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Queering Queer Spaces: Journey of a Creative Arts Program for Trans, Non- Binary, and Gender Creative Youth

Spencer Hardy^{1*}, Juniper Monypenny¹

1 Utah Pride Center

*spencerhardymusictherapy@gmail.com

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Abstract

As community spaces for LGBTQ+ individuals continue to expand and evolve, a variety of music and art-based programs have begun to develop. The potential for creative arts therapists to cultivate and expand these programs is without question. This article seeks to present one such program targeted towards transgender, nonbinary, gender creative, and questioning youth, age 10-14, who were seeking support in navigating their gender identity and the challenges of identifying outside of the “norm” of cisgender. Finding ourselves at a crossroads between traditional clinical mental health services and community-based approaches, we discuss the intentionality behind “queering” our program development as well as a spectrum of challenges and opportunities faced in piloting the program. We suggest that bringing creative arts therapy into queer spaces must be done through an anti-oppressive approach seeking to minimize power dynamics and increase safety. We must also create inclusive spaces that embrace intersectionality in order to provide safe, accessible, and empowering programs for LGBTQ+ individuals.

Keywords: *creative arts, art therapy, music therapy, adolescents, youth, middle school, LGBTQ+, transgender, nonbinary, gender creative, questioning, non-cisgender, queering, social justice*

“Who am I?”

Youth 1:

“Who am I?

I’m slowly gaining confidence.

I have meltdowns every day.

I act like I’m fine, when I’m really falling apart.

I really fear to be me.”

Youth 2:

“Who am I?

Why are they asking all these questions?”

I'm under pressure, improving, shooting for the stars.
 But suddenly I'm crashing down and falling to the earth.
 But suddenly I'm crashing down and falling to the earth"

Youth 3:

"Who am I?
 Am I me or who they want me to be?
 Who are you?
 Are you you or who they want you to be?
 Who are we?
 Who the fuck are they to tell us who we are?
 You told me it was weird.
 You told me it was like nobody else.
 You were scared.
 And you believed yourself.
 Like everyone else.
 Like everyone else."

Introduction

Studies have shown that transgender and gender creative youth have alarmingly higher rates of depression, anxiety, suicidal ideation and attempts, self-harm behavior and victimization (Johns et al., 2019; Reisner et al., 2015; Toomey, Syvertsen, & Shramko, 2018). The 2017 Gay Lesbian & Straight Education Network (GLSEN) School Climate Survey found that transgender students report more hostile school experiences than their LGBTQ cisgender peers (Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). In a study of LGBTQ youth service preferences (Wells et al., 2012), transgender-identified youth reported higher interest than their cisgender peers in social services for peer support, family issues, coping strategies, self-defense and support from older LGBTQ individuals. Although this need has been articulated by transgender youth, a 2012 study by Allen, Hammack, and Himes surveying LGBTQ youth community-based programs found that only 54% of programs surveyed provided transgender-specific services, and of these services, only 61% (33% of all programs surveyed) required facilitators to have prior experience working with the needs of transgender young people.

This article seeks to explore a merging between mental health services and community center spaces as a route towards increasing access and providing care for gender creative youth. We come into this discussion as an art therapist, Juniper, and music therapist, Spencer at the Utah Pride Center Youth and Family Programs in Salt Lake City, UT (USA). Exploring this grew out of the opportunity to develop a pilot creative arts program at the center, the first of its kind. That opportunity arose after Spencer completed his master's thesis with the center, conducting a one-day music therapy workshop with transgender and nonbinary youth (Hardy, 2018). The program, Unique Expressions, is a creative arts group for youth ages 10-14 who identify as gender creative, nonbinary, transgender, gender questioning, or other non-cisgender identities.

In creating this program, we found ourselves in the borderlands, to use the metaphor and theoretical framework developed by Anzaldúa (1987), wherein she explored the etiology of existing as "ni de aquí, ni de allá" [neither here, nor there]. Anzaldúa examined the discomfort and the adaptability of borderland consciousness, of cultural displacement. The borderland we claim is the space between more traditional concepts of a mental health treatment program and that of community-centered work.

