

COME FIND ME: A QUEER AUTOETHNOGRAPHIC EXPLORATION
OF AUTOBIOGRAPHICAL THERAPEUTIC PERFORMANCE

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ABSTRACT

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RORY STARKMAN

Welcome, fellow traveler! This unconventional academic paper will take you through a journey of my experience engaging with the drama therapy method of Autobiographical Therapeutic Performance (ATP). This paper aims to meaningfully contribute to the field of drama therapy by elaborating on both the therapeutic and transformative potential of ATP from a client and student perspective. This study uses queer autoethnography as a methodological framework to critically investigate the use of ATP in individual therapy, specifically as a means of examining my Jewish and transgender/non-binary (TGNB) identities. The ATP process offers a dynamic and flexible therapeutic method which allowed me to explore and integrate my complex intersectional identities. A deeply trusting therapeutic relationship enabled me to experience an intra- and interpersonal sense of belonging and connection, and the choices required during the ATP process created space for a deep sense of my own queer agency. I hope you enjoy the ride.

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Introduction

Who am I? What is real? What is true? What is mine? These questions both guided and haunted my research process. Come with me as I take you along through parts of my journey to find me. I'm the Captain. As a Jewish transgender non-binary drama therapy student and client, I participated in a process called autobiographical therapeutic performance (ATP)— a time-limited individual therapeutic theatre process. For the purposes of healing and transformation, I used drama therapy techniques alongside a skilled drama therapist to explore my intersectional identities and create a final performance.

My ATP journey was tracked through the research method of autoethnography. Autoethnography is a critically self-reflexive methodology that resists traditional academic norms by bringing the body into research (Adams & Jones, 2008; Spry, 2011), and empowering drama therapy students such as myself to weave metaphors throughout their academic writing. As such, this paper will weave a personal reflective and narrative tone alongside traditional academic forms of knowledge dissemination. Autoethnographers emphasize their personal experiences, explicate their own processes of thinking and sense-making, use critically self-reflexive methods of data collection, analysis, and dissemination, and apply critiques of cultural or systemic norms to their experience (Adams et al., 2015). I chose autoethnography as an appropriate method for uncovering the therapeutic aspects of ATP when working toward embracing and expressing my intersectional identities authentically.

This voyage is about my experience exploring my intersectional identities through ATP. As part of my drama therapy Master's degree and as a client of drama therapy since September 2023, I chose this research project for several multi-layered reasons. For me, the story began almost 10 years ago, as outlined in this email to my drama therapist:

'In Fall 2015, I came out as non-binary after doing self-explorations around internalized oppression for my Social Justice in Psychology course. At the same time, I chose to play a character as a trans man for my final Acting Practicum for my Minor in Theatre Studies. I wrote a journal alongside both of these classes reflecting on my own personal journey of coming out as transgender and non-binary and changing my name... In 2016, I completed an autoethnography around my own explorations of gender through a liberation psychology lens, which culminated in the first draft of a stage script. In 2017, I went on to develop that script into a staged production called "Just The Way It Is"... In July 2023, before beginning my Masters in Drama Therapy at Concordia University, I took the Introduction to Drama Therapy course and read about Autobiographical Therapeutic Performance. I realized that this is what was missing from my process with "Just The Way It Is". Back then, I had the support of a skilled community-based

researcher who empowered me to use qualitative techniques to explore my experience and my questions, but she was not a therapist. I did not have a therapeutic framework for this work and I see now that because of that, I didn't have a safe container for it. In retrospect, I recognize ways that I harmed myself in the process of "Just The Way It Is". I can now see just how under-distanced¹ it was. Reading it in 2023 made me cringe in a way that I never would have in 2017. Back then I saw it as empowering. Now, I think it served its educational purpose but it took a personal toll.
(February 2024, personal email communication with my drama therapist).

I wanted to communicate to my therapist about the work I had already done with regard to my gender journey. While I had previously created educational and social justice theatre on the topic of my transgender and non-binary (TGNB) identities, I was curious to explore these parts of my identity from a therapeutic lens. I also wanted to explore an emerging disconnection, confusion, and frustration around my Jewish identity and incorporate this cultural and spiritual dimension into my therapeutic healing. My objective was two-fold: 1) to engage a therapeutic process of healing that could address a feeling of fragmentation within my identities and 2) to meaningfully contribute to the ATP literature within the field of drama therapy from my perspective of student and client exploring, expressing, and embracing multiple intersecting identities.

To ground this academic exploration of self in theory, I will begin with a contextual foundations section reviewing and synthesizing academic literature around psychological models of transgender and non-binary (TGNB) identity. This synthesis will address, avoid, or transform outdated and pathologizing language. Key drama therapy, therapeutic theatre, and queer theories will be shared as potential frameworks for working with intersectional identities.

Autobiographical therapeutic performance literature will be synthesized in the subsequent section. Definitions, forms, structures, and elements of ATP processes will be elaborated, followed by a brief discussion of who ATP is intended for. The method section will discuss autoethnography as a *queer* research method, existing outside the norms of traditional academic writing. The following sections will emerge and flow in a more narrative tone. The themes and findings section will focus on my experiences and reflections from my personal ATP process. Themes will revisit the core question: *who am I?* Through exploring trust— in the process, in myself, and in my drama therapist — along with the power of excavating the unconscious,

¹ In the context of drama therapy, 'under-distance' refers to a state of emotional overwhelm (Scheff, 1981; as cited in Ben-Tzur & Fenigar-Schaal, 2025)

encountering internal resistance, moments of movement and stagnation, and the rite of passage contained within the performance itself. The discussion section will share what the ATP process has revealed about healing in the context of intersectional identities and therapeutic performance. Finally, suggestions for future research directions and implications in the field of drama therapy will be offered as a series of questions.

In alignment with autoethnography's goals, this paper will be written with less formality than is traditionally found within academic writing. I position myself explicitly, culturally, politically, and personally as a transgender, non-binary, Jewish individual drama therapy student and client engaging with the ATP process. The ATP-generated script is beyond the scope of this research paper and will be represented only through selected excerpts. The performance was my personal therapy and rather than sharing the contents in detail, I will focus on the process of engaging with ATP and my reflections on what has been healing in this tremendously difficult, vulnerable, and rewarding therapeutic work. I will pose questions around the capacity and potential for ATP as a *queer* drama therapy method. My goal is to connect with you, fellow traveler, on a relational and human level— for you to see and feel my humanness as I integrate my mind, body, emotions, and spirit into this therapeutic and academic venture. I invite you to come along on this journey with me...

Contextual Foundations

Welcome, fellow traveler. We begin in this section, which contains an overview of academic literature that provides the contextual foundations for this autoethnographic exploration. Here you will find a discussion of identity-based mental health concerns for TGNB populations and models that have been proposed to explain and support TGNB identity development. Queer theory is introduced as a pathway to resist assimilation for both TGNB and Jewish individuals. Put in concert with drama therapy, queer theory supports a conceptual shift from individually pathologizing TGNB identities toward understanding mental health disparities as a response to harmful cisheteronormative standards. The capacity for drama therapy and queer theory to provide liberation in therapeutic contexts is emphasized before moving into a full overview of autobiographical therapeutic performance. This will provide a foundation for the exploration of ATP as a *queer* method of therapy.

Transgender & Non-Binary Identities

Transgender and non-binary (TGNB) individuals frequently navigate complex identity-related difficulties, shaped by external and internalized forms of stigma and oppression (APA, 2015; Hendricks & Testa, 2012; Jackman, 2022; Kline & Randall, 2021; Lin et al., 2019; Lipson, 2019; Mizock & Mueser, 2014; Puckett & Levitt, 2015; Williams & Trottier, 2019). Tensions arise between wanting to be seen in one's true and felt identity and feeling a protective urge to remain unseen in a cisheteronormative society where threats of physical and psychological harm are prevalent (Hendricks & Testa, 2012; Hetzel & Mann, 2021). Discrimination, harassment, violence, and rejection—both real and perceived—are widely recognized as common experiences for TGNB individuals (Hendricks & Testa, 2012; Hetzel & Mann, 2021; Lunardi, 2019; Williams & Trottier, 2019). These threats can lead to identity concealment, which can further compound mental health distress (Hendricks & Testa, 2012).

In recent years, mental health perspectives have shifted away from pathologizing TGNB identities toward recognizing the systemic and environmental stressors that contribute to psychological distress. Previously, the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR classified TGNB identities under *Gender Identity Disorder*, focusing on the symptomatic criteria of “cross-gender identification” (APA, 2000, p. 581). In contrast, the DSM-V-TR diagnosis of *Gender Dysphoria* reframes mental distress as arising not from identity itself, but rather the incongruence between one's felt sense of gender and how one is perceived or permitted to express that gender in the social world (APA, 2022). This evolution marks a conscious effort toward depathologization in the mental health field, affirming that TGNB identities are not disordered, but rather psychological suffering is a result of living within a cisheteronormative social context.

Mental Health & Development Models of TGNB Identities

Over the past two decades, research on TGNB identity development has been steadily growing (Bockting & Coleman, 2016; Bradford & Syed, 2019; Devor, 2004; Hetzel & Mann, 2021; Katz-Wise et al., 2017; Meyer, 2015). However, many psychological models remain grounded in cisheteronormative understandings of identity which often fail to encapsulate the experiences of TGNB individuals (Erikson, 1959; Kroger, 2004; Marcia, 1993; Märtsin, 2019). As Katz-Wise et al. (2017) note, most models of queer development are based on gay, lesbian, and bisexual (LGB) individuals and then applied to TGNB populations (e.g. Meyer, 2015).

