Creating a New You:

Using Character Creation and Comics for Identity Development in Queer Neurodivergent Adolescents

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Abstract

This paper examines the clinical application of character and comic creation with Queer neurodivergent youth with the focus on identity development within a group setting. The curriculum workbook is built on research including adolescent development, personality development, and inclusions of geek interests in its approach. The workbook includes character templates where participants can rate their characters skills and qualities on a 1-10 scale for strength or importance and comic interventions to encourage identity exploration. The curriculum workbook includes four main topics focusing on the actual self, the ideal self, narrative therapy through comics, and a final group project where small groups work to write and draw their own comics involving overcoming a problem. Further research is needed to examine character creation beyond current use in video games or virtual spaces, as well as continue to explore geek interests within clinical applications.

Keywords: adolescents, art therapy, autism, avatars, character creation, comics, geek therapy, identity formation, queer

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Chapter 1: Introduction

Adolescents are a population that grapple with rapid changes in their body, functioning, and social environment, amidst a growing need for independence (Human Development Teaching and Learning Group, 2021). Queer and neurodivergent adolescents experience these changes like their peers but face additional challenges related to their minority identity statuses (Johns, 2009; Vogel et al., 2024). Intersectionality of queer and neurodivergent populations is high (Warrier et al., 2020), but current research and treatment modalities for these individuals are sparce (Hillier et al., 2020; Vogel et al., 2024; Wallisch et al., 2023). These populations experience limited access to treatment and ill-informed service providers due to stigma and discrimination, which discourages engagement with needed physical and mental health treatment (Wallisch et al., 2023; Warrier et al., 2020). Alternative treatment methods like art therapy, narrative therapy, and comics help address the developmental task of identity development and exploration (Shobe, 2024; Venkatesan & Peter, 2018; Vogel et al., 2024). Additionally, interventions using character creation encourage exploration through external means (Stuckey & Noble, 2010; Venkatesan & Peter, 2018). This research briefly discusses the needs of Queer neurodivergent adolescents, outlines the contents of the curriculum workbook, and includes reflections in the discussion section.

Purpose Statement

The purpose of this research is to create a curriculum for use by an art therapist within a group setting to address the unique needs of Queer neurodivergent adolescents. This resource is designed to help create a safe environment for guiding these youth through identity exploration and development using art and narrative interventions (Venkatesan & Peter, 2018). The integration of geek culture and artistic interventions helps create distance from potential past trauma, reduces discomfort related to stigma and discrimination, and allows for external processing (Mulholland, 2004). Externalization through creative means allows youth to explore

topics which may be too intense to discuss (Grossman et al., 2006). Depicting experiences in an autobiographical way while incorporating pop culture through inclusions of fantasy and fiction may resonate more with Queer neurodivergent youth. Integrating interests like geek culture may encourage participation and create unique opportunities for exploration and play within a safe, contained setting (Grossman et al., 2006).

Problem Statement and Justification

Research reflects increased rates of overlap between Queer and neurodivergent identities (Vogel et al., 2024; Warrier et al., 2020), though most studies examine these populations separately. Research focus tends to be on intersectionality and discrimination, as well as support systems related to complex identities (Hillier et al., 2020; Vogel et al., 2024; Wallisch et al., 2023; Warrier et al., 2020). Little research has focused on addressing limitations of support and resources accessible to Queer neurodivergent youth (Hillier et al., 2020; Vogel et al., 2024). There is a paucity of research that investigates how new or existing resources can tap into current contemporary culture to make treatment more approachable and interesting for Queer and neurodivergent youth (Bartenstein, 2024; HeySummit, 2022). Queer neurodivergent youth are discouraged from treatment due to stigma and prejudice (Hillier et al., 2020). The integration of interests, like geek culture, reduces barriers to treatment and increase participation. Limitations in current supports and resources call for the creation of tools to expand treatment modalities for Queer neurodivergent youth. Drawing on creative outlets and geek culture helps make treatment accessible and enjoyable while addressing the unique needs and challenges of Queer neurodivergent youth. As clients work through identity development, geek culture can assist them in creating social support, draw on their strengths and interests, and engage clients who may not respond well to current interventions.

Theoretical Foundations

Carl Roger's Theory of Personality Development

Person-centered Theory is a theoretical approach introduced by Carl Rogers in 1951 with a focus on how biological processes and the response from others inform our personality (Gillon, 2007). Rogers' theory of personality development drew on infancy and the initial interactions with the world (Gillon, 2007). He states that infants interact with the world through biological drives early on, like hunger, gestures, and physiological responses without self-awareness, with these processes happening internally with an external expression, like movement or crying (Gillon, 2007). When infants react to these biological drives, they are perceived and responded to by a caregiver through these external expressions, where the caregiver gives meaning and relates to the infant's processes (Gillon, 2007). As the infant grows and matures, they grow awareness and knowledge around these biological processes and they become more experiences of the self, rather than just of the body, which eventually develops into a self-concept built on consistent characteristics integrated into their experience, rather than separate characteristics that cannot be broken down into individual concepts (Gillon, 2007).

Rogers stresses that personality and self-concept development involve experiencing biological drives, as well as a new drive Rogers calls for unconditional positive regard (Gillon, 2007). Unconditional positive regard relates to the warmth and messages within another person's response to our outward expressions. Responses that make an individual feel warmth and nurtured, like a caregiver's response to meet an infant's needs, help create security in emotional responses like anger, sadness, and other emotions (Gillon, 2007). A negative response or being ignored by a caregiver can lead to a negative lens of the self-concept, leading to beliefs like "I am not liked when I get angry" (Gillon, 2007, p. 32). This grows into self-regard, where the infant starts to view their self-experiences in relation to the positive regard they evoke from others, which can cause discomfort in emotions like anger that may not elicit positive regard from others (Gillon, 2007). Conditions of worth begin to emerge, which involves evaluating self-experiences based on if they are associated or not associated with positive

regard. This can result in beliefs that self-regard is conditional and based on what characteristics may evoke positive regard from others (Gillon, 2007). These beliefs related to self-concept shape behavior and may lead to behaviors like avoidance from situations that may not evoke positive self-regard or internal rewards, even if they may be positive for the child. They may view enjoyable activities like play as a waste of time, as it may take away from other activities that foster positive regard, like studying (Gillon, 2007). These views contribute to development and functioning into adulthood. Rogers also stresses that as individuals develop, they function within the two value systems of the biological systems and the self. Misalignment between these value systems can lead to incongruence, with significant incongruence leading to issues of denial or distortion of experiences (Gillon, 2007). These experiences can be integrated into the self-concept to help find equilibrium, or the concept of self can be fractured which can lead to psychological issues (Gillon, 2007).

Jungian Personality Development

Carl Jung was a psychoanalyst and student of Sigmund Freud who pursued his own theory separate from his teacher, as he viewed Freud's approach as not universal and did not focus on individual growth (Ekstrom, 2004; Niaz et al., 2019; Tarzian et al, 2023). His approach focused on the concepts of the impact of trauma, interpretation of dreams, free association, symbolism, and archetypes (Jones, 2013; Ladkin et al., 2018). Jung focused on individuals, defining individuation as "integrating both conscious and unconscious aspects of one's personality to achieve wholeness and self-realization" (Tarzian et al., 2023, p. 4; see also Ladkin et al., 2018).

Jung continued with this theory of more universal human experiences with this later informing his theory of personality types (Jung, 1961). His idea of personality was based on a predisposed type where biological influences and environment (nature & nurture) together would lead to a healthy expression of personality, though there is no pure type but opposites

with preferences (Blutner & Hochnadel, 2010). Jung's theory of the Self was an archetype of wholeness, including both the conscious and unconscious (Blutner & Hochnadel, 2010). His personality theory was based on four main psychological functions all people have: thinking, feeling, sensing, and intuition exhibited by introversion or extraversion (Blutner & Hochnadel, 2010). These four qualities vary on preferences individuals commonly operate under and the combination of these preferences determines personality. Thinking, a rational function, is opposite from Feeling, an emotional response; sensing involves gathering information via the senses, opposite from intuition where a lot of information is integrated beyond the senses (Blutner & Hochnadel, 2010). While individuals may vary in how they exhibit these qualities, a superior function is chosen due to what is preferred, though there are secondary functions that support the superior function, and tertiary functions that are less developed (Blutner & Hochnadel, 2010). Jung also was sure to introduce the concept of "shadow", indicating more negative aspects to personality that still contribute to overall cognitive functioning (Blutner & Hochnadel, 2010). Characteristics of this theory create a possibility of 16 different outcomes based on preference combination, now commonly known as the 16 types (Blutner & Hochnadel, 2010). This personality theory was later integrated into the Myers-Briggs type indicator (MTBI) and Singer-Loomis inventory of personality (SLIP), which are commonly used assessments to this day (Blutner & Hochnadel, 2010).

Parts Work & Internal Family Systems (IFS)

The theory of IFS identifies that the mind is not a whole entity but is comprised of multiple sub-personalities or parts that have their own "history, outlook and approach, ... own idiosyncratic beliefs, characteristic moods and feelings, and ... own relationship with other parts" (Sweezy & Ziskind, 2013, p. xviii). Parts typically fall under three general roles: managers, exiles, and firefighters. Managers are a protective part that focuses on safety and organization and may focus on perfectionism, worry, caretaking, or discouragement to protect the overall

system (Sweezy & Ziskind, 2013). If the manager's actions are extreme, they can also inflict harm to the overall Self. Exiles include injured parts that hold "emotional pain and dysfunctional beliefs about their worth and lovability that threaten the equilibrium protectors crave" (Sweezy & Ziskind, 2013, p. xviii). Exiles can overtake managers and blend with the overall Self and their views and pain can impact on the overall functioning and perception of the individual (Sweezy & Ziskind, 2013). Firefighters are the third part that act as protectors and address issues with exiles who take over other protective parts. Instead of strategy like the managers, firefighters use more aggressive methods of coping in order "to put out the emotional fire at any cost" (Sweezy & Ziskind, 2013, p. xviii). These extreme behaviors can include maladaptive behaviors like substance use, risky sexual behaviors, self-harm and suicidality, and other extreme behaviors.