Furthermore, transgender youth already exist within borderlands, navigating the blurred lines of gender expression throughout their lives: across school, community spaces, religious institutions, family expectations, and peer relationships. Just as Anzaldúa (1987) honored the pain and celebrated the powerful resilience and adaptability her identity encompasses, we wanted to engage the wholeness of the *both/and* space that exists between and beyond binaries. We asked ourselves: What are the needs of gender creative youth? Can we uniquely address them as creative arts therapists? And

as our field continues to grow into community spaces, including LGBTQ+ centers, we must ask the question: *How do we approach this work?*

Therapeutic Approach

Juniper

I conceptualize my work as an art therapist as a dedicated practice of co-tinkering with my clients. We are co-tinkering with ideas, with stories, with feelings: holding this one up or that one up, unzipping them, weighing them, listening to the sounds they make when we rattle them. We put certain memories with certain feelings; we swap out all of these variables in different combinations. We make statements and bold assertions. We conclude, we backtrack. We draw hard lines, we soften. We note what resonates, we put aside the things that don't. It often feels like a dance between imaginative play and scientific study. I have worked with all ages, in institutions as disparate as jails and grassroots afterschool programming, yet the underlying commonality has been getting to meet my clients with a sense of respect and awe, and a willingness to use their creative process as a springboard for reflection, insight, and connection. I hope to intentionally cultivate a space where we can be emotionally, psychologically, physically safe through consistency, clear expectations, and open communication. It feels like building a world within a world. I believe attending to and nurturing that world as a community is the steam in the engine that drives progress towards the youth's collective and individual goals.

My approach to working with queer young people has been to use the art as a platform, a set of steps, a metaphor, and a container that the youth activate and animate with their own lived experiences. In this alchemical equation, I may offer some raw ingredients, but it is only through energetic collaboration that we are able to make, observe, and enjoy the magic. The therapeutic facilitation occurs in attuning myself to the timbre of the space we are building, keeping us accountable to our group culture of respectful inquiry. As a queer woman whose gender expression and sexuality has evolved, expanded, and continues to transform, over my own lifetime, I consider it an honor to bear witness to others' processes of self-discovery.

Spencer

Music has always impacted me to my soul, as I know it can and does with others. When creating music in tandem with others, a deep and powerful connection can often be made quickly. As therapists, we harness this connection in developing the therapeutic relationship. My goal as a therapist is to work in partnership with my clients, developing a relationship rooted in trust, positive regard, and creativity. My role is to be on a journey with them that can enable their own desire for growth and change within themselves. At times, my role is to step back to occupy the space as simply a facilitator, while a powerful relationship between the client and their own musical expression grows from bud to blossom. With influences from resource-oriented music therapy (Rolvjord, 2006), my approach is rooted in empowerment and in an individual right to music. Focusing this work in anti-oppressive practices (Baines, 2013) that de-pathologize queer individuals, this comes from my own experience as a queer non-cisgender person. Hadley (2013) stated that as creative arts therapists "our personal identity is our professional identity" (p. 375, emphasis in original) in that we cannot separate our personal experience and how this influences our work as clinicians.

These concepts are not rooted in a traditional music therapy pedagogy and took some time for me to discover for myself while growing and expanding as a clinician. I have grown to understand that my own countertransference within a clinical relationship may act as a mirror, blocking me from recognizing my client as an individual. Or it can actually become a microscope, to help me consider my own experience and better recognize the experiences of those I am with seeking change. This is evident within

all settings I have found myself as a clinician but certainly true when working with LGBTQ+ youth.

Queering Our Approach

Our understanding of *queering* is taken from concepts of queer theory. Queer theoretical approaches include “resisting the categorization of people, challenging the ideas of essential identities, questioning binaries...demonstrating how things are contextual...[and] examining the power relations underlying certain understandings, categories, identities, etc.” (Barker & Sheele, 2016, p. 31). Sullivan defines the act of queering as “to make strange, to frustrate, to counteract, to delegitimize, to camp up - heteronormative knowledges and institutes and the subjectivities and socialities that are (in)formed by them and that (in)form” (Sullivan, 2003, p. vi).

In the field of social work, LeFrancois (2013) endorsed the concept of queering an inpatient mental health setting in the UK, defining the term as “the troubling or disrupting of implicit normative approaches to working with psychiatrised [sic] young people” (p. 2). Within this definition, the sexual identities of the youth are not significant, but rather the approach; to destabilize intersecting forms of oppression within the clinical work. Within queer spaces, this approach can be incredibly powerful, reminding queer individuals that they are not wholly defined by their sexual identity. But outside of queer spaces this approach can be equally effective, as all individuals across marginalized communities can benefit from this type of anti-oppressive work and it may offer all individuals opportunities to examine their own privilege.