The Minority Stress Model (Hendricks & Testa, 2012; Meyer, 2015) is one such model that shifts understanding of TGNB mental health away from individual pathology toward systemic stressors. Originally developed by Meyer (2003) in the context of LGB populations, the model has since been adapted to better reflect the experiences of TGNB and other minoritized identities (Hendricks & Testa, 2012; Meyer, 2015; Williams & Trottier, 2019). It accounts for both internalized stigma and external systemic oppression that contribute to the mental well-being of TGNB individuals (Hendricks & Testa, 2012; Meyer, 2015). The model emphasizes a non-pathological view by situating mental health disparities as the result of living in a society privileging cisgender and heterosexual norms and values, and perpetuating harmful stereotypes and narratives (Hendricks & Testa, 2012; Meyer, 2015; Williams & Trottier, 2019).

While some TGNB identity development models have moved toward depathologization, others still maintain a problematic binary foundation (Bilodeau, 2005; Devor, 2004; Hendricks & Testa, 2012). For example, Devor's (2004) 'Transsexual Identity Formation' model is a trans-authored, 14-stage framework that outlines a trajectory from initial identity anxiety and confusion, through stages of comparison, tolerance, and eventual integration and pride. Devor identifies that TGNB individuals may compare themselves to others within both their assigned sex at birth and perceived societal norms, as well as the newly embraced TGNB identity and norms within those communities. While the model acknowledges that not every individual follows the stages in order, or completes them all, a pathway towards identity acceptance and societal integration is implied. This trajectory may not reflect the fluidity of many TGNB experiences.

Importantly, the language and underlying assumptions of this model call for critical examination in light of current understandings of gender identity and expression. The term *transsexual* is historically rooted in binary, medicalized understandings of sex and gender. It has become outdated or specific to a particular subset of TGNB communities who prescribe to binary understandings of sex and gender. This framework may unintentionally exclude or marginalize non-binary identities. Further, Devor's (2004) conception of *integration* suggests assimilation into a cisheteronormative society, which calls into question the value placed upon queerness and *queering*. *Queering* as a practice actively questions and challenges dominant systems to create safer spaces for queer and marginalized individuals (Tomczyk, 2020). In positioning integration as assimilation, Devor (2004) risks reinforcing the norms and systems that *queering* practices

aim to resist. Though some individuals may choose assimilation for safety or affirmation, for others this pathway may lead to unconsciously internalizing harmful and stereotypical beliefs and narratives (Williams & Trottier, 2019).

Using models that acknowledge the environmental stressors within a cisheteronormative society and validating sexual and gender diversity, provides avenues for increasing resilience, empowerment, and pride within 2SLGBTQIA+ and TGNB communities (Hendricks & Testa 2012; Hetzel & Mann, 2021; Lunardi, 2019; Williams & Trottier, 2019). In therapeutic contexts, these resilience factors can be fostered through building peer connections within queer populations. These peer-to-peer connections can serve as healthier social comparison groups for queer individuals reducing the tendency to measure oneself against cisheteronormative gender norms and resisting, rather than assimilating (Hendricks & Testa, 2012; Williams & Trottier, 2019). One way this can be accomplished is through group therapy designed specifically for queer individuals (Lunardi, 2019; Tomczyk, 2020).

Intersectional Identities & Queer Theory

Individuals with both Jewish and TGNB identities run the risk of internalizing harmful stereotypes and oppression. Internalized transphobia and antisemitism can lead both TGNB and Jewish individuals to feel the need to justify their existence in order to be considered ‘real’ or authentic. For TGNB populations, resistance often involves unlearning early internalizations of normative gender expectations related to one’s sex assigned at birth. This unlearning may evoke feelings of inauthenticity or falseness during gender identity explorations and transition (Devor, 2004). Similarly, Jewish identity is often shaped by cultural, ethnic, religious, racial, and national influences and determined individually by anyone who is Jewish (Crasnow, 2020; Freeman, 2020). While some Jews identify through family lineage or religious traditions, others may define their Jewish identity through social or cultural factors. As with TGNB individuals, Freeman (2020) notes that Jewish identity is constructed both from within and in response to social perceptions or dominant norms. Although Jewish people can belong to various racial identities, light-skinned Jews are often perceived as white and may benefit from many of the same rights and privileges associated with whiteness and may even maintain white supremacist ideals. However, persistent antisemitism quickly shatters this sense of inclusion, as even light-skinned Jews become targets of hate and discrimination around the world (Crasnow, 2020). These complex narratives of identity performance can create complexity for both Jewish and

TGNB individuals, which may lead to attempts to conceal or assimilate parts of themselves to adhere to dominant societal norms. For Jews in the 20th and 21st centuries, assimilation has been a common response to anti-semitism (Wolinsky, 2011). This assimilation could manifest as changing names, physically altering their nose shape, toning down vocal expressions, marrying non-Jews, or refusing to perform cultural or religious practices (Wolinsky, 2011). For TGNB populations this desire to assimilate is also known as *passing*, which refers to the ability to *pass* as cisgender (Crasnow, 2020).

Queer theory critiques and resists these pressures to assimilate or *pass* by interrogating the very systems that maintain Christian-centric cisheteronormative standards. Despite upholding dominant social systems, the desire to assimilate or *pass* is understood as a protective strategy (Crasnow, 2020). Binary-conforming TGNB individuals are often more socially accepted than non-binary individuals, which may increase the desire for *passing* and unintentionally create hierarchies within gender diverse communities. In contrast, Crasnow (2020) advocates for “non-hierarchical gender self-determination” (p. 1027) as a framework for affirming all genders as valid, real, and authentic – a position that resists the urge to assimilate. Choosing to actively perform and express one’s queerness, transness, or Jewishness can become an intentional act of resistance against dominant cisgender, heterosexual, and Christian-centric norms (Crasnow, 2020). A key question for anyone with marginalized or *other* identities is, “am I comfortable in my own skin?” (Tamerin, 2020, p. 104).

Queer theory offers tools and a lens through which to challenge cisheteronormative assumptions that lead to homophobia, transphobia, and internalized forms of oppression—creating space for internal comfort. Tomczyk (2020) explains queer theory as beyond individual identity, but as a framework of *queering* in order to critically question normativity and dominance. In addressing the need for queering dramatherapy, Williams & Trottier (2019) advocate for the questioning “normative categories that shape the world, challenge systems that are designed to oppress, and begin to see the world from a non-heteronormative and a non-cisnormative perspective.” (p. 47). For Jewish and TGNB individuals, the process of critical questioning entails a resistance to hegemonic norms, which can facilitate both internal and external forms of identity validation, thereby fostering a more authentic sense of self. When applied to therapeutic contexts, *queering* becomes an act of reclaiming agency, questioning pathologizing systems, and horizontalizing power dynamics between therapist and client. The

following section will explore how the intersection of queer theory and drama therapy may hold the potential for powerful therapeutic change for marginalized identities, where the performance of identity can become a healing reclamation of self.

Drama Therapy

Drama therapy is a psychotherapeutic approach within the creative arts therapies that uses dramatic and theatrical techniques for healing and transformation. According to the North American Drama Therapy Association (NADTA, 2021), it is “an embodied practice that is active and experiential... provid[ing] the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored” (para. 1). Jones (2007) identifies several core drama therapeutic processes central to creating therapeutic change: dramatic projection, dramatherapeutic empathy and distancing, role-play and personification, interactive audience and witnessing, embodiment, playing, life-drama connection, and transformation.

Drama therapy has grown out of the foundations of Jacob Moreno’s *psychodrama* (Garcia et al., 2020; Giacomucci, 2021; Nolte, 2014), and encompasses diverse methods such as David Reid Johnson’s *Developmental Transformations* (Johnson & Pitre, 2020), Robert Landy’s *role method and role theory* (Ramsden & Landy, 2020), and various improvisational techniques used through Emunah’s *Five Phase Integrative Model* (Emunah, 2020), among others. As a relatively new field, the literature is consistently expanding. Drama therapy is adaptable and flexible, used with individuals or groups in clinical or community spaces. The therapeutic work can remain private between the client and therapist or may be shared intentionally in performance spaces.

Methods of drama therapy that involve culminating performances are referred to under the umbrella term *therapeutic theatre*. These methods include ethnodramatherapy—drama therapy for specific cultural groups (Snow & Bleuer, 2020) and various forms of autobiographical and self-referential therapeutic performance (Dunne, 2016; Emunah, 2016; Rubin, 2016; Pendzik et al., 2016; Pendzik, 2020; Volkas, 2016).

