

Transgender Identity Formation and Core Concepts in Dramatherapy: A Proposed Model
for Working Clinically with Gender-Dysphoric Adolescents

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Abstract

Transgender Identity Formation and Core Concepts in Dramatherapy: A Proposed Model for Working Clinically with Gender-Dysphoric Adolescents

Gavriella Silverstone

This theoretical paper combines historical and construction research in order to explore the concept of transgender identity formation in adolescents. A pre-existing model of transgender identity formation by Aaron H. Devor (2004) is matched stage-by-stage with Phil Jones' (1996) core concepts in dramatherapy, and adapted to create a new proposed model for dramatherapists working to help gender-dysphoric adolescents manage anxiety. Chapter One defines necessary terms and introduces the topic, while Chapter Two provides a brief review of Gender Dysphoria. Chapter Three discusses adolescents, anxiety and therapy, and Chapters Four, Five, and Six explore the stages of transgender identity formation and dramatherapy. Chapter Seven adds a discussion of the theoretical findings and leads to possible future applications of the proposed working model.

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CHAPTER ONE

Introduction

Labels such as *male* and *female* are used often freely in today's society without a second thought. It seems fair to suppose that each of us is born as one of the two and that, when meeting another human being, we may accurately group a person into one of two genders. However, sometimes an individual feels as though there has been a mistake. He or she does not identify with the sex assigned to him or her at birth, but rather with the opposite gender.

My paper explores the use of dramatherapy with adolescents experiencing difficulties dealing with gender identity. For the purpose of my research paper, I will be reviewing theoretical approaches in order to investigate how Phil Jones' (1996) *Nine Core Processes in Drama Therapy* and Aaron H. Devor's (2004) *Fourteen Stage Model of Transgender Identity Formation* are connected and how they are relevant in therapeutic work with transgendered adolescents. The purpose of my theoretical review is examinatory, and aims to find new ways of aiding future clients who may be struggling with gender issues by proposing rarely-made links between dramatherapy and gender dysphoria. The components of my review will include an inquiry into gender roles in society, an examination of the major debate surrounding transgenderism and Gender Identity Disorder, and a review of adolescent development. This study will attempt to examine society's perception of gender as it relates to adolescents, the anxiety that can arise at the adolescent stage of life, common therapeutic interventions, and the possible benefits of using dramatherapy techniques with adolescents dealing with gender identity

issues. The primary research question to be answered is: How can the existing literature on Core Processes in Drama Therapy and Transgender Identity Formation be theoretically linked in order to explore potential dramatherapeutic interventions with an adolescent population experiencing gender dysphoria?

Using primarily Phil Jones' (1996) *Nine Core Concepts in Drama Therapy*, this paper will explore the various stages a gender-dysphoric individual typically goes through, and how dramatherapy can potentially be used in each of these stages with an adolescent population.

Definition of Terms

Due to the controversial nature of my topic, it is very important to define the terms I will be using in the pages to follow. Helgeson (2002) differentiates between *sex* and *gender*. *Sex* refers to the physical body including its biological organs, hormones and genes. This is defined by doctors at birth, but is now transformable through the use of *sex reassignment surgery (SRS)* and hormone therapy. For the purposes of this paper, the terms *male* and *female* will refer to the assigned sex at birth. The term *gender* refers to the *social* categories of male and female, and has to do with which behaviours and roles are assigned by society to match the given biological sex.

It is also important to note that *gender identity* and *sexual orientation* are independent concepts (Hines, 2004). Seil (2004) says that sexual orientation can only develop when the individual feels as though he is living as the gender that feels appropriate for him. According to the *Trans 101 for Service Provider's Manual*, published by the 519 Church Street Community Centre in Toronto, Ontario (2004),

gender dysphoria refers to the “anxiety, anguish and pain that rise from the incongruity of a person’s physical sex and their sense of identity, combined with the societal pressure to conform to gender norms” (p. 7). The main focus of this paper will be the treatment of such dysphoria, as my concern is clinical and as opposed to diagnostic.

Chapter Overview

Chapter Two will review gender dysphoria in general, and will provide an overview of the existing literature as it relates to sex and gender origins in society. It will also address the important debate surrounding Gender Identity Disorder, and will explore each side to give a sense of the two contrasting perspectives.

Chapter Three will explore the adolescent population, and will begin to introduce the main issues that arise for this population including identity and anxiety. It will also identify some therapeutic interventions that have been used to treat this population.

Chapter Four, Five and Six will explore each of the fourteen stages in Devor’s (2004) model of transgender identity formation and how they may be applied to adolescents. My paper will correlate each of these stages with one of Phil Jones’ (1996) core dramatherapy concepts. I will supplement the examination of Jones’ work with additional material from leading dramatherapists. These three chapters have been divided according to the stages of transgender identity formation and therapy, including those referred to as *preliminary, middle* and *final* stages.

Chapter Seven will provide discussion regarding the theoretical research and my proposed therapeutic model. It will summarize the links between dramatherapy and

working with an adolescent gender-dysphoric population, and will conclude by providing a response to the initial research question.

CHAPTER TWO

A Review of Gender Dysphoria

Sex and Gender Origins in Society

Gender dysphoria, in which an individual identifies as another sex, has a lot to do with the individual in society and all its cultural expectations surrounding gender. For example, Kindergarten teachers are generally expected to be women, and it is rare to see a female construction worker. Children are often raised with expectations to be a certain kind of person and to have a certain kind of job, based solely on their gender.

There are many theories as to the origins of sex differences. Helgeson (2002) outlines eight theories, which include biological, evolutionary, psychoanalytic, social learning, gender-role socialization, social role, cognitive development, and gender schema. Only a few of these theories will be discussed here, as they especially pertain to concerns of adolescents experiencing gender dysphoria who must often struggle to relate to the world around them.

Psychoanalytic theory appears to be quite relevant when looking at this population, as it is at the root of much of the debate surrounding *gender identity*, or how one perceives oneself psychologically as either male or female (Helgeson, 2002). Freud (1924) focused on the importance of family dynamics, and attributed gender roles to the proper identification with the same-sex parent. This begins with both male and female

infants identifying with the mother until such time as they become aware of their penises, or lack thereof. According to Freud, healthy developing boys will develop an Oedipal complex. As the boy realizes that he cannot compete with his father, he will repress his sexual feelings towards his mother, and acquire his male gender identity by identifying with his father. Girls will experience penis envy through the Electra complex. Their feelings of inferiority will not be resolved, thereby forcing them to identify with the mother who is considered the weaker parent. Freud believed that if these identifications were not properly aligned, there would be repercussions within a child's gender identity that could continue through into adulthood.

Other theorists, such as Nancy Chodorow (1978), believe that it is children's early social experiences, rather than their unconscious processes, which contribute to shaping their gender identities and roles. Chodorow refers to *object-relations* theory, and suggests that girls identify with their mothers because they are already connected through common femininity. Boys however, reject the attachment to their mothers, identifying instead with masculinity as a means of avoiding identifying with the feminine.

Kohlberg (1966) theorized that a child's gender development is cognitive, and has primarily to do with the way in which he processes the outside world. By age 2 or 3, children begin to learn gender labels which they apply to themselves and others. Up until about the age of 5, children do not understand that their sexes are permanent, thus a 2-year-old boy may still believe that he can grow up to be a mother. Once children identify with the "appropriate" sexes, they then attempt to acquire information from within their environments that will help them to behave in ways consistent with their identified gender roles.

Gender-role socialization appears to be a pertinent issue in the examination into the causes of gender dysphoria. This theory explores the notion that people in a child's environment will behave in specific ways that shape the child's behaviour to match the norms relevant to his gender. Various studies have found that parents, peers, teachers, and other physical items such as toys can all influence a child's gender identity and behaviour (Helgeson, 2002).

What does this all mean? Though the research is inconclusive as to how gender identity is really shaped, a prevalent idea appears to be that society holds many expectations with regards to how each sex should behave. If a child or an adolescent rejects such expectations, the repercussions can be detrimental to maintaining a socially-acceptable lifestyle. Gender dysphoria goes much deeper than a mere rejection of social norms, and the American Psychiatric Association (2000) considers the denunciation of one's assigned sex to be a disorder.

