options to secure the supports needed for him and his invisible, marginalized community.

Being invisible in a community occurs when an individual possesses multiple subordinate intersectional group identities, which is in contrast to those with a single subordinate group identity, who can be seen and have a sense of belonging within their group (Purdie-Vaughns & Eibach, 2008). Social invisibility results in being separated and systematically ignored by the majority of the public, leaving them powerless. Being invisible therefore results in being marginalized, as these individuals are kept at, or pushed to and beyond, the edges of society (Dean, 2007).

Chase's painting became part of a collaborative art exhibition that transgender, nonbinary, and Two-Spirit client-artists, and their allies, displayed in Arts Underground, a public art gallery in Whitehorse, Yukon, Canada, in 2018. Whitehorse is located on the Traditional Territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. The art exhibition was titled *Transitioning Into Visibility*. Its purpose was to display their art and written artist statements as a means of sharing their story and lived experience with the larger community. Their hope was to make their realities visible, share knowledge, and educate the public to advocate for social action and social change.

The look of shock, surprise, and confusion I received from Chase when I introduced myself for the first time as his art therapist was the first pebble thrown into a pond that culminated, in part, with this dissertation. We did not know it at the time, but our chance meeting and the relationship that was cultivated from it would become a ripple of change—not only for Chase and myself, but for the invisible, marginalized community of transgender, nonbinary, and Two-Spirit individuals and the Yukon community in which we all live.

At the time of our meeting, Chase shared that he was a trans man. He was seeking support to cope with the impact of being fired from his job after being outed at work and discriminated against. Chase stated that he was not an artist and that he was not going to make any art, as he did not believe that doing art would help him. Nevertheless, in that first session he created his first piece of art and booked another session. This was the beginning of what became a safe, trusting, and long-standing therapeutic relationship, and of my personal growth from ally to advocate.

During this same time, I began my studies as an art therapy doctoral student at Mount Mary University and I moved from working as an art therapist at a nonprofit agency to Ignite Counselling, a private practice counselling agency that I founded with my business partner, Erin Legault a certified counsellor. Although I worked within a trauma-informed framework, I knew we needed more training; we needed a trans-informed lens. We did not want any client to have to spend time and energy educating us just to be able to access supportive services. We also wanted to make the counselling space that client-artists entered to be as safe, welcoming, and inclusive as possible. A first step was to attend training from the World Professional Association for Transgender

Health (WPATH). We also educated ourselves on the intersectionality of overlapping and interdependent systems of discrimination and disadvantage to which many individuals are exposed. These interconnected social categorizations of race, culture, class, politics, sexual orientation, religion, disability, and gender identity impact access to housing, education, jobs, and more, creating a complex convergence of oppression.

Chase was already a community leader, he had a consulting business and founded All Genders Yukon to provide support to transgender, Two-Spirit, and nonbinary individuals and the primary support people in their lives. Having appreciated how useful art therapy was for him to heal and express his emotions, Chase wanted to share with others what he had experienced. He had local nurse practitioners invite me to present on art therapy at a 2-day workshop on transgender health that they had organized and facilitated for the physicians at Whitehorse General Hospital. Chase attended the workshop to speak on his lived experience. He was in the audience as I shared client–artist art and stories from my work with the All Genders community (which were shared anonymously and with permission). Chase was there to witness the audience reactions to art pieces created by him and other people in the community that he did not know. Later, he told me how impactful the experience had been on two levels: (a) the power of seeing art made by other people whose feelings of pain and frustration mirrored his own and (b) the power of his own art being seen by others. For the first time he saw his authentic self and experiences reflected in another person. He no longer felt isolated and alone. He felt validated and seen in the responses to the art he created. The audience paid attention, held their breaths, gasped, or expressed other felt emotional reactions. Chase had a sense that their responses connected audience members to the All Genders community, which was

otherwise invisible and marginalized. For this audience of health care providers, the presentation turned abstract statistics into real stories of individuals with unique experiences and needs. Encouraged by the knowledge that Chase shared with me, and the impact the event had had on him, I became inspired and committed to continue knowledge sharing and educating others about the All Genders community members with whom I worked.

To build on the importance of having a safe space to create, share, and be witnessed by others, the idea of having open, ongoing art therapy groups emerged. One group would be for individuals who were transgender, and/or Two-Spirit, nonbinary, and a second group would be for their significant others, friends, families, and allies (SOFFA), in recognition of the support that they needed as well. Because funding needed to be secured to be able to offer this service, my role as art therapist expanded to include proposal and grant writing. In building on knowledge that personalizing and sharing the experiences of members of the All Genders community might improve our chances to secure funding, we adopted an unconventional approach. In addition to writing the proposal for funding, we asked for an in-person meeting to share the art and stories of the individuals who would be benefiting from the funding. It worked!

To continue in this vein of knowledge sharing, I had the opportunity to speak at the Canadian Art Therapy Association Conference. I had received consent from the All Genders and SOFFA groups to present their art and stories at the conference. During the presentation, I asked the audience members to create art in response to the art and stories I shared. I then asked the audience members to consent for me to bring their art responses back to the All Genders and SOFFA groups as a gift. This response art was hung on the

group room walls and shared in groups with the original client–artists. The art was a concrete reminder and evidence that they were seen and heard with compassion and empathy.

Chase created art of his own in response to seeing these art pieces from the conference presentation audience and the idea was born of the following cycle: “original artist creates art → the art is viewed by another → the viewer creates response art → the viewer’s art is viewed by the original artist → the original artist creates response art.” Chase, Erin and I also continued to advocate for the art therapy group members by sharing their art and stories at the Yukon Mental Health and Wellness Summit and the International Transgender Conference. At all times we asked for consent and provided feedback to the art therapy groups after these presentations. This allowed group members to remain involved and informed on the actions we were taking.

The creative process and the created art image are powerful carriers of meaning that can be harnessed and exhibited before diverse audiences (Leavy, 2020). With this understanding I suggested to the All Genders and SOFFA groups the idea of a public art exhibition of the work they had created in art therapy. The client–artists embraced this idea. Clearly, they wanted to be seen and to have agency and a voice in their community by sharing their art and personal stories. As Levine (1997) stated, “the task of therapy is not to eliminate suffering but to give voice to it, to find a form in which it can be expressed” (p. 14).

The groups’ decision to curate and exhibit art in a gallery or public exhibition space was only the beginning. As their art therapist, my role now included writing a proposal to a local art gallery that held juried exhibitions. When the gallery agreed to host

their show, the client–artists reviewed all of the art that they had created in their art therapy groups and selected which pieces they wanted to display. The gallery required at least 70% of the art on display to be for sale. It was decided that each piece would be priced at the cost of a single therapeutic session. This price would demonstrate the financial resources that are needed in order to receive mental health support. In addition, the client–artists had to write an artist statement to go with each piece, which would put into words the inspirations, motivations, and stories associated with their artworks. They chose the titles of their piece, whether to remain anonymous or create a pseudonym, and how they wanted to describe their gender identity and what pronouns they use. Collaboration with other agencies was needed to secure the mats and frames so that the pieces could be presented in a professional, dignified, and respectful manner. The timing of the exhibition was intentionally set for the month of May when Pride is celebrated in the Yukon.

The gallery exhibition space itself was not easily accessible. Although the entrance was on Main Street in Whitehorse, one had to traverse an atrium and descend a flight of stairs into the basement and through the gallery shop to enter the exhibition space. To publicize the show, the art gallery produced posters and postcards that were distributed around Whitehorse and it was announced in the events section of the newspapers. The art therapy groups considered whom their audience should be and whom in particular they wanted to attract and for what purposes, and individual invitations to the show were emailed directly to them. On opening night, a “soft” private opening occurred an hour before the public opening so that anyone who was concerned about possible consequences or discrimination, or was not able to be open about their



gender in public for various reasons, could view the show safely before the general public arrived. At both the soft and grand openings, we presented a video clip created by Randy Boissonnault, special advisor to the prime minister on LGBTQ2 issues, who welcomed people to the art exhibit and provided recognition and support for the initiative from the government of Canada. (LGBTQ2 stands for lesbian, gay, bisexual, transgender, queer, and Two-Spirit.)

Looking back on my participation in the initiative, I learned that my role and purpose as an art therapist could incorporate much more than my clinical knowledge. It also included using my skills and knowledge of the art world and my interest in politics. Among many activities and roles, I liaised with gallery staff and provided consistent, ongoing emotional and psychological support for client-artists throughout the duration of the art exhibition. The tasks associated with managing the logistics of the art exhibition included matting and framing all of the art, coordinating drop-off and pick-up times for the pieces, distribution of monies for sold art, and advertising and organizing the openings, among the many other details associated with planning such an event. Supporting the client-artists meant being therapeutically present at the openings and facilitating post-exhibition individual and group therapy for participants to process their emotions or vulnerabilities around being seen, being advocates, and having people advocate for them. Being part of such a public event, not to mention the presence of local media coverage, was a novel experience for the members of these groups.

Importantly, although not all client-artists chose to share their art publicly, those who did found that this was a safe way to engage their families, friends, and the larger community to be involved in their healing process and raise public awareness (Barnes,

2012). It was critically important to be thoughtful about who should be invited to attend the art exhibition and why. Policymakers were among the people strategically targeted by the client–artists to be invited to view the art exhibit as part of an explicit goal of social change. Teachers and their classes were invited with education as the primary goal. Journalists were invited to promote the art exhibition to the public, so as to gain a broader viewing audience and educate the public. Being seen by these exhibit attendees created a sense of social connection (DeLucia, 2016) and validation for a community that experiences the detrimental effects of invisibility as part of their marginalization in daily life (Camic, 2008; Stuckey & Nobel, 2010; Ulrich, 2002). Moreover, art therapy research suggests that viewing art may increase empathy and awareness in art exhibition viewers (DeLucia, 2016; Potash, 2011; Roberts et al., 2011). In fact, as Potash (2011) asserted, “social change begins with generating empathy for others” (p. 11). Therefore, one important function of the art exhibition was to increase understanding and possibly find commonalities between viewers and the client–artists, which can only begin to happen when individuals are no longer invisible.

Contemporary gallery exhibition spaces have evolved their mission of educating the public beyond passive learning and the display of art to interactive engagement that can foster personal growth and community awareness of societal needs (Peacock, 2012; Treadon et al., 2006). With this in mind and wanting to continue to follow up on our previous success with response art, we provided a small space for exhibit attendees to engage in art making, and asked them to please leave their art so that it could be an anonymous exchange between them and the exhibiting artists, to let them know that they had been seen and heard.

Notably, most of the research on gender thus far has been conducted from a cisgender, heteronormative, androcentric, gender binary view of these matters (Hegarty & Pratto, 2004, Purdie-Vaughns & Eibach, 2008). It is not lost on me that I am White, cisgender, straight, and live as a member of a privileged majority in my community. I consistently and robustly examine my implicit biases and do not want to exploit any individuals with whom I work. For these reasons it is important to listen to, as well as collaborate with, the thoughts, wishes, and needs of the population that I serve, including consent and any decisions that involve them. Consequently, I proposed that a research study that examines the impacts of exhibiting and viewing art that is inclusive of the voices and perspectives of transgender, Two-Spirit, and nonbinary individuals could help bridge this gap in knowledge. I hoped my study would offer new thinking about who benefits and how they benefit from the exhibition of client art created by members of an invisible, marginalized group.

Research on the long-term impact of exhibiting art created in a therapeutic setting and its effects on the community in which it is shared is underrepresented in the literature. To this end, my doctoral research focused on identifying the possible social impacts, both immediate and longer-term, of the Whitehorse public art exhibition by members of the All Genders and SOFFA communities who decided to display their art and artist statements. Given the initial goal of making this population visible with the hope of creating social action and social change, I wanted to know whether, and to what extent, this invisible, marginalized community succeeded in being visible and accurately seen. Were there any immediate or long-term impacts that may have happened for the participating artists, their allies, and the viewers? Did the exhibition inspire them to

engage in or contribute to social action? If so, the research might reveal what changes were created for this invisible, marginalized community with regards to their needs, supports, and lived experiences.

In summary, I retrospectively examined the impact of exhibiting art created in a therapeutic setting that was displayed in a public exhibition space for the purpose of knowledge sharing and education to create social action and social change. To ground the study conceptually, in Chapter 2 I will review the literature on the construct of identity; the history of gender in health; the changing role of the art therapist; the history of museums and galleries with regards to knowledge sharing and education; and the use of art in art exhibitions for advocacy, social action, and social change. In Chapter 3, I will describe the methodology of the longitudinal, retrospective survey and interview research, data collection and analysis, and ethical considerations. In Chapter 4, I will present the results of the survey, interviews, and other collected data. In Chapter 5, I will discuss the results and their implications for the immediate and long-term impact on knowledge sharing, education, social action and social change, and education on community, group, and individual levels, as well as the change in the role of the art therapist.

## **CHAPTER 2: LITERATURE REVIEW**

This chapter provides context for my research questions, which centred on the social impacts of the All Genders public art exhibition, both whether and to what extent this community succeeded in being accurately seen. First, I will describe the construct of gender identity as comprising an understanding of self-identity and social identity. Then I will unfold gender identity in terms of the intersection of biological sex, gender roles, gender expression, and gender presentation. Next, I will describe the gender binary and the invisible, marginalized populations of transgender, nonbinary, and Two-Spirit individuals, and the discrimination and consequences they experience. With this background as context, I will then address the history of gender in health, followed by an examination of the changing role of the art therapist from a general focus on individual healing to the possibility of being a social change agent. To put into context the art exhibition that was instrumental to my study, I will discuss the historical purposes and uses of museums and art galleries, and their participation in knowledge sharing and public education. Finally, this chapter concludes with literature on how art exhibitions may be used to create social action and change.

### **The Construct of Identity**

To understand the construct of gender identity, first one must have a clear and precise understanding of what “identity” is and how it affects a person’s lived experience. Identity theory sets out to explain that an individual’s identity is tied to the behavioural role they play in society, whereas social identity theory is used to explain the structure and function of identity as related to people’s membership in groups, group processes, intergroup relations, and the social self (Hogg et al., 1995). Stets and Burke (2000)

explained that by linking identity theory and social identity theory together, a more fully integrated view of the self can be established. With this understanding, identity can be described as the distinguishing characteristic or personality of an individual and how that is reflected in the same or generic characteristics of belonging to a group.

Sex and gender are terms that many people use interchangeably and, unfortunately, inaccurately (Diamond, 2002). The term “sex” refers more precisely to biological sex, and particularly to physical attributes such as external genitalia, sex chromosomes, gonads, sex hormones, and internal reproductive structures (Bockting et al., 2004). At birth, the visible presence of these attributes is used to assign sex to newborns, identifying them as male, female, or intersex. An intersex person is born with sexual anatomy, reproductive organs, and/or chromosome patterns that do not fit the typical definition of male or female. This ambiguity may be apparent at birth or become so later in life. It is estimated that one in every 2,000 individuals is intersex (Preves, 2003). They may identify as male, female, or neither. Intersex individuals experience the same range of sexual orientations and gender identities as non-intersex people (Schober, 2001).

Gender is far more complicated than sex. Gender identity refers to a person’s internalized, deeply felt sense of being male, female, both, or neither (Diamond, 2002). Because gender identity is internal and personally defined, it is not visible to others. It is determined by the individual alone (Brill & Pepper, 2008). More specifically, gender identity informs expression, role, and presentation (Stryker, 2017). Each of these aspects may be impacted by cultural and social experiences and expectations. Gender touches almost every aspect of daily life, especially when beliefs and social expectations are

based upon a female/male binary that only allows for the existence of two sexes.

Indirectly or explicitly, individuals accept and assign gendered meanings to what they themselves do, think, and feel, and to what others do, think, and feel (Drescher, 2015).

“Gender role,” a term coined by Money (1994), is defined as a person’s behaviour that discloses them as having the status of a man or woman, respectively, regardless of their anatomical sex. In addition, gender roles carry the expectations that a culture holds as appropriate behaviour and activities for a member of a particular gender, which provides a societal structure by establishing commonly understood ways of functioning and interacting with each other (Brill & Pepper, 2008). These roles are typically designated masculine or feminine according to what is expected of a male or female in a given society (Miller et al., 2006). These expectations of gender roles may be spoken or unspoken. Gender expectations direct what one should do or how one should act, as well as how one should think, carry one’s body, and even feel. For example, North American White men are often encouraged to not openly cry or express other emotions.

Occupations may also be geared toward different gender roles, such as working in a daycare facility as a stereotypically female caretaking role. Among many examples, gender role may be reflected in what clothes people wear, what careers they pursue, how they show emotion, and with whom they believe they can or should have sex.

“Gender expression” is how we externalize our gender. It encompasses how we communicate our gender to others, including our mannerisms and how we speak, our social interactions, and how we play, to name a few examples (Brill & Pepper, 2008).

“Gender presentation” reflects an individual’s perception of their gender; that is, who they see themselves to be (Ruble et al., 2006). The colour or style of clothing may

signal an individual's gender to others. Gender presentation is all around us, communicated through gendered messages that bombard us constantly, such as expectations from peers, movies, music, and books, to name a few. For example, toys are assigned to boys or girls; girls get dolls and boys get trucks. Colours may also be gender assigned; girls wear pastel colours and boys wear primary colours. Clothes, hairstyles, and behaviours are also gender assigned. By the time they are 3 years old, when most children have already established preferred activities, many children will exhibit behaviours typically associated with their assumed gender (Bockting, 2008). Those individuals who do not conform to gender norms may be bullied by peers, rejected at home, or face consequences from religious, cultural, social, or other institutions.

Gender identity is commonly referred to as a person's internal and individual experience of gender, both in how people experience their own gender and how others perceive it. A person's sense of being may be felt as a woman, a man, both, neither, or anywhere along a full gender spectrum or expanse, and it may be the same or different from their sex assigned at birth (Airton, 2018). Gender expression/presentation is how a person publicly expresses or presents their gender, which may include behaviour and outward appearance, body language, and voice. A person's chosen name and personal pronouns are also implicated in how they express their gender identity. Although many individuals present themselves to others in ways that are stereotypically female or male, some people may incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees (Bockting, 2008). For instance, an individual who presents stereotypically as a woman may hold an occupation that is traditionally seen as a man's job, such as a construction worker.



“Gender nonconforming” is a term that describes individuals whose gender identity, role, or expression differs from what is normative for someone of their sex or gender in their culture and historical time (Coleman et al., 2012).

“Transgender” is an adjective used to describe a diverse group of individuals who cross or transcend culturally defined categories of gender (Coleman et al., 2012; Bockting et al., 1999). The gender identity of transgender people differs to varying degrees from the sex they were assigned sex at birth (Bockting, 1999). Johnson (2013) described “transgender” as “an umbrella term for persons who challenge gender normativity” (p. 137). Although many transgender people identify as women or men, some transgender people feel they do not or cannot exist within male or female gender categories, but rather somewhere between, beyond, or outside of them. According to Conron et al. (2018), 0.5% of the general population they surveyed identified as transgender. This statistic is generally equivalent to the number of individuals who use a wheelchair.

Nonbinary individuals do not identify exclusively or at all as women or men (Bockting et al., 2004). They may feel that their gender is neither solely male nor female but both, in varying degrees, or their identity may be fluid and unattached to a fixed gender. They may also reject the gender binary assumption entirely that perceives gender as limited to an either/or option. A gender fluid individual’s gender identity may change over days, months, or even years.

“Two-Spirit” is a term used by First Nations peoples in North America in reference to gender identity. Myra Laramée is credited for coining this term in 1990 (Sylliboy, 2017) at the Annual International Gathering in Winnipeg, Manitoba, and it was adopted by Indigenous communities across Canada and the United States (Medicine,

2002). “Two-Spirit” does not have a simple unified definition and was meant to be temporary until each Nation created their own term in their own language (Ryan, 2006). For some it means having both a male and a female side within one’s being, or a male and a female spirit, or masculine and feminine traits. For some others, Two-Spirit isn’t a gender identity but an organizing strategy, which gives a specific role to the person. The term’s meanings vary from Nation to Nation (Pruden & Thurman, 2014).

The shifting meaning of a term like Two-Spirit is understandable, given that terminology that is used to describe gender identity in the queer community is evolving rapidly as new terms are introduced and definitions of existing terms change (Moleiro & Pinto, 2015; Smalley et al., 2018). Preferences of language used for describing oneself, use of vocabulary, and interpretations of vocabulary used may differ between generations, regions, cultures, and from person to person. For example, “queer” and “transvestite” are words that may evoke different responses based on how the listener understands the word due to personal experience, their age, where they live, their culture, or their religion. Individuals may also reclaim words that previously have been considered disrespectful, shameful, or derogatory and are now used with pride (Moleiro & Pinto, 2015). Moreover, people often use different terms to describe themselves when they are with members of their own group or community than when they are with others. For example, they may describe themselves as a “dyke” or “tomboy” within their community and as a “lesbian” in another setting, or use different pronouns in different settings.

The concept of transitioning is important to this discussion because it involves activities and processes that people may engage to be able to authentically live their felt

gender identity. This process can be very different for each person. Some individuals may transition into a place where they feel comfortable and maintain themselves and some individuals may find that they are always in a state of transition; both generate evolving changes over the lifetime of an individual. Although commonly associated with feminization or masculinization of the body through the use of hormones or other medical procedures, transitioning is a far more complex and nuanced concept. It would be incorrect to assume that every individual who transitions is simply choosing to express themselves differently through clothing that enhances their gender expression (e.g., chest-binder); by changing their vocal pitch and tone or body language; or by using a new name and pronouns. Transgender individuals have been insistent, consistent, and persistent in their inner sense of belonging (Coleman et al., 2012). Thus, transitioning is variable and individualized, and may involve distinct forms and degrees of accommodation along the way. For example, individuals may expect recognition of their gender and chosen name regardless of their ability or desire to make these changes legally, or they may require time away from work for medical procedures. Transitioning may be a very difficult and stressful time for transgender people, making them particularly vulnerable to discrimination and harassment, especially when physical changes are obvious to others. Understandably because of this, some individuals choose to transition in one place and then move to a different location, giving them the ability to present and express themselves in ways that match their authentic gender identity.

Finally, it should be noted that sexual orientation and gender identity, often confused, are completely separate concepts (Smalley et al., 2018), though they are

intimately bound (Stryker, 2017). Sexual orientation refers to an individual's social and sexual practices, including physical attraction to others and those with whom they would like to have sex (Hammack & Cohler, 2009). Something to remember is that information about one's sexual orientation does not imply information regarding gender identity and vice versa (Smalley et al., 2018). For example, a transgender man may identify as gay, straight, or any other sexual orientation. Relating to sexual partners is another challenge for transgender, nonbinary, and Two-Spirit individuals when societal norms are used by prospective partners as the sole basis for relationship. Individuals then have to assess the situation for their personal safety and determine when to risk sharing the intimate details of who they are with a partner while hoping that their partner will be accepting and encouraging.

### **Challenging the Gender Binary and Oppressive Structures**

As mentioned above, the gender binary is a cultural construct based in the belief that there are only two social genders: men and women (Stryker, 2008). These two genders are expected to correspond with individuals' sex assigned at birth; that is, male or female. In the gender binary system, there is no room for nonconforming interpretations, or for crossing the binary. Thus, the binary system feels rigid and restrictive for many people.

