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Drama Therapy and Transgender Adolescents

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Drama Therapy and Transgender Adolescents: A Literature Review.

Capstone Thesis

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Drama Therapy

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Abstract

Transgender adolescents in the United States are currently a vulnerable population that often regularly face discrimination and are at a high risk for hate crimes (Center of Excellence for Transgender Health, 2016). Developing and implementing therapeutic interventions and models for working with transgender adolescents is essential at this time. In American society, there has recently been a cultural shift towards a greater sense of acceptance for the LGBTQ community (Benson, 2013), but within that, the transgender community has been consistently left behind in many aspects of progress that LGB (Lesbian, Gay, and Bisexual) people have benefited from (Benson, 2013). There is currently a growing body of research for working therapeutically with transgender people, but it is limited at this time, especially with regards to transgender adolescents. Studies show that transgender adolescents, both those who are out and those who are not out, often face considerable amounts of anxiety because of the complications that being transgender in a 'gender-binary' world can cause with the formation of self-identity (Barrow, 2014). This literature review revealed drama therapy to be a particularly effective method when working with transgender adolescents, as its emphasis on role has been shown to cultivate positive senses of self-identity. This study presents findings from current research and discusses considerations for an informed approach with transgender adolescents in mental health counseling and drama therapy. Further considerations are presented for future research to explore possibilities of drama therapy as an effective treatment for this population.

Drama Therapy, Transgender Adolescents, and Transition: A Literature Review.

Introduction

Transgender is commonly used as the umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth (Babyatsky-Grayson, 2014). Identities under the transgender umbrella includes, but is not limited to, people who identify as bigendered (those who feel they have both a male and a female side to their personalities), gender fluid (people who defy the norms of binary gender and either slide along a gender spectrum or weave their own intricate individual patterns along the gender web), gender-nonconforming (people who think of themselves as falling outside of the gender binary), and intersex (people with a spectrum of conditions involving anomalies of the sex chromosomes, gonads, reproductive ducts, and/or genitalia) (Babyatsky-Grayson, 2014).

According to developmental psychologist Erik Erikson (1968), the formation of identity is one of the most important components of the adolescent developmental phase. When an adolescent's given gender and identity are incongruent, barriers can exist among many areas of functioning (Center of Excellence for Transgender Health, 2016).

Gender reassignment surgery has been moving towards becoming more readily accessible in recent years, transgender people can choose to identify as either pre-operation and post-operation transsexual, depending on if they have undergone gender reassignment surgery (Babyatsky-Grayson, 2014). It is important to note that many transgender people may choose not to or may not be able to receive gender reassignment surgery due to factors such as not being

able to afford it or because of the associated risks with revealing their trans status that would be necessary for the gender reassignment process to occur (Center of Excellence for Transgender Health, 2016).

There are many threats that the transgender community often face, both externally (socially, professionally, healthcare services, and limited access to resources to name a few) and internally (psychologically, emotionally, and physically) (Center of Excellence for Transgender Health, 2016). These threats have typically been named as results of a phobic culture of transgender people, also known as Transphobia. Transphobia is still prevalent in the United States, and many transgender people have to traverse through life with the consistent fear that they will be harmed or experience prejudice for who they are (Silverstone, 2008). In a 2014 report by the American Foundation for Suicide Prevention, among the pool of 6,000 self-identified transgender respondents, they found that 41% had attempted suicide, 60% were denied health care and/or refused treatment by their doctors, 57% had been rejected by their families and were not in contact with them, 69% had experienced homelessness, 60-70% had experienced physical or sexual harassment by law enforcement officers, 65% had experienced physical or sexual harassment at work, and 78% had experienced physical or sexual harassment in school (Barrow, 2014). Barrow (2014) states that ‘for gender nonconforming individuals, the very nature of their sense of ‘self’ lies in marked conflict to society’s gender identity ‘ideals’ and ‘social scripts’. Mental health concerns for transgender adolescents are particularly high, they commonly experience symptoms of depression, anxiety, social isolation, behavioral problems, school struggles, social struggles and suicidal ideation (Silverstone, 2008). Because so few mental health providers are experienced in the care of transgender youth, inaccurate

recommendations and treatment practices can be a common occurrence (Center of Excellence for Transgender Health, 2016).

