Engaging My Age:

An Autoethnography by a Young Female Drama Therapist-in-Training

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Abstract

The introduction of millennials into the North American workplace has spawned questions in today's society, as their values differ from the generations previous. Younger people are becoming therapists, and some find this cause for alarm. Consequently, therapy interns and therapists-in-training are often discriminated against purely based on the assumption that they are "too young" to be qualified. This researcher-participant investigates the lived experience of a young female drama therapy student as she encounters ageism and sexism. In order to review her own experience and to critically analyze it, autoethnographic writing is utilized. Results indicate that discrimination has a negative effect on workplace satisfaction and a trainee's ability to practice. In the future, it would be of great benefit for the scholarship on clinical training to produce more research on female and young therapist narratives.

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I would like to thank all of the women throughout history and in my life that have pushed boundaries, stood up for their rights, taken risks, and made their voices heard. You have inspired me to do the same and continue breaking new ground.

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Introduction

As the youngest student in the drama therapy master's program at Concordia, I feel as though I was treated differently than my peers because of my age. When I was not being called "Baby Bailey," I was jumping up for any class exercise I could, advocating for drama therapy in my daily life, and acting as professionally as I knew possible, in efforts to prove myself as worthy of becoming a drama therapist. As I constantly exhausted myself trying to be one-hundred percent present in all situations, I searched for anything that would tell me I was not alone in my trials and tribulations. I scoured the internet for anecdotes similar to what I was going through, always kept a guide to "self-care" in my bag, and repeatedly sought out a personal therapist that fit with me "perfectly" more times than I would like to admit. Over time, I realized my deep-seated need to excel was directly related to my age and my being female. Since I could not find anyone else that echoed my difficulties, I set out to attempt to do it myself. Therefore, this research focuses on the experiences of females in their early twenties as they train to be mental health professionals while encountering two major areas of discrimination, sexism and ageism. The research question is "How has age influenced the lived experience of a female in her early twenties while training to be a drama therapist?"

There is a significant gap in the literature surrounding what young females go through when they are training to be mental health professionals. While there is a growing number of younger people working in the professional world, according to Huyler, Ding, Norelus, & Pierre, 2015, and the current majority of therapists are females as evidenced by the APA in 2018, there has not been much research addressing female clinicians (or clinical trainees) in their early twenties. Small sample studies surrounding sexism in therapy programs have been written in detail but only address the male perspective or experiences within sports psychology (Isacco, Hammer, & Shen-Miller, 2016; Roper, 2008). There is a large body of research surrounding workplace age-discrimination and its effects on employees, both young and old (Snape & Redman, 2003; Roscigno, Mong, Byron, & Tester, 2007; Correll, Judd, Park, & Wittenbrink, 2010; Boone James, McKechnie, Swanburg, & Besen, 2013). Additionally, there are few studies detailing the gender dynamics between clients and therapists (Carter, 1971; Elliott, Lowenthal, & Greenwood, 2007; Proctor, 2008). However, I was unable to find literature that studied young female clinicians experiencing workplace discrimination. To address this gap, the research will combine

the existing literature and the autoethnographic writing process, concluding with findings and future applications.

With my background in theatre spanning back to my toddler years, I feel very comfortable seeing things like a script. As my training in drama therapy went on, I found myself drawn to writing scripts. Since many autoethnographic approaches include an artistic component, I decided I would combine the methodology with my playwriting desire by including scripted scenes of situations I encountered.

I am interested in how a research methodology instilled with inspiration from drama therapy can communicate personal experiences that could benefit other young females becoming therapists. It is not easy to become a therapist overall, but when confronted with discrimination regularly, it can be substantially more difficult. If I were able to comfort the next generation of drama therapists and female clinicians by sharing what I went through and discovered, I believe it would make a beneficial contribution to the field.

Position of the Researcher

Throughout the paper, the reader will achieve an understanding of my social and emotional position through the inclusion of personal anecdotes, background information, and relevant literature related to my (the researcher's) experiences. There are several main assumptions I hold that will play into the topicality of the research. It is a pivotal belief for me that people should continue bettering themselves and the world around them throughout their lifetime. I believe people should constantly seek out new knowledge or new connections to previously learned knowledge. These two beliefs will play into the research because they have impacted my journey as a student as well as my journey in becoming a therapist. In the clinical sense, when people come to therapy, I believe that they are trying to find or create a better version of themselves. In order to do that, I think people need knowledge, and in the case of therapy, that is often based in insight. I am biased in this belief because I come from a western society that highly values knowledge and self-actualization. Additionally, I had the privilege of primary, secondary, and post-secondary education that enforced these beliefs. Part of that privilege did come from being in the middle range of socio-economic status and being white.

Topically, I hold the belief that there are systems of oppression working against women in North America. Specifically in this paper, I will be addressing how working women in helping careers may feel treated differently than working men due to sexism in society. There are many factors that influence this belief including workplace treatment (Huyler et. al., 2015; Boone James et. al., 2013), existing psychological literature (Norcross & Guy, 2007), and personal experience. Another cross-section that I will be focusing on is the influence of age in these interactions. I have chosen this focus because I am a young adult female and I postulate that I am treated dissimilarly to young adult males or adults of any gender past their twenties.

Ethical issues came up in the first draft of the proposal as the project was initially going to focus on instances of ageism and sexism in my internship sites. Since there was no prior acknowledgement of research being conducted at either site, the proposal was recrafted to be more general about age and all of the experiences that it informs. Due to the personal nature of the project, it is important that I continued therapy with my own therapist to ensure permanent harm was not being done. As mentioned previously, I was also advised by several professionals both at my internship site and through the drama therapy master's program. It was the intention that this triangulation of sources would prevent the research from being too one-sided or personally overwhelming.

I chose this methodology because I believe that we are able to relate to and understand others when we hear or see their stories. By sharing in someone's human experience, we become more aware and interconnected. Much of the relevant research mentions how the field of therapy could be benefitted by having more writing on the human aspects of the researcher. This could help spark curiosity in other researchers (Spry, 2001; Snow, 2018), deepen readers' understanding of the intimacy in therapeutic relationships (Elliott et. al., 2007), and encourage critical exploration of the self in grander social contexts (Emunah, 2016; Spry, 2018). Additionally, I hoped that using autoethnography to explore an issue that was currently salient for me would aid me in self-discovery.

Operational Definitions

For the purpose of this study, "female" and "women" will refer to cisgendered individuals of the female sex. The term "cisgender," however, is "not indicative of gender expression, sexual

orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life" (transstudent.org, 2019). This is not to say that non-cisgender females do not also experience sexism.

Since this study is surrounding a student in training to be a therapist, there are several phrases that will be used to address this positionality. "Training to be a therapist" and "clinical trainee" will both address students currently seeking a degree or certification in some branch of therapy. Additionally, the word "intern" will refer to someone that is practicing a trade, in this case it is therapy, while they are supervised by professionals working in the field.

Discrimination can be defined as "behavior directed toward category members that is consequential for their outcomes, and that is directed toward them not because of any particular deservingness or reciprocity, but simply because they happen to be members of that category" (Correll et. al., 2010, p.46).

Literature Review

The field of drama therapy has only existed for approximately forty years. Though drama therapists like David Read Johnson, Renée Emunah, Robert Landy, Susana Pendzik, and Stephen Snow have been prolific in their writing, as a relatively new field, there is not a huge wealth of drama therapy specific literature. In order to dive deeper, the search must be expanded to the umbrella term, "creative arts therapies," and the other strong influencers like psychodynamic psychotherapy, psychodrama, analytical psychology, and Theatre of the Oppressed (Jones, 2007). There is even less information about the drama therapy training process (Emunah, 2016) or personal accounts of students completing the training, although there are many master's theses and research papers from the training programs (Snow, 2018). That being said, we know that therapists do not live in a bubble and are greatly influenced by external factors in their worldly context.

Though age discrimination is generally believed to discriminate against older people, that is not always true. Snape and Redman summarize that there are "...two interconnected dimensions of ageism: first, an ageist ideology of negative stereotypes, beliefs and attitudes and, secondly, age discrimination, consisting of behaviour that excludes certain categories of people and

disadvantages them relative to others solely due to their age" (2003, p.79). In this study, the phrases "ageism," "age discrimination," and "age bias" will be used interchangeably.