In the creative arts field, queer theoretical approaches to art therapy have been proposed to “disrupt social hierarchies of gender” and “challenge the pathologization of gender” as well as challenge systemic oppression and reduce power dynamic in research (Zappa, 2017, p. 129). In the field of music therapy Bain, Grzanka, and Crowe (2016) acknowledged the problematic nature of “incorporating diverse sexual orientation and gender identity issues into an existing disciplinary framework that has an historical hostility towards non-normative sexualities and genders” (p. 22), and they suggested instead drawing from queer theory as a more inclusive and anti-oppressive approach. Literature on queering in the creative arts field is limited, but similar concepts can also be seen in the work of feminist approaches to art and music therapy (Hadley, 2006; Hogan, 1997), anti-oppressive music therapy (Baines, 2013), and social justice approaches to creative arts therapies (Curtis, 2012; Golub, 2005; Talwar, 2010; Vaillancourt, 2012).

When entering into work with gender creative youth, we first seek to identify the dominant messages these young people are receiving and the ways these narratives are serving or dis-serving their interests, emotional wellbeing, and ways of functioning. By breaking down social expectations and dominant narratives, we can create a space for youth that offers alternatives to the dominant discourse and allows them to express and explore their gender more freely. Within this breakdown, we can reimagine a social space in which the pressures of identity formation are lessened, and youth might feel safer to express and explore a range of questioning and queering of their own identity. Within our experience at the Utah Pride Center, this safety in expression can be recognized through youth freely requesting changes to their name and pronouns across the 10-week program, as well as sharing openly details about their gender exploration outside of group. The intention behind this is to create a space that operates without traditional labels and binaries. For many of the youth in our groups, this may be the only space where unlearning these binaries is normalized and encouraged for them.

The youth participating in Unique Expressions have often interacted with providers and systems that have labeled the distress they feel as a fixed, unyielding “problem” and that this problem is linked to their identities inextricably (Richmond, Burnes, & Carroll, 2012). We seek to dismantle this assumption by cultivating a psychological and community space where youth can explore their identities with the utmost respect for their autonomy and self-knowledge. Here, we are seeking not to fix the “prob-

lem” but to assist them in naming and clarifying the ways external factors, binary systems, and dominant discourse creates and contributes to their distress. This approach is aligned with narrative therapy practices where clients are engaged in reflecting on the influence of the externalized problem in their lives and relationships, and inversely, on their influence in the life of the problem as a way to begin re-mapping and re-authoring their stories of identity (White & Epston, 1990). Counseling approaches tend to personalize the problems that individuals experience as intrapsychic turmoil; queer-informed narrative therapy, however, can acknowledge the impact social structures have on our experiences of and within ourselves. We found that when we embraced the young people we worked with as whole, we inherently rejected the idea that their identity is the problem. The therapeutic work has been in collaboratively recognizing and naming the context for their distress while expanding the coping skills youth have to mitigate the harm of these problematic systems. When these processes take place within a community context that does not pathologize them, youth are likely to engage in dialogues with peers and adults surrounding the ways they practice their selfhood in resistance to cisnormativity. Nylund and Temple (2017) pointed out that through queer-informed narrative practices, namely by externalizing problems and linking them to transgender oppression, we can equip our clients with tools that re-story their experiences, highlighting their persistence and defiance of societal expectation.

Within the legacy of mental health, psychiatry and counseling approaches, many of these approaches have been about correcting, eradicating, or fixing queer people who are accessing mental health services (Kunzel, 2017). This is a part of queer history, and we argue that this is carried within our community as a form of trauma. In his book, Nadal (2018) discussed the relationship between microaggressions and psychological trauma, including how everyday microaggressions and experiences of discrimination may lead to psychological distress including symptoms of posttraumatic stress disorder or what he defined as “microaggressive trauma” (p. 13). Sotero (2006) presented a “historical trauma theory” with mass trauma inflicted upon a minority population over a period of time, impacting an entire community and creating a “universal experience of trauma” that resulted “in a legacy of physical, psychological, social and economic disparities that persists across generations” (p. 94-95). Michaels (2010) gave examples of historical trauma including “planned violence or segregation (genocide, massacres, imprisonment) [...] and] prevention of cultural or spiritual practices (forced conversion designed to deculturate and assimilate an entire group of people)” (p. 1).