There is a sense of urgency to generate knowledge on transgender adolescents because of the plethora of threats they face. An increase in research to support this population will move society towards a better understanding and acceptance of transgender adolescents. Through effective therapeutic interventions, transgender adolescents can find a safe environment in which they can develop their identity, and feel valued and recognized for that identity, as opposed to silenced and victimized for who they are, as is often the case (Wilson, 2011). An area with potential and possibilities to increase such treatment is the expressive therapies, and specifically, drama therapy. Drama therapy plays a unique role in allowing transgender adolescent clients to express themselves in a creative way. It is a crucial moment for the field to consider possible research agendas and approaches that serves and sustains silenced communities for the purpose of social transformation.

The drama therapy community has been actively trying to pursue social justice work in their practice, particularly in recent years (NADTA, 2016). The North American Drama Therapy Association (NADTA) has recently included new guidelines about social justice in the code of Ethics of the Association (NADTA, 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). While there has been a push towards creating more research for people in marginalized groups within the drama therapy community, there still exists a scarcity for research on transgender people within the field

(Beauregard, Stone, Trytan, and Sajnani, 2017). This author believes that the drama therapy community can have a unique and powerful role in being able to develop drama therapy interventions that are specific to transgender clients, as many of the chief tenants in drama therapy intersect with some of the most prominent challenges that transgender clients face, such as identity development and self-esteem building (Beauregard, Stone, Trytan, and Sajnani, 2017). The existing body of research in the drama therapy field indicates that drama therapy is an incredible outlet for clients to be able to express themselves in a creative way that also cultivates a sense of empowerment. That is not to say that traditional talk therapy methods are not able to achieve this, but drama therapy is able to provide an outlet for expression that is particularly transformative because of the opportunity to transform through the embodiment of role(s) that drama therapy provides (Poirier, 2016). It is important to note that at this time of writing, there currently are no published documents of best practices for transgender clients in the drama therapy field, nor for LGBTQ as a whole. This author strongly encourages that the drama therapy community make a strong effort in being able to respond to the level of urgency that transgender people need, and provide models and best care practices that are catered to their needs.

This literature review presents relevant research on the population of transgender adolescents, their mental health needs, the role of identity development for the population, and how drama therapy is a particularly effective treatment modality for their needs. This literature review highlights currently established and proposed models, as well as methods of practice for working with transgender adolescents using drama therapy that could be compiled into a list of best practices guidelines for working with transgender clients within the field. In addition, the

study aims to identify missing gaps in research for this population and offer inspiration and insight on how those gaps to be filled. This author also hopes to advocate for this population and present a call to action for an increased effort in providing mental health services for transgender adolescents.

Literature Review

Historical Context

Historically, there has been a scarcity of research on transgender adolescents in the field of mental health (Barrow, 2014). This is indicative of the complete lack of acceptance of transgender people in society, that has only recently begun to dissipate (Benson, 2013).

Historically in the United States (U.S), transgender people were not allowed to reveal their identity, and if their status was revealed, they were often immediately put into grave danger of being harmed and experiencing prejudice (Benson, 2013). While research for the transgender population increased in quantity starting around the 1980's, a new issue is raised because of the limited research that existed at the time, which can cause the problem of having insufficient or inaccurate data be used for their source material (Center of Excellence for Transgender Health, 2016).

Within the mental health field, the Diagnostic Statistics Manuals-3 and 4 contained the diagnosis: Gender Identity Disorder (GID). This diagnosis was defined as 'when a person has a strong and persistent cross gender identification and persistent discomfort with his or her sex or

sense of inappropriateness in the gender role of that sex' (American Psychiatric Association, 2010). GID was commonly diagnosed to transgender individuals, many transgender people and some researchers supported the declassification of GID (Newman, 2002). Many transgender people and researchers believed that the GID diagnosis pathologized gender variance, reinforced the binary model of gender, and contributed to the stigmatization of transgender individuals (Newman, 2002). In 2013, the DSM-5 reclassified GID as gender dysphoria, and emphasized that gender nonconformity is not in itself a mental disorder, the critical element of gender dysphoria is the presence of clinically significant distress associated with the condition (American Psychiatric Association, 2013) This change in classification shows movement in the understanding of transgender people and will hopefully help in the process of the de-stigmatization for transgender people.

