

THE CONCEPTS OF GENDER IDENTITY, GENDER EXPRESSION AND ASSIGNED SEX
WITHIN DRAMA THERAPY:
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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A Research Paper
in
The Department
of
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements
for the Degree of Masters of Arts
Concordia University
Montreal, Quebec, Canada

AUGUST 2016

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CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper is prepared

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Entitled: The Concepts of Gender Identity, Gender Expression and Assigned Sex within the
Drama Therapy: An Interpretative Phenomenological Analysis

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to
originality and quality as approved by the research advisor.

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August 2016

ABSTRACT

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Abstract

This interpretative phenomenological research aims to look at how drama therapists who are already cognizant of the concepts of gender identity, gender expression and assigned sex connect these concepts within their clinical practice. The researcher has interviewed three drama therapists with semi structured interviews. Through the analysis of the accounts, the findings showed that recurrent and noteworthy themes describing the participant's sense making were gender concepts, societal expectations and clinical drama therapy practice.

KEYWORDS: gender, gender identity, gender expression, assigned sex, queer, drama therapy, social justice.

ACKNOWLEDGEMENT

Thank you to the participants without whom this project could not exist.

Thank you to all my professors who have helped me through this journey. A special thank you to Jason D. Butler for your support and precious guidance.

Thank you to my friends, my family and my partner for your unconditional love and support.

Table of Content

List of Tables	vii
Chapter 1. Introduction	1
Chapter 2. LITERATURE REVIEW	1
Social Justice Perspective in Therapy	2
Social justice perspective in drama therapy.....	3
Gender and Therapy.....	3
Queer theory: Escaping the binaries.	4
Gender deconstructed.....	5
Creative Arts Therapies and Gender.....	7
Chapter 3. METHODOLOGY	8
Choosing a Methodology	8
Ethics.....	9
Data Collection	11
Data Analysis	12
Quality.....	13
Chapter 4. RESULTS.....	16
1. Gender Concepts	16
1.1. Gender identity.	17
1.2. Gender expression	19
1.3. Assigned sex.....	20
2. Societal Expectations	21
2.1. Cis-gendered assumptions	21
2.2. Experience of oppression.....	23
2.3. Labels.....	25

3. Clinical Practice of Drama Therapy	26
3.1. Influence of being cognizant of the gender concepts	27
3.2. Influence of workplaces.....	28
3.3. Recommendations for a gender informed drama therapy practice.....	29
Ch. 5 DISCUSSION	32
The Theme of Gender Concepts in Literature	33
Gender identity.....	33
Gender expression.....	33
Assigned sex.	33
The Theme of Societal Expectations in Literature	34
Cis-gendered assumptions and experience of oppression.....	34
Labels.....	35
The Theme of Clinical Practice of Drama Therapy in Literature.....	37
Influence of being cognizant of the concepts.	37
Influence of workplaces.....	37
Recommendations for a gender-informed drama therapy practice.....	38
Ch. 6 Conclusion.....	40
References.....	42
Appendix A.....	48
Appendix B	50

List of Tables

Table 1. Main Themes	16
Table 2. Theme one: Gender Concepts.....	17
Table 3. Theme two: Societal Expectations.....	22
Table 4. Theme three: Clinical Practice of Drama Therapy	27

Chapter 1. Introduction

Today, the importance of mental health in the overall picture of health is internationally recognized (World Health Organization, 2016). In Canada, 1 in 5 Canadians will experience a mental illness personally in their lifetime (Smetanin et al., 2011). Someone could face mental health issues for many reasons. According to some mental health professionals, one of the reasons for having mental health issues are political structures and social oppression (Prilleltensky, 2003). Considering that mental health is a part of the overall health and that the oppression experienced by several people impact their mental health, it is relevant for mental health professionals to pay more attention to the problems of oppressed and marginalized people.

As a drama therapist to be, I find essential to take the perspective of social justice in the context of therapy. It is no longer possible to see a client as independent from society. Since I am interested in gender studies and in how drama therapists integrate societal aspects into their practice, I decided to focus my research on how the social structure of gender is acknowledged by some drama therapists. More precisely, I decided to look at how drama therapists who are already cognizant of the concepts of gender identity, gender expression and assigned sex connect these concepts within their clinical practice.

The first section of this paper will present a literature review regarding ideas and concepts around the topics of social justice, gender and drama therapy. The second section will explain the methodology I used which is interpretative phenomenological analysis (IPA). This section will also describe the ethical concerns of the research and the way that quality will be assured. The third section will illustrate the results of my research. After having interviewed three drama therapists about the way they connect the gender concepts to their clinical practice, I interpreted the results and found three main themes that express their thoughts: gender concepts, societal expectations and clinical practice of drama therapy. The results section will detail those themes and give excerpts of the interviews. Finally, the discussion section will demonstrate how the themes and the thoughts of the participants can be reflected and interpreted through literature.

Chapter 2. LITERATURE REVIEW

This section will present literature relevant to this research. The first part will address how social justice ideologically takes place in therapy and more precisely in drama therapy. The

following part will present the concept of gender in the general context of therapy and in queer theory. Finally, the subject of gender in the creative arts therapies will be explored.

Social Justice Perspective in Therapy

Social justice can be defined as an “action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (Goodman et al, 2004, 795). Examples of concepts to look at when taking a social justice perspective are privilege and oppression. Some “groups define reality and determine what is ‘normal’, ‘real’ or ‘correct’” (Hardiman R, Jackson, B., Griffin P, 1997, p. 17). White, heterosexual and male individuals are examples of dominant groups that have privileges and determine what is “normal” (Sajnani, 2012; Matthews, 2013). For example, some argue that oppression happens through five criteria: “exploitation, marginalisation, powerlessness, cultural imperialism and violence” (Young, 1990, p. 64). Any group under one of these situations is considered oppressed. According to the American Psychology Association (APA), oppression has an impact on mental health. In its *Resolution on Culture and Gender Awareness in International Psychology*, the APA acknowledges that “privilege and oppression affect the lives of women and men across sexual orientations, disabilities, social class, age, ethnic and religious memberships” (APA, 2004). In other words, clients’ issues in therapy are not independent from their social situation.

The concept of oppression can be understood through the theory of intersectionality. People have different social identifiers that make them part of many groups, oppressed and privileged at the same time. Intersectionality is “about the ways that various forms of discrimination occur simultaneously rather than hierarchically” (Sajnani, 2013, p. 383). It is a way to analyze and understand that discrimination is systemic, multilayered and at the core of our society. For example, one might be oppressed because of their race and/or, their gender but not because of their economic status.

Therapists who have a social justice perspective keep in mind that both they and their clients carry personal issues that are inevitably linked to societal issues. Feminist therapy theories are important to consider when addressing social justice in therapy. In feminist therapy, ...psychotherapy is itself construed as a potential component of systems of oppression, with therapy as usual operating in the absence of an analysis of gender and power,

practiced in ways that can actively or inadvertently uphold problematic status quos and reinforce hierarchies of value inherent in dominant cultures. (Brown, 2009, p. 4)

Within a social justice perspective, professionals in the mental health field are reflective and look at their own biases to make sure they don't perpetuate the oppressive systems.

Social justice perspective in drama therapy. In its code of practice, the British Association of Drama therapists (BADTH) encourages its professionals to be aware of potential discrimination related to social locators. The North American Drama Therapy Association (NADTA) has recently included new guidelines about social justice in the code of Ethics of the Association (Sajjani, 2016). These new guidelines acknowledge the influence of systemic oppression on mental health and encourage drama therapists to “help clients determine whether a problem stems from racism, classism, sexism, ageism or other forms of social bias so that problems are not inappropriately personalized” (NADTA, 2016). In another effort to raise awareness around social justice in drama therapy practice, the most recent annual conference of the NADTA, “*Magnetic Forces: Working with Attraction and Aversion to Difference and Social Justice*” (NADTA, 2015) presented many workshops where drama therapists could reflect on the way their practice acknowledges or not systems of oppression and privilege.

Within drama therapy literature, drama therapists are encouraged to “cultivate an awareness of the social, cultural, and political experiences that have informed and continue to inform the ways in which we, along with our clients, live our processes of identification” (Sajjani, 2012, p. 189-190). Also, the journal of *Drama Therapy Review* (April, 2016) published a special issue on social justice and cultural awareness. It is relatively new that the field of drama therapy is exploring the ideas of social justice and cultural awareness. The Diversity Committee of the NADTA was formally created in 2006 (NADTA, 2016).

Gender and Therapy

This research paper aims to look at the connections drama therapists make between the deconstructed concepts of gender within their clinical practice. Before defining those terms, this part of the text will define the concept of gender as a social locator from a historical and social justice perspective. Until the studies of Money (1994), gender was considered as a concept divided in two categories: man or woman (Pfäfflin, 2011). Studies looking at sexuality were about men and women (Pfäfflin, 2011). In the field of psychology, many studies looked at the differences between the psychology of men and women and many characteristics were attributed

to being a one or the other (Lia et al., 2012). Feminist psychotherapy recognizes that the life experience of individuals historically identified as women was often not taken into account in psychological theories and tries to remediate the situation by acknowledging it (Brown, 2009). For example, this form of therapy has looked at the influence of the patriarchal system on individuals' mental health. Feminist psychotherapy isn't only advocating for individuals identifying as female, it acknowledges patriarchy as an oppression that "can become for both sexes the source of conflict and anxiety" (Hogan, 2012, p. 21).

This common idea that there are only two genders, man and woman is called gender binary (Johnson, 2015). In the therapeutic field, "this form of thinking [binaries] has underpinned therapeutic structures, constructing the various models into an enterprise that is remarkably consistent with binary configurations" (Moon, 2008, p. 32). Today, new definitions deconstruct the gender in other concepts such as gender identity, gender expression and assigned sex. "The term 'gender role' appeared in print first in 1955. The term 'gender identity' was used in a press release, November 21, 1966, to announce the new clinic for transsexuals at The Johns Hopkins Hospital" (Money, 1994, p. 163). Later, authors like Judith Butler (1990) explored the concept of "performed gender," which means that if one can perform their gender, it shows that gender is not natural (Butler, 2004). Queer theory focuses on gender and sexualities. The next section will describe how Queer Theory is important in a social justice perspective on therapy.