Just like our clients, therapists are not exempt from discrimination. After a meta-analysis of over 140 discrimination-related health studies, Pascoe and Smart Richman (2009) concluded that perceived discrimination significantly impacts both mental and physical health in a variety of ways (e.g., increasing the risk for physical illness, depressive symptoms, and psychological distress) (2009) which is also supported by studies in the US (Kessler, Mickelson, & Williams, 1999; Schultz, Gravlee, Williams, Israel, Mentz, & Rowe, 2006) and Canadian studies with immigrants (WHO, 2014; Agic, 2016). There is no way to control how or predict when discrimination will happen (Pascoe & Smart Richman, 2009), making it very difficult to develop appropriate coping strategies, especially when some instances of discrimination can be dangerous. With this danger in mind, the body tends to create a physiological stress response (Pascoe & Smart Richman, 2009), engaging the sympathetic nervous system that prepares for fight, flight, or freeze (van der Kolk, 2015). Prolonged or repeated exposure to stress-inducing discrimination can cause the body to be more physically reactive to any kind of potentially stressful social situations (Pascoe & Smart Richman, 2009). This can lead to being unable to relax when around other people, much like anxiety or trauma, eventually wearing down the body's defenses and increasing susceptibility to physical illness (Pascoe & Smart Richman, 2009; van der Kolk, 2015). Boone James and colleagues (2013) discussed the impact of perceived discrimination in the workplace and found that the higher frequency of perceived discrimination, the lower the amount of employee engagement. Becoming 'disengaged' with the workplace (or only doing what is "barely sufficient" as deemed by Carter, 2016) has become an issue, costing many businesses money for labor (Boone James et al., 2013). Findings by Snape and Redman (2003) suggest that age discrimination toward someone for being "too young" is just as common as workplace discrimination for being "too old." Most of the research that has been conducted on workplace discrimination surrounds older employees, opportunities for promotions, and the hiring process (Snape & Redman, 2003; Boone James et al., 2013; Huyler et. al., 2015). This does a disservice to the growing population of younger workers who cannot see themselves or their daily struggles reflected in the literature. With such a transition in the generations that are currently working, it would be beneficial to research what the entering employees are experiencing.

Though there is some debate about the year range, a Millennial is generally defined as being born between the years of 1982 and 2000 (Howe & Strauss, 1991; Huyler et al., 2015) as well as representing a separation from the ideologies of generations before them, like that of the 'Baby Boomers' (born 1945-1964). When looking at the bigger picture, Ng & McGinnis Johnson (2015) urge that "the exact boundaries defining a generation are much less important than shared historical events and experiences accompanied by social changes" (p. 121). In this study, "millennial" can also refer to the youngest generation in the workforce. Historically, millennials have collective experiences of higher divorce rates, increased debt (whether it be inherited from family or with student loans), and rapid technological change (Ng & McGinnis Johnson, 2015). Additionally, lower birth rates and an aging workforce with little hope of retirement have contributed to a shortage of skilled workers (Ng & McGinnis Johnson, 2015). There is a belief that the millennial generation has attached more meaning to their work life, causing them to place more importance on job satisfaction (Huyler et al., 2015), a sense of fulfillment, and opportunities for growth. One could argue these views contribute to why some millennials are becoming therapists, since meaning-making and helping others are a large part of the job. Millennials tend to believe that the workplace should be a comfortable place to work (Ng & McGinnis Johnson, 2015) that fosters creative expression and encouraging constant improvement (Huyler et al., 2015; Ng & McGinnis Johnson, 2015). Though it has been said that millennials have these positive qualities like a global perspective on life, a yearning for challenges (Ng & McGinnis, 2015), and a team-oriented view (Huyler et al., 2015), there are still negative stereotypes held against them. They are viewed as the least experienced in the workforce, incapable of waiting for delayed gratification, prone to shutting down when feeling left out (Huyler et al., 2015), likely to whine when they do not get what they want, and seen as more entitled than previous generations (Ng & McGinnis Johnson, 2015). Of course, these are stereotypes and do not necessarily apply to every individual that belongs to the category of "millennials."

Due to a shift in culture, the amount of younger people becoming therapists has increased significantly (APA, 2018). Part of the shift came from a change in the length of therapy programs, as well as the push for young adults to get jobs (or one could even say careers) as soon as they have received a college degree (Pointon, 2007). As per online articles and newspapers, some people seem to be initially disgusted by the idea of a twenty-something-year-old becoming

a therapist based on the societal assumption that therapy is an "expert field," meant for people in the middle of their life (Pointon, 2007). As one of their interviewees stated, "Naivety in the counselling room is not a good thing" (2007, p. 28). The majority of other interviewees insisted that people under the age of twenty-five have not had enough life experience to be professional or capable of truly listening to others (Pointon, 2007). Clients who have a therapist that is younger than themselves tend to wonder about the therapists' level of maturity, their clinical experience, and which one of them is more capable of providing care for the other (Carkhuff, Feldman, & Traux, 1964), or which one is the more "adult-like" adult. Pointon postulates that seeing younger therapists also makes people question what therapists actually do, what experience and tools are necessary, and how people are actually helped by therapy. While the clients may be expecting the therapist to be an expert on life experience (Pointon, 2007), the therapist has more to do with being an expert on fostering insight and working toward change (Carkhuff et al., 1964). That being said, the client is the only one that can ever be an expert on themselves, no matter the ages of the client and therapist or the length of the therapeutic relationship.

Specifically, therapy interns experience unique issues like forced termination, client transfers, and title discrimination. Though these are common issues for new or soon-to-be therapists to encounter, there is little written about these phenomena (Aafjes & Wooldridge, 2018) and even less are written with a beginning therapist in mind (Norcross & Guy, 2007; Trimboli & Keenan, 2010; Marmarosh, Thomspon, Hill, Hollman, & Megivern, 2017). Therapy students are generally required to partake in some kind of practicum or 'stage,' a term used in Montreal, in which they get to practice with clients while being overseen by academic and onsite supervisors. Since this is in coordination with their coursework, the practicum placement is often at the same time frame of the school year, meaning the therapy relationship will have to terminate at the end of the spring or winter semester (Trimboli & Keenan, 2010). It is difficult for any client to terminate with a therapist before treatment is completed or earlier than expected. Each client experiences the end of therapy differently, possibly triggering a multitude of feelings surrounding attachment issues, losses, or trauma as treatment is ending (Aafjes & Wooldridge, 2018). Some clients are then given the opportunity to transfer to a different therapist within the overarching organization where they were receiving therapy. Often, the therapists that they have been transferred to are going to be newer therapists or therapists still in training (Marmarosh et

al., 2017). The new therapeutic relationship after a transfer may already begin with some negative emotions surrounding how the previous therapeutic alliance ended, a necessary re-working of material that has already been addressed, or discrimination based on the client's preference of shared social locators with the therapist (Marmarosh et al., 2017). No matter the intern's age, it is highly likely that the title "intern" alone will create doubts in their ability to perform the job well (Reed & Holmes, 1898; Pointon, 2007). A client going into therapy is much more likely to initially believe a therapist is credible if their title denotes some kind of expert knowledge, like a doctorate or master's degree (Reed & Holmes, 1989).

Unfortunately, there is no easy definition of sexism (aka "gender discrimination") in today's society. The most current and concise definition comes from Bearman, Korobov, and Thorne in their 2009 article, *The Fabric of Internalized Sexism,* where they state that "Sexism is the systematic inequitable treatment of girls and women by men and by the society as a whole." (p. 11). People have likely held onto sexist beliefs internally since childhood without acknowledging them out loud. These internal assumptions may bleed into the actions of daily life unknowingly. For this study, I will also consider that sexism has more than one dimension. Glick and Fiske (1996) wrote that there are two general attitudes when it comes to sexism against women: hostile and benevolent. While most are familiar with the idea of hostile sexism, they explain that it includes antipathy, social distance, and negative stereotypes (Glick & Fiske, 1996). They define benevolent sexism as "a set of interrelated attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviors typically categorized as prosocial (e.g., helping) or intimacy seeking (e.g., self-disclosure)" (Glick & Fiske, 1996, p. 491). For example, Charlene Carter, a clinical psychologist based in Michigan during the 1960s and 70s, wrote an article stating there are significant advantages to being a female therapist. She specifies that female therapists may not be the right fit for every client, but that women therapists generally have a greater understanding of the developmental stages, a more natural sense of empathy, and could be the best fit for child patients, incarcerated women, and severely disturbed patients (Carter, 1971). Overall, there is an idea that benevolent sexism came from an initially well-intentioned place, supposedly meant to encourage women to engage in activities in which they were seen to excel. This is important for this study in discussing sexism toward young women in the field of therapy.

As time has progressed, less psychologists and therapists are male (Isacco et. al., 2016) and there are increasing percentages of female clinicians (APA, 2018; Crockett et. al., 2018). It is estimated that females make up more than sixty-five percent of psychologists in North America, which is a large change from the census even nine years ago (APA, 2018). Despite this fact, it has not changed the odds of female therapists experiencing sex-based discrimination. Sexism can be exhibited in a multitude of ways, with hostile or benevolent qualities (Glick & Fiske, 1996), blatantly or subtly (Benokratis & Feagin, 1995), intentionally or unintentionally (Benokratis & Feagin, 1995). Furthermore:

> Subtle sex discrimination has the following characteristics: (1) It can be intentional or unintentional; (2) visible but often goes unnoticed because it has been built into norms, values and ideologies; (3) it is communicated both verbally and behaviorally; (4) it is usually informal rather than formal; and (5) it is most visible on the individual rather than the organizational level. (Benokratis & Feagin, 1995, p. 82)

As previously mentioned, the concept of "benevolent sexism" toward women includes some stereotypes like having a maternal sense or being motherly (Carter, 1971; Yuracko, 2004; Proctor, 2008), being adept at household duties and organization (Yuracko, 2004; Proctor, 2008), being more in tune with their emotions (Carter, 1971; Proctor, 2008), better able to identify stages of development (Carter, 1971), and being more comforting in times of crisis than males (Carter, 1971; Proctor, 2008). In fact, there has been legislature passed in some of the United States that conclude sex discrimination is legal for some helping careers, like private nurses for people requiring at-home medical assistance (Yuracko, 2004). There is, of course, the flip side of this coin, hostile sexism. Stereotypes like women being physically weaker than men, unable to process large quantities of information, having innately sexual qualities or appearances, or being predisposed to emotional disturbances are still pervasive in our society (Carter, 1971; Proctor, 2008). There has been an increase of sexual assault against women shown in the media and this may contribute to the view that women are weaker or need more protection.