Expressive Therapies and Transgender Adolescents

Landscape of the expressive therapies field with transgender adolescents. Within the Expressive Therapies continuum, there are other modalities outside drama therapy, including art therapy, music therapy, and dance movement therapy. Within all of these modalities, there is a relatively small, but growing body of literature about using the methods to work with transgender clients. Research for transgender people within the entire expressive therapy field should be expected to increase in response to the consistent growing visibility of the population. Within the current body of research of using the expressive therapies to work with transgender clients, there are recurring themes that are consistently being highlighted and can be potentially indicative of some recommended practices and important treatment focuses within the field (Babyatsky-Grayson, 2014). Some of these recurring themes include using an empathetic

approach, allowing for expression of the true self through creative approaches, the exploration of self-identity, and operating from a gender-sensitive perspective (Babyatsky-Grayson, 2014).

In the expressive therapies paradigm, operating from a gender-sensitive perspective allows for the clinician to take the transgender adolescent client's lead, and let them express themselves in their own way (Babyatsky-Grayson, 2014). Using a humanistic approach has consistently served as a basis for the expressive therapies, which involves influences from Rogers' concept of 'unconditional positive regard' from the therapist towards the client, and allowing the transgender adolescent client to discover and explore at their own pace (Babyatsky-Grayson, 2014). The expressive therapies have been shown to be effective in helping transgender adolescents to build resilience, and research suggests that building resilience should be the focus, not trying to "treat" them (Babyatsky-Grayson, 2014). Expressive therapies of all modalities have the critical role of providing a private, creative and safe space for transgender adolescent clients to express and explore their gender selves (Babyatsky-Grayson, 2014).

Expressive therapies methods with transgender adolescents. There is a host of research focusing on different methods of practice within the expressive therapy field in working with transgender clients. For instance, there has recently been an emerging body of research within the field of dance movement therapy with regards to working with transgender clients. Dance movement therapy has shown to be an effective modality for working with transgender clients, as its use of activating and engaging the body allows for a deeper understanding of body image issues that transgender individuals often face due to feeling alienated from the body of a gender they don't identify with (Hanan, 2010). Through dance movement therapy transgender clients are encouraged to see their bodies as agents of change and can serve as an inspiration to

start the transition process, seek gender reassignment surgery, and move into the body they feel they truly are (Hanan, 2010). Dance movement therapy can be used effectively in conjunction with drama therapy because of the shared use of embodiment (Hanan, 2010). Moving about the space through the embodiment of a role allows for the client to integrate new experiences, bodily sensations, and helps them focus on their subjective experiences (Hanan, 2010). Using movement in therapy with transgender clients is a valuable way for them to use their body as a vehicle of self-expression and to recognize the importance of their true and unique selves (Hanan, 2010).

The music therapy field also has recently been contributing to the growing body of research for transgender clients. In 2012, one of the leading music therapy journals, *music therapy perspectives*, published a best practices document for working with Lesbian, Gay, Bisexual, Transgender, and Questioning clients (Whitehead-Pleaux, Donnenwerth, Robinson, Hardy, Oswanski, Forinash, Hearn, Anderson & York, 2012). The best practices in music therapy for LGBTQ guidelines serve as an invaluable tool in providing a comprehensive reference guide for how clinicians can work with LGBTQ clients in a manner that is respectful of their identities and recognizes and accommodates their needs (Whitehead-Pleaux, Donnenwerth, Robinson, Hardy, Oswanski, Forinash, Hearn, Anderson & York, 2012). With adjustments made to fit the field of drama therapy, the drama therapy field should be able to create best practices in drama therapy for LGBTQ guidelines in a similar manner as the music therapy version, as many of the guidelines can be shared among fields and are in-line with the generally accepted clinical guidelines for working with LGBTQ clients in any therapeutic modality.

(Whitehead-Pleaux, Donnenwerth, Robinson, Hardy, Oswanski, Forinash, Hearn, Anderson & York, 2012) (Barrow, 2014) (Babyatsky-Grayson, 2014).

Drama Therapy and Transgender Adolescents

Landscape of drama therapy with transgender adolescents. As is the case with other expressive therapy modalities, the body of research on transgender topics in the drama therapy field is unfortunately limited, but there is some research that exists that can hopefully inspire further exploration on the population within the field. In April 2016, the Drama Therapy review released a landmark article by leading pioneers in the field, Mark Beauregard, Ross Stone, Nadya Trytan, and Nisha Sajjani, that offers some underlying explanation for the lack of research for the transgender population in the drama therapy field. Building upon the Lesbian, Gay Bisexual, Transgender, and Questioning: Best Practices in Music Therapy article from 'Music Therapy Perspectives,' the authors conducted a study among 136 active members of the drama therapy community, where "the purpose of the study was to identify the attitudes, strengths and limitations in the field of drama therapy with regard to working with lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) and gender non-conforming (GNC) communities and to identify implications for training, research and the practice of drama therapy" (Beauregard, Stone, Trytan, and Sajjani, 2016, p. 42). Results of the study indicated that the majority of drama therapists hold an open and affirming attitude towards gender diversity and sexual orientation, yet, discrepancies remain concerning the training received, overall level of preparedness, and participation in supervision specific to working with LGBTQI and GNC clients" (Beauregard, Stone, Trytan, and Sajjani, 2016, p. 41). I believe that that the

lack of research for transgender clients in the field of drama therapy may be a result of the lack of training and supervision on the population that the study indicates.