IFS takes a different view toward symptomology, viewing behaviors that may be pathologized as protective behaviors for the system (Sweezy & Ziskind, 2013). Parts can manifest as internal experiences, like internal voices, images, or sensations, or even memories (Sweezy & Ziskind, 2013). These parts work in tandem to help maintain equilibrium. When balance is off and a part may become dominant, other parts may emerge to help work to restore equilibrium. The Self in IFS is defined as the unblended state of the individual, with Self-energy being used to show the flow of energy from the Self to Parts (Sweezy & Ziskind, 2013). IFS has a fluid view of the Self and Parts, identifying that parts are never completely unblended and can fluctuate in degree of blending with the Self and other parts in the system (Sweezy & Ziskind, 2013).

Terms Related to the Study

Avatar

A character or iteration used to interact with an environment. Avatars are often customizable to the user including aspects of physical presentation, personality, background,

and morality. Avatars can be used in virtual spaces, online spaces, or vessels used to interact within a game or world like Tabletop Role Playing Games (TTRPGs), Live Action Role Play (LARP), fictional literary or artistic work. They often include some likeness to their user or creator.

De-Roling

A transition, ritual, or activity used for individuals to get out of the character they are embodying. Commonly seen in drama therapy, live action role-playing, and online settings where an avatar is used to transition back into themselves and their personality. De-roling also acts as a way to reflect on sessions, integrate what was learned and incorporate this into their daily life.

Fandom

The fans of a particular person, team, fictional series, et cetera, regarded collectively as a community. Members can level in interest intensity and be involved in one or multiple communities/fandoms.

Geek Culture

Pop culture involving interests' counterculture from the mainstream. Often associated with items as early as the 1970s/1980s stereotype including interests of comic books, Role Playing Games (RPGs) with common themes like fantasy or science fiction.
Geek culture can include any current contemporary interests that may vary but can include literature, media, comic books, anime, manga, Live Action Role Play (LARP), subcultures (steampunk, goth, horror), tabletop and video games, card games, et cetera.

Original Character (“OC”)

A distinct character created by an individual for various purposes like creating artwork, animations, literary works, merchandise, or role-play with others. Designs can include different levels of detail including background stories, physical designs, voice-claims through different

media, mood boards, et cetera. Original characters may be created as personas of their creator used similarly to an avatar, in relation to a fandom or pop culture work, or within a world or project created by the individual.

Conclusion

The developmental task of identity formation for Queer neurodivergent adolescents can be compromised by both internal barriers like stigma and external barriers like unsupportive environments. Gaps in research and resources, as well as stigma and discrimination limiting access to physical and mental health care, call for the development and research of interventions designed to meet their unique needs. Drawing on person-centered, psychodynamic, and IFS frameworks to create a comprehensive resource to foster identity development and exploration within a safe, community environment will help address dire needs within this community. The following chapter will detail the population barriers and strengths, as well as current and emerging research for creative interventions that may make treatment more efficient and approachable for these vulnerable youth.

Section II: Literature Review

Adolescence is a period of human development marked by numerous changes in physical, intellectual, and emotional development amidst broader shifts in social and educational environments and roles (Human Development Teaching and Learning Group, 2021). All adolescents confront these developmental challenges, with individuals in minority groups encountering additional difficulties due to their identities (Harvey & Fish, 2015). Stress related to these developmental tasks may be exacerbated due to the intersection of minority identities that often create or intensify new challenges related to overall development (Hillier et al., 2020; Warrier et al., 2020). Notably, Queer youth and neurodivergent youth encounter similar developmental challenges to their peers in addition to stigma and discrimination due to their identities (Hillier et al., 2020). Barriers like stigma, prejudice, and lack of resources can make these populations more vulnerable to adverse physical, social, and mental health outcomes during this sensitive developmental period (Hillier et al., 2020; Loy-Ashe, 2023; Warrier et al., 2020).

Adolescent Development

Adolescence is associated with the onset of puberty and lasts until around age 19, involving rapid changes in physical, intellectual, social, and emotional development (Sawyer et al., 2018). Due to these changes in all areas of functions, adolescents gain a new developmental task to help prepare them for future independence in adulthood. Adolescents work through the developmental task of identity exploration and formation within the context of developmental and environmental changes (Erikson, 1980). Depending on the adjustment of the adolescent, the task of identity formation will be mostly resolved by early adulthood or remain unresolved due to factors connected to exploration and commitment (Marcia, 2010).

The period of adolescence was invented from technological advances and global shifts in culture impacting the roles of teenagers over time (Fasick, 1994). This global shift occurred

due to an imbalance in population caused by high birth rates and high death rates of both children and parents. Increased family sizes and risk for loss of family members led to the breakup of households. Improvement in agriculture practices caused a decline in birth and death rates and an increase in overall family stability and smaller family size (Fasick, 1994). As family size, stability, and longevity increased, the workforce shifted away from child labor in factories and farms, keeping children and adolescents in education and with their parents until they complete school (Fasick, 1994). This societal change placed an increased emphasis on a child's formal education, enabling them to develop crucial learning skills, habits, self-discipline, and training for other factory jobs and trades (Fasick, 1994). The transition from the workforce to education transformed the developmental tasks of adolescents to focus on identity exploration and formation related to developing skills, self-training, and identity with different career paths in the future.

Physical Development

Adolescent development is associated with physical maturation and body changes that occur between ages 8 to 14. Changes in physical appearance include rapid overall growth and increases in both height and weight between both sexes (Human Development Teaching and Learning Group, 2021). Primary and secondary sexual characteristics begin to develop during this time, including changes in reproductive organs like the beginning of menarche and spermarche, and physical signs develop that indicate sexual maturity externally (Human Development Teaching and Learning Group, 2021). Changes for adolescents who were assigned female at birth include the development of breasts, widening of hips, and growth of pubic and underarm hair, whereas those assigned as male at birth develop broader shoulders, lower voice range, and hair growth under the arms and in the pubic area.

The age of onset of puberty has shifted over time within different cultural groups (Human Development Teaching and Learning Group, 2021). Adolescents assigned female at

birth who have early puberty may experience more mental health issues including substance use, eating disorders, depression, and early sexual behavior (Human Development Teaching and Learning Group, 2021; Wiesner & Ittel, 2002). Adolescents assigned male at birth may experience rapid change in emotional functioning that causes instability in mood (Human Development Teaching and Learning Group, 2021). Early maturation was correlated with harsher or inconsistent disciplinary measures from parents (Ge et al., 2002). Early maturation was also linked to likelihood to associate with others considered deviant who engage in high-risk behavior, make poor choses, and show poor impulse control and judgement (Ge et al., 2002). Both sexes may also face difficulties with peers which may include teasing or withdrawal due to late maturation (Jackson & Bosma, 1992). Early or late maturation can also increase adolescent insecurities and doubts due to the range in physical differences (Pledge, 2004).

Intellectual Development

Puberty, with the surge in hormones, creates a stage of rapid development in adolescent's cognitive and intellectual skills (Human Development Teaching and Learning Group, 2021). Adolescents experience changes in general attention and selective attention, working and long-term memory, and processing speeds. In Piaget's theory of development, adolescence marks the final stage of development called formal operational thought, marked by the development of abstract thinking (Piaget, 1971). Adolescents develop the ability to consider abstract and hypothetical concepts outside of reality, leading to the development of deductive reasoning and planning skills (Human Development Teaching and Learning Group, 2021). Their understanding of abstract concepts allows for propositional thought and comprehension of multiple messages. They can begin to understand message deliveries like satire, metaphor, sarcasm, analogies, and puns (Human Development Teaching and Learning Group, 2021). Metacognition is an additional skill adolescents gain, allowing them to reflect on their own cognitive processes. Finally, adolescents begin to understand relativism, or that everything is

relative, which leads to questioning of processes. They become more aware of different perspectives, self-reflection and self-consciousness (Human Development Teaching and Learning Group, 2021).

While adolescents gain additional cognitive skills that allow for complex thought, processing, and reflection, there are also other developments that challenge their thinking. This increase in the consideration of others' perspectives can lead to adolescent egocentrism which is "the inability to distinguish their perspective of what others think of them and what people actually think in reality" (Human Development Teaching and Learning Group, 2021, p. 255). This focus on others' perspectives may also connect to the idea of an "imaginary audience" or anticipating others' reactions to them in different settings (Human Development Teaching and Learning Group, 2021, p. 255). Adolescents worry they will become the center of attention, which may lead to reluctance to engage in social settings and an increase in privacy due to always feeling observed and judged by this imaginary audience. Adolescents also begin to develop personal thoughts and feelings that differ from parents' and authority's previous opinions, which can drive their behavior and make them appear resistive (Human Development Teaching and Learning Group, 2021).

In addition to feeling pressured and watched by others, they may also feel that they are of great importance to others, usually due to the imaginary audience concept, which causes them to believe that no one else can understand what they feel due to their own unique experience. This can lead to beliefs about invincibility and belief that they are outside constraints others may face, like consequences, punishment, or greater risks like death. This misbelief of invincibility or lack of consequences can lead to risky behaviors contrary to consequences they may think they will not face (Human Development Teaching and Learning Group, 2021).

Adolescents also face shifts in intellectual development related to their increase of importance to the social environment. Vygotsky's theory of development incorporates the broader social context of an individual related to their intellectual development (Jakobsen & Fischer, 2023). His theory focuses on how social interactions and cultural processes influence the development of higher functioning in thinking and language skills. Vygotsky identifies the concept of the "zone of proximal development" where learning and skill development can occur (Jakobsen & Fischer, 2023). The zone of proximal development (ZPD) includes three levels of knowledge: a zone on information they can learn independently, a zone of information they can learn via tools and knowledge from others (ZPD), and knowledge that is outside of the individuals reach even with these tools (Jakobsen & Fischer, 2023). The ZPD is reached through scaffolding, which includes supporting the individual with assistance during the beginning of learning a new task or concept when needed. The ZPD and scaffolding relates to the developmental task of identity exploration and formation of adolescence. This period of human development is marked by increased importance of peer relationships and social support compared to the past which may have included more familial support. The shift of support to peers undergoing similar experiences allows for exploration of culture within their developmental group and exposure to new cultural ideas within this group. Scaffolding can be achieved by creating opportunities or support to encourage adolescents to enter the ZPD related to identity to allow for them to explore and work towards resolution of this task (Jakobsen & Fischer, 2023).