Gender Identity Disorder

Gender identity disorder (GID), is characterized in the Diagnostic and Statistical Manual of Mental Disorders-IV (2000) as an individual experiencing "a strong and persistent cross-gender identification", and "persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex" (p. 537). In children, this seems to manifest with disgust with one's own genitalia or belief that, in the case of boys, the genitalia will fall off, or in that of girls, they will grow penises. In adolescents and adults it is characterized by the beliefs that they have been born into the wrong sexes, and by the desire to alter their sexes through hormone treatment, surgery or other procedures.

It seems that more males than females approach gender clinics to deal with their GID (Zucker & Bradley, 1995). This seems to indicate that GID is more prevalent in men, which may be due to the fact that there are two sub-groups of men experiencing GID, as compared to women. The two sub-groups are *early-presenting* and *later-presenting*. Males in the early-presenting group tend to request surgery in their 20s, have a history of childhood GID, and exhibit an attraction to other males. Males in the later-presenting group request surgery in their 30s and 40s, display histories of transvestic fetishism, and demonstrate an attraction to females. Women experiencing GID appear to belong to a single group, that of the early-presenting type. Such women also experience same-sex attraction.

According to Zucker and Bradley (1995), most gender identity clinics follow the Harry Benjamin International Gender Dysphoria Association Standards of Care, which insists that the client wait two years, functioning as the opposite sex, in order to be eligible for sex reassignment surgery. The individual diagnosed with GID has three choices: he can either have surgery, accept a homosexual adaptation, or live a heterosexual lifestyle as his assigned sex, while attempting to deal with his dysphoria either through therapy or on his own (Zucker & Bradley, 1995).

Zucker (1995) runs a gender identity clinic in Toronto, and describes GID in adolescence, characterizing many of the clinic's clients as lonely, unable to connect with their peers. The adolescents tend not to have friends of the same sex, due to the fact that they are often attracted to them. They usually associate with peers of the opposite sex, but are rarely open with them regarding their disorder, which restricts the level of possible intimacy.

Green (1975) has played a major role in the research conducted surrounding GID. He is fascinated with typical femininity in boys, and masculinity in girls. According to Green, there are several factors that may explain why a boy exhibits feminine behaviour, among which are the following: parental indifference or encouragement of this behaviour early on; cross-dressing of the boy by a female; maternal overprotection or inhibition of rough-and-tumble play; lack of individuation from the mother caused by excessive attention and physical contact and finally, the absence of an older male role model. Other causes may include having been treated in a feminine manner by adults due to female prototypical beauty, a lack of male playmates during the early years, a maternal dominance in the family, and fear of castration.

Both Zucker (2005) and Green (1975) have conducted many studies exploring the connection between GID and sexual orientation. Zucker found a strong relationship between childhood GID and later homosexual identification. Hines (2004) attributes these relationships to biological and hormonal factors such as an excess of androgen during prenatal development. Green hypothesizes that a boy who displays feminine characteristics and who lacks a close relationship with his father or other male role models, may seek homosexual contact during adolescence and adulthood to achieve closeness with other males. Bem (1996) proposes a developmental model for sexual orientation, and states that sexual desire has to do with the exotic. This is to say that an individual will lust after someone different from himself, regardless of gender, thus both feminine boys and feminine girls may be attracted to males, whereas masculine boys and masculine girls may be attracted to females. As illustrated here, many clinicians dealing with GID focus much of their attention on the sexual orientation of the client. There are

some, like Gottschalk (2003), who are of the belief that “Gender Identity Disorder pathologizes gender non-conforming behaviour” (p. 37). Many agree with this sentiment, and argue that the diagnosis is invalid and should not be included in the DSM (Stryker, 1998).

The Transgender Perspective: Why it is not a Disorder

According to the *Trans 101 for Service Provider’s Manual*, published by the 519 Church Street Community Centre in Toronto, Ontario (2004), *transgender* refers to any individual who behaves inconsistently with society’s notion of gender norms.

Transsexual refers to someone who may be diagnosed as having GID. This individual would implement a transformation of his originally-assigned sex by way of surgery or hormone replacement therapy.

G. O. Mackenzie, author of the book *Transgender Nation* (1994), explains that individuals attempting to live as the opposite sex or otherwise crossing gender barriers have always existed, but that it was only in the early 1800’s that they came to be viewed in a clinical or medical manner. German and English sexologists began to classify such behaviour as sexual perversions. By the mid-to-late 1800’s in the United States, medical theories were beginning to replace religious ones, and theories of disease were gaining popularity, thereby paving the path to gender identity disorder.

Adolescents and Sex Reassignment Surgery

Zucker and Bradley (1995) described the difficulty of therapy with adolescents with GID, and their realization that the only way to help their clients was to propose surgery so that the clients’ internal selves might match their outer selves. The transgender

model described by Denny (2004) explains that not all transgendered individuals *desire* surgery. This new model does not split society into two distinctive genders, but rather allows for some ambiguity in that it does not require a definite label to be attached to all members of society (Bornstein, 1994).

Even though many transsexuals do not view themselves as having a ‘disorder’ per se, Denny (2004) describes the benefits that arise from their being viewed as though they do. In the 1950’s, Harry Benjamin used the word *transsexual* for the first time at a medical conference in the United States (MacKenzie, 1994), which laid the foundation for allowing this population to be eligible for sex reassignment surgery. However, in the 1960’s and 70’s, society was not at all comfortable with ambiguity surrounding gender. As previously mentioned, transsexuals often had to live as their desired gender for two years prior to being deemed eligible for surgery, in order to prove themselves as ‘good enough’ typical men or women (Zucker, 1995). Denny emphasizes the fact that, with the new transgender model, sex reassignment surgery may seem unnecessary. He adds that this may leave transsexuals in a very difficult position as they are not comfortable living with ambiguity, but rather are very specific in their feelings that they belong to the opposite sex.

Leah Cahan Schaefer and Connie Christine Wheeler (2004) conducted various studies into the feelings experienced by individuals encountering gender confusion. They found that guilt played a major role in the lives of their gender-dysphoric clients and that, further, the elimination of this guilt would allow them more productive existences. They list various sources of this guilt, including guilt that derives from not being normal, about what others might think of appearing to be one gender but feeling another, about

disappointment caused to family, and of blame for something out of one's control. Schaefer and Wheeler evince great respect for people who hold both male and female within, and believe that such individuals may embody a more sophisticated form of gender development. Mackenzie (1994) points out that this belief is held by many cultures, and cites by way of example the fact that "many Native American transgender persons were revered as sacred in their own societies and were thought to possess exceptional abilities" (p. 32).

How does this apply to adolescents? A review of adolescent development will help to contextualize which type of treatments may be appropriate when dealing with this group, and how gender dysphoria may affect adolescents differently than adults. Treatments used with gender dysphoria will be reviewed in order to exhibit how dramatherapy may prove to be another theoretically viable option as treatment.

CHAPTER THREE

Adolescents, Anxiety and Therapy

Adolescent Identity and Anxiety

Berger (2005) discussing the development of adolescents, describes their psychosocial development, considered by most developmentalists as ranging in age from 13 to 18, as "a search for identity, [and] for a consistent definition of one's self" (p. 495). Of course, this is a very complex search, and can lead to significant stress and anxiety in adolescents, regardless of gender roles. Erikson (1968) goes into extensive definitions regarding adolescent development and describes *identity* versus *diffusion*, which is the

stage of development wherein adolescents have a strong desire to know themselves as unique individuals, but are not sure how to fit into the bigger picture of society.

According to Erikson, this stage causes a crisis for the adolescent, and may lead to anxiety and depression.

For the purposes of this paper, I will be referring to *anxiety* a number of times. In doing so, I do not imply a specific anxiety disorder, but rather the general feeling at an extreme which occurs as a result of internal and external pressures for adolescents. Tyrer (1999) describes anxiety in general and expresses that, as anxiety rises, it may become “unpleasant, distressing and, in its most extreme form, one of the most intolerable experiences to which our minds and bodies are exposed” (p. 2). He goes on to explain that anxiety currently can be defined in four separate ways including as a state of tension, as being troubled in mind, as a strong concern about wishing to achieve a purpose, and as an uneasiness about an approaching event. Tyrer also highlights fear and stress as very related to anxiety, and describes anxiety as being “one of the most common symptoms of ill-health [which] probably exceeds all others” (p. 13).