It is also important to note that the study found significant gaps in the ways in which drama therapists receive training and have knowledge on transgender clients vs LGBQ (lesbian, gay, bisexual, and questioning) clients (Beauregard, Stone, Trytan, and Sajnani, 2016). For instance, 20.6 % percent of the drama therapist participants in the study said that they received training for working with LGBQ clients in a required course while in drama therapy training, while only 8.8% said they received training for working with transgender clients in a required course while in drama therapy training (Beauregard, Stone, Trytan, and Sajnani, 2016). In addition, 26.5% of participants in the study said they did not receive any training at all for working with transgender clients, compared to 14.7% for working with LGBQ clients (Beauregard, Stone, Trytan, and Sajnani, 2016). On average, 50.4% of the participants felt that their training adequately prepared them for working with LGBQ clients, compared to 40.3% of transgender clients (Beauregard, Stone, Trytan, and Sajnani, 2016). In addition to training, the lack of personal knowledge was highlighted, 64% of the participants felt that they possessed an average-little understanding of the needs, challenges, and strengths of transgender communities, while only 31% felt they possessed an excellent-good understanding (Beauregard, Stone, Trytan, and Sajnani, 2016). Fortunately, 54.4% of participants reported seeking supervision about transgender client issues, compared to 56.6% with LGBQ client issues, which indicates that there is interest among the drama therapy community to seek specialized education on transgender issues (Beauregard, Stone, Trytan, and Sajnani, 2016).

There are drama therapists in the field who have expressed and demonstrated a passion for developing research and working with transgender clients, such as Marjorie Poirier (2016), who states that “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” (p. 7). Poirier’s research focused on how drama therapists who are already cognizant of the concepts of gender identity, gender expression, and assigned sex can connect these concepts within their clinical practice (Poirier, 2016). The recommendations that the participants created was to use embodiment to explore gender, by using the physicality of drama therapy, clients could take on roles and move with it (Poirier, 2016). Adding to the efficacy of embodiment when working with transgender clients, the participants believed that “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” (Poirier, 2016, p. 38). A particular form of drama therapy that the participants agreed would be helpful for transgender clients is Developmental Transformations (DvT), in which the therapist and the client perform a series of free-flowing embodied improvisations (Poirier, 2016). The participants believed that DvT would be helpful for transgender clients because it allows them to play with instability and try to loosen rigidity, through DvT, clients are often able to become more comfortable in facing instability (Poirier, 2016). An important recommendation was also given by the participants, they stressed it is important to follow the clients’ lead, don’t force themes on them or force them to talk about topics that they are not ready to discuss (Poirier, 2016). This is a key recommendation that could be necessary to include in the best practices in drama therapy for LGBTQ guidelines.

Applied drama therapy methods with transgender adolescents. While the quantity of literature on transgender topics within the drama therapy field is scarce, it is even more scarce for transgender adolescents, with most of the existing literature being on transgender clients as a whole with no age specifications. Fortunately, there are two pieces of literature that focus on using drama therapy for transgender adolescents, all of which containing valuable methods and guidelines that could be implemented into best practices for drama therapy guidelines. The first being a proposed model for working clinically with transgender adolescents by Gavriella Silverstone (2008). Silverstone incorporates Phil Jones' Nine Core Processes in Drama Therapy and Aaron H. Devor's Fourteen Stage Model of Transgender Identity Formation to create a 14-stage drama therapy model specifically designed to work with transgender adolescents and address the anxieties and struggles that they frequently face (Silverstone, 2008).