In acknowledgement of the gender binary, the term "cisgender" is used to indicate that one's "morphology aligns with socially-sanctioned gender categories" (Johnson, 2013, p. 138). Stryker (2008) explained that the prefix "cis" comes from Latin, meaning "on the same side as" (that is, the opposite of "trans," which means "across"). The term "cisgender" is used in solidarity with trans people "to mark the typically unstated or

assumed privilege of being non-transgender” (Stryker, 2008, p. 13.). Cisgender individuals experience gender privilege for the way their bodies and identities align, which includes government-issued identification that accurately represents their identity, not being questioned about their genitalia, and not being refused access to sex-segregated facilities (e.g., bathrooms, shelters, and detention facilities). Unrecognized social privilege is based on the assumption that one’s own perspective is universal or the norm, and therefore causes individuals with gender privilege to not be aware of or acknowledge their privilege (Hegarty & Pratto, 2004). What is expected within the gender binary is communicated so frequently from birth that many if not most people cannot imagine life any other way. Social norms of gender deeply influence every part of one’s life. For example, there is an understanding of the expectations of what you need to do to be accepted and successful, and there is an assumption that others will experience you as you see yourself.

When the natural variability of genders is denied, the authentic experiences of many people are denied as well. Thus, a narrowly defined and rigidly enforced acceptance of gender as binary leaves people who exist outside the societal norms with many challenges. Even individuals who vary only slightly from the norm become targets of disapproval, violence, loss of privilege, prejudice, harassment, and discrimination.

A major discourse that is helpful in dismantling the gender binary and related oppressive societal structures is intersectionality, a term coined by Crenshaw in 1989. Research on intersectionality is dedicated to understanding the impacts of belonging to multiple subordinate group identities, as well as having marginalized status within a

marginalized group (Purdie-Vaughns & Eibach, 2008). Hankivsky (2014) defined intersectionality as

promoting an understanding of human beings as shaped by the interaction of different social locations (e.g., “race”/ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, state governments and other political and economic unions, religious institutions, media). Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created. Put simply: According to an intersectionality perspective, inequities are never the result of single, distinct factors. Rather, they are the outcome of intersections of different social locations, power relations and experiences. (p. 4)

The denial of intersectionality allows such dominant perspectives as androcentrism, ethnocentrism, and heterocentrism to maintain dominance. Among the impacts found by researchers (Dietert & Dentice, 2013; Johnson, 2013; Wesp et al., 2019), individuals who don’t conform to gender binary norms are often targets of discrimination, negative treatment, and harassment. They may experience stigmatization, prejudice, bias, and fear on a daily basis. Systemic discrimination allows individuals or organizations to exclude trans people from housing, employment, or services; to withhold benefits that are available to others; or to impose extra burdens that are not imposed on others. Discrimination may also be hidden, subtle, or subversive; both overt and subtle discrimination is profoundly damaging to people who experience it (Nadal et al., 2016).

The policy of preventing discrimination due to gender identity and gender expression (Hankivsky, 2014) seeks equity for transgender individuals who have been found to experience unique forms of discrimination when they try to access housing, employment, or other services. A person's experience of discrimination due to gender identity can also intersect with their socioeconomic status. For example, the 2015 U.S. Transgender Survey (USTS) demonstrated that experiences of discrimination in health care, employment, and housing were widespread; nearly one-third (29%) of respondents were living in poverty, compared to 12% in the U.S. population, a major contributor to the high rate of poverty is likely respondents' 15% unemployment rate—three times higher than the unemployment rate in the U.S. population at the time of the survey. Complex and systemic, discrimination tends to be embedded in the patterns of behaviour, policies, and practices that form the administrative structure or informal culture of an organization, institution, or sector. For those who don't experience the discrimination, it is easily hidden or out of consciousness; therefore, the structure or culture appears neutral to them. However, it is anything but neutral: transgender individuals may be socially ostracized and isolated and may experience loss of family and personal history, loss of housing, increased probability of mental health issues, and suicide (Valashany & Janghorbani, 2018).

Elaborating on the language of gender and contemplating its impact can shed light on the many hidden assumptions and biases that are encoded in everyday speech. The conscious and explicit naming of personal pronouns, for example, is a practice that exposes and interrupts taken-for-granted gender binaries and the unconscious heteronormative articulation of sex–gender–sexuality (Youdell, 2006). To misgender

someone is to use a pronoun that is inconsistent with a person's expressed pronouns (McLemore, 2018), such as using "she" for an individual who uses "he" or "they" or "ze," as some examples. The discomfort of being called to address another accurately has created backlash and minimizes the matter as being one of "politically correctness" (Cossman, 2018). What may go unnoticed is the fact that how we are described by others can have a profound impact on our health and well-being (McLemore, 2018). Individuals who are frequently misgendered experience stigmatization and may internalize negativity about themselves and their gender identity (McLemore, 2015). It is therefore crucially important and respectful to not make assumptions and to ask an individual how they wish to be described. Inclusive language is not about avoiding pronouns or using gender neutral language; it is about adding a conscious layer of specificity and reducing harmful bias (American Psychological Association, 2020).

## **History of Gender in Mental Health and Diagnosis**

### **Historic Oppression Through Invisibility**

Individuals who are transgender, nonbinary, and/or Two-Spirit are members of a gender minority that faces stark challenges in achieving and maintaining physical and mental health. The reasons for these challenges are diverse and may relate to ongoing social and systemic effects of oppression and discrimination (Smalley et al., 2018). Not being recognized or represented—that is, being invisible—is a distinct form of oppression due to the risk of being misrepresented, marginalized, disempowered, or harmed. Historical narratives, cultural misunderstandings, group politics, and legal frameworks all can contribute to an individual's invisibility (Purdie-Vaughns & Eibach, 2008). Other barriers are multifactorial, and can be divided into (a) individual, (b)



systemic, and (c) environmental factors (McClain et al., 2018). Individual barriers are those that exist on a personal level, such as resource limitations, lack of insurance, and transportation challenges. Systemic barriers occur in relation to health system policies, health care practices and guidelines, and the availability of culturally competent providers. Environmental barriers refer to the context in which care is delivered, including the physical and sociocultural environment. For example, an individual may have the experience of being the only transgender person in their First Nations community. In addition, as is the case in the Yukon, their community may be isolated, lack public transportation, or lack health care providers with knowledge and understanding of transgender health.

The history of gender in the treatment of mental disorders reveals a long-standing, strong bias against individuals whose genders do not conform to societal expectations, and documents the common use of psychiatric treatment as a means of social control (Stryker, 2008). In order to examine this history, we need to have an idea of who was considered transgender before the term came into the discourse (Reis, 2004). Williams (2012) shared that the word “transex” showed up in print as early as 1851 and the term “transsexual” from 1907, and referred to living in a cross-sex gender role. Capuzza (2015) noted that mass media has had a powerful influence in controlling the narrative of transgender individuals.

Among early French colonists and missionaries in North America and what later became Canada, historical records refer to Native American people who lived, dressed, and worked in ways that were perceived as crossing gender roles (Goulet, 1996; Medicine, 2002). It is also important to point out that almost everything currently known

about precolonial Native American cross-dressing and cross social role behaviour was chronicled by White, Christian, European or North American men (Reis, 2004). Reis (2004) noted that the knowledge of gender-crossing social roles in several Native societies comes from colonial missionary reports and, later on, ethnographic accounts. Thus, historical knowledge of the subject is limited, not only by the scant sources but also by the Eurocentric assumptions of those sources. The fact that the colony of Massachusetts first passed laws against cross-dressing in the 1690s (Stryker, 2008) offers a glimpse into the prevailing attitudes toward gender nonconformity among colonial society.

Beginning in the 1850s, a number of U.S. cities began passing municipal ordinances that made it illegal for people to cross-dress (Stryker, 2017). There is little historical research, however, that helps explain why cross-dressing became a social issue so in need of regulation at the time. But it is also quite likely that women dressed as men in order to live relatively uncomplicated lives, to put off expectations of marriage and dependency on men. As women they had few rights, for example, owning property. Some people who cross-dressed may have done so because they desired to live as a different gender and other people who cross-dressed may have done so as an expression of their sexuality. Queer communities as we know them today were not possible in North America until the middle of the 19th century. The rise of modern industrial cities with their large working-class population brought groups of queer folk into contact with each other, whereas previously they may have been the only queer individual in their home community. Stryker (2008) asserted that it wasn't until men could choose to leave or had to leave their rural communities to find work that they were able to escape family and

religious surveillance and had the opportunity to form different kinds of emotional and erotic bonds with other men. Women were even less free to express themselves until the 1920s, which was a pivotal decade at least for White women, who acquired the right to vote and a greater possibility for independence.

It is important to recognize that we still know very little about the social history of cross-dressing or public expression of individuals who today might identify as transgender from earlier times, due to the views of those who were recording the history. Yet the same circumstances that supported the development of same-sex social worlds would have applied to people who saw different ways to express their sense of gender. Unfortunately, one of the most powerful tools for social regulation was the rapid development of medical science (Stryker, 2008). Stryker (2008) explained this rise as part of a larger trend in which science has gradually come to replace religion as the highest social authority. From the middle of the 19th century medical science played an increasingly central role in defining everyday life in North America. It has assumed the social power to determine what is considered sick or healthy, normal or pathological, sane or insane. It can therefore transform aspects of human difference into unjust and oppressive social hierarchies. The influence of medicine has been especially important for transgender history. Specifically, for individuals who have felt compelled to physically change something about their body, medical science has been the gatekeeper—with the power to define, judge, and control needed medical resources.

### **Gender in Mental Health Diagnosis**

Exploring an individual's mental health necessitates an understanding of the cultural and environmental context in which they exist (Drescher, 2010). Historical and

contemporary attitudes toward gender in mental health care can be tracked through examining the initial and subsequent editions of the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association (APA). As an authoritative source that documents the changes in how the APA has identified indicators of mental illness and distress over the past half-century, one might assume that the classifications would be free from bias. However, there is a long and complicated history between the *DSM* and invisible, marginalized populations.

The construct of gender was not delineated in the first or second editions of the *DSM*, which were published in 1952 and 1968, respectively (Beek et al., 2016). However, “transsexualism” appears in the third edition (*DSM-III*; APA, 1980) as a psychosexual disorder. To be diagnosed with transsexualism two main criteria needed to be present: (a) “a persistent sense of discomfort and in the appropriateness about one’s anatomic sex,” and (b) “a persistent wish to be rid of one’s genitals and to live as a member of the other sex” (APA, 1980, pp. 261–262). The subsequent 1987 text revision (*DSM-III-R*; APA, 1987) contained the diagnosis “gender identity disorder of adolescents and adulthood” for a psychiatric condition in which there is an incongruence between anatomical sex and gender. Transvestism was moved into the section on paraphilias with a focus on the psychological “causes.” The category of psychosexual disorders was removed altogether and gender variant issues were instead covered under a heading of “gender identity disorders” (APA, 1987).

Psychological treatment goals during this era aimed to treat people suffering from severe neurotic or psychotic delusional conditions to return them to “normal” as defined by mainstream society (Drescher et al., 2012). Labeling all gender nonconforming

identities and expressions as forms of sexual deviation would be considered unethical and immoral today.

In 1994, with the release of the *DSM-IV*, the diagnosis of transsexualism was removed and the section entitled “gender identity disorders” was replaced with the singular term “gender identity disorder” (GID; APA, 1994; Beek et al., 2016). Now individuals were diagnosed with the disorder if they exhibited “a strong and persistent cross-gender identification” and experienced “persistent discomfort” and “clinically significant distress” pertaining to it (APA, 1994, p. 537). In the subsequent *DSM-IV-TR* (APA, 2000), GID was placed in the category of “sexual disorders,” within the subcategory of “gender identity disorders” (Beek et al., 2016).

The formal depathologizing of transgender identity only arrived with the publication of the *DSM-5* (APA, 2013), a full 13 years after the previous edition. The fifth edition of the manual eliminated the diagnosis “gender identity disorder,” which by then was considered stigmatizing (Beek et al., 2016). Instead the term “gender dysphoria” was used to focus attention solely on whether an individual felt distressed by their gender identity. Although incongruity between one’s sex assigned at birth and the gender with which one identifies is still crucial to gender dysphoria, the *DSM-5* emphasizes the importance of distress about that incongruity.

As a further significant development in this history, the *DSM-5* used the term “gender” rather than the term “sex” (Zucker, 2017). This clarification allowed people who are intersex to be diagnosed with gender dysphoria. The shift reflects recognition that an incongruity between sex assigned at birth and gender identity is not pathological if it does not cause the individual distress (de Vries et al., 2020). Marking a historic

milestone for people who are transgender and/or nonbinary, their identities are no longer classified in the *DSM* as the result of a mental disorder (Rosenberg, 2009). Furthermore, current ideology leans away from a disease framework and moves toward a gender-affirming framework of mental health when it comes to gender. Treatment should no longer be thought of as a “cure” or connote helping someone “get better” in recovery from something pathological. The new framework strives to support transgender individuals in increasing their self-esteem and well-being and to provide encouragement in their personal growth and development (Rosenberg, 2009).

What is still notable, however, in the diagnostic criteria is that gender identity can be applied almost interchangeably with gender-normative behaviour (Dhejne et al., 2016). Critically, an individual must have discomfort with the gender they were assigned at birth and how that gender is socially perceived. In addition, they must also behave stereotypically in their gender expression of their chosen gender. Unfortunately, this appears to mean that an individual’s internal sense of their gender matters less than the degree to which they meet the social normative standards of their chosen gender. Nevertheless, keeping these diagnoses in the *DSM* may be in the best interest of transgender individuals. Having a formal diagnosis serves to expedite research and access to health care (de Vries et al., 2020). Diagnosis may also help to keep access to therapists open for transgender people. Mental health insurance companies and government-funded organizations frequently have denied compensation to practitioners who are working with people who have conditions that are not recorded in the *DSM* (de Vries et al., 2020).

## **Mental Health Care Needs**

There has been a recent increase in the literature regarding mental health issues and therapeutic interventions for transgender individuals (see, e.g., Budge et al., 2013; Cheshire, 2013; Claire & Alderson, 2013; Drescher et al., 2012; Hendricks & Testa, 2012). Among system-based barriers is the lack of availability of culturally competent providers (Hendricks et al., 2012). According to Benson (2013), clinicians typically are not properly trained in the needs of transgender clients, which often produces clinical misunderstanding. In Canada, especially for transgender individuals living in the North, geography impacts health care access to competent and informed services as well (Neufeld, 2014). Small and remote communities with limited services, lack of information, and little support and acceptance from primary care providers working outside of large city centres leaves these individuals with very little choice and support. The stigma related to gender identity issues can be particularly intense in small communities where anonymity and privacy are virtually nonexistent (Rainer, 2010). Being the sole transgender individual in a remote northern community may add additional layers of stigma and potential rejection by community members (Neufeld, 2014). Due to the limited number of therapists and the lack of appropriate referral resources in the North, transgender individuals may also have further restricted access to support.

Health care providers may not be informed or supportive. Transgender individuals are often unwilling to engage with the health care system for fear of being discriminated against or outed (Seelman et al., 2017). This is costly, stressful, and takes individuals away from family, friends, and emotional and financial supports. Knowledge on how to

navigate health systems may play a significant role in the level of an individual's health services access (Schein et al., 2017). Other challenges that individuals may encounter are being placed on wait-lists, being unable to afford surgical or medication costs, and having to wait for an outside source to respond to be able to proceed with identity actualization. Due to a lack of gender-affirming health care, individuals may resort to self-medication or obtain medication outside of formal medical channels (Rotondi et al., 2013) that is not monitored by a health care professional, all of which puts them at higher risk (Schein et al., 2017).

A further consideration is that transgender individuals may need ongoing and continuing physical and mental health care throughout their lives (Beek et al., 2016). Their care is not a single event that ends with the completion of a satisfactory transition. Ongoing support is required for life challenges and needs, such as monitoring of hormones and their impact on the body, fertility and pregnancy, and changing needs when entering retirement and nursing home facilities. Finally, mental health and emotional supports are beneficial when they take into account or are centred on discrimination, prejudice, trauma symptoms, stress, and anxiety due to gender-related violence based in negative attitudes toward transgender people (Mizock & Lewis, 2008).

### **The Changing Role of Art Therapy as Social Action**

The role of art therapy and its conceptions of practice have evolved from a general focus on individual healing to a renewed discourse on social change. However, just as art therapy as a field has struggled to reconcile art with psychotherapy in theory and practice, there seems to exist no unified conceptual model that integrates the practice of art therapy with the work of social action (Hocoy, 2005). Talwar (2010) asserted that



historically the art–psychotherapy binary that comprises art therapy has unfortunately served society’s paradigm of normal versus abnormal. To transcend such a practice, an intersectional perspective is necessary.

### **Art, Therapy, and Social Action**

All three fields—art, art therapy, and social action—are concerned with changing how people see and experience the world. Art therapists align with artists in a long tradition of being advocates and social change agents. Art throughout the world is concerned with showing a viewer a new, different, or affirming perspective on social realities (van den Berg et al., 2019). For example, if artists did not push artistic boundaries and find new ways to share their art, then the only art considered worthy of display would be promoted by individuals who are part of the privileged majority and already have power. They would decide what art was shared with the public. Neither would we have different periods or genres in art to reflect a dynamic world. One example is Marcel Duchamp (Bersson, 1991), who challenged the art establishment and displayed *Fountain*, a common urinal and ready-made object, which greatly challenged the aesthetics of his time. Without his and other norm-breaking artists, Dadaism—a movement that arose in response to World War I and rebelled against conformity and convention—would not have happened (Bersson, 1991).

A psychotherapeutic role is also broadly conceived in art therapy, drawing from a history of psychoanalytic theory in combination with art that has been focused on helping the individual externalize unconscious dynamics as a part of treatment. Rubin (2001) pointed out, however, that rather than activism, psychotherapists have tended to function as agents of social control. By attending what is already wounded and not the milieu

surrounding practice, psychotherapy can actually wound again more deeply (Junge et al., 1993). For example, a typical therapeutic intervention might aim to decrease anxiety and a sense of isolation rather than advocate for a social change so that a client does not feel isolated to begin with.

Art therapy is a hybrid field that combines art and psychotherapy, with invisible social realities made visible through art and the unconscious made conscious through psychotherapy. Frostig (2011) extended this role to arts activism, which is about “making the invisible visible, where the invisible refers to abuses of power and privilege that lead to social dysfunction and social injustice” (p. 52). Estrella (2011) described art therapy as a “profession of doers,” believing that the field has thrived because of its “practical and enduring focus” (p. 48) that could be harnessed into social action. In their attempts to legitimize and justify themselves as health care professionals, however, art therapists may have limited themselves within a conventional context of mental health (Potash, 2011). In such a context, art therapists may not have the necessary personal or professional resources for healing societal ills such as discrimination and injustice.

Social action as a role for art therapists can be viewed as consistent with their desire to attend to clients who are suffering. Estrella (2011) noted that it is not unusual in the profession to be drawn to mental health care out of a desire to be an agent of social change in one’s community. Art therapists turn to art to create change as they become aware of the interconnectivity between the individual and collective; that is, a person who is suffering and the social imbalance in which they must live (Hocoy, 2005). According to Junge et al. (1993), by embracing the tradition of artists as those who help people see, art therapists have long “resonated with an idea of the artist as outsider, observer, social

critic” (p. 108). What is changing is the role of the art therapist as an advocate for their clients by thinking of art therapy as a change agent for communities’ societal troubles (Junge et al., 1993; Kapitan et al., 2011; Potash, 2011). Art therapists can use their abilities to support clients by educating the public to notice their bias and to see people as individuals with values (Spaniol, 1994), serving as a bridge between the clinical and gallery worlds through their professional insights, ethics, and sensitivity (Vick, 2011).

### **Art as Social Change**

Social change is broadly understood as change to a society as a whole, through changes in the social structure, human interactions, and relationships, which includes cultural symbols, rules of behaviour, social organizations, or value systems. The first paper that defined social change was published by Marquis in 1947 in the *Academy of Political and Social Science* and was titled “Psychology of Social Change” (as cited in de la Sablonnière, 2017). To date, research focusing on the impact of social change on the well-being of individuals has not been clearly established (Kim, 2008; Liu et al., 2014) and the conceptualization and understanding of social change has not reached a consensus in the scientific literature. For example, a sociological conflict theory of change is emerging as an alternative to the long-standing dominance of developmental psychology theory (de la Sablonnière, 2017). Levine (2011) noted that social change occurs when the members of a community have “a sense of their own capacity to act” and can “see themselves as able to re-make the world in which they live” (p. 28). An art therapist who is attempting to be an ally to a community cannot enter with an agenda of fixing problems but must instead understand the community’s existing reality and potential resources. That is how the possibilities of responding to that reality can arise

(Levine, 2011). This stance is consistent with how an art therapist enters an individual session. They are prepared to meet the needs of the client, where the client is, and respond accordingly.

John Dewey (1934/2005) believed that art was a compelling communication through which community is developed and political action is undertaken. Estrella (2011) asserted that art therapy can be rooted in the rich history of the arts as a catalyst for change. An influential example is the role the AIDS Memorial Quilt played in the HIV/AIDS activism movement to demonstrate the power that the arts hold for knowledge sharing, empowerment, and advocacy (Reed, 2019). The innovator of the quilt, Cleve Jones, understood that people would pay more attention and actually notice and be moved by the death of 1,000 people who had died of AIDS-related causes if they laid out the corpses in the public eye. Without these deaths being seen, people were dying without the public knowing or caring about them. The AIDS Memorial Quilt was a tangible demonstration of the loss of life made visible. The collaborative art project brought an invisible, marginalized community to the awareness of the public and social change began to happen.

*Walking With Our Sisters* (n.d.) was a commemorative art installation to honour the lives of missing and murdered Indigenous women in Canada. After a general call was issued on Facebook for people to create vamps (moccasin tops), the call was answered with over 1,600 vamps, each pair representing a missing or murdered Indigenous woman. The travelling art exhibition, which visited more than two dozen locations between 2013 and 2019, was created to acknowledge the grief and torment that the families of these women continue to suffer. Art raises awareness of this issue, creates an opportunity for

broad community-based dialogue on it, and advocates for support. Notably, *Walking With Our Sisters* was an entirely crowd-sourced project. From the artwork to the fundraising, it was fuelled by thousands of people who chose to become involved. Collectively, it created one unified voice in the knowledge that, as stated by its organizers, there is “power in numbers, and there is power in art” (Walking With Our Sisters, n.d., para. 2).

These and other community-based projects that engage people and allow them to participate show the remarkable power of the arts for change through the creation of meaning (Junge, 1999). Moreover, according to Potash (2011), “environments that allow art to function as a catalyst for empathy helps to sustain the viewer in a process of change” (p. 53). Art exhibition provides opportunities for viewer engagement from which personal relationships and understanding can develop.

Finally, Kaplan (2005) noted that social action art therapy may mean practicing outside of traditional therapeutic settings. When art therapists extend practice into community by creating public events based on expressive works created in a therapeutic context, they may help “improve the visibility of diverse populations” and serve to “respond to emotional pain, to raise public awareness and to stimulate discussion on the important area of public concern” (Barnes, 2012, p. 4). Social change can result not only from reducing stigma but also from alleviating the suffering of those who are marginalized (Potash et al., 2013).

### **The Role of Museums and Art Galleries**

Art exhibitions are traditionally held in galleries and museums that have long existed to protect and preserve objects for the enlightenment and entertainment of people. Like the Greek goddesses of inspiration (Muses) that is the root of the word “museum,”

visitors stand in silence, without touching anything, gazing upon the presentation of aesthetic objects (Hein, 1998). Early museums were comprised of private collections from patrons and were enjoyed by few, privileged individuals who belonged to the upper classes (Treadon, 2016). During the 18th century the museum evolved to become an institution that displayed objects for the enjoyment of the public, making it possible for ordinary individuals to access them (Treadon, 2016; Treadon et al., 2006).