Berger (2005) explores the feelings of sadness and anger in adolescents, and states that it is quite common for them to feel many new stresses surrounding school, puberty, social relationships, and greater general responsibility. Dweck (1999) explains that, as children, we may have very high standards, which are challenged with the onset of adolescence.

Adolescents run the risk of becoming quite discouraged and less confident, as teachers, peers and parents grow more critical. These feelings may lead to depression and, in some cases, to a sense of hopelessness and even suicidal ideation. The key may be

for adolescents to find ways to restructure their goals. Diekstra (1995) suggests that thoughts of suicide are so common among high school students as to be considered almost 'normal'.

The Gender-Dysphoric Adolescent and Anxiety

Adolescents experiencing any form of gender dysphoria obviously have to go through the same stages of development and socialization as other teenagers but are also faced with the additional burden of extreme isolation from mainstream society. In their article on GID in children and adolescents, Zucker and Spitzer (2005) point out that the dysphoria an adolescent experiences is not only intensified by the reaction of others, but also by the battle within himself. They explain that, in such individuals, "it is the marked disjunction between somatic sex and psychological gender that causes their distress and motivates [them] to seek out treatment" (p. 478). Zucker and Bradley (1995) describe a commonality of depression amongst transgendered adolescents, and emphasize that "suicidal ideation occurs in many of these adolescents and requires monitoring, especially at times of isolation from peers or family" (p. 309). They highlight that depression may surface as a result of having to wait for sex reassignment surgery, and that there are notable signs of distress with the onset of puberty as the body develops further as the undesired sex.

In Aaron H. Devor's article *Witnessing and Mirroring: A Fourteen Stage Model of Transgender Identity Formation* (2004), he identifies the first stage as "abiding anxiety" (p. 41). Even though he allows that the individual may have always felt a sort of underlying anxiety, Devor suggests that it will later "become clear to such individuals

that the source of their anxiety lies in gender relations” (p. 47). He goes on to report that “many people struggling with these issues turn to drugs or alcohol to relieve some of the unremitting anxiety” (p. 48). Mackenzie (1994) suggests that an adolescent who does not fit ‘accurately’ into either gender category will inevitably be discriminated against by both genders, as we are taught from an early age to develop prejudice against the opposite gender.

In another exploratory study with eight transgendered adolescents conducted by Griffin, Wilson, and Wren (2005), the findings were such that “given the intolerance of difference from traditional gender and heterosexual norms, ... there would appear to be very little margin for *not* being distressed” (p. 313). This particular study focused upon the interaction between transgendered adolescents and their peers, and found that the distress could be understood as stemming from their peer interactions rather than from within themselves. Wilson et al. (2005) discovered that any form of cross-gender behavior by an adolescent could be sufficient to herald instances of him being bullied in school.

Therapeutic Interventions

Zucker and Bradley (1995) advocate verbal psychotherapy with adolescents, with the objective of assisting these individuals in making the appropriate choices regarding sex reassignment surgery. In their writings, the authors note certain factors that interfere with such treatment. Among them is the client’s intense focus on a solution, which often results in resistance. Zucker and Bradley feel that clients often use surgery as a defense and a mechanism with which to control anxiety. They describe encountering some

difficulty when trying to create a therapeutic alliance, due to the patient's unwillingness to confront his anxiety. Such resistance can lead to demanding behaviours and impatience with the therapist. They find that many clients who pursue the surgical route are resistant to therapy, as their desires for surgery override their tolerance for anxiety associated with the disorder.

Seil (2004), who specializes in the treatment of transgendered patients says that when working with gender dysphoria, the therapist's initial undertaking "is to bring the split-off new identity to the foreground and facilitate integration into the personality" (p. 114). Not every therapist is eager to integrate this new identity, and many behavioural approaches have been used such as parental discouraging of cross-gender behaviours and rewards following gender-appropriate behaviours (Zucker & Bradley, 1995). Minter (1999) rejects these behavioural approaches and refers to cases wherein individuals were made to feel shamed by their therapists. She is particularly critical of the treatment of children, and wishes clinicians would "focus on the far more rational, ethical, and achievable goal of how to help gender-variant children develop the emotional and social resources needed by every child who is at risk for stigma and isolation" (p. 29).

The use of creative arts therapies with adolescents experiencing gender dysphoria does not seem to be very common, though Bergin and Niclas (1996) state that "art therapy and play therapy are recommended modes of treatment because of their symbolic, metaphorical, and nonthreatening nature" (p.272). Haeseler (1996) refers to art therapists working with gender-dysphoric children and states that the art therapist's job in this case would not be interpretation of the client's artwork, but would rather consist of "providing them with the opportunity to experience their own resourcefulness as potent artmakers

and experience the sense of mastery and deep assertion of the self and identity that artmaking affords” (p. 279). Dramatherapy offers similar benefits and allows gender-dysphoric adolescents to engage the body in their exploration as well.

The following chapter will provide an overview of the first four stages of Transgender Identity Formation as outlined by Devor (2004). Devor’s model will be linked with against Jones’ (1996) model of Dramatherapy core concepts. These models can be applied to the stages of therapy with adolescents. The application of concepts such as abiding anxiety, confusions and comparisons about the gender-dysphoric adolescent’s originally-assigned gender and sex will be examined. The dramatherapy core concept of transformation will be explored at the end of the chapter, as related to what may happen as the adolescent begins to discover transgenerism.

CHAPTER FOUR

The Preliminary Stages of Transgender Identity Formation

Introduction

Aaron H. Devor is a sociology professor who focuses on transsexualism. His Fourteen Stage Model of Transsexual Identity Formation is based on the Cass Model (1979) of homosexual identity formation. In spite of the fact that the model focuses on transsexual identity and transitioning to the desired sex by way of surgery, it is designed to apply to transgendered individuals who do not undergo sex reassignment surgery as well. This and subsequent chapters use the model to examine the stages as they may relate to an adolescent population. These chapters are theoretical and examine core

concepts in dramatherapy as they apply to each of Devor's stages. Each stage includes my proposed model which is italicized and links the stage of identity formation with the dramatherapy core concept, and follows a fictional client, arbitrarily named "Andrew". This method is used to better illustrate how dramatherapy can be effective in helping an adolescent client experiencing gender dysphoria to tolerate and manage the extreme anxiety that most often accompanies gender confusion and transgenderism.

Phil Jones is a dramatherapist who synthesizes the dramatherapeutic process into nine core concepts. These concepts will be defined one by one in the chapters to follow, and will serve to illustrate how dramatherapy can be a successful treatment in the management of gender dysphoria for adolescents. Supplemental information and definitions relating to Jones' nine core concepts from other leading dramatherapists will be provided in order to provide further clarification.

My proposed model follows the hypothetical treatment of a fifteen-year-old adolescent named "Andrew" in group dramatherapy. Like the others in the group, Andrew's parents sought out help due to Andrew's high levels of anxiety and persistent discomfort with his gender. Andrew's parents do not know what to do because he is being bullied at school for wearing girl's tight t-shirts and make-up. Andrew has been suspended from school five times for skipping classes, and becomes highly anxious every morning, telling his parents that he would rather die than go to school.

The following chapters will use this hypothetical case example to introduce dramatherapy methods that can be used in the treatment of gender-dysphoric adolescents. The goal of the dramatherapy is to help adolescents with gender discomfort to tolerate and manage extreme anxiety, while allowing them to express their true emotions in a

safe, non-judgmental space. Drama therapy is used as a way of guiding the adolescents in their exploration of gender identity while they learn to cope with having to live in an ambiguous state. For clarity's sake, clients will be referred to as "he" and the dramatherapists will be referred to as "she".

Anxiety and Distancing in Drama Therapy

Stage One: Abiding Anxiety

The Anxiety stage is the first stage of Devor's (2004) Transgender Identity Formation model, and involves general discomfort with one's sex and gender. Because this discomfort is unfocused, but most often intense, individuals in the anxiety stage will often turn to drugs, alcohol, or possibly suicide (Zucker & Bradley, 1995).