Queer theory: Escaping the binaries. Another important theory in the critical analysis of gender is Queer theory. Queer theory is about "power, politics and activism... In short, Queer Theory focuses upon the ways in which power gets inside our bodies, our 'hearts' and our 'heads'" (Moon, 2008, p. 8). The definition of gender as being anatomical can influence the way one experience their body. Queer theory tries to deconstruct this belief or "natural gender" and "proposes performativity as a theoretical tool to disrupt this form of normativity" (Zeeman, Aranda & Grant, 2014, p. 107). If gender is performed, then it is not rigid and determined and people become empowered and free to self-identify. Queer Theory suggests that "bodies are social objects that receive their meaning in the same way as other cultural signifiers: not from their own inherent properties, but from an always emerging complex web of social meanings and contexts" (Zimman, Davis, & Raclaw, 2014, p. 17). Maybe femininity and masculinity are not anatomical, but rather performed. Even in the biological realm, recent studies critique the binary and show that male and female brains are not significantly different (Joel et al., 2015).

In a study named “Queering Gender,” researchers looked at the gender identity of “normative” individuals (Tarrasch, Berman, Mukamel & Ziv, 2014). Their study demonstrated that “normative” individuals experience themselves in ways that transcend the either/or logic of the gender binary system” (p. 311). The word “normative” meant heterosexual, female bodied individuals identifying as women and male bodied individuals identifying as men. This study was conducted in Israel in 2014 and showed that within the 2000 participants, 35% felt “to some extent” as the other gender. In their recommendations, the researchers “call for a new conceptualisation of gender identity, which emphasises and celebrates multiplicity and fluidity in the experience of gender identity” (p. 315). According to these authors, developing such a new conceptualization would be profitable not only for transgender people but for “normative” ones. Creating a more fluid understanding of gender means creating new words. The next section will explore the different concepts embedded in the word “gender.”

Gender deconstructed. Looked through the lens of Queer Theory, the concept of gender is deconstructed into many other terms. *Gender identity, gender roles, assigned sex* are the main concepts looked at in this research. These ideas can be seen as continuums and not binaries (Donatone & Rachlin, 2013). In other words, one doesn’t have to identify as male or female and can identify somewhat female or somewhat male or in the middle.

First, *gender identity* is defined by the Centre for Addiction and Mental Health (CAMH) of Toronto as “a person’s self-image or belief about being female or male. For example, some people with male biology may feel themselves to be female” (Centre for Addiction and Mental Health, 2007, p. 13). Someone also might feel like they don’t “fit” in the binary. *Genderqueer* is a “name for gender identities other than ‘woman’ or ‘man.’ For example, people who identify as both man and woman, neither man nor woman, fluid, third gender, etc., might identify as genderqueer” (Eisner, 2013, p. 319).

Often confused with gender identity, the term *assigned sex* means the sex given at birth and is assigned according to the chromosomes (World Health Organization (WHO), 2015). A female bodied person identifying as female is considered *cis-gender* (Eisner, 2013) whereas someone who is female bodied and identifies as male might describe themselves as *transgender* (Eisner, 2013). “There is a range of chromosome complements, hormone balances, and phenotypic variations that determine sex” (WHO, 2015). Thus, there are not only two biological sex categories. Some people are born with a biological sex that doesn’t fit medical definitions.

For example, some people are born with both a female sex and a male sex. This reality is called *intersex* (Centre for Addiction and Mental Health, 2007; Eisner, 2013).

The last concept needing to be defined is *gender expression* or *gender role*, which is how one presents their gender with clothes, actions and demeanor, based on gender norms (Centre for Addiction and Mental Health, 2007, p. 57). As one can see, the concepts are independent from one another. This doesn't mean biology doesn't have an impact on how someone feels gender in their body. "It is an oversimplification to say that all gender is genitals, all gender is chromosome, all gender is socialization. In reality, gender is all of these things and more" (Serano, 2015, p.105).

Another term people often think of when talking about gender is the LGBTTTQIA2* acronym. In the Pride Parade Entry Application Form of Pride Toronto organization in 2010, the acronym was defined as "Lesbian, Gay, Bisexual, Transsexual, Transgender, Queer/Questioning, Intersex, 2 Spirited, Allies" (Harper et al., 2013, p. 78). *Lesbian, gay* and *bisexual* are *sexual orientations*. Some describe *sexual orientation* as "how someone thinks of oneself in terms of one's emotional, romantic or sexual attraction, desire or affection for another person" (Centre for Addiction and Mental Health, 2007, p. 3). *Transsexual* is related to gender identity, gender expression and assigned sex. It is a "term for a person who has an intense long-term experience of being the sex opposite to his or her birth-assigned sex and who typically pursues a medical and legal transformation to become the other sex" (p. 60). Whereas *transgendered* is used for "a person whose gender identity is different from his or her biological sex, regardless of the status of surgical and hormonal gender reassignment processes" (p. 60). *Questioning* is used by people who "are questioning their gender identity or sexual orientation and who often choose to explore options" (p. 59). The concept of *2spirited* is "used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, are intersex, transsexual, transgendered or have multiple gender identities" (p. 2). The last letter in the acronym, 'A' is for *ally* who is "Typically any non-LGBT person who supports and stands up for the rights of LGBT people" (University of Michigan, 2016).

A lot of other words and expressions exist to describe gender related realities like cross dresser, asexual, passing, polyamorous... For the purpose of this study, I will mainly focus on *gender identity*, *gender expression* and *assigned sex* as defined above. Knowing that gender takes many forms, depending on one's experience and self-identification, one can wonder how

this influences the process of clients in the creative arts therapies. The following section will address gender in the creative arts therapies.

Creative Arts Therapies and Gender

In an arts based research, the dance/movement therapist Allegranti (2009) explored how gender can be deconstructed and reconstituted in everyday life. She created the Personal Text Public Body Lab for professionals of the Creative Arts Therapies to explore gender and sexuality through performance and embodiment. Over the course of a year, the researcher had nine therapists come into her lab to explore personal process. The participants were asked to explore body, sexuality, gender and relationships through movement. Allegranti's work was informed by the feminist approach. One outcome of this study was that "embodied performances of sexuality and gender highlight autobiographical, relational and political unfolding both through verbal and non-verbal expression" (p. 29). In other words, embodiment, creativity and expression can allow the exploration of the social dominant narratives that are oppressive to individuals. Allegranti suggests that "if we do not pay attention to our performances of sexuality and gender we risk marginalising gender aspects of our embodied identity and those of our clients" (p. 28).

Allegranti's (2009) ideas towards oppression through gender performance can be relevant to Drama therapy. From a social justice perspective, it is the role of the therapist to develop skills and reflect on their practice to have an inclusive practice. In the most recent ethical guidelines about social justice developed by the NADTA, it is cited that drama therapists have to

Demonstrate commitment to the treatment of all persons with dignity and respect, regardless of differences in age, ethnicity, geographic region, gender identity, gender expression, military status, physical, mental or developmental capacity, nationality, political views, race, religion, socioeconomic status, sexual orientation and historical experiences with the dominant culture. (Sajnani, 2016, p. 144)

Here, gender is deconstructed in gender identity and gender expression. There is a lack of publications in the literature of drama therapy about the practice and how it is used in contexts where the concepts of gender identity, gender expression and assigned sex are acknowledged. According to a recent study (Beauregard et al., 2016), only 10% of the 136 interviewed drama therapists were required to take classes about gender non-conforming people, transgender people

and intersex people through their drama therapy education. The following section will describe how this current research aims to fill in this gap.

Chapter 3. METHODOLOGY

This section will describe the methodology of this research paper: interpretative phenomenological analysis. I will explain why this methodology is appropriate to my research question, what the ethical considerations are, how and what is the data collection and analysis for such a methodology, what kind of conclusions can be drawn from such a research and how I will assure its quality.

Choosing a Methodology

My research question is: How do drama therapists who are already cognizant of the concepts of gender identity, gender expression, and assigned sex connect these concepts within their clinical practice? With this research, I wished to explore how some drama therapists define, describe, link and make sense of these specific concepts when they relate them to their clinical practice. In order to choose a methodology that was appropriate to this research question, I tried to think of the data I needed to answer the question of my research. Because I wanted to study the meaning individuals make of their clinical practice, I needed participants. To explore and describe this meaning, looking at the vocabulary that drama therapists use to describe their thoughts is important. Also, an assumption and a belief I have is that no one can be objective because we all come from a certain cultural background which influences the way we think and see the world. For those reasons, a hermeneutic phenomenological study seemed appropriate, because its aim is to interpret the lived experience: “Lived experience is thematicized through language and understood by being refracted through a variety of lenses - philosophical, theoretical, literary and reflexive” (Finlay, 2011, p. 110).

The hermeneutic approach is mostly inspired by the work of the philosopher Heidegger (Giorgi & Giorgi, 2008). It is different from a more descriptive phenomenology that aims to describe the experience in “a broadly normative and scientific sense” (Finlay, 2011, p. 88). I agree with the interpretative idea that a description of an experience is subjective and therefore I am inclined towards a hermeneutic approach.

Another characteristic that was important to me when choosing a methodology was the possibility to analyse the interpretation of the participants’ experience. The “double

hermeneutic” (Smith, 2004) presented in the interpretative phenomenological analysis (IPA) methodology allows it. In IPA, “the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world” (p. 41). In other words, not only would I be able to interpret the connection drama therapists make between the concepts of gender identity, gender expression, and assigned sex, and their clinical practice, I would also be able to look at how they make sense of that interpretation. Also, some argue that a researcher in IPA can draw from theories to look make interpretations (Smith, 2004). As it will be described in the Data Analysis section, I drew from queer theory, intersectionality, gender studies and feminist theory to look at the interpretation of the participants’ experience.

Finally, when looking at the research question of this study, I adopt a queer and feminist perspective. Queer theory “focuses upon the ways in which power gets inside our bodies, our ‘hearts’ and our heads” (Moon, 2008, p. 8). It seeks to understand how oppression becomes part of one’s life in a cognitive, physical and emotional way. IPA also concentrates on the cognition and feelings of participants in their process of meaning making within their lived experience. In fact, “viewed phenomenologically, body-self-world are intertwined” (Finlay, 2011, p. 21). On its side, feminism suggests that silenced voices are the source of “greatest wisdom” (Brown, 2009, p. 2). This feminist concept is similar to the “IPA’s idiographic sensibility”, defined as the researcher’s commitment to understanding the phenomenon from the specific participant’s point of view (Finlay, 2011). Instead of looking for a universal and common truth or essence in a phenomena, IPA recognizes the singularity in one’s experience. In that sense, some say that “less is more” in IPA and suggest three to six participants for a master level research (Hefferon & Gil-Rodriguez, 2011). A small sample allowed this research to look at how three drama therapists who have a different perspective on gender than the dominant binary discourse make sense of their experience in their clinical practice.