The opening stages of Silverstone's proposed model focus on abiding anxiety, identifying confusion about originally-assigned gender and sex, identifying comparisons about originally-assigned gender and sex, and discovery of transgenderism (Silverstone, 2008). Silverstone speaks about the concept of awareness of this initial stage of transgender emergence being one of the key elements of these opening stages and adds that drama therapy's use of play can be effective in dissolving much of the anxiety that comes through the discovery process (Silverstone, 2008). Silverstone believes that play is a valuable tool for drama therapists because of the resistance to therapy that can often be found in transgender adolescents, play allows for the client for the transgender adolescent to find new, playful ways of relating to the world, which ultimately opens the doors for more fluid explorations of real-life situations (Silverstone, 2008). In addition, during these opening stages, Silverstone argues that the best practice is for the drama

therapist to find a balance of extremes between underdistance and overdistance, such that they are connected to the embodied play without becoming too overwhelmed (Silverstone, 2008).

The middle stages of Silverstone's proposed model focus on identity confusion, comparisons, and tolerance of transgendered identity (Silverstone, 2008). In these sessions, Silverstone aims to use drama therapy to better understand the transgender adolescent identity and to develop a great sense of acceptance of the self (Silverstone, 2008). There is an emphasis on using role in these middle stages. They allow for the transgender adolescents to break down the gender roles and embody both, providing support mechanisms for them to explore and live in the role of the gender that they identify with (Silverstone, 2008). The final stages focus on transition, acceptance, integration, and pride (Silverstone, 2008). In these stages, transgender adolescents would get to experience the transition process through the drama therapy work, becoming the gender that they truly are, and using ritual to explore their new selves (Silverstone, 2008). In the very last stage, pride, the transgender adolescents get to perform a therapeutic performance process in which they are able to share their stories and be proud of their journeys (Silverstone, 2008).

Bruce Howard Bayley (2003) used drama therapy to work with male clients aged 17-20 who were prostitutes and expressed "cross-gender" conflicts that, at the time of study in 1992, was relatively unknown. Bayley's clients exhibited cross-gender behavior in which they created separate personas from their male identities with stereotypical feminine female personas and behavior, and at times acted as those personas, Bayley referred to this conflict as "split gender role behavior" (Bayley, 2003, p. 14). Bayley primarily used the drama therapy technique of mirroring, in which the client's movements are physically mirrored back to them, typically by

other group members or the therapist, with Bayley adding an additional layer of using actual mirrors (Bayley, 2003). Bayley found that in the mirror, his clients would act out and express their needs for fusion- to unite the male and female parts of themselves that were being expressed in their split functions, and to unite with an idealized 'other' (Bayley, 2003). After finishing the therapeutic process with his clients, Bayley concluded that the splitting that they exhibited was likely a defensive position they took, along with taking on the role of a prostitute, as a way of dealing with a sense of lack and to deal with the hostile world that they've encountered in their search for a safe relationship with an idealized 'other' (Bayley, 2003). Bayley's work in his study is an example of the innovative and effective use of drama therapy in working with a specific and unique gender non-conforming identity.

Many LGBTQ adolescents are often silenced by heterosexist and cisgendered dominance and are often not given a platform in which to share their experiences (Wilson, 2011). Due to this, narrative-based drama therapy methods can serve as a critical tool to give voice to suppressed stories, create visibility for the LGBTQ community, and validate their personal experiences (Wilson, 2011). Although not considered an official form of drama therapy, playback theatre can be an effective way to use the dramatic arts to validate the stories of transgender adolescents (Wilson, 2011). In playback theatre, volunteers in the audience are invited to tell their stories and experiences, and then watch as a group of trained actors reenacts the story in a dramatized manner (Wilson, 2011). It has often been found that through the dramatization of the volunteer's experience, unsaid words and feelings are often manifested on the stage, which allows for the volunteer to experience the catharsis and release of those feelings without having to directly express them themselves (Wilson, 2011).

It can also be a valuable tool to use narrative based drama therapy interventions to deconstruct heterosexist and cisgendered dominance, to deconstruct its effects, and reconnect LGBTQ adolescents with similar stories that represent and empower them (Wilson, 2011). Through the reclamation of the authorship of their personal and collective narratives, transgender adolescents can get the opportunity to share their stories in a supported and empowered manner. This can ultimately aid in the efforts of creating a community that is more understanding and empathetic to their experiences (Wilson, 2011). Through the sharing of intimate and personal experiences, drama therapy participants get to share their lived experience in a constructed and contained manner, and avenues to access parts of the self are opened (Wilson, 2011). Their journey which they embark upon offers an opportunity for sharing in their daily lives, and getting to connect with others who have shared experiences (Wilson, 2011).