At such an early stage, the success rate of many different types of therapies is often quite low, as the client's anxiety may be too overwhelming, and the prospect of his attempting to articulate this discomfort too daunting. Zucker and Bradley (1995) explain that these adolescents' poor tolerance for anxiety, coupled with the feeling that there are no solutions for them, often lead to impatience with their therapists, making it difficult to achieve therapeutic alliances. Because at this stage, the adolescent will most likely not identify as transgender, the focus of therapy is to facilitate the process of handling intense anxiety.

Dramatherapeutic Empathy and Distancing

Empathy and *distancing* are two dramatherapy concepts which relate to the level of involvement clients experience personal *material, both their own and that of others* .

While an empathetic stance can provide a client with an emotional identification, distancing can achieve a more cerebral and removed approach to exploring an issue.

Depending on the client's needs during the dramatherapeutic process, the ideal way to help a client is for a dramatherapist to find a balance between the two extremes of underdistance and overdistance. If a client is having difficulty seeing a situation from another person's perspective, a dramatherapist directs a client in taking on the role of that other person. In playing this role, the client develops empathy for this person on an emotional level rather than trying to understand how he feels in an intellectual way, thereby gaining new insight and seeing the situation differently. On the other hand, if a client is too emotionally fraught to play out an issue, the dramatherapist can use distancing to guide him out of the action in order to observe it from the outside, thereby adjusting the level of distance he has from the material. The client can continue to explore without becoming too overwhelmed to continue the process.

Arlene Istar Lev (2004) a social worker, family therapist, and educator addressing the unique therapeutic needs of lesbian, gay, bisexual, and transgender people, equates this first stage with shaking a full seltzer bottle and opening it. She describes how clinicians can best serve this population, and uses the term *awareness* to describe this initial stage of transgender emergence. The individual may have been bottling up feelings for so long that, at the first sign of awareness, his feelings come rushing out, causing extreme anxiety. Lev suggests these individuals may confuse their dysphoria with what it feels like to be transgendered persons, which can cause further stress, and explains that the shock is often comparable to the trauma experienced by child survivors of sexual abuse.

In many cases, tackling intense anxiety head-on may prove too direct for the client, leading to the aforementioned resistance in therapy. Clients in this stage must be handled with extreme delicacy, as their thoughts and feelings have not yet been worked through. Lev (2004) therefore suggests that the principle therapeutic goals are to normalize gender issues and to establish a safe space.

Proposed Model with Adolescents

It is probable that adolescents coming to therapy find themselves in the anxiety stage. Even if the dramatherapist suspects the anxiety is related to gender issues, such a hypothesis may be premature. Adolescents in this stage, like any other highly anxious client, must be cared for gently. Dramatherapists have the ability to control the degree of distance adolescents need from their material, which may prove effective when working with adolescents experiencing gender dysphoria.

Anxious adolescents, during this initial phase, have not yet begun to be confused. Something just feels wrong. The dramatherapist must work from a distanced place in order to form a bond with the gender-dysphoric adolescent and give him a chance to sit with this anxiety in a safe space. Methods such as creating a story using finger puppets or drawing may be explored, so as to avoid any focus on the body.

It is important to note that parents will most likely be playing a very important role in this process as the adolescent is not of legal age to consent and is most likely in therapy because his parents compelled him to go. Even though the dramatherapist should stay quite distant in her approach with the adolescent, it is a good idea to explore empathy with the focus on the adolescent's family. For example, the dramatherapist could ask the client to take on the role of his mother. Even a resistant adolescent often agrees to this

role reversal, as he is allowed to imitate and mock his parents. It is through this role-playing that gender-dysphoric adolescents think about how their parents might feel seeing them so depressed. Empathy is important to promote from the beginning, as once clients begin to question the validity of their originally-assigned gender and sex, the parent-child bond can easily become strained.

During these beginning stages of therapy, the dramatherapist presents Andrew's group with miniature figurines of characters, objects and animals. Andrew is asked to pick three figures and to tell a story using the objects. The dramatherapist allows Andrew to have distance from his material and does not ask him directly to talk about his real life. The group is given time to reflect at the end of the session through writing in their journals and sharing with partners if they wish.

The next section focuses on the aforementioned questioning and confusion with regards to gender identity, and how the dramatherapist can help adolescents move through this stage using *play*.

Identity Confusion and the concept of Playing in Drama Therapy

Stage Two: Identity Confusion about Originally-Assigned Gender and Sex

Devor (2004) describes two Confusion stages. This first confusion stage occurs when individuals begin to doubt the suitability of their originally-assigned gender and sex. Due to social pressures to conform, they tend to hide their questioning thoughts about their gender.

Playing in Dramatherapy

Playing in dramatherapy is made possible by the dramatherapist through the creation of a safe space by introducing clients to playful activities such as movement-based games or activities using props such as balls or toys. Clients are taught to find new, playful ways of relating to the world, which allows for more fluid explorations of real-life situations. In the dramatherapy play-space, anything is possible. This lets clients find innovative and creative ways of dealing with difficult issues through play.

Dramatherapist Renee Emunah (1994) points out that playfulness helps the client to create a positive association with therapy. This may be crucial for adolescents in therapy. If an adolescent already feels misunderstood by and resistant to his therapist, particularly if he is gender-dysphoric, then encouraging him to experience a sense of enjoyment within the therapy can be extremely helpful. Through the use of play, the client can begin to feel more comfortable with the therapist and with himself .

The gender-dysphoric adolescent may very well not be in a place where he feels ready to play. According to Winnicott (1971), a psychoanalyst and leading theorist, it is then the job of the therapist to bring the client from feeling uncomfortable with the idea of playing to enjoying being able to play, since play is universal and facilitates growth and health. Winnicott goes on to say that “it is in playing and only in playing that the individual is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (p. 72). The dramatherapist working with the gender-dysphoric adolescent must find a way to engage the client by simply allowing him to feel as safe as possible until such time as he is ready to be more playful.

Proposed Model with Adolescents

Gender-dysphoric adolescents may feel traumatized or embarrassed as they begin to be confused about their originally-assigned genders. Using play in dramatherapy allows clients to release energy and feelings in non-threatening ways. The dramatherapist assists the clients in learning to have fun in sessions, which helps gender-dysphoric adolescents feel more at ease to explore deeper issues. Once adolescents understand the play-space, they can use it to its full potential by experimenting with secret thoughts regarding gender in a playful and safe way.

The dramatherapist introduces a “tag-style” game to the group. Andrew is “it”, and even though he is resistant at first, he eventually becomes caught up in the excitement of the game. Through playing this simple game, the adolescents in Andrew’s group begin to get the feeling of moving their bodies in the space with freedom. There is no pressure to be someone they are not, nor is there an opportunity to be rejected or lose in the game.

The next section further explains how gender-dysphoric adolescents begin to compare alternate gender options using personification and impersonation in dramatherapy.

Comparing Identities using Personification and Impersonation in dramatherapy

Stage Three: Identity Comparisons about Originally-Assigned Gender and Sex

During the first Comparisons stage, individuals seek and weigh alternative gender identities. They test identities that allow them to express emotion as the other gender, while remaining in their original gender. For example, an individual born in a female

body can take on a “butch lesbian” identity instead of male. Alternative gender identities allow individuals to express gender behaviours typical to their desired sex without fully becoming or identifying as that sex.

The desire to conform with one’s peers is at its peak amongst adolescent groups. Monti, Colby and O’Leary (2001) state that, “[t]here is no other time in the life span at which both individual and contextual changes are as rapid and pervasive as they are during adolescence” (p. 23). For the adolescent experiencing any sort of gender dysphoria, this time in his life is thus rendered even more challenging.

Personification and Impersonation

In dramatherapy, *personification* and *impersonation* allow clients to take on or replicate different people in their lives, aspects of themselves or feelings in creative ways. Personification involves using objects such as dolls or toys to explore an issue or person in the client’s life. Impersonation also allows for this type of exploration, but the client uses his body instead of objects, all within the confines of a safe space. Clients may use impersonation when they wish to explore an issue or a part of themselves by creating and enacting a character, or by impersonating another individual in their lives. By working in this fictional world, clients in dramatherapy can feel more free to express themselves in ways that may otherwise prove too intimidating or difficult.