Ethics

Ethical considerations have to be taken into account throughout the research project (Creswell, 2013). First, I think it’s important to mention my social locators since they impact my way of approaching research: I identify as non-binary, white, French-Canadian, middle-class, graduate student, abled, bilingual. I am considered privileged in many areas and I want to acknowledge it because it can create blind spots. Also, this research is mostly limited to North

America, with some references to Israel. I acknowledge that other cultures have multiple and different ways of describing gender and I must also acknowledge my limited perspective.

Throughout this research I made a point of being self-reflective. I am aware that my different social locators influence my views on the subject. It would be logic to think the same of the participants' social locators, but for confidentiality purposes, I will not divulge more information about them than the fact that they are practicing drama therapists.

At the beginning of the research, “there is always an ethical *why* in research [...] *Why* is it valuable to pursue this investigation?” (Brinkmann & Kvale, 2008, p. 267). Personally, I approached this research with a social justice perspective and I agree with the feminist psychotherapy idea that therapy can perpetuate the systems of oppression if no analysis of privilege and power dynamics related to social locator such as gender is acknowledged (Brown, 2009). Also, the fact that I identify as non-binary impacts my research in the sense that I am interested in the subject of gender because of experiences I have lived and because I want to help create more written knowledge around vocabulary and concepts related to this subject in drama therapy. To have an ethical approach to this research, I have tried to stay open to multiple significant outcomes and not only focus on social justice outcomes. To do so, when I analyzed the data, I made sure I was noting everything I saw and not just the answers related to social justice.

In this research, I interviewed three drama therapists. The participants were chosen because they knew about the concepts of gender identity, gender expression and assigned sex. To find them I talked with different professors at my university, Concordia University, who have many years of experience and asked them if they knew anyone. The consent was an important ethical concern. “Informed consent entails informing the research participants about the overall purpose of the investigation and the main features of the design, as well as of any possible risks and benefits from participation in the research project” (Brinkmann & Kvale, 2008, p. 266). The participants of this research had an information and consent form to complete before they agreed to participate in this research (see Appendix A). The consent form was inspired from a template created by the Office of Research of Concordia University.

My research focuses on drama therapists' practice. In this sense, the risks are less related to the exposure of personal issues because the topic is about their professional training and experience and not their personal life experiences. Also, being a therapist can help them in

dealing with disclosure. On the other hand, the subject of this research has rarely been explored in drama therapy, so it might trigger some feelings of uncertainty about one's practice, which was named in the consent form. There is also a Summary Protocol Form in which I described the details of the research. This form was approved by the Institutional Review Board at Concordia University. These formal steps were taken in order to assure that the research minimizes harm.

In IPA, the researcher interprets and tries to describe the participants' meaning making process. In IPA, "the researcher needs to build in a series of negotiation points. For example, you could plan to review an interview transcript with the participant before finalising it, to make sure the participant agrees with the wording" (Finlay, 2011, p. 189). I had the participants look at the quotes from their interviews I decided to use in the research to make sure that what I interpreted was actually what they meant.

Data Collection

In hermeneutic research, it is possible to gather data from multiple sources, such as biography, personal stories, art-making, films, etc. (Van Manen, 1990). Within the present research project, I chose to collect data by doing a semi-structured interview with every participant individually (see Appendix B for the questionnaire). "The interview is by far the most common way of collecting data in IPA and for good reason – the real-time interaction with the participant gives major flexibility for the researcher in facilitating the participant in exploring their lived experience" (Eatough and Smith, 2008, p. 187). Semi-structured interviews are guided by a few questions elaborated on by the researcher, but in "IPA it is important that the interviewer does allow the participant a strong say in where the interview goes, otherwise it jeopardizes the phenomenological endeavour" (Eatough and Smith, 2008, p. 188). I made sure to stay open to concepts or ideas that are not part of my questionnaire but that might arise during the interview. Finlay (2011) suggests to the researcher "to relate to the participant in a natural, empathic and genuinely human way" (p. 201). To help the participants feel comfortable, I sent them the form explaining the goal of the research a few weeks before the interview. I wanted to explore the way the participants make sense of their practice so I did not send them the questions in advance. I wanted to see their spontaneity and where their mind would go on the spot. After the first interview, I wrote the transcripts, completed a first interpretation of the texts and then verified the participants' approval of the excerpts I had chosen. To do so, I sent them the quotes I had chosen and had a skype meeting with the participants who wanted to discuss and make sure

I had understood what they meant. Changes made were mostly about syntax and format more than content.

Data Analysis

Some mention that IPA doesn't have a fixed data analysis procedure but still suggest general guidelines that I followed (Pietkiewicz & Smith, 2014). A first step is to listen to the recordings of the interview and to read the transcript a few times. During this step, the researcher can "focus on content (what is actually being discussed), language use (features such as metaphors, symbols, repetitions, pauses), context, and initial interpretative comments" and can write down notes about what is observed (p. 12). To do so, I used the table technique of Smith, Flowers and Larkin (2009). In a three-column table, I put the transcription of the interviews in the middle, in the right column I wrote notes about the content and the ideas, and in the left column I wrote the themes. I based my understanding of the concept of "theme" the definition of Smith, Flowers and Larkin (2009):

Themes are usually expressed as phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual. The focus is on capturing what is crucial this point in the text but inevitably you will also be influenced by the whole text. (p. 92)

Then, as suggested by Eatough and Smith (2008), I wrote a narrative of the participant's and meaning making process. To compile the emergent themes, I used the software MAXQDA. To find connections across the themes, I used different techniques presented by Smith, Flowers and Larkin (2009): abstraction, which is to group similar themes and find a name for the cluster; polarization which is when the researcher "examines the transcript for the oppositional relationships between emergent themes by focusing upon difference instead of similarity;" numeration which is when the researcher counts the frequency of a theme (p. 95). In their recommendations, Flowers et al., (2009) warn researchers not only to use the numeration as sometimes themes are presented only once but impacts greatly the sense of the narrative. It is suggested that each theme is exemplified with parts from the interviews and analysed by the author (Eatough and Smith, 2008). This is the Results section. When writing this section in IPA, the researcher wants to use a lot of excerpts to help the reader better understand the participants' experiences:

...the result section of an IPA write-up is much more substantial, and much more discursive than the results section of a typical quantitative report. A large proportion is constituted by transcript extracts whilst the remainder is your detailed analytic interpretations of the text. (p. 109)

The researcher has to remember that “at each level of interpretation, the account from the participant is the starting point” (p. 190). In other words, even if I interpreted the texts, I had to remember that I was trying to make sense of the participant’s meaning making. Indeed, an important concept in the data analysis in IPA is the hermeneutic circle. “This is the process of coming to understand the being of something (be it 'text' or 'phenomenon' or 'participant' in the research context) through moving iteratively between the whole and parts and back again to the whole” (Finlay, 2011, p. 115). The researcher tries to understand the phenomenon through the participant’s eyes and from the researcher’s own eyes. Considering this, one of my difficulties was not to look for what I wanted but to try to listen to the text. I often challenged myself by asking “is this really what they are trying to say?” and not what I want to hear.

Then, as suggested by Pietkiewicz & Smith (2014) I wrote a section after the narrative account that “relates the identified themes to existing literature” which is the Discussion section (p. 13).

Then in the discussion the register changes and you place your work in a wider context. Here then you engage in a dialogue between your findings and the existing literature. [...] Some of the literature you will dialogue with will be found in your introduction. However, it is in the nature of IPA that the interview and analysis will have taken you into new and unanticipated territory. (Smith, Flowers and Larkin, 2009, p. 113)

In this section, I used theories from gender studies to help identify themes and interpretations that seemed to be present. I also discussed about new concepts I didn’t know existed before doing the interviews.

Quality

Some authors mention different ways of addressing quality in IPA: to have other academics involved in the research, to have the transcripts analysed by colleagues, to ask feedback from participants on first interpretations (Brocki and Wearden 2006). I chose to ask the feedback of the participants on the first interpretations. Addressing validity in IPA, Osborn and

Smith (1998) suggest that “the aim of validity checks on qualitative work is to ensure that the particular account presented is a sound one warrantable from the data, not to prescribe the singular true account of the material” (p. 69). Others argue that the common criteria of reliability might not be appropriate for IPA since “the purpose of the research is to offer just one of many possible interpretations” (Brocki and Wearden 2006, p. 98). Having this in mind, I decided to follow a list of eight criteria for “excellent qualitative research” developed by Tracy (2010). Those criteria are: “worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence” (p. 839). For each criteria, I asked myself the suggested questions by Tracy.

To make sure my topic was worthy, I questioned its relevance and significance. In creative arts therapies, there is a lack of publication linking drama therapy practice and concepts surrounding gender. Some have argued that drama therapists need to be more aware of social justice in their practice (Sajnani, 2012, 2016). With this research, I wished to explore the practice of drama therapists already working with these concerns that might help gender non-confirming clients. The American Psychology Association (APA) recognizes the impacts of discrimination against gender-variant people on their psychological, physical and social well-being and recommends that psychologists advocate for their rights (American Psychology Association, 2008). In the drama therapy field, new guidelines including the social justice perspective were recently published, but little is written on how to avoid discrimination towards clients who identify and express differently than in the male-female binary (NADTA, 2016). There is a need for publications around gender concepts in drama therapy. This paper aims to start a discussion about how drama therapists already cognizant of the concepts of gender identity, gender expression and assigned sex make sense of these concepts in their practice. Due to the lack of literature on this subject in drama therapy, this research is relevant to the field.

By rich and rigorous work, Tracy (2010) suggests that “a researcher with a head full of theories, and a case full of abundant data, is best prepared to see nuance and complexity” (p. 841). Throughout the analysis, I tried to let myself be influenced by my perception of the phenomenon but also by theories, to be able to give nuance to the interpretation.

By using the criteria “sincerity”, it is suggested that the researcher states their biases and stays authentic in the research (Tracy, 2010). By naming my social locators and my biases

towards social justice perspectives, I am trying to achieve sincerity. I also tried to stay self-reflexive throughout the study, by keeping notes.

With the criteria of credibility, Tracy (2010) refers to the concepts of validity and reliability. She suggests that researchers try to have different types of data that they try to link to the findings with theories and other literature, to do member reflection and validation. The feedback of the participants in this research served to validate the first interpretation. On the other hand, I didn't use a variety of sources of data, considering that this research is not a thesis but rather a master's project. About the criteria of credibility in IPA, some question if the semi-structured interview leads the participants too much towards specific answers and wonder how this impacts the analysis (Brocki & Wearden, 2006). In an effort of transparency, I provided the readers with the questionnaire that was used for the interviews. In the Results section, readers will notice that some emergent themes are related to questions in the interviews. I agree that the interview can influence the results, but as Smith and Osborne explain (2003), in IPA, "there is no attempt to test a predetermined hypothesis of the researcher; rather the aim is to explore, flexibly and in detail, an area of concern" (p. 55). Even if some questions might have influenced answers, the themes represented in the Results section were chosen because of their importance in the participants' exploration of the research question.