According to Elliott, Lowenthal, and Greenwood in their 2007 article, there is often some semblance of erotic or romantic transference mentioned in female therapist-male client dyads, yet there is no stable definition of what "erotic" might be. These otherwise sexual undertones in therapy between a female therapist and male patient may stem from the male tendency to use

sexuality as a defense mechanism when in situations where vulnerability is exposed (Elliott et al., 2007). Though erotic transference toward female therapists is rampant in media (articles from mentalhealth.net, VICE, Refinery29, psychiatryonline.org, etc.) and television or movies ("First Wives Club," "Step Brothers," "50/50," to name a few), the research to back it up was mostly done in the 1970s-80s, does not support the hypothesis that erotic transference is common, or is difficult to find (Carter, 1971; Guttman, 1984; Gornick, 1986; Schaverien, 2003; Elliott et al., 2007).

With the rise of client-centered types of therapy like play therapy, narrative therapy, developmental transformations therapy, and humanistic therapy, feminist therapy rose into the public eye. Feminist therapy focuses on the person, but also the context in which they live, stating that "Therapy is a struggle against oppression" (Conlin, 2017, p. 79). When the erotic transference or sexual expectations of men and women are acknowledged in the therapy space, it may make the client and therapist more comfortable when working through difficult experiences. Additionally, values of feminist therapy align with the autoethnographic research method.

Opening oneself up to share such personal issues of discrimination and self-discovery in a project like this can mean working through material in many ways. Emunah states, "It can mean letting go, taking hold of, coming to terms with, confronting, embracing, shifting, admitting, committing, forgiving, inviting, renewing, revolting, revisiting, recreating. Each individual and each issue is different, with particular features and complexities, so there are no formulas" (Emunah, 2015, pp. 74–5). In feminist therapy, there is a belief that mental health diagnoses are only a piece of the larger puzzle and the context in which a person lives must be considered (Conlin, 2017). This aligns with Pitard's (2016) assertion that context is very important to the autoethnographic writing and analysis. Jayne Pitard is an Australian teacher that used autoethnography with vignettes to explore her feelings when working with students from varying cultures. She outlined a system of analysis for vignettes, artistic responses, and written communication. Using a more relaxed method of analysis, Purdy, Protrac, and Jones (2008) incorporate their journal entries into their autoethnographic study about power and consent in a rowing team. They found that using journaling and further engaging with the material through autoethnography helped them to see the bigger picture and think more critically about where their biases came from (Purdy et al., 2008). Jeannie Wright, a New Zealand drama therapist,

detailed the process of taking research with you everywhere you go (2009) through autoethnography. Wright begs the question, "why are there so many stories written about the journeys of men and so few about women?" Females have a history of documenting happenings in journals, letters, and photo albums, so they may have more experience in writing their feelings to communicate them to others (Wright, 2009). Since this has been such a large part of the female history, Wright wonders if females have been their own therapists all along. This idea of self-therapy through writing is not a new one, it can be seen with Jung's "Red Book," Frankl's "A Man's Search for Meaning," as well as many others. Though it is not encouraged to act as your own therapist in the clinical sense, it is recommended to take the time to delve deeper into issues you are experiencing with writing, artistic creation, and reflection (Wright, 2009). Sarah Wall, a master's student in Alberta, used autoethnography to learn more about autoethnography by reviewing how the method was created and what has been written using the method over time. She discovered that there is no set or standard way of completing an autoethnography, as it comes down to personal belief and discovery (Wall, 2006). Therefore, she fights for autoethnography to be used more frequently, with more specificity, to explore salient issues.

Methodology

I chose to create a written autoethnography to explore the research question "How has age influenced the lived experience of a female in her early twenties training to be a drama therapist?" As Spry (2001) states, "Autoethnography can be defined as a self-narrative that critiques the situatedness of self with others in social contexts" (p. 710). I believe I have been (and continue to be) treated differently in society because of my age and gender. Since I cannot speak for the population of young female drama therapy students or clinical trainees as a whole, I resolved to focus on myself and my particular experiences within the culture of young professional women. I felt somewhat lost being the youngest student in my drama therapy master's program and longed for a way to communicate my journey to others, as well as explore what the process of becoming a therapist has changed in me. In order to do so, autoethnography encourages me to look forward and back at my own feelings of discomfort, times of growth, and learning moments (Spry, 2018). However, many of these experiences have been in relation to others, so the social "other" must be addressed as well. "There is no 'I' without others," Spry urges in her 2018 chapter, "as 'I' is created through sociocultural interactions with others in

contexts" (p. 638). Without being able to ask these "others" why they reacted to me the way they did, I am left with the way it felt in my body at that time. Much like Saldaña in his text *Ethnotheatre: Research from page to stage,* I have determined that art forms are a more effective way for me to communicate my observations of cultural, social, and situational phenomena (Saldaña, 2011) surrounding my age. Therefore, this autoethnography will also include scripted scenes based on situations I encountered. I believe autoethnography is the most appropriate method for my research because "[it] situates the methodological nexus of meaning making within the body and being of the critically reflexive researcher for the purpose of offering narratives transgressing normative and oppressive performatives" (Spry, 2018, p. 629). I feel as though I will be able to fill parts of the literature gap by communicating my drama therapy training experience and instances of age discrimination using autoethnographic text.

Steps and Type of Autoethnography

Though there are no known standardized steps of creating an autoethnography, I have chosen to follow the steps outlined by Tami Spry in her 2018 chapter in *The Sage handbook of qualitative research* as well as a form of "vignette analysis" outlined by Jayne Pitard in her 2016 article, *Using vignettes within autoethnography to explore layers of cross-cultural awareness as a teacher*. I found that there were parallels between the two sets of steps and created a visual aid to see the similarities (See Appendix A). After the topic has been chosen and some data gathered, Spry identified three steps for creating an autoethnography: embodiment as reflexive relationality, epistemology of practice, and beauty of clinical praxis (Spry, 2018). Embodiment, though it may be a large part of drama therapy, is not frequently a step in academic research. Since this project is looking at lived experiences, it is imperative that I, the researcher, take a step back to reflect on the relationships and challenges that were created through age-influenced interactions. Pitard (2016) further encourages researcher-participants to analyze their interactions or vignettes in order to reveal the many layers and perspectives that may be underneath. It is through this back and forth dialogue with the context (Pitard's Step One) of the situations that researchers are able to understand their social surroundings and distill new cultural meanings (Pitard, 2016). These are the interactions (or anecdotes, as Pitard calls them) that have stuck with me, leaving me in an "unsettled-I" state (Spry, 2018) where I may have inappropriately interpreted the Other. Pitard's Step Two is writing down the anecdotes. I

worked through the unsettled feelings with embodied exercises (like dancing, body scans, attending personal somatic experiencing therapy), journaling, or art responses. When using journaling to emotionally respond (Pitard's Step Three), reflect on my experiences, and begin my autoethnographic writing piece, I moved into Spry's second step, "epistemology of practice." Though Spry coined the term, "epistemology of practice" (2018), she was inspired by Ben Spatz's 2015 book, *What a body can do: technique as knowledge, practice as research,* in which he stated research using the body can be "an epistemological account of how knowledge relates to embodiment, materiality, and practice" (p. 23). Fully entrenching oneself in all levels of the research leads to meaning making (Spry, 2018). After taking a moral stance in this work, the reflexivity process of connecting thoughts, feelings, and knowledge encompasses the fourth step in Pitard's analysis. Since there will continue to be situations where I may encounter age discrimination or sexism, Pitard deems step five of the analysis process "developing strategies." Throughout the research, I had also been engaging in art-making, which Spry believes is a way of "remaking culture" (Conquergood, 2013, p. 55) and seeing the "beauty of clinical praxis" (Spry, 2018). The final step in Pitard's analysis is writing conclusive comments on the discovered layers (2016). A concise summary of the findings can help both the researcher and the reader digest the material. To further use my skills in theatre and expand on this beauty of critical praxis, some of the research will be synthesized in the form of script excerpts and personal reflection.

Data collection and analysis

Sources of data were collected from self-inquiry methods and art-based reflections. The data consisted of journal entries, emails, process notes, assignments for classes, previous performances for classes in the drama therapy master's program, and artistic expressions from the researcher during the time of the program. Data creation began before the research project was conceived. Throughout the journey of the drama therapy program, students are encouraged to keep a journal and continuously reflect on their personal experience. With the recommended journals, reflection papers, process note emails, and reflexive performances, there was a significant amount of data. These documents were reviewed by the researcher for themes, examples of perceived "othering," areas of personal growth, and experiences that caused a shift in perspective. Any particular instance of age discrimination or interaction that caused a

revelation was considered for a scripted scene. The scripted scenes were created with composite characters of the people involved as to avoid giving any identifying information of the person or the site where the encounter occurred.