### **From Passive to Active Engagement**

The concept of the museum has been constantly evolving due to geography, culture, and changing values. Currently museums are perceived to be nonprofit, permanent institutions in the service of society and its development that are open to the public. Their purpose is to acquire, preserve, research, communicate, and exhibit the tangible and intangible heritage of humanity for the purposes of education (Brown & Mairesse, 2018). The Canadian Museums Association (n.d.) has positioned museums “at the heart of a just and knowledgeable society,” stating:

They educate and inspire. They house our culture and history. They create a sense of community and belonging. They allow us to better understand our past, our present and shape our future. They spark conversations and reflection. They build empathy and understanding for each other and remind us how diversity makes us stronger. (para. 1)

Shifting the focus of museums from disseminating information on artifacts to engaging patrons in meaningful experiences began during the 19th century as a means to educate the masses in order to improve overall well-being (Treadon, 2016), which continued well into the 20th century. More recently museum services have expanded to

include curriculum development, creation of educational materials, and outreach to teachers and schools. Rochford (2017) noted that a philosophy of social education was an important early foundation for art museum education. People and their connection with artwork could be an enhanced means to explore difficult issues and enrich quality of life. Because the social education philosophy is people focused, it naturally supports museum outreach to communities and seeks to understand the public it serves.

The focus of educating the public today has evolved from passive learning to active engagement. Art therapist Peacock (2012), who provides art therapy within a museum's education centre, noted that its mission has evolved "from displaying art collections to fostering interaction with the art for the sake of personal growth, community awareness of societal needs and greater accessibility" (p. 133). "People often choose to go to museums to acquire information" (Salom, 2008, p. 99). Art exhibitions in museum galleries are much more than a formal display of artwork. They raise public awareness and validate and legitimize the experience of the artist (DeLucia, 2016).

To be able to advance the social awareness and advocacy capacity of an art museum, changes in public perceptions must continue. Museums are not always perceived as having more to offer than the preservation and display of objects. Understanding the power of objects to elicit feeling and meaning, in addition to stimulating appreciation, is important. One barrier to this awareness is that museums have long been associated with their patrons, most of whom have been middle- to upper-class, White, and highly educated. Thus, to change the social role of museums, there needs to be greater outreach and available access for attendees from varying socioeconomic, cultural, and ability backgrounds (Treadon et al., 2006).

In 2004, in an attempt to diversify their audiences and make museums less intimidating, England made all of its public galleries and museums free for citizens to enter. The Centre for Public Impact (2016) reported that when the British government eliminated the entrance fees, there was a 70% increase in attendance. However, the report also noted that despite the increased volume, there were relatively small changes in the diversity of visitors. Evidently, other barriers remain that discourage or prevent people from visiting galleries and museums. A need for more knowledge about the art on display and less intimidation when entering and moving about the buildings might help people to feel they are more able to appreciate the art.

### **Art Therapy in Museums**

Although a museum or gallery may be more approachable than a mental health clinic or hospital as a place to develop art therapy, another strategy for creating social change is to bring diverse forms and expressions of art into the public realm beyond the museum and other spaces where privilege is already well supported. Vick (2011) noted that small-scale, in-house art exhibitions within a museum are the typical spaces used for therapeutic, social, or educational purposes. Out-of-the-way galleries not only limit the audience but also communicate the perception of unessential, lower value.

In recognition that works of art cannot speak for themselves and are understood by those who have learned how to listen (Eisner & Dobbs, 1988), an art therapist may have an important role in helping diverse visitors to the museum bridge the artwork and themselves in a meaning-making experience. After all, visitors have important life experiences that they bring with them that can be tapped for connection between new and familiar ideas (Hein, 1998) or self-reflection in the museum environment (Treadon,



2016). From her experience with establishing a museum-based art therapy program for diverse populations, Salom (2008) observed a spiritual dimension in the invitation of visitors to transition into a slowed pace, subdued sounds, and a contemplative visual experience.

In Peacock's (2012) museum art therapy program, art is the main focus for a therapeutic goal of interpreting and evaluating the human experience, and it is therefore an ideal place of sharing for the purpose of social change. Museums that have incorporated a therapeutic experience into their mission can significantly impact individuals' well-being when the emphasis is on viewing art in service of learning about ourselves. For example, Yalom (2008) considered that a museum's atmosphere and restorative factors, involved in exploring humanness through humanity's collective art, runs parallel to the therapeutic factors of group therapy. The difference, he contended, is simply the scale. Whether intentionally or unintentionally, museums facilitate the expression and transformation of individuals (Silverman, 2009) and social bonds between families and cultures (Treadon, 2016). Peacock (2012) reported that her museum employer described the art therapy-based exhibitions as a way to serve the surrounding community by increasing community ties, creating a sense of ownership in the museum, and raising public awareness.

Museums display diverse art pieces, each a valid and unique personal expression that often resonates with art therapy participants and that inspires and reassures them that their own artworks can be welcomed into the public space (Salom, 2008). Sharing art in such a humanistic venue, surrounded by the art of the museum's collections, provides different ways of naming, coping, and responding to emotional pain, and demonstrates

that there are viable alternatives to the clinical narrative. Barnes (2012) found that when art therapists publicly share art that was created in a therapeutic setting “it increases the visibility of complex, post-modern, creative ways of naming and responding to emotional pain” (p. 4). Museums and galleries have an ability to make visible and to mirror back the lived experience of a diverse group of people. The process of making the world a different place in which to live, according to Dewey (as cited in Waks, 2014) begins with a kind of protest, a sense of the existing condition from which art responds. Artistic presentation of such social investigations thus may transform members of a society into a great community, breaking through the habits and perceptions that isolate members as separate individuals.

### **The Art Exhibition as a Tool for Social Action and Change**

One emerging arena for social action in art therapy is the public art exhibition. As I discovered with the *Transitioning Into Visibility* show, the role of the art therapist does not end with the event but can contribute in many ways to client–artists sharing their art and their stories in order to further advocate for social change. Interactive community art shows could provide a model that integrates art and psychotherapy within group art therapy and aligns them with the goals of social change. Historically artists have been at the forefront of social change. Potash (2011) suggested that “solving the problems of injustice may be informed by those who actively promote, work with, and facilitate imaginative and creative tendencies” (p. 50). However, art therapists need to be able to recognize whether or not by participating in an art exhibition a client–artist will experience benefits and not be harmed. This will be affected by the purposeful or

incidental actions of the art therapist and team working with the client–artist and by how the public is able to respond (Davis, 2017).

### **Art Therapist Skills: Navigating Therapeutic and Art Worlds**

Spaniol (1994) wrote a detailed article with several recommendations for involving client–artists in public art exhibition. She began with the selection process, which must be centred on the client–artists’ interests. Art submitted to a show must be determined by the client–artists themselves, not a therapist or caregiver. Client–artists establish a focus of the exhibition and select works based on their own criteria. Included in this responsibility is the consent of the client–artists, their rights, and their protections. Potash (2010) explained that the role of the art therapist in the planning is consistent with the environments and therapeutic relationships that art therapists typically facilitate in any practice, which help promote the creation of a meaningful experience. Art therapists continue to maintain their therapeutic, confidential, and trusting relationships with client–artists and incorporate therapeutic objectives into the planning of an art exhibition. Beyond the therapeutic relationship with client–artists, the art therapist is obligated to build a trusting relationship and liaise with the curators of the gallery space as a form of advocacy for client–artists’ needs during the hanging of the show within exhibition norms and procedures. Understanding timelines and how a show is hung are important factors in coordinating an exhibit that supports the shift from the privacy of a therapeutic space to the space of an art exhibition that is safe for the client–artists.

An art therapist’s skill set may be well suited to the many unseen tasks that need to be accomplished when creating an art exhibition. This may include sourcing frames, advocating for funding, supporting clients to price their artwork if expected, organizing

dropping off and picking up artwork at the gallery, organizing the opening night, and many other responsibilities. Even choosing the title for an art exhibition can be weighted; this relatively simple task can become complex due to the concern of how the exhibition will be received and attended (Spaniol, 1994). Being strategic with advocacy strategies, including the timing and promotion of the art exhibition, will enhance the visibility and voice of the participating client–artists. Extending invitations strategically to certain individuals for opening nights, inviting media, networking, and when needed being a voice for the client–artists who wish to remain anonymous are all matters to consider.

Spaniol (1994) suggested having a tiered opening for art exhibitions with client–artists, which was a strategy we successfully used in *Transitioning Into Visibility*. We first held a small private viewing for the participating client–artists, then a second viewing for the press, followed by the third, a grand opening. Celebratory art openings in the experience of professionally displaying one’s own art in a public venue can be particularly validating to those who are marginalized within mainstream society. It can be impactful for a client–artist displaying their work to be able to watch how viewers are emotionally affected (DeLucia, 2016). Art exhibitions may be especially valuable for individuals who, due to fear of consequences based in discrimination, shame, and violence, often do not use their voices or tell their stories to advocate for their needs.

On this latter point, art therapists have a vital role in skilfully navigating client–artists’ interactions with the public. Art therapists are practiced at and routinely share art in clinical case presentations, understood as an authentic way for the client to “be in the room” with other staff and within the limits of what the art therapist represents as happening in therapy (Jones et al., 2018). There should be a similar approach to sharing

and displaying artwork in an art exhibition. On the basis of there being no presumptions about the client–artists, they are free to have a clear and precise voice (Jones et al., 2018). By extension, Potash (2011) shared that when therapeutic artwork is used for communicating with a larger audience, the art therapist might help the client–artist create an image that is understandable to others. On the other hand, this suggestion may shift focus away from the client–artist’s therapeutic needs and onto what they want an audience to know.

Additionally, Potash (2011) cautioned against an emphasis on the quality of artwork for the sole purpose of engaging a wider audience. Such a tactic may alienate client–artists from engaging in art therapy if they believe the expectation is to have artistic skills. Art therapists may need to act as mediators between client–artists and viewers so that the message that client–artists want to convey is clear to viewers (Potash, 2011). Client–artists may feel empowered with this opportunity to be part of a larger community that actively challenges and educates audiences. When engaging the viewing public this way, “political neutrality and therapeutic passivity serve only the omnipresent forces of oppression and injustice” (Hocoy, 2005, p. 12).

Because empowerment is a key goal in the display of client–artists’ art, it is a principle that governs an art exhibition (Spaniol, 1994). As advised by Spaniol (1994), preparation for an exhibition should be structured to include participating client–artists in all decision-making, with opportunity to participate in each step if they choose. The art therapist needs to be aware that participation can look differently for everyone. Similar to how people engage in art therapy group sessions, the art therapist should be prepared to give options and choices for how participation can take place (Spaniol, 1994). For

example, a client–artist who chooses to display their art should feel safe to choose whether to remain anonymous or not, provide an artist statement or not, or attend the art exhibition or not, without fear of consequences. Access to therapeutic services should not be dependent on whether or not the client–artist decides to participate. Art created by a client–artist in a therapeutic setting belongs to them and not to the agency or the art therapist. Likewise, informed consent to display their art in an exhibition needs to be obtained as well (Spaniol, 1994).

### **Ethical Considerations of Client Art Exhibition**

In diversifying and collaborating with galleries and museums for client-centred shows, the role of the art therapist will necessarily change. Peacock (2012) found that some museumgoers felt that exhibiting therapeutic work in the museum was inappropriate. Although this attitude might reflect concerns about obtaining proper consent or authorized reproduction and uses of client work, another possibility could be that art created in a therapeutic setting is not the kind of art that the public expects to see in an art gallery or museum. Vick (2011) shared that “practicing art therapists can attest that the majority of work created by clients in most clinical context does not have an aesthetic merit that would justify wider exhibition” (p. 156). Yet this emphasis on aesthetic standards seems to be another assertion that can be used to isolate, judge, and stigmatize client–artists’ art as being not good enough to claim an artist identity. This judgement may be internalized by a client–artist as a feeling of being not good enough as a person.

Ethical discourse suggests that the vulnerability of clients who consent to participate in art exhibitions underlies the hesitancy of art therapists to engage in this

form of social action. For those clients who do, an active role for the therapists is to provide supports that protect client-artists from receiving hateful and violent feedback so that they are not retraumatized by their decision to share their work publicly. The purpose of having an art show or exhibition is for client-artists to be seen in order to increase public awareness, reduce stigma, and increase empathy along with the hopes of creating social action for change. For example, media may be invited to an art exhibition opening to serve these goals, only to make insensitive comments about client-artists or their art instead (Spaniol, 1994). To exert some control over this potential, some suggestions are to screen the client-artists who want to be interviewed, limit information about participating client-artists, or keep them anonymous. In addition, the art therapist can help prepare client-artists in the event that negative comments occur and provide follow-up care to debrief them. These are some of the professional skills that art therapists use to sensitively bridge private and public worlds in the art exhibition space (Vick, 2011).

There also may be differences in creating art with the intention of sharing it publicly and the creation of art originally intended for therapeutic purposes that is chosen to share at a later date. Here the therapeutic practice of conducting a review with the client-artist of all the art produced previously in therapy to reflect or gain knowledge and insight can be transferred to the practice of selecting art for the exhibition. Client-artists can benefit therapeutically from looking at their art from the lens of how others may interpret it when viewed publicly. Upon reflection, they may gain further insights as they choose what artist statement to write that will be attached to their art.

Among ethical cautions for the decision to bring a piece of art from private into public life, there are considerations regarding how it is presented, whether the art is for

sale, and what—if any—personal information is included (Vick, 2011), taking into account the potential risks and therapeutic benefits for each decision (Andrus, 2019). In addition, an art therapist needs to have the skills of being an advocate and ally for the client–artist, interested in the rights, interests, and viewpoints of client–artists in ways that are consistent, predictable, and transparent. This informed and thoughtful intention informs the art therapist’s role and safeguards against accidental or unintentional exploitation of a client–artist (Davis, 2017).

A further aspect of the ethical role of an art therapist in public art exhibition is to help facilitate with the viewers how to respond so as not to detract from the client–artist’s story by diverting attention to the viewers’ own reactions (Barnes, 2012). Art created outside of expected gallery norms can tempt viewers with voyeuristic, sensationalized, and absorbed reactions to the artist, focusing on their behaviour or possible eccentricities instead of the art or its message (Spaniol, 1994). Davis (2017) expanded on this concern, noting that some artists have gained notoriety from depicting tragic subjects (e.g., the death of Princess Diana) while causing negative side effects from having a lack of control over the situation.

As I considered the potential for long-term social changes in the community among the client–artists and viewers of *Transitioning Into Visibility*, I had to consider my therapist role as a facilitator of the client–artists’ dialogue with the community as well. Part of this is preparing and helping a client–artist to imagine what it could be like to share their personal art expression and story in an exhibition (DeLucia, 2016). Artists who exhibit frequently or professionally have an understanding that displaying their art for public consumption is an integral part of their process of making art. They are



prepared for someone else to view it, engage with it, and offer feedback and criticism. An artist will know this is part of the process, but for a client–artist this may be new, completely unfamiliar and vulnerable territory. The art therapist needs to provide thorough clinical judgement to client–artists on which art to share, what is and might not be appropriate to display, where the art exhibition might best be sited, and who the target audiences are (Barnes, 2012).

In his discussion of the impacts of sharing art publicly, Davis (2017) recently suggested that participating in an art therapy exhibition may be similar to the psychodynamic process of sublimation. Sublimation occurs when thoughts and feelings are transferred to a new activity that is less traumatic than the original event, with the added benefit of being praised and valued by society (Davis, 2017). Davis (2017) found that “some survivors who display their art publicly say that exhibiting their work has hastened their recovery” (p. 104). Andrus (2019) argued that publicly sharing art made privately in therapy has important implications for the final stage of recovery from trauma, because it facilitates resolution and reintegration. Her research suggested that when trauma survivors allow themselves to be seen by others, they let go of shame; as others affirm their experiences, they find more courage to continue to share their art, pain, or story. Client–artists may feel that someone seeing their art, and knowing that it has impacted or touched someone, makes a difference for them. DeLucia (2016) has incorporated art exhibitions into art therapy treatment for veterans, finding that they provide a powerful therapeutic process for a client to receive unique benefits that are distinct to art therapy. Having the courage to display one’s art and have a powerful voice provides encouragement to be powerful in one’s own life. Client–artists may experience

feeling the courage to self-advocate and inform the public of their experiences (Andrus, 2019; DeLucia, 2016).

Witnessing is an important concept/action that is performed by the art therapists, the client-artists, the art exhibited, and the viewers who engage it. Learmouth (1994) stated that an art therapist serves as a witness to their client by virtue of being the person who has received the client's authentic story without judgement. Release of bias and knowledge of culture is a part of their ability to maintain a witnessing function. Given the uniqueness of individuals whom art therapists serve, art therapists are always working cross-culturally and continually reevaluating and investigating their own biases. In the art exhibition, there is the additional therapeutic experience of a client-artist witnessing their own story as well. Extending the role of witness to the viewer in an art gallery may expand the therapeutic value of creating art in a therapeutic setting even further (Learmouth, 1994). As Andrus (2019) pointed out, moving their stories out of the private into public has been found to be transformative for some clients whose "act of sharing their work in a collective show offered a broader context from which they could view themselves and one another" (p. 7).

### **The Social Impact of Viewing Client Art**

Treadon (2016) noted that creating art is an important means for engaging diverse populations in the cultural and humanistic functions of art museums and galleries. Both art making and art viewing promotes self-reflection. However, for social change to actually happen, public awareness or consciousness-raising of an issue must occur within a place that is safe for reflection and discussion. An art exhibition can provide all of these things in a nonaggressive, supportive site, which may spark public curiosity and

engagement (DeLucia, 2016). Similar to an art therapy session, where participation and engagement may look different for everyone, participation in viewing an art exhibition may look different for everyone. Some viewers may share what they see with others, having felt quite impacted by the evocative nature of art in the moment. They may experience an inspiration and motivation to want to do more to engage an issue, or they may simply see someone in a different light. Yalom (1995) reminded us that “there is no human deed or thought that is fully outside the experience of other people” (p. 6). Thus, it is an important healing process for people to be exposed to something that makes them aware; if something has not touched their world, they do not know about it and cannot act to create change.

Art is a powerful resource. It is able to cross language, cultural, religious, and age barriers, making it a useful and accessible medium to create social change for viewers. When people visit museums and learn about a particular artwork they also learn about the artist, their life story, and how they coped with distressing conditions (Salom, 2008). If the connection is made, viewers can become as interested in the life of the artist as they are in their art, their triumphs, and their losses. Bennington et al. (2016) found that older adults experienced interest and empathy toward an artist when viewing art even if the viewer did not like the object that they were looking at. They became interested in what the artist might have been thinking or feeling in their process of creating art. Potash (2011) also found increased interest among individuals who have viewed art, finding that “having an aesthetic reaction to a work of art triggers the ability to connect to the emotional intent” (p. 54). Viewers of an art exhibition in a study by Potash et al. (2013) identified a feeling of personal growth from their art viewing. The art served as a catalyst

for meaningful dialogue, discussion, and debate among them. This process of disclosure led to individuals sharing more intimate experiences, which in turn evoked empathy, relatedness, and evocative conversation among the viewers. They reflected on past difficult circumstances and derived meaning from how they were able to learn, accept, preserve, and adapt. Viewing art seemed to awaken a sense of discovery and an opportunity for communication.

There has been some research on viewers of art exhibitions who are invited to create their own artworks in response to the exhibited artwork they viewed, particularly as a means for generating empathy for others as an important step in social change (Potash, 2011). Providing safe and accessible opportunities to understand the situation of another or to find commonalities is crucial to this idea. DeLucia (2016) found that “viewing artwork can generate empathy, support, and a sense of social connection not available in other ways” (p. 10). In another study, by Betts et al. (2015), participants who had toured an art exhibit about the Holocaust and then engaged in creating art, writing, and group discussion afterward sustained increased empathy compared to their counterparts who had only toured the exhibit. An exhibit of artwork created by children who expressed their feelings about the tragedy of September 11, 2011, had the dual purpose of providing therapeutic value to the children but also increased awareness of depression, anxiety, and posttraumatic stress disorder in the viewing public (Peacock, 2012).

Potash (2011) reflected that raising awareness of oppressed people in their communities can even influence individuals attending art exhibits to affect change through voting, lobbying, and advocating. According to Barnes (2012), these events, at

base, allow a community “to become richer and more whole as the culture enlarges to include diverse individual stories” (p. 3). Stories can teach people about the emotional pain of others, inspire them to create change, and provide a vision on how to heal and grow as a community (Barnes, 2012).

### **Social Justice and Power**

Social change may happen in various levels, from legislative to institutional practices or shifts in individual attitudes (Potash & Ho, 2011). As becomes clear from the discourse, taking art public can potentially extend and enhance the healing of the individual who created the art and provide ways for family, friends, and the community to be involved in the healing process, and can raise public awareness (Barnes, 2012). However, justice requires equalization of power. Power in the therapeutic relationship implicates every aspect of the choice to display client artwork publicly. Client–artists need to have control over what art they display and the story they share, in order to prevent being exploited. Art therapists can support their empowerment by ensuring options and choices (Davis, 2017). They need to have self-confidence to act on their power as an ally for client–artists by not feeling intimidated by the thought of a juried show or by any concerns that the artwork produced by clients may not be not aesthetically pleasing and not what is typically expected to be shared in an art exhibition.

The potential for exploitation can arise not solely among viewers and reporters for the show, but also for the art therapist involved. Potash (2011) cautioned art therapists to not fall into the world of propaganda art by using exhibition to advance political ideologies. As in art therapy sessions, where the therapist does not push an agenda but focuses instead on supporting and helping the client heal, the opportunity for client–

artists to share art in an exhibition must be free of an agenda. Particularly sensitive, though not uncommon, are shows that appear to take advantage of and use survivors' artwork and stories by sensationalizing their pain (Davis, 2017). Therefore, art therapists need to be prepared to address the power dynamics and work with client-artists who may respond to the public with "victim sensitivity" (Davis, 2017, p. 100). The client-artists may be sensitive to perceiving cues of untrustworthiness, making them less likely to trust and more likely to be suspicious.

In these and all matters, art therapists must continuously be aware of their power and privilege. Client-artists with marginalized identities and experiences of trauma from social and political sources of oppression are vulnerable to harm and retraumatization. They are also people with strengths, resilience, and capabilities. But therapists who are not aware of their own power and privilege will be ineffective at treating the unique experiences of trauma that may be exasperated by oppression (Goodman & Gorski, 2015; Talwar, 2010). A trauma-informed lens is called for when working with client-artists, as well as competence with the particular population and their unique needs.

Lennon and Mistler (2010) have drawn attention to the specific competencies the therapist must have when working with transgender individuals. In particular, therapists need to have awareness of the differences in privilege, bias, and discrepancies that accompany gender and its impact on daily life, as well as knowing their own gender identity and expression, including any other aspects of their identity. Equally important is considering the impact of knowledge put forth primarily by cisgender researchers that frames therapists' understanding of transgender identity and experience (Galupo, 2017). A cisgender researcher's lens on the subject is an important consideration and potential

source of bias. It shapes the way they formulate research questions, how they evaluate or select measures, how they ask questions in an interview or survey, and the way clients interpret intentions from the researcher (Johnson, 2013).

