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Skylar A. Stratemeyer

Lesley University, sstratem@lesley.edu

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**Playing with Policy: What Insights Arise from Transgender Adults After Participating in a
Legislative Theatre Exercise**

Capstone Thesis

Lesley University

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Skylar Stratemeyer

Drama Therapy

Dr. Angelle Cook, RDT/BCT

Abstract

The transgender community is underrepresented in the current body of academic research, underserved in the current clinical model of healthcare services, and legislatively oppressed on a state and federal level in the United States. As of March 2023, more than 400 anti-LGBTQI laws have been introduced on a state level in 2023 alone (ACLU, 2023). In response to the hostile Western sociopolitical climate, this thesis will focus on what insights arise from transgender adults and cisgender allies ($N = 12$) after participating in a dramatherapeutic group therapy session that explored current anti-trans legislation and highlighted the legal needs of the community. Participants were in a partially hospitalized substance treatment center and mental health counseling agency for adults in the Eastern United States. They engaged in three different interventions which were rooted in Boal's theatre of the oppressed (Boal, 1998; Boal 2002) and Moreno's psychodramatic (Giacomucci, 2021) frameworks and were guided via critical queer theory (Wilchins, 2004) and gender-affirming therapeutic (APA, 2023) orientations. Results of this study firstly, highlighted the ways in which participants do not feel protected by the current legislation; secondly, provided a blueprint for what the legal needs of the transgender community are moving forward.

Keywords: Dramatic reality, gender-affirming healthcare, intersectionality, legislative theatre, transgender adults, Boal

Positionality statement: As a White, 26-year-old, cisgender woman in the role of researcher and author, I do not speak for the transgender community – I locate myself as an ally and I aim to use this academic platform with the intention of amplifying voices within the community.

Playing with Policy: What Insights Arise from Transgender Adults After Participating in a Legislative Theatre Exercise

Western society tends to operate on a set of heteronormative and cisnormative beliefs, causing transgender and gender nonconforming (GNC) individuals to navigate transphobic systems which has led to nationwide barriers to necessary gender-affirming healthcare (ACLU, 2023). Cultural discourse that centers White, cisgender, heterosexual (or cishet) sexuality, coupled with hostile legislation which targets and restricts gender expansiveness, has led to a society that is not welcoming or safe for transgender or GNC individuals. The American Civil Liberties Union has recorded 400+ anti-LGBTQ laws that have been introduced on a state level in 2023 as of March 24th alone (ACLU, 2023). As anti-LGBTQI legislation continues to be pushed and affirmative care continues to be undermined by political representatives in the United States ([2023](#)), I feel an urgent need to not only advocate for the necessity of affirmative care in drama therapy but also supplement the current gap in research by highlighting the experiences and insights of transgender and GNC individuals. Transgender and GNC individuals are often grouped in with the entire lesbian, gay, bisexual, queer, and intersex (LGBTQI) population, or are categorized as “sexual minorities” and “gender minorities” (Veldhuis et al., 2017). Due to lack of specificity through the research lens regarding transgender and GNC experiences, I will often reference research conducted with the broader LGBTQI population but underline the transgender and GNC experiences as they are uniquely impacted by societal and political conditions in the United States. In consideration with the current political climate opposing gender diversity in the United States and the sociopolitical oppression that transgender and GNC adults experience, I intend to observe what insights arise from transgender and GNC adults after participating in a legislative theatre exercise.

This topic was chosen out of awareness that this population is underrepresented in the current body of research, underserved in the current clinical model of healthcare services, and legislatively oppressed on a state and federal level. According to the American Civil Liberties Union, current anti-trans legislation around the country ranges from

criminalizing healthcare for trans youth, barring access to the use of appropriate facilities like restrooms, restricting trans students' ability to fully participate in school and sports, allowing religiously motivated discrimination against trans people, or making it more difficult for them to get identification documents with their name and gender (2022, para. 3).

Legislatures prohibiting medical providers from offering gender-affirmative healthcare should be held ethically and legally accountable for the negative implications resulted by restricting such life-saving interventions. Receiving gender-affirming healthcare has been observed to lower odds of suicidality by 73% (Tordoff et al., 2022). Crenshaw (1991) wrote that the development of legislation without a critical awareness of intersectionality compounds marginalization; and in the case of transgender and GNC individuals, perpetuates conceivably preventable deaths.