Drama therapy with Queer Populations

Over the past decade, research on drama therapy with queer populations has grown, not only exploring therapeutic approaches to work with queer individuals, but also drama therapists’ attitudes towards queer clients and the personal experiences of queer drama therapists

(Beauregard et al., 2016; Beauregard et al., 2017; Beauregard & Long, 2019; Dokter & Sajjani, 2023; Flickinger, 2020; Lunardi, 2019; Manalastas & Sayre, 2022; Moreno, 2018; Sayre, 2022; Tomczyk, 2020; Truax, 2020; Williams & Trottier, 2019; Wilson, 2016). Notably, a survey of drama therapists found that 20-25% of drama therapists use some form of *therapeutic theatre* when working with lesbian, gay, bisexual, transgender, queer, intersex and/or gender non-conforming populations (Beauregard et al., 2016). Tomczyk (2020) proposes a *queer ethnodramatherapy* as a combination of queer theory and ethnodramatherapy (Snow, 2013; as cited in Tomczyk, 2020) to “queer, challenge, and disrupt traditional ways of knowing and begin to problematize our heteronormative system(s).” (p. 116). In this context, autobiographical or autoethnographic therapeutic theatre aligns with these *queering* practices, offering pathways for challenging norms to reclaim agency and celebrate queer pride.

Autobiographical Therapeutic Performance

Now that you have seen the foundations upon which this exploration was built, let us take a look at the vessel chosen for travel. This section contains an overview of Autobiographical Therapeutic Performance (ATP). A synthesis of ATP literature will be used to answer questions, including: What is ATP and where did it come from? What are therapeutic considerations for an ATP? What are some of the ATP forms and structures? Who is best-suited to engage with ATP as therapy and or ATP for education? I found that ATP was a vessel as fluid and flexible as the identities that travelled within it.

Definitions, Origins & Forms

Autobiographical Therapeutic Performance (ATP) is a form of therapeutic theatre that uses drama therapy techniques to create a final performance aligned with therapeutic goals. It draws from raw autobiographical material including lived experiences, fantasies, dreams, memories, current life issues, and/or future projections (Emunah, 2016; Pendzik, 2020; Rubin, 2016; Volkas, 2016). ATP has its roots in autobiographical theatre, which has historically been used to address oppression and promote creative resistance and advocacy among marginalized populations (Pendzik, 2020). Within drama therapy, ATP began with Renee Emunah’s (1994) development of the Self Revelatory Performance (commonly referred to as Self-Rev) and has since expanded into forms with slight variations and specifications.

Autobiographical Therapeutic Performance has become the generally accepted umbrella term for individual, self-referential therapeutic theatre (Pendzik et al., 2016). Various forms of

ATP have evolved with different names, including: *Self Revelatory Performance* (Emunah, 1994; Emunah, 2016), *Embodied Life Stories* (Rubin, 2016), *Restoried Scripts* (Dunne, 2016), and *ATP as Individual Therapy* (Volkas, 2016), to name a few. Defining and distinguishing between forms of ATP is challenging due to overlapping characteristics and varying theoretical foundations (Pendzik et al., 2016). As such, it is not uncommon to find practitioners using the terms Self-Rev and ATP interchangeably (NYU Steinhardt, 2022; Pendzik, 2016; Rubin, 2016).

Therapeutic Considerations

ATP is a time-limited and accelerated drama therapy method focused on therapeutic change and transformation (Pendzik, 2016). ATP processes are typically carried out within a timeframe of six months or less, which serves to intensify the therapeutic work within a condensed period. ATP as a method is often described using the metaphor of giving birth and/or as a rite of passage (Emunah, 2016; Pendzik, 2016; Rubin, 2016; Pendzik, 2020; Volkas, 2016), with the final performance symbolizing a birth of the self. Creating an ATP is a long arduous journey filled with emotional intensity and impasses. Pendzik (2016) notes that impasses can manifest as creative blocks, using inflexible dramatic techniques that do not serve the clients' therapeutic objectives, or becoming too attached to a particular narrative that obscures other important beneficial aspects for exploration. Impasses can occur at any stage of the process and are considered important for the therapeutics of ATP (Pendzik, 2016). For example, a client-actor may rigidly insist on including certain aesthetic elements in the performance— an insistence that may not serve therapeutic aims but instead may reflect a recurring psychological, emotional, or behavioural pattern that plays out in other areas of their life. The aim is to work with and through these impasses toward the final performance.

ATP places various levels of importance on theatrical *aesthetics & production*, though the timing varies based on the form. Self-Rev considers aesthetics and therapeutic goals together from the outset of the process (Emunah, 2016; Rubin, 2016), whereas other forms consider the aesthetic elements closer to the performance itself (NYU Steinhardt, 2022). Volkas (2016) positions theatrical aesthetics and production skills as acquired along the journey of the therapeutic work. Pendzik (2020) asserts that the aesthetics and therapeutic benefits of ATP “powerfully coincide” with one another (p. 7). The aesthetic features of the production— costumes, props, set pieces – all hold valuable therapeutic potential. The drama therapist must be

attuned to the client-actor both as a therapist and as a director (Emunah, 2016; Pendzik, 2016; Rubin, 2016).

Though not explicitly stated in the literature, ATP engages Jones' (2007) core processes for therapeutic change. Client-actors engage with dramatic projection through exercises where internal material is projected onto external objects. Role play, embodiment, and play are engaged through the use of the body and playing out scenes involving the roles that others and oneself play in the individual's life. Aesthetic distance refers to the use of dramatic techniques to establish an optimal balance between emotional engagement and cognitive reflection (Landy, 2008). The drama therapy techniques used in ATP can allow a client-actor to establish both empathy and critical reflection (Jones, 2007; Landy, 2008).

ATP emphasizes the importance of witnessing – first by the drama therapist and then by an audience of witnesses (Emunah, 2016; Pendzik, 2016; Pendzik, 2020; Rubin, 2016; Volkas, 2016). In ATP as individual therapy, witnesses of the performance are intentionally chosen to support therapeutic goals (Volkas, 2016). While the focus remains on therapeutic transformation for the client-actor, audience members often experience a sense of connection and personal reflection as they witness a deeply therapeutic healing journey for the performer (Pendzik, 2020; Rubin, 2016).

Structural Flow

ATP is an inherently fluid and flexible drama therapy method, with no formal or manualized structure. Despite the existing nuances, ATP forms share more similarities than differences when it comes to execution and facilitation. While all forms are client-centered and each client-therapist pair will engage with or facilitate the process uniquely, a loose structural flow can be identified (Pendzik, 2016).

Generating Material

ATP begins with generating psychological material using improvisational drama therapy techniques. These *openings* (NYU Steinhardt, 2022) allow the client-actor to step into the unknown and discover emergent unconscious themes for therapeutic exploration rather than relying on previously known, conscious information (Pendzik, 2016). Different practitioners elucidate this material in different ways. In Self-Rev, Rubin (2016a) and Emunah (2016) use various improvisational exercises followed by written reflections, while ATP as individual therapy uses “drama therapy, theatre transformations, and psychodramatic exercises” (Volkas,

2016, p. 121) to uncover dysfunctional or unconscious life scripts that govern the client-actor's life. He also emphasizes the therapeutic importance of establishing goals and contracts to provide containment and direction for this early phase of work (Volkas, 2016). Examples of *openings* used in my ATP process will be elaborated on in the *Themes & Findings* section of this paper.

Focusing & Script Development

Once enough material is generated, it is shaped through scene and script development in what Pendzik calls *focusing* (NYU Steinhardt, 2022). This phase includes evolving improvisational exercises into embodied or scripted scenes (Emunah, 2016; Rubin, 2016) or transforming the unconscious life scripts using various drama therapy techniques (Volkas, 2016). In this stage, a script begins to emerge from the creation of individual scenes which may or may not be used in the final production. Challenges may arise with form and content while therapeutic material is being shaped (Pendzik, 2016). One particular challenge is noted by Pendzik (2016) as the “therapeusis of the end” (p. 61) which occurs as the client-actor and therapist-director endeavour to find a meaningful therapeutic ending for the piece. Often this is an area where client-actors encounter impasses and therapeutic transformation may be threatened as anxiety increases approaching the performance date. Drama therapists need to guide client-actors to avoid endings with a “magical way out... leaving the piece unresolved, repeating the cycle, or finishing it abruptly” (Pendzik, 2016, p. 62). It is also crucial that the therapist-director guides client-actors to dramatic forms that will achieve aesthetic distance—avoiding material that is too emotionally distanced or emotionally under-distanced, facilitating both audience and client-actor access to emotional and cognitive reflection.

Performance, Post-Performance & Integration

ATP culminates in a final performance, followed by post-performance reflections & integration (Emunah, 2016; NYU Steinhardt, 2022; Pendzik, 2016; Rubin, 2016). The performance itself is considered a birth (Emunah, 2016; Rubin, 2016) or the culmination of a rite of passage (Volkas, 2016). Leading up to the performance, new fears or impasses may be encountered (Emunah, 2016; Pendzik, 2016) and it is important for drama therapists to gently guide their client-actors through these blocks, preparing them for the peak of their journey. Emunah (2016) emphasizes the importance of the warm-up prior to the ATP performance. The intention of the warm-up should be to encourage client-actors to bring their most authentic selves to the ATP stage— a self that is about to change in the presence of others (Emunah, 2016). As a

transformative ritual, ATP performers may enter an ‘altered state’ as they near and complete the performance in front of an audience of reparative witnesses (Emunah, 2016; Pendzik, 2020; Rubin, 2016; Volkas, 2016).

Post-performance moments are precious and need to be handled with care in order for the therapeutic benefits to be felt and integrated (Rubin, 2016). Audience members are advised to treat the performer with tenderness and care, as “a live healing has just taken place” (Emunah, 2016, p. 47). During post-performance, facilitators must balance their roles of drama therapist and director to prepare their client for vulnerability and ensure safe sharing from the witnesses. Witnesses offer reflections on what moved them in the performance, while the performer is invited to share statements about their process (NYU Steinhardt, 2022).