Proposed Model with Adolescents

Clients who feel comfortable playing can be more detailed about the different roles with which they are experimenting. A dramatherapy session is the ideal non-judgmental environment in which to explore both feminine and masculine sexes and the range in between.

In my proposed model, adolescents are encouraged to explore all aspects of themselves through objects representing each part or role they play both in public and private. Through *embodiment*, clients are encouraged to fully experience what it feels like to really be each of those roles or aspects of self. The adolescents then reflect on how they feel in each role and where they feel best and worst using this work as a springboard for discussions and further embodiment through personification and impersonation.

Andrew chooses from a variety of objects, props and costumes in the room, and creates four separate spaces that represent four aspects of his identity. He moves through the spaces and comes up with a sculpt or frozen pose with his body that shows how he feels in relation to each aspect of himself. He then has four members of the group each take on one of the sculpts so that he can walk around and observe his feelings from the outside. This leads to a discussion about the notion of a “true self” and what that really means. The group discusses where and when they feel most like themselves, and Andrew shares that the only time he feels as though his parents are happy with him, is when he is being fake or hiding his true self.

As exploration progresses, adolescents move towards discovering the concept of transgenderism and delve into transformation in dramatherapy as discussed in the next section.

Discovery of Transgenderism and Transformation in Dramatherapy

Stage Four: Discovery of Transgenderism

Discovery of transgenderism often happens by accident. Individuals might read an article on the internet, or hear someone talking about transsexuals or Gender Identity

Disorder. Some feel relieved to learn that their feelings are shared by other people, while others still find it difficult to come to terms with their feelings regarding this label. The question becomes how to integrate this newfound option into one's identity.

Transformation in Dramatherapy

Transformation in dramatherapy comes from the reworking of real-life issues in the play-space. Life events, people, and experiences are transformed into different dramatic realities, including fictional characters and scenes, which change the way clients see their lives. New possibilities open up that were not considered prior to the exploration in the dramatic space. Not only are experiences transformed, but also relationships with other group members and with the dramatherapist. These new relationships can give clients insight into the ways in which they relate to other important people in their lives. By developing new positive interactions in the dramatherapy sessions, clients' outside relationships are often transformed.

Dramatherapy offers clients a chance to combine thoughts, emotions, and creativity, which are often disparate. By combining these elements together, clients can see themselves and how they relate to the world differently, bringing about a transformation of identity.

Proposed Model with Adolescents

Gender-dysphoric adolescents who encounter the concept of transgenderism often recognize that it may explain how they are feeling. The discovery stage is that in which issues usually begin to shift, as transgendered adolescents begin to understand that they may be at the beginning of a long road of changes. The core concept of transformation in dramatherapy prepares clients for the changes ahead by allowing them to feel that change

is possible in relationships both in relationships to others and in self-expression. The drama provides tools for exploring all relationships in the play-space and allows adolescents to progress through the transformative processes of feeling loved and accepted for who they are.

During this stage in Andrew's dramatherapy group, the taboo of transgenderism is lifted. Andrew reveals that he has been chatting with transsexuals online because he finds it interesting. The rest of the group acknowledges that they know what being transgendered means and someone changes the subject. The dramatherapist recognizes that the members of the group are thinking about transsexuality, but does not force the issue. She asks the adolescents about the different selves that they have explored previously and asks if this concept can be explored further. The adolescents are asked to create scenes in which they do not feel as though they can be themselves. The scenes mostly involve parents and peers at school. The scenes are then transformed into ideal scenarios wherein group members have a chance to play out their fantasies of how they wish others would relate to them. Even though this is merely fantasy, the group still enjoys the transformative process of relating to one another in an open and non-judgmental manner.

As adolescents who experience gender dysphoria engage in discovering the concept of transgenderism, they find new ways of relating to their bodies through dramatherapy, as discussed in the following chapter.

CHAPTER FIVE

The Middle Stages of Transgender Identity Formation

Dramatizing the Body and using Role to Explore Identity Confusion, Comparisons and
Tolerance of a Transgendered Identity

*Stages Five, Six and Seven: Identity Confusion, Comparisons and Tolerance of
Transgendered Identity*

Individuals experience both the Confusion and Comparisons stages for the second time with the focus on transgenderism as opposed to their originally-assigned gender or sex. These two stages lead to the acknowledgment of the *possibility* they are transgendered.

Individuals may doubt the authenticity of the concept of transgenderism and aim to learn more about it. They may try to meet other transgendered people and start to disidentify with their originally-assigned gender. They now identify as *probably* transgendered.

Embodiment: Dramatizing the Body

Dramatherapy works according to the idea that mind and body are deeply linked. It is for this reason that dramatherapists find using the body more effective than simply talking about a problem. When the body is engaged in a dramatic process in the present, the client experiences tangible insight and change in that moment. As clients participate in dramatherapy sessions and take on new roles and characters, they can play with altering their usual ways of moving and relating to the dramatic space. This kind of

exploration can lead to clients having more freedom to change and play with how they relate to the outside world and to themselves as well as their inner conflicts.

Role in Dramatherapy

This stage of identity formation may be the perfect time to experiment with roles. As mentioned above, the adolescent may be trying out different labels or roles in attempts to feel closer to - or be accepted as - who he actually feels himself to be inside. The dramatherapeutic playspace can be the ideal safe zone in which to, quite literally, do just that. Through dramatherapy's use of roles, the client is free to take on many different characters without judgement or expectation.

Dramatherapist Robert Landy (1996) describes the link between everyday life and drama/theatre. In the same way that actors take on different roles, using them to express who their characters are or what their characters want, people in everyday life take on different roles as well. Many of the roles that an adolescent may be playing during this stage of identity formation may be more responses to others' expectations than true aspects of who they are. Landy emphasizes that each role constitutes merely a part of a person rather than the whole of who he is, which could be an excellent angle from which to explore roles with this adolescent population. If gender is broken down during therapy sessions and examined as a series of roles and as opposed to entirety of an individual, the client may then begin to experience greater ease in exploring both male and female as aspects of the himself. If male and female labels can be viewed as roles that all of us play, the gender-dysphoric adolescent may begin to feel sufficient distance to explore how it feels to be cast in certain roles by his peers and family. This could permit him to feel safe

enough to start a therapeutic dialogue regarding how he feels in each of the roles that he chooses to (or feels compelled to) play.

Landy (1996) describes the relationship between the individual and his role as paradoxical because when in role, he is both himself and not himself. This concept coalesces well with the feelings commonly experienced by gender-dysphoric youths: *How can this be me if it is not me? I am myself yet I am playing a role and wearing a costume in the form of a body that is not me.* Using roles in dramatherapy allows these ambiguities and paradoxes to exist in a safe, contained world, where nothing and everything can make sense. By bringing these roles outside of ourselves, we can see how the roles that we play make up who we are, but are also often confusing and in conflict with one another.

Viewing contradictory roles with some distance can offer perspectives on being cast in different roles in life, so as to not limit seeing gender as an all-or-nothing or absolute definition. Landy explains that when an actor or individual has either too much or too little distance from his role, he will remain in a state of identity confusion. Only when a balance is achieved will the individual be able to be creative and begin on the path towards healthy development. Through dramatherapeutic exploration, the client may potentially gain sufficient distance as to be able to find more of a balance between who he really is and the roles which he must play. It is in this way that the therapist can distance the client from a dangerous place of high risk for suicide or drug addiction to a place of being able to tolerate ambiguity and abide anxiety in order to explore. This exploration can take the adolescent a step closer in the formation of his transgendered identity, as he develops a narrative for him. Landy suggests that people make sense of

themselves and others through playing out roles in order to communicate stories. The dramatherapist must act as a guide for the adolescent in examination of his narrative and roles being expressed to the outside world.

Renee Emunah explains all of these points beautifully in a chapter entitled From Adolescent Trauma to Adolescent Drama: Group Drama Therapy with emotionally disturbed youth. (Emmunah, 1995). She writes:

Dramatherapy provides a laboratory setting in which adolescents can experiment with numerous roles, without long-term commitment or consequence. In dramatherapy, one not only takes on roles, but also discards, revises, and transforms roles. The improvisational mode allows for the roles fluidity which is a developmentally critical aspect to adolescence. The engagement in a dramatherapy process, in which one can embody without surrendering to or merging with any given role, circumvents a premature, permanent solidification of identity. (p. 159)

These words are especially powerful with regards to the gender-dysphoric client, as such "permanent solidification of identity" can hold a much more extreme and literal significance when dealing with the options of hormone treatment and surgeries. It is interesting to ponder dramatherapy as the much needed space for the acceptance and exploration of ambiguity, potentially providing the adolescent with the tools necessary to handle adolescence in this state, while he waits to make a decision regarding how he identifies.