Drama therapy and identity development with transgender adolescents. Identity development is an area that many transgender adolescents can encounter complications with, and is a key area that therapists can focus on fostering with their transgender adolescent clients. Transgender adolescents tend to experience an inherent sense of incongruence with the view of themselves due to the discrepancy between their desired gender identity and their current gender identity (Center of Excellence for Transgender Health, 2016). Silverstone (2008) states that “during the identity development process, transgender adolescents may be trying out different labels or roles in attempts to feel closer to - or be accepted as - who they actually feel themselves to be inside.” Silverstone adds that drama therapy is an effective modality of treatment for identity development because “Through drama therapy's use of roles, the client is free to take on many different characters without judgment or expectation.” (Silverstone, 2008)

Another inherent obstacle that transgender adolescents face in the development of their identity is that a vast majority of the dominant narratives relating to identity are from a cisgendered perspective (Wilson, 2011). Because of this, it is essential that transgender adolescents are provided support that works to validate their personal narratives (Poirier, 2016). Every transgender adolescent's experience of discovering and fostering their self-identity will be unique and influenced by a variety of factors, such as their support systems, the decision to seek gender reassignment surgery, and whether they decide to disclose their status or not (Babyatsky-Grayson, 2014). Through drama therapy, transgender adolescents would have the opportunity to experiment with the various factors that affect their self-identity through the use of role-play, and can allow them to identify how it feels to embody the role of a person at various stages of their identity developmental process (Silverstone, 2008). Fostering identity development is a critical therapeutic component when working with transgender adolescents (Babyatsky-Grayson, 2014). Further research on this topic can better highlight the importance, the applied practices, and results of using drama therapy to foster identity development with transgender adolescents.

Drama therapy and transition with transgender adolescents. The aspect of transition is clearly a strong and consistent area of focus for transgender adolescents. The decision to transition is a difficult one that involves a lot of various factors and create potential areas of anxiety (Center of Excellence for Transgender Health, 2016). The gender reassignment process can frequently be a lengthy and challenging process, typically taking anywhere from two-four years (Center of Excellence for Transgender Health, 2016). Some transgender adolescents will start the process of hormone therapy while under the age-of-eighteen, then seek gender

reassignment surgery once they are eighteen, as insurance typically won't cover gender reassignment surgery for minors in the United States (Center of Excellence for Transgender Health, 2016). Beyond gender reassignment surgery, transition for transgender adolescents can exist in many forms, such as social transitions, where can involve changes in external appearance to match their desired gender identity, and requesting to be referred to and recognized by their preferred gender pronouns and identity (Center of Excellence for Transgender Health, 2016).

There is often a large amount of anxiety and uncertainty that comes with the transition process, and thus drama therapy can be an effective modality to abide the anxiety and develop resilience in dealing with the uncertainty of the transition process (Babyatsky-Grayson, 2014). As mentioned above, Silverstone's (2008) 14-stage model mirrors the transition process for transgender adolescents and would allow them to explore the various stages through embodied role-play. Through drama therapy, transgender adolescent clients can allow their dreams and desires about being in the body of their desired gender to be acted out, which gives validity and actualization to their desire (Wilson, 2011). There is an inherent component of transformation within the transition process, and as shown by Bayley's (2003) work using mirroring to work with cross-gender conflicts, drama therapy has the capacity to allow clients to make significant insights about themselves and to be able to use that insight to transform their sense of selves. Developmental Transformations has been shown to be particularly adept at abiding anxiety and also has been shown to encourage and open up opportunities for significant transformative insights about the self to occur (Poirier, 2016).

Role of the Therapist with Transgender Adolescents

Responsibilities of the therapist with transgender adolescents. There is a great responsibility when working clinically with transgender adolescents, as previously mentioned, the population is vulnerable and at increased risk, so it is essential that therapeutic practice with them is treated with the utmost of care (Schnebelt, 2015). Unfortunately, clinicians are often not properly trained in the needs of transgender clients, which often leads to insensitive care and clinical misunderstanding (Benson, 2013). Specialized training is essential because as previously noted, many surveyed working drama therapists did not feel that their training programs gave them an adequate amount of training to be able to comfortably work with transgender clients (Beauregard, Stone, Trytan, and Sajnani, 2016). The literature revealed key areas of practice that emerged as potential guidelines for clinical practice. Those areas are; gender pronoun preference, ability to be adaptable, respect for the individual and unique experience of being transgender, and intersectional philosophy/clinical foundations. It is essential that therapists ask clients about their gender pronoun preferences, and to fully respect and call them by that preferred gender pronoun (Barrow, 2014). In addition, clinicians need to be cognizant of their own gender biases and assumptions to better acknowledge transgender clients and provide them with the best care as possible (Benson, 2013). Research has indicated that the shift in diagnosis in the *Diagnostic and Statistical Manual-5 (DSM-5)* from gender identity disorder to gender dysphoria has aided in treatment practices for transgender individuals to become more humanistic and less pathological based, but that there is still work in the psychological field in this effort (Benson, 2013). The current body of research also suggests that a cultural shift is occurring and needs to be fostered to establish and recognize transgender culture in a more affirming and accepting manner (Schnebelt, 2015). This cultural shift should ultimately encourage medical and mental health