Supporting literature and other research data were collected using multiple search platforms including Google Scholar, PsychInfo, Academic Search Premier, and Concordia's online Library Catalogue. For the research topic, I began with narrow searches like "female therapist ageism," "young female therapists," "female graduate student ageism," and "sexism toward female therapists." These searches did not yield many results, so keywords were generalized to "therapists and age discrimination," "female therapist discrimination," and "therapists in training." Many more sources were found this way, though several sources were not deemed reliable because of their author bias or a publishing date. Similarly, each of the aforementioned search platforms were searched regarding the methodology of autoethnography. Searches included "autoethnographic writing," "written autoethnography," and "performance ethnography." Additionally, I asked each of my professors and supervisors for any literature on the related subjects or methodology. Some of the sources received were research projects of prior drama therapy students, *The Self in Performance*, which was written by well-known drama therapists, and the works of Tami Spry.

Reliability and Validity

Within the field of research overall, there has been a movement to accept qualitative research methods and personal experiences as valid forms of knowledge (Elliott et. al., 2007; Jones, 2007). Due to the creative and performative nature of drama therapy, there is ample reason to communicate the student's experience through writing and scripting. Throughout the writing, there will be many opportunities for me to point out my biases and social locators, only furthering the reliability to the reader. Since this is a highly personal topic, support systems such as personal therapy, a practicum supervisor, two research supervisors, and an academic peer group were utilized in an attempt to protect the researcher from harm. Additionally, Spry (2018) includes three "conditions of care" when considering the "Others" (in this case, the other people that were involved in the situations where I perceived discrimination) that have influenced the experience: acknowledgement that the Other plays a supporting role in service of the story, a colonizing attention to the use of "I," and erasure of the embodied other (p. 633). Though I have

attempted to pay attention to these conditions myself, my supervisors have aided in making certain that the Other is considered. It is not the intention of this research to make Others an enemy, but instead see them as a vital role in the story, like Spry suggests. Since I am the one telling this story, there must be extra care around my use of the word "I" and acknowledgement of my social locators. There is no way I could fully understand what the Others around me have gone through or what they were thinking during specific situations. Therefore, Spry (2018) urges that researchers need to erase the created image of the others that may have been established. For example, the initial belief that all instances of discrimination are carried out with malintent is an assumption without knowing the Others' thought processes. In order to understand others' point of view, I must erase this assumption. I believe this humility will make the research more reliable and valid.

Autoethnographic Scenes

Perceived Inexperience or Unprofessionalism

I knew that my readiness to become a drama therapist would be questioned when I entered the Concordia Creative Arts Therapies master's program at age 21. I had completed my undergraduate degree in theatre and psychology in three years' time because I was dedicated to my academic work, took summer courses, sought out leadership positions, and was ultimately confident in my career path. Initially, I was placed on a waiting list for the program despite what I believed was a great Skype interview and application. After some time, I received a personal phone call from the faculty, accepting me into the program. Only later did I find out they had some hesitation in taking on such a young student, causing the delay. Universities in North America have openly admitted that they are more likely to scrutinize applications from younger students than they are older students (Pointon, 2007). Though I can understand why they ought to be careful, I could not help but wonder if this was age discrimination. I thought I had just as much experience as any other entering student; how dare they question me!?

From then on, I felt like I had to hide my age in some ways. I had this sneaking suspicion that if I did not overachieve for classes, I would not be able to keep up. I isolated myself to the library and my desk, trying to cram in all the information I could muster. I read and took notes on everything, even doing each optional reading. I volunteered for every in-class activity,

hoping it would get me points in some unseen rewards system. I thought that if I looked confident, I would become confident, an old acting trick. I did not want anyone to know that I was terrified on the inside.

Copy Room

I had never had to make copies in this particular copy room of my internship site before, though I had worked there two days a week over five months. I was a bit nervous about using it without knowing anyone in the adjacent offices, but I did not think I would be bothering anyone. I set up the copier and began making the copies I needed. I heard the door begin to open and I could feel my whole body tense up, even though I had nothing to feel tense about. In walked a woman, dressed in professional clothes, blouse and nice slacks, assumedly in her mid to late forties. She saw me, looked me up and down, as if to size me up, and looked shocked.

Woman: Excuse me, who are you?

I immediately felt unwelcome, unwanted, and a need to defend my right to be there.

B: Hello there! My name is Bailey and I am one of the drama therapy interns here this year. Pleasure to meet you.

Woman: Drama therapy. (Chuckle) Okay. Are you even old enough to work here?

Did she really just ask me that?

B: Uh…yes, ma'am.

Woman: Isn't that against child labor laws? (She laughs as she walks off into another room, not even giving me a chance to respond.)

My heart rate immediately increased, my hands clenched into fists, and I could feel my head starting to spin. As I walked back down the hall, I could feel my whole body had tensed and I was in survival mode. Basically being told that "I don't belong" made me feel physically sick. Repeated exposure to discrimination and physiological stress responses like the one I had make the body wear down, increasing the likelihood of physical illness (Pascoe & Smart Richman, 2009; van der Kolk, 2015). Of course, my next thought was, "I absolutely could not get sick, I have no time for that! I would not be able to visit my clients again for a week for fear of contamination if they knew I had been sick," instead of addressing how it would affect me personally.

This interaction rang in my ears and kept me up several nights in a row. I could not believe that she had actually said that to me. I was very hurt in the moment, even though she likely meant it as a joke. I worried that I would see her again in the hallways and I would promptly be cast out.

As one might expect, my constant all-consuming quest for a knowledgeable appearance and professional academic work began to seriously exhaust me. I was taking melatonin to sleep at night after studying for long hours and drinking obscene amounts of caffeine to kick me awake in the mornings. I found my demeanor at practicum suffered, making it harder to have patience for clients with Alzheimer's. I had no social life or available support system to turn to when I could not bring myself to read another word or process another group therapy session.

Perhaps my putting on a face was unprofessional and immature in itself.

At this point, I attempted to be my own therapist. I started a video log where I would ramble about my day or what I was thinking. Afterward, I would watch the video and try to analyze why I was feeling in such ways. I got stuck in this repetition and overly cognitive view. I was too close to my own life to have any kind of objective view. I stopped recording videos after a couple of weeks.

I began to keep a journal. I did not write every day, but I would often write a short description of what happened in my day, how I felt, or what thoughts were plaguing me. I believe this helped me sort out my emotions and think critically about the concepts we were learning in class. Additionally, I took it upon myself to pay more attention to what my body was telling me. I started setting limits with myself to get at least seven hours of sleep and drink more water. After a week or so, I was able to be more present with my clients, find extracurricular activities that brought me happiness, and absorb knowledge more fully.

In turn, however, I became defensive about my age or ability being called into question. Thinking about my age and trying to “make up for it” became a deficit to my work, as it has happened to some others (Niessen, 2016). I did not know when it would be brought up or by who, but there was always a little spark at the back of my mind ready to ignite if I was underestimated.

What I Heard

I was lucky enough to serve as a school drama therapist and counselor for my second-year practicum. The administration was very supportive of the creative arts therapies, sometimes consulting myself and the other drama therapist on behavioral issues. Unfortunately, the school was overcrowded, and this made office space hard to come by. I was often in a shared office where the school nurse and social worker worked on some days of the week, among other contracted professionals. When I was conducting therapy sessions with students, I would put a "Session in Progress. Please do not disturb" sign on the outside of the door in bright green. However, I would still have people walk in. One day, I was with a student client and we were playing through some difficult things he had experienced. We were making quite a bit of noise, so people knew we were in there. A woman, P, knocked on the door and immediately opened it to enter without waiting for a response.

(I jumped up from the floor and ran to the door.)

B: Excuse me, we're in the middle of a session. Can I help you?

P: Ummm… who are you?

What I heard: You are not welcome here.

My stomach flipped, my fists clenched. I noticed this and took a deep breath, trying to shake the anger off.

B: (forced smile) I'm Bailey Carter, the drama therapy intern here.

P: Are you aware that I'm supposed to have this office from 11 to 2?

What I Heard: I deserve this space more than you and I would like you to leave for my convenience.

B: I was not aware of that, my apologies. We have ten minutes left, could you come back then?

P: No, I need it now.

What I Heard: I don't care. Leave.

B: Alright. I'll get these mats off the floor. (turning to my client) We'll just need to pack up our things and we will find another space to move to.

While these repeated instances did anger me, I knew it was more important to be present with my clients. I would ignore how activated and upset I was to make sure the client was receiving the best treatment I could provide. Perhaps I was not the best role model as a therapist by bottling up how these other professionals made me feel.