Tracy uses "the term *resonance* to refer researcher's ability to meaningfully reverberate and affect an audience" (2010, p. 844). I hope that the findings will resonate with drama therapists who want to practice in an awareness of gender issues.

The last criteria brought by Tracy (2010) is meaningful coherence. According to her, meaningful coherent studies "eloquently interconnect their research design, data collection, and analysis with their theoretical framework and situational goals" (p. 848). She explains that if a researcher uses social constructionist perspective, this needs to be present throughout the study and the procedures. The way I saw the concept of meaningful coherence to be part of my research was by constantly challenging myself with queer theory and feminist theory. For example, doing research in a procedural way inspired from the scientific objectivity would not be coherent with a queer perspective. This is why the choice of the methodology, an interpretative phenomenological analysis, gives space to concepts acknowledged in queer and feminist theory, like subjectivity. Overall, I tried to stay authentic and open to change and to unexpected experiences throughout this study.

Chapter 4. RESULTS

This section will describe the three main theme groupings that I found through analysis of the interviews (see Table 1). The main themes are themes that were noteworthy in the data. Sometimes they were important because all three participants talked about them, other times because one participant went more in depth and it seemed to be largely influencing the discussion. To make it easier for the readers, the main themes will be presented in bold characters, the related themes will be in quotation marks and the general ideas that form the themes will be italicized.

Table 1. Main Themes

1. Gender Concepts
1.1. "Gender identity" 1.2. "Gender expression" 1.3. "Assigned sex"
2. Societal Expectations
2.1. "Cis-gendered assumptions" 2.2. "Experience of oppression" 2.3. "Labels"
3. Clinical Practice
3.1. "Influences of being cognizant of the concepts" 3.2. "Influence of work places" 3.3. "Recommendations for drama therapists"

1. Gender Concepts

During the interviews, the participants described the concepts of gender identity, gender expression and assigned sex and continued speaking about them throughout the interview, which made each of these gender concepts unimportant theme of the participants' meaning making. In order to connect "gender identity", "gender expression" and "assigned sex" with clinical practice, the participants needed to refer to other ideas like *vocabulary complexity, internal sense, male-female binary, spectrum, performance, a sense of "out", comfort, stereotypes, anatomy VS biology, gender roles, sense of mismatch* (See Table 2).

Table 2. Theme one: Gender Concepts

Themes	Related ideas		
1. Gender Concepts	<u>Participant 1</u>	<u>Participant 2</u>	<u>Participant 3</u>
1.1. “Gender identity and gender”	<ul style="list-style-type: none"> * Complexity in vocabulary; * An internal sense of gender in relation to male-female binary, society's expectations. * Sense of “in”. 	<ul style="list-style-type: none"> * An internal sense of gender in relation to male-female spectrum, to gender being a social construct and as an experience of the self; * Sense of “in”. 	<ul style="list-style-type: none"> * An internal sense of gender in relation to continuum with male-female as extremes; * Sense of “in”.
1.2. “Gender expression”	<ul style="list-style-type: none"> * Performance; * Can be the presentation of the inside feeling around gender; * A sense of “out”; * Influenced by external labels; * Clothing, hair, way of talking/walking; * Comfort; * Choice. 	<ul style="list-style-type: none"> * Can be the presentation of the inside feeling around gender; * Clothing, hair, way of talking/walking; * A sense of “out”; * Situational, influenced by societal expectations; * Comfort; * Stereotypes; * Choice. 	<ul style="list-style-type: none"> * Can be the presentation of the inside feeling around gender, but not necessarily; * A sense of “out”; * Choice.
1.3. “Assigned sex”	<ul style="list-style-type: none"> * Given at birth; * Anatomical; * Biological; * Gender and roles assigned from it; * Possible mismatch between anatomical and biological and inner sense 	<ul style="list-style-type: none"> * Given at birth; * Anatomical; * Biological being a spectrum; * Possible mismatch between anatomical and biological and inner sense. 	<ul style="list-style-type: none"> * Given at birth; * Anatomical; * Biological; * Gender and roles assigned from it; * Possible mismatch between anatomical and biological and inner sense

Participants’ understanding of the three gender concepts and their related ideas are described in this main theme of **gender concepts**.

1.1. Gender identity. As described here by the three participants, the concept of “gender identity” was defined as an *internal sense* or feeling of gender.

Participant 1: I define it as an individual internal sense of who they are as a person in a gendered way.

Participant 2: I define it by one’s internal sense of what their gender is.

Participant 3: Gender identity is how you feel about yourself, about your gender.

When asked about what they meant by *gender*, the three participants at some point brought up the concept of a *female-male binary*. Here, participant 1 also expressed the idea that there is a *complexity in the vocabulary* around gender due in part to the fact that each person often has their own definition. This participant also mentions the importance of the influence of the outside on the *inner sense* of gender.

Participant 1: I think it's interesting because, people's internal sense is often dictated also by the world outside. So language dictates a lot of what people identify as, and hence it's been a lot of male, female binary sort of vocabulary. Now, as people's internal experience is being given more validity, and language that reflects a broader spectrum of identity states is being created, gender becomes larger and more complex, constantly shifting how we think and talk about it. So that's a really hard thing to say, to define I think actually. ... Because what gender is to me might be very different to what gender is to another person.

While discussing the definition of gender, participant 3 also brought up the concepts of *binary male-female*, but more as a *continuum*.

Participant 3: I think of gender as a continuum. From the extremes male-female, and then there are many integrations, and inter-role pieces in between. Some people are in the middle, like androgyny in the middle, I feel like people can identify along that spectrum.

While participant 2 also mentioned a gender *continuum*, another important idea for them was gender as a *social construct* and as an experience of the *self*.

Participant 2: Gender is a social construct. You know we create these ideas of gender. In the cis-gender world, a lot of people's internal experience is related to the biological sex. But gender is an experience, not biologically pre-determined, so it's an experience, a social experience, but it's also an experience of the self [...] The self grows and changes, but it's not static and it's something that is experienced.

Overall, participants all defined "gender identity" as an *inner sense of gender*. The existing vocabulary around gender such as *male-female binary* and a *continuum* of gender was mentioned as being an important influence on the way one describes gender. This *internal sense* was also

related to the psychological idea of the *self*. On the other hand, the concept of “gender expression” was often described as an external sense.

1.2. Gender expression. During the interviews, the three participants talked about “gender expression” as being a *conscious choice* of how someone wants to show to the *outside* world, which takes many forms.

Participant 1: It’s how we perform, or how we move through the world, as ourselves. And so your gender expression, or client’s gender expression is sort of this performance, an authentic performance that is attuned to who they want to be in the world. It’s a curated way of being. Now that takes form in many different ways right. It’s the way people look, the way people act, or walk, or talk, or dress. That’s a big one, how you dress, it’s just the style with which you move through the world.

Although participants voiced a certain lack of clarity in society around the definition of “gender expression”, each presented the idea that “gender expression” pertains to the outward presentation of an internal identity. The participants explained that someone might want to show in a way that is not what people actually perceive. Also, the context often influences choices around “gender expression” due to social expectations and existing ideas around gender, as participants describe here.

Participant 1: But again, I think that is also attached to the social category. How do we get away from these labels? What is gender expression if we didn’t have the labels? Let’s say, I’d like to be Trans masculine, or male presenting, or feminine presenting, as opposed to, say let’s forget about that and let’s just think about you and what is the gender expression you want to show? What is the gender expression you feel comfortable having in the world right now?

Participant 2: Gender expression is about what feels comfortable, what resonates with my ideas of my gender. But I could identify as female and very be drawn to expression more masculine. That might resonate with me for any reason, that sort of clothing, which may actually not fit society’s idea of again masculine and feminine, what we think as masculine. They are just stereotypes anyway.

As explained here in the excerpt from participants 1 and 2, gender expression can take many forms. One can notice that the idea of *conscious choice* is also very present in the definition of

“gender expression” for every participant. In the following excerpt, participants 2 and 3 expresses that idea.

Participant 2: And we make choices about what we want to wear and not just wear clothing wise but also our hair, what we wear on our skin, any sort of adornments.

Participant 3: Gender identity is how you feel about yourself, about your gender. And gender expression is how you choose to communicate that externally [...] your gender identity does not necessarily predict your gender expression.

When analyzing interviews regarding gender concepts and central themes of “gender expression” and “gender identity”, every participant described an external sense for gender expression and a sense of internal for “gender identity”. For the third gender concept in the research, “assigned sex”, it was both an external and internal sense that transpired.

1.3. Assigned sex. A common idea among the participants was that the “assigned sex” is *given at birth* based on one’s body. They also all mentioned both the words *biological* and *anatomical* to talk about the assigned sex. Here, participant 1 defines “assigned sex”:

Participant 1: As in sort of a text book answer, I would say the biological, the anatomical sex is, at least from society’s point of view, it’s kind of how we assign a gender to someone at birth, and it’s usually based on their body. It’s usually based on their biological sex and we assign you to be a male, due that you have a penis, or we assign you to be a female because you have a vagina. And that’s a given. It’s given to us. It’s a role that handed in to us before we even come out.

So, here, the *anatomical* parts were described as being the indicator of “assigned sex”. The three drama therapists referred to “assigned sex” as being somewhat *anatomical* and/or *biological*. They also all shared the idea that from the *anatomical sex*, there were deductions made in regards of gender roles and gender identity.

Participant 1: I think it goes beyond that [beyond anatomical]. We take the body that you’re born with and we assign you a role on it, based upon it.

Participant 3: Assigned sex is related to more medical, biological things in terms of somebody assigning gender based on biological, penis or vagina, or somewhere in between.

For participant 2, there is a clear distinction between *anatomical* and *biological*.

Participant 2: I think it's more complicated than we think. I think for some people, there's this very clear cut, where they have all the pieces for a certain gender or sex, you have all the pieces for female and we're gonna say you're female. Biologically, it's not black or white, even though we think it is. Biologically, there's a huge spectrum, and there's a lot of different variations, there could be genital variations, hormonal variations, there could be chromosome, there's a lot of different kind of variations. [...] So I think of assigned sex as being two things, one is sort of how you're born, that's your body, creation or whatever that is creating the sex of you, then there's the sex the doctors and the parents who assign to you, which might not fit biologically, cause often someone who's intersex they get an assigned sex that may or may not fit them.

As mentioned here, the idea that the “assigned sex” at birth sometimes doesn't “fit” with the internal sex was also expressed by every participant.