Integration after an ATP occurs in stages over a long period of time after the performance. Some client-actors may experience post-performance depression or feeling unsettled and uncertain with all the new changes they feel happening within (Emunah, 2016; Pendzik, 2020; Rubin, 2016). ATP has the potential for client-actors to transform and reintegrate previous traumas and harmful patterns (Volkas, 2016). Therapist-directors are encouraged to continue working with their clients post-performance to support integration with intention. Emunah (2016) recommends at least two scheduled sessions after a Self-Rev performance for the therapist-director and client-actor to bring closure to the current process and prepare for post-performance possibilities. Regardless of the amount of post-performance sessions, integration is experienced uniquely for each client-actor.

Well-Suited Populations

Different forms of ATP are better suited to different populations. Self-Rev emphasizes that people with a background in theatre and a capacity for psychological introspection are especially well-suited to the process— making drama therapy students particularly strong candidates (Abou Zeid, 2017; Bleuer, 2009; Emunah, 2016; Furlong, 2010; Rubin, 2016; Williot, 2019). Self-Rev is a required part of the Master’s program at the California Institute of Integral Studies (Rubin, 2016a). While many students engage a self-revelatory performance process as a part of their studies, research on the experience of self-revelatory performance is limited and calls for further academic exploration (Cook et al., 2024).

Contrary to Self-Rev, Volkas (2016) suggests ATP is suitable for any clients seeking personal growth who have enough “ego strength to withstand the intensity of and commitment to

such a journey” (p. 118). What is meant by ‘ego strength’ is not elaborated upon, but a background in theatre is not required – acting and production skills are learned as part of the therapy process. Volkas currently runs an ATP group offering access to a broad range of professionals and individuals interested in exploring life through theatre and healing arts, including psychotherapists, educators, community leaders, and activists (Volkas & Kapetani, 2025).

Method

Where there is a fluid and flexible vessel of exploration, there demands an equally responsive method of recording one’s journey. In this next section you will find a discussion of the qualitative research method *autoethnography* and how it was used for this particular venture. Autoethnography will be discussed for its capacity to hold complex narratives through critical self-reflection and its inherent *queerness* as a method. Just as TGNB and Jewish identities can intentionally resist dominant social norms, autoethnography aims to resist dominant academic norms. Within a Master’s program, this resistance has proved strenuous resulting in a tension between my use of traditional academic writing norms and the use of more personal narrative writing aimed at conveying relationality and emotional depth. As such, here you will find data sources and analysis procedures traditionally described before diving into the deep personal narrative of the themes and findings section. Soon, we will be setting sail.

Autoethnography as Queer

Autoethnography is a critically self-reflexive qualitative method offering nuanced, complex, and specific knowledge about particular lives, experiences, and relationships rather than general information about large groups of people. It places the focus on human intentions, motivations, emotions, and actions, rather than generating demographic information and general descriptions of interactions (Adams et al., 2015). It is a highly generative method grounded in personal experiences and sociocultural context. Adams & Jones (2008) assert autoethnography as an inherently queer research method in that it encourages resistance against dominant academic structures and ways of knowing. Autoethnography moves away from what is conventionally deemed valid within academia and “toward our own becoming” as fluid and flexible beings, even as academic researchers (Holman Jones & Harris, 2019, p. 5). While conventional academic research privileges the mind, autoethnography aims to reintegrate the body into academia as a site of knowledge and data generation (Spry, 2001; Spry, 2011). Autoethnography

requires one to be brave and vulnerable within academic writing in order “to step out from behind the curtain and reveal the individual at the controls of academic-Oz.” (Spry, 2001, p. 714). The autoethnographer’s goal in writing is to transform the “authorial ‘I’ to an existential ‘we’” (Spry, 2001, p. 711) or move from the ‘me-search to we-search’ (Holman Jones & Harris, 2019). Autoethnography brings the complexity of human experience and sociopolitical context in concert with one another to expand the “single story” (Spry, 2011, p. 124). To make academic research more accessible, this method emphasizes a relational position. Spry (2011) affirms this point by stating that we are “writing to one another about these [personal and political] connections, and the pain of disconnection.” (p. 125).

Data Sources

My data sources consisted of three journals. The first was a personal research journal that I began in November 2024 containing reflexive responses before, after, and between ATP sessions, as well as reflections and notes from relevant literature. Writing included cognitive and somatic observations—thoughts, bodily sensations, emotional responses, memories, and associations that emerged throughout the process. At times, these reflections took the form of poetry when conventional journaling felt inadequate.

The second was an ATP journal that I began in January 2025. This journal supported the development of the ATP performance and documented key moments from ATP sessions and rehearsals. This journal primarily contained reflective drawings, significant phrases, and questions that arose during the process.

The third journal was my personal morning pages (Cameron, 1992) journal. Morning pages come from Julia Cameron’s (1992) *The Artist’s Way*. The concept is to write 3 pages, long-hand, stream of consciousness every morning as a way of releasing your thoughts and allowing creativity to flow through your day. Originally designed as a way to break free from artist’s block, I have been engaging regularly with this practice since 2016. It is a consistent way of coming back to myself and hearing my own voice. Very often I would find myself reflecting on this process in those pages. Nearing the performance date, as my rehearsal sessions increased in frequency, I found myself using my research and ATP journals less. It is conceivable that I was also experiencing some cognitive resistance as vulnerability and embodied processes increased. As a regularly integrated daily practice, I found these morning pages journals became

a rich source of secondary data dating from January - June 2025. These pages included in-the-moment recordings of somatic and resistance responses to the process.

In addition to these reflexive journals, I also collected voice notes, memories, photos, dreams, old poems, and old songs as “fragments of experience” (Spry, 2011, p. 141) and as part of the ATP devising process itself. These “fragments of experience” would emerge during in-between times: while drawing in my ATP journal I might think of a song or a memory which would prompt me to find an old photo or poem from an old journal. Sometimes when I was out on a walk, I would record voice notes or videos as related or relevant ideas and thoughts emerged. Everything was kept in a Google Drive folder dedicated to the ATP research process.

Data Analysis

I analyzed the data for this research project by reviewing my research journal, ATP journal, and daily morning pages for emergent themes, emotional and cognitive responses, and somatic references. I created a document where I listed broad categories for these themes and as I went through the journals, I pulled out relevant quotes. This process was repeated several times in an iterative and circular fashion, while also factoring in the current somatic and emotional experiences. I read everything I wrote. I re-read every journal, and I re-felt every feeling. I emotionally and thematically coded what this experience was for me. I was thinking about my research question, my research focus, and the purpose of this project. With those things in mind, I analyzed a consistently moving and active embodied process as best I could. The process of this autoethnographic exploration often mirrored my ATP process and experience. Parts of these processes are still alive in my consciousness. Still flowing, shifting, and changing. What follows is a “fragment” of this messy, complex, and entirely imperfect experience.

Themes and Findings

The question, ‘who am I?’ has deeply motivated and guided this process. An entry in my research journal highlights ways I attempt to untangle this question: *“Who am I? In this process: an artist, a researcher, a student, a therapy receiver, a human with complex identities and feelings. I’m a storyteller, a musician, a dreamer, a visionary, a fearful person. I am so many things. I’m the Hero with a Thousand Faces (Campbell, 1949). I’m a dancer. I’m a creative. I’m a free-floating imagination. I’m an unconscious burst wide open. I’m a miner, a seeker, an investigator, an explorer, a sea-faring captain, a Tasmanian devil. A fighter, a lover, a hider... I am a body. My body has wisdom and information. My body is a source of data. My body is my*

home” (February 23, Research Journal). I hold numerous identities and roles in this body and mind. I’m a queer, transgender, non-binary, able-bodied white Jewish settler. I engaged with this therapeutic method with the goal of coming home to myself. As an emerging drama therapist, I aimed to discover ways this process could potentially help others do the same.

Engaging with ATP as individual therapy surfaced several important themes and findings around my own healing through embracing my intersectional identities, and opening other key areas of my life. In my morning pages I reflected, “*The therapy that happens with an ATP doesn’t just focus on performance. It extends, stretches, and touches everything*” (May 22, Morning Pages). The following sections will highlight journey touchstones of trust, excavating my unconscious, encountering my internal resistance, engaging with both movement and stagnation involved in script development and rehearsals, and finally the process of birthing myself in the final performance and the integrative moments that followed in witness sharing and debriefing with my therapist.

In keeping with the relational tone of this paper, I will be using the pseudonym ‘Ruth’ to refer to my drama therapist-director from this point onward. To maintain anonymity, confidentiality, and ethical boundaries, the only two identity markers I share are that she is a cisgender woman and a drama therapist. Her name is not Ruth, but on this journey, that is how she will be referred to. Though I was the captain of this ship, Ruth was a brilliant first mate and an endlessly helpful navigator.

Trust: In Self, Process, and Therapist

Trust is a pillar of this work. Remembering the idiom ‘trust the process’ was essential throughout this deeply personal and embodied therapeutic process. Safety and trust were both very important themes throughout. As a drama therapy student and researcher, I was familiar with the literature surrounding ATP— the concepts, goals, and structures involved. However, that did not mean I knew how my personal process would unfold. In my journal, I would often remind myself, “*I have to trust that this will come together. When I slow down. When I allow. When I stop trying to resist. It always comes. It’s not just some tragic retelling. It’s not Just The Way It Is. Self-trust, self-acceptance, self-compassion*” (May 5, Morning Pages).