When considering the historical trauma of the LGBTQ+ community, we as LGBTQ+ individuals immediately recalled the medical neglect and refusal of care towards gay men during the AIDS epidemic (Curran & Jaffe, 2011; Fitzsimons, 2018) and the now medical neglect towards an aging LGBTQ+ community (Choi & Meyer, 2016); the history of police raids and attacks on LGBTQ+ individuals in bars (Ogles, 2017) and the now more recent Pulse Nightclub shooting (Alvarez & Pérez-Peña, 2016; Stults et al., 2017); the history of “homosexual” as a mental health disorder (Drescher, 2015) and the continued stigmatization and abuse of LGBTQ+ individuals in the mental health field with the use of conversion and reparative therapies (Mallory, Brown, & Conron, 2019); and the murder of Matthew Shepherd (CNN, 1998), Brandon Teena (Molloy, 2014), Rita Hester (Allen, 2017), and the ongoing epidemic of murders of transgender women of color (Human Rights Campaign, 2019). The pain and emotion that come up as an LGBTQ+ person just putting these words to page and recalling the collective memory or our community’s experience of these traumas is our own personal testament to the historical trauma experienced by our community. As clinicians, we also recognize the way this impacts LGBTQ+ youth — a new generation taking on this historical trauma.

This shared history and collective memory informs the way that queer people continue to navigate relationships with care providers, whole systems of care, and the institutions that these providers and systems are a part of. Even as we write this paper, we continue to navigate our professional fields alongside mental health clinicians who

maintain an oppressive attitude and approach towards the LGBTQ+ community. Interactions with providers could be as direct as a pathologizing perspective of treatment or as insidious as gaps in understanding and education in regard to gender and sexuality. Whether harm from providers and systems is explicit or subtle, there is great potential for helping relationships to perpetuate trauma. Shelton and Delgado-Romero (2011) explored the experience of lesbian, gay, bisexual, and queer clients in psychotherapy, finding eight themes of microaggressions perpetuated against participants, including assuming an individual's sexual orientation was the cause of all their issues in therapy, perpetuating stereotypes, "warning" individuals about the challenges of living outside the "norm" of heterosexual, avoiding discussion of their sexual/gender identity, or assuming superiority as a heterosexual provider.

As queer therapists, we too carry our community's collective memories of harm. We choose to situate ourselves within conversations and efforts toward disrupting that narrative of marginalization and suppression in the relationship between providers and consumers of mental health care. Because we have experienced our own relationships with providers who did not affirm or validate us in our own care, we refuse to perpetuate that trauma in the youth with whom we work. We do this by striving to create the safest place possible for our clients, by sharing our own personal stories and experiences with the youth when it serves them, by working towards minimizing and deconstructing power dynamics within the therapeutic relationships, and also by constantly questioning systems of oppression and fostering that same questioning attitude with the youth. We must also acknowledge that at times we as clinicians are working within systems and institutions that perpetuate trauma and that we ourselves may unknowingly or unintentionally cause harm.

Queer youth deserve access to quality care from providers who are a part of their community. LGBTQ+ youth deserve the visibility and conversation surrounding queer narratives to exist not within the margins, but at the center, at the beating heart of the therapeutic work. In a study of youth service preferences, transgender youth expressed a higher interest in the services provided within a queer-youth specific agency and with services provided in small groups led by LGBTQ adults (Wells et al., 2012). Furthermore, Wells and colleagues found that self-disclosure of LGBTQ+ identities by facilitators aided in developing a therapeutic relationship with youth participants. Within Unique Expressions, our own queer identities are a part of leveling the power dynamics within the therapeutic space. We reciprocally perform and witness our identities from peer:peer, facilitator:participant, and facilitator:facilitator, allowing for communication which attempts to minimize hierarchies and maximize skill-sharing and resource-pooling.

Developing Unique Expressions

At the Utah Pride Center, approximately 70% percent of youth accessing the Youth and Family Programming space identify as non-cisgender (L. Archbold, personal communication, April, 2019). When envisioning a creative arts program, it was a targeted decision to first offer this platform to those non-cisgender youth who, as studies have shown us, are at a higher risk than their cisgender peers for depression, anxiety, suicidal ideation and attempts, self-harm behavior, and victimization (Johns et al., 2019; Reisner et al., 2015; Toomey, Syvertsen, & Shramko, 2018).

In addition to considering the gender identity of participants in a pilot program, age was also an important factor. The 2017 GLSEN School Climate Survey reported that students attending schools with LGBTQ-related school resources were less likely to report feeling unsafe; however middle school students were less likely to have access to these types of resources and reported higher rates of victimization and discrimination (Kosciw et al., 2018). Because of this discrepancy, our program was also piloted to specifically reach those youth, ages 10-14, who may have less access to networks of support, resources, and skills than their older peers. The increased risk factors and lack of access for this community is not due to the youths' personal identities, but rather a

result of external forms of oppression, heteronormativity, and cisgenderism which impact these youth throughout the various institutions and communities through which they navigate.