professionals to become better informed and more aware of considerations for the transgender population (Schnebelt, 2015) (Benson, 2013).

Ability and Skills to be Adaptable. This collection of research indicates towards a critical piece for therapists to be mindful of when working with transgender adolescents, which is to be adaptable, knowing how to structure and consider interventions to fit each client's needs. Most importantly, the literature supports that every transgender adolescent will be unique, even if they share a transgender identity.

Acknowledge the Individual Experience. Development for each transgender adolescent will be unique and will identify and articulate their identity at their unique time (Center of Excellence for Transgender Health, 2016). Each transgender client's experience and journey will be different, such as deciding to start hormone therapy and their path to gender reassignment journey (Center of Excellence for Transgender Health, 2016). Because of this, therapists working with transgender adolescents should be skilled at prepared to meet their needs at all stages of their process (Benson, 2013) (Center of Excellence for Transgender Health, 2016). Therapists will need to keep constantly aware, familiar, and updated on the transgender community, which will help the client feel understood and ensures that the therapists don't rely on clients to educate them- which can become an all-too-familiar experience for transgender adolescents (Barrow, 2014). In addition to developing an understanding of how to work with transgender clients within the therapeutic space, therapists need to develop an understanding of the knowledge regarding the political, historical, and psychological contexts that their clients live in (Ali, 2014). Therapists working with transgender youth should be prepared and know how to work as a liaison for providing resources, particularly regarding family concerns, as well as providing

contacts within the community to assist the child with their social, school, or medical issues (Babyatsky-Grayson, 2014) (Benson, 2013).

Intersectional Philosophy/Clinical Foundations. With all of the stated considerations in mind, there is an added layer of complexity that therapists must be mindful of, and that is the role and function of intersectionality. Having an intersectional framework allows for the therapist to take into consideration the multiple layers of a client's narrative beyond just their transgender identity (Schnebelt, 2015). These layers of identities include but are not limited to, race, age, sexual orientation, socioeconomic status, religion, and disability (Schnebelt, 2015). For instance, transgender people of color have been statistically found to be at a higher risk for violence, a study from the Human Rights Campaign Foundation- Trans People of Color Coalition reports that 84 percent of the transgender individuals murdered in the year of 2017 were people of color (Lee, 2017).

Discussion

This critical review examined current research on transgender adolescents and drama therapy. It highlighted the existing literature and areas that are in need of further exploration. The review illuminated historical contexts in drama therapy with transgender adolescents and presented drama therapy models and techniques to work with the population. For example Silverstone's (2008) 14-stage drama therapy model designed specifically for transgender adolescents, and Bayley's (2003) use of mirroring in drama therapy to work through cross-gender conflicts. The literature review revealed that there is a limited scope of research presently available and exposed the clear need for further research on the population

(Beauregard, Stone, Trytan, and Sajnani, 2016). Certain areas of practice, however, were not consistently present in the literature, such as a need to train therapists on skills of working under a transpositive and affirming approach (Ali, 2014). The current body of literature shows that a variety of drama therapy techniques such as mirroring, embodiment, role-play, playback theatre, and narrative therapy can be effective treatment methods for transgender adolescents (Silverstone, 2008) (Bayley, 2003) (Wilson, 2011). Findings also revealed the unique therapeutic benefits that drama therapy can provide for transgender adolescents, and how they are in-line with many of the common sources of anxiety that transgender adolescents face, such as identity development and self-image (Silverstone, 2008) (Beauregard, Stone, Trytan, and Sajnani, 2017).