Overall, the main theme of **gender concepts** regrouping themes “gender identity,” “gender expression” and “assigned sex” had many related themes such as *internal sense, male-female binary, a sense of “out,” performance, societal influence, self, comfort, something given, gender roles and possible mismatch*. However, the idea that society influenced one's gender identity and expression was so important it appeared clear to me that it was a theme on its own.

2. Societal Expectations

To make sense of the terms of gender identity, gender expression and assigned sex within their clinical practice, the three drama therapists interviewed referred to **societal expectations** around gender. The related themes were “cis-gendered assumptions”, “experience of oppression” and “labels”. Ideas expressed by participants when speaking about these themes were *assumptions, dominant narratives, not fitting, rehearsal of self, gender policing, gender dissonance, pathologizing, limited access, LGBTQ, and Queer* (see Table 3).

2.1. Cis-gendered assumptions. According to the participants' interviews, there is an expectation in society that everyone identifies as cis-gender. When discussing about **societal expectations**, the participants referred to the ideas of existing *dominant narratives* and *assumptions*. Participant 3 explains the different forms this can take:

Participant 3: You might have a toddler who is not matching with whatever the assumed dominant culture says, male or female, feminine versus masculine, or

play with the toys they are supposed to, do what they're supposed to be doing. [...] I think that generally dominant society assumes that there's this coherence and that if there isn't this coherence, what does that mean? [...] If you're part of the more dominant culture, we're talking about a cis-gender, "I'm female, my assigned sex is female, there's a coherence..."

Table 3. Theme two: Societal Expectations

Themes	Related ideas		
	<u>Participant 1</u>	<u>Participant 2</u>	<u>Participant 3</u>
2. Societal expectations			
2.1. "Cis-gendered assumptions"	* <i>Hard to not make assumptions, even when aware of the concepts.</i>	* <i>Dominant narratives;</i> * <i>Assumptions in institutions.</i>	* <i>Dominant narratives;</i> * <i>Assumptions.</i>
2.2. "Experience of oppression"	* <i>Not fitting;</i> * <i>Rehearsing who one is;</i> * <i>Gender policing (for everyone).</i>	* <i>Not fitting;</i> * <i>Gender dissonance;</i> * <i>Gender policing;</i> * <i>Pathologizing.</i>	* <i>Not fitting;</i> * <i>Limited access to things.</i>
2.3. "Labels"	* <i>LGB, LGBTQ</i> * <i>Queer: encompassing word, not the same definition for everyone.</i>	* <i>LGBTQIQ, LGBTQ,</i> <i>LGBTQI</i> * <i>Queer: different meanings depending on generations.</i>	* <i>LGBTIQQ</i> * <i>Queer: reclaiming, different meanings depending on generations, sexuality and gender.</i>

Participant 1 expresses that even if they know about the gender concepts, *assumptions* can be present.

Participant 1: I think that I would be lying to say that I never make assumptions based on a heteronormative sort of, cis-gendered assumptions, that that doesn't ever happen.

Participant 2 also explains how hard it is to work in an environment that functions with the *assumption* that there is a *coherence* between the concepts.

Participant 2: That was another thing that came up as challenges, the cis-gender dominant mass. When I think of the institution, that is the challenge of it, that most of the people are within that and a challenge to that is scary, unfamiliar, unknown.

When the assumption is that everyone identifies as cis-gendered, those who don't are seen as *not aligned* and might feel like they have to conform. The idea of *not aligned* and how it impacts someone's life often came up in the interviews. I named this the theme of "experience of oppression".

2.2. Experience of oppression. The theme of "experience of oppression" was discussed in the interviews through many ideas: *not fitting* or *gender dissonance*, people having to *rehearse* who they are, *gender policing*, *limited access* and *pathologizing*.

The participants explained that they had had clients who said they felt like they didn't fit in the world. Here, participant 2 expresses how they had clients who thought they needed to "fit or hide". This drama therapist called that *gender dissonance*.

Participant 2: When I talk about gender dissonance I mean where a person's identity or expression may not match societal expectations or family expectations.

And people won't always come out.

Within the idea of gender dissonance is this assumption that people need to *come out*, as if who they are is inside and that not everybody *comes out*. For those who do come out, participant 1 explains how their clients sometimes use therapy to rehearse situations where they have to face *assumptions* in society.

Participant 1: Let's prepare for what's outside, let's prepare for that interview that you're going to next week and that you're gonna have to answer... when they're gonna ask you are you a boy or a girl... A man or a woman.

There is this idea that one needs to be prepared because there might be external comments made about their gender, based on the *assumption of a coherence* between identity and expression. These comments were named *gender policing* by participants 1 and 2. Here, participant 2 is talking about an exercise they had seen that described *gender policing*.

Participant 2: Gender policing starts when the baby is in the womb. So that was such a great image of how even as this unborn child, they have so much information, have so much about gender and how it was taught by the external world. Once the baby is conceived there all these ideas of gender and sex from the outside world. And so as a child, you grow into that whether and at some point in your life, you notice that experience. And after it's commented upon, you're girly,

or you're a tomboy or you're this, you're labeled an identity from the outside world.

Instead of waiting for a child to explore their gender identity and gender expression, they are commented upon when they don't behave in the way they are expected to. Participant 1 also described a client's story about being commented upon and its impact:

Participant 1: Some of that comes out in the work, that seeing a gay man, who actually was for most of his life a self-proclaimed "sissy boy," and who grew up as a "sissy boy", but who was really policed into not being so, and so he had a great deal of discomfort in seeing people whose expression are much more "flamboyant."

Here, the comments are described as creating a lot of discomfort. It is possible to wonder how much this negatively impacts one's mental health. The participants all talked about the difficulties that *oppression* around gender brought into people's lives from not being able to be themselves and having to hide.

Participant 1: With this particular client, it's actually a very direct influence. We're dealing with people who have grown up in a world that oppressed them, that classified them, that shrunk sometimes their expression.

Another "experience of oppression" around gender described by a participant was the *pathologizing* of the individual who doesn't conform to the dominant mass.

Participant 2: There's not really a consciousness of how societal gender notions impact people's development or how societal pressure can be. It's sort of the social justice aspect of how discrimination that a transgender person faces impacts their wellness and their mental health. So, maybe the person isn't here [in therapy] because they're mentally ill. Maybe that's not why they're suicidal. Maybe they're suicidal because there's so much societal pressure that this has driven them to this point. And so, in the work culture of mental health it's more about, 'oh they're here in the hospital because they're mentally ill'.

The participant explains that "the experience of oppression" here takes the form of *pathologizing*, of identifying someone as mentally unstable. The participants also express how it can be oppressive for someone to be labeled as having a pathology. The third drama therapist interviewed was the one who brought up the theme of "experience of oppression" the most. They

talked about how discrimination might not only impact someone's mental health but also possibly their *access to services*:

Participant 3: If there isn't this coherence [between the three gender concepts], what does that mean for access to things? Struggles are happening with the Trans community right now about being able to use a bathroom. If people don't fit in whatever that is the dominant framework of what a man and what a woman should be, then what's the threat? How is it related to power and access to resources?

Here, participant 3 refers to bills and regulations about access to a bathroom for transgender persons in the United States of America (USA) (LGBT Bar Association of Greater New York, 2016). This participant explains that because some individuals *don't fit* the societal expectations around gender, they are oppressed and discriminated against by having more difficulties to have access to services like bathrooms.

Still within the theme of "experience of oppression," participant 1 discussed the idea that oppression around gender also concerned some of their clients who identified as cis-gendered.

Participant 1: The cis-people that I work with encounter issues around gender and how they're policed in their world. It's not always just about the queer identification, it's gender at its core. How we engage in the world. I am just thinking about cis-identifying people who I see that are like "well, I don't want to be locked into this expression, this category, this role."

In other words, it appeared through the interviews that stereotypes and gendered societal expectations also oppress people who identify as cis-gender.

In this research, the participants seemed to say that "experiences of oppression" around gender can be seen through someone's *feeling of not fitting* or *gender dissonance*, people having to *rehearse* facing assumptions, or through *gender policing*, *limited access* and *pathologizing*. Within their interviews, the participants discussed how **societal assumptions** around gender influenced the individuals. Moreover, the existence of exclusive labels to describe certain groups of people was one of the aspects of these **societal assumptions** discussed by participants.

2.3. Labels. During the interviews, the three drama therapists used many different terms to talk about different groups of people. They mentioned many times the lesbian-gay-bisexual-transgender-queer-questioning-asexual (LGBTQQIA) community, using different

acronyms, as groups of people who question gender more than others. Among different labels and categorizations that the participants used to describe as individuals who were not in the mass, the word *queer* often came up. Especially for participants 1 and 3.

Participant 1: So for me when I say that it's sort of this encompassing word [Queer] that encompasses the spectrum of sexuality as well as gender. This is kind of an all-encompassing word for me, not everybody identifies with it, not everybody will use it.

Participant 3: I think it depends what generations you come from. I think an older generation identifies queer as a word that was derogatory, used by straight people too much like the “n” word or “r” word, and for younger generations it's a reclaiming of that. It's not an either or, it's a yes and in between. [...] I think whoever I'm talking to I need to clarify what being queer means to them.

For these participants, it seemed that the word *queer* is both related to sexual orientation and gender identity. It is a word that shows difference from the norm. Participant 2 also commented on the word *queer* and how for older generations, it can be seen as derogatory, but not necessarily for younger people. To connect their clinical practice with the concepts of gender identity, gender expression and assigned sex, the acronym *LGBTQQI* and the concept of *queer* seemed to be important.

Overall, the theme of **societal expectations** appeared as being important in the way the participants made sense of their practice in relation to gender concepts. Emergent themes related to this section were “cis-gendered assumptions”, “experience of oppression”, and “labels”. A third main theme that seemed to be part of the way the participants connected their practice to the gender concepts was how these concepts actually take place in their **clinical practice of drama therapy**.

3. Clinical Practice of Drama Therapy

This section presents the last main theme of the research: **clinical practice of drama therapy**. The participants explained that knowing the concepts of gender identity, gender expression and assigned sex impacted their clinical practice. The related themes are the “influence of being cognizant of gender concepts,” “influence of workplaces,” and “recommendations for a gender-informed drama therapy practice (See Table 4).”

3.1. Influence of being cognizant of the gender concepts. During the interviews, the participants expressed how “being cognizant of the gender concepts” influenced their practice. Influences like having an *inclusive vocabulary, using the intersectionality perspective, avoiding stereotypes and being more alert*. All participants explained that they use *inclusive vocabulary* in the official forms they use with their clients.