### **Summary**

The art exhibition is a tool for creating social change by making connections with marginalized populations and reaching a larger audience. Research has found potential benefits from exhibiting artwork, including the reduction of stigma and bias and increased empathy that may contribute to social change and social action. Kapitan (2014) encouraged art therapists to consider the macro level of impacts, in therapy and in research, stating:

When art-based research moves beyond the individual art therapist's studio and into the wider world as an event, its effects are multiplied and transformed by interactions with diverse standpoints, identities, and socio-political experiences. Thus, we come to know much more about the world than we can possibly access solely through our own art practices. (p. 145)

Although art therapy research has begun to examine the risks and benefits of the art exhibition for clients, to my knowledge there is no art therapy research on the long-term social impacts of an art exhibition by art therapy clients who belong to an invisible and marginalized community. Little is known as to whether and to what extent such art exhibitions are beneficial to client-artists and the longer-term effects on client advocacy, social action, and changing public attitudes toward oppressed populations. Further exploration is warranted in order to determine whether social action to create change can

be inspired or motivated by attending and viewing an art exhibition that displays art created in a therapeutic setting.

Finally, most research about the mental health needs of the trans community has been presented from a cisgender, heteronormative, androcentric, gender binary perspective (Hegarty & Pratto, 2004; Purdie-Vaughns & Eilbach, 2008). Therefore, my study was designed in full collaboration with the study participants, which allowed them to self-identify their gender, to share the relevance of their experiences that impact their social needs, and to provide data from their own perspective on how to advocate for public policy change.

My research project investigated whether exhibiting art that was created in a therapeutic setting as a means of advocacy, education, and knowledge sharing has long-term and beneficial impacts for social action and change. In reaching out to the participating client-artists, as well as the exhibition's facilitators, collaborators, and gallery attendants, to reflect on the art exhibition's longer-term impacts, this study's purpose was expressly social action-oriented. The retrospective design gave participants and attendees an opportunity to pause and reflect, and to keep the conversation going on behalf of an invisible, marginalized population within their community. This study not only documented the awareness raised by the initial planning and promotion of the exhibition but also mapped the social impacts of the exhibition on the local community. Knowledge of such data will be beneficial to mental health care and public policy development.



### CHAPTER 3: METHODOLOGY

There is a rich history of the arts as “a catalyst for change” (Estrella, 2011, p. 42). This idea can be drawn upon by art therapists who are invested in collaborating as allies and advocates with marginalized and mainstream communities to share knowledge, educate, inspire social action, and create social change. Karcher and Caldwell (2018) proposed that for research that seeks to understand and advocate for invisible, marginalized people, the design should include ways to share their lived experience and voices by shifting from traditional methods of support to innovative methods of inquiry. In so doing, systems of power and privilege are less likely to be replicated and there is space to generate social action and social change.

The art exhibition *Transitioning Into Visibility* created a unique space for client-artists to engage in knowledge sharing and public education for the intended purpose of social action and social change. It was a unique event that became the catalyst for a longitudinal, retrospective research project. Research in the far North of Canada, where this study took place, is unique and comes with its own challenges, opportunities, and need to be inclusive and respectful of the land and Indigenous Peoples and their cultures. Van Bibber and George (2012) provided four general principles that can be adapted for research within northern Indigenous communities and with Indigenous people: (a) respect, (b) relevance, (c) reciprocity, and (d) responsibility. According to the Institute for Aboriginal Health (2011), respect can be demonstrated toward Indigenous communities by valuing their diverse knowledge of health science that contributes to community health and wellness, along with human dignity, respect, and acknowledgement of Northern Indigenous worldviews. Results of research should be directed at making a

positive difference in Indigenous health and well-being. Reciprocity is accomplished through a two-way process of learning and research exchange between communities and researchers and the benefits of effective training and research relationships.

Responsibility refers to empowering people to take action and is fostered through active and ongoing meaningful participation. I incorporated all of these ways of working in the study and followed the Canadian Art Therapy Association's standards for research, which guides art therapy researchers to evaluate their projects for potential contribution to the profession of art therapy and the welfare of the research participants.

The art exhibition took place in Whitehorse in the Traditional Territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. There is a thriving French Canadian community in Whitehorse as well, and many other languages and cultures are represented, including German, Filipino, and Latino populations. The diversity of the Whitehorse population ensured that the research study could be comprised of a diversity of characteristics and capture a diversity of responses (Kapitan, 2010).

Home to 14 First Nations with eight distinct languages, the Yukon is a land of extremes: The summer delivers 20 hours of daylight; the winter only about 5. Summer temperatures can rise to 25°C and easily dip below -40°C in the winter. The Yukon, the smallest of the three territories in Canada, is 482,443 km<sup>2</sup> (186, 272 mi<sup>2</sup>) and has a population of 38,000 people, with 28,000 located in the capital city of Whitehorse. I embraced Whitehorse's geographical isolation, as it provided the ability to easily trace individual client-artists, collaborators, and gallery attendees in order to enlist their help in mapping the impact of their experience with the exhibition. In addition, the isolation

helped to bound the limits of the study, which minimized the opportunity for other variables to be likely causes of reported changes and impacts.

There have been few studies on the long-term impacts of exhibiting art created in the therapeutic setting in relationship to social action and social change. De la Sablonnière (2017) noted that there is minimal research on the impact of social change on individuals and on their well-being when social change does happen. Social change requires time: for people to process their experience, to integrate new knowledge, and to decide if and how they might be motivated to engage in social action with the hope of creating social change. Change can occur at many different levels, from the individual level to the group and community levels (de la Sablonnière, 2017).

### **Research Purpose Statement**

The purpose of my study was to investigate the potential social impacts that occurred when art therapy client–artists who are members of the All Genders and SOFFA communities in the Yukon publicly exhibited art that they had created in a therapeutic setting with the intention of knowledge sharing and education for the purpose of social action and social change. The art exhibition *Transitioning Into Visibility* was initially displayed in Whitehorse, Yukon, for the month of May 2018. As the principal researcher, I conducted the study 15 months after the art exhibition had ended. Additionally, this retrospective research study was itself an act of social action; it revisited an experience with an opportunity to reengage and reflect with people about their experience, which kept the conversation and topic current. My hypothesis was that if the general public had been aware of and engaged with the art exhibition and its presentation of art and client–

artists' statements about their lived experiences and personal stories, then some level of advocacy for social action and social change may have occurred.

### **Research Design**

Retrospective research focuses on drawing out the potential impact of a prior event on a participant or community. For over a century, researchers have collected retrospective data that are highly valued by policymakers (Lynn, 2009; Valli, 2017). The benefits of a longitudinal, retrospective survey research design that incorporates questionnaires and interviews are that such questionnaires allow for anonymization, swift collection, and ease of data collection and analysis (Valli, 2017). The methodology requires that questionnaires be simple and easy to read and access, use inclusive language, and not take too long or require too much energy for a respondent to complete (Presser et al., 2004). Because information gathered is from the perspective of the participants, the data may be more accurately able to capture their experiences as compared to observations that involve the lens and biases of the researcher. Thus, participants are in control of what and how they share in a nonexploitative approach.

Research that collects information on gender has been based historically on the gender binary (Hyde et al., 2019). My study subverted that paradigm by allowing participants to self-identify their gender. Furthermore, attention was given to the research questionnaire and interview questions to ensure they were precise, which helped protect the data from bias; data were organized and presented in a way that sought accurate and valid conclusions to be drawn (Leedy, 2013).

## **Data Collection**

### **Participants**

The study sought a heterogeneous sample of participants who represented the various groups that participated in or were exposed to the art exhibition in some way. Inclusion criteria for the survey were in accordance with one or more roles involved in the public art exhibition: participants were recruited who had been (a) a client–artist who exhibited their work, (b) someone who facilitated or collaborated with the exhibition planning and promotion, (c) a member of the public who attended the show, (d) a media representative or gallery employee, or (e) a member of the art gallery jury who curated the exhibit. Recruitment strategies included attempting to contact and invite all of the individuals who had been involved with the art exhibition in these different roles to participate in the survey. To recruit participants, an invitation (Appendix A) to receive and complete the survey was sent through the following venues:

- an email to all art gallery members of Arts Underground
- an announcement in the local newspaper
- attached to the printed questionnaire made available at Arts Underground and Ignite Counselling
- a poster displayed at the local café
- as a link to a password-protected online survey platform via the Ignite Counselling website, the Ignite Counselling Facebook page, and the Women’s Sexual Health Facebook page
- a personal, verbal, or email invitation by the researcher

Participation was voluntary and there were no consequences to anyone who chose not to participate or who wished withdraw from the study at any time. The study design was reviewed and approved by the Institutional Review Board of Mount Mary University.

### **Survey Design and Procedure**

To ensure a large enough return on the survey, questions were limited to yes or no answers, multiple or forced choice/ready answer alternative, and short, open-ended answers (Kapitan, 2010; Valli, 2017). The survey consisted of 12 questions. Questions 1–4 were designed to be “warm-up” questions with simple, direct, and quick answers (Valli, 2017). The first four questions were:

1. Gender you identify as: [open response]
2. Pronouns you use are: [open response]
3. Age range: [multiple choice: 18–29, 30–49, or 50+]
4. Did you exhibit art in the art show? [yes or no]

Questions 5–12 gave the survey participant the choice to answer yes or no, or check a ready answer; each had a space to expand on these answers if desired:

5. Did you take the opportunity offered in the gallery exhibition space to create a piece of art in response to the art exhibited? [yes or no]
6. How did you feel when you left the art gallery after viewing the art exhibition (please check all that apply)? [multiple choice: angry, happy, hopeful, sad, surprised, or other]
7. Did you discuss your experience of the art exhibition with anyone? [yes or no]
8. Did you encourage another person to attend the art exhibition? [yes or no]

9. Were there any issues that you became aware of by attending this art exhibition? [yes or no]
10. Did attending the art exhibition give you an opportunity for reflection? [yes or no]
11. Did you learn anything at the art exhibition? [yes or no]
12. Did attending the art exhibition change your opinion on relevant topics? [yes or no]

Based on each respondent's preference, the questionnaire was provided either as a hard copy or via a link to a password-protected online survey. I made sure that paper copies were available because access to the internet or a private place to complete a questionnaire online can be limited due to sparse internet accessibility in the North. I also wanted to provide a way to give participants an opportunity to confidentially share their opinions and decrease anxiety by having a non-face-to-face environment for their participation, if desired.

To ensure anonymity and that no recipient could see the email addresses of another recipient, the invitation was sent to only one recipient at a time (i.e., not in a group or mass email). Survey respondents could choose to complete a hard copy questionnaire or receive a link to the password-protected electronic platform (SurveyMonkey) that provided a secure, online version of the questionnaire. The online survey was confidential and I, as the primary researcher, was the only person to have access to the survey results.

In order for survey respondents to access and complete the questionnaire online, informed consent required them to complete the consent form (Appendix B) first and

only after they had assented to be in the study. To verify online participation, the consent form was clicked, which opened access to the online survey. Thus, participants were able to proceed to the questionnaire only after indicating their consent. Privacy practices also were described on the introduction page of the survey and participants who did not provide consent were unable to access the survey. Best practices identified by SurveyMonkey (n.d.) for keeping data secure were followed.

For participants who chose to complete the survey on paper, the procedure was as follows: the consent form was attached to the survey and to maintain confidentiality and security, survey participants were instructed to drop their survey off at Ignite Counselling in a designated box. Unfortunately, this meant that surveys could only be dropped off during business hours.

## **Interviews**

Following completion of the survey, a representative selection of participants was invited to participate in a follow-up interview. I selected participants who voluntarily indicated on the survey their willingness and times available to be interviewed, which indicated to me that they were highly motivated and interested in reflecting on the art exhibition's impact in greater depth and detail. The three individuals selected represented a range of gender identities, pronouns, ages, education, and socioeconomic and cultural backgrounds. A consent form was signed and interviewees were informed that they could stop the interview at any point and withdraw from the study. They were assured that there were no consequences to their access to art therapy services or counselling at Ignite Counselling if they chose to withdraw.



Each interview was approximately 1 hour in duration. All interviews were audio recorded and notes were taken during the interview. The interviews followed a predetermined set of interview questions:

1. Why did you attend the art exhibition?
2. Why did you take the opportunity to create art in response to the art exhibition?
3. What did it feel like to create art knowing that the person that you were responding to would see it?
4. Please expand on how you have been impacted after viewing the art exhibition.
5. Is there any information that you would like to share about yourself that is relevant to your experience of the exhibition?
6. What did it feel like to view the art and read the artists' statements?
7. Did you gain any new knowledge?
8. What did you learn about the individuals who exhibited their art?
9. Did you purchase a piece of art? If yes, why? What did you do with the art that you purchased?
10. Did attending this art exhibition encourage or inspire you to take any kind of action or create a change? If so, what did you do?
11. Did you exhibit art in the art exhibition? If yes, why? Was there anything in particular that you wanted people who viewed the art exhibition to know, understand, or learn about? What was it like to be visible in this way and have your story shared publicly?

12. If your piece of art was purchased, what did that feel like? Did the buyer speak to you about your artwork and, if so, what did you learn about their decision to purchase it?
13. Would you exhibit art in an art exhibition again? Why?
14. Would you like to share a specific memory about the art exhibition?
15. Have you noticed any social change or action since this art exhibition?

Interview questions were scrutinized for survey bias, clarity, and hidden assumptions. Because a qualitative interview could capture more specifics of the art exhibition's impacts in detail, I was able to ask participants to elaborate on their questionnaire responses or prompt them for more particulars. For example, one interview question asked whether they would like to share a specific memory about the art exhibition. From this question, I learned how evocative the art on display at the art exhibition had been. All three interviewees remembered a particular piece of art that they were able to describe in detail. White et al. (2005) stated that in-person interviews are a preferred method in survey research because of the distinct advantages that open-ended questions have over closed-format questions when the primary goal is to learn something of depth and importance from the participant.

Because of the potential for stigma or bias regarding the All Genders and SOFFA communities, I took care to conduct the interviews within my knowledge and skills as a registered art therapist, with World Professional Association for Transgender Health training, relevant knowledge, and therapeutic practice experience. Participants were given the option to be interviewed at Ignite Counselling or at another safe and confidential

space chosen by them. One of the benefits of interviews is that I was able to provide therapeutic support to each participant during the process (Valli, 2017).

### **Additional Data Sources**

Additionally, retrospective data were gathered from (a) Arts Underground's comment log, which collected gallery attendees' voluntary, written feedback on the exhibition; (b) Arts Underground's records regarding the number of gallery attendees for the duration of the art exhibition and number of art pieces sold; (c) response art, which included written words, collected from Arts Underground and stored at Ignite Counselling; and (d) comments from the All Genders and SOFFA groups in follow-up sessions where response art was shared and in ongoing art therapy groups.

Finally, for the written report on the study, all participants were asked whether they wanted me to include their names or use a pseudonym for them. Due to the local nature of the event and their participation in it, all potential indirect identifiers were omitted from this dissertation to ensure anonymity for those who wished to remain anonymous. Data documents were stored in a password-protected file on a USB with safeguards against theft, borrowing, or hacking, which was stored in a secured and locked file box in a locked and secure location during and after the course of the study. All paper files were saved as PDFs and stored in an encrypted electronic file. After the study ends, the originals will be destroyed. Direct identifiers and raw data were locked in separate areas.

### **Data Analysis**

Responses to the questionnaires were analysed by means of the SurveyMonkey platform's software that quantified answers by percentages. In my proposed analysis, I

planned to utilize both predetermined and emergent codes. Predetermined codes included shifts or changes in perceptions, attitudes, and behaviours. Immediate and long-term impacts were identified and sorted according to four different levels of impact: community, group (All Genders/SOFFA), individual (client–artist/gallery attendee), and art therapist–researcher. Emergent themes were (a) being seen, (b) the evocativeness and provocativeness of art, (c) awareness, and (d) not fitting into expectations. All were supported by concrete examples of social action and social change in each category.

For this process, I highlighted excerpts from the survey and transcripts to see whether information repeated or related in a meaningful way to the research question (Braun & Clarke, 2006). Commentaries from the exhibit’s comment log, content from the response art, and comments from individuals in follow-up group art therapy sessions were examined for evidence that supported or corroborated the relevant themes that emerged from the data.

What happened during the analysis of these data is that I discovered that the art and stories validated the evidence of social action and social change. This was congruent with art-based research where the art demonstrated that an effect was happening.

### **Ethics and Validity Considerations**

This study mitigated potential risks to participants in several ways. First, rather than immediate responses within the heightened emotions and public exposure of the event, the study was limited to surveying general thoughts, memories, and reflections on a public art exhibition that had happened 15 months previously. Second, the main interest was in mapping social impacts across the entire community, which spread the equity of the study’s focus beyond a marginalized group. Moreover, survey respondents were not

asked any questions of a sensitive nature; interviewees whose responses ventured into sensitive disclosure were supported with therapeutic empathy and ongoing assessment of its relevance or exposure for the participants.

The Canadian Art Therapy Association's (2003–2004) "Standards of Practice" stated that "art therapists do not engage in relationships with clients, supervisees, students, employees, or research participants that are exploitive in nature and/or effect" (p. 4). Working in a rural area within a Traditional Territory, it is understood that I will be engaged in multiple relationships with clients, which can raise ethical questions (Moon, 2006). Among some examples of these multiple relationships, I attended an art-making workshop with a fellow student and client, I have been a student in an exercise class in which a client was the instructor, and I attend festivals and community events where clients are also in attendance. Thus, I need to remember what "hat" I am wearing when I engage with people in my community, what information I possess that must go with each hat, and what information is confidential. Because I hold multiple relationships with Chase, who helped initiate the project as a client–artist, it is through open and transparent discussion with him that clear boundaries were created.

Anonymity and confidentiality protected the participants to the extent possible in a small isolated community. However, there was risk that someone within the All Genders and SOFFA communities would be able to identify someone's art or artist statement if they had witnessed it being made or discussed in group art therapy. To protect individuals at the beginning of each group art therapy session, there was a discussion regarding privacy and confidentiality for the group, individuals, their art, and their stories.

Although I am an art therapist who is WPATH-trained, has worked with the All Genders and SOFFA communities for years, and has lived on the Traditional Territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council for years prior to this project, I was and am still an outsider. I am a cisgender, White, straight, educated immigrant, and held multiple roles for this research project. I have provided art therapy on an individual and group basis for many of the participants in the study; throughout the course of this project I held the role of researcher, student, facilitator, collaborator, curator, gallery liaison, and advocate. To manage these roles and to ensure that was I was not inadvertently exploiting or oppressing the community I was advocating for, I continuously examined and reexamined my privilege as an essential, critical activity. With the intention of amplifying and not dominating the voices of this invisible, marginalized community, I devoted much time to listening and responding to community members' needs and to what they needed my advocacy to be in order to support them.

### **Summary**

In this chapter I described the research study's methodology, which was a longitudinal, retrospective research project that included collection of data from questionnaires, interviews, commentaries, and responsive art. These methodologies supported the project intent to discover the possible impacts of exhibiting art created in a therapeutic setting with the general public for the intended purpose of knowledge sharing, education, social action, and social change.

## CHAPTER 4: RESULTS

In this chapter I describe the results from a retrospective survey research study of an art exhibition that had the intention of knowledge sharing and education for the purpose of social action and social change. The study endeavoured to capture the longitudinal impacts of the art exhibition on client-artists, participants, attendees, and the larger community of Whitehorse, Yukon. All of the art displayed in the art exhibition, and on the promotional poster for the exhibition (Figure 2), was created by members of the All Genders and SOFFA art therapy groups.

**Figure 2**

*Poster for the Art Exhibition Transitioning Into Visibility*



*Note.* Original art: *It's a Horrible Wonderful Trans Life* (18" x 24") by Nikolas Caelan Glaeser (gender identity: male; pronouns: he/him or they/them). Artist statement: "There are many trans individuals who suffer like I do. We need more resources and for you to understand and support us."

The following study results, which were collected 15 months after the art exhibition closed, have been distilled from the survey responses, interviews, and collected data from the art gallery's exhibit comment log, the response art (which included written words), comments from the All Genders and SOFFA groups in follow-up sessions where the response art was shared, and ongoing art therapy groups and individual sessions. The data were sorted in accordance with four different levels of impacts: community, group (All Genders/SOFFA), individual (client-artists/gallery attendees), and art therapist-researcher. Data were categorized in terms of the immediate and long-term impacts on knowledge sharing, education, social action, and social change. Evidence of shifts or changes in perception, attitudes, and behaviours was documented. The analysis resulted in four emergent themes: (a) being seen, (b) the evocativeness and provocativeness of art, (c) awareness, and (d) not fitting into expectations. All were supported by concrete examples of social action and social change in each category.

### **Art Exhibition Data**

#### **Impact on Attendance and Responses**

The art exhibition, *Transitioning Into Visibility*, consisted of 30 pieces of art. Each art piece was accompanied by the client-artist's story in the form of an artist statement. All told, 4,320 individuals visited the art exhibition, which is an average of 540 visitors per week in a community of 28,000 people. Additionally, a space to create art was set up in the art exhibition gallery, displayed with a sign that invited attendees to create art in response to the art exhibition using the paper (12" x 18") and markers provided (Figure 3).



**Figure 3***Exhibition Response Art Station*

*Note.* Pictured with *Judgement* by Anonymous (see Figure 17).

The sign next to the art station read:

We welcome you to create your very own art response! All Genders individuals have created these pieces (and many more) as a means to have their voices heard, their experiences shared, and people educated in a safe way. We welcome you to create a piece of art right here, right now in response to any of the pieces you see hanging here today. By creating some art, we are able to take the piece you created back to the original artist and share it with them. In the past, the response for the original artist has been a feeling of validation, of being cared for, and most importantly a feeling that their voice was heard by someone. Please take a

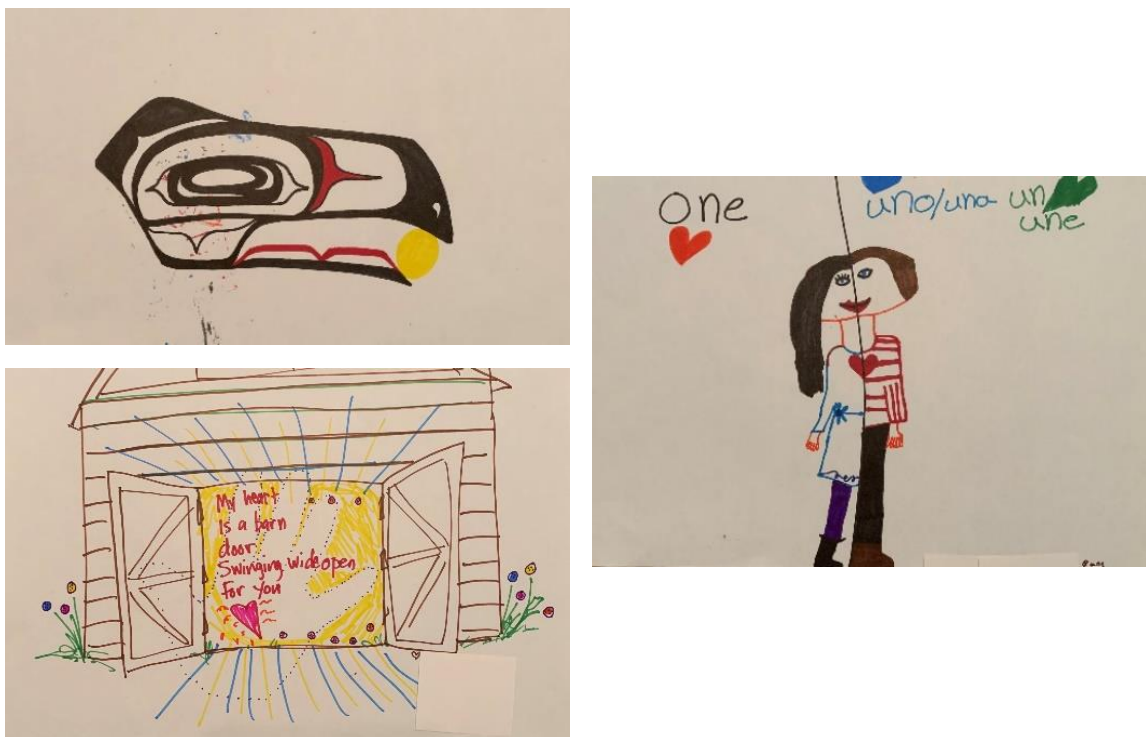
moment to respond to any artist or any art piece here today—you never know what an impact you can make.