Identity Development

Erikson's theory of personality focuses on eight development stages over the lifespan from birth to old age (Erikson, 1980). Adolescents are tasked with developing a healthy identity and concrete sense of self or they risk falling into role confusion (Erikson, 1980). This primary task includes risk taking in order to explore and define different potential identities that they may

embrace within an age where exploration is appropriate and encouraged. Marcia (2010) outlines four identity statuses adolescents can experience during this developmental task: identity diffusion, identity moratorium, identity foreclosure, and identity achievement. *Identity diffusion* is the lack of exploration and commitment to an identity. This can lead to the adolescent's lack of connection with others, loss of purpose and direction in life because of not successfully accomplishing this primary developmental task. *Identity foreclosure* is the commitment to an identity but an absence of exploration. This status may appear as if adolescents are following the path that adults or others have made for them, but they may have missed an opportunity to explore their identity for themselves. They may make a commitment to an identity that may not fit who they truly are which means they may not feel connected to that identity. *Identity moratorium* is when both the exploration and commitment to an identity are missing. The adolescent suspends their own beliefs in order to explore available identities and expressions which may increase feelings of anxiousness, inadequacy, and fear of failure. Marica (2010) stated that most teens experience identity moratorium. *Identity achievement* is when an adolescent is able to commit to an identity after exploration. Identity exploration is a long process where most individuals experience some extent of identity moratorium, before concluding at identity diffusion, identity foreclosure, and identity achievement. Few tend to resolve this conflict to identity achievement even by the end of the adolescent life stage (Marcia, 2010).

Outcomes of Identity Development in Adolescents

Identity exploration and formation begins during adolescence where individuals can practice small acts of commitment and decision-making related to their identity which ultimately prepares them for adulthood where stronger commitments are expected (Waterman, 1982). However, identity foreclosure and identity moratorium can le to negative outcomes if not resolved by the end of adolescence. Identity foreclosure has been linked with negative

outcomes like anxiety and avoidance of new situations, often resulting in the individual feeling their locus of control is external rather than internal. Instead of developing their ego identity, self-acceptance, and the ability to make decisions and commitments, identity foreclosure can lead to externalizing their locus of control and decisions and values being determined by others (Harris-Ray, 2024). Meeus et al. (2012) examined identity status among adolescents within a longitudinal study to see the process of identity development. It was noted that individuals in achievement and early identity closure had appropriate levels of psychosocial adjustment and low levels of depressive symptoms and delinquency (Meeus et al., 2012). Classical identity moratorium was related to the most negative psychosocial adjustment levels in the study and high levels of depression and delinquency (Meeus et al., 2012). In this study, both the identity diffusion and identity moratorium group reflected the highest levels of depressive symptoms and delinquency (Meeus et al., 2012). Identity moratorium was indicated by indecisiveness, weak commitments, high levels of reconsideration, and low levels of psychosocial adjustment, which can impact adult performance if it persists beyond adolescence (Meeus et al., 2012). Identity moratorium was also associated with maladaptive symptoms and behaviors including self-rumination (Luyckx et al., 2008), substance use (Luyckx, 2005), anxiety (Crocetti et al., 2008), and depression (Meeus, 1996).

Identity formation can also be complicated by intersectional identities like being Queer or neurodivergent, where individuals may have insufficient social, medical, or community support to develop a healthy identity (Hillier et al., 2020). Lacking crucial pieces to identity formation like labels to help with self-understanding can be damaging to self-esteem (Hillier et al., 2020). Marginalized youth also experience the same developmental task as their peers, but with added challenges like stigma, oppression, and individual family or cultural traits that can impact their resolution of this task (Harvey & Fish, 2015). Successful identity formation within marginalized youth can reduce risk related to suicide, potentially leading youth to be less likely to consider

suicide (D'amico et al., 2015). Marginalized youth may also face both unsupportive and supportive environments, leading to situations where they may experience identity conflicts and inconsistency dependent on the context they are in (Mehus et al., 2018). The added task of identity management across contexts can lead to more frustration and isolation for Queer youth (Watson et al., 2015). Additionally, Queer youth may face difficulties like having to conceal their true identity in some or all contexts, which can lead to self-isolation, lower self-esteem, and negative mental health outcomes (Heck, 2015; Mongelli et al., 2019).

Queer Youth

LGBTQIA+ is an umbrella acronym used to identify individuals exhibiting different sexual orientations or gender identities. The acronym is made up of common identities, including lesbian, gay, transgender, queer, questioning, intersex, and asexual, with the "+" as inclusion for additional diverse sexual or gender identities. While the term includes specific identities in the community, it is not all-inclusive. The term "Queer" will be used for the rest of the paper as a more inclusive umbrella term, being sure to include all identities under this community that are not specified in the term LQBTQIA+. Identifying as Queer was originally labelled as a mental health disorder (LaSala, 2013; Needham & Austin, 2010). Over time, society became more accepting to Queer individuals, but marginalization continues to exist despite growing acceptance (LaSala, 2013; Needham & Austin, 2010).

Gender-diverse and Transgender youth often experience dysphoria, or a feeling of discomfort due to their gender expression differing from their biological sex (The Mayo Clinic, 2025). The Mayo Clinic (2025) identified that dysphoria can develop in childhood or can manifest later in life. Mental health professionals and doctors are sources for support for gender dysphoria via psychoeducation, treatment options, or interventions, but can be ill-informed on Queer issues and misdiagnose these symptoms as anxiety, adjustment disorder or depression (The Mayo Clinic, 2025). Gender-diverse and Transgender youth are harmed by misdiagnosis

due to receiving inappropriate or insufficient psychoeducation, lack of referrals to proper treatment modalities, or ill-fit interventions (The Mayo Clinic, 2025). Gender-diverse and Transgender youth are left feeling more marginalized and burdened by mental health issues and stress due to difficulties receiving adequate care (Hillier et al., 2020; The Mayo Clinic, 2025). Queer youth are more predisposed to vulnerability than their peers, as they are two times more likely than heterosexual individuals to have a general mental health disorder and are two and a half times more likely to face specific mental health concerns like depression, anxiety, and issues with substance use (Hong & Skiba, 2025).These individuals are four times more likely to have a suicide attempt than their heterosexual peers (Hong & Skiba, 2025). Queer individuals are exposed to more stigma within various environments in their life, which can lead to challenges in expression of issues like gender dysphoria. Queer youth are restricted access to services due to internal and external stigma, perpetuating more with physical and mental health (Hillier et al., 2020; Moagi et al., 2021). Queer youth are often rejected by close family or support systems due to their identity, significantly increasing their likelihood for maladaptive self-harm behaviors, depression, substance abuse, and suicide (Jordan, 2020).

Identity Development in Queer Youth

Queer youth are expected to understand and integrate their evolving Queer identity into their self-concept while working on their developmental task of identity development (Johns, 2009). These children are rejected within some parts of their life while struggling for peer acceptance and fitting in, leading to the development of a negative self-concept. External supports like Queer adults present in a queer adolescent's life can provide benefits.
The Trevor Project conducted a survey, concluding that a majority of Queer youth reported having at least one Queer role model in their life, which correlated with positive outcomes like higher protective factors and higher feelings of a positive life purpose (The Trevor Project, 2024). The Trevor Project (2024) reported that an increase in feelings of having a positive life

purpose was associated with a decrease in reports of suicidal ideation, attempting suicide or self-harm. Queer youth experience higher risks for homelessness, risky sexual behavior, addiction, bullying, school violence, and suicidality compared to their heterosexual peers (Harvey & Fish, 2015). Queer youth whose identity intersects with another minority group were found to have higher rates of drug and alcohol use in the home partially due to lack of support by the family and the family's own chronic stress (Austin & Craig, 2013). Queer adolescents, who are minors, lacked agency to independently gain access to treatment, community supports, and even identity expression due to unsupportive parents or community. Some Queer youth opted for invisibility or not coming out about their identity to those around them, but this was created challenges like lack of self-understanding, exploration, and expression of their identity (Harvey & Fish, 2015). Because of factors outside of the youth's control and risk related to their Queer identity, Harvey and Fish (2015) hypothesized that "some Queer youths are forced to be other than who they are and actively prevented from developing into the people they have the natural potential to become" (p. 400).

Supports and Protective Factors

Parental and community support can act as a protective factor for vulnerable Queer youth. High family support levels for Queer adolescents were linked to better mental health over a 5-year period, healthy development of identity, and less likelihood for considering suicide (Jordan, 2020). Resiliency was also shown to be a protective in factor as Queer youth of color were found to "mature quickly, learn to advocate for themselves in their school systems, developed complex identities, and found social support in online communities" (Harvey & Fish, 2015, p. 398). Harvey and Fish (2015) argued that resiliency is a core factor needed for Queer youth, as their developmental task of identity development is challenged due to their identity falling outside of cultural norms. They outlined that Queer youth have *hidden resilience*, which

includes maladaptive behaviors that emerge to functionally protect and grow Queer youth identities in unsupportive environments (Harvey & Fish, 2015).

Avatar Usage for Identity Development with Queer Youth

A study conducted by Zomerplaag and Bakkes (2024) examined gender dysphoria and the how character customization may be used to address gender dysphoria and identity expression in Transgender adolescents between the ages of 16 to 23. Their research focused on the flexibility of character customization, allowing for experimentation in gender presentation and physical characteristics that allow for safe exploration of identity (Zomepplaag & Bakkes, 2024). The act of character customization also allowed for exploration and insight into how the user may customize their character closer to their actual self or ideal self. In this study, participants valued customization options like ability to toggle gender, clothing, abilities, and being able to change one's name in the game, often preferring higher levels of customization of avatars (Zomerplaag & Bakkes, 2024). Most participants reported a decrease in presence of gender dysphoria while playing video games, though this relief was described as temporary.

A study conducted by Morgan et al. (2020) examined the use of avatars and video games in transgender and gender-diverse young people. Video games were found to be used for mood improvement from negative moods as well as self-expression. Video games have been used for interventions within the therapeutic space, including increasing social functioning in individuals with autism, reduction of symptoms in adolescents with depression, and reduction of auditory hallucinations in individuals with schizophrenia (Morgan et al., 2020). The focus group for Transgender and Gender-diverse youth has responses showing the impact of avatars and video games on their experience, including seeing representation of their experience, safe private expression of gender identity before coming out, a safe environment to test out identities, and identity consolidation in early stages of experimentation with their gender identity.

Witnessing, or having others see their avatar as an expression of their self-experience, was also seen as an impactful use of video games and avatars with this population (Morgan et al., 2020).