Table 4. Theme three: Clinical Practice of Drama Therapy

Themes	Related ideas		
3. Clinical Practice of Drama Therapy	<u>Participant 1</u>	<u>Participant 2</u>	<u>Participant 3</u>
3.1. “Influence of being cognizant of the gender concepts”	<ul style="list-style-type: none"> * <i>Inclusive vocabulary;</i> * <i>Intake forms;</i> * <i>Try to void assumptions.</i> 	<ul style="list-style-type: none"> * <i>Inclusive vocabulary;</i> * <i>Intake forms;</i> * <i>Being more alert to gender issues.</i> 	<ul style="list-style-type: none"> * <i>Inclusive vocabulary;</i> * <i>Intake forms;</i> * <i>Intersectionality;</i> * <i>Doing a lot of validation of non-stereotypical play.</i>
3.2. “Influence of workplaces”	<ul style="list-style-type: none"> * <i>Need for education.</i> 	<ul style="list-style-type: none"> * <i>Not understood in the workplace;</i> * <i>Institutional push-back;</i> * <i>Lack of training.</i> 	<ul style="list-style-type: none"> * <i>Discomfort of colleagues around non stereotypical play;</i>
3.3. “Recommendations for a gender informed drama therapy practice”	<ul style="list-style-type: none"> * <i>Use physicality of drama therapy;</i> * <i>Role training;</i> * <i>Laboratory space;</i> * <i>Sound and movement;</i> * <i>Research, dialogue, action.</i> 	<ul style="list-style-type: none"> * <i>DvT</i> * <i>Use of inclusive pronouns, non-binary questions;</i> * <i>Having an awareness of heteronormative language;</i> * <i>Self-education;</i> * <i>Self-reflection.</i> 	<ul style="list-style-type: none"> * <i>DvT;</i> * <i>Loosen up rigidity around identity;</i> * <i>Keep up with the body of knowledge;</i> * <i>Intersectionality;</i> * <i>Aware of microaggressions.</i>

Participant 1: Advertising and in promoting that practice and making sure that’s affirmative, it’s advertised as affirmative from the get go, that’s put out first, that’s put out there and in engaging people from the beginning. Asking questions, asking openly, asking about the identity and pronouns and showing an opening in other forms of identity. So in the paperwork, in those initial engaged questions, being inclusive. [...] In terms of asking questions around how people identify, which pronouns they do, how they identify sexually wise, gender wise.

Participant 2: I've made adjustments in the questions I ask. For example, every patient that comes in has to have an assessment. So, when I do the assessment, I'm really conscious of my language.

To talk about inclusivity, participant 3 referred to the concepts of *intersectionality* to look at identity from an inclusive perspective. Inclusive language and questions in the intake process with clients are concrete actions related to being cognizant of the notions around gender. Another influence that the participants brought up is to *avoid perpetuating the stereotypes*. Participant 1 explained that they try to avoid assumptions and participant 3 describes how they validate children in their play to avoid stereotypes.

Participant 1: I think that the joy of being aware in a practice is to try to not make these kind of assumptions, to not assume that somebody presents one way that means that they identify a certain way, to sort of strip down the assumptions.

Participant 3: Doing a lot of validation, allowing them [children] to play within and support whatever decisions they're making around their play which in a larger society we assign power to or disempowerment to.

Another influence the participants talked about was how their awareness helps them notice more the struggles of their clients dealing with gender issues. Using an example they witnessed in a group they run, participant 2 described this as being more *alert*.

Participant 2: They're [clients] all sitting in silence, and someone says, "Somebody called me a boy the other day" and I said: "oh." So for me then that becomes a question, that doesn't become a "wow they shouldn't have done that," it becomes a question: "what was that like?" She said, "Well, I kind of liked it." So that's more information for me. Maybe part of what she was saying to me, which I was alert to, was "I don't know if I belong in the women's group." How do I include her when it's called a women's group? Maybe not everyone is on the white and black male-female.

Someone who doesn't know about the concepts of gender identity might not have known how to react.

3.2. Influence of workplaces. Even if the participants are aware of the concepts, not every workplace they work at is. Participants explained that even if they were aware, it was sometimes hard to make it inclusive in an institutional way because they sometimes felt as the

gender concepts are *not understood* in their workplace. Participant 2 gave an example of how transgender individuals are sometimes treated because of *lack of knowledge* in the workplace and participant 3 talked about the *discomfort of some colleagues* around children playing with non-stereotypical toys:

Participant 2: We're not really supposed to say anything about it [gender], they're here for a treatment of depression, we're not going to address the gender, and anything related to that. There's a whole level of discrimination that they're experiencing, and the reason behind that is because the staff are just not educated enough. So rather than educate the staff or even finding who can educate the staff, they're [institution] just not taking the time, cause that's another thing, they'd have to pay for the time in trying to educate them, that's a lot of money. [...] So instead of doing that we're just gonna pretend that transgender individuals are invisible. And it's not just gender, not just transgender, it's often race. We're just going to pretend they're invisible, because they have a mostly white, middle-class, staff.

Participant 3: And there's definitely times where other staff are uncomfortable with seeing [kids playing like] what they assume assigned sex should be doing so that definitely comes up.

When the participants connect the concepts to their clinical practice, the theme of “the influence of workplace” emerged. In order to consider their practices as inclusive, it seems that participants require their greater workplaces to promote inclusion and education around gender issues.

3.3. Recommendations for a gender informed drama therapy practice. During the interviews, the participants gave many examples of how drama therapy can be used when working with gender in mind. They expressed the aspects of drama therapy that make it an effective approach to such issues, like its *physicality*, the *laboratory space*, *gender neutrality of sound and movements*, *DvT*, *guidelines*. The drama therapists interviewed also suggested some guidelines and gave recommendations to have a gender informed practice. One of the positive aspects of drama therapy that the participants mentioned was the physicality.

Participant 1: The power I think lies in our ability to take something and put it in the body and put it into a physical holistic way to be able to identify something.

[...] So there's a very concrete beauty in our ability to take on roles. Even the role training aspect. So that's what sticks out for me, I think is the most salient pieces of how drama therapy is effective. Also, it's providing that space for people, the laboratory space, it's a safe place and we don't have many safe places. I think any person in this world doesn't always have a safe space to express gender on any level, like trans, cis, straight, whatever, we're all gendered, we're all policed, and so this idea that we can strip it away, I can be whatever kind of man I wanna be in this minute. I think that's truly the value of it.

The idea of drama therapy as a laboratory where people can improvise was important for participant 1. They explained also that using sculpts, sound and movements was helpful for their *gender neutral aspect*. Improvisation was an important aspect of drama therapy for all participants. For participant 3, the main approach was *DvT*.

Participant 3: Especially in *DvT*, you're working with trying to loosen up rigidity, whatever rigidity people have in their play or that's related to their mental health. Identity is an important piece of the work, but it's also important to myself or to clients how you identify, or want to be recognized for that. But there's also this edge I think around how tightly am I gonna hold on to that identity. Am I gonna hold on to it so tightly to that I will be violent or intolerable? So I think there's again this flexing around, when you're not getting what you want. I'm just thinking about the times where there were clients who were very like "I want to be recognized for my gender identity or expression and because I'm not getting what I want I'm acting, doing these behaviors, and it's disruptive to the way I attach to people." So I think the work is "how can you be ok with yourself when others are not ok with you."

Participant 3 explained how using *DvT* can contribute to explore gender identity and expression behaviors with clients. *DvT* was also an inspiration for participant 1 and 2 for the flexibility and *embodiment* it allowed.

Other than the techniques of drama therapy, the recommendations of the participants were also about guidelines to keep in mind when attempting to have a gender-informed practice. Participant 2 gave a list of advice they personally used in their practice:

Participant 2: Ask what pronouns people use; include non-binary questions about sex in forms, be aware of heteronormative and cis-normative language; try to reframe using inclusive language; avoid labeling; be okay with the unknown or the exploration. Do your own reading, research and self-education – rather than relying on clients to educate you; explore your own assumptions, relationship and privileges related to sexuality and gender; if you're unsure of pronouns or preferred names, just ask, then remember and use the correct terms; resist commenting on physical appearance, ability to pass, etc.

Those recommendations given for practitioners who wish to be more inclusive were similar to those given by participant 3:

Participant 3: Just like in any particular field you need to be keeping up with the body of knowledge. I think these issues of intersectionality, of gender, race and all the other identities are major components and are always in play. It's not whether there is or isn't, it always is. It's how you think about it in an integrated way. So I think it can be detrimental if a white person is not able to acknowledge their whiteness in relationship to the community of color that they're working with, the clients of color that they're working with. That can be detrimental because there are microaggressions. There are implicit messages around who should have power or who is validated or not, and if you're not on top of your game on that you can really do some damage in terms of the messages you're giving, or how you're working with the clients.

Being aware and knowledgeable about *intersectionality* theory was an important criteria of what made a competent gender informed practitioner for participant 3. Participant 1 also gave their recommendations that took form of questions:

Participant 1: Key is research, education, dialogue and I think of what I called action is really to, how do we show what we're doing? How do we really take drama therapy, what is a queer drama therapy? What are we really thinking about that? And that we need to branch out to other allied professionals.

Here, participant 1 refers to the word “queer” as a theory that could help in developing a gender-informed drama therapy practice.

Overall, to connect the concepts of “gender identity”, “gender expression” and “assigned sex” within their clinical practice, the definitions of the concepts took a lot of importance in the interviews. This is why I used them as themes. The drama therapists interviewed brought up ideas like *vocabulary complexity, internal sense, male-female binary, spectrum, performance, a sense of “out”, comfort, stereotypes, anatomy VS biology, gender roles, sense of mismatch*. I regrouped these ideas under the theme of **gender concepts**, since they were related to how the participants made sense of these terms.

The second main theme was **societal expectations** and contained the related themes of “cis-gendered expectations”, “experience of oppression” and “labels”. Ideas and discussions about the topics of *assumptions, dominant narratives, not fitting, rehearsal of self, gender policing, gender dissonance, pathologizing, limited access to things, LGBTQ, and Queer* were the inspiration of such a cluster of themes.

Finally, through the discussions with the participants, examples and cases from their professional experience were brought up, which led to the third main theme of **drama therapy clinical practice**. The three related themes were “the influence of being cognizant of the gender concepts,” “the influence of the workplace” and “recommendations for a gender-informed drama therapy practice.” The ideas that led to those themes were *inclusive vocabulary, using the intersectionality perspective, avoiding stereotypes and being more alert, not being understood in the workplace, colleagues not educated on gender, the discomfort of some colleagues, using drama therapy for its physicality, as the laboratory space, the gender neutrality of sound and movements, and DvT*.