Trusting the self can be difficult, especially when you’ve found yourself caught wondering “who am I?” repeatedly. In my experience, self-trust has been an ongoing and ever-evolving journey. My lack of trust in this process manifested as self-doubt, fears, and sometimes

self-hatred and shame. Since I was 13 years old, I have spent a lot of time analyzing the inner workings of my own mind. Over the past 2 years, I've uncovered the fantasies I had created about oneness with myself, borne from a deep desire for connection with myself and others. I knew what others appreciated about me and I could see some of the impacts I had on the world around me just by virtue of existing as I was, but I couldn't seem to settle into my own complex realities. I needed to learn to fully trust myself beyond my mind alone to reintegrate my split off parts: *"A big part of this process has involved needing to trust my body. Trust its ability to shift and change. To move with the story. Along the process. Everything one learns in theatre - play out, project, position your body correctly - it's still there, but it's different"* (May 27, Morning Pages).

When navigating ATP as individual therapy, trust between therapist and client is of crucial importance. When I struggled to trust myself, I could rely on the trusting relationship I had built with Ruth. Throughout the ATP process – beginning with material generation, moving through my own resistance, script development, rehearsals, the final performance, and the integration that followed – Ruth was there with me. She was an invaluable guide and I could not have done what I did or go as deep as I did without trusting her. By the time we began the ATP process in January 2025, Ruth and I already had an established trusting relationship after 16 months of working together. I reflected upon trust several times throughout all 3 of my journals: *"Trust between myself and [my drama therapist], myself and process, myself and me has been a huge theme. See me, don't see me. Come find me. Mirrors. Mirrors have played a wildly important role."* (May 18, Morning Pages).

I let Ruth see me in ways I never thought I could. I often found myself wondering how and why I trusted her, especially as a cisgender woman. I didn't need her to be queer. I needed her to care and repair. She made mistakes and I expected that. She sometimes misgendered me, but she always noticed and acknowledged her missteps promptly and respectfully. These moments of minor rupture and repair helped facilitate the strong therapeutic alliance needed for this vulnerable work. She provided validation, reassurance, mirroring, support, and guidance. Additionally, she offered meaningful moments of insight and connection with me through her own self-disclosures around her personal ATP process. These self-disclosures not only created space and light for me through my darker periods, but also served to horizontalize the power

dynamic between therapist-director and client-actor. Leveling out the power dynamic enhanced the capacity for trust and understanding.

Excavating the Unconscious

With trust established, we began with a descent into unconscious realms of experience. On this part of the journey, you will find fragments of my experience eliciting unconscious material using specific drama therapy techniques. ATP allowed me to gain access to rich unconscious material and to embrace the risks and dangers that came with the darkness of exploring my own physical, mental, emotional, and spiritual depths: *“My unconscious has swung open and I have access to more and more layers of my being”* (January 27, Morning Pages). Generating material using of embodied and projective drama therapy techniques evoked a flood of memories and connections I may have known were there but remained dormant. Things that may not have directly related to my therapeutic goals surfaced with an urgency to be seen, felt, and heard: *“Identity has been central - even when I thought it took a backseat. The process has felt organic and deeply, deeply painful”* (May 18, Morning Pages). Simultaneously, old and well-worn patterns emerged attempting to protect my ego from what was being uncovered and discovered – this presented as doubt, fear, and shame, which tried to block access to my own depth of healing. These emotions incited important therapeutic moments that contributed to my overall understanding of myself psychologically. Both the excavation of the unconscious and the plunges into darkness held valuable therapeutic information. Being gentle with myself was necessary, yet sometimes incredibly difficult or seemingly impossible.

Excavating my unconscious and using my body to generate material opened me up to unexpected creativity and forgotten creative passions. I started to draw for the first time and I remembered my love for playing my guitar and writing my feelings into songs. These practices allowed me a reprieve from my analytical mind that I reflected upon in my research journal: *“I notice I’ve been drawing more. I’ve been using pencil crayons. Layers and pieces of my story pop up and drift away. Connections and insights stir up inside. They are not for my mind. They belong elsewhere”* (February 15, Research Journal). In my ATP journal, I was drawing pictures to process and remember my experiences during, after, and between sessions (see Figure 1 & Figure 2). I also incorporated bits of songs and poetry into the journals and my final performance. Using imagery and symbols, rather than words, helped me access reflections

beyond my cognition while simultaneously providing a way for me to regulate myself. I could process more creatively without needing to make logical sense of everything right away.

Figure 1.

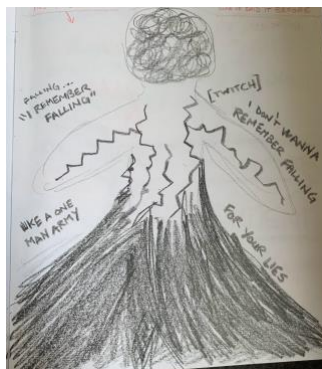
February 14 - ATP Journal

'Do you see how difficult it is for you to acknowledge you are flesh and bone?'
[Ruth] asks, 'who are you?'
and I start to quote a book referencing the seat of consciousness. "Who are you?"
I take a moment.
The next answer comes with a question mark
and I look up at her for approval.
'You're a girl!' beaten into me to believe it.
'If I'm not reflected back to me, do I still exist?'
I'm unsettled. Back to feeling fragmented."
 (February 18, Morning Pages)



Figure 2.

Doubt & Fear



Darkness falls over the land as if it is rain.
Slowly everything disappears. Or it tries to.
Darkness descends and the small ones run.
Run from the crooked jaws of death.

See them coming.

Jump with a start as they lurk towards you.

Turn and run the other way only to see from atop a cliff

The jaws that await you down below. Freeze.

The darkness keeps falling. Trying to blind you.

You can't turn back. You need to get to the fire.

And the darkness keeps moving downward.

Your fire could provide warmth and light.

You need to get to it. I need to get to it.

(April 11, ATP journal)

Figures 1 & 2 are some of the drawings and written reflections that emerged during this phase of ATP. Over the course of 4 months, I was specifically instructed to remain open to my unconscious and allow its energies to flow freely. I explored improvisation and a wide range of drama therapy techniques to access and surface psychotherapeutic material that would inform my culminating performance. Ruth used various techniques, including visualization, embodiment, psychodramatic tools, dramatic projection (using objects, image cards, or words), and

storytelling. While it is beyond the scope of this paper to detail every method used to explore my unconscious, I will highlight a few techniques that were meaningful and healing for me.

Techniques for Excavation

Ruth never named the drama therapy techniques directly— some of them I knew from my own training and others I named myself as I described them in my journals.

Improvisational Transformations. Improvisational transformations is what I am calling a technique she frequently used to start the session and explore content. Beginning with a topic, she would quickly encourage me to bring the material into my body for rapid transformation. For example, she would guide me to connect with my body and follow its organic positioning or respond to internal impulses as she instructed me to shift roles or add lines to my movement which would encourage spontaneous improvisational scenes. I particularly enjoyed using this technique with dreams. Here, I was asked to begin with the memory of an old dream— to embody it as I described it. Ruth prompted me to change roles and positions as much as possible within the improvisations. In the following excerpt of my morning pages journal, the italics represent my personal reflections from the exercise while the square brackets represent prompts from Ruth during the session:

“I dreamed I was on a rainbow bridge... [prompt: become the red] Red, red, red dirt, red Earth. I’m on a cliff. [prompt: become the cliff] I see the ocean. I’m the ocean. It’s deep. [prompt: be the ocean] I see the depth and darkness of the real deep ocean. [prompt: become the coral] I’m coral. What if a piece of me falls away and never comes back? My ‘hand’ floats down, down, deeper down. I don’t know when I’ll hit the bottom, but I see the light get further and further away above. [prompt: become the bottom of the ocean] I’m the bottom of the ocean. The bottom bottom. And I keep going. Further. Darker. Tighter. Then warmer. I’m the warmth and heat and fire at the core of the Earth. And there it becomes silent and still” (January 25, Morning Pages).

Eventually, I became familiar enough with this technique to shift roles without the explicit prompts. These improvisational transformations—both physical and mental—allowed me to surface material in an organic way that often surprised me. While I began the process intending to examine my intersectional identities, these techniques helped me move past my cognitive defenses and access deeper themes around family dynamics and sexuality norms that may not have been at the forefront of my awareness.

Dramatic Projection & Storytelling. Ruth used dramatic projection and storytelling in conjunction with one another. Dramatic projection is one of the core therapeutic processes in drama therapy (Jones, 2007). It involves externalizing and projecting internal issues onto various

dramatic mediums to dialogue with psychological material. This process created the potential for transformation and insight. Ruth engaged this core process with me in a variety of ways, usually through small objects, toys, projective cards, and scarves. These dramatic projection techniques did not stand on their own. Often, I was asked to give voice to the objects chosen or pair words with images. This would then lead into another improvised and embodied role-play.