Neurodivergence and Autism

Neurodiversity is an umbrella term often referring to individuals who have various neurological or developmental conditions including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), or learning abilities (Baumer & Frueh, 2021; Capanna-Hodge, 2025). This term was coined by an Australian Sociologist to help promote equity and inclusion of neurological minorities as a social justice movement to encourage self-advocacy, increase knowledge about conditions, and increase awareness within research and education about these conditions (Baumer & Frueh, 2021). The neurodivergent community, with the variety of diagnoses comprising the community, are united by the overall variants in functioning and processing by their brains, which can include sensory processing, attention, social communication, and cognitive processing, where individuals may fluctuate in abilities in these various categories (Capanna-Hodge, 2025). Neurodivergence and ASD can also be associated with hyperfixations or special interests. Hyperfixations are often associated with ADHD and include short term, intense focus on interests, with focus so strong it can impact basic needs and functioning due to time consumed on said interest (Wakeman, 2022). A special interest, often associated with ASD, is similar but often lasts longer than hyperfixations and can vary in the number an individual has as well as intensity (Wakeman, 2022). Individuals with ASD vastly differ in presentation of communication skills, learning, and behavior. Individuals with ASD vary in levels of IQ, communication skills, and level of functioning within society, leading to barriers like social exclusion and inequity (Baumer & Frueh, 2021).

Co-morbidity of additional conditions is common in individuals with ASD, often including diagnoses like ADHD, anxiety, depression, and epilepsy (Lord et al., 2020). Adolescents with ASD have difficulty in routine changes, transitions, or stress which can lead to issues with

behavior like aggression, withdrawal, self-stimulation, and self-harm (Oshima et al., 2023). Research into autistic identity among adolescents showed that most were unaware of their diagnosis and lacked knowledge about their condition, and that lack of disclosure could contribute to self-stigma and negatively impact their sense of self (Riccio et al., 2021).

Intersectionality of Queer and Neurodivergent Populations

Gaps in research regarding intersectionality of minority groups still exist in literature. Research examining individuals with ASD who also are part of another minority group face additional challenges including diagnosis delay, difficulties accessing healthcare, and issues with receiving specialty services, and challenges with health care providers dismissing concerns (Wallisch et al., 2023). Identifying as Queer or having ASD or other neurodivergent conditions already poses greater risk to individuals, so identifying within both marginalized communities may increase these risks further. (Wallisch et al., 2023). Transgender individuals with ASD show elevated risk for anxiety, depression, and suicidality (Wallisch et al., 2023). The study conducted by Wallisch et al. (2023) created a survey examining healthcare access for disabled Queer individuals, finding that intersecting identities may correlate with unmet healthcare needs and disparities in physical and mental health. Queer individuals were more likely to report “co-occurring disabilities, especially co-occurring mental health conditions” (Wallisch et al., 2023, p. 171).

A study conducted by Warrier et al. (2020) investigated the overlap between Queer individuals and neurodivergent individuals through a metanalysis of studies. Their findings indicated that transgender and gender-nonconforming individuals were three to six times more likely to be autistic compared to their cisgender peers, reporting higher levels of autistic traits, sensory sensitivity, and lower lates of empathy (Warrier et al., 2020). The Trevor Project (2023) investigated the mental health of queer individuals with disabilities, finding that 29% of their sample of queer young people identified as having a disability, with 48% stating they had ADHD

and 32% stating they had a developmental disorder like ASD, with 37% reporting they had two diagnoses and 32% reporting they had three or more diagnoses. Their findings also found elevated reports of identifying with a disability in multisexual (those attracted to more than one gender) and transgender or nonbinary individuals compared to cisgender and monosexual peers (The Trevor Project, 2023). Disability rates were highest in queer, asexual, and gender diverse individuals who were assigned female at birth (AFAB;The Trevor Project, 2023). Elevated reports of disability were also linked to higher reports of symptoms commonly seen in this population, like depression, anxiety, suicidality, and suicidal attempts (The Trevor Project, 2023). A study conducted in the United Kingdom using five sets of data examined gender identity in 641,860 people between 5 data sets, with all sets of data reflecting significantly higher rates of autism diagnoses in gender-diverse individuals (Warrier et al., 2020).

Discrimination

Individuals with ASD or other neurodevelopmental disorders who identify as Queer face overlap in discrimination due to dual identities. This can lead to experiencing a “cumulative discriminatory impact” which can differ from prejudice related to each individual identity separately (Hillier et al., 2020, p. 101). Individuals with ASD or neurodevelopmental disorders already report marginalization related to health and social services, special education, and advocacy related to disability rights (Hillier et al., 2020). Study participants noted their experiences with their dual identities causing confusion from family, friends or providers, with many providers lacking appropriate knowledge on ASD and queer identities (Hillier et al., 2020). Several participants also stated that the lack of labels related to their diagnosis or sexuality led to harm to their self-esteem (Hillier et al., 2020).

The overall lack of knowledge by individuals who should have been supports for Queer and neurodivergent youth about their identity formation have led to harmful discrimination. Discrimination can even occur from their own identity groups, where one participant mentioned

feeling excluded from both communities due to their ASD or Queer identity, stating they felt “tolerated versus accepted”, pressured to conform to norms, forced to be in an “education mode” to inform others about their dual identity experiences, and also being treated as “inspiration porn” due to their status as a high-functioning individual with ASD (Hillier et al., 2020, p. 103). Many participants disclosed instances where their dual identities and lack of knowledge about these identities sparked negative reactions and confusion from others (Hillier et al., 2020). A common experience involved ableism related to ASD, with several mentioning others commenting on how they did not know themselves well enough to know they were queer or how others took their Queer identity less seriously due to their ASD (Hillier et al., 2020). Parents were identified as a challenge, as they were often reported to accept one identity but not the other, leading to limited disclosure by the individual about their gender or sexuality, with the presence of strict religious views making discussions with them harder (Hiller et al., 2020). Depending on parents’ acceptance and religious views, some participants noted how their parents asked them to move out or pressured them to conform into one category or identity due to their identity as Queer (Hillier et al., 2020). Queer individuals with ASD also reported barriers related to accessing healthcare, citing how medical and mental health providers lacked knowledge on gender identity, with one participant noting how they went through six providers before finding one who understood their dual identity experience (Hillier et al., 2020).

Neurodivergent Queer individuals have also faced challenges involving social and recreational activities in indoor and outdoor settings due to issues with stigma, exclusion, feeling unsafe, policies, discrimination and biases (Loy-Ashe, 2023). Queer individuals are also frequently targeted for hate or violence, which may make involvement outdoors or in public spaces difficult due to safety concerns (Bell & Perry, 2015). Neurodivergent individuals face additional challenges in outdoor spaces, including sensory difficulties, change in routine by

navigating unfamiliar places, which can overlap with fear of safety due to identifying as Queer (Loy-Ashe, 2023).

Research reflects how parents, social supports, and social services lack knowledge surrounding both Queer and neurodivergent topics, which creates barriers and harm toward individuals seeking support and services (Hillier et al., 2020). Current sexual education focuses on heteronormative and cis-normative perspectives, which limits access to knowledge and resources related to Queer health. Appropriate access to sexual health education is further complicated by ableist barriers like speaking to the parents of the youth without them present or not disclosing the neurodivergent diagnosis to the youth (Hillier et al., 2020). Lack of knowledge and poor treatment by healthcare professionals creates barriers like fewer referrals to community support and decline in mental health (Dhejne et al., 2016) which can impact overall physical and mental health (Moagi et al., 2021).

Treatment

Current treatments for individuals with autism include “developmental, behavioral, and psychosocial therapies, including applied behavioral analysis (ABA), cognitive behavioral therapy (CBT), and early intensive behavioral intervention EIBI)” (DeFilippis & Wagner, 2016; Lord et al., 2020, as cited in Vogel et al., 2024, p.1). Medication can be used to alleviate some symptoms related to ASD, including reduction of self-injury of aggression, some antipsychotics used to treat irritability, with common medications being used including selective serotonin re-uptake inhibitors (SSRIs), tricyclics, psychoactive or anti-psychotic medications, stimulants, anti-anxiety medications, and anticonvulsants (Lamoreux, 2021). Medication intervention is not a cure for ASD but can help alleviate behavioral issues that may impact daily functioning; however, some individuals report negative side effects (Brodino et al., 2015). Additional approaches include complementary therapies which are paired with other treatment

interventions, adding supportive treatments like natural supplements, yoga, acupuncture, traditional medicine, and naturopathy (Hyman et al., 2020).

Art therapy may serve as a beneficial treatment modality for children with ASD. Vogel et al. (2024) conducted a study examining a systematic review of art therapy literature to see effectiveness on symptoms related to social, motor, and behavioral symptoms. Length of interventions varied, but the method of group art therapy qualities may benefit this population. Group art therapy allows for social interaction and practice of social and behavioral skills within a controlled setting and may encourage safety and comfort to encourage self-expression and connection within group members (Vogel et al., 2024). All outcomes measured within Vogel et al.'s (2024) study reflected improvement of ASD symptoms with some improvement in subdomains of social outcomes and behavioral skills within most studies examined. Use of abstract art in individual sessions and drawing or utilizing multi-modality artmaking also showed improvement in social outcomes and behavioral outcomes respectively (Vogel et al., 2024). Art therapy has also seen applications in school settings to improve anxiety and self-concept, as well as improve emotional behavioral difficulties and problem-solving skills (Moula, 2020).

Creative Interventions for Queer Neurodivergent Adolescents

Youth with identities within the Queer or neurodivergent community, due to these identities, already face challenges related to cultural norms being shaped by heterosexual and neurotypical thoughts, behaviors, and needs. Creative interventions can draw on hyper-fixations and special interests from neurodivergent individuals which may encourage communication and involvement in services. These interests can also be used to help address Queer individuals' need for representation in relation to identifying with fandoms (pop culture fan communities) they may resonate with and draw on strengths and interests to make therapy more accessible and enjoyable. Utilizing therapy and treatment in non-direct ways like expressive therapies, virtual environments, and game therapies may help decrease barriers to treatment due to

stigma and discrimination because of identity. Creating a safe environment, non-judgmental space for Queer neurodivergent individuals to share their authentic experience is crucial to help make mental health services accessible. Safe spaces and informed clinicians focused on Queer and neurodivergent issues may encourage individuals to seek out and participate in mental health treatment without the fear of stigma, prejudice, and discrimination. Making mental healthcare more accessible and providing safe Queer and neurodivergent spaces can help encourage more social support to help curb the effects of rejection and stigma these youth may face in their communities.