The space to create art was small; there was nowhere to sit and you had to work on top of the pile of paper. Art gallery staff reported that they witnessed children getting comfortable and taking their piece of paper and drawing onto the floor.

The exhibition attendees who created art responses were asked to consider leaving their art, to be gathered by the art gallery staff, which I then collected from the art gallery. We found that 27 gallery attendees took the opportunity to create and leave art (it was unknown how many people created art and took it with them when they left the art gallery). Figure 4 shows three examples of response art left by attendees.

**Figure 4**

*Response Art Examples*



The artworks were signed with a combination of names, pronouns, and ages that indicated that they were created by children, teenagers, and adults. The level of detail in the art pieces clearly indicates that people took time and put thought into what they created (see Figure 4). Several included written messages with the art imagery and some mentioned a specific client–artist by name. Multiple languages and cultures also were represented.

### **Comment Log**

The art gallery comment log was placed inside the art exhibition gallery space next to the entry display of the show’s collective statement and group bio (Figure 5). The comment log was available for gallery attendees to sign or comment on the show.

Comments from the art gallery log included:

- “This was very powerful, thank you for sharing your art. Your words and images have the power to change and reach beyond your own community. Thank you for your courage and beauty.”
- “Great event! Our community needs more of this—awareness, acceptance and support. I’m so proud of these people who share their struggle, their thoughts... Their true self.”
- “Thank you for the artwork. Change is slow but it is exhibit/shows like this that will help. I need to believe this to be true.”
- “I really learned a lot from these. A great way to get the real, true, passionate message and pain across.”

**Figure 5**

*Comment Log With Tiny Button (22" x 28") by Kieran (Gender Identity: Transgender;*

*Pronouns: None Identified)*



*Note.* Artist statement: “The button is how big I feel. My workplace discriminated against me because I am transgender. I asked for help through proper channels so many times. My hands are reaching out for help. One small voice requesting help. They heard me loud and clear. Instead of helping, a campaign was launched against me, culminating in my dismissal. Their hands are strong and filled in because of all the resources available to them. Only one of the hands is filled in with color (and strong). The red hand representing anger in the blood of suicide. I lost my job, my ability to pay for my medical care and my dignity. I followed the proper channels and YG decided it was easier to fire me than to look at the discrimination I was experiencing and fix it. This happened under the previous government, and the current government has chosen to continue litigation instead of resolve this. I will never get the years of my life back. Public champions of change, yet behind closed doors, you choose costly litigation over mediation.”

Three months after the art exhibition closed, both the response art and comments from the art gallery comment log were shared with the client-artists who had exhibited their art in the art exhibition. Specifically, the response art was hung on the walls in the room where their art therapy groups took place. To be inclusive, all the words that had been written on the art as well as all of the comments from the log were read out loud to the groups. These works provided concrete evidence to the All Genders and SOFFA groups that they were seen and heard. There were no response art or comments that were disapproving or disparaging in nature from the response art or written in the comment log.

### **Impact on Public Display and Sales**

The art exhibition was initially intended to be displayed for the month of May but was extended until the end of June at the request of Arts Underground. This opportunity was offered because the next scheduled art exhibition, which was slotted for the month of June, was unavailable. Instead of asking another artist to use the space, Arts Underground asked to extend the *Transitioning Into Visibility* art exhibition until the end of June due to the high number of gallery attendees who had attended throughout May. This decision is an example of social action undertaken by Arts Underground in direct response to the arts exhibition, which was to continue to make it available so that others in the community would have the chance to view it. Before I could say yes, I had to ask the Yukon Arts Centre, which had lent us the frames to frame all of the artwork, if it was possible to keep the frames on loan for another month. They agreed. This is another example of collaboration and social action from an organization that wanted to support the All Genders and SOFFA groups, even though there was minimal benefit for the centre.

A requirement of Arts Underground was that at least 70% of the art displayed needed to be for public sale. As another example of social action, client-artists transformed the gallery's requirement by making every art piece priced the same: the cost of an individual therapy session. Their intention was to educate the public about the need and the cost of therapeutic resources and to demonstrate how such a support might be needed over a lifetime due to varying, specific circumstances of the All Genders and SOFFA communities.

Five pieces of art were sold on the opening night of the art exhibition, and eight pieces of art were sold in total. Figure 6 was one of the art pieces that was sold.

### Figure 6

Eventually (18" x 24") by Anonymous (Gender Identity: Female; Pronouns: She/Her)



*Note.* Artist statement: "Transitioning is a long process, and just starting down that path can take a long time, many road blocks along the way."

Informing client–artists that their art had been sold produced a variety of emotions. Surprise was consistently expressed by all eight people; no one was expecting to sell their art. They said that it brought a smile to their face and increased their feeling of self-worth and confidence. Not only were they seen, but valued, and people proved this by buying their art. Two of the sold art pieces sold were by children who were ecstatic by the event and excited to be able to spend the money that the sale had earned them. For others the money they earned from the sale went to buy food and basic necessities.

### **Media Impacts**

On the night before the opening night of *Transitioning Into Invisibility*, my business partner Erin and I decided to attend another event that was happening at Arts Underground. I knew that this particular event would attract the premier of Yukon, the mayor of Whitehorse, members of the Yukon Legislative Assembly, and other stakeholders, policymakers, journalists, and photographers. Our plan was to stand in the gallery space where *Transitioning Into Invisibility* was hung and be available for any questions that people might have had if they entered the exhibit from the other event. We were aware that we were using our privilege to advocate for the client–artist community, knowing that unlike many of the client–artists, we felt safe and would not risk the same discrimination or consequences they might have faced. We spoke with many people and encouraged them to come to the opening night. As a result, the art exhibition was reported on the front page of the *Whitehorse Daily Star* the following day, the day of the exhibit’s opening night (Figure 7; “Opening This Evening,” 2018). This may have been one reason why the opening night was so well attended.

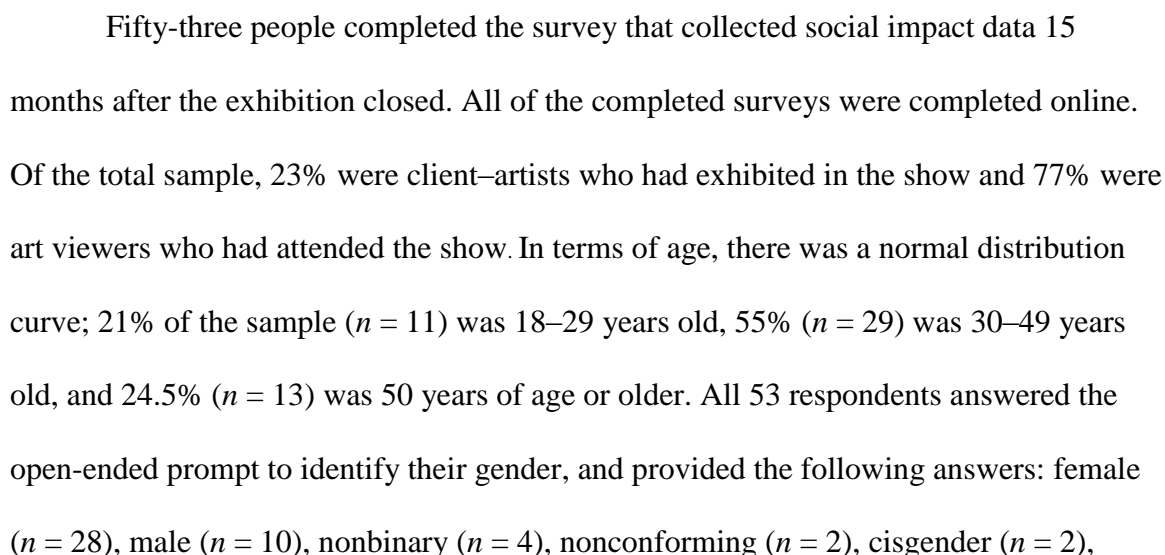
Figure 7

*Newspaper Promoting the Exhibition*



On the opening night, the Canadian Broadcast Company sent a reporter, who interviewed client-artists to discuss their art, why they chose to participate in the art exhibition, and their hopes for social action and change. The report was broadcast on the radio and was available online. A third report occurred on May 9, 2018, when the *Yukon News* published an article with the headline “Anonymous Show Offers Trans Artists a Chance to Share Their Stories” (Figure 8; Kenny, 2018). In the full-page article, there were photographs of the art, quotes from the artist statements, and mention of the price of therapy as one of the facts reported.





Two-Spirit ( $n = 1$ ), trans ( $n = 1$ ), and agender ( $n = 1$ ). Four respondents provided unrelated responses. A similar percentage of the sample identified their pronouns as “she/her/hers” (29), “he/him/hers” (10), and “they/them/theirs” (7); other responses either referred to a title (e.g., “Mr.” or “Mrs.”) or provided commentary on the prompt.

Most of the survey respondents (92%) reported that they did not take the opportunity to create a piece of art in response to the art exhibited. This question was asked to investigate whether the same people who made art would also respond to the survey. With only 8% of the sample having made an art response, it suggests that the survey respondents were a different segment of attendees, indicating that the art exhibition reached a larger audience than its most supportive attendees. Of the 8% of survey respondents who did make response art, 50% stated that it was not typical of them to exhibit art. This finding also demonstrates that many of the gallery attendees were not familiar with art therapy but felt comfortable creating art in the gallery space.

When asked how they felt when they left the gallery after viewing the show, the two most frequent adjectives selected was “hopeful” ( $n = 26$ ) and “sad” ( $n = 24$ ), followed by “surprised” ( $n = 19$ ) and “other” ( $n = 19$ ). “Angry” and “happy” received 10 and 9 responses, respectively. This question was asked because, as previously discussed, having an emotional connection is a motivator for individuals to take the initiative and create social action and change. I also wanted to remind survey respondents how they felt at the time, so as to maintain an emotional connection in the present, in hopes of further encouraging social action and change. Figure 9 is an art piece that visually articulates this hope.

**Figure 9**

*Two-in-One by EGC (Gender Identity: Male; Pronouns: He/Him)*



*Note.* Artist statement: “I identify as a Métis two-spirit trans man. Being a man and being recognized as the man I truly am, is the most liberating, wondrous experience of my life. I love my life! This piece shows the beauty and the power of the masculine and the feminine, embodied in each and every person. For many, there is a struggle to find a balance between masculine and feminine, light and dark, Yin and Yang. For me, [it] represents the darkness I felt in a female body that hid the light of my male spirit, while my male body still cast a shadow of my female body. I want to share my insight with people who view this art, so that they may see the beauty and the stark struggle of my trans journey.”

Of the survey respondents who were client–artists who exhibited art in the show, 92% stated that they left the gallery feeling hopeful. In addition, they indicated that they were humbled, honoured, thoughtful, and inspired. One person wrote, “Blown away about how many people appeared to be really moved. Tears, surprise that this was really in their city.” Of the comments from client–artists who did not feel hopeful when they left the gallery, one wrote, “I had mixed feelings. Proud of everyone’s work, well aware that I could not let my family know.”

Survey respondents who were not client–artists but had attended the show as art viewers indicated a range of emotions. One wrote, “Thankful. This would never have been done and displayed when I was young.” In contrast, another attendee described feeling disappointed, writing that “from my perspective this exhibition wasn’t art, but instead a protest statement. I didn’t feel that this was the appropriate venue for the exhibit.” Another example was the comment, “Love seeing the diverse art and knowing that others have had similar emotions that I have felt.”

Because I was interested in whether the exhibition motivated people toward active knowledge sharing, Question 7 asked whether the respondent had discussed their experience of the art exhibition with anyone. Well over half (65%) of respondents reported that they had; 83% of the client–artists had shared their experience with others, compared with 41% of the art viewers who had. One viewer commented, “I talked about making some small changes can make huge differences for people. I shared some of the stories with people who are curious but not able to attend.” Another wrote, “Glad I went—really opened my eyes. Not really something I never gave much thought to before.”

Evidence of an awareness of the social realities of people living in their community was reflected in these and other comments offered by attendees. For example, an art viewer commented, “Realizing the magnitude of challenges facing trans people,” and another wrote that the exhibit “made me sad. So much pain.” Pain was conveyed by various art pieces, including one created by a child. The child had attended group art therapy sessions, sometimes accompanied by one of her parents, both of whom were part of the SOFFA group. When it came time to choose a piece of art to exhibit in the show, the child went through her portfolio with her parents and decided to display Figure 10.

**Figure 10**

Untitled (18" x 24") by Anonymous (Gender Identity: Female; Pronouns: She/Her)



*Note.* The piece depicted a crumpled drawing (right) buried in the sand (left). Statement: “This piece was created in an individual session. The child drew herself as isolated in a circle with clouds and rain coming down. Then she crumpled it up and buried it in the sand tray stating ‘I have tears that I haven’t even shared with myself.’”

Question 8 asked whether respondents had encouraged another person to attend, which offered another indicator of the art exhibition’s reach and impact, either sharing knowledge for the purpose of education or motivating social action by encouraging others to attend the art exhibition. Hopefully, the more people gain awareness and understanding the more likely they are to create social change, and in more areas of society. Similar to the previous question, a large majority (72%) of the sample reported that they had encouraged others to attend, although the number was greater among the client–artist respondents (92%) than the art viewers (68%). When asked why or why not, some viewers recalled that they had thought other people needed to see the art exhibition, and that it was important and powerful for people to understand what members of the trans community go through; that is, “because of the importance of the message: to educate the general public, to provide legitimacy and voice to those that exhibited their art.” Many

people had invited friends and family to support the exhibition. One client–artist recalled the feeling of “fear,” writing, “I did not feel comfortable associating myself with the show. I did not feel safe admitting I was part of the show.” An art viewer wrote, “I think it’s very important especially for such people [to] learn more about the experiences of trans and non-binary people.”

Responses to Question 9, “Were there any issues that you became aware of by attending this art exhibition?” were divided, with 61% responding “yes” and 38% responding “no.” This question was asked to investigate whether awareness from the exhibition was based on new information and whether an art gallery could be a place where people could become educated about the issues. Even within the All Genders and SOFFA communities, learning was reported in the survey. Client–artists wrote that they did become aware of new issues; for example, one client–artist commented, “My own bias. The intense fear and anxiety I was experiencing because of questions I had regarding my own gender.” Another noted “how many of us are struggling.” Fertility issues (see Figure 11), the number of people in the northern territories seeking support, and the fact that there were others who felt the way they did were some of the issues that respondents reported becoming aware of by attending the exhibition.

Question 10 was directed at capturing the possibility of how the art may have fostered awareness or changed the client–artists’ or art viewers’ perceptions and attitudes. It asked: “Did attending the art exhibition give you an opportunity for reflection?” Only three of 53 respondents selected “no” to this question and of the remaining 94% who selected “yes,” 44% respondents shared their reflections. One of the reflections shared

was regarding parenting a trans child. Figure 12 is an art piece that exemplifies the experience of a parent whose child is transgender.

### Figure 11

*False Start (12" x 18") by Anonymous (Gender Identity: Male; Pronouns: He/Him)*



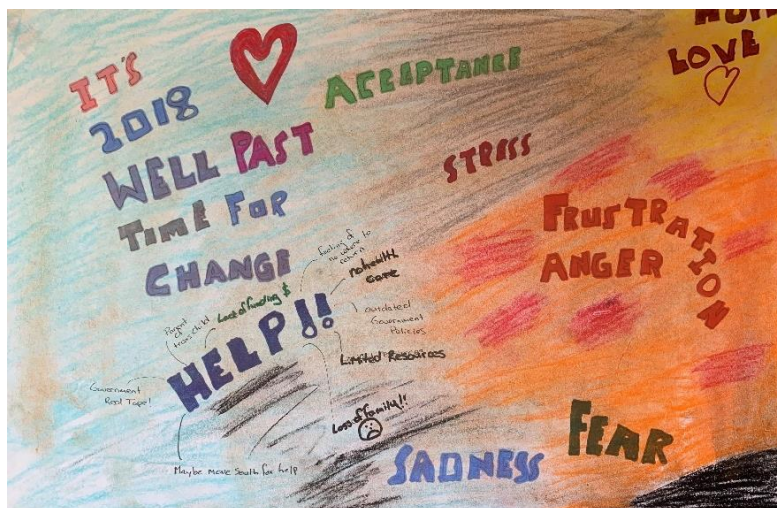
*Note.* Artist statement: “I’m a trans man on a fertility journey with ovaries but no uterus. My partner and I are trying to grow our family. Living in Yukon is a dream come true, but the lack of resources, especially medical services, makes trying to grow our family costlier, complex, and at times emotionally, physically difficult. This piece shows a bitter disappointment of a failed IVF cycle. The colors represent all of the colors of reproductive flesh, and the intricate connective tissue that holds everything together. The center has a seed that is cracked, broken, the sprouted brown leaf, dried up and fruitless. I want people to know the fertility issues for trans people are made more complex by outdated policy and administrative “red-tape.” I want people to know that as nearly 16% of the population in Canada faces fertility issues, so this is not just [an] LGBTQ2S issue. I believe families matter and in Yukon we can do better. Art therapy helped me explore my hopes about becoming a father, and my fears and doubts about whether it is even possible. It has helped me to process the challenges and focus on solutions. It has provided me with community, where I feel accepted for my whole self.”



**Figure 12**

Well Past Time for Change (12" x 18") by Anonymous (Gender Identity: Male;

Pronouns: He/Him)



*Note.* Artist statement: “This piece represents what it’s like to be the parent of a trans child. It speaks to the lack of help for parents and trans persons in general. Hope for change is the end result. I hope my peace will educate the general public, government officials and healthcare professionals. Especially since our family doctors/government think we should move or [question] why flight passes [are necessary] to get the care our child needs. The government and healthcare community need to change. Help is needed in a lot of areas. Without art therapy I would have no formal therapy for transgender issues/parenting of a trans child.”

Many gallery art viewers commented that that they learned about how much they didn’t know or understand about the group of people who exhibited their art and acknowledged how little they had thought about the matter before. They stated that they did not realize the pain and lack of support for transgender, Two-Spirits, and nonbinary, individuals and their families. Gallery attendees who viewed the art noted in their survey responses that they had not considered or been aware of their own privilege, as they don’t face the same barriers in society as the exhibiting client–artists do. Respondents were surprised at how many transgender, Two-Spirit, and nonbinary people there are in our small community. One person wrote:



I didn't know any of it was an issue. I thought the LGBTs were doing just fine in Canada now. Didn't know they were still facing so much discrimination and so many obstacles. Not a part of my world so not something I tend to think about.

This comment illustrates the need for visibility; the general public may interpret not seeing or hearing about a community to mean that everyone is okay and getting the support they need. They may not realize that it is due to discrimination and consequences that people are not visible to others.

For the client-artists who responded to the survey, many reflected on being surprised at how the journeys of other client-artists in the exhibition were so very different and yet so similar. One person wrote, "It was a visceral experience. It took me a long time to process everything I was feeling . . . so, I spent a lot of time ruminating and reflecting" after the art exhibition. Another considered that "it made me want to fight harder for inclusion." Other comments centred on putting a human face on the issues faced by trans people and that the exhibition gave them the time to really think about their situation beyond just surviving each day.

When asked, in Question 11, "Did you learn anything at the art exhibition?" 87% of survey respondents stated that they did. Among the client-artists, 92% respondents recalled what they had learned. Common comments centred on how similar the struggles faced by the All Genders and SOFFA groups were, such as one person who wrote, "it was interesting to see my feelings reflected somewhere more public." There was a theme of empathy and compassion for each other and the need for allies. One person shared their surprise that "cis people seemed interested and surprised" and that people were more open-minded and accepting than they realized. One artist-client expressed that they

felt safe enough to stay for the actual opening after they had intended to leave during the soft opening. Figure 13 is a painting that speaks to how the gallery could be a place of learning for attendees. Its theme expresses the loss and grief that can happen when a trans person tries to live their authentic life.

### Figure 13

*Crawling Through the Hole (18" x 24") by Anonymous (Gender Identity: Transgender; Pronouns: He/Him)*



*Note.* Artist statement: “I was drowning for so long. My family disowned me and I lost everything throughout my transition. This is one of the few pieces that I have which is more hopeful. Am desperately trying to claw my way out of the dark frigid water that’s been engulfing me for so long. Suffocating me. I found [my] breathing hole, though. I can breathe again. No matter how far I get up though, there is always a new person or new department that discriminates against me. Seaweed that is ready to drag me back under. I want the sunshine, and the mountains, and the peacefulness of the Yukon bush. I want the freedom I feel when I glide down the ice rink; free, clear minded. I want those feelings [to] last more than a fleeting minute, because the Yukon is not set up for my existence and [I] have given it everything, I have to get out of the oppressive suffocating water, I want my life back. They won’t get it until [the government] takes action that actually impact our lives. Not consultation; not changes to words in policies. Help me, today. Give me my life back. It won’t take much.”

Gallery attendees who viewed the art commented that they learned about others' personal lived experiences. For example, one respondent shared, "I didn't know how children were sad and depressed because I didn't know children thought about stuff like gender." Many commented on "how much work many people locally have done to try and create community, support, and safe space" for a community that isn't always visible. They learned about concrete issues such as health care and education struggles. One possibility for social action they learned about was the little things that they could do to create change, such as "not to dismiss the person's pronouns and that you never know how someone is feeling, be kind." Comments centred on the need for systemic change. One person stated that they learned that art is evocative and "that art can move me to tears." Another person reflected, "The art was so powerful. I guess I learned how much easier my life is because I'm straight."

Finally, Question 12 asked, "Did attending the art exhibition change your opinion on relevant topics?" For this question, the responses were almost evenly divided between "yes" and "no." The individuals who stated "no" commented that this was because they were already knowledgeable and had an opinion on the topics. However, one client–artist respondent wrote:

I was not prepared for the emotional impact that show had on me. It was such a powerful and moving experience that I left convinced that art could be used not only to educate people—but also as a vehicle for social change in an enormous scale. I think it has the potential to get people to feel and therefore to reflect on the experiences of socially marginalized groups. I think art could be a way to facilitate connection and understanding between people.

For those who stated “yes,” one person wrote that it was “not so much change as expanded my opinions—before I would say was supportive, since then [I] have taken meaningful action to be supportive.” Another shared, “Maybe not my opinion but more like—I just didn’t really know anything about these people. So at least now I can have an opinion. Mostly I just feel sad for their obstacles and pain.” Yet another wrote, “It brought awareness to an issue that I did not know affected so many people. To see the art and the various ways in which the art reflected the artist was truly eye-opening.” Figure 14 is an example of an artwork that communicates the experience and complexity of belonging to an invisible, marginalized community.