I had to wonder if it was my looking young that made these other professionals wary or if it was the fact that I was deemed an 'intern.' I admit that I do appear quite young for my age and my 'just barely' average height does not help (see Appendix B for reference photos). Simply the title, "intern," can have negative connotations like unreliability or unnecessary to the rest of the organization (Reed & Holmes, 1989). Maybe they were thinking about how young I was. I had joined the field at such a young age, whereas others had only begun in their thirties or forties. They could be jealous of the time I had to grow in the field and thought "she'll have time to make up for this one inconvenience" or that new employees should make sacrifices for their elder coworkers (Huyler et al., 2015). Though I understood that they were working under a union and were promised an office, did they consider that I was also promised an office for the sake of my learning? Did they think about the kids that were in need of services I was providing for free? I felt unimportant, distrusted, and frustrated when I was displaced. I was there to learn and help kids. I began to find myself feeling hypervigilant around these other school professionals. At times, I did not leave the office for hours, thinking that I could "hold down the fort" and claim it as my own if I stayed there. I even skipped bathroom breaks and lunch on several occasions, which did affect my health. Unable to relax, unable to digest my food, and unable to do my job to the best of my abilities, I felt trapped by this discrimination, much like someone that has encountered trauma (Pascoe & Smart Richman, 2009; van der Kolk, 2015).

Beauty Standards and Body Talk

On a daily basis, we see advertisements and media that promote varying messages of how women are supposed to look. We cannot always think about it consciously as the ads are everywhere we turn. Some of the messages have been internalized and normalized over time. I could clearly see this when I worked at a geriatric centre. Despite physical or mental health issues, I saw female residents committed to keeping up appearances despite their living conditions or abilities.

Makeup Through the Ages

B: (knocks on door) Hello, Elsie! It's Bailey, the drama therapy student. May I come in?

E: Yes, dear, come on in.

B: We're about to start the group in the activity room. Will you be joining us today?

E: Oh, the drama group! Yes, yes. I just need to put my make-up on first.

B: You don't have to do that. It's a "come as you are" kind of group.

E: I know that, darling, but I never go anywhere without at least some lipstick. It makes me feel better to know I look presentable.

B: Oh, okay. Can I be of any assistance?

E: I'm losing my sight, dear. Could you grab my bag from the drawer and be my mirror?

B: Gladly. (I grabbed her bag and brought it to her. She retrieved the powder and applied it by memory. She got out the blush and her eyes glanced at the handheld mirror. She grimaced.)

E: Come closer, I can't see.

(I mimed putting on the blush and pointed to my face where she could apply more.)

B: That looks good.

E: Thank you. Now, find the brightest pink lipstick in there. I'm trying to summon spring today.

B: (with a chuckle) Yes, ma'am.

(I find the tube and hand it to her. She opens it and gently rubs some color on her lips. I face her and point to my lips while rubbing them together, suggesting she try to blend it in. I pointed to the corner of her mouth where there was a bit of excess. She wiped it and smiled at me.)

E: Okay, young lady, now I'm ready to go.

This was the routine for several weeks before the flu came to the geriatric centre. Elsie, as well as many other residents, did not make it through the winter, passing away before I could say 'goodbye.' I still think about her when I apply any make-up.

For my first day as a school counselor at an elementary school, I chose to put on some eyeshadow and blush, a bit of eyeliner. I walked into the school feeling confident and more than just "presentable."

(Out at Recess)

6-year-old boy: You're pretty, who are you?

B: Oh, uh (blush), I'm Bailey, the new drama therapist here.

3rd Grade Girls: How old are you?

B: Hmmm, how old do you think I am?

Girl 1: 16?

Girl 2: 30?

B: (chuckles) Somewhere in between there, yeah.

(A small girl, maybe 7 years old, looked up at me from the lunch table where I was walking past and pointed to me.)

Girl: Why have you got all that stuff on your face?

B: What stuff?

Girl: There's blue on your eyes and pink on your cheeks. Why?

B: (stammers) Uh… I guess I felt like it this morning. Someone once told me it's important to feel good about how you look.

Girl: Oh…(shrugs) okay.

I walked into the school feeling so proud, but then had to wonder what kind of messages I was putting out to the kids by wearing make-up. Was I setting the example that women had to put on make-up? Or was I simply exercising my personal preference at the time? I understood we are all individuals with different backgrounds and sources of common knowledge. Especially when it comes to kids. Frequently, they do not have access to cosmetics or a greater understanding of society. They may not have been told not to point out another person's make-up. Or they were told and could not help but voice their observations. Yet, on the other side of the coin, I had heard plenty of adults make open comments about others' appearances.

Bodies

During my time at the geriatric centre, my co-therapist and I created a character-based intervention where we would dress up and interact with clients. This was intended to encourage socialization between residents and bring some levity to the often somber

floors, as well as the staff. One of the most popular characters was an Alien. I was chosen to dress up like an Alien from outer space, using only gibberish (a nonsense language), sounds, and body language to interact with the residents. I wore black shoes, bright green tight leggings, a black long-sleeved shirt, a headband with antennae, colorful dots on my face, and many neon scarves tied in several places on legs, arms, and waist. At one point, however, it became less about the character and more about my body in the character. My co-therapist and I were in the alcove of the building where several residents were sitting.

Francis: Look at the pretty young ladies come to visit us dry old prunes! To what do we owe the pleasure?

Cal (my co-therapist): I have brought a visitor from outer space! They've landed unexpectedly and are trying to understand the lives of humans here.

Maude: What an outfit!

B (as the alien): Oog, weealeh pajiveev fargen? (offering a handshake) Fleeden arg nurt.

Francis: (aside to Cal) Do they realize we can't understand them?

Cal: I'm not sure if they do. Maybe you should try talking to them.

Maude: (staring at me) Ooh, where did you get those pants?

B: (offering a handshake again) Hoodunfur lee lag gartenpz nauf. Fleeden arg nurt.

Maude: (gives handshake) Now, give it a turn, I want to see the whole thing.

I turn, wondering why she is so intrigued. Is it the pattern? The absurdity of it all?

Maude: (She stares at me in awe. Aside to Francis) If I had that body…

Francis: We wouldn't be dry old prunes!

Maude: Turn again! (I do, wiggling back and forth a bit) I just want to give that tush a pinch!

B: (surprised, with my hand covering my mouth) AGG! Nawnaw ideeo.

Cal: (giggling) She looks very young, eh?

Maude: Oh yes. I was that young once, but I never looked like that.

At this point, I was getting a bit uncomfortable. I was not able to respond in English because of the job I was doing, but I could understand them talking about my body right

in front of me. I wanted to leave the room and go somewhere else. Or should I stay because this is part of what we are exploring as drama therapists?

B: (turning my attention to the window, looking outside and pointing) Kirkenungin zerk ton pleeben quee hootoo hootoo! (Miming wings like a bird and going to the window)

Francis: Does she have a boyfriend she is looking for outside?

Maude: She could marry whomever she likes with those curves. I wouldn't have married my old husband if I had that body.

Cal: (realizing I'm getting uncomfortable and the conversation is not changing despite my efforts) Well, I believe our alien friend has some other visits to make.

B: (Pointing to the hallway) Booch duz fall leepeg harken? (Cal nods. Waving goodbye:) Jigg walter zurg yukoopleeg!

As I sat in my discomfort, I wondered if I would have been more disturbed or quick to leave if it were men commenting on my appearance. Why was it more acceptable for women to comment on other women's bodies? Did this have something to do with level of attractiveness? Proctor, in their 2008 article *Gender Dynamics in Person-Centered Therapy: Does Gender Matter?,* argues that some females are unconsciously in competition with other females for the "male gaze." I find myself thinking back to other times residents or staff commented on my outfits, my hair, or called my co-therapist and I "pretty young ladies." I remember all the times I received stares from parents that came to pick up their children from school and the nightmares about the possibility of teachers asking me out on dates resurfaced. All this makes me wonder if there were some undertones of jealousy when Maude spoke about my body. On the flip side, Proctor (2008) also argues that females stereotypically seek out other females to care for, making the "you could marry anyone you want" comments seem more like encouragement and empowerment. While I can see how she could have been wishing me well, I felt somewhat threatened by this attempt to live vicariously through me. The comparison of my life to hers was an example of transference (Carkhuff et. al., 1964), where she was putting herself in my shoes and thinking back on what it was like at the time she was my age.

Of course, the residents were young at a different time. Society has changed drastically in some ways but stayed similar in others. Women are still fighting for equal rights in the

workplace, in the eyes of the public, in many intimate relationships, and in every power dynamic.

Black Eye & Fat Lip

Coming from the Midwest, I had never dealt with the sheer volume of ice that Canada gets. I was ill-prepared for a late-night, walk home in shoes without traction on the uneven streets. I slipped and fell, breaking my fall on my knuckles and face, smashing my glasses into my head and cutting my lip in the process. The next morning, I had bloody knuckles, a black eye, and a fat lip. I had to go to the geriatric centre the next day though. I tried my best to cover it all with band-aids and make-up, but it was still very visible.

I got comments from people all day, most with an underlying assumption:

Francis: Oh, young lady. Your poor eye! And your wrist! Who do I need to beat up for you? Give me their address.

Nurse: Aw, who hurt my little girl?

Robert: Did your boyfriend give you that shiner?

Dona: You won't be kissing him with that fat lip again, will you?