Proposed Model with Adolescents

When using dramatherapy with adolescents who identify as *probably* transgendered, the dramatherapist guides the adolescents through exploration as to what it could mean for them. This may not be done in an overt way, but labels in general may be explored using the body. In my proposed model, the dramatherapist might lead the individual client or the group in a discussion about what types of labels affect them in their daily lives. Through the dramatization of the body, clients are able to safely play with possible identities without needing to commit or feel pressured to identify as one label or another.

Up until this stage, the focus in Andrew's dramatherapy group has been on objects or others' behaviours. At this stage in the dramatherapy process, Andrew begins to reveal that he thinks he might be transgendered. The dramatherapist puts emphasis on the fact that anything can happen in the playspace, it is fluid and ever-changing. The dramatherapist has brought in many costumes, including stereotypical gender-specific pieces such as a princess tiara. The group is encouraged to play as much as they would like with the costumes, spontaneously creating scenes that demonstrate different roles the members of the group have had to play and wish to play.

Once the group has explored the costumes, they then engage in an art project, which further explores their inner feelings and brings those feelings into the body. The group creates two-sided masks, which symbolize their outer and inner selves. They then wear the masks, experimenting with each side and how it makes them feel. When do they show which side? When do they feel best or worst?

Mastering this embodiment in a group setting is beneficial to clients in other ways as well, which will be discussed in the next section witnessing.

Using Interactive Audience and Witnessing to Cope with the Delay before Acceptance
Stage Eight: Delay before Acceptance of Transgender Identity

In Devor's (2004) model the Delay before Acceptance stage involves waiting for circumstances to change. Individuals are seeking confirmation of their trans identity while in search of more information about what it means to be "transgendered".

Interactive Audience and Witnessing

Interactive audience and witnessing in dramatherapy differ from an audience in the conventional, theatrical sense, as there is generally no formal performance in dramatherapy. Clients act as an audience to other clients in the dramatherapy group. It also involves the process of witnessing oneself and being witnessed, which lends support and acknowledgment to the therapeutic process. A client can serve as a witness to another person's process which allows him to identify with another's issues and reflect on similarities. They can also witness themselves by having another play their role, or through the use of objects that represent them.

Proposed Model with Adolescents

During the Delay before Acceptance stage, gender-dysphoric adolescents need validation of their identities. The dramatherapist must be especially careful providing validation with these underage clients. She must properly explain to the clients' parents that the goal of the dramatherapy is exploration and to assist with tolerating the anxiety that generally accompanies gender dysphoria. The dramatherapist provides validation for

however the clients are feeling, and does not pass any judgments with regards to how they or their parents should proceed in the process of identifying as transgendered or transitioning. The dramatherapist is working in the adolescent's best interest, and she must offer support and guidance. She must be knowledgeable as to the options available to adolescents who think they may identify as transgendered and, in the Delay stage, must focus on assisting clients in the experience of feeling witnessed as who they are. The drama lets clients explore their ideal selves and the ideal way in which they would like others to see and relate to them.

Andrew's group is asked to create a piece of artwork, as the playspace will be converted into an art gallery for the session. The group decides that the title of the series in the gallery is "I Am..." Group members take turns presenting their art and introduce it in whatever way they would like. The group then offers feedback in the form of a group sculpt, which is meant to convey how the piece moved each group member emotionally. Because the group members all share in forming transgendered identities, they act as one another's mirrors, while the non-trans therapist acts as the witness.

As the adolescent clients begin to feel perceived as their true selves, they may begin to explore more real-life scenes in the dramatherapeutic space as they accept their new identities. This acceptance is addressed in the following section.

Acceptance of Transgendered Identity and the Life-Drama Connection

Stage Nine: Acceptance of Transgendered Identity

As transgendered identity is established, individuals progress through a stage of acceptance, as per Devor's (2004) model. This acceptance may happen quickly or may

take some time. The Acceptance stage can be seen as both positive and negative, as it can offer some relief, but can also bring new complications as individuals tell others about their new identities.

The Life-Drama Connection

In dramatherapy, the connection between what is happening in the drama and real life is of utmost importance. Whether this connection is made overt or left to dwell in the subconscious mind, it is always there. Clients may explore fictional stories, only connecting them to their real lives upon reflection. They may also purposefully create a realistic scene between themselves and other individuals, such as their fathers, directly exploring these relationships. No matter how the connection is made, it must allow for the potential for change outside of the dramatherapeutic space.

Proposed Model with Adolescents

The dramatherapist, working with transgendered adolescents who have reached the Acceptance stage, is now able to make the life-drama connection even more overt. In the previous stages, the dramatherapist had to take extra care to work mostly in metaphor with stories and artwork, in order to protect the already-anxious adolescents from becoming too overwhelmed. In the Acceptance stage, the dramatherapist works in a more literal fashion with the clients, connecting the drama more clearly with what they are going through in their lives. Through the use of scenework and role-play, the adolescents who are ready to identify as transgendered explore real-life situations they will encounter. Because the adolescents have reached a stage wherein they are able to accept new identities, they are also faced with the challenge of incorporating these identities into their interaction with peers and families.

The dramatherapy space is the perfect place in which to rehearse ways to ‘come out’ as transgendered. The dramatherapist guides clients in exploring the fears and worries that come with having to tell others about their new identities. The adolescents then create different scenarios that reveal how others might react to the news and how they can then handle the reactions. By making the life-drama connection overt in the Acceptance stage, transgendered adolescents leave the dramatherapy playspace with a newfound sense of confidence, having explored and practiced how they and others may react to their new identities. Instead of simply thinking about others’ reactions, the clients have now undergone a rehearsal process, which has granted them a better sense of how things could play out in their real lives.

The clarity of the Acceptance stage is followed by a challenging period of having to wait once again. The time before the adolescent’s transition, be it surgical, through the use of hormones, or a mental transition in identification is outlined in the next chapter.

CHAPTER SIX

The Final Stages of Transgender Identity Formation

Delay before Transition and its link to Dramatic Projection

Stage Ten: Delay before Transition

The Delay before Transition stage allows for a deepening of the transgendered identity. Individuals progress through a final disidentification with their original gender and sex. They learn about transitioning options such as surgical procedures and organize support systems.

Dramatic Projection

Dramatic projection occurs in dramatherapy when clients project their feelings and thoughts or conflicts onto the drama. Clients engage in a dramatic process which can include using puppets to tell a story, or acting out a fictional play or scene. The clients, consciously or unconsciously, project their own material from their real lives onto the fictional story they are exploring. The gender-dysphoric are able to experience their issues creatively and develop new ways of relating to them in order to bring about new insights or change.

Proposed Model with Adolescents

The Delay before Transition stage is one of the most difficult ones for adolescents. Coming to terms with their new identities and deciding they indeed identify as the opposite gender brings great relief as well as a whole new set of stressors.

According to *The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, 6th Version* (2001), adolescents who wish to proceed with hormone treatments and surgeries are restricted by their age. They often become desperate, possibly seeking hormones on the black market or, once again, becoming depressed and suicidal. Adults who accept their new identities can be proactive about the next step. Adolescents in this situation are often controlled by their parents and the law which restricts sex reassignment surgery to adults. Some doctors may agree to do partial surgeries with parental consent after the age of sixteen (for example, double mastectomies in female-to-male transitioners). Adolescents must wait until they begin puberty, with parental consent, to begin any sort of hormone therapy.

The Delay before Transition stage is stressful for transgendered adults, but for adolescents any passage of time creates more stress. This is due to the fact that as adolescents mature and go through puberty without hormone therapies or surgeries, many bodily changes become irreversible.

Andrew is technically allowed to be taking hormones, but is in negotiations with his parents. As he gets older his voice begins to change and his Adam's apple becomes larger. This is very distressing to Andrew, because he knows that these pubertal changes may be irreversible even via surgeries later on in life.