To date the Center has supported three cycles of Unique Expressions cohorts, with programming continuing through 2019. The group was designed as a closed group, unlike some LGBTQ+ community center programs which operate on a drop-in basis. It occurred in 10-week cycles, with intakes for each participant conducted prior to the beginning of that cycle. This gave time for the facilitators between cycles to conduct intakes, promote the group in the community at large, and conduct any additional planning and fundraising for the next cycle.

Intakes

A primary goal in crafting the structure of the program was to offer youth a space that was inherently theirs, wherein they could articulate and form their own goals, pursue those goals in ways that felt authentic to their needs, and furthermore, claim ownership in the process of tracking and measuring their progress. This culture of placing young people in a position of influence, revered and respected as the experts of themselves, started from our initial meeting of each young person for their required pre-cycle intake. This intake was an interview, gently shaped around open-ended prompts, allowing each participant to describe the landscape of their lives. This qualitative approach was a queering of traditional clinical assessments which rely on self-report scales, checkboxes, and fixed categorical questions that at times can constrain individuals' challenges in living.

The facilitators took on the task of writing down and recording the young person's thoughts, observations, hopes, and worries, letting each interviewee relax into reflecting on their current experiences of selfhood, identity, resilience and coping, social and school concerns and supports, and family life. In designing our program, we believed the queering of typical power dynamics had to begin at intake; we hypothesized that by placing the young person in control of the needs-assessment process, we could achieve better outcomes in group. We wanted to cultivate a transformative experience for youth who have been scrutinized and pathologized, perhaps in many contexts and by multiple types of adults and professionals. Therefore, we made our assessment process a relational and attachment-based process. We hoped that from the first interactions with us as facilitators, youth could have opportunities to exercise their autonomy.

An additional intention behind the intake process was not to pathologize or limit access to participants. The therapists asked participants questions about mental health conditions and assessed suicidality in order to have a full picture of each participant and an understanding of their resources and access to mental health services outside of the group. For participants with higher acuity of mental health needs, the therapists conducted safety planning with the participant and their parent/guardian and made appropriate inquiries and referrals. At this date, no youth has been turned away from group based on their mental health needs. What resulted was group cohorts with a wide range of mental health statuses, including participants who ranged from actively suicidal to those with no history of suicidal ideation. In a traditional psychotherapeutic group, facilitators may choose to build more homogenous cohorts; our decision to emphasize and practice a "come as you are" mentality was informed by a commitment to increasing access to resources and support, building safe space, and destigmatizing the open discussion and continual assessment of self-injurious and suicidal ideation and behaviors.

Program Goals

The purpose of Unique Expressions includes increasing resilience, building adaptive coping skills and reducing maladaptive coping strategies, fostering a sense of community, and increasing self-esteem. The goals of the youth? "To have fun," "make

friends,” and “feel better” were all common themes. The facilitators addressed these goals through a community action and empowerment approach, with goals identified and defined by the youth and with progress measured and tracked by the youth during the 10 weeks.

Youth participants were each provided a journal in which they could work on group tasks and take home with them to continue utilizing outside of group. Each youth was asked to write down their personal goals for the group in this journal and share as much as they were comfortable. During any given week of the group, you might find the facilitators reviewing goals with the youth and the participants journaling on new goals. Youth were also tasked with creating group goals and were asked to choose and plan a culminating project or group effort of some kind. Discussions of the culminating project were ongoing, with youth ultimately deciding on a shared vision for how to encapsulate and express their group’s journey.

Therapists as Collaborators

The therapists identified themselves as “therapists as collaborators,” working in tandem with the youth to create a constructive and positive space for themselves. Rather than prescribing, as self-professed experts, what group would be and how it would work, we invited youth to envision and implement their own goals and dreams for this community time and space. Subverting traditional psychotherapeutic roles and power structures, and thereby queering our program curriculum, allowed room for mystery and surprise week-by-week.

Part of the collaborative process of the group was the continual reassessment of our young people’s individual and group goals and keeping ourselves accountable to our mission of using the arts for connection, expression, increased resilience, and empowered authorship. Rather than beginning group with a fixed curriculum of art-based directives and experiences, we planned and implemented one or two structured components of group from week to week, responding to the critical issues young people had brought to us the week before and the subtle changes we could see in group dynamics. We also built in unprogrammed time that could be shaped in-the-moment so that as youth’s needs evolved, the group’s scope could grow to meet them. The alchemy of building this group together offered youth opportunities to claim ownership in the outcomes of the group and the collective experience. Co-creating this group with these young people often felt like treading in water that was constantly changing its temperature, current, and depth. We collaboratively assessed each individuals’ needs within the cohort as well as the challenges they encountered outside of group, making resource referrals as needed and offering more structured relational support as indicated. This took the form of communicating with parents outside of group, checking in with young people after group regarding any concerns on their part or on ours, and making ourselves available to youth via Pride Center-affiliated phone and emails.