Art Therapy

Art therapy is psychotherapy that uses the art process and/or the product as means for healing (Hogan, 2010; Malchiodi, 2003; McNiff, 2009). This method has seen applications across a variety of age groups and populations (Kelly, 2010). The therapeutic use of art may particularly benefit where communication or conveying experiences may be difficult using words alone (Moschini, 2005; Rubin, 2009). Art was used by Jung as a therapeutic process that helped inform his interest and exploration surrounding symbolism and dreams (Hayman, 2002; Jung, 1961). The use of art activates the brain and body and taps into neuroplasticity (Doidge, 2008). Art therapy focuses on the use of images to tap into the internal and external worlds and memory (Kelly, 2010). Art therapy is regulated within the United States on the state level to determine qualifications to practice if the title is protected. Art therapy in the United States is also overseen by the Art Therapy Credentials Board who outlines specific ethical, educational, and practice guides to assure there is regulation in who gain the title of “registered art therapist” (ATR) or board certification after an exam (ATR-BC). Art therapy has seen wide clinical applications and has helped address emotional and behavioral difficulties; anxiety; self-concept; and problem-solving skills in school settings (Moula, 2020). Art therapy has helped to improve anxiety, depression, and cognitive impairment in adults with Alzheimer's (Schweizer et al.,

2020), as well as addressing PTSD and trauma in veterans in a group setting (Smith, 2016). Art therapy helps develop communication skills, social skills, and interpersonal relationships in adults with ASD (Harris, 2015).

Art therapy provides a safe environment for identity exploration and processing of stress and experiences individuals face (Holder, 2022; Pelton-Sweet & Sherry, 2008). Art therapy interventions can be built upon pre-existing interventions, utilizing art as an additional method to explore inter- and intrapersonal experiences, and tapping into the unconscious through artistic means (Zascririnkis, et al., 2023). Art therapy can provide unique opportunities to participants and help supply positive appraisal, pivot to an internal locus of control, emotional expression, and increase growth related to queer identities after disclosing their identity ("coming out") to others (Antebi-Gruszcka et al., 2021). Art therapy has joined the growth of alternative treatments (animal therapy, music therapy, dance therapy, and drama therapy) to address symptoms related to autism (Brodino et al., 2015). Both one-on-one and group art therapy has been conducted with individuals with ASD, with both formats reducing social, behavioral, and motor symptoms (Vogel et al., 2024). Group art therapy was seen to help improve social interaction and address deficits in social and behavior skills related to ASD, as groups require different skills than individual work (Vogel et al., 2024). Drawing and artmaking involves activating multiple senses which can help individuals reprocess fragmented memories of trauma and illness into a more whole iteration through creative use of imagination, metaphors, and similes (Venkatesan & Peter, 2018). Through autobiographical graphic medicine comics, individuals were able to show how art and drawing helped them actualize their true self, increase self-understanding and resolve issues related to grief, trauma, and psychological conflict (Venkatesan & Peter, 2018).

Art Therapy with Queer Individuals

Esterline, an undergraduate art therapy student at the University of Wisconsin, proposed an art therapy intervention to help individuals explore their Queer identity across different contexts through a heuristic study. They proposed that art allows for exploration of gender and sexual identity within a safe environment, allowing for symbolism and metaphor to aid in expression through a non-threatening approach (Esterline, 2021). Their prompt revolved around identity collages, encouraging participants to explore their queer identity within the context of being part of a family, a partner, a friend. Overall, Esterline (2021) identified how these collage prompts encouraged them to explore their relationship between their body and identity across different integrations with others, related to the level of disclosure of their identity and their overall physical presentation of their gender identity.

Van der Berg (2023) proposes a similar concept of creating artwork related to the Queer community's history and cultural artifacts. Engaging with media related to their identity can help encourage deconstruction and challenging of stereotypes and negative representations of media (Austin et al., 2023), as both Queer and neurodivergent individuals face stigma, prejudice, and public lack of knowledge about their identities (Mehus et al., 2017; Fish, 2021; Jordan, 2020; Wallisch et al., 2023; Warrier et al., 2020). Participants within Van der Berg's (2023) study reported common experiences of the population, including isolation, rejection from support, micro- and macro-aggressions, harassment, and overall lack of community. Working within a supportive group experience, as well as engaging in symbolic work, can help encourage participants to engage with their own personal narratives in relation to their overall identity communities, helping encourage self-exploration and fostering empowerment (Van der Berg, 2023).

Narrative Therapy

Narrative therapy involves the methods of processing thoughts, feelings, and experiences through outlets like creative writing, poetry, or autobiographical work (Dodd, 2019).

Creative writing involves taking a story and adding elements of imagination, characterization, and metaphor that can help with reprocessing and integration of life stories that may be fragmented like trauma (Dodd, 2019). Individuals are given the opportunity to change and reauthor their lives to externalize their experiences, reassess views related to past experiences, and change the story to positively reintegrate it into their identity (Dodd, 2019; White & Epston, 1990). Writing, like art therapy, allows for distance and externalization of problems, providing opportunities to explore experiences that may be too emotionally intense otherwise (Dodd, 2019). Creative writing also provides the unique opportunity to use fictional characters and stories, allowing for distance during processing as participants may be reluctant to address certain topics autobiographically due to trauma (Dodd, 2019).

Per Freytag (1895), narrative writing involves various elements of the story which include the protagonist, antagonist, inciting incident, rising action, characterization, and resolution. The protagonist is the main character of the story, the antagonist is what threatens the main character (a person, force, or struggle). An inciting incident ~~is something that occurs to~~ motivate the character toward change. The rising action are obstacles the protagonist faces for plot. Characterization involves qualities of the main character to overcome the rising actions and build a strong protagonist. Finally, resolution is an ending where change has occurred.

The use of fictional characters within narrative therapy, much like the use of avatars, allows for individuals to explore aspects of the self through that character, fantasize, and experiment with different qualities and behaviors within a safe setting (Dodd, 2019). The added use of fiction allows for more use of imagination and freedom, which can encourage participants to be more performative through their work during group settings where members share their creations (Dodd, 2019). Fiction also allows participants to fill in gaps related to their life stories (Dodd, 2019), as well as enter their stories and reclaim them (White & Epston,1990). The

flexibility of fiction and created characters can lead to personal change, strength through example, and familiarity with emotional constancy (Detrixhe, 2010).

Research has shown that writing can be therapeutic. Expressive writing is an activity that involves cognitive, social, emotional, and biological processing (Pennebaker, 1997) Writing about traumatic experiences may lead to increases in physical health and better immune functioning (Esterling, et al., 1999; McArdle & Byrt, 2001) and can lead to long term improvements in health and mood (Pennebaker, 1997). Emotional writing can also impact physical wellbeing, leading to less physician visits, better immune functioning, improvements in stress hormones, blood pressure, and other aspects of wellness like social, academic, and cognitive (Campbell & Pennebaker, 2003; Pennebaker & Graybeal., 2001). Expressive writing can help with pain management and mood when used with individuals with chronic pain (Graham et al., 2008) and help with meaning-making related to experiences of abuse (Grossman et al., 2006). Journaling as an outlet can help with creativity and exploration of the self (Cameron & Monroe, 2024; Rainer, 1998) and provide opportunities to use fiction to “go inside” and “be characters”, where you can create and fantasize through characters within a safe space (Grossman et al., 2006, p. 438). Writing has shown some benefit for queer individuals, creating a safe space for talking about their experiences and providing social support and motivation (Shobe, 2024). Queer writing and publishing has recently faced censorship, so providing queer-oriented space can help give voices back to queer individuals (Shobe, 2024).

Comics and Graphic Medicine

Comics are a sequential art format that combines the use of images and sometimes words to tell a story or provide information (Dilworth, 2024). Comics originated as single-panel images but grew into sequential pieces that were eventually published in newspapers as early as 1774 (Dilworth, 2024). The newspaper comic strips commonly known today have been a pop

culture staple, with some titles like *Peanuts* still seeing publication to this day (Dilworth, 2024). Due to their versatile nature, they have iterations across many genres, age groups, and cultures. World War II and after launched comics into popularity. Some comics began pushing what content they could cover, like romance, horror, violence, crime, drugs, and sexual themes, which resulted in some mixed reactions from the public and worries related to corrupting youth (Dilworth, 2024). Physical publication has declined and the growing popularity of manga (Japanese comics) and webcomics, as well as easy access via internet, has caused a change in the market for American comics (Dilworth, 2024). Comics integration may see benefit from therapeutic incorporation due to their prevalence in pop culture, discussion of common issues like “facing fear,” “losing a loved one,” or “being different,” and making therapy more enjoyable, though more research is needed (Suskind, 2024).

Comics have seen some clinical applications in the realm of art therapy and CBT. The comic format allows a unique experience where participants can explore their experiences in a sequential matter using imagery, narrative, and dialogue to process thoughts and feelings (Fernandez & Lina, 2020). Comics, due to their narrative format, allow participants to create alternate preferred stories and externalize problems (Phang, 2024). Comics, like other art therapy techniques, involve multiple senses that can help express trauma or memories through creative means like metaphors and symbols (Venkatesan & Peter, 2018). Comic usage, like the implementation of narrative therapy, often follows three distinct steps: externalizing the problem, deconstructing the narrative surrounding the problem, and reauthorizing alternative narratives and perspectives (Phang, 2024).

Art therapy builds off the strength of narrative therapy by offering unique methods to externalize problems in a tangible method through a variety of mediums (Phang, 2024). A study by Phang (2024) compared the usage of comics to single images for externalization and processing of problems. Findings indicated that the comic format was more helpful than the

single by allowing participants to include more context and convey the whole problem but did take longer and required more cognitive demands than the single image (Phang, 2024). Most participants had prior exposure to comics aimed at children/adolescents, and even those without prior knowledge and exposure were still able to successfully complete the comic intervention without additional support (Phang, 2024).