Due to the heightened levels of stress and anxiety in the Delay before Transition stage, the dramatherapist must guide the adolescent clients in exploring their feelings surrounding this waiting period, as opposed to allowing them to obsess over surgeries that cannot be performed immediately. Transgendered adolescents who become depressed during this stage are very difficult to reach in the therapy process, fixated as they may become upon wanting results via hormone treatment.

There is a delicate balance between respecting a young person's choices and acknowledging that he is limited in his capacity to reason as an adult. As Winnicott (1971) states in his book *Playing and Reality*, "Immaturity is an essential element of health at adolescence" (p. 198). He explains that we must respect adolescents' idealism, while also meeting them with confrontation, sometimes unpleasant, in order to ensure their health. Even if one's body has begun to mature, one is often not mature enough emotionally to truly understand the repercussions of long-term decisions. The reality is that the adolescent is often having to sit with the dysphoria for years, while awaiting the legal age at which tangible transitioning can begin. In the meantime, the transgender adolescent

must withstand often extreme anxiety due to the inner dissonance stemming from a sense of being trapped in the wrong body.

Dramatherapy is an ideal intervention for the overwhelming anxiety felt by adolescents who are not able to proceed forward with transitioning. Through the use of dramatic projection, the dramatherapist continues to engage adolescents in a creative process, keeping them focused on the drama. Being engaged in the creative process is inherently therapeutic, and allows transgendered adolescents to feel safe and to have control over what they are creating in the dramatherapeutic space.

In my proposed model, clients have the option of creating either their own masks or puppets to tell a story. The dramatherapist encourages the adolescents to take their time in the art and creation processes, so they can take pride in their creations. As the clients continue to explore, they project their anxieties during the Delay before Transition stage onto the stories they are creating. Through this exercise, the adolescents discover new ways of relating to their feelings about not being allowed to proceed with hormones therapies or surgeries. They are encouraged to look more positively at their current identities and to see their current lives as part of a bigger picture.

Transgendered adolescents may have to remain with this anxiety for an extended period of time, depending on their age and level of parental co-operation. Adolescents may only move past the Delay before Transition stage once they are considered to be adults and have had sex reassignment surgery. Others can transition by identifying as and dressing like the desired sexes, and may be able to integrate into those genders more easily.

The next section will focus on that integration and acceptance, as the dramatherapist guides her clients towards exploring ritual.

Transition, Acceptance and Integration and the concept of Ritual in dramatherapy
Stages Eleven, Twelve and Thirteen: Transition, Acceptance and Integration

In Devor's (2004) model, *Transition*, *Acceptance*, and *Integration* refer to sex reassignment surgery: however, many individuals adopt a transgendered identity, as opposed to identifying as a transsexual, and opt to not have surgery. Transition usually occurs through sex reassignment surgery, but can also be experienced through hormone treatment, or mentally and emotionally by identifying as the opposite gender without a physical transition. Once the post-transition identity is established, individuals can attempt successful post-transition living, which may take years with or without surgical measures. As individuals integrate their new and former identities and manage societal stigmas, the surface issue of their transgenerism becomes secondary.

Ritual in Dramatherapy

Derived as they are from the holistic aspects of drama and theatre, dramatherapy sessions are conducive to the use of *ritual*. The dramatherapist leads the group or individual client in a defined process at the beginnings and ends of sessions in order to create a clear and safe container for exploration. Some clients have a need to rework a ritual that has been lacking or upsetting in their lives. Dramatherapy allows clients to create new rituals tailored to their specific needs. Jones (1996) includes individuals experiencing changes in their identities as some of the most well-suited clients with whom to use this ritualistic approach.

Proposed Model with Adolescents

Adolescents who have reached the Integration stage feel ready to live their lives as their desired gender. Societal, medical, political, and parental restrictions do not allow adolescents to fully transition, but many of them pursue it anyway and transition on their own, assuming the identities of their desired genders. The dramatherapist uses ritual to help adolescents identify which aspects of their assigned genders they wish to hold on to, and which they no longer identify with. The dramatherapists and adolescents work together to create rituals that can be repeated during sessions. The transgendered adolescents are encouraged to bring three groups of items from home; one group that they associate with their pasts, one with their presents and one with their futures. The adolescents use artwork, costumes, as well as music, to come up with appropriate rituals which can bring them to a place where they feel able to enter society with their new identities.

Because the clients in Andrew's group are minors, the Integration stage requires the most caution exercised by the dramatherapist. During this process, Andrew wishes to use ritual in dramatherapy to discard all things that he associates with being labeled as male. The dramatherapist must be very careful to not give the message, that such a ritual means Andrew is now 'female', as she is simply facilitating a process and following his lead. This is especially important with regards to Andrew's parents, who have spoken with the dramatherapist about their position against hormones and surgeries. If she is not careful, the dramatherapist may find herself losing a client. She emphasizes that the purpose of the ritual is to externalize inner feelings and re-enact past rituals which may have been disappointing to the clients. She also explains to Andrew's parents that the

purpose is to validate Andrew's feelings, whatever they may be, and to allow him to ritualize desired outcomes so that he may integrate his choices more effectively when he and his parents are ready for him to do so in whichever way they together choose.

In many cases, the transgendered adolescent may not reach the Integration stage, and the dramatherapist may end up focusing more on helping him to handle the anxiety. In other cases, adolescents may be able to overcome depression and attain a sense of satisfaction with their new identities, regardless of not having yet made a full surgical transition.

Pride and the Therapeutic Performance Process

Stage Fourteen: Pride

The final stage of Devor's (2004) model entitled Pride, allows individuals to be openly transgendered. They feel comfortable enough to share their stories and be proud of their journeys. Many may choose to engage in *transgendered advocacy*, allowing them to be a part of a group and to help others who are struggling with earlier stages. Advocacy allows individuals to dispel myths about gender identity disorder and to have a voice in society, in government and with health care providers.

The Therapeutic Performance Process

The *therapeutic performance process* happens in dramatherapy when clients identify needs to express material. They can then rehearse and share their issues in a dramatic way with outside audiences, other members of therapy groups or with dramatherapists. Therapeutic theatre guides the group in identifying a theme that they

wish to explore, write a script, perform, and step out of role in order to integrate and reflect upon the experience.

This process is therapeutic in that it enables clients to take on different roles in their own dramas and to explore alternate solutions for managing real-life problems. Clients can, for example, direct other members and observe the action from the outside, or can take on different roles which offer them new perspectives. Engaging in a performance process gives a client a sense of accomplishment and the ability to see his situation in a new, creative way. By disengaging from the process after its completion, clients walk away with a different relationship to their original issue.

Proposed Model with Adolescents

Once transgendered adolescents reach a stage of feeling proud within their new identities, the dramatherapist helps the group or individual to create a theatre piece. This performance empowers the adolescents, giving the population a voice that it has often lacked.

Andrew and the rest of his dramatherapy group want to create a performance based on their journeys, but also want to be able to use the production as an educational tool for sensitivity-training in schools. They may decide to restrict the performance to the confines of the dramatherapy space or to perform for families and friends, their schools, or a larger public.

Allowing the adolescents to make all the decisions gives them a deeper sense of control they may feel they lack because of limitations imposed upon them regarding physical transitioning. The Pride stage in the proposed model is not restricted to pride in one's sex or gender. Rather, the dramatherapist places emphasis upon having pride in

one's inner strength and abilities, regardless of sex or gender, and in one's personal journey during this arduous process. Through the therapeutic performance process, pride is strengthened and the transgendered adolescents experience a newfound sense of confidence in and hope for the future.

CHAPTER SEVEN

Discussion

Summary

How can the existing literature on Core Processes in dramatherapy and Transgender Identity Formation be linked theoretically in order to explore potential dramatherapeutic interventions with an adolescent population experiencing gender dysphoria? A review of the current literature related to gender identity disorder showed a very strong connection between dramatherapy and the way Aaron H. Devor (2004) describes the process of transgender identity formation.