As part of this model of co-collaborating, we hoped to encourage self-advocacy and self-motivation in youth through modeling and engaging in open communication about the boundaries/limitations and potentials/opportunities of the group space and the mission and group values of our work together. Including the youth in shaping the group structure allowed them to identify as stakeholders in their own experience of personal and/or identity growth, creative authorship, and increased resiliency and coping.

Culminating Project

Youth participants were encouraged to think about a group project as a final culmination of the 10-week program. As creative art therapists, we focused on the process and not product of or time with the youth participants, therefore, after the first round of our program, it quickly became evident that focusing on an externalized goal for the group (i.e., performance for parents/families) may be counterproductive to the group process. However, a culminating experience also gave an inward voice to the arc

and journey that these youth took together, namely their willingness to be vulnerable, grow, and challenge one another. With this in mind, the group project became more of a suggestion, thrown out by the facilitators and scooped up by the youth to mold and grow on their own.

For example, within the second cohort, the desire to form a band and create a song became the focus of this group project. Rather than a facilitator-led group songwriting experience to accomplish this, the group song idea grew out of youth-lead ideas and discussions over multiple weeks. Group participants discussed the song's mood, feel, and theme amid other discussions and experiences. Participants imagined band names, music video ideas, and costumes to accompany this unwritten song. After the group discussion and processing of an art-making experience, participants were prompted by the facilitators to journal on their experience of the art-making and how they related to their peers' experiences. Youth identified shared themes within their experience, and from this journaling developed budding song lyrics. In the following weeks these lyrics were listed out, revisited, and eventually a final theme was decided: "Who am I?" In this way, the culminating group project came not from a therapist-led prompt, but rather a peer-to-peer creation, collaboration, and reformation.

Beyond Dichotomies: Challenges *and* Opportunities

Treatment Group *and* Community Space

After three cycles with three different cohorts, the distinct needs of the youth and considerations of working in a community space rose to the surface. The unique features oftentimes presented as challenges, puzzles, or constraints, yet oftentimes, these features offered opportunities for innovation—to expand our ways of thinking about and story-ing the work we were doing and to learn from the youth. As facilitators of this group, we quickly found ourselves navigating a physical and metaphorical space that skirted *either/or* binaries and embraced a *both/and* reality instead. Our group straddled inbetween-ness, inhabiting a liminal space between a mental health treatment group *and* a community space.

The group offered an experience that targeted *both* clinical and non-clinical goals. As the group shaped itself into a format that embraced the murky fertility of the *both/and*, it became clear that few of the youth would choose to describe the group as a mental health therapy group. Although the youth gained mental health benefits from participating in the group, they may not choose to articulate the function or structure as such. We often heard youth voice gratefulness for the support, validation, and sense of community they found in group. In the same way that a goal of "feel better" meant "to stop self-injurious behaviors" or "to make friends" meant "to reduce social isolation," our group functioned to promote a profound engagement with self and community in a way that fostered connectedness, positive coping, and resilience without needing to overlay a language of illness or impairment that might inhibit youth from accessing and partaking in the group. We felt strongly that however participants chose to describe the group, the importance lay in how the therapeutic space was built, lived out, and experienced. Rather than be concerned with the nouns of our work, we considered and celebrated the verbs.

In addition to this *both/and* space, the group, and the Center as a whole, functioned differently for each participant. Each group began with a shared meal, a check-in about their week, and maybe spending some time picking out clothes from the shared closet. Many of the youth came early or stayed late; it became clear that youth needed the space for multiple layers of support. Often the space functioned as a social outlet, and possibly, the only moment within their week that they may interact with other queer youth. As facilitators, we chose to validate and embrace this range of needs from the group participants whether it be accessing food, a safe space, a social outlet, a sense of belonging, or just accessing gender-affirming clothing.

Supporting Young People *and* Supporting Families

In working with youth ages 10-14, another important element was working with parents and caregivers. For participants this young, buy-in and engagement from the parent/caregiver was an important element. Family participation in the intake was expected, and many youth this age needed support from parent/caregiver/family for transportation and access to the space. Because of this, parents/caregivers anticipated an active role in discussing their child's participation and progress. However, the way we interfaced with families is different than other clinical settings. Supporting a parent or guardian's understanding of the therapeutic process and their child's role in it was important; however, we also worked to respect confidentiality and boundaries set by the youth participants. This included, at times, not sharing specific artwork or processing to parents/caregivers without youth permission and explaining to parents the importance of artwork as a therapeutic process that may be vulnerable for the youth to share with their parent/guardian.