I could not believe that each person assumed that the only way I could get hurt was from domestic abuse. Specifically, male-on-female violence. I did not have a boyfriend at the time, nor a partner at all. And did this mean that a young woman getting beat on by her boyfriend was normal to them? After they asked, I would explain the fall and how the glasses broke into my eye, but it seems as if they did not believe me. They would look at me with a hint of sadness in their eyes, especially the women, and say something along the lines of "Well, take care of yourself." This made me think that they thought I fabricated a lie to hide or protect some kind of abuse I was suffering in my personal life. Though I am aware that this happens in society to many women, how did this reflect on me as their drama therapist? That I am a liar? A clumsy buffoon? A weakling that

cannot stand up for herself? Or an ally that has also been through domestic abuse and can understand things others may not?

I was embarrassed by the way it looked, but proud of the fact that I was able to take care of myself. When I had been injured in the past, my parents were always there to help me heal, this time I did it all on my own. I believed I was no longer the little girl that needed help to persevere. Maybe the residents or staff could sense this and were attempting to take care of me because they also suspected I was not with my parents any longer. Underneath the appreciation, I was somewhat saddened by no one sharing in my pride of being able to bounce back from my mistakes. As I continued to think about the therapeutic implications, I wondered if there really was transference to the sight of a black eye and 'roughed up' appearance. I know I would have liked more compassion when I was actually struggling with an abusive relationship in my past but was too afraid to ask and expose that I was not taking care of myself. If any of them had ever been in a domestic abuse situation before, as another form of transference, they could have been recapitulating what they would have wanted others to do for them.

Chomping at the Bit

Along the lines of "benevolent sexism," I began to find that there were advantages to being the youngest student in the program and the youngest intern supervisors had ever overseen. At times, professors would ask me to run errands for them, I would get picked to participate in class exercises more often than some, and my supervisors would give me extra life advice. I had professors disclose jealousy, wishing they could have become a therapist at my age and been a part of the growing field for longer. I lost count of how many creative arts therapists told me I was 'lucky' to be in the program right now. In my first-year practicum evaluation, I was celebrated for having "child-like" energy and enthusiasm. I appreciated these comments, taking care to keep that kind of reputation.

On the flip side, there were many drawbacks as well. Since I was identified as having "so much energy," I was often asked to do more work or be deemed the "runner" for bringing messages back and forth, making copies, carrying things, the list goes on. I imagine my

ambition seemed admirable to some, but I felt as though it was sometimes downplayed as "cute," which made me uncomfortable.

"Watching the Adults Talk"

I was having a meeting with a supervisor. We were speaking about how difficult it is to work in a public school where your confidential sessions and meetings constantly get interrupted, amongst other things.

Another professor knocked on the door and walked in without waiting for a response. She asked if she could steal the professor I was in a meeting with.

B: (I shrug) Our meeting is almost over.

Professor 2: We just need to talk about a course and there are deadlines today.

B: I understand.

They spoke for a while at normal volume, standing right in front of me. I flipped back through my notebook as they talked, seeing if there was anything else I wanted to bring up before my time was over. I checked my watch, five minutes passed as they talked. I got out my planner and looked at what I had lined up for the rest of the day - more meetings and errands. They were still talking. Ten minutes had passed. I quietly began packing my things to leave. As I zipped my backpack shut, they both looked at me.

Professor 1: I'm sorry, we were talking about how frustrating it is to be interrupted during your time.

Professor 2: Oh, I thought you were enjoying watching the adults talk for a while.

I froze. So, I am not an adult all of the sudden? Both professors were aware of my research topic, yet I was still being belittled? At this point, I didn't know how to act or respond.

B: (visible cringe) I have some other things I need to get done today, so I can get out of your hair.

Professor 2: Aww, honey! You're not in our way!

B: It's okay, really.

Professor 1: I'll see you again next week and we can talk more.

B: Thank you!

Professor 2: (as I am walking away, but still in earshot) I'm worried about Bailey.

B: (I turn back, *shocked*) Yeah, me too. What ARE we going to do with her?

(Both professors chuckle *uncomfortably* as I try to make a beeline for the door.)

Professor 2: I'm just worried that you're not getting enough support.

B: I'm surviving, I always do.

Professor 2: I know you do, dear. But take care of yourself.

(I nod and go through the door to go down the stairs and out of the building.)

It's little things like this that people do not realize make others feel belittled, unimportant, and worthless.

In retrospect, I realize that I was not getting enough support. Yet, I had spent so much time trying to exude total confidence that I was afraid of what asking for help might do to my reputation of being able to do it all on my own. Especially when I had been rejected or denied help in previous times of need. I did not want my peers, professors, employers, or clients to see my fear or instability. I abhorred the thought of being identified as "incapable" of the career I had worked toward for so long. I do not want to see my age as a negative quality in the professional world, but something that I can be proud of.

Perhaps I was trying to prove to them that my generation is not worthless. Prove that change can happen, even if it was started by a young person.

Even in trying to write this paper, when I would be asked how the research is going, I would say to people, "I have all of the information and sources I need. I just have to write it now." This could have inadvertently shut out potential help or suggestions.

Perhaps I was trying to prove to myself that I could do it on my own, despite being younger than the average student or therapist.

Findings

After delving into these instances and topics more, I found some interesting patterns. I now see that perceived age discrimination has less to do with my numerical age in the therapy space, but more to do with the feelings surrounding the situation at hand, both for myself and my clients. If age-related issues were to come up in session, I feel as though I can be more realistic about the topic and not become overwhelmed like I might have before doing this research. Age

difference is an important subject for clients to explore. Additionally, when I do feel that I have been discriminated against in the workplace, I can choose how I respond to it. The immediate internal reaction is unavoidable, though I can take the time to notice the embodied feeling, reflect on it, and come to a conclusion on how to best handle the situation going forward. This research has helped me see that it was not healthy to bottle my feelings up and try to perform something I am not, instead I am glad that I took this opportunity to focus on the situations and reflect on what they mean to me. This increased awareness of my feelings surrounding age and gender discrimination has allowed me to be less anxious when the subjects come up.

I believe that drama therapists have an advantage when it comes to preventing depressive symptoms stemming from perceived discrimination. Since I started my training to become a drama therapist, I have learned many more coping strategies and am better able to check in with myself regularly. Drama therapists are trained in multiple interventions like the role taxonomy, empty chair, body scans, social atoms, and embodied mandalas that they can use on their own to explore their feelings. These tools can be very useful to working clinicians in their attempts to keep things in perspective. Mindfulness training, which most drama therapists also receive, reports higher emotional regulation ability, a separate sense of self-worth, and lower overall emotional reactivity (Brown-Iannuzzi, Adair, Payne, Smart Richman, & Fredrickson, 2014) for its participants.

I recently started another childcare job as a camp counselor. I found myself disgusted by the idea that seventeen-year-olds were being put in charge of large groups of children. I thought there was no way they could be trusted to be responsible, nor know how to work with kids appropriately. As I saw my upturned nose in the mirror, however, and I had to check myself. Why did these younger workers bother me so much? I am certain other adults looked at me and saw someone totally inexperienced as well without knowing what I have gone through in my life or what training I possess. Now I was doing the same. As I have learned through doing this research, there is merit in being initially skeptical of someone very young in a caretaking position. It is purely part of survival instincts to worry about the clients' safety, as well as the young trainee's safety. When I look back on some of the instances of discrimination, I have to wonder what the person's intention was. Were they trying to help? Were they brining up their own insecurities surrounding age? Or did they want to make me feel unwelcome? I may not

ever have answers, but at least I can understand the implications better and communicate to others that things need to change. All in all, a book should not be judged by its cover because the newer generations may have important perspectives and passion to offer.

Discussion

Based on my findings, age and gender discrimination does have a negative impact on young female clinicians, though it may not have been intentionally harmful. My physical and mental health suffered when I perceived harmful discrimination surrounding my age and physical appearance. I became hypervigilant, like those that have experienced trauma. I consequently had trouble putting forth my best efforts with clients. My engagement with the workplace decreased when I encountered trauma-like symptoms following ageism and sexism, like Boone James et. al. postulated in their 2013 study. Though I was not able to interview the others involved in situations of perceived discrimination, I believe that most instances were not intended to be harmful. The others may have had good (or benevolent sexist) intentions, but had not thought about how their comments, word choice, or body language would affect me.

As evidenced by findings in the literature review, members of the youngest working generation have a bad reputation and are often discriminated against when it comes to joining the workforce. Age is frequently used as a control variable in studies of workplace environments instead of a focus or point of analysis (Boone James at. al., 2013), which leads to little information about how employees of different ages may have different views. Many studies concerning age discrimination in the workplace are focused on ageism towards older employees (Boone James et. al., 2013), though it has been found that age discrimination toward younger employees is just as common. I felt like some of the negative stereotypes about millennials were projected onto me while I was working. There would be off-handed comments about how I likely had "more important" things to do than spend extra time at the geriatric centre or elementary school. Often, a brief conversation with elder colleagues would allow me to express that I was interested in the general well-being of my clients and was actively trying to improve my skills. These values, like finding meaning in the workplace, searching for growth opportunities, and concern for the larger society, align with some of the suggested positive stereotypes about millennials from Ng & McGinnis' 2015 article or in the Huyler et. al. 2015

article. Overall, the different generations are grouped more by common experiences than they are by numerical years.