Ch. 5 DISCUSSION

The question of this research is “How do drama therapists who are already cognizant of the concepts of gender identity, gender expression and assigned sex connect these concepts within their clinical practice?” After interviewing three drama therapists and analysing their accounts, the main emergent themes were gender concepts, societal expectations, and drama therapy clinical practice. This section will look at each of these main themes and connect them with existent literature to enlighten the findings.

The Theme of Gender Concepts in Literature

In general, the themes of “gender identity”, “gender expression” and “assigned sex” were discussed similarly from one participant to another and also similarly to literature (Centre for Addiction and Mental Health, 2007; Eisner, 2013, World Health Organization, 2015; Serano, 2015).

Gender identity. For the participants, the theme of “gender identity” brought up a discussions about an *inner sense of gender* and a *sense of “self”* which is similar to examples found in literature about gender identity: “a person’s self-image or belief about being female or male. For example, some people with male biology may feel themselves to be female” (Centre for Addiction and Mental Health, 2007, p. 13). They also talked about the gender *continuum* which is the idea that male and female are the two sides of a gender continuum (Centre for Addiction and Mental Health, 2007).

Gender expression. The ideas the participants had about “gender expression” were also similar and related to literature. For example, gender expression can be defined in the literature as “how one presents their gender with clothes, actions and demeanor, based on gender norms” (Centre for Addiction and Mental Health, 2007, p. 57). The ideas of clothing, demeanor and gender norms were also present in the participants’ definitions. The interviewed drama therapists also explained that gender expression is not necessarily representative of someone’s felt gender identity. This idea that there isn’t necessarily a coherence between one’s gender expression and their actual gender identity is not as clear in literature (Ontario Humans Rights Commission, 2016; Centre for Addiction and Mental Health, 2007). According to participant 2, someone who was born male might decide not to express their felt gender if it’s closer to what society identifies as female, because of a fear of judgment. Gender expression is then an expression of *a* gender, but not necessarily one’s *own* gender identity.

Assigned sex. The third gender theme, “assigned sex”, was also described similarly to definitions I had previously looked into (World Health Organization (WHO), 2015; Eisner, 2013). The participants explained that the concept of assigned sex could be looked at through different lens: anatomical (genitals), biological (hormones and phenotypes) and social (gender roles) and was given at birth.

In sum, the three drama therapists interviewed had similar interpretations. The only difference was between the literature and the participants’ definition of gender expression.

When asked to link the gender concepts with their clinical practice of drama therapy, the participants connected the concepts to actual examples of clients and new ideas were discussed, which led to the second main theme of the research: **societal expectations**.

The Theme of Societal Expectations in Literature

The interviews then led to discussions about a second set of themes: “cis-gendered assumptions,” “experience of oppression” and “labels.”

Cis-gendered assumptions and experience of oppression. This theme included ideas like *dominant narratives* and *assumptions from society saying that gender identity, gender expression and assigned sex should align*. The concept of *genderism* in gender studies’ literature describes well what the participants were discussing:

An ideology that reinforces the negative evaluation of gender non-conformity or an incongruence between sex and gender. It is a cultural belief that perpetuates negative judgments of people who do not present as a stereotypical man or woman. (Hill & Willoughby, 2005, p. 534)

The term *genderism* itself was never brought up by the participants but they discussed the concept of oppression, which is also part of the definition of *genderism*:

Those who are *genderist* believe that people who do not conform to sociocultural expectations of gender are pathological. Similar to heterosexism, we propose that *genderism* is both a source of social oppression and psychological shame, such that it can be imposed on a person, but also that a person may internalize these beliefs. (Hill & Willoughby, 2005, p. 534)

Participant 2 actually talked about how in some workplaces gender non-conforming individuals are *pathologized*, which is oppressive to the individuals. Another “experience of oppression” named by participants 1 and 2 was *gender policing*. The participants described how people are expected to behave in a certain stereotypical gender way and if they don’t, they are commented upon. In literature, *gender policing* is described as:

The ways in which individuals and groups attempt to regulate “appropriate” expressions of gender [...] mundane examples of how society polices gender include separating locker rooms, restrooms, and clothing departments by gender. On an individual level, anyone who has cautioned a stranger walking into the “wrong” public restroom has policed someone else’s gender. (Drescher, 2015, p. 69)

Participant 3 actually mentioned the current debate in the United States about transgender individuals going into public bathrooms. In spring 2016, in the United States, there were a lot of discussions around access to bathrooms for transgender and gender non-conforming individuals as President Obama's administration required that all schools receiving federal funding give "equal access to school facilities consistent with a student's gender identity" (LGBT Bar Association of Greater New York, 2016). These kinds of regulations aim at fighting discrimination. In Canada, Bill-204 addresses discrimination based on gender identity and gender expression: "Bill C-204 amends the *Canadian Human Rights Act* to include gender identity and gender expression as prohibited grounds of discrimination" (Bill C-204, 2015). The bill was first read in December 2015 but no concrete actions were taken since. Laws can transform the life of gender non-conforming individuals, but it could take time before daily gender policing and discrimination based on gender is eradicated.

When talking about discrimination, the participants in the research brought up the concepts of *intersectionality*, privilege and oppression. Participant 2 and 3 pointed out that discrimination is rarely only about gender but also and often about race, culture, class, ability, age and ethnicity. To connect the gender concepts to their practice, the participants of this research referred to the analytic lens of *intersectionality* which is a way to analyze and understand that discrimination is systemic and multilayered (Sajani, 2013). In other words, one person might be marginalized in some way for their gender identity but be privileged in others aspects such as citizenship. Participant 3 expressed how looking at those different aspects of identity of their client was important. Also discussed in the literature review of this research, the theory of *intersectionality* is crucial in a social justice perspective. It appears that the interviewed drama therapists take a social justice perspective in their practice.

Labels. In the description of gender aspects in identity, different labels came up for the participants, such as *LGBT* and *queer*. As defined in the literature review, the acronym of *LGBT* is often referred to when gender is studied. Each individual of this group lives different experiences. In their recommendations, participant 2 suggests to professionals who want to have a gender-informed practice to not use labels with clients unless they use it themselves. Not everyone might feel like they are part of the *LGBT* community because they identify as gender non-conforming. Some studies actually describe how there are tensions among the *LGBTQQI*

community because of discrimination and of lack of understanding (Farmer & Byrd, 2015; Morrison, 2010; Nagoshi et al., 2014).

When discussing gender, the “label” *queer* appears both in the literature and in the participants’ excerpts as an important word to be aware of. The three participants in this research have explained that *queer* is a word that is often used differently depending on who is using it. Participant 1 described it as being an encompassing word and participant 3 as a word that doesn’t mean yes or no but rather “in between.” This is similar to what Serrano (2015) argues:

One can use the word ‘queer’ as an umbrella term without making any additional assumptions about individuals who fall under that umbrella. Indeed, I personally do not believe that any two given queer people necessarily have anything in common with one another other than the fact that they are both viewed by society to be “not straight.” (p. 13)

Also, when using the “label” *queer*, participants 1 and 2 referred to *queer theory*. Participant 1 talked about how interesting it could be to look more into queer drama therapy. Moon (2008) argues that applied to counselling, queer theory “invites us to focus upon the issue of power in therapeutic practices, especially the ways in which power operated through the (discursive) construction and reconstruction of truth(s) about the client’s self” (p. 7). Similarly to the *intersectionality* approach, *queer theory* explores oppression and power. In connecting the concepts of gender identity, gender expression and assigned sex to their clinical practice, the participants referred to these two critical theories. It seems that to have a gender-informed practice, the interviewed drama therapist took a critical lens.

In this research, the participants referred to the importance of the individual experience through the intersectionality lens while naming the existence of larger communities such as LGBTIQQI as a group of people who can have common experiences. The participants also often referred to *cis-gendered* individuals. When the participants explained that even cis-gender individuals felt trapped in a gender box, it showed that for them, exploring gender doesn’t belong to a specific group of people. It seemed that in connecting the concepts of gender identity, gender expression and assigned sex to their clinical practice the participants needed to focus on the experience of their clients as people who are both individuals with idiosyncratic characteristics and at the same time who are part of a larger society and social groups. In the

participants' making sense of their experience, themes directly related to the **clinical practice of drama therapy** also came up during the interviews. The next section will address those.

The Theme of Clinical Practice of Drama Therapy in Literature

When discussing with the participants, they referred many times to their **clinical practice**. Within this third main theme, the participants talked about “the influence of being cognizant of the concepts,” “the influence of workplaces” and “recommendations for a gender-informed drama therapy practice.”

Influence of being cognizant of the concepts. All the participants mentioned the importance of having an *inclusive language* with their clients. For example, the participants use gender neutral pronouns. In literature about gendered language, Bigler and Leaper (2015) argue that language is crucial in the way one develops their understanding of gender. “Gendered language contributes to sexism by making gender salient, treating gender as a binary category, and causing stereotypic views of gender” (p. 187). Because of the negative impacts of gendered language, Bigler and Leaper suggest the use of gender neutral pronouns, which the interviewed participants already do.

Influence of workplaces. A second aspect of the theme of **clinical practice** is the “influence of workplaces.” The participants explained that depending on where they had worked, their colleagues reacted differently to work related to gender. For example, participant 2 expressed that in institutions like hospitals, it can sometimes be *hard to be recognized* and acknowledged for work related to gender since the terms of gender identity, and gender expression and assigned sex are *not understood by everyone*. Workplaces and institutions with cis-gender dominant narratives can be challenging for some individuals who work outside of these narratives. Participant 3 explained that one of the problem of not being educated are microaggression, which can be defined as:

the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. (Sue, 2010, p. 3)

An important aspect of microaggressions is that they “are often delivered by good-intentioned and well-meaning individuals who unconsciously hold biases and prejudice” (Shelton & Delgado-Romero, 2013, p. 60). Therefore, they often go unnoticed. Due to a lack of education, staff and

therapists can make microaggressions. In a research looking at the personal reactions of clients to microaggressions in therapy (Johnson, 2015), it was shown that microaggressions in the context of therapy can affect the therapeutic relationship negatively. Other impacts of microaggressions in therapy were decreased self-worth, negative self-attributions, shame, self-doubt, invalidity and invisibility, isolation and frustration. Working in places where staff is not educated about gender can create oppressive experiences for individuals. The participants suggested to get education to avoid microaggression and they gave general recommendations for those who want to include gender concerns in their practice, which formed the third theme.

Recommendations for a gender-informed drama therapy practice. In the recommendations given by the participants, there was the encouragement of using *embodiment* to explore gender. For example, the interviewees talked about the *physicality of drama therapy*. Clients can take on roles and move with it. According to, Judith Butler (1990), “gender ought not to be conceived as a noun or a substantial thing or a static cultural marker, but rather as an incessant and repeated action of some sort” (p. 112). Butler’s conception of gender is also well known for her description of it as “performativity.”