Graphic medicine is a growing approach that uses comics as a format within clinical contexts (Venkatesan & Peter, 2018). This approach draws from ideas related to art therapy, using creative media like drawing, painting, or writing to help externalize experiences that "cannot be spoken as they are felt" (Hirsch, 2004, p.1211). Graphic medicine uses comics to focus on autobiographical stories from authors related to illness experiences (Venkatesan, 2016). The format not only allows authors to use art and comics to express their experiences but also show through their work how art has aided in their healing and given them voice. Katie, a narrative avatar of the author, is used to explore her challenges related to anorexia and sexual violence, using scribbles over her head to depict these feelings (Venkatesan & Peter, 2018). Both David and Katie within the respective graphic medicine novels are shown in the text engaging with art and the restorative qualities it has, as well as how mastery leads to a sense of control (Venkatesan & Peter, 2018). The authors' work showcased in Venkatesan and Peter's (2018) article highlights how art can be used to create their own world of imagination where authors can use fictional characters to have respite from reality. Creating graphic medicine comics helps provide containment (Franklin, 1992), externally process grief, trauma, and psychological conflicts (Venkatesan & Peter, 2018), imagine the world outside of their reality (Czerwiec et al., 2015), and create representations of trials and failures, whether fictional or real (Mulholland, 2004).

Fictional Characters Usage and Creation

Fictional characters are a common interest with neurodivergent individuals, though academic research into this area is lacking (NeuroLaunch editorial team, 2024). Fictional characters may appeal to neurodivergent individuals due to being a source of attachment, comfort, friendship, and realness they may provide an individual, as well as clear rule-based behavior or emotional cues (NeuroLaunch editorial team, 2024). Anecdotal discussion on the social media website Reddit inquiries about the interest of fictional characters by neurodivergent individuals identifies some common themes that may make fictional characters appeal to this population. Common themes in responses include the struggles with social cues, as fiction often has descriptive context to help infer the thoughts and feelings of the characters, identifiable traits and motivations, and disliking the unpredictability of real people (AverageStarWarsFan, 2024). Additionally, Queer individuals reflecting on their character creation had the common theme of seeking representation for the sexuality or gender identity through their created characters (KTLYN, 2024).

Research has been done on character customization and avatar usage across various contexts, as well as how narrative therapy can be used to reauthor life experiences. Little to no research has examined how these methods can be combined and used therapeutically. To help address this topic, I created an informal study to help examine trends in identity and original character (OC) usage by individuals online. The survey was created using Survey Planet with sixteen questions focusing on Queer identity, neurodivergent identity, character likeness and character usage. Most questions were multiple choice questions with an option for ‘other’ where individuals could specify if a desired response was not listed. Fifty-nine responses were recorded by late April 2025.

Of the 59 responses, most responses fell between ages 18 to 29, with 55 identifying as queer and 47 identifying as neurodivergent. This corroborates research highlighting the overlap of queer and neurodivergent identities (Warrier et al., 2020). Out of the responses, a majority of

individuals identified as bisexual, nonbinary, or asexual, with over half of the participants stating 2 or more identities. The most identified neurodivergent diagnoses included autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and social anxiety disorder, with over half of the participants identifying with at least 2 different disorders. A majority of the responses identified that most participants created their first OC between the ages of elementary and middle school, with most participants identifying adolescence as a peak time for creating their first OC with an elaborated background or personality.

Character usage varied, mostly using creative outlets like writing, drawing, role-playing with other individuals, or in tabletop role playing games. OC creation included themes of creative design, role-playing or interaction with others, a therapeutic outlet, telling stories, and using them for exploration or externalization of qualities. OC personalities varied and most reported them as being other, outside the categories of similar, idealized, or opposite to the creator's qualities. Interestingly, for physical qualities, 39 responded as designing opposite to their actual looks, though some noted through responses they amplified characteristics they had. The prompt “my OCs help me...” created interesting responses with OCs assisting in sparking creativity, exploring ideas, escaping reality, processing past experiences, comforting the creator, acting as desired representation in media, and connect with others. A few responses included notable quotes like their OC being “a vessel shaped by love”, another respondent noting their OC used as a way to explore what you would say to a friend in your shoes to externally process things, using OCs to imagine how other people feel in certain situations, and using them to explore negative qualities as they are “not allowed to show a single negative trait”.

Research corroborates anecdotal accounts that character creation can be used for avatar and narrative therapy to explore personality qualities and behaviors within a safe environment (Jen_the_Creator7, 2023; KTYLN, 2024). OCs give creators flexibility to explore

outside what they may not be able to experience, see desired representation, connect with others, and look at themselves from a different perspective to gain insight (Jen_the_Creator7, 2023; KTYLN, 2024). The survey questions may have flaws in how they were worded or limitations of the question format but was still able to yield important themes that show how character creation can be used therapeutically. The overall difference between creative outlets and avatar usage warrants more investigation on how individuals create characters and choose to represent themselves, as well as their overall versatile functions.

Character Creation and Avatar in Clinical Applications

The term avatar originates from Hinduism as a deity embodied into the world through a human or animal representation, with the term being used to describe digital representations of the self in 1992 in the science fiction novel Snow Crash (Bailenson & Blascovich, 2004). Avatars are a representation of the self used to interact with environments like a virtual, game, or social space. Overall, avatars help users interact with a world or environment and their respective culture, norms, and rules within that world. This can also expand to immersive uses like Tabletop Role Playing Games (TTRPGs), Live Action Role Playing (LARP), and cosplay which involve acting, movement, and costumes within the real world.

Avatars and Character Customization

Avatars are a vessel used within virtual, or game settings controlled by the user to interact with the environment. Avatars can also be used broadly to indicate a created character used for interaction within a virtual space, narrative world, or game world as a vessel to interact with those respective environments. Closed avatars include pre-generated characters that are not modified by the user, whereas open avatars are customized by the user. Users can customize physical aspects of their avatar like gender, race, physical characteristics, height, weight equipment, and sex or gender, as well as additional character qualities like name,

language, personality, moral alignment, and background history (Barbera & Haselager, 2020). Flexibility in character creation allows users to create characters like their actual self and explore their ideal self or alternate selves. Studies conducted on avatars across various online video game genres have shown that avatars may be used for escape, to fulfill needs, or compensate for deficiencies within the user's current life (Fraser et al., 2023). The study examined avatars across several video game genres and satisfaction within the user's offline life, finding that users who were satisfied with their offline life and played non-competitive games preferred avatars similar to their current personality and self, whereas users dissatisfied with their offline life preferred dissimilar avatars to their current self (Fraser et al., 2023).

Two theories that impact avatar creation and how users represent themselves are the theory of impression management and the theory of self-discrepancy. Impression management theory indicates that when representing themselves, people tend to idealize themselves and show themselves as more positive (Mummendy, as cited in Zimmermann et al., 2023). Self-discrepancy theory involves the representation of the actual self and the ideal self, with discrepancy between the two leading to negative emotions (Higgins, 1987). Idealized virtual identity hypothesis emerged from these two studies, concluding that people tend to portray themselves as an idealized representation of their actual, offline self (Manago et al., 2008). Zimmermann et al., (2023) concluded that there was a high correlation between characteristics of the avatar, actual self, and ideal self. They also noted that physical characteristics tended to be enhanced from the actual self and that most maintained personality traits across various online contexts (Zimmermann et al., 2023).

Video Games and Avatars

Most research on character creation is focused on avatar usage within virtual environments like virtual reality and video games, both online and offline (Barbera & Haselager, 2020; Fraser et al., 2023; Gualeni et al., 2017; Kalyvaki et al., 2023; Venkatesan & Peter, 2018;

Zimmermann et al., 2023). The internet created unique opportunities for connections with others worldwide via an avatar in virtual space. Users may be physically distant but be able to interact with each other within a virtual space as if they were in the same room via text chat, voice chat, video chat, and more immersive methods like the use of movement tracking, virtual reality headsets, and haptic feedback devices.

Video Games. Video games are a unique format that allow for an escape to a more predictable, controllable world through an avatar (Fraser et al., 2023). Studies have shown that user can grow attached to the avatars used within video games, potentially forming strong bonds with them (Mancini et al., 2019), fusion of the player's self-concept with the avatar (Li et al., 2020), and even develop the feeling of self-presence within the avatar (Burleigh et al., 2017). Several studies have examined the avatar usage in Massively Multiplayer Online Role-Playing Games (MMORPGs) related to self-perception (Barbera & Haselager, 2020; Fraser et al., 2023). MMORPGS, unlike other game formats, offers a highly social experience and continual gameplay (Barbera & Haselager, 2020; Ng & Wiemer-Hastings, 2005) The social nature of the MMORPG format creates unique opportunities for character customization where users can create characters similar to themselves or explore new identities without inhibition or consequences in a safe, controlled environment (Chappell et al., 2006; Wang, 2012). Studies have shown that individuals are more likely to represent a character that is a projection of their own personality (Park & Henley, 2007). One participant disclosed how his avatar is more outgoing and flirtier, allowing him to test different characteristics he may then integrate into his behavior offline (Barbera & Haselager, 2020). Another participant disclosed her character as "more sensual and sexual" compared to her shy self, as the game format has less consequences than real life (Bessière et al., 2007). She elaborates that this avatar allowed her to express elegance and sensuality "even in a time when those were all things that were denied to me in real life", elaborating how important the escape element was for her (Bessière et al.,

2007). Users may experience unique shifts in perspective and identity during play, which can lead to strong identification with the character/alter ego they have created (Barbera & Haselager, 2020).

Avatar usage can lead to perspective shifting within the user (Müsseler et al., 2022). Avatar-self merging occurs when some users “develop the feeling that they are integrating the avatar into their selves”, potentially evening feeling they are “becoming one with it” (Böffel, 2021; Müsseler et al., 2022). This integration is not like the use of prosthetics with amputees, where some have reported it has become part of themselves over time, but more like the appearance and actions of the avatar affect the user (Bekrater-Bodmann, 2020; Müsseler et al., 2022). Self-avatar overlap can fluctuate based on the user’s characteristics, which then impacts their choice in avatar representation and overall behavior and interactivity (Hefner et al., 2007; Müsseler et al., 2022). Self-avatar merging involves both the user and avatar influencing each other on a continuum of intensity rather than total merging (Müsseler et al., 2022). The avatar is essentially a tool for the user that “increases the user’s action space and possibilities, but beyond that an avatar can be seen as a human(-like) being with its own appearance and character” (Müsseler et al., 2022, p 3). Müsseler et al., (2022) examined how perspective and view of the avatar impacts the user’s ability to complete the task and how this impacts perspective taking of the user. Their findings concluded that overlap between avatar and self is needed for avatar-self merging due to transfer of motor activities corresponding with the avatar. Their experiment involved different situations that required perspective taking and found that “users often overrode their own response tendencies and acted as if they were the avatar” (Müsseler et al., 2022, p. 9). The environment and perspective of the view within the virtual space can also impact the level of avatar-self merging, as more immersive environments were more likely to engage the senses and encourage merging (Müsseler et al., 2022).