Alongside dramatic projection, storytelling allowed me to further access parts of my creativity beyond cognitive control and offered the space to create distance from the difficult material. Ruth would often ask me to tell an improvised story based on a theme or tell a story following a dramatic projection activity. In my journal, I reflected upon the first of these exercises:

“The ATP process begins with generating material through improv, monologuing, storytelling. I told a story of a turtle who didn’t grow a shell, so to try to be like the other turtles, they found a rock to use as a shell. So they had to carry this heavy rock around with them and pretend it was their home. Pretend it was their safe place, but they had to hold it up the whole time. The others knew something was off about this shell, but the turtle did such a good job of carrying this rock like a shell that after a bit, the others hardly noticed. So the turtle seemed to avoid any heavy mockery in exchange for carrying the heavy weight of the rock” (January 11, Morning Pages)

As a TGNB individual, I spent a significant portion of my childhood, teens, and early adult life performing the gender I was expected to. This performance gave me a feeling of being on the outside, being different or *othered*. Through the improvised story of the turtle, I was able to project this internal conflict onto the story and create enough affective distance for me to interrogate this narrative with less emotional intensity and overwhelm.

Figure 3.

The Reflectionless Mirror



Note. Projective image cards and words arranged to tell a story.

Figure 3 shows an example of a projective activity used in session to explore my emerging experiences with doubt. I was invited to choose image cards, followed by corresponding word cards where appropriate. Ruth and I talked through the images as I described what I saw and made connections for my own personal meaning. After the projection, I was asked to tell a story. This story yielded the powerful image of the reflectionless mirror, which became an important metaphor and story guiding my script development. This metaphor created a poignant throughline of the piece as I realized the need for an integrated self in order to find my reflection. As long as I stayed split within myself– hating the person I was before I changed my name– I would never embrace the wholeness of my identity. The story of the reflectionless mirror became ever-present.

The use of dramatic projection and storytelling provided the necessary and appropriate emotional distance in order to work effectively with the therapeutic material. I found myself able to think and process through the images and metaphors, rather than logic. Early in the process, I reflected “*It would be a lot lighter if the turtle dropped the rock. It would mean asking for shade, sharing a shelter. Finding Home. Turtles with no shell. Exposed*” (January 14, Morning Pages).

Empty Chair, Role Reversal & Doubling. Empty chair, role reversal, and doubling were powerful and meaningful tools that Ruth used effectively as we excavated my unconscious. The techniques of empty chair, role reversal, and doubling originate from Moreno’s Psychodrama (Garcia et al., 2020; Giacomucci, 2021). Garcia et al. (2020) describe the empty chair technique as picturing someone in an empty chair and speaking directly to them, while role reversal involves switching into the role of this person and speaking as them. Giacomucci (2021) emphasizes the importance of role reversal to increase one’s empathy for the other role. Doubling is a technique in which the drama therapist voices a thought or feelings that they believe reflects an unconscious but currently unspoken aspect of the client-actor’s experience. The client-actor may choose to speak the line as given or modify it to more accurately reflect their present emotional experience (Garcia et al., 2020; Giacomucci, 2021). Doubling allows the client to go deeper, reveal inner truths, and helps give voice to subconscious or statements that are too difficult to access without therapist reflections (Garcia et al., 2020).

I found these psychodramatic techniques incredibly potent as we came within a month of the performance date. During a particularly memorable session in late April, I was asked to use the empty chair technique to speak to an earlier version of myself before I came out as non-

binary and changed my name to Rory. This version of myself carried a heavy burden of shame very much connected to sexuality, sexual orientation, and gender identity. When I was asked to switch roles, I surprised myself when this earlier version of myself said to me: ‘why do you get to be two? I had to be alone’. After months of exploration, I became deeply aware of the pain I had inflicted on myself in this splitting, as reflected in this journal entry:

“‘Why do you get to be two?’ the question rings in my ear. Something in me keeps trying to split “her” off. What am I really so afraid of? What is it that I’m afraid of anyway? I really wanted to belong. Something fires within me. That song was written on a precipice. There’s probably no date on it. I find myself thinking ‘who wrote it?’ as if I’m still two different people. I promise I won’t keep you in exile forever. I promise I’ll come back to this conversation.” (April 25, Morning Pages)

Using role reversal and doubling while embodying a younger version of myself, I could hear the anguish in my own voice. This was not a different person. This was still me, and I had exiled parts of myself in an effort to reclaim my authentic gender identity. After this session, I experienced for the first time what it might be like to feel integrated. As I felt myself coming back into my own body, I drew this feeling in my ATP journal (see Figure 4).

Figure 4.

April 18 - ATP Journal



Note. A coloured pencil drawing depicting a feeling of integrating.

Throughout this phase of excavating my unconscious, I was buzzing with connections from various times in my life. Everything felt open and expansive. Memories returned with vibrancy. My dreams became rich and vivid. Songs— both cherished memories and written by me— returned with a demand to be heard. It felt as if every year I ever lived was alive and present.

Encountering Internal Resistance

Opening to my unconscious inevitably lead to encountering my internal resistance in response to uncertainty and discomfort. In this section, you will find my resistance manifesting primarily as darkness. This darkness presented itself as doubt & fear, anger & sadness, and subsequently a desire to numb or freeze. Sometimes all I could do was notice try to be present with these feelings: *“There’s anger and sadness and the pain and somatic sensation is a lot. All of my emotions are scattered. My body tries to speak and I don’t know how to listen. It’s like everything hurts. I want to shut it down, but that’s not helpful.”* (January 31, Morning Pages). Pendzik (2016) refers to these as impasses or crisis moments. Ruth often reassured me of the necessity of these moments, but it was still my responsibility to sit with my own discomfort. In this process, I saw very clearly how my doubts and fears contributed to my deep desire to hide:

“[Ruth reflects my fear] ‘If I see you, I might judge you?’ [and I reflect on] How judgment lives in me. Doubts, fears, mistrust. ‘You have to go into hell without knowing how you’ll return.’ I feel shame when I take up space. I feel guilt if I speak too much. If I offer my perspective. I doubt my writing. I doubt the space I take. The decisions I make. I can feel it. A part of me that wants to shut down. To shut myself into a hole. The faceless who retreats into a cave.” (February 19, Morning Pages)

These difficult emotions became part and parcel of this entire process. Particularly my experiences and expressions of anger and sadness, and the ways these emotions would connect to my experiences of shame and wanting to hide or conceal myself. Often, I would notice a pattern where I would begin to get angry, and then quickly shift into a feeling of sadness or numbness. I illustrated this in all of my data sources through writing, drawing, voice notes and songs:

“I got angry in [Session 9]. I struggle to feel anger. I wanted a fight. Anger. Numbness. Brokenness. Sadness. I flow in and out of fog” (March 22, Research Journal)

“A deep sadness. A pull into darkness. My anger is deeply connected to shame. To freeze. Shame. The weight of shame. The years of guilt and shame. A deep sadness. A pull into the darkness. I feel like I opened a door to darkness and now I’m trying to find the way out and also succumbing to it a little bit. The anger went inside again. It sneaks in and creeps around. It’s mean. Cruel. It creeps in and tells me dirty lies: ‘you’re worthless. You’re nothing. You’re useless to society.’” (March 28, Morning Pages)

Encountering my internal resistance highlighted my primary nervous system responses of freezing, numbing, or attempting to avoid pain and discomfort. Sometimes I wouldn’t want to do anything related to my ATP. I just wanted to stay in bed and feel nothing. This seemed to have

direct correlations to my capacity for creativity. In March, I noticed that I stopped writing in colour pens in my research journal– only in black ink. At this point, I also noticed that I couldn't write full thoughts, but I was able to write in something of a poetic prose or truncated list of feelings:

*It feels like I can't get out of bed.
I'm binge watching a show.
I'm crying. I'm not crying.
My stomach hurts.
I have a lump in my throat.
It feels like
I have a week's worth of crying
Built up.
I try not to dissociate.
I have to write a paper.
I can't sever my mind
From my body.
From my emotions.
From my spirit.
I've opened up a deep well.
Look into the water's reflection.
A mirror.
Is the reflection reality?
Is it truth?
The reflectionless mirror.
My endless forever question.
I cannot be straightforward
When this causes such pain.
I blame myself
Because I've been decontextualized.
"What's wrong with me?"
Is the wrong question.
(March 8, Research Journal)*

Movement & Stagnation

We had already excavated the unconscious and encountered the darkness of resistance—now it was time to move forward. Yet, a large part of me still resisted that movement. Throughout the script development, I experienced rapid shifts between my impulses to move and my feelings of stagnation. This phase required essential choices to shape the final performance.

Beginning on May 12th, sessions were increased to 3 hours in length and occurred 3 times per week for a total of 9 rehearsal sessions between May 12th and May 28th. This 3-week period was a roller coaster. My body was processing, and sometimes my brain said ‘no’. As we moved into the rehearsal phase, I reflected, *“I’m watching my self doubt. I’m not actively seeking a location. I’m not driving myself to find a spot in time. It’s one month away, you know? It’s time to get down to business. Yet, I don’t want to stage manage. I don’t want to direct. I don’t want to plan. I also wonder if I’m resisting finding a place because it makes it too real. Then I will feel the pressure. Then I will have to propel myself forward.”* (April 28, Morning Pages).