#### **Figure 14**

*Through the Darkness (18" x 24") by Vulnerability Warrior (Gender Identity: Nonbinary; Pronouns: They/Them)*



*Note.* Artist statement: “The reality of my experiences is difficult to see. It’s complicated.”

## **Interview Results**

For the follow-up interviews, three client–artist participants who had responded to the survey volunteered to be interviewed. This indicated to me that they were motivated and interested in reflecting on the art exhibition’s impact in greater depth and detail. A condition of being interviewed was that they would be allowed to keep their identity completely anonymous. It is for this reason that I will report here only minimal demographic and other characteristics of these individuals, as any minor feature may easily identify them in the small community where they live. The three individuals represented a range of gender identities, pronouns, ages, education levels, and cultural backgrounds. All of the interviewees will be referred to with the pronouns “they/them/theirs,” to help maintain anonymity. All of the interviews were approximately one hour in duration and were conducted in person at Ignite Counselling by the participants’ choice. I followed an approved set of interview questions and all three of the interviews were recorded.

The interviews gave me an opportunity to explore the interviewees’ experience of participating in a public art exhibition and how the exhibit had impacted them, both immediately and 15 months afterward. I was curious as to what they had personally experienced or witnessed; the impacts of knowledge sharing, education, social action, and social change; and if they had experienced any shifts in perception, attitudes, and/or behaviours.

In response to the question “Why did you attend the art exhibition?” all three shared that they each had several reasons. The first was that they wanted to demonstrate support for the All Genders and SOFFA communities and the goals that they were trying

to accomplish. They remembered being curious about the response of exhibition attendees, whom they assumed would be primarily cisgender, as well as whether any policymakers, politicians, stakeholders, and other influential individuals would attend. They were intrigued as to how the art would be hung in a gallery; one person thought the art would just be put up on the wall using pushpins.

All three individuals recalled that this was the first time they had participated, in some form or another, in the creative process of displaying art in an art exhibition. They shared how surprised they were at how vulnerable it could feel to share art and put it up on a wall for others to see and perhaps criticize. Previously, they had not realized how brave and courageous it was to display art, especially considering that there was no one among the client–artist group who had exhibited art before. They were also aware that this was the first time that many of the client–artist participants were sharing their stories, in the form of art and artist statements, with the public, knowing that they had only chosen to do so because it was a safe and confidential space where there was minimal risk and consequences. All three interviewees said that it was only because these groups trusted and had a relationship with their therapists that they had agreed to be part of the art exhibition. They saw it as an opportunity to celebrate their voice and story in public and to be authentically seen and heard. This meant that the stories shared would offer new information for the general public.

All of the interviewees remembered that they found a difference between seeing the art that was created and shared in a group therapy setting and seeing it displayed in a professional manner; that is, matted, framed, and hung in an art gallery. It was impactful to see the art and artist statements treated with such dignity, honour, and respect. This

realization was emotional for them as they recalled that they had seldom had an experience of being safely cared for in this way. They felt that the art and the artist statements were taken more seriously in such a display, and that it added legitimacy to their stories, taking them to another level for both the gallery attendees and for the client-artists themselves. One person shared that they remembered tearing up when they saw the show for the first time; they were not expecting the art exhibition to look as professional as it did.

All three recalled how powerful the art exhibit felt. It was a safe way to communicate and have a conversation with the general public. This conversation began with the art and accompanying statements, shared without the individual client-artists having to do such sharing in person. They said that they wanted to take the art exhibition to other places and cities, not only to share the stories and the visibility of the client-artists but also to share the progress and supports/resources and initiatives that were happening in the North.

The interviewees noted that the art exhibition shifted from being something that supported the client-artists in a therapeutic way to giving them an ability to be seen and to use their voice to tell their story without consequences in the hopes of change and influencing how the world treats them. Essentially, they felt a shift from coping with how the world treats them to changing how the world treats them, and having a sense of empowerment! They also shared that they were impressed that the art gallery jury had selected this art exhibition to be displayed at all, considering such a decision to be an act of social action taken on their behalf. The move was especially significant in light of the content, which could have been considered too controversial for an art gallery that needs

to make a profit, taking a chance and risking consequences from the general public regarding their choice of exhibition.

When viewing the art and reading the artist statements during the exhibition, the interviewees recalled that they became aware of the effort and the clarity of thought that had been carefully put into what each client–artist wanted to share with the intention of creating change. They said that it was wonderful to know and see some of the client–artists on the opening night—that they felt safe enough to come, knowing that they could remain anonymous. It was a joy to watch how other people responded to their art and artist statements with such compassion and empathy. They noted that some client–artists who had only intended on coming to the preopening felt safe enough to stay when the art gallery was opened to the general public. They saw a pride in these individuals. They also recalled that having an artist statement accompanying each art piece made each story more powerful. As one interviewee put it, “You leave things out when you’re talking to your own community, and you flesh it out when we are talking to a cisgender community, because sometimes they don’t get it.” They also were surprised at how similar yet diverse the stories and journeys were; this awareness broadened their perspective on how many things needed to change.

Two of the individuals I interviewed were present on the opening day of the art exhibition and recalled how impactful it was to see the video clip presented that night of Randy Boissonnault, federal politician from Ottawa and special advisor to the prime minister on LGBTQ2 issues. His videotaped welcome to people attending the art exhibit provided recognition and support for the initiative from the government of Canada. The interviewees thought that Boissonnault brought a sense of the importance of the art



exhibit to the awareness of the territorial politicians who were in attendance, especially the Yukon premier, the mayor of Whitehorse, the Member of Parliament for Yukon and, several Members of the Yukon Legislative Assembly. They said that it felt like we, the North, were actually seen by the capital of the country; that the North usually gets passed over by the South of Canada because we have such a small population.

When I shared the data on how many people had visited the art exhibition, all three interviewees were surprised. They hadn't thought that so many people would have entered the art gallery and viewed the show. They indicated that they each were motivated to continue being an advocate and wanted others to become advocates and allies so that the responsibility was shared; they did not want people to burn out. They noted that in the time since the art exhibition, that All Genders Yukon has become a registered society, which made them eligible to write proposals and apply for funding from the government. Some individuals gained confidence from displaying art at they exhibit and now sit on the board of All Genders Yukon Society.

None of the three individuals interviewed bought art at the exhibition and were, in fact, surprised that other people bought art. They were not expecting anyone to buy any of the art. One interviewee was connected with a client–artist who'd had the experience of having their art bought. The art piece (Figure 15) was sold on opening night, which meant that the client–artist was there in person, though anonymously, and able to witness a member of the Yukon Legislative Assembly buy their art.

**Figure 15**

Untitled (*Response to Response Art; 18" x 24"*) by Kieran (*Gender Identity:*

*Transgender; Pronouns: None*)



*Note.* Artist statement: “I came to session with rage in my heart. I had just received devastating news—more delays in funding for health care. I had painted black circles all over the page and was filling them in with red rage. The black and red—falling short to encapsulate the depth of my anger and despair. As I was painting, Zoë and Erin began showing me the art responses for my “Tiny Button” piece. Seeing and hearing from folks who did not even know me, yet cared enough so deeply about my struggle lifted my soul, and moved me to tears. Slowly the circles began to become more and more colorful. The tiny button, on the original piece, while I hated that tiny little button, that version of me. Seeing those art responses help[ed] me to embrace the tiny button, and the humiliating discrimination it endured. I turned all the angry red circles into buttons. By the end of the art responses, even the black outlines of the circle seemed [too] dreary, so I added white droplets. I walked into that session in rage, and after viewing some art responses, left feeling hopeful and loved. The session ended with me declaring that dammit, I just got “therapied.” Please take the time to do a response to one of the pieces in the show that spoke to you. As evidenced by my art, skill is not a requirement, and doing so could profoundly change the experience of the artists.”

When the minister came to pick up the purchased art piece at the end of June, they left a note in a card for the client–artist, saying thank you to the “Button Maker.” This note is evidence of social action, in that writing the note directly to the person who created the artwork created a personal connection that otherwise would never have happened. The client–artist said that they have kept the note, even though they’ve moved houses multiple times. They still have it—it meant that much to them—to be seen and to know that the MLA took the time to write a card to them.

The mayor of Whitehorse bought the original art piece that was reproduced on the poster for the art exhibition (Figure 2), and stated that he was going to hang it in his office. The person who bought the art piece created by the child (Figure 10) gifted it back to the child’s parents. These actions were all facilitated anonymously by the art gallery and myself.

All three interviewees shared that there was a compelling need for this invisible, marginalized community to be seen. They wanted the general public to have an awareness of the issues that members of the All Genders and SOFFA groups faced daily. They also remembered noting that they did not see any negative responses in the media, written in the gallery’s comment log, or in person with gallery attendees. One person remembered the mayor publicly saying at the art exhibition opening that he would make the city’s two transgender flag crosswalks and the two pride flag crosswalks permanent. In the 15 months since the art exhibition that promise has become a reality. These four crosswalks are on the busiest pedestrian intersection in Whitehorse. The social action initiative to have these flags installed permanently on the streets of Whitehorse keeps this conversation current and the awareness visible.

Table 1 summarizes the levels of social impacts with selected examples from the survey, interviews, and collected data from the exhibit's comment log, the response art (which included written words), response comments from the All Genders and SOFFA group follow-up sessions where the response art was shared, and ongoing art therapy groups.

## **Themes**

### **Being Seen**

Being accurately seen by someone means that you have to first put yourself in a position to become visible. Being visible can raise vulnerability as well as a risk of consequences and discrimination, yet it is necessary to be visible in order to be heard, get needs met, and address systemic issues. Just over 28,000 people resided in Whitehorse in 2018, which suggests that the participating client-artists and their artworks in the art exhibition *Transitioning Into Visibility* were seen by approximately 15% of the Whitehorse population. This is a conservative estimate, given that it only includes the number of people who viewed the art exhibition in person and does not include people who learned about the art exhibition from someone who attended, those who read about the exhibition in a newspaper article, and those who heard about it on the radio. Among the media, reporters noted that they had wanted the important and powerful stories and artworks that were shared to be witnessed by more people so that more people would have an understanding of what this invisible community copes with. The number of people recorded as attending the art exhibition was experienced by the client-artists as validating, concrete evidence that they were seen. Being visible and thus seen gives you a voice. The art and artist statements acted as the voice for the client-artists.

**Table 1***Examples of Social Impacts Reported From Transitioning Into Visibility Art Exhibition*

Type of impact	Community	Group	Individual	Art therapist–researcher
Knowledge sharing				
Immediate	Awareness raised with front-page photograph of the exhibition opening in the local newspaper and full-page article on the show in a different newspaper later in the month	Decreased sense of isolation	Feeling proud to celebrate their authentic identity; feeling safe enough to attend the opening night	Increased ability to navigate therapeutic, political, and art worlds to benefit clients and community
Long-term		Invitation for group members to speak as panellists at WPATH conference; sense of belonging to a group	Increased self-confidence; decreased loneliness and isolation	Increased ability to use an educated, trans-competent lens in multiple arenas of practice
Education				
Immediate	Local teacher brought primary school children to view the exhibition; new understanding of the cost of therapy	Awareness raised of similarities and struggles among peers		Increased knowledge of the necessity of a trusting therapeutic relationship in order to advocate for clients
Long-term	Dissemination of preliminary results to European art therapy conference attendees; Yukon government decision to fund the WPATH conference; invitations to All Genders group and Ignite Counselling by other organizations seeking education; gallery attendees' awareness of privilege			Invitation to speak at Yukon Mental Health Summit; awareness of the need for continued education among peer professionals

Type of impact	Community	Group	Individual	Art therapist–researcher
Immediate	Collaboration of multiple organizations to create art exhibition; art purchase by mayor to hang in office; increased number of individuals accessing health services as reported by nurse practitioners in their report to the government		\$1,000 donation by local church for a church member to receive counselling; participation by Yukon government in a new engagement study of gaps in service for the queer community	Strategic decision to invite politicians, stakeholders, policymakers, and service providers to attend the exhibition
Long-term	Transgender/pride flag Whitehorse crosswalks made permanent; willing engagement in research survey 15 months later; company donation of frames to art therapy groups; mention of the exhibition by a doctor at staff meeting months later		Interest in writing a play about All Genders	Continued engagement in and commitment to research
Social change				
Immediate	Funding from organizations including Lush, Red Cross, and the Women's Directorate; gender-bias language change at local hair salon pricing (from female and male to short/medium/long)			
Long-term	Increased funding to provide choice of providers to clients; precedent-setting funding from federal government (over \$100,000) for mental health court resources; funding for a new Pride Centre			Continued provision of gender-informed and competent therapeutic care

The flip side of being seen and being visible is that it affords an opportunity to see others. The art exhibition provided an opportunity for those who belonged to the All Genders or SOFFA communities to see each other in this way. Due to invisible intersectionality, stigma, isolation, and fear of consequences, members of these communities are not only largely invisible to the privileged majority but also, they typically are invisible to each other. There are limited safe places for them to connect and to see and be seen by each other. Participating in our therapy groups and collaborating on the art exhibition provided an opportunity for people to connect with each other in a safe way and to let others in to this invisible, marginalized community. The event broke down social isolation with the new knowledge that there were others out there and client-artists were not alone. One client-artist shared that it felt good to be seen in an art gallery in a way that was not attached to something medical or with a pathologizing gaze but rather felt celebratory instead, for who they are. “There is nothing wrong with me,” they explained.

Furthermore, for the first time, members of this invisible, marginalized community saw themselves represented and reflected in artworks in a public space of viewing and sharing. They saw how similar their journeys were to one another and how diverse these journeys were at the same time. The art exhibition space and its public opening created the possibility for client-artists to anonymously witness others as they viewed their art and read or heard their stories. What many client-artists did not expect was the emotional impact and connection observed between the stories shared in the art exhibition and gallery attendees.

As the researcher, I had a therapeutic relationship with the All Genders and SOFFA communities. I believe it to be true that I had the confidential privilege of seeing them for the authentic persons they are, but this lens was limited to who they were in therapy. One of the people I interviewed said that the art show moved them beyond their individual identity to having a social identity on which to focus. The show expanded their experience of being supported in group therapy, where as individuals they learned new coping skills, built connections and community, and processed the events in their lives. They now had a public identity and a capacity to be seen and their voices heard in their larger social community. They were able to tell their story without fear of consequences and to change and influence how the world treats them. They were witnessed by the public beyond their All Genders community and their therapist. Briefly put, the therapeutic use of art as a coping mechanism and as a way of expressing or processing experiences shifted to a methodology that could change their lived experiences in the larger world, which is pivotal to having your needs met.

### **Evocative and Provocative Art**

Art can be both an evocative and provocative tool. It holds the ability to connect, share, and communicate ideas, emotions, and lived experiences. A common response among survey respondents was that the art exhibition was “powerful.” Considering that the art exhibition had taken place over a year earlier, people were surprised that they could so vividly recall particular images of the art on display and their accompanying stories. Art can be used as a representational voice; the All Genders and SOFFA participants’ ability to share their lived experience using art gave them a way to communicate without having to edit or censor themselves for fear of consequence and



discrimination. The art displayed was a symbol for the client–artists; no longer was the art being used as a therapeutic tool to cope with discrimination and its consequences, rather, it was now a tool for advocacy. Art was being used to actively change the worlds that these people lived in. One person reported overhearing a local doctor sharing, at a meeting, what they remembered seeing at the exhibition months after it closed. This demonstrated that people remember visual images with which they have connected emotionally.

The response art provided concrete evidence that the client–artists were seen. There were symbols and words that were repeated in many pieces of the response art that suggested love and acceptance for the client–artists. The written messages on the response art also spoke to a feeling of support and demonstrated that their pain, hurt, and grief were witnessed.

### **Awareness**

Being able to display the art in a public setting that was free and open to everyone who had the ability to visit was key for awareness to happen. People do not know what they don't know. For social action and change to occur, there needs to be an awareness of an issue first. Retrospective data from the art exhibition indicated that it had provided an opportunity for many people to become aware of the issues that members of the All Genders and SOFFA groups encounter. Knowledge and education were not limited to the learning about the All Genders and SOFFA communities. Gallery attendees also reported learning about themselves and this began a discussion of their privilege, especially regarding topics of which they did not have any previous awareness and therefore had not given much thought or consideration to. They realized how many things someone who is

part of the privileged majority may take for granted, for example, not realizing how many easy, ordinary, everyday things for them are difficult, stressful, and discriminating for transgender, nonbinary, and Two-Spirit individuals.

One respondent shared that they specifically came to the art exhibition to show support and to add to their own education in this area so that they would be able to talk about it with others. They thought it was a great opportunity for the general public to keep a conversation going that was begun at the art exhibition. Other respondents considered how they could better support others. On the other hand, another person reported that they felt that “this show is gayer than AIDS” and one respondent wrote that the art exhibition was “a silly waste of time and space, and that f\*\*k no, I would not recommend anyone else to see it.” This in itself is evidence of impact, given that over a year later the art exhibition was still provocative and evocative enough to motivate someone to respond in the survey by expressing their anger. These comments also indicate to me that there is still more education and knowledge needed.

### **Not Fitting Into Expectations**

When I first began writing proposals for art therapy group funding I was turned away. Arts funders said that my proposal was more about social services and social services funders said that my proposal was more of an art project. A client–artist once laughed when I told them, “you don’t neatly fit into a box either,” referring to their difficulty in checking a box on a form. Eventually we were able to secure funding for art therapy groups. Then I decided to push the envelope further with the idea of an art exhibition to create awareness; I had to take a risk. However, I am also well aware that this art exhibition and the following research study would not have occurred if I had not

been working in a private practice with the autonomy to make choices around how I could best serve the community I work with. Exhibiting art that was created in a therapeutic setting with the intention of creating public awareness and social impacts grew out of an expressed need for clients to have access to social support and resources. It was hoped that an art gallery would be an accessible place for people to educate themselves about members of the community in which they all lived. This art exhibition would not have been an opportunity to engage with had I still been working at a nonprofit agency, as this project would have not fallen into the traditional, expected role that I filled as a therapist; I was already pushing their boundaries being an art therapist.

It is rare to have the opportunity to create art in an art gallery space. We wanted the gallery attendees to have the opportunity to communicate and have a conversation with the client–artists in a safe, confidential way. It was an unconventional step to then ask the gallery attendees to gift their creations to the client–artists. This response art was the evidence needed by this invisible, marginalized community that they were seen.

Selling art that was created in a therapeutic setting is also unusual. However, we did not have a choice in this matter. Pricing all of the art at the cost of a therapeutic setting was another way of engaging in social action.

Collaboration with different local organizations in itself was social action. At every organization we explained the advocacy work that this art exhibition intended on creating, thereby creating more awareness in those agencies. Ignite Counselling collaborated with the Yukon Arts Centre, Arts Underground, the Wandering Bison, North End Gallery, the Yukon government, Lotteries Yukon, Chase Blodgett Consulting,

Hougen-Group of Companies, the City of Whitehorse, and New North Glass. Without these collaborations, this art exhibition would not have happened.

### **Summary**

In this chapter, I presented the results of the retroactive, longitudinal survey research project in terms of the immediate and long-term impact on four different levels: community, group (All Genders/SOFFA), individual (client–artists/gallery attendees) and the art therapist–researcher. On each of these levels I identified results related to knowledge sharing, education, social action, and social change, which were examined for evidence of shifts or changes in perception, attitudes, and behaviours. Through concrete examples, distilled themes of being seen, the evocativeness and provocativeness of art, awareness, and not fitting into expectations emerged. In the next chapter I will discuss the implications of these results, how they address the research question and contribute to previous research, the validity and limitations of the project, and recommendations for future study.

## CHAPTER 5: DISCUSSION

The chance meeting between Chase and me, the art therapist he sought out for personal counselling services, became a ripple of change that impacted not only our therapeutic relationship but also a previously invisible, marginalized community of individuals and the community in which we all live. Using art to advocate for change requires that ideas not be developed in isolation but rather as a community (Frostig, 2011). It was because of both the shared desire and the ability to collaborate that this research project, which had its beginnings as an art exhibition created together with art therapy clients, became retrospective, longitudinal survey research. The results from the project established that art created in a therapeutic setting and then displayed in a public exhibition space may be a useful, beneficial method of sharing knowledge and educating the general public for the purpose of social action and change. It also demonstrated that a marginalized community and a researcher can advocate together and create social change through knowledge sharing and education without appropriating the art from the marginalized community, while also ensuring that the marginalized community benefits from the research (Capous-Desyllas & Morgaine, 2018; Nolan, 2013).

This research project, which was centred around the art exhibition, *Transitioning Into Visibility*, was a retrospective, longitudinal survey research study 15 months after the close of the art exhibition. Results were distilled from the survey, in-depth interviews, and collected data from the art gallery's exhibit comment log, the gallery's records on gallery attendees and art sold, response art (which included written words), media exposure, stakeholder participation, and comments from the All Genders and SOFFA groups in follow-up sessions where response art was shared and in ongoing art therapy groups.

The results from this project established that art created in a therapeutic setting and displayed in a public exhibition space for the intentional purpose of knowledge sharing, education, and initiating social action and social change was beneficial for the All Genders and SOFFA groups. Immediate and long-term impacts were found on four different levels: community (Whitehorse/Yukon), group (All Genders/SOFFA), individual (client–artist/gallery attendee), and the art therapist–researcher. Concrete evidence of shifts or changes in perception, attitudes, and behaviours was collected and from these data four themes emerged: (a) being seen, (b) the evocativeness and provocativeness of art, (c) awareness, and (d) not fitting into expectations—all supported by examples of social action and social change.

In this chapter I will contextualize the results of this study and discuss their implications for art therapy practice. I will also examine the extent to which the study addressed my research question and purposes. Additionally, I will examine the limitations and validity of this research study and offer recommendations for further research.

## **Social Impacts**

### **Being Seen**

There are consequences to visibility. They include the possibility of discrimination, disadvantage, increased fear, and shame. Figure 16 shows a painting by a client–artist that clearly demonstrates their fear of such consequences. The client–artist chose to exhibit the painting without an artist statement, so that there would be no information and no way of identifying them. Only their pain was visible.

**Figure 16**

Untitled (18" x 24") by Anonymous (Gender Identity: N/A; Pronouns: None)



The art exhibition was seen in person by approximately 15% of the Whitehorse population and two articles were written about it in two different newspapers; a journalist's report on the art exhibition was also played on the local radio. This result was an example of social action with respect to the importance of newspapers and radio for raising awareness about the art exhibition. In the Yukon there is a culture of reading the newspaper and listening to local radio stations for information and announcements regarding community events. For example, one day I was driving my car to the grocery store and lost a hubcap without knowing it. After parking my car, I was stopped by a woman in the parking lot who asked me if I had lost a hubcap. Confused, I asked, "why?" She told me that someone driving behind me saw my hubcap fall off and called in to the radio station. The radio station announced that the "if the girl in the blue Beetle wanted to find her hubcap, she had lost it at the lights on the South access intersection" and to call

the radio station for more details. The woman in the parking lot just wanted to make sure that I had heard the news on the radio. I was thankful. She saw me, she connected, and she engaged with me so that I could get my hubcap back. This is a small example of a social impact from an event, and what happens when you are seen.