At times, negotiating the sometimes-disparate needs of parents and youth meant choosing not to disclose specific creative processes or experiences shared within the group, while at other times it required nuanced discussions with the youth in question to empower them in disclosing or initiating conversations with parent/caregiver themselves, sometimes with the facilitator present for support. We also worked to set clear boundaries with both youth and parents/guardians regarding the limits of this confidentiality in regard to potential harm and abuse.

This age range developmentally incorporates the beginning manifestations of individuating, with youth wanting to separate themselves from their parents/guardians at times more than their caregiver may be prepared for and sometimes in ways that may not always benefit the young person when they need their parent as an advocate or resource (see Kruse & Walper, 2008). Within families, relationship dynamics may be shifting at this time to reflect more symmetry with regard to influence, control, and autonomy between caregivers and their young adolescent. Their young person may be investing in their expanding peer networks and the nuances of these relationships as they explore their identities and experiment with taking on new social roles and asserting themselves (Grotevant & Cooper, 1986). This dissonance and the "growing pains" of exploring one's selfhood apart from one's parent(s) or family system can cause much discomfort or breakdowns in functional communication.

An additional way we facilitated conversations between youth participants and their parent/guardian came through a fact sheet we devised as part of a packet provided to families, helping caregivers feel more connected to the structure and purpose of our programming. This document incorporated information about the creative arts therapies, the education and training of the facilitators, and how to contact us with questions and concerns that arose over the course of the group. We also included prompts and guidelines on how they could most effectively discuss group with their child. This provided examples of open-ended questions regarding the process of creating art and music and what these experiences may bring up for them. It also articulated to parents/guardians that youth may not want to share their efforts with their family. In this way, the fact sheet offered guidance for parents on how to navigate the "process" vs. the "products" of the group, while also respecting their child's privacy and developmentally appropriate means of individuating.

Making Space for Self *and* Making Space for Others

While all participants identified as non-cisgender, the ways that each young person lives out that experience could be vastly different. For some of the young people, this might be the first time they were encountering trans, non-binary, and gender creative identities in their peers, and these could be embodied and conceptualized very differently than their own experience. This idea relates to the concepts of "queering" and breaking down binaries, particularly when two participants' conceptualization and experience of the same or a similar identity presented so differently.

Interfacing with others' narratives of self, which were different than their own experiences and/or preconceptions surrounding gender identity and expression, encouraged conversations which could not happen in the scope and depth that they did had they occurred within the context of a group with cisgender peers. Some of the evolving conversations youth initiated included exploring trans identity and dysphoria, considering the possibility that some of their trans peers may not experience dysphoria or may experience dysphoria in completely different contexts, and the relationship between caring for one's physical needs and their emotional health (e.g. ignoring basic needs such as eating and sleeping, overeating or oversleeping, or binding one's body for dangerous time frames). We found that many of the youth wanted to push past their patterns of concrete thinking; the group became a place to challenge themselves, their assumptions, and their expectations. Part of queering is to complicate, to *find* problems rather than problem-solve, to ask questions, and to acknowledge layers and filters of experience over absolutes and fixity. Youth actively practiced ways of queering their thought processes and the dominant narratives of queer and/or trans identity they have encountered.

Many of the participants had been relying on online spaces and platforms as a place to find information, support, and validation. While accessing affirming communities online can certainly increase positive coping and resilience, one pitfall of this avenue of support is that youth in this age group often encountered information that was quite didactic and curated. These online communities potentially acted as an echo chamber of homogenous attitudes and perspectives. As the group developed, youth were better able to initiate, direct, and moderate these very vulnerable and important conversations for themselves. The real-time feedback of a person in front of them, in the context and stakes of a world-relationship, added depth and care to these interactions that youth were not finding in the digital realm.

The Personal *and* The Political

Participants brought a range of identities and experiences beyond their gender identity to the group space, including race, class, religion, social skills, and access to resources. As part of exploring the subtleties and intricacies of each youth's experience of gender and sexuality, the youth often incorporated politics, social issues, and activism into our conversations.