Tabletop Role Playing Games (TTRPGs) and Live Action Role Play (LARP). There is a growing interest in additional, immersive methods that use avatars or Playable Characters (PCs) without the assistance of technology or virtual environments (Bartenstein, 2024). Tabletop Role Playing Games (TTRPGs) and Live Action Role Play (LARP) both involve the user of the character/avatar more directly than playing a character (Bartenstein, 2024). These experiences involve the creation of a character within the confines of the world. Instead of this character interacting with a virtual environment, TTRPGs and LARP align more with drama therapy (Bartenstein, 2024). Gameplay often involves verbal storytelling to progress the story and character development, controlled by the game master (GM) who has an overview of the entire playable campaign. Players announce their avatar's actions, often rolling dice while referencing their character statistics to determine the pass, fail, or other circumstances surrounding their declared actions (Bartenstein, 2024; San Antonio Library, 2025). While TTRPGs can be immersive, often involving dramatic elements like costumes, voices for the characters, or physical actions outside of the game, LARP is more directive as it involves physically embodying your avatar through outward dress and behavior (Bartenstein, 2024).

TTRPG mechanics like character creation have seen recent therapeutic use as Rick Hudson, a clinician who uses Dungeons and Dragons (DnD) character creation with clients as they enter services (HeySummit, 2022). He has individuals outline statistics regarding the client as a character within the DnD world. They create two sheets to represent their actual and ideal self. Utilizing both these sheets helps encourage discussion on changes and interventions like role-playing (HeySummit, 2022). Both TTRPGs and LARP create unique opportunities for participants where they can try out new behavior without consequences within their daily lives (Staddon & Cerutti, 2003). Both formats allow participants to try out and reinforce behaviors within a safe environment (Varrette et al., 2022), while encouraging perspective-taking (Goegherty & Puntes, 2024). More immersive methods like TTRPG and LARP often include

rituals or closing activities connected to “de-roling”, or transitioning out of their role, of their character. De-roling traditions allow for processing the LARP experience into memories, reflection, and learning (Fatland, 2013). It allows participants to process emotions related to their experiences and provide feedback (Fatland, 2013). It helps those involved say “goodbye” to the character or help shift perspectives from their character back to the real world (Stark, 2013).

Common Themes in Avatar Usage and Character Creation

Self-representation. Though the format of avatar usage may vary, common themes and benefits emerge from the research and data. Customizable avatars allow for individuals to express themselves and fulfill needs within that environment, which may lead to projection of the user onto the avatar (Zimmermann et al., 2023). Research shows that often individuals project some level of their self onto the avatar (Barbera & Haselager, 2020; Fraser et al., 2023; Rehm et al., 2016) where they may enhance some characteristics (Higgins, 1987; Zimmermann et al. YEAR). Individuals tend to see their avatars as extension of themselves (Back et al., 2010), which can lead to idealization (Manago et al., 2008; Zimmermann et al., 2023).

Identity Exploration. Users, with the aid of highly customizable avatars, are allotted the experience to create avatars that may be similar or different to their actual self (Barbera & Haselager, 2020). Dissimilar avatars can help users increase self-understanding . Avatars allow for identity exploration within a safe space (Barbera & Haselager, 2020; Kalyvaki et al., 2023; Zimmermann et al., 2023) and can encourage perspective-taking and in turn increase self-insight (Kim & Sundar, 2012). Avatar usage allows for self-extension, enhancement, and diversification of experience that can translate into outcomes within the real world within the user (Rehm et al., 2016). Immersive methods also allow users to practice shifting perspective, being able to temporarily suspend the identity of the self and immerse into the perspective of the avatar/playable character (Gualeni et al., 2017; Kim & Sundar, 2012; Müsseler et al., 2022).

Conclusion

Adolescents face the developmental task of identity development which can be complicated by identifying as Queer or neurodivergent due to stigma, discrimination, and lack of support and resources. Identity resolution occurs in early adulthood, but insufficient exploration and commitment can lead to mental health concerns and maladaptive behaviors in adulthood. Art therapy and narrative therapy have been shown to have an impact on physical and mental health. These creative interventions allow for externalization of the problem and processing within tangible means that can help empower and reauthor the participant's life experiences. Incorporation of created fictional characters may resonate with Queer and neurodivergent individuals as it is common for them to create them during adolescence. Incorporating these interests within a comic format can help combine the benefits of art and narrative therapy and help support Queer neurodivergent adolescents through identity exploration. There has been an increase in the use of geek interests like video games, role-playing like table-top games and LARP, or other virtual environments in therapeutic applications. The use of avatars can encourage exploration of the actual and ideal self within a low risk, controlled environment. The creation and embodiment of a character offers unique benefits like allowing the creator to physically embody these characters and explore related archetypes and identities. More research into geek culture in therapeutic applications and the use of original characters (OCs) with Queer neurodivergent youth is needed. The following section will outline a curriculum combining the topics aligned above into a resource to help Queer neurodivergent youth explore identity and connect with other peers within a group art therapy setting.

Section III: Methodology

This research will culminate in a comprehensive curriculum presented in workbook format, including worksheets, templates, and guided activities for use within a group setting. A curriculum format was selected due to the recommended facilitation and guidance from an art therapist rather than individual work without assistance from a professional. The complex experiences of queer neurodivergent youth and the high likelihood of lack of support or high rates of discrimination and stigma calls for guidance and support from an art therapist trained in issues related to these populations. Queer and neurodivergent youth have already reported stigma and discrimination related to physical and mental health services, so to protect these marginalized groups, a curriculum was selected.

Purpose Statement

The purpose of this research is to create a curriculum for use by an art therapist within a group setting to address the unique needs of queer neurodivergent adolescents. This resource is designed to help create a safe environment to guide these youth through identity exploration and development through art and narrative interventions. The integration of geek culture and artistic interventions creates distance between the content, allowing youth to explore topics which may be too intense to discuss in an autobiographical way through settings like fantasy and fiction that may resonate more and expand opportunities for exploration and play.

Population and Setting

This curriculum is intended for use by art therapists given their training and sensitivity to developmental concerns. Use without art therapy training is ill advised due to the complex nature of identity development with queer neurodivergent youth who have a high likelihood for mental health concerns and trauma related to stigma, discrimination and prejudice within various settings. Art therapists have knowledge of various art materials, formats, and creative

approaches that can help support this population and provide physical, emotional, and material. Thier training on creativity and symbolism can help clients approach topics that may be too intense to approach from an autobiographical perspective or through traditional talk therapy means.

This curriculum is to be used within a group setting. Operating within a group helps address lack of community support for queer neurodivergent youth and helps create a safe setting where individuals can develop interpersonal skills that may be lacking. The group format also encourages collaboration and a supportive environment to share ideas. Finally, a group art therapy setting creates the environment ideal for the powerful act of witnessing, where individuals may share their stories and experiences and have other group members respond.

Intended Audience

The group format is selected to help address the social support needs of queer youth who may not have access or connections to other queer youth or individuals in their life, providing them with a safe space of peers who may be more likely to be accepting and supportive of their identities (Fish, 2021; Mehus et al., 2017). Creating an environment where youth possess both identities of queer and neurodivergent may also create a space where they feel accepted and understood by each other, as individual communities may pose risk for discrimination and feeling others due to their dual identities (Hiller et al., 2020). The group format can also help address social challenges associated with neurodevelopmental disorders like ASD (Hillier et al, 2020). Having accessible, in-person resources can help address isolation (Wallisch et al., 2023), provide social support, and address the needs of queer neurodivergent youth (Hillier et al., 2020). Pro-social interaction with peers who experience similar struggles and interaction with supportive adults may also help foster resilience, which can be beneficial for queer youth in unsupportive environments (Harvey & Fish, 2015). Sharing within a group also allows for opportunity of bearing witness, where group members can respond to how the other

group member's story affected them (Dodd, 2019). Providing a space tailored to their unique population experiences can help give space to process stress in a positive way, build community, build confidence, and motivate each other (Shobe, 2024).

Curriculum Structure

The curriculum structure will be delivered in a workbook format to help provide organization and structure for templates and worksheets related to content intended for use by a trained art therapist in the described setting above. Worksheet topics will include an introduction to the theories underlying this resource delivered in a developmentally appropriate way, character sheets including templates for outlining character statistics similar to Dungeons and Dragons, a character background sheet, a template for character design, and worksheets to address different comic elements like format, dialogue, and the process of creating comics. The workbook is divided into 4 separate topics preceded by 2 chapters detailing important topics related to group activities.

Curriculum Outline

The curriculum outline consists of the content included to supplement the group curriculum, as well as outline for weekly activities. The format is designed for a 4-week closed group format, with meetings 3 times a week. This

1. Title Page
2. Table of Contents
3. Chapter 1: Introduction
4. Chapter 2: Original Characters
5. Topic 1: Introductions
    a. Day 1: Gender and Sexuality Galaxies
        i. Warm up intervention: What does your galaxy look like?

   b. Day 2: Just like Me
      i. 16 Types Quiz
      ii. My Personality qualities, physical qualities, etc... worksheet
      iii. OC Intervention 1: Just like me
   c. Day 3: My World
      i. Comic Intervention 1: My World
6. Topic 2: Who do I want to be?
   a. Day 1:
      i. Warm Up Intervention: Past and Future Vision Board
      ii. OC Intervention 2: Who do I want to be?
   b. Day 2:
      i. What makes a comic?
      ii. Comic Intervention #2: 4 Panels
   c. Day 3:
      i. Comic Intervention #3: Working in Pairs
7. Topic 3: Working Together (Comic intervention #4)
   a. Day 1: Group project Overview
      i. Scripting the Comic. Determining story details. Planning designs.
   b. Day 2: Sketching. Creating rough draft/thumbnail.
   c. Day 3: Inking Comic Rough Draft.
8. Topic 4: Sharing your Work
   a. Day 1: Finishing Touches for Comic Intervention #4.
      i. Finishing Comic Intervention #4. Shading and/or coloring.
      ii. Determining talking points and discussion for group presentation.
   b. Day 2: Group Presentations

c. Day 3: Review of Work/Saying Goodbye

i. Warm up: reviewing work created during group.

ii. Group Discussion

iii. Ending Intervention: Artist trading cards

9. Additional Resources
10. Afterword
11. Additional Templates
12. References

Chapter 4: Curriculum

The curriculum workbook can be found at the following link:

https://www.canva.com/design/DAGnzsehByo/MT5rWPTF6hg56bosMPZ-RQ/edit?utm_content=DAGnzsehByo&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Chapter 5: Discussion

This section examines the final curriculum resource -- what is included, limitations, and future implications for research. The curriculum included two introduction sections detailing background information on related topics like character creation and underlying theories. This section was followed by four sections that detailed activities building on identity development and exploration within a group. Activities were designed to include a warmup, a main character creation activity, and a follow-up comic activity, with each week building on the previous week. Limitations included current political climate involving Queer issues with youth, limitation of time for topics like opposite selves, and overall limitations of current research on geek therapy applications with Queer and neurodivergent individuals.