Rehearsals & Script Development

The ATP script lived in my body memory after months of psychological material generation. In mid-late April, Ruth told me to start script-boarding— collect themes, scenes, and important pieces that emerged from our improvisational therapeutic work together. I bought two large pieces of bristol board and watched them collect dust for a few weeks. Once again, I encountered resistance in this process. My body struggled to put it all out on a page. My old habits of perfectionism and people-pleasing began to arise. My well-worn patterns from my theatrical experience as a director, a stage manager, and a playwright all came to the forefront. Rather than manifesting as helpful skills and tools, I found these experiences to be a barrier to my therapeutic work. Ruth consistently reminded me that this was a therapeutic act for me and not meant to be entertainment or education for others. My inner playwright panicked about not having a fully developed script. My inner actor wanted to shine bright and perform well. My inner stage manager wanted to have it all plotted out and structured. This wasn’t the theatre I was familiar with. Ruth gently told me to write the “essence”, or the pieces that felt important and we would flesh it out together in rehearsal. Not only did I have to maintain my trust in her, but I needed to learn to trust that my body and impulses would guide the script where it needed to go.

In the first 3-hour rehearsal session, I entered Ruth’s office in a crisis of doubt. My negative internalized voices took hold of the reins as I wrote leading up to that session: *“how will I ever heal this? Who do you think you are trying to do this ATP? This research? Aren’t you foolish to think you can do this? You’re not creative enough”* (May 9, Morning Pages). Even in this phase, we were still generating material, and I wondered if I would ever come out on the other side. Each time I entered a session or rehearsal shrouded in doubt, she didn’t dismiss my feelings, but used them drama therapeutically. On a particularly bad day early in rehearsals, Ruth

led me through a guided ancestral visualization wherein I generated the image of liquid silver. I visualized liquid silver as a gift passed down through my maternal line. We explored the intention of this gift as a healthy flexibility and adaptability that had maladaptively shifted into an intense form of becoming what others want you to be. This image made its way into the piece as a representation of forms I have taken to please others in my intimate relationships. In these ways, we found the places where I struggled to move through and worked with them in various dramatic mediums. As Ruth showed me compassion, I too had to listen to my body and make thoughtful choices of whether to keep difficult material in the performance, create more distance through objects, dreams, or stories, or to cut them from the piece entirely. With Ruth as my drama therapist-director, I was able to bring my full spectrum of feelings into the space every time.

Making Choices

ATP enabled me to make choices and decisions out of pure necessity, if nothing else. The process helped me to embrace decision-making and take responsibility for my choices. When it came to rehearsals, script development, and the performance, choices were necessary— what to include in the script, how to represent these elements with appropriate distance, and who to invite to the final performance were all crucial to the process. Many “crisis points” occurred and it was difficult to maintain trust. I found myself struggling to make choices in this process. I wrestled with choosing and booking a performance space, developing the script and shaping scenes, choosing who I would invite to be my trusted witnesses for the performance. Sometimes the decision-making process felt like agony, and I re-engaged with the cycle of doubt, wondering if I would be able to do it at all: *“Sometimes I’ve found myself wondering if I have the ego strength for this work. It’s too late. I’m in it”* (May 13, Morning Pages).

Trust in Ruth became vital. Trusting her was instrumental in helping me maintain trust in myself to make choices. Through thoughtful questions, she guided me toward the decisions I needed to make. I internalized her voice, repeating and revisiting her questions— conversing with her both in her office and in my head: *“I don’t know what to do. ‘You have to make choices’ [Ruth says]. I have to make choices. Choices about the story. Choices about witnesses”* (February 16, Morning Pages). Some days things started to come together, and it felt like my brain and body were on fire; ready to move ahead and just do it. Other days the darkness returned. My demons got louder as I got closer to the performance, demanding that “this was a

mistake” or “someone else could do it better”. Fear, doubt, and shame were my consistent companions on this journey.

Choosing witnesses was a particularly difficult struggle. I knew I wanted to be seen, heard, and witnessed in my personal healing journey, yet simultaneously I wanted to remain hidden. Ruth would ask me “what do you want people to witness?” and I would respond, “*Watch me as I struggle to fully embrace myself ... I don't want to do it alone anymore*” (Research Journal). At one point, I considered filming my final piece; “*Do I want to do a stage performance, or do I want to film my ATP? What would be the difference in feeling of constructing a therapeutic film piece versus a therapeutic live performance? I could say it has to do with witnesses - the sense of control over witnesses. A continual process of choice. Choosing safety. Witnessing myself alongside my witnesses. Choosing my own level of distance, consciously.*” (April 30, Morning Pages). I thought if I could place myself in the audience as a witness, it would afford me more distance and thus, more safety. I remembered how much I used to love film, and I was scared of using my body to perform live. In the end, the decision felt more like a choice between my comfort zone and growth zone. I chose to do a live performance.

Figuring out who was safe to trust to witness this process was a challenge. In the weeks leading up to the performance, I still had only one witness invited, which could have been enough. The only requirement was safety and trust. These people would witness me in a deeply vulnerable therapeutic act. They were tasked with offering repair as chosen witnesses— allowing me to be fully seen, heard, and understood. They watched and listened, and then shared what moved them or spoke to them in the piece. In the end, I performed my piece for an audience of 12 chosen witnesses consisting of my partner, members of my drama therapy cohort, professors and supervisors within the creative arts therapies program, and Ruth.

The Rite of Passage: Giving Birth to Myself

The time had come for the final performance— my re-birth. In this section, you will find my reflections on my experience of the performance itself, post-performance witness sharing, and my debrief session with Ruth before beginning an ongoing period of integration. Fittingly, the final performance took place on my birthday. That morning, I wrote: “*I'm doing this. I'm doing this performance tonight. I'm going to be okay. It's going to be what it is. It's my stage. It's my night. Today is my day. It's my birthday. This is mine. What's real? What's true? What's mine? This process. This journey. This performance. This is real for me. This is true for me. This*

is mine. And I'm choosing to share it. My journey to becoming fully human. My rite of passage. My simultaneous birth and death. It's mine. My choices. My life. Maybe something will snap into place. Maybe it already has. That feeling of coming back into myself." (May 29, Morning Pages).

The Performance

On the day of the performance, I was nervous, but I was ready. After months of excavation and darkness, movement and stagnation, I felt deeply supported as I propelled forward: *"It's my birthday. I'm 36 years old. Today I will perform my ATP for myself in the presence of reparative witnesses. A process of one year and 6 months. My cumulative therapeutic work. All into this performance as a therapeutic act. I'm alone onstage but I haven't been alone. I've had help and support along the way."* (May 29, Morning Pages). Before the performance, Ruth guided me through a warm up after a quick run-through of the script. I sequestered myself as my witnesses gathered in the space. Ruth gave a brief introduction to my witnesses, and then I began. I went through the performance almost as if I were in a dream state, allowing my body impulses to flow through the material. I trusted that my body, mind, emotions, and spirit could handle the journey. I had worked hard to be present with my body as I moved through this therapeutic act— opening myself to my witnesses and encouraging an exchange of energies. The 3 weeks leading up to the performance felt as if they were 10 years long and I was finally here doing this for me and knowing somehow it would move my witnesses as well. At the time, I didn't know how my witnesses might be affected. I had been mostly consumed with fear around showing this much intense embodied vulnerability. By the time I finished the performance, I felt elated and exhausted. I had seen my witnesses during the performance, and even interacted with them, but once I was out of my therapeutic act, I could really look into their eyes. I could connect them back to my life and the reasons I had chosen them to witness me and to hold me.

Post-Performance Witness Sharing

Some of my friends had tears in their eyes. I didn't remember everything my witnesses said to me after the performance, but they highlighted themes, images, songs, and movements that resonated with them. I remember the feeling. I remember their faces. I was just so grateful and proud that I had gotten through it. That I was actually able to do that in front of people. To be seen so deeply and vulnerably. I was held in such a way that I didn't feel immediate regret or

shame following the performance. I found myself again and my witnesses came along with me on the journey. I didn't do it alone. They validated my experiences and the deep, hard, painful work I had gone through. Hearing my witnesses' reflections that evening and parts that stuck with them in the days after the performance left me wondering how my unconscious excavations may have opened up the space and tapped into their own unconscious or unhealed wounds.

Debriefing & Integration

After the performance Ruth advised me to be on the lookout for demons. That it was common for them to return after such a raw vulnerable act. However, right after the performance I felt energized and accomplished. I was in shock and awe of myself. I came home and couldn't stop repeating "I did that. I did that in front of people". I wanted to process it quickly. I wanted to dive back into my old journals immediately with a looming research deadline that made it difficult to imagine rest. Fortunately, with the blessing and encouragement of both Ruth and my research supervisor, I took one week to process without doing any active work. Ruth and I scheduled one last 90-minute session to discuss the performance, but it still felt too close to describe how it landed in my being. I could still feel pieces of myself fusing back together in new shapes and forms.

The performance and this process become part of your personal autobiography (Pendzik, 2016). I began to view my memories or new insights through the lens of scenes, images, and metaphors from the performance. I related my current actions and behaviours in my life to specific parts of my performance. My mind and body felt more integrated. More than a month post-performance, I still process through images and scenes. Admittedly, I had naïvely hoped for some kind of panacea or fix, knowing full well that's not how therapy works. My doubts and fears are still present, but through this creative and therapeutic act, I have undoubtedly transformed. About a month after the performance, I reflected, *"Am I healed? No. Not entirely. I still crashed after the performance. I still got sad. I still had moments where I thought, did this really do anything? But when I pause and breathe, I also have the memory of rescuing parts of myself. Of finding my reflection. Of mourning and integrating. And I didn't have that before."* (June 25, Personal Note).