Age discrimination applying specifically to the therapist has proved to have different connotations. On the one hand, discrimination towards the therapist from the client has generally remained the same, as evidenced by the literature encouraging similar techniques dating back to the 1970s. As long as the interaction is addressed in the therapy space, it could be turned into a therapeutic moment that could enhance the working alliance. On the other hand, when the discrimination happens outside of the therapeutic relationship, it can lead to growing discomfort for all parties. Therapy is already a touchy subject for most people, so seeing a younger person placed in an "expert" role can be intimidating and confusing. People may begin to question what it takes to be a therapist and how therapy functions. This fear may cause them to re-evaluate their beliefs and create instability.

This research was not intended to have a therapeutic benefit for the researcher, but it was a side benefit of further engaging with literature surrounding discrimination and reflecting on my personal experiences. Choosing the methodology of autoethnography forced me to engage with the material in a multitude of ways. In addition to acquisition of knowledge, I also made some personal discoveries. My feelings of isolation, responsibility, and fears of not being good enough were validated when I found that others have felt similarly (or requested that more research be done).

As was found with a high volume of the studies featured here, the need for more young and female narratives in the field of therapy is pervasive. The current demographics in the field of therapy are not being accurately reflected in the literature. While there has been increasing acceptance of more qualitative and arts-based research, there remains a large gap where important perspectives are not being heard and experiences are being misunderstood.

Conclusion and Future Applications

Based on my personal findings and the available literature, perceived discrimination has a negative effect on the recipient's mental and physical health. Not all discrimination is intended to have malice but may be the result of internalized assumptions over decades and passed down through generations. This study focused on age discrimination and sexism. These two factors

can have a huge impact on the therapist and the work that takes place in session with clients. When issues of age difference come up in the therapy space, Carkhuff et. al. (1964) suggest that is would be the most beneficial to turn it into a therapeutic moment and explore what it might be like to reverse age roles. I believe learning more about this process has helped me understand that discrimination towards the therapist from the client is not always a negative thing, and may be beneficial over time if it is discussed. I feel more confident in my ability to work through instances of discrimination as a young drama therapist in training.

Overall, I believe we need more female narratives in research. More specifically, the increased number of female therapists and young therapists have not been reflected in psychological literature or research. Researching their experiences may help end the stigma surrounding women in helping fields. Additionally, there should be more research done with women that have experienced discrimination and subsequently left a career field, as Roper (2008) mentions. Confronting the reality that in today's society some women have had to change their job-based lifestyle to 'fit in,' take steps to decrease potential danger, or live with fear in the workplace is important in bettering work conditions and addressing the mental health needs that discrimination creates. In almost every article I read, there was a call for more practice-based or narrative research. It is postulated that people would be better able to understand the issues young female therapists are facing if research included more of the human side of the researcher (Elliott et. al., 2007). I believe this study could aid the drama therapy community and larger field of therapy by bringing up some of the gaps in literature and communicating stories relating to ageism and sexism in a clear narrative form. I know that taking the time to reflect on difficult situations and share my experience in writing has been a transformative process.

Since this study focused on my thoughts and interactions, there are limitations to what I could cover. For one, I was limited to using Google Scholar and Concordia University search engines, this may have excluded international studies or research that was not accessible on the aforementioned sites. I was also unable to purchase any texts for this research, which could have excluded some journals or publishers. Many of the findings in both my experiences and the literature pointed to the use of feminist theory. Since the theory is based on seeing the bigger picture, including worldly context and issues of discrimination, as well as empowering internal

narratives, it only made sense to mention how it may be used to deepen our understanding of others. The long-held belief that our society is centered around men having more power than women has crept into many aspects of our daily life, including the therapy space and academic field overall. This assumption of power does not take into consideration the fact that "...racial, ethnic and cultural identities frame expectations for appropriate gendered behavior, as does social class and sexuality" (Killermann, 2013, p. 26, as cited by Martin, 2018). However, there is no easy way to disentangle what norms have been affected by the three aforementioned identities and could not be fully addressed in the scope of this research. I am not able to speak for my male colleagues on how our experiences as drama therapy students, interns, or clinicians may differ. Furthermore, it was difficult to determine if any of the instances of perceived discrimination were also based solely on my gender instead of a combination of my age and gender. Another category that was not considered in this study was membership to the LGBTQ community. I identify as a part of that culture but am not sure how this factor may have influenced others around me or the conclusions I came to.

In the future, there is great potential to explore more narratives surrounding therapy, age and gender discrimination, as well as the lived experience of young females. There is an essence of mysticism around therapy that makes it 'untouchable' to some. If more therapy students had the opportunity to share their learning process and discoveries as they grow into therapists, readers may feel more comfortable with seeking help from other imperfect humans. It would be even more beneficial if these kinds of studies were available to the larger public. There are young females working in fields other than therapy that should also hear that they are not alone in their struggles. In regard to further research on discrimination, I feel as though there should be more written about the possibly discriminatory interactions that change people, for better or worse. Many do not realize their daily actions might be excluding someone of a different age, sex, or culture. With more stories and arts-based research, people would have access to narratives varied from their own, allowing them to create new insight and discovery. Assumptions of ability based on appearance or gender used to be critical to fields with manual labor. However, the field of therapy is not based on the same strengths. These thought patterns have been slowly changing, but improvements can continue to be made. Age (or assumed age based on appearance) does not define experience, which continues to be a hard distinction to make for lots of people. Perhaps more in-depth studies with both younger people and older people about their

assumptions based on age would aid society in making the workplace a fairer and more open place to be.

References

Aafjes, V. D. K., & Wooldridge, T. (2018). The complexity of loss during a forced termination: A case illustration. *British Journal of Psychotherapy*, *34*(2), 285–299. doi:1111/bjp.12362

Agic, B. (2016). Mental health of Canada's immigrants. Powerpoint presentation.

American Psychological Association. (2018). *Demographics of the U.S. psychology workforce: Findings from the 2007-16 American Community Survey.* Washington, DC. Retrieved from https://www.apa.org/workforce/publications/16-demographics/report.pdf

Baldwin, A. (2009). Applied theatre: Performing the future. *Australasian Psychiatry*, *17*(sup1), 133-136. doi: 10.1080/10398560902948506

Bearman, S., Korobov, N., & Thorne, A. (2009). The fabric of internalized sexism. *Journal of Integrated Social Sciences*, *1*(1), 10-47. Retrieved from https://www.researchgate.net/profile/Paul_Chaney2/post/Does_anyone_know_of_any_researches_diagrams_scales_for_internalized_sexism/attachment/59d61d6179197b8077977c17/AS:273846337245184@1442301462062/download/IS+JISS_2009_1-1_10-47_Fabric_of_Internalized_Sexism.pdf

Benokraitis, N. V., & Feagin, J. R. (1995). *Modern sexism: Blatant, subtle, and covert discrimination.* New Jersey: Prentice-Hall.

Boone James, J., McKechnie, S., Swanberg, J., & Besen, E. (2013). Exploring the workplace impact of intentional/unintentional age discrimination. *Journal of Managerial Psychology*, *28*(7/8), 907-927. doi: 10.1108/JMP-06-2013-0179

Brown-Iannuzzi, J. L., Adair, K. C., Payne, B. K., Richman, L. S., & Fredrickson, B. L. (2014). Discrimination hurts, but mindfulness may help: Trait mindfulness moderates the relationship between perceived discrimination and depressive symptoms. *Personality and Individual Differences*, *56*, 201-205. doi: 10.1016/j.paid.2013.09.015

Carter, T. (2016, October 18). The barely sufficient manifesto [Web log post]. Retrieved from https://extranewsfeed.com/the-barely-sufficient-manifesto-b409c2a9f02a

Conlin, S. E. (2017). Feminist therapy: A brief integrative review of theory, empirical support, and call for new directions. *Women's Studies International Forum*, *62*, 78–82. doi: 10.1016/j.wsif.2017.04.002

Conquergood, D. (2013). Collected works. In E. Johnson (Ed.), *Cultural struggles: Performance, ethnography, praxis.* Ann Arbor: University of Michigan Press.

Correll, J., Judd, C. M., Park, B., & Wittenbrink, B. (2010). Measuring prejudice, stereotypes and discrimination. In N. Denzin, & Y. Lincoln (Eds.), *The Sage handbook of prejudice, stereotyping and discrimination* (pp. 45-62). London: SAGE.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). *The Sage handbook of qualitative research* (5th ed.). London: SAGE.

Elliott, S., Loewenthal, D., & Greenwood, D. (2007) Narrative research into erotic counter-transference in a female therapist–male patient encounter, *Psychoanalytic Psychotherapy, 21*(3)*,* 233-249, doi: 10.1080/02668730701535594

Emunah, R. (2015). Self-revelatory performance: A form of drama therapy and theatre. *Drama Therapy Review, 1*(1)*,* 71–85. doi: 10.1386/dtr.1.1.71_1

Emunah, R. (2016). From behind the scenes to facing an audience in self-revelatory performance. In S. Penzik, R. Emunah & D.R. Johnson (Eds.), *The self in performance: Autobiographical, self-revelatory, and autoethnographic forms of therapeutic theatre* (pp. 50-66). New York, NY: Palgrave Macmillan.

Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of personality and social psychology*, *70*(3), 491. doi: 10.1037/0022-3514.70.3.491

Gornick, L. K. (1986). Developing a new narrative: The woman therapist and the male patient. *Psychoanalytic Psychology*, *3*(4), 299. doi : 10.1037/h0079118

Guttman, H. A. (1984). Sexual issues in the transference and countertransference between female therapist and male patient. *Journal of the American Academy of Psychoanalysis*, *12*(2), 187-197. doi: 10.1521/jaap.1.1984.12.2.187

Howe, N., & Strauss, W. (2000). *Millennials rising: The next great generation.* New York, NY: Vintage Books.

Huyler, D., Ding, W., Norelus, A., & Pierre, Y. (2015). *Millennials in the workplace: Positioning companies for future success.* SFERC 2015: Florida International University, 114-120.

Isacco, A., Hammer, J. H., & Shen-Miller, D. S. (2016). Outnumbered, but meaningful: The experience of male doctoral students in professional psychology training programs. *Training and Education in Professional Psychology, 10*(1), 45-53.

doi: 10.1037/tep0000107

Jones, P. (2007). *Drama as therapy: Theory, practice and research* (2nd ed.). New York, NY: Routledge.

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, *40*, 208-230. Retrieved from http://aging.wisc.edu/midus/findings/pdfs/52.pdf

Killermann, S. (2013). *The social justice advocates handbook: A guide to gender.* Texas: Impetus Books.

Martin, A. J. (2018). *A theoretical exploration of the use of drama therapy in deconstructing internalized sexism* (master's thesis). Concordia University, Montreal: ProQuest. Retrieved September 29, 2018.

Ng, E. S., & McGinnis Johnson, J. (2015). Millennials: Who are they, how are they different, and why should we care. In R. Burke, C. Cooper, & A. Antoniou (Eds.), *The multi-generational and aging workforce: Challenges and opportunities* (pp. 121-137). Cheltenham, UK: Edward Elgar Publishing.

Nissen, K. G. (n.d.). Young clinicians dealing with death: Problems and opportunities. *Palliative and Supportive Care*, *14*(5), 587–592. doi: 10.1017/S1478951515001303

Norcross, J. C., & Guy, J. D., Jr. (2007). *Leaving it at the office: A guide to psychotherapist self-care* (1st ed.). New York, NY: The Guilford Press.

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, *135*(4), 531–554. Retrieved from http://0-

search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=eric&AN=EJ846995&site=eds-live

Pendzik, S., Emunah, R., & Johnson, D. R. (2016). *The Self in performance: Autobiographical, self-revelatory, and autoethnographic forms of therapeutic theatre*. New York, NY: Palgrave Macmillan.

Pitard, J. (2016). Using vignettes within autoethnography to explore layers of cross-cultural awareness as a teacher. *Forum Qualitative Sozialforschung*, *17*(1). Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=edselc&AN=edselc.2-52.0-84948808640&site=eds-live

Pointon, C. (2007). Young trainees. *Therapy Today*, *18*(4), 27–30. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=a9h&AN=25312631&site=eds-live

Proctor, G. (2008). Gender dynamics in person-centered therapy: Does gender matter? *Person-Centered & Experiential Psychotherapies*, 7(2), 82–94. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=a9h&AN=33265728&site=eds-live

Purdy, L., Potrac, P., & Jones, R. (2008). Power, consent and resistance: An autoethnography of competitive rowing. *Sport, Education and Society*, *13*(3), 319-336. doi: 10.1080/13573320802200693

Roper, E. (2008). Women's career experiences in applied sport psychology. *Journal of Applied Sport Psychology*, *20*(4), 408–424. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=s3h&AN=34950031&site=eds-live

Roscigno, V. J., Mong, S., Byron, R., & Tester, G. (2007). Age discrimination, social closure and employment. *Social Forces*, *86*(1), 313-334. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=edshol&AN=edshol.hein.journals.josf86.17&site=eds-live

Schaverien, J. (2003). *Desire and the female therapist: Engendered gazes in psychotherapy and art therapy*. New York, NY: Routledge.

Schulz, A. J., Gravlee, C. C., Williams, D. R., Israel, B. A., Mentz, G., & Rowe, Z. (2006). Discrimination, symptoms of depression, and self-rated health among African American women in Detroit: Results from a longitudinal analysis. *American Journal of Public Health*, *96*(7), 1265-1270. doi: 10.2105/AJPH.2005.064543

Snape, E., & Redman, T. (2003). Too old or too young? The impact of perceived age discrimination. *Human Resource Management Journal*, *13*(1), 78-89. doi: 10.1111/j.1748-8583.2003.tb00085.x

Spatz, B. (2015). *What a body can do: Technique as knowledge, practice as research.* New York: Routledge.

Spry, T. (2001). Performing autoethnography: An embodied methodological praxis. *Qualitative Inquiry, 7*(1), 706-732. doi: 10.1177/107780040100700605

Spry, T. (2018). Autoethnography and the other: Performative embodiment and a bid for utopia. In N. Denzin, & Y. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed.). (pp. 627-649). London: SAGE.

Trans Student Educational Resources (2019). LGBTQ definitions. Retrieved May 16, 2019, from http://www.transstudent.org/

Trimboli, F., & Keenan, C. W. (2010). Supervising student-therapists: Suggestions for the transfer of long-term psychotherapy patients. *Psychoanalytic Psychology*, *27*(3), 319–329. doi: 10.1037/a0015484

Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

World Health Organization (WHO) and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organization.

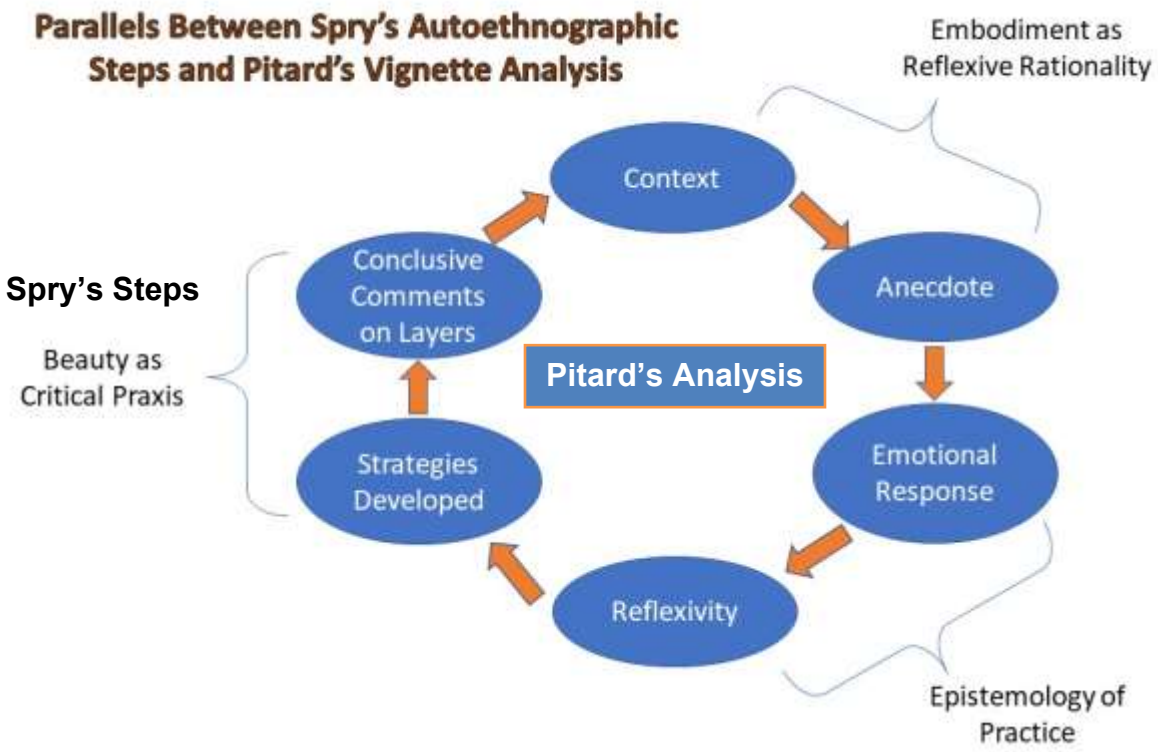
Wright, J. K. (2009). Autoethnography and therapy: writing on the move. *Qualitative Inquiry*, *15*(4), 623-640. doi: 10.1177/1077800408329239

Yuracko, K. A. (2004). Private nurses and Playboy Bunnies: Explaining permissible sex discrimination. *California Law Review*, *92*(1), 149–213. doi: 10.2307/3481446

Appendices

Appendix A

Figure A1



(Created from combining Spry (2018) & Pitard (2016))

Appendix B

Figure B1

Figure B1. A personal photo taken the day I interviewed online for the Concordia Drama Therapy Program in the spring of 2017.

Figure B2

Figure B2. A personal photo taken on a September morning in 2018 before a full day of practicum.