Summary of Research

This research sought to address the limitations in current clinical tools for Queer neurodivergent adolescents. Adolescence is a developmental period where individuals already face physical, emotional, social, and cognitive changes that can be further complicated by being Queer and neurodivergent. Both Queer and neurodivergent youth already face limitations in services, stigma, and discrimination, which can be exacerbated by the intersection of these identities. Additionally, current treatment modalities often fail to integrate interests of youth in a way that makes treatment more engaging or approachable by youth who may have already been discouraged by stigma. The addition of geek culture, comics, and character creation allows for a unique outlet where youth can explore different personalities, behaviors, and physical appearances within a safe, controlled environment. This curriculum outlines a 4 topic group plan where Queer neurodivergent individuals can create characters, participate in group work, and learn social skills while exploring identities and experiences with peers.

Discussion on what you think it all means (level 2)

Comic and narrative applications with Queer neurodivergent youth facilitate opportunities for individuals to process and rewrite their life stories within a safe environment. Using comics and narratives allows youth to examine the stories and events they have experienced and to reflect on and change the outcome if desired. They can use perspective-taking and group feedback to see how their stories can be changed and experience personal growth as they rewrite their stories for more positive outcomes. Both Queer and neurodivergent youth face discrimination, prejudice, and stigma due to their identities. Providing a safe and controlled environment where these youth can process their past negative experiences and rewrite the outcomes allows for reflection, insight, and positive identity development. These rewritten stories are then shared within a group setting where other members can provide feedback, advice, and relate to each other's experience while providing validation, support, and growth of insight among peers.

The curriculum was designed for use with Queer neurodivergent youth to draw on interests that can increase engagement in treatment. However, these interests span beyond these specific populations. After discussion with another clinician with more clinical experience, she suggested that this curriculum could see wider application, especially within a school setting. She suggested using it within an afterschool or break within a middle or high school setting. This setting combined with a broad approach of character and comic creation can engage the wider population and see application in most populations within the adolescent demographic. Broader application may also make it easier to implement as it does not focus specifically on Queer or neurodivergent issues but can focus more on developmental tasks of this demographic.

The same colleague who suggested broader application also noted that sensitivity is important while using broad language due to restrictions and concerns about Queer topics in youth spaces. The Trump administration has pushed for an increase in bills to directly threat

Queer individual's rights and specifically Transgender Americans, including health care bans, sports bans, bathroom bans, a military ban, and an increase in banning books with themes of gender identity, sexual orientation, and race within schools (Czachor, 2025). The Substance Abuse and Mental Health Services Administration (SAMHSA) has also announced termination of the 988 Suicide and Crisis Lifeline for Queer Youth, a vital free resource for Queer youth who have seen an increase in direct discrimination at the start of the Trump Administration. There is some concern about whether a Queer focused support group would even be allowed as restrictions and bans grow toward Queer topics within certain spaces, like schools. A more broad application, with additional focus on Queer and neurodivergent topics may make it easier to implement in a school or community setting.

Should I find some articles about recent restrictions?

- Current applications of creative means like graphic development show comics and character creation have the potential to allow individuals to create and rewrite their own story within a safe, nonjudgemental space.

Limitations

Searching for research for the literature review indicated the gap that currently exists for research of Queer and neurodivergent youth overlap, as well as geek therapy applications for these populations. More research is needed to help address current limitations in research and expand on how intersectionality impacts these populations and what interventions are effective for treatment and support, especially for Queer neurodivergent adolescents.

An additional limitation is that existing research using character creation and avatars focused heavily on avatars within video games or virtual reality. Most research looked at how individual's approach for character creation reflected on their satisfaction in life or similarity/difference between their avatar and actual self. Little to no research focused on character creation and use

outside of video games or online world applications. Most information found outside avatar applications included anecdotal information shared on online forums for how people created or identified with their Original Characters (OCs). Some additional information was gathered through an informal survey conducted by the researcher to gain additional insight into how, when, and why people created OCs, as well as how they used them. Additional research is needed outside the video game application to learn more about character creation and its clinical applications.

Time was an additional limitation for the resource creation. An additional section on exploration of the opposite self was planned when outlining the main concepts for the resource. However, due to time constraints and length of the resource, this additional concept was not included. Focus was shifted to include the actual and ideal self-exploration within a group setting and activities. If revisited in the future, adding an additional section for the opposite self could increase exploration of the self.

The original format of a 4-week curriculum was also a limitation that was fixed later into production. After consulting with a colleague therapist with many years of experience, she noted that meeting three times per week could be difficult for adolescents, especially with different involvements in sports or other extracurricular activities. This format was then changed from 4 weeks to 4 topics, allowing for flexibility in how frequent meetings occur.

Geek topics included focused heavily on character creation and comics. While comics are a notable feature of geek culture, broader geek interests could be integrated into later interactions. This could include more immersive methods like Live Action Role Play (LARP) with created characters, utilizing created characters within Table Top Role-Playing Games (TTRPGs), or game creation. Incorporating more specific geek culture topics like manga may help tailor the group experience to the group's unique culture and interests, making it more interesting and better reach the group members involved.

Finally, this resource may be too specific for use within certain settings or populations. This resource was specifically designed to address the unique needs and provide support for Queer neurodivergent youth during a crucial period of identity development. Certain topics like Queer identity development and concerns, as stated above, may not be permitted in certain settings or spaces due to the increase of direct discrimination and stigma. Changes or adaptations may need to be made to remove or make certain Queer topics more subtle to allow for use in schools if bans or restrictions on Queer topic discussions are present. It is important to note that, while restrictions and discriminations increase toward Queer Americans, Queer individuals and youth will continue to live and exist despite targeted discrimination and active removal of rights to medical care, involvement in sports, military, or other spaces.

Suggestions for Future Research

Geek therapy interventions, like the clinical application of Dungeons and Dragons (DnD) and other TTRPGs, have seen an increase within the last few years as therapists look for unique ways to engage clients outside of traditional talk therapy. Research going forward should continue to explore the clinical application of geek interests like sci-fi, fantasy, role-playing, LARP, TTRPGs, video games, comics, and other unconventional means. The focus should also be to explore how these methods can be used in a way to help engage youth and support their identity development within a safe, controlled environment like a game or workshop. Engagement with geek interests may make therapy more approachable and provide comfort and familiarity, especially during dire cultural times where Queer neurodivergent youth face more direct discrimination and stigma that is rapidly evolving.

Additional research should also be conducted to continue examining Original Characters (OCs) and their potential in clinical application. OC creation often begins around early to mid-adolescence but continues to be an active element of certain activities or games like Dungeons and Dragons. More research should examine the role and use of character creation outside of

video games and virtual spaces, where a majority of the research exists. OCs are a broad topic that may have useful applications beyond adolescents, so more research is needed to see their application across different populations, contexts, and applications.

Expansion can also be made to the curriculum created during this research project. Additional exploration for broader application with adolescents in general or young adult populations can be useful to continue to support identity development throughout early adulthood. This can include expanding on the created art interventions, creating additional interventions to promote deeper exploration and insight, and the inclusion of topics more relevant to early adulthood like planning for the future.

Finally, sharing this curriculum and research within different spaces is important to not only bring attention to this topic, but also encourage others to research and share their experience and use of original characters. As the researcher, I would like to present this curriculum as a workshop at the Buckeye Art Therapy Association Symposium in Ohio or the American Art Therapy Association's annual conference. Many of the topics there include media and interventions, but this space continues to lack input for geek therapy interventions and their use within the art therapy space. Formatting this as a presentation and workshop for character creation could help encourage other art therapists and clinicians to consider character and comic creation in their practice. Additionally, I think exploring this topic within geek spaces could also help reach individuals in these spaces who may be interested in treatment but are unsure of how or where to engage. Providing a presentation and workshop within geek spaces like an anime or comic convention could help increase research into how geek interests have a place in therapy and what their application looks like, as well as continue to research the use of character creation with individuals more familiar with the topic of OCs.

Conclusion

Queer neurodivergent adolescents face additional challenges compared to their peers, including stigma, prejudice, discrimination, and complex identity development during a crucial period of human development. Queer neurodivergent youth work to integrate their additional identities while facing different levels of acceptance, support, and community as they figure out who they are. Due to barriers like discrimination and lack of knowledge from healthcare and mental health providers, these individuals may be reluctant to engage in treatment. Integrating geek culture and other unconventional means like art and narrative therapy may make treatment easier to engage in and more enjoyable while creating a safe environment and reducing stigma and discrimination. Using original characters (OCs) and comics within a group setting can help support Queer neurodivergent youth in identity exploration and development while providing social support and developing social skills with similar peers. Creating characters and using them in comics allows for individuals to project and externally process within a safe and controlled environment of comics. The curriculum created from this research includes several core topics and introductory information to help participants explore who they are and who they want to be through cumulative art interventions. The setup encourages group involvement and working together culminating in a final group project. The creation of the curriculum faced limitations like time, broader application, and potential restrictions due to the current political climate within the United States. Research going forward should continue focusing on geek interests and their clinical application. Adjustments may also be made for applications with young adults as they continue to develop identity. Finally, presenting this curriculum at both art therapy or clinical conferences and anime/comic/geek conventions can help spread awareness and interests in character creation and comic use with individuals for therapeutic use.

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