Boggan, Bain, Grzanka (2017) discussed the concept of anti-oppressive approaches as a political act in their article on radically inclusive practice. They emphasized that when working with individuals with stigmatized identities, the personal is political, and that "LGBTQ+ visibility and living authentically are inherently political acts" (p. 396). They discussed the therapeutic relationship within a queer therapy approach, noting how self-disclosure and situating oneself within societal structures contribute to dismantling power dynamics and facilitating empowerment within the therapy setting. By embracing the concept of *both/and*, we supported the youth in our program by engaging in social and political conversations rather than shying away from them. We wanted youth to be free to explore all realms of their lives and experiences within the therapeutic space. We strove to make sure youth felt heard and supported when these conversations unfolded as we processed together and honored the emotions that would arise.

As facilitators, these moments represented further opportunities for *both/and* thinking. By witnessing these conversations and co-creating the dialogue, we attempted to validate for youth that their personal experiences have political implications and that politics and culture have direct impact on all of our own personal worlds. When it came to discussing topics of social justice and oppressive systems, we hoped our therapeutic space could contain these conversations with psychological and emotional safety. One of our group cultural norms (which the group developed by consensus and reviewed each week) included the assertion that *we can speak up for our own needs*, further specifying that youth could choose to speak up to the group in-the-moment or

could choose to address unmet needs with a facilitator one-on-one at any point. We attempted to purposefully *not* shut out or suppress any of their concerns, ideas, and questions. We found making space for youth to encounter and explore their own and others' perspectives in regards to gender and sexuality made it possible for youth to build the emotional regulation and active listening skills needed to have more nuanced conversations surrounding each young person's ideology and understanding of concepts such as bodily autonomy, reproductive rights, representation in government, public accountability, "call out culture," and spirituality. Because none of our LGBTQ+ identities exist within a vacuum, we welcomed our young people's efforts to build and develop their own skills for witnessing and respecting others' identities, opinions, and stories. We believed in the youth's readiness for and applauded their interest in tackling these subjects which often presented as uncomfortable and unsettling.

Conclusion

Developing the Unique Expression program at the Utah Pride Center blossomed from a desire to provide support and access to a youth population that is underserved and in great need of inclusive and identity-affirming services. Implementing the program became a journey of 'queering' traditional concepts of how to assess and address mental health needs. We focused not on pathologizing but empowering youth to build upon their strengths and explore new intra- and interpersonal skills and coping strategies. By working to break down hierarchies within the therapeutic space, we watched youth gain confidence in expressing and enacting their own autonomy, gain a sense of mastery within their own expressive and creative efforts, and embrace intersectional identities and experiences.

We recognize that our role as clinicians is influenced and impacted by our personal and political realities. Queering our approach to the psychotherapeutic creative arts is our form of direct action in an effort to dismantle systems that have fallen short for ourselves and our community. When co-constructing the group with the youth, we did not obscure or minimize our own identities and journeys. We sought an intergenerational honesty and transparency to build trust and community growth. We shared the ways we continue to navigate the same hierarchies and systems of oppression they do; as adults, we don't have it all figured out, and we haven't mysteriously and spontaneously "arrived" somehow. As we continue to build upon the Unique Expressions program, we feel strongly that if we want to change the ways mental health and social services have failed queer and gender-diverse people, we have to change it from within by offering care to our own community, basing it within a framework that is anti-oppressive and intersectional in regards to race, ethnicity, class, ability, and so on. We aspire to live out and model for the youth the principal value that our community is important, whole, and vibrant and that we can carve out and hold healing space for ourselves.

About the authors

Juniper Monypenny, MAAT LCAT ATR-BC. Juniper attended the Rhode Island School of Design, where she studied painting and creative writing. She went on to complete her art therapy training at the School of the Art Institute of Chicago. Juniper's research and clinical practice has incorporated her interests in traumatic loss, crisis intervention, disabilities justice, and queer studies. She has worked with children and adults in diverse settings including residential treatment centers, correctional facilities, schools, and grassroots non-profit organizations. She currently works as a medical art therapist at Primary Children's Hospital in Salt Lake City, UT. Her studio practice incorporates performance & sculpture with image-making & the written word. She seeks to create immersive visual experiences that foster intimate connections between artist and audience.

Spencer Hardy, MA, MT-BC. Spencer currently works at Primary Children's Hospital, where he joined the Expressive Therapies team in 2015 and was hired on as

Expressive Therapies Coordinator in 2018. Spencer also serves as Internship Director for the Music Therapy Internship program and is currently serving as co-chair for the Intermountain LGBTQ+ Caregiver Resource Group. Spencer also works part-time for the Utah Pride Center co-leading a music and art therapy group for LGBTQ+ youth, Unique Expressions, developed in 2018.

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