Further studies within the field of drama therapy are needed in order to identify the efficacy of drama therapy with transgender adolescents. There is an emerging body of research on treatment theories in expressive therapies, with a focus on the role of the therapist in working with transgender adolescents (Babyatsky-Grayson, 2014). Findings revealed several themes and areas of practice that are unique and important to consider for this population. Developing best practice guidelines based on these findings for transgender clients in drama therapy will support gaining clearer guidelines for how to work with the population. Further research could be used to support drama therapy as a more visible and accessible treatment option. This study revealed that there are many struggles that transgender adolescents face (Center of Excellence for Transgender Health, 2016) (Barrow, 2014), but drama therapy can provide just what they need to embody, cherish, and step into the role that they truly are.

Towards a Transpositive Approach to Therapy

With the growing cultural shift within the therapeutic community as a whole, therapists and researchers from many fields have collaborated to create a transpositive and approach to working therapeutically with transgender clients (Ali, 2014). Overall, studies have shown that using a transpositive and trans-informed approach to work therapeutically with transgender clients has led to the therapists engaging in self-directed learning and advocacy, demonstrating flexibility in their approach, and were open to learning from and being affected by their transgender clients (Ali, 2014). In order to foster a transpositive approach, it is essential to not only analyze the subjective experiences of the transgender clients, but to also look at the unique subjective experiences of the therapists working with them so that the field of psychology can gain stronger insight into their work and gain recommendations for how to materialize their practice for other therapists to use (Ali, 2014). When working with transgender clients, it is possible that countertransference will occur, in which case, it is the therapist's responsibility to seek adequate supervision in order to properly process it (Benson, 2013) (Ali, 2014). Therapists who provide specialized therapeutic services for transgender clients are also encouraged to pursue in advocacy activities for the population, both in the outside world and in the sessions themselves by offering self-advocacy education for clients to provide them with opportunities and insight on how to advocate for themselves in their communities (Ali, 2014).

It is incumbent for the therapist to embody a fine balance when using a transpositive approach to therapy (Ali, 2014). Gentle curiosity is recommended, without being voyeuristic or prying too hard for information, a therapist would need to advocate without preventing transgender individuals from speaking for themselves, and to allow them to explore their own gender subject position without avoiding countertransference issues (Ali, 2014). The

development of the transpositive approach to therapy is indicative of the influential power and importance of research for the transgender population. It also speaks to the importance of collaboration, many therapists and researchers came together to create this transpositive approach and is a supported research that is applicable for a multitude of psychological fields because of this (Ali, 2014).

Therapeutic Support Models with Transgender Adolescents

The role of the therapist when working with transgender clients has largely shifted from a gatekeeper model, where they are charged with authenticating the gender of their clients, to more of a support model (Center of Excellence for Transgender Health, 2016). The body of research overwhelmingly suggests that the therapist should allow the transgender client to take the lead when discovering their identify and for the therapist to offer support with that process, as opposed to the therapist trying to steer the client to discover parts of the self that they are not ready to discover (Center of Excellence for Transgender Health, 2016) (Benson, 2013) (Berkovich, 2016) (Ali, 2014). Empathy will always be an integral part of therapy with any population but is particularly important to possess and utilize for transgender adolescents, therapists must listen to what they have to say and fully acknowledge their experience without judgment (Barrow, 2014). It is integral that transgender adolescents are not put in the vulnerable position of relying on their therapist's empathy to determine whether they will receive the care they require, they should be able to trust that their therapist has their best interest in mind (Barrow, 2014).

In reviewing the body of literature on the role the therapist plays in working with transgender adolescents, the issue of the lack of role models emerged as an important piece in

identity development for the population (Berkovich, 2016). Role models are important for identity development because it serves as a source of reference for which transgender adolescents can aspire to be (Berkovich, 2016). Therapists can sometimes serve as a role model for their clients, but for transgender adolescents, the underlying issue is that the quantity of transgender therapists who are open about their identity is scarce due to the oppression and fear that transgender individuals face (Lurie, 2014). Transgender therapists often have to put a lot of weight into their decision to disclose their identity to their clients, which can serve as a personal stressor and prevent the therapist from providing their best services (Lurie, 2014). Transgender therapists have also reported worrying that they will be seen as deceitful by their clients if they do not initially disclose, but do so at a later time, they worry that the clients will feel that they were withholding critical information from them or lying to them (Lurie, 2014). The advent of the internet has caused a further sense of worry with this concern, as clients can look up the therapist's identity and force the disclosure of their identity without the therapist's consent (Lurie, 2014). All of these concerns are struggles that transgender therapists face that cisgendered therapists do not, but support for transgender therapists is essential for strengthening the transgender community and for providing transgender adolescent clients with a potential role model and care provider that can relate with the lived experiences of being transgender (Berkovich, 2016) (Lurie, 2014).

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