We say something, and mean something by what we say, but we also do something with our speech, and what we do, how we act upon another with our language, is not the same as the meaning we consciously convey. It is in this sense that the significations of the body exceed the intentions of the subject. (Butler, 2004, p. 198)

In this sense, participants said it can be effective to use drama therapy for its *embodiment* aspect because it allows the exploration of gender through movement. It could be helpful for individuals wanting to find new or different ways of expressing that correspond better to one’s internal sense of gender or to how someone wishes to express. As mentioned in the literature review, the work of the dance/movement therapist Allegranti (2009) is related to this embodiment of gender. Drama therapists also have tools like embodiment that other therapies don’t have. The participants of this research project mention the importance of using those tools.

The three participants also talked about the use of Developmental Transformations (DvT) as a technique they use with their clients. For example, participant 3 explained that they found DvT helpful for their clients to play with instability and try to loosen what is too rigid. According to Johnson (2014), the use of the playspace in DvT, which “by definition is always

becoming, and as such is incomplete, inexact, untrue” (p. 72) helps the client face instability. In DvT, the client learns to become more comfortable or at least less scared of instability. Participant 1 gave the example of playing with different roles and expressing gender in many ways through play as a way to use DvT to get more comfortable with instability.

Another recommendation given by the participants was to *follow the clients’ lead*. All three interviewees explained that it was important not to force themes onto clients. Participant 1 described how when they started their career, they wanted everyone to go through their “gender journey” but that it was not everyone who was interested. For the participants, it is important to find the balance between this humanistic perspective and the importance to talk about privilege and oppression. In a research about microaggressions in therapy (Owen et al., 2014) the researchers suggest that “therapists should develop strategies that are consistent with a general therapeutic approach that promotes discussions about their clients’ racial/ethnic heritage and, most importantly, attend to the therapeutic relationship” (p. 289). In other words, even if it can look contradictory to ask a therapist to be client-centered and at the same time discuss social justice issues, it’s not. Education, humility and curiosity are attitudes that can be useful in situations where microaggressions are discussed (Owen et al., 2014). When connecting the concepts of gender identity, gender expression and assigned sex to their clinical practice, it seems that for the participants it was important to discuss the subjects with the clients but not to force it on them. Using the intake forms and interviews as moments to open the discussion was also suggested by the participants.

Other than techniques and methods related to drama therapy, the recommendations of the interviewees were also general advice for drama therapists who want to have a gender informed clinical practice. One recommendation gave by the participants for drama therapists was to keep oneself educated about different topics such as gender. For example, the participants recommend to be educated on different subjects to avoid microaggressions. Johnson (2015), explains that “if therapists notice and address microaggressions, this can restore or repair the strength of the therapeutic relationship. Thus, when therapists have the skills to address their own microaggressions they can better prevent harm to their clients” (p. 162). In the code of ethics of the North American Drama Therapy Association (NADTA), it is mentioned that “A drama therapist is informed of new clinical developments related to their practice, continues to develop their professional skills, and maintain their credentials through continuing education” (NADTA,

2015). It is important for drama therapists to continue developing their knowledge of topics that are new to them.

In sum, to connect the concepts of gender identity, gender expression and assigned sex to their clinical practice, the three drama therapists interviewed referred to ideas that I regrouped under the themes of “gender identity,” “gender expression,” “assigned sex,” “cis-gendered assumptions,” “experience of oppression,” “labels,” “influence of being cognizant of the gender concepts,” “influence of the workplace” and “recommendations for a gender-informed drama therapy practice”. I regrouped those ideas in three different main themes: **gender concepts**, **societal expectations** and **clinical drama therapy practice**.

Analyzing the data with gender studies and social justice literature, I was able to interpret the participants’ accounts. In general, I was able to find relations between literature and the participants’ experience. Concepts and theories regarding *genderism*, *gender policing*, *intersectionality*, *LGBTQ counselling*, *inclusive language*, *microaggressions*, *DvT theory*, and *ethical guidelines* in drama therapy are examples of the ideas I used to make an interpretation of the participants’ experiences.

Ch. 6 Conclusion

This research looked at how drama therapists already cognizant of the concepts of gender identity, gender expression and assigned sex connect these concepts within their clinical practice. The chosen methodology was interpretative phenomenological analysis (IPA). I interviewed three drama therapists, then analyzed their narrative accounts to find the themes that seemed to describe the way they connected the concepts to their clinical practice.

With this method, I found three main groups of themes: the theme of gender concepts, the theme of societal expectations, and the theme of clinical practice of drama therapy. The group named gender concepts includes the themes of gender identity, gender expression and assigned sex. The participants defined how they made sense of these concepts. In the second group, the important themes were of cis-gendered assumptions, experience of oppression, and labels. In making sense of the gender concepts in their practice, the participants referred many times to the societal influence in one’s life. This is why this second group of themes was created. The last group of themes, clinical drama therapy practice, is composed of the themes of influence of being cognizant of the gender concepts, the influence of workplaces, and recommendations for a

gender-informed drama therapy practice. After finding the themes describing the experience of the participant's meaning-making, I analyzed the themes with the help of gender studies and social justice literature. For example the concepts and ideas of *genderism*, *microaggressions*, *gender policing*, and *LGBTQ counselling*, allowed me to analyse the data.

As an interpretative phenomenological analysis, this study doesn't aim at generalizing findings. The three drama therapists interviewed have their own background and experiences that influence their way of integrating the gender concepts in their practice. In future research, think it would be relevant to look at the experience of clients who explore gender concepts in drama therapy. For example, research that focuses on how drama therapy is helpful for individuals questioning their gender identity could develop the field further.

On a more theoretical level, analysing different drama therapy approaches in relation to gender concepts could also be beneficial for the advancement of drama therapy. For example, it could be useful to look at how approaches like the Role Profiles developed by Landy (Landy, Conner & McMullian, 2003) may or may not perpetuate the gender binary and how this impacts one's sense of gender in therapy. More generally, it would be interesting to look at how gendered roles impact clients who struggle secretly with gender. In a recent survey (Beauregard et al., 2016), drama therapists were asked how they know their client's gender identity and/or expression: "65% reported surmising this information based on assumption (i.e. speech, appearance, etc.)" (p. 51). If a drama therapist assumes their client's gender identity to be female when the person is actually identifying as non-binary, how does the therapist know if the client is ok with playing female characters? A gender-informed analysis of drama therapy approaches could help in developing new vocabulary and more inclusive approaches.

This research had the purpose to open a discussion about how it is possible to acknowledge the gender concepts in drama therapy. It is an invitation to have a dialogue about how drama therapy can continue developing as an affirmative and inclusive practice.

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Appendix A

INFORMATION AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: Drama Therapy practice and the concepts of gender identity, gender expression and assigned sex: an interpretative phenomenological analysis

Researcher: Marjorie Poirier

Researcher's Contact Information: marjoriepoirier@live.ca , 450-701-0740

Faculty Supervisor: Jason D. Butler, PhD

Faculty Supervisor's Contact Information: Jason.Butler@concordia.ca

(514) 848-2424 ext. 4872,

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to understand the connection drama therapists acknowledging the concepts of assigned sex, gender expression and gender identity make between these concepts and their clinical practice.

B. PROCEDURES

If you participate, you will be asked to answer questions in two 60-minutes interviews about the connection you make between the concepts of gender identity, gender expression, and assigned sex and your clinical practice. In total, participating in this study will take 2-3 hours.

As a research participant, your responsibilities would be: to answer to the questions during the interview, to reflect on the findings.

C. RISKS AND BENEFITS

While minor, it is possible that you might face certain risks by participating in this research. These risks could include: questioning your practice as a therapist and feelings of uncertainty.

You may or may not personally benefit from participating in this research. Potential benefits include: A deeper understanding of the connection between the concepts of gender identity, gender expression, and assigned sex and your drama therapy practice.

This research is not intended to benefit you personally.

D. CONFIDENTIALITY

We will gather the following information as part of this research:

Level of education (i.e. MA Drama Therapy)

By participating, you agree to let the researchers have access to information about your views about the way you connect your drama therapy practice and the concepts of gender identity, gender expression, and assigned sex. This information will be obtained from interviews.

We will not allow anyone to access the information, except people directly involved in conducting the research, and except as described in this form. We will only use the information for the purposes of the research described in this form.

To verify that the research is being conducted properly, regulatory authorities might examine the information gathered. By participating, you agree to let these authorities have access to the information.

The information gathered will be anonymous. That means that it will not be possible to make a link between you and the information you provide.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name.

We will protect the information by keeping in secure places (locked areas, or password-required spaces).

We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

For withdrawal, you will have one month after the first interview to signal if you want to withdraw.

We will not be able to offer you compensation if you are injured in this research. However, you are not waiving any legal right to compensation by signing this form.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) _____

SIGNATURE _____ DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page I. You may also contact their faculty supervisor. If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix B

Interview Guide

The purpose of the research is to understand how drama therapists who are already cognizant of the concepts of gender identity, gender expression, and assigned sex connect these concepts within their clinical practice.

This interview will last approximately one hour. I will ask you to answer at the best of your knowledge. For each question, I will copy paste it in Skype, plus I will read it out loud. Please take your time to answer and don't hesitate to expand.

I will take notes during the interview.

If at any moment you have a question, please ask.

Do you have any questions before we begin?

- 1- What are the theoretical influences that guide your drama therapy practice?
- 2- How do you define the concepts of
 - a. Gender identity?
 - b. Gender expression?
 - c. Assigned sex?
- 3- How does your awareness of the concepts of gender identity, gender expression, and assigned sex influence your practice?

Can you give me an example?

- 4- Have you made adjustments in your practice in order to acknowledge the concepts of gender identity, gender expression, and assigned sex?

If so, what are they?

Can you give me an example of a situation where you had to make an adjustment?

- 5- Can you give me examples of drama therapy exercises related to these concepts that you do with your clients?

- 6- How does the population you work with influence the way you connect the concepts of gender identity, gender expression and assigned sex to your clinical practice?

Can you give me an example of a time when it happened?

What if the clients don't acknowledge those concepts?

- 7- How would you describe the potential challenges for drama therapists acknowledging the concepts of gender identity, gender expression, and assigned sex in their practice?
- 8- How would you describe the potential benefits for drama therapists acknowledging the concepts of gender identity, gender expression, and assigned sex in their practice?
- 9- In conclusion, do you have any recommendations about how the field of drama therapy could be more aware of the concepts of gender identity, gender expression, and assigned sex?