Discussion & Future Directions

We've arrived at our destination for now, and yet we keep moving. The performance and ATP process was considered completed by mid-June according to the structure. However,

integration goes on long after the final performance— days, months, and years. In this next section, you will find a discussion of how ATP helped me to embrace the complexity of my intersectional identities and how it may serve others in the future who struggle with the tensions of both wanting to be seen and remaining hidden. The healing power of a trusting relationship will be discussed in the context of these tensions. As well, you will find a discussion about how ATP enabled choices that facilitated queer agency and empowerment. Following these discussions, potential future directions for other researchers in the field of drama therapy and ATP will be outlined and explored.

Embracing Complexity & Learning to Trust

Intersectional identities problematize the notion of single stories. ATP can offer a *queer*, dynamic, and flexible therapeutic method within the field of drama therapy for exploring, holding, and integrating multiple parts of the self – the accepted parts, rejected parts, integrated parts, and even the exiled parts. This autoethnography highlights some of the complexities of healing for individuals with intersecting identities. As a queer, transgender, non-binary, Jewish person, the fluid ATP process served as a vessel for personal transformation and healing, as well as a space to play out resistance against dominant structures and norms that attempt to silence or pathologize my identities. Using improvisational techniques, the ATP process resisted the urge to confess or explain (Pearlman, 2015) or assimilate a TGNB identity into a dominant cisheteronormative society. Instead, space was created for embracing complexity, contradictions, and an overall holistic sense of being. Through the lens of identity, themes of trust, excavating the unconscious, encountering internal resistance, and forward movement were shaped by a constant swaying between wanting to be seen and wanting to remain hidden and the tension between belongingness and otherness.

The tensions between wanting to be seen and wanting to remain hidden are deeply connected to safety and trust. Had I done this work in isolation, it may never have seen the light. I may have remained in darkness. The consistent encouragement, validation, and witnessing provided by Ruth enabled me to see my inherent worth. When there were parts of myself that I deemed unworthy of rescue, she used techniques to explore these parts from a distance and bring them back home to me. She encouraged me to see these exiled parts with love and compassion, rather than disdain, and I trusted her enough to believe it. I have put myself on display in the past, but I have rarely been truly seen, heard, and understood. Throughout this process, painful

memories resurfaced and though I wanted to run from them, I had a compassionate and trusted guide to walk alongside me as I ventured to embrace these memories and these parts of myself. I could see clearly how these exiled parts wanted to be loved and to be seen truly by me. My edges softened as I realized the war inside myself had made me lose my reflection. Through a deeply trusting relationship, I could once again find belonging and connection– to myself and others. I was able to reclaim, reintegrate, and embrace myself through a lens of compassionate care.

Empowering Queer Agency

Choices have always been difficult for me– connected to both fears of judgment from others and a threat to belongingness. The choices required during the ATP process created space for a deep sense of personal agency. Choices about performance space, performance medium, invited witnesses, what to share, and how to share it all contributed to a secure feeling at the end that this was *mine*. This process was an uncovering of my truth. Performing for chosen and trusted witnesses highlighted the power of performing on my own terms. Rather than prescribing to a particular form of structured or pathologized therapy, an ATP client-actor becomes the author of their own story, while simultaneously receiving support and validation. Choices and agency can end up being one of the most beautiful and brutal parts of this process, especially when you’ve struggled to trust yourself and your needs and wants. Learning to trust the language of my body when that body felt like a betrayal or a burden was empowering and frightening. This personal agency is important for TGNB and Jewish individuals who often experience cultural erasure or pressures to conform within a hegemonic Christian and cisheteronormative society.

The performance itself became a ritual – a death, a rebirth, a reclamation – that honoured and cherished all parts of my identity. Small deaths occurred repeatedly as I released anger towards earlier versions of myself and earlier decisions I made to feel worthy of love and belonging. Rebirth came with a new awareness of all that I am– the good, the bad, the ugly– in my own eyes. My performance ended with my recitation of the Mourner’s Kaddish– a Jewish prayer traditionally reserved for funerals that honours both death and life at the same time. I recited this prayer as I looked at old photos of myself with new eyes– honouring the life I lived and the paths that led me to that moment. After the Kaddish, my witnesses sang ‘Happy Birthday’. My witnesses held the space for this death and re-birth. Reclamation is ongoing. For example, thinking of my 10-year-old self after the performance, I no longer felt sadness and

anger— something in my perception of the memory shifted. I used to see my past behaviour as a self-betrayal, saying "she lied to me", as if the girl I once had to be was betraying the non-binary person I am. This was how I split myself in two. Now I find myself remembering the truth of who I was then with more compassion and care. I was a confused and lonely child who was not intentionally betraying a future self that they didn't know yet. I see now that I wanted to be loved and I wanted to belong. No longer deeply split, I have reclaimed and created space to reintegrate who I was, who I am, and who I will be. I can love and belong to myself as much as I can in relationships with others.

Future Directions

And so, I thank you again for sailing along this journey with me as I recounted the harrowing tales of unconscious excavation, internal resistance, movement and stagnation, and finally a painful and empowering birth of the self. This section will propose some of the potential directions for future voyagers.

The field of ATP would benefit from gathering more client-based data around what is experienced as healing and/or harmful within drama therapy processes. This autoethnographic exploration adds to the literature surrounding ATP in drama therapy from the perspective of both individual client and drama therapist in training. What have been the benefits of participating in ATP? What are the long-term benefits of engaging with an ATP process as individual therapy? This data could be analyzed through qualitative interviews and/or surveys that could take place shortly after the final performance, and at 6-month intervals up to two years or more post-performance. Bringing participatory and consensual client voices and experiences into the literature could help the field horizontalize power structures between drama therapist and client. Using participatory action research, drama therapists working with ATP can invite their clients' voices and experiences into the academic literature as co-researchers and co-authors.

This paper explored one experience of using ATP to grapple with intersectional identity in individual therapy and the potential for ATP as a *queer* drama therapy method due its fluid and flexible structure. Future directions and questions for exploration could include: what conditions are required for the development of a trusting therapeutic relationship between the drama therapist and the client, particularly when the drama therapist is also the director of the ATP? What elements of the ATP process support clients to feel mirrored and validated? When is it helpful for a drama therapist to push a client, and when is it beneficial to be gentle in this

process? Does a pre-existing therapeutic alliance need to be present, or can trust be built as part of the process? Existing research on the therapeutic alliance may be utilized to critically examine how the therapeutic alliance is supported or challenged by an intensive process such as ATP.

Research about client-actors' prior theatrical skills, experience, or knowledge of ATP processes may also contribute to the literature on how ATP is experienced by both client-actors and therapist-directors. How is ATP experienced by clients or drama therapy students in a group process? Volkas & Kapetani (2025) run an ATP group online for 15 weeks before participants split off with a drama therapist to create their culminating performance for 10 weeks. Using qualitative semi-structured interviews with participants in these groups, or with students in accredited drama therapy programs requiring ATP processes, may elucidate the benefits of both participating in the process online, in a group environment, or within an educational context. What might be the benefits and challenges for clients of ATP without a background in theatre? How do their experiences differ from participants with no prior theatrical skills? Similarly, what might be the benefits and challenges for drama therapist-directors working with clients who either have a theatrical background or no theatrical experience? More phenomenological research into the experiences of both ATP client-actors and therapist-directors would address gaps in the current literature.

In considering cultural humility and cultural response/ability as outlined by the North American Drama Therapy Association (2018), what might be some guidelines for drama therapists working with clients' intersectional identities that are different from their own? What knowledge might be required before working across difference? What is the role of rupture and repair in the ATP process? How have ruptures between client-actors and drama therapist-directors affected ATP processes? Revisiting previous student authors of ATP and Self-Revs for qualitative interviews or surveys around their experiences with their drama therapist-directors. Further research that attunes to culture will enhance ATPs capacity for client-centered culturally relevant, humble, and horizontalized drama therapy.

Conclusion

Though we went on a journey together in this paper, this therapeutic process has been a descent and a rising back to the surface, a death and a re-birth, a splitting and a coming back to self. The ATP journey did not provide closure, it was not a panacea, and it was never meant to be. It delivered the possibility of remembering wholeness – calling lost, exiled, or split off parts

of myself back into my being. Through trust—in myself, in my drama therapist, and in the process—I was able to open to and excavate my unconscious, encounter and confront my darkness, and allow creativity to support me where rational logic and academic language could not. What began as a question—*Who am I? What is real? What is true?*—became a ritual of rupture and repair. This rupture and repair was between me, myself, and I. Recognizing and acknowledging the ruptures I had with previous versions of myself and repairing these ruptures through an intentional therapeutic calling back of these parts. This was not a linear path to healing, but a spiral: circling back to old wounds with new tools, new eyes, and sometimes just enough strength to stay present. At other times, just enough compassion to stay above water.

The performance was not an ending. It was the beginning of a new path; a moment in time where I chose to be seen as I am—not as I should be or how others might need me to be. Witnessing and being witnessed allowed something inside me to feel at home. The doubts are not gone, nor has the shame vanished, but I can hold them now with creative imagery, awareness, and agency. ATP was not a fix. It was a fierce, embodied reminder that healing is not about erasing the complexity of identity and emotion, but about creating space for it and sitting with it. This performance was my rite of passage. This story is mine. And it goes on...

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