Dramatherapy allows for extensive physical exploration, which is often lacking in other forms of therapy, and which is essential when working with adolescents experiencing gender dysphoria. Dramatherapy uses play and creativity, which allow for an alliance between client and therapist to be formed more quickly than with purely verbal therapies. The dramatherapist can monitor the degree of distance that clients need with regards to their personal material through the use of projective techniques which are not available in verbal therapies. The ability to maneuver this distance is crucial as the

gender-dysphoric adolescent is often flooded with emotion and can be anxious to the point of suicidal ideation, thereby unable to explore gender issues in an direct manner.

Findings

Through the use of Phil Jones' core concepts in dramatherapy and Aaron H. Devor's Fourteen Stage Model of Transsexual Identity Formation, a working model was developed for use with gender-dysphoric adolescents. The findings suggest that there are many parallels between the core concepts and the stages of identity formation. Indeed, it would seem as though the proposed dramatherapy model can offer this often extremely-anxious population a safer, more gentle approach to therapy. Devor emphasizes the functions of witnessing and mirroring as part of the necessary requirements for the healthy formation of this new identity. Dramatherapy readily offers these functions as a natural part of the dramatherapeutic process, and provides the gender-dysphoric adolescents with this validation in a safe space. Dramatherapy matches the population's need for exploration using the body and allows for actual physicalized rehearsal of having to face the outside world.

Limitations

The study is of course quite limited in its current theoretical state. Despite having provided a good overview of what can happen hypothetically when working with a gender-dysphoric population, the examples have been quite simplified for clarity's sake, and do not account for many other possible complications that can arise when using dramatherapy with transgendered adolescents. One such major complication involves the adolescent's parents. This issue has been briefly touched upon, but it should be emphasized that a dramatherapist working with this population may be very limited in

what she may be allowed to explore or say in sessions, as she contends with often unaccepting and distraught parents. My proposed model is therefore somewhat idealistic in nature, and would probably have to be modified due to parental concerns and client resistance.

Devor's fourteen stage model was originally written to apply to an adult population, and the later stages reflect the difficulties in adapting it to adolescent clients. For clarity's sake, certain dramatherapy terms such as *role* and *ritual* were also used outside of Jone's core concepts.

The age range of the adolescents experiencing gender dysphoria is also a factor which would have to be addressed more thoroughly in the application of the model. The adolescent population was referred to as being between 13 and 18 years of age. Even though adolescents and children are often grouped together with regards to gender dysphoria, different issues would obviously arise depending on the specific age of the child or adolescent. Hypothetical adolescents were spoken of generally for the purposes of the paper: however, when working with a gender-dysphoric adolescent population, exact age would prove to be a factor. Some 13-year-olds may be in extreme crisis with the onset of puberty, while 18-year-olds may be facing imminent decisions regarding surgeries. Because the clients are most likely students it is unclear as to how long the therapy could last. There may be difficulty regarding the possibility of long-term therapy and whether the sessions would progress through the school year or would be held during the summer. The dramatherapist would have to come up with a future plan for post-therapy interventions such as peer meetings or future projects.

The focus of this research paper has not been on surgeries, and therefore the differences between male-to-female and female-to-male transitioners have not been addressed. This is no doubt a limitation, as certain issues may be more relevant at different stages depending on the originally-assigned gender or sex. Female-to-male transitioners may not identify with male-to-female transitioners and may not wish to be in the same dramatherapy group, for example. Groups in general may not be a possibility, as this population may not wish to engage in group therapy due to high levels of anxiety. Even if the creation of a group is possible, it may be extremely difficult to restrict it to adolescents who are experiencing similar stages of identity formation. Given these limitations, the dramatherapist may have to adjust the application of the model to suit the needs of the clients. This can be done by presenting the stage of the model in an order other than that outlined in the paper, or by engaging in individual dramatherapy wherein the therapist would be called upon to play a more active role, acting as witness and mirror to the client while aiding him in becoming his own witness and mirror.

Research Experience

Process

The original intention of the research was to examine how dramatherapy could be a tool for treating adolescents with Gender Identity Disorder. Upon delving into the existing literature, the debate surrounding GID was uncovered. My realization that this was a very relevant and ongoing issue became the driving force behind the research, and the topic transformed into a proposed model that focuses on equipping the transgendered adolescent with the tools necessary to sit with extreme anxiety and ambiguity.

Reading materials such as articles, interviews, books and novels provided an overview of related topics such as anxiety related to general body image. The title of Aaron H. Devor's (2004) model *Witnessing and Mirroring* immediately related to dramatherapy, and I knew in my heart that dramatherapy would be an especially good fit with gender-dysphoric adolescents, as the literature indicated that teens were especially difficult to reach. How could one go about investigating this complex issue?

Challenges

The greatest challenge I faced was having to write in a hypothetical style about a clinical topic. I had originally wished to conduct a case study, but time and confidentiality issues proved too great impediments. Centres that provided services to transgendered youth were apprehensive about new research and understandably protective of their often-suicidal clients. There was a consensus among the workers with whom I spoke that creating a new model may be a more helpful first step.

The dramatherapist working with a transgender population must be extremely well educated on the subject and trained as to how to approach their clients with the appropriate level of sensitivity. I know that I too am at risk of cultural appropriation and that I have made many assumptions as my paper is theoretical. I struggled with the notion of labels, and with seeing things in black and white. At first, I thought all labels were wrong, and that gender is merely a construct. Upon further investigation, I discovered that the adolescents when I was researching often do not wish to live in ambiguity but rather identify as very specific genders. Labels are not necessarily the problem; societal assumptions are. If another's label matches our perception of that same term as applied to ourselves, then we feel validated because our identities are confirmed. When we label

ourselves, we define who we are, but when others' make assumptions about us without regard for how *we see ourselves*, it can be detrimental to the shaping of our identities.

Future Applications

My proposed model combines a series of stages which have been thoroughly researched, with core concepts in dramatherapy that incorporate treatment tools which have already proven effective with many other populations. The model can be used with groups or individuals at any stage of transgender identity formation, including those who are experiencing early gender confusion. It can be adapted for dramatherapy work with adults or children, and can allow the gender-dysphoric client to explore in a safe space, accessing gentle, creative, healing tools not available in other, more traditional forms of verbal psychotherapy.

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APPENDIX A

Aaron H. Devor (2004)

Stages of Transsexual or Transgender Identity Formation		
Stage	Some Characteristics	Some Actions
1) Abiding Anxiety	Unfocussed gender and sex discomfort.	Preference for other gender activities and companionship.
2) Identity Confusion About Originally Assigned Gender and Sex	First doubts about suitability of originally assigned gender and sex.	Reactive gender and sex conforming activities.
3) Identity Comparisons About Originally Assigned Gender and Sex	Seeking and weighing alternative gender identities.	Experimenting with alternative gender consistent identities.
4) Discovery of Transsexualism or Transgenderism	Learning that transsexualism or transgenderism exists.	Accidental contact with information about transsexualism or transgenderism
5) Identity Confusion About Transsexualism or Transgenderism	First doubts about the authenticity of own transsexualism or transgenderism.	Seeking more information about transsexualism or transgenderism.
6) Identity Comparisons About Transsexualism or Transgenderism	Testing transsexual or transgender identity using transsexual or transgender reference group.	Start to disidentify with originally assigned sex and gender. Start to identify as transsexed or transgender.
7) Tolerance of Transsexual or Transgender Identity	Identify as probably transsexual or transgender.	Increasingly disidentify as originally assigned gender and sex.
8) Delay Before Acceptance of Transsexual or Transgender Identity	Waiting for changed circumstances. Looking for confirmation of transsexual or transgender identity.	Seeking more information about transsexualism or transgenderism. Reality testing in intimate relationships and against further information about transsexualism or transgenderism.
9) Acceptance of Transsexual or Transgender Identity	Transsexual or transgender identity established.	Tell others about transsexual or transgender identity.
10) Delay Before Transition	Transsexual identity deepens. Final disidentity as original gender and sex. Anticipatory socialization.	Learning how to do transition. Saving money. Organizing support systems.
11) Transition	Changing genders and sexes.	Gender and sex reassignments.
12) Acceptance of Post-Transition Gender and Sex Identities	Post-transition identity established.	Successful post-transition living.
13) Integration	Transsexuality mostly invisible.	Stigma management. Identity integration.
14) Pride	Openly transsexed.	Transsexual advocacy.