People in the Yukon live in small communities that have long distances between them. One example is Old Crow, in the Traditional Territory of the Vuntut Gwitchin First Nation, which is a fly-in community north of the Arctic Circle with a population of fewer than 300 people. They have limited access to the internet (which is very expensive in the Yukon), so instead they rely on listening to the radio and reading the newspaper to stay connected to community and events. Thus, having the art exhibition written about in the local newspapers and broadcast on the local radio station likely means that the art exhibition reached more people than only those who visited the art gallery in person. Unfortunately, there is no way to calculate how many people read the newspaper or listened to the radio about the art exhibition and as a result became aware of issues that impact the All Genders and SOFFA communities. The project goal of greater knowledge sharing and education was achieved in part by the media coverage that the art exhibition activated. Because life in a small community may limit the exposure that individuals have to knowledge about marginalized individuals, the action taken by the media was all the more important. One member from the All Genders group affirmed that they did not come across a term that described what they were feeling and experiencing until their mid-40s.

*Transitioning Into Visibility* was intended to run through the month of May 2018 but, at the request of the art gallery, was extended to the end of June 2018. This decision



was another social impact that may have been crucial to gallery attendance. The longer run allowed for word-of-mouth news of the art exhibition to spread, giving people time to plan to attend, which was especially needed if they were travelling from a community outside of Whitehorse. The more individuals attended the art exhibition, the greater the possibility for increased awareness of the issues being presented and the increased likelihood of social action and change as a result.

The number of people who chose to respond to the survey and engage in an interview 15 months after the exhibition closed was a result related to the theme of being seen, in that it demonstrated that people in the Yukon actually did remember the art exhibition. To take the time to fill in a survey and share experiences or opinions months afterward is evidence of the exhibition's social impact. Moreover, the depth and quality of the impact was evident: survey respondents shared their memories of particular art pieces, remembered how they felt, and reflected on changes that they have noticed in the community or for themselves.

It was important that the survey captured not only positive but negative and angry comments. These data indicated to me that the artworks and the artist statements that accompanied them were memorable and evocative. Even when someone held anti-LGBTQ2 perspectives or were antagonistic towards the issues that were presented at the art exhibition, they were inspired to engage and respond to the survey, thus contributing their perspective on the issues. The negative comments also illustrate a need for continued knowledge sharing and education in the Yukon. The painting *Judgement* (Figure 17) illustrates how thoughtless, negative, and hurtful words can be impactful.

**Figure 17**

*Judgement (12" x 18") by Anonymous (Gender Identity: Transgender Woman; Pronouns: She/Her)*



*Note.* Artist statement: “I am a youthful transgender woman. I always knew that I am not a masculine person and something inside me was/is different. I started transitioning about a year ago. It brings a lot of new experiences in my life. As I started transitioning, I faced a lot of judgement, resistance and abandonment by family members, and other people. Nobody defends me, by-standers watching but don’t do anything. My life is a flaming fire because of the words said to me, trying to consume my soul, but a special protection around me still saves me. I want people to know that Transgender people are people too. Acceptance and support are vital to save their lives. Depression and feeling ‘down’ is very common in the Transgender community and if people understand what we are going through, there would not be such judgements around.”

Because it was important to be honest and transparent with the results, the negative and angry comments from the survey were shared with the All Genders and SOFFA communities. However, I chose to share the comments in their safe and therapeutic environment where everyone could process them, express how they felt, and receive support. Unfortunately, no one was surprised by the comments and they informed me that the comments encouraged them to keep advocating.

When people feel safe and have an opportunity to be seen, they are able to share their story. It is then possible for others to connect with them, learn about them, and understand them. This can lead to an increase in empathy and compassion, which can motivate and inspire people to create change and engage in impactful social action (Andrus, 2019; Potash, 2010; Potash et al., 2013). Being seen by the general public to increase awareness and initiate social action and change is important, but being seen by one's own community is perhaps even more useful and important as it decreases isolation and loneliness. Client-artists stated that after viewing the art and reading the artist statements, they were motivated to reflect on how similar and different their journeys had been, and how novel it was to see themselves represented.

A community is a space to share information, to grow and receive support. Because of the art exhibition and increased visibility, the All Genders group received funding to continue providing art therapy. This art therapy group was and is an important space for sharing information regarding which doctors were safe to approach, where to go to get a haircut by someone who is sensitive to their needs, when and how to share information about themselves on a date, how to navigate changing official identification documents to accurately reflect who they are, and the like. Building a community in this way, that supports its members and creates a sense of belonging, builds confidence and self-esteem so that people have the energy to engage in social action to create social change. No longer are they expending all of their energy on survival.

Exhibiting art and being seen in an authentic way increased the self-confidence of members of the All Genders and SOFFA communities. Having control over what they shared with the public, and being part of a group with an ability to collaborate and

contribute to something larger, felt empowering to them. One person had been not publicly associated with All Genders Yukon for many years due to their fear of consequences at their job. They reported feeling confident after the art exhibition and they publicly became an advocate with the All Genders Yukon Society.

Response art, comments in the art gallery log, and having their art purchased were all impacts that provided client-artists with concrete proof that they were seen. Survey respondents and interviewees stated that they were surprised that someone would want to buy their art; they described it as “not the kind of art that you want to hang on your living room wall.” Taking this into consideration, client-artists had to readjust their knowledge of why people buy art; that individuals were purchasing their art not to hang on the wall but to demonstrate their support for the All Genders and SOFFA communities. This was demonstrated by the individual who bought a child’s art and then gifted it back to the child’s parents. Buying art was a social impact that created change. Client-artists reported increased confidence and self-esteem as a result.

### **Art as Evocative and Provocative**

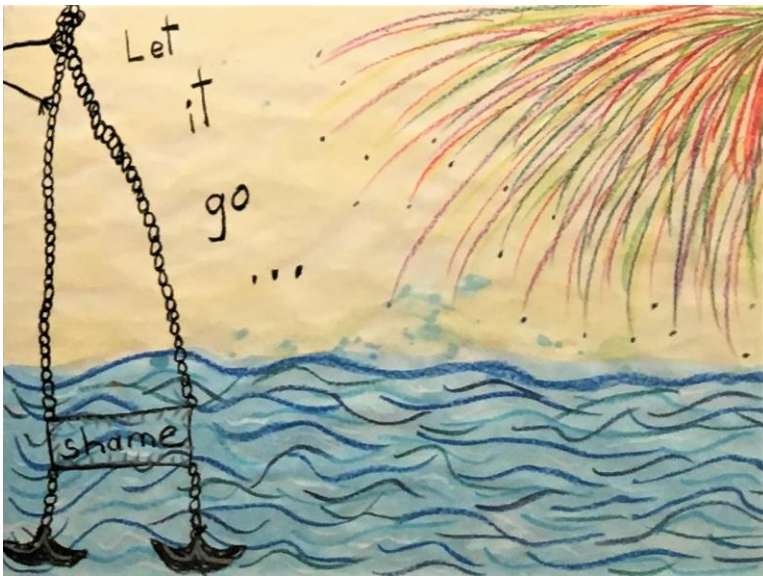
Art created in art therapy was initially used as a therapeutic tool to support client-artists coping in an environment that they were unable to change. In their choice to exhibit their art publicly, these client-artists transformed the use of their art. Art became an empowering tool to use for advocacy work—in changing how the world treats them instead of only coping with how the world treats them (Junge et al., 1993). Therapeutic art, thus, can become a force to free an individual from societal oppression rather than a means of social compliance (Hocoy, 2005).



Client-artists who hold multiple invisible, marginalized identities find that they compound and create more complex experiences in their daily lives. An example is an individual who is transgender, bisexual, and living below the poverty line. The client-artists wanted the public to understand how invisible intersectionality functioned in their lives (Karcher, 2017). They advanced the goals of sharing knowledge and educating the public by sharing deeply intimate and vulnerable stories about themselves. The artworks and artist statements depicted a wide and varied range of experiences and emotions, from systemic issues in education to thoughts of suicide, the feeling of being trapped, what it feels like to live in hiding, and what it's like to always be hiding one's authentic self from others. Figure 19 is an example of these kinds of thoughts and feelings.

### Figure 19

*Drowning Shame (18" x 24") by Vulnerability Warrior (Gender Identity: Nonbinary; Pronouns: They/Them)*



*Note.* Artist statement: "Shame is heavy and preventing me from showing up as authentically as I wish I could."

The study results made evident that the art displayed in the exhibition evoked these realities and powerfully conveyed the message that the client–artists were taking risks by sharing a part of their private lives and allowing themselves to be seen. They consciously took the risk so that others might have the opportunity to connect with them, to understand them, and to see them. All of this was done with the hope that they would be supported and that social change would occur. Sharing stories is a way of sharing knowledge; an Indigenous paradigm is the belief that knowledge is relational: “The more relationships between yourself and the other thing, the more fully you can comprehend its form and the greater your understanding becomes” (Wilson, 2001, p. 79).

It is also important to underscore that the clients–artists willingly accepted the risk that they could be criticized or receive a negative or discriminatory response from the public (Vick, 2011). They did so because they had transformed their understanding of the art they had created—from that of private expression for healing to a tool for self-advocacy. Art therapists may be cautious or reluctant to display clients’ art because it may expose clients to the possibility of critical, negative, and angry feedback. In the study, I was able to shield the client–artists from the negative and angry comments that were recorded in the survey, as when the art exhibition was described as a “silly waste of time and space, and that f\*\*k no, I would not recommend anyone else to see it.” I made sure that no one would be exposed to this information until I shared it with the client–artists in a safe therapeutic space where they could express their reactions to it (every client–artist who displayed in the art exhibition has been informed of this feedback). Unfortunately, all of the client–artists stated that this language is not new or surprising for them and they are aware of it or trying to avoid such comments daily.

Images have a way of staying with you. Some are difficult to forget. More than a year after the exhibition the survey respondents easily recalled particular images that they still vividly remembered. Chase's image of a person hanging off a bridge with a noose around their neck was one image that was mentioned in the survey and in the interviews. People recalled how it made them feel at the time and what it felt like 15 months later. This image was not the one that respondents would have seen on the promotional poster used to recruit for the survey that was posted all over town and on social media. Yet Chase's art retained its original impact; its suicidal message of desperation and frustration made an unforgettable impact on viewers.

Using art that was created in a therapeutic setting for advocacy work takes careful consideration and effort to avoid accidentally exploiting client-artists and to constantly remember that this research was initially about them and for them. Because their art had a provocative effect on viewers, there was a real risk of sensationalism (Davis, 2017). Therefore, I made every effort to have therapeutic resources available to client-artists before, during, and after the study. Furthermore, discussion with client-artists needed to happen with regards to what they wanted to do with the research and how to disseminate it to best effect. Being visible, advocating, and continually applying for funding afforded All Genders Yukon and Ignite Counselling the chance to be able to continue to provide individual and group art therapy sessions. As of this writing, funding for mental and emotional health services has continued (although group art therapy sessions have been put on hold due to the coronavirus pandemic). This outcome demonstrated that an invisible, marginalized community and a researcher can advocate together and create



social change without “othering” or appropriating their art, as well as ensuring that the community itself is the main beneficiary (Capous-Desyllas & Morgaine, 2018).

### **Awareness**

The survey and interviews reflected an increased awareness of the All Genders and SOFFA communities in the Yukon. The data suggested that an understanding of the invisible intersectionality of issues that this community faces occurred, as well as an understanding of privilege—privilege that before this, many gallery attendees had not considered. Compassion and empathy increased, as captured by the comments people offered in the interviews, art therapy groups, survey, comment log, and response art. Survey respondents reported that because they were made aware of issues, they noticed what was happening in their environment or interactions with people with a more critical eye. They might question when gender was mistaken for sex on a form or notice a microaggression as it was occurring. Microaggressions can be characterized as “subtle, stunning, often automatic, and nonverbal exchanges which are ‘put downs’” of people from marginalized groups (Pierce et al., 1977, p. 65). They are brief, commonplace exchanges that may not seem harmful on the surface but, in reality, express a power imbalance and convey inferiority. For example, one might welcome a group of people with the words “ladies and gentlemen,” which suggests that these genders are the only ones that exist or are welcome. Common examples discussed in the All Genders and SOFFA communities include asking a transgender person what their birth name is and what kind of surgery they have had. These questions are not only rude and invasive but also imply that the gender binary is only true way in which to identify as a person.

Some cisgender people who responded to the survey reported that they began to notice the exclusivity of bathrooms and became aware that some transgender, nonbinary, and Two-Spirit individuals feel so unsafe that they will not drink or eat anything in public so that they do not have to use public bathrooms. Cisgender people can support the All Genders and SOFFA communities by using inclusive language and speaking out when transphobic statements, jokes, and slurs are made. Additionally, they can educate themselves rather than imposing on All Genders or SOFFA community members to educate them. Shaun highlighted this issue in his painting (Figure 20), raising awareness of something that most cisgender men take for granted and likely have put very little thought into.

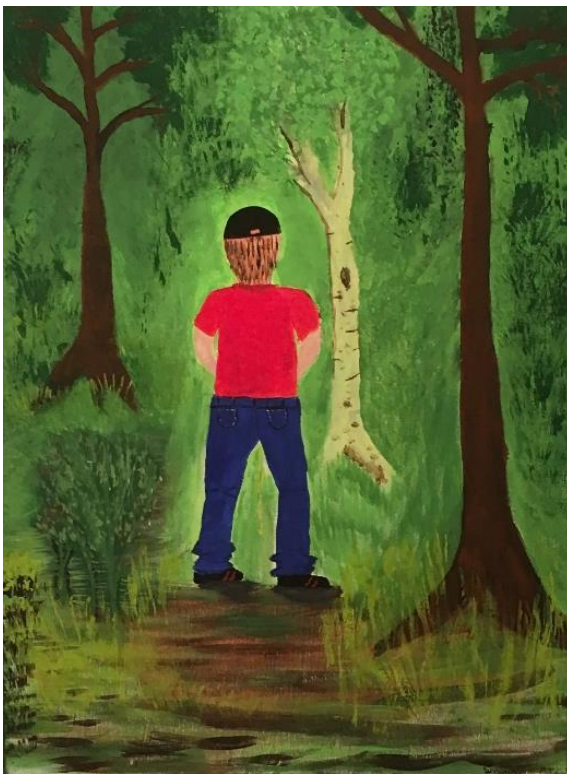
At Ignite Counselling, we are committed to intentionally creating an inclusive therapeutic environment. But inclusivity is so much more than having gender-inclusive bathrooms or displaying a pride or transgender flag. An art print (Figure 21) that was a gift is hung in the reception area. The image depicts a Two-Spirit person. Such art is an important way to let people know that we have an inclusive space. This particular Indigenous print may go unnoticed by cisgender individuals but for members of the All Genders community it is a clear sign that this is a safe and inclusive place.

Additionally, all intake forms for counselling services include the name the client would like to be addressed as and the pronouns they use. The client also is asked whether they would like to be addressed differently in the therapeutic space than in the more public space of the reception area. These questions are asked of every new client; we make the assumption that any client who comes into the centre may belong to the All Genders or SOFFA communities. Each time a cisgender client asks why we are posing

these questions or inquires as to what a pronoun is, we are given an opportunity to share knowledge, educate, explain, and build awareness for the All Genders and SOFFA communities. We not only demonstrate that we offer a safe and appropriate place to ask questions, but also take responsibility for social action by educating others so the burden does not fall on a transgender, nonbinary, or Two-Spirit person or a close loved one.

### Figure 20

*Jealousy of the Freedom (18" x 24") by Shaun (Gender Identity: Trans Man, Two-Spirit, Queer; Pronouns: He/Him)*



*Note.* Artist statement: “I am me. Yukoner by birth, heart, and soul. I walk in multiple worlds. Women-Men, White-First Nations, Academia-Trades, City-Rural living. At 49 years old, I experienced jealousy for the first time. As a male living in the north, the freedom of peeing outside is something I can’t fully experience. If there is someone in the family who transitions, the whole family transitions. It takes time, but it’s better for all to roll with it.”

**Figure 21**

*Created Equal (2006) by Blake Shaá'koon Lepine (Tlingit Artist)*



*Note.* Reprinted with permission of the artist.

One of the more surprising impacts reported in the survey was that a number of gallery attendees reported becoming more aware of their own cisgender privilege. One example of such privilege can occur when boarding a flight to Vancouver for a medical appointment (a common occurrence for people who live in the Yukon). A cisgender person's main concern most often is whether the flight will be delayed. A transgender, nonbinary, or Two-Spirit person, however, may fear that they will be harassed or denied boarding because their appearance does not match their identification. Another example of privilege is not having to navigate access to the Women's Sexual Health Clinic for services despite not identifying as a woman. One member of the All Genders community reported that when they called to make an appointment at the clinic, the receptionist hung

up on them because they thought a man was calling and it was a practical joke. This reaction stopped this individual from accessing medical care that they needed for months.

I have found no previous research in art therapy that is focused on individuals becoming aware of their own privilege when viewing art. However, there was evidence from the survey that exposure to the art and artist statements made a particular impact on viewers' awareness of privilege. Moreover, cisgender survey respondents reported that with their new knowledge they realized that they could use the privileged positions they hold. A common comment that was collected from the survey and interviews was that cisgender people should help remove barriers and obstacles for others, as they themselves face fewer consequences. When I have used my privilege to support the All Genders community I have been met with the following question on multiple occasions: "Aren't you worried that people will think you are transgender since you are kind of tall for a woman." This reaction reveals an assumption or fear that you will lose privilege if people perceive you as a transgender person. They seem worried that there would be consequences or that I would face discrimination. The artist statement that accompanies Figure 22 refutes this notion, stating that everyone has the power to contribute and change the world, starting with their words. Misgendering someone, which is the subject of Figure 22, is a microaggression or stigmatizing event that can cause psychological distress (McLemore, 2018).

**Figure 22**

*Don't Misgender Me (12" x 18") by Anonymous (Gender Identity: N/A; Pronouns: None)*



*Note.* Artist statement: “Inspired by the flag ‘Don’t Tread on Me.’ Pink and blue represent the Transgender flag, the grass is inspired by the Pride flag, and purple is used to symbolize androgyny. I’m hoping that people will think more about their words and attitudes. Everyone has the power to make the world better by having an open, willing and loving heart.”

Actively engaging in being an ally or advocate is not comfortable, nor is it convenient or free from consequences. It is exhausting, usually unpaid work that can be risky. However, the choice for many to be an advocate comes from the awareness of being privileged. For other advocates, there is no choice; as Chase has stated, had he not become an advocate, he would have died.

Even if art therapists have no interest or opportunity to advocate with clients through public art exhibition, they can be allies for all of their clients when they focus on inclusivity and access. Therapy spaces can be made more inclusive for clients; therapists can ask clients their preferred names and which pronouns they use, and change their intake procedures and even basic forms that so rarely are bias-free in the matter of gender

and sex. Having a space for client–artists who choose to display their work anonymously in the reception area or in nontherapeutic rooms and asking for artist statements to accompany artwork are other ways to be socially proactive. Such information is valuable to other clients and visitors to the space.

### **Not Fitting Into Expectations**

When the art therapy exhibition proposal was submitted to a private juried art gallery, its approval was an uncertain prospect. Private art galleries depend on the proceeds from selling art. I was concerned that the art selected by the client–artists for the exhibition was not the typical kind of art that people would buy and display in their homes. The display of client–artist works meant not fitting into the gallery’s expectations.

In light of the study’s purpose, which was to map the social impacts from the art exhibit, acceptance of the *Transitioning Into Visibility* proposal demonstrated that the art gallery’s jury was willing to be open to potentially negative reactions. The jury knew that the art in the exhibition could evoke more controversy than any of the art gallery’s previous exhibitions. The art gallery did not have control of the narrative or information that the general public and gallery patrons would be exposed to. Thus, the decision to go ahead with the art exhibition was evidence of a willingness on the art gallery’s behalf to take a risk and interrupt public expectations. In art therapy groups after the exhibition, people spoke of their appreciation for having their art displayed in an art gallery rather than being shown in a medical centre, hung in the halls of a hospital, or displayed on the walls of a health service provider (see, e.g., Castro-Peraza et al., 2019; Thompson, 2009). They felt that displaying art in these places would have sent the message that their work was only attached to medical issues and that something was wrong with them. Instead,

they defied these societal expectations by presenting themselves as artists who were intentionally advocating for social action and social change.

Historically, art galleries and museums have controlled the narrative of what information is exhibited to the general public; they hold the history. The fact that the art exhibition proposal was accepted by the art gallery is evidence of a social impact and an example of a behavioural shift in the power dynamic. The art gallery no longer controlled the narrative; rather, the client–artists did and this shift in power seems to have influenced the public’s perception regarding how the All Genders and SOFFA communities would be seen, heard, and supported. The art displayed in the art exhibition was not the typical art usually displayed in art galleries that need to sell art. The art was not made by trained artists, most of the pieces were not aesthetically pleasing or technically skilled, and the content could be seen as controversial.

As another indicator of not fitting into expectations, the art gallery agreed to create a space in the gallery for the attendees to make response art. Having unattended art materials available and requesting gallery attendees to make art and then leave it to be collected and presented to the client–artists is not a typical request. The art gallery did not state any concerns that the art or the space might be vandalized using the art materials. I wanted to provide an art-making space because, as previously discussed, the client–artists had been powerfully moved when I had shown them response art created after my conference presentation. They expressed that the response art was concrete proof that they were seen by others, and the art also opened up a way for them to engage in a safe conversation.

Broadening the scope of an exhibition space from just viewing art to include art making may promote self-reflection and meaning making (Treadon, 2016). Twenty-seven



people left response art that they had created. Arts Underground reported that 4,320 people visited the art gallery, meaning that only 0.006% of gallery attendees chose to engage in the response art option and leave their art behind. Perhaps the limitations of the space meant that few people were motivated to make art. It is also possible that people felt inhibited, considering that art making is an uncommon occurrence in art galleries. A more inviting space, with chairs to sit on, and more room to provide a varied choice of art materials, could have improved the art-making experience. When I hung all of the response art on the walls for the art therapy groups to see, there was surprise that art had been made at all, and an eagerness to see what people had created. I only wished that I had more response art to share with them.

The demographics of those who completed the survey included a wide range of ages, with a fairly evenly divided number of people being older than 50 (24.5%) and younger than 29 (21%). Thus, the issues presented by the client–artists in the exhibition were seen by a range of people of different ages and across generations. Older individuals who filled out the survey commented how useful the show would have been had they likewise seen themselves represented by someone in their community, or even given a word to describe what or how they were feeling. Likewise, teachers routinely bring their classes on excursions to art galleries in order to view art and learn about history and techniques. It is unusual for a teacher to intentionally bring their class to see an art show that incorporates topics not included in their curriculum and that may even oppose what is being taught in sexual health classes. Figure 23 shares the thoughts of a transgender youth client–artist who belongs to the same generation as the students who viewed the exhibition, thanks to their teacher.

**Figure 23**

Mixed Emotions (12" x 18") by Anonymous (Gender Identity: Male; Pronouns: He/Him)



*Note.* Artist statement: "I just want to live. I don't want to be seen as the trans kid."

The survey intentionally collected gender information because it was useful to this area of research. Survey participants were not forced into ticking a box for male or female and were free to describe their gender identity. In contrast, one can find examples of research studies that inquire into and report on the sex of individual participants even if the information is not needed or relevant to the research. The *Publication Manual of the American Psychological Association* states:

Be mindful to describe only relevant characteristics. . . . For example, you would be unlikely to mention participants' sexual orientation in a study of cognition because sexual orientation is not relevant to cognition; however, you would likely mention participants' gender in a study of stereotype threat because gender is relevant." (American Psychological Association, 2020, p. 132)

Additionally, a policy that embraces gender-neutral pronouns to describe participants and researchers alike should not be adopted because of request but rather as routine, to eliminate unnecessary gender labeling, which is essential to prevent and reduce gender stereotyping (Hyde et al., 2019). Len, the client–artist who created Figure 24, explained what it feels like to be forced into the gender binary, in this case on their passport.

Len’s art piece revealed a topic that perhaps most cisgender individuals have given little thought to. However, the sex marker on a passport can make for a terrifying experience when going through passport control and security. Putting an “X” on a passport may even increase unwanted attention and risk, making an individual a target for discrimination and abuse in some countries.

#### **Figure 24**

*Borders (12" x 18") by Len Row (Gender Identity: Gender Retired; Pronouns: They/Them)*



*Note.* Artist statement: “Some countries allow ‘X’ as a non-binary identifier/marker on passports. This option is a sign of freedom for some and oppression for other non-gender conforming people.”

Not fitting into expectations was a theme that captured the experience that my business partner, Erin, and I had on the night before the opening of *Transitioning Into Visibility*. We went to the gallery for the intended purpose of being available to answer questions regarding the art exhibition that was on display before its formal opening. We were strategic and informed; we knew who would be in attendance (including politicians and policymakers attending an event at the gallery) and wanted to take advantage of that and to advocate for the All Genders and SOFFA communities. Our efforts paid off and we were on the front page of the newspaper the next day, a Friday, which may have directly influenced and increased the number of people who attended the opening night of the art exhibition. The Friday edition of the newspaper is read by a larger percentage of the population of the Yukon as it contains information regarding events in the community the coming weekend. This may have increased the number of people who became informed about the art exhibition and also produced knowledge sharing and education without readers having to enter the art gallery space.

Our invitation to Randy Boissonnault, member of parliament and special advisor to the prime minister on LGBTQ2 issues, resulted in a welcoming video clip that he sent in his stead, which we played at the opening. We were hopeful but realistic about the prospect that he would travel 5,430 km (3,374 miles) for an art exhibition. As an example of social impact collected from the interviews I conducted, interviewees discussed how impactful it was to watch the video clip and know that we had some attention from the capital of the country. They felt that Boissonnault's response brought legitimacy to the art exhibition and made a positive impression on the local and provincial politicians who were in attendance.

The art exhibition demonstrated the All Genders and SOFFA communities' strength and resilience. The client–artists who participated in the art exhibition said they were proud to authentically share who they were. It was rare for them to celebrate themselves in this way, to not be seen as people who needed to be changed or “fixed” in accordance with society’s expectations. In art therapy groups, individually, and from what they wrote in their artist statements, they expressed that there was more to them than their gender identity and that they needed to be seen as whole people. The increased resiliency and confidence reported may have been a by-product of the positive influence exerted on them by the public art exhibition and the opportunity it afforded in becoming an advocate (Singh et al., 2011). Being represented and reflected in the world can be a life-changing experience for people, leading to not feeling alone or that something is wrong with them.

### **Evidence of Social Action**

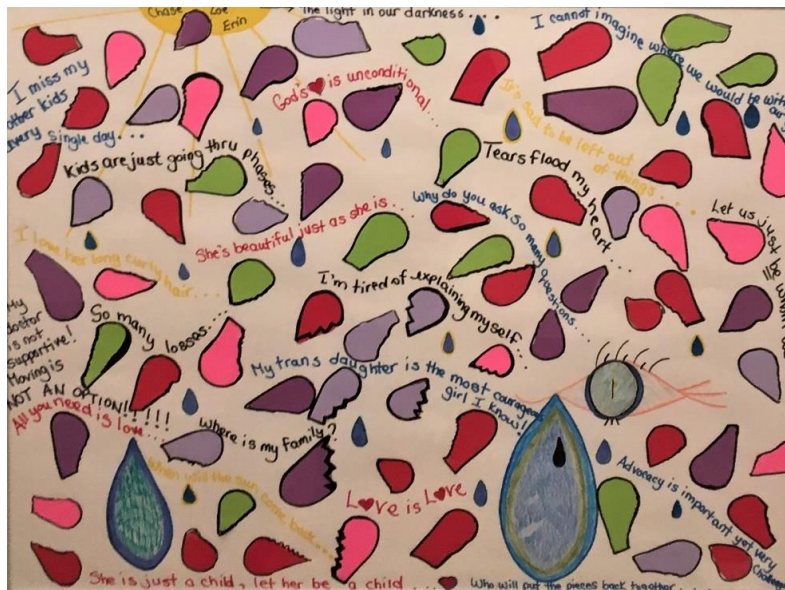
For *Transitioning Into Visibility*, part of the agreement with the art gallery was that at least 70% of the art had to be for sale. Because the client–artists were not expecting to sell their art, they were all in agreement to price all of the art exhibited at the cost of a single therapeutic session. This symbolic act was designed to raise awareness regarding the cost of mental health services in their community, and led to several multiplying impacts (Kapitan et al., 2011). First, this action illustrated that because of discrimination and disadvantages, few people who are transgender, nonbinary, and/or Two-Spirit have jobs with benefits to cover the costs of mental health services, and public awareness of this fact increased as a result. Second, client–artists whose art was sold indicated that they were surprised and excited. They felt seen and valued, and added

that the money that they received was needed and would be used for living expenses.

Third, when the pastor of a local church saw the show and the statements regarding the cost of mental health services, the congregation took up a collection and donated \$1,000 for one of their members to be able to attend counselling. During the opening, the client–artists took advantage of the opportunity to share information in the art exhibition regarding limited access to and choice of health care providers who are informed, educated, and competent in the issues that impact the All Genders and SOFFA communities, as advocated in Figure 25.

### Figure 25

*Broken Dreams (18" x 24") by Marigold (Proud Mother of a Trans Child; Gender Identity: Female; Pronouns: She/Her)*



*Note.* Artist statement: “I am strong. I am an advocate. I love unconditionally. I’m a Mama Bear with all my kids! I would love people to actually ‘see’ what Trans folks deal with in their daily lives. I want Health and Social Services to actually care about our child[ren] and all Trans folks. I want the Department of Education to change the health curriculum to actually be inclusive and Trans friendly.”

As one of the interviewees mentioned months later, this health care advocacy led to a 2-day WPATH training for health care providers, organized by the Yukon government and free to attend. Members of the All Genders and SOFFA communities were invited to speak on a panel at the conference and discuss their lived experiences, sharing knowledge and educating the people who attended the training. As an example of social action leading to social change, more conference attendees thus could be educated and become informed health care providers for transgender, nonbinary, and Two-Spirit individuals and their loved ones. In turn, this population gained more choice in providers as well as making it safer for them to access health care, rather than having to refuse or avoid care for fear of discrimination or humiliation. As a further impact from the conference and the All Genders panel, the Yukon government completed an engagement survey by an independent engagement group to collect information, identify gaps in service that impacted the LGBTQ2 community, and provided recommendations for government service providers. Finally, a longer-term impact is that All Genders Yukon has now become a registered society (and is now All Genders Yukon Society), which enables the organization to apply and receive funding. They are independent and make decisions about themselves for themselves. This chain of social impacts has produced valuable, ongoing social change on personal, group, community, and macro levels.

Collaborating with local organizations to produce the art exhibition was itself a form of social action, starting with the proposal for a controversial show that was sent to a private art gallery for a juried exhibition. To make it happen, I approached and advocated for support and help from the Yukon Arts Centre, asking them to lend me frames so that I could display the art of the client-artists professionally and with dignity.

The Yukon Arts Centre, in turn, asked me for a report that they could share with their funders regarding how they supported and collaborated with others in the community. This knowledge sharing and social action is evidence of impacts that may have reached people who did not attend the art exhibition. Erin and I also approached the Wandering Bison catering service, which donated all of the food and food preparation for the opening night of the art exhibition. The Wandering Bison and their employees, in turn, were exposed to the art exhibition, as another example of having reached some people who would not have ordinarily visited the art gallery.

Intentionally collaborating with local organizations may have brought an awareness and understanding of transgender issues to people who might not have gone to the art gallery. As a result, there may have been an increase in awareness of transgender discrimination and oppression in their midst. The range of organizations involved brought a recognition that these diverse partners could have complementary but different reasons for their involvement (Oliveira & Veary, 2018). For example, the art gallery was invested in selling art, whereas the media needed a story and the All Genders and SOFFA groups wanted to raise awareness and advocate for social change. My involvement was to generate research while providing therapeutic support and advocacy. The varying levels of interest in transgender issues from participants may have depended on whether they individually belonged to a privileged or invisible, marginalized community.

As I reflected on the documented social impacts from the art exhibition, I realized that having the skills to straddle the therapeutic and art worlds, with an interest in politics, was important in the success of the project. I believe that this art exhibition, located in an art gallery that is open to the public, would not have happened if I had still



been working in a nonprofit health care agency or part of the government medical system. My time as a therapist would have been allocated toward the traditional approaches of providers of health services. I would not have been able to support a political, controversial issue without my employers being concerned over scrutiny by funders regarding where they were spending money. The autonomy to make decisions with client–artists and to allow an unconventional structure to meet both therapeutic and social justice goals is a privilege that is available in private practice. Just as important was my firsthand experience as an art therapist, my experience as an artist, and my work in art galleries and museums, all of which proved to be an advantage in organizing and facilitating the art exhibition. As a therapist with knowledge of the art world, I facilitated keeping client–artists safe, protecting their privacy and confidentiality, and making sure only their authentic voices were accurately heard. I continuously monitored and negotiated whose needs and interests were being served, safeguarding the client–artists’ voices and ensuring that they were not diluted nor dominated by the research, the art gallery, or other collaborators.

When an art therapist is a practicing exhibiting artist, they may have experience with gauging the vulnerability and risk involved in exhibiting art, which in turn enables them to have compassion for client–artists (Vick, 2011). This empathy can foster confidence in client–artists to display their art. Moreover, if the organizing art therapist has knowledge and skills in negotiating potential political dynamics—as in how funding is distributed and who controls the funding—such a position can also be advantageous, especially when social action is the goal. For example, knowing which change-makers and influential people to invite to the opening night is important in order for the exhibit to

impact social change. Whitehorse's mayor followed through on his commitment that the transgender and pride flags crosswalk would be permanent, as one example.

Increased self-advocacy as a result of the show may have been empowered, in part, by the opportunity for client-artists to share their artist statements, which made their personhood visible and real to others. Each statement included the client-artist's gender identity and the pronouns they use. The core of a person's identity is believed to centre on the "self as an occupant of a role" into which expectations associated with that role are incorporated (Stets & Burke, 2000). Hence, it is of central importance for transgender, nonbinary, and Two-Spirit people to be identified accurately; the client-artists demonstrated this importance with their artist statements. Viewers became sensitive to the issue of misgendering and other microaggressions, and gained awareness of how easy it is to unintentionally exclude people. Not having one's social identity recognized by others can be psychologically disruptive (McLemore, 2015).

The most frequently noted example of social change that survey respondents and interviewees discussed was an awareness of the need for access to mental health services for the All Genders and SOFFA communities, discussed above. Health care providers who have received training from WPATH would go far to ameliorate this shared community concern. It is hoped that all health care providers receive appropriate professional education, even if they don't specifically work with transgender, nonbinary, and Two-Spirit individuals (Grossman & D'Augelli, 2006). Access to mental health services was one specific goal of displaying the art exhibition that was achieved. In July 2019, All Genders Yukon Society (AGYS) received over \$100,000 for free mental health support for their community, which was precedent-setting across Canada. Clients are able

to keep their anonymity, choose who they want to see, and have that clinician be compensated. Just like any cisgender person, they have choice. At the time of writing this dissertation, AGYS has received additional funding (\$100,000) to provide consistent and continued mental health support until March 2021 (Hong, 2020).

The impact of this funding cannot be overstated. In a recent local news article, the parents of a young transgender person spoke to what it has meant for them and their daughter to have access to counselling and art therapy through AGYS:

Trevor and Stephanie, whose daughter is trans and asked that their real names not be used to protect their family's privacy, described the AGYS program as "vital." They've been using it for just more than a year now, they said in an interview Oct. 6, and prior to COVID-19 had been attending group counselling sessions where they were able to connect with other parents in similar situations and build a support network.

"It's nice to have other parents going through similar things... We've lost family and friends over this, over our daughter socially transitioning, so just to have an area to talk about our feelings and, it's just been life-saving, really, for us," Stephanie said.

While the group sessions have stopped due to the pandemic, their daughter is still regularly attending art therapy funded via the AGYS program, which Stephanie and Trevor said has been helping her work through her anxieties and questions about her future.

"Art therapy has been amazing for us, we don't know where we'd be without it," Stephanie said. (Hong, 2020, para. 10–13)

### **Implications for Art Therapy**

Art therapists are becoming more aware of their privilege, power, and biases, and there is literature that encourages the field to continually and consistently engage in assessing and reassessing these potential obstacles to care. This research helps to validate the importance of reflexive awareness of personal values, attitudes, and beliefs with regards to gender diversity and culture, without which many current and future clients will not receive appropriate care. Kaplan (2005) stated that when we work with clients we need to take their culture into consideration with honour and respect and “assist them in dealing with aspects of society that have contributed to their suffering” (p. 2). Muirhead and de Leeuw (2012) stated that art can play a role in not only healing the individual but also healing between cultures, and decrease the vast health inequalities that exist between Aboriginal and non-Aboriginal peoples.

Specific training and supervision in the development of critical competencies, and continuous education in diversity competencies in particular, is greatly needed (Moleiro & Pinto, 2015). These skills are especially important for art therapists who are considering becoming advocates and want to use their voices with individuals whose voices are invisible or marginalized. On this latter point, my research showed me how important it is to not dominate the voices of those one is advocating for. “Nothing about us, without us” (Charlton, 1998) is continually ringing in my ears. I have strived to include the voices of my client-artists in my work and in my research. This includes continually checking in with them, asking for consent, being transparent about the work that I do and that Ignite Counselling does, and working with them rather than for them. An additional step to consider is to graciously step back and allow clients and client-

artists to shift into a more powerful position of their own, creating social action that supports self-agency. Clients seek to gain control and make decisions about themselves. Further, it is important to rectify the overrepresentation of cisgender researchers in a field that frames our understanding of transgender identity and experience (Galupo, 2017). This is due to the invisible intersectionality that impacts transgender, nonbinary, and Two-Spirit individuals. Discrimination, bullying, poverty, and lack of supports all impact an individual's ability to access and be successful in education, which ultimately impacts who is doing research (Johnson, 2013).

Art therapists who support client-artists who wish to display the work they created in a therapeutic setting for the purpose of advocacy should be critically aware of how vulnerable a client-artist may feel when faced with such a prospect, especially if they feel that they are not "artistic." An art exhibition will be a matter of revealing or exposing themselves in multiple ways—from sharing their stories to putting their potentially evocative and provocative art on display and risking ridicule or misunderstanding. It is a weighted responsibility to reveal themselves in order to create awareness that will benefit others; the decision may need to be closely monitored and renegotiated periodically to relieve any unanticipated pressure (Andrus, 2019; Bird, 2018).

Bird (2018) stated that "visual story telling is itself a powerful form of agency and resistance" (p. 10). After 15 months, the survey respondents and the interviewees recalled unique stories that individuals told through their art and their artist statements. The individuals who were part of the All Genders or SOFFA communities were not reduced to a statistic; they became people that the gallery attendees could connect to and part of

the larger community of the Yukon. A comment captured in the survey stated that the art exhibition “put a human face on the issues faced by transfolk.” The stories shared at the art exhibition were ones that the entire community could relate to: stories of loss, fertility struggles, suicidal thoughts and ideations, and a child’s wish to be accepted for who they are.

To be effective change makers, art therapists who choose to become advocates are encouraged to closely monitor their own needs and interests and continually access their biases so that they do not accidentally exploit, abuse, or oppress their clients.

Additionally, art therapists need to examine political policies and political sources of oppression and trauma that people with marginalized identities have experienced due to systemic frameworks, so that they can be avoided (Karcher, 2017). The ability to collaborate with individuals with complimentary skill sets also will be advantageous. For example, Erin, my business partner and clinical counsellor, and I have skills that complement each other. She offers needed organizational skills and linear thinking, which I balance with my creative, dyslexic ways of working; together, we make a fantastic team. Finally, art therapists will find continuing education and understanding of funding avenues, the use of media and advertising, and proposal-writing skills useful if not sometimes-overlooked skills that support advocacy.

### **Validity and Limitations**

Art exhibitions displayed in galleries or museums may attract different types of gallery attendees, depending on the space, the venue, and the community itself. Gallery attendees have to know where the gallery is and make an effort to visit. The exhibit *Transitioning Into Visibility* that was the basis for this retrospective study was displayed

in a gallery that occupied a lower level of the building. It was not an open, street-level, walk-in space, or something that might attract viewers who just happened to walk by. In retrospect, the location of the art exhibition may have excluded people who might be nervous about entering a gallery simply because they felt they did not belong there.

One of the limitations of the study was that it was conducted in English. Canada is a bilingual country and the Whitehorse community and the larger territory of Yukon is multilingual. An art exhibition that had the intended purpose of raising awareness regarding inclusivity could have reached more people if it had been promoted in other local languages in addition to English.

Although there are many social impacts, actions, and changes that were documented during this research project, it cannot be conclusively stated that they were the direct result of the art exhibition. There were no pre- and post-measures of public awareness and other results of the exhibition. However, because Whitehorse is an isolated community, other outside influences would appear to be minimal, suggesting that at least some of these results and changes grew from public awareness created by the art exhibition. In addition, the small population and the strong culture of community involvement may have impacted the gallery attendee numbers in a positive way.

The study results suggest that the longer-term therapeutic relationship with the All Genders and SOFFA communities established by the researcher was another factor that cannot be separated from the impacts of the art exhibition alone. A retrospective survey from the public display of art that was not the product of an art therapeutic relationship would likely have different results.

### **Recommendations for Further Research**

For art therapy to become more inclusive and supportive of individuals who are marginalized within binary, heteronormative, androcentric, and/or ethnocentric cultures, it is important to ensure that research incorporates a perspective that has an informed, competent, and educated knowledge base regarding diversity. Participant-led research and research in which individuals who are transgender, nonbinary, and/or Two-Spirit are consulted in all phases of the study design and conduct are two suggestions that could transform our knowledge of this population.

Art therapy would benefit from additional retrospective, longitudinal research on the use of art created in a therapeutic setting and displayed in a public space for the purpose of knowledge sharing and education to impact social action and social change. Art therapy longitudinal research studies focus on the experience of the client–artist and the enduring impacts that it has had on them. Impacts on the general public and longer-term evidence of immediate and sustainable social action and social change is much more difficult to examine. Future research could include investigating different venues for display of client art exhibition other than in an art gallery or museum to determine optimal environments that may create public awareness in a wider demographic of people. For example, in Whitehorse, would this art exhibition have reached more people if it had been displayed in a local café or the waiting area of the local tire shop when everyone in the city is changing their all-season tires to winter tires?

One condition of displaying the art in the private art gallery in Whitehorse was that at least 70% had to be for sale. Research that closely investigates the positive and negative impacts of selling client artwork that was originally created in a therapeutic



setting is necessary. In this study, the sale of the art produced evidence that the client–artist was seen and the sale increased their confidence and self-esteem. However, this outcome may not be the case for everyone. It is important for client–artists not to feel taken advantage of or exploited.

### **Conclusion**

The art exhibition *Transitioning Into Visibility* was the basis of this longitudinal retrospective study. The intention of the art exhibition was to share knowledge, educate the public and create social action and social change, with a focus on receiving mental and emotional health services from competent, educated and informed service providers. Through art and artist statements, client–artists had a safe and confidential way to advocate for themselves and become visible, to begin a conversation with people in their wider community which resulted in getting their need of health services met.

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## **Appendix A: Email Script**

### Email Script for Email Invitations

Transitioning Into Visibility Art Exhibition at Arts Underground Gallery, Whitehorse,  
YT (May 4, 2018–June, 23 2018)

Researcher: Zoë Armstrong, RCAT, DKATI

Email Subject: Invitation to participate in research study.

Hello,

You are invited to participate in a survey research study regarding the art exhibition titled Transitioning into Visibility, which ran at the Arts Underground Gallery in Whitehorse, Yukon Territory from May 04 2018 to June 23 2018.

The purpose of the study is to examine the long-term impact of exhibiting art, that was created in a therapeutic art therapy space, in a public gallery for the purpose of advocating for and creating social action and change is beneficial to artist/clients and gallery attendants.

Zoë Armstrong, DKATI, RCAT, BCATR, Doctoral Candidate is the principal researcher. The link to the survey monkey questionnaire and consent form is attached to this email. Completion of the questionnaire may take 10-15 minutes. Participation is completely voluntary. You must be 18 years or older to participate in the study.

Thank you so much for you time,  
Zoë Armstrong,

## **Appendix B: Consent Form**

### **Agreement of Consent for Research Participants**

**Protocol Title:** **TRANSITIONING TO VISIBILITY: HOW ART SUPPORTS BEING SEEN**

**Principle Researcher:** Zoë Armstrong, DKATI, RCAT, BCATR, Doctoral Candidate

**Supported By:** Mount Mary University

**Purpose:** The purpose of the study is to examine the long-term impact of exhibiting art, that was created in a therapeutic art therapy space, in a public gallery for the purpose of advocating for and creating social action and change is beneficial to artist/clients and gallery attendants.

**Procedures:** Questionnaire: You will be invited to participate by completing a questionnaire, online or as a hard copy. You must be 18 years or older to participate.

**Interview:** You will be invited to participate in a follow-up interview, the duration will be approximately one hour in duration. The researcher is a registered art therapist who is WPATH (World Professional Association for Transgender Health) trained, with relevant knowledge and therapeutic practice experience with members of the local Whitehorse trans community, and is well-known in the community. Participants will be interviewed at the researcher's practice site or at any safe and confidential space that the interviewee chooses.

**Art:** You will be given the opportunity to have your art photographed to be used for teaching, research, publications, presentations at professional meetings and education.

**Duration:** Completion of the questionnaire may take 10-15 minutes. Interviews will be approximately one hour.

**Risks:** This study presents minimal risk to participants because it surveys general thoughts and reflections on a public art exhibition that happened 15 months ago.

**Benefits:** This research also will benefit the field of art therapy in learning more about the long-term impact of the use of exhibiting art that was created in a therapeutic setting as a beneficial means of advocacy, social change, education, and knowledge sharing. Results of this study may be used for teaching, research, publications, presentations at professional meetings and education, activism, and art therapy.

**Confidentiality:**

No sensitive information will be collected or publicly shared, and all interviews will be conducted confidentially. Results of this study may be used for teaching, research,

publications, presentations at professional meetings and education. No information will be shared without your consent.

**Financial Information:** Participation in this study will involve no cost to you.

**Voluntary Nature of Participation:** If you choose to be in this study, you have the right to be treated with respect. At any time, the interviewee may stop the interview and withdraw from the study. For any client who chooses to withdraw, they will be assured that there are no consequences to their access to or continuation of art therapy services.

**Contact Information:** If you have any questions, you can call me, Zoë Armstrong, at 867-333-0630 or email me at [email address] or my advisor Lynn Kapitan at [email address]. You can also talk to someone at Mount Mary University about my study, IRB Chair, Dr. Tammy Scheidegger, at [phone number] or [email address].

**Consent:** I understand and consent to participate in the following, please initial all that apply.

- ☐ Questionnaire
- ☐ Interview
- ☐ Art

I have read this form, the research study has been explained and, I understand the participation is completely voluntary. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact.

---

Participant's Signature

Date

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Participant's Name

Date

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Researcher's Signature

Date