Considering intersectionality theory, I will share my positionality and intentions as the author and researcher of this study. I identify as a White, cisgender woman with access to academia, a believer in theatre's ability to promote social change, and an active disruptor of injustices. Academically, this study aims to create space for trans visibility within research pools by supplementing the current body of research with elucidation of transgender and GNC adults' qualitative experiences. Additionally, a hope is to demystify gender-affirmative drama therapy and to provide mental health professionals with insight and frameworks that may serve them in supporting their transgender and GNC clients in the future. Further research is still required to

learn more in depth about transgender and GNC intersectionality's to increase visibility of the population and to provide empirically supported evidence that gender-affirmative healthcare directly provides life-saving interventions. Therapeutically, this study hopes to facilitate an exploration of what it would look like if individuals had a voice in the development of policies and legislation that impact their everyday function, legal protections, and rights as American citizens. In terms of integration and community-level advocacy, my final intentions of this study are to advocate for the decriminalization of gender affirming healthcare and need for gender affirming legislation in our Eastern region of the United States.

The purpose of this intervention is to have an honest conversation about the way transgender and GNC adults perceive current legislation, to explore the possibilities of gender-affirming legislation through dramatic reality (Pendzik, 2006), to empower members of the population to have voice in policy, and to advocate for legislative change on a state level. The objectives for this intervention are to explore reactions toward existing hostile legislation, amplify the voices, preferences, and needs that transgender and GNC adults have in relation to legislation, co-create a replacement law which is gender-affirming, and share these findings with the appropriate state representatives to enact necessary change. I hope to learn how performance-based drama therapy, psychodramatic techniques, and theatre-based activism can illuminate the experiences and needs of transgender and GNC adults, as well as to platform what transgender and GNC adults would change if they had the ability to rewrite the legislation that impacts youth education, access to healthcare, legal protection, and civil rights as American citizens.

Additionally, I am curious about the ways that this performance-based intervention might not only elucidate the legislative preferences and needs that this population has, but also offer a therapeutic experience from embodying the benefits, via dramatic reality, that become available

when laws are tailored to their lived experiences and when they are able to navigate a society that does not seek to actively harm them.

Attitudes and Understanding of Population

The World Health Organization defines gender affirmative healthcare as, “any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity” (2022, para. 7). In the context of clinical mental health counseling, the baseline of psychological gender-affirmative care is calling a client by their self-identified name and pronouns. As mentioned above, Tordoff (2022) examined transgender and GNC youth’s ($N = 104$) responses to gender affirmative care and the results indicated that having access to gender-affirmative environments reduced suicidality among participants by nearly 75%. According to Abshire (2022), “gender-affirming healthcare practices have been demonstrated to yield lower rates of mental health issues, build self-esteem, and improve an individual’s overall quality of life”. The reliability of these findings can be seen in other statistics that show morbidity rates in the absence of gender-affirming environments.

The National Center for Transgender Care’s 2015 U.S. Transgender Survey (USTS) examined the experiences of transgender adults ($N = 27,715$) with respondents from all 50 states, D.C., American Samoa, Guam, Puerto Rico, and U.S. military bases (James et al., 2016). While the snowball sampling method for this survey may indicate that the sample is not representative of the entire transgender population, the results of this online survey still illuminate alarming patterns of mistreatment and discrimination among respondents. According to the 2015 USTS, 23% of the respondents did not see a doctor when they required medical attention out of fear of receiving mistreatment for being transgender, 33% reported at least one negative experience

from a healthcare provider in the past year, 57% reported feeling uncomfortable asking the police for help, 46% were verbally harassed, 47% were sexually assaulted in their lifetime, and 40% have attempted suicide in their lifetime, which is nearly nine times the rate of the U.S. population (2016). Through an intersectionality lens, the data indicates further disparities between overall respondents and respondents who were Black, Indigenous, or People of Color (BIPOC). According to the results, overall respondents were twice as likely as the U.S. population to be living in poverty, but BIPOC respondents were three times as likely as the U.S. population to be living in poverty (2016). Additionally, unemployment rates for transgender BIPOC were four times higher than the U.S. unemployment rate, 50% of undocumented respondents had gone without a shelter in their lifetime, and transgender people with disabilities reported 42% higher rates of mistreatment by healthcare providers (2016).

I will further highlight the areas in which western society and western healthcare is failing to embrace and provide for the transgender and GNC community. Researchers (Robson & Nicholls, 2021) conducted a study using semi-structured interviews with cisgender participants ($N = 6$) to investigate their thoughts, feelings, and behaviors toward transgender individuals. Foucauldian discourse analysis was utilized to interpret informants' "attitudes" toward transgender individuals. The results of the data analysis identified one of the most prevalent discourses to be *heteronormativity as a benchmark*. Individual discourses included specific examples of gender norms, the gender binary, and how interviewees constructed transgender discourse as a deviation from what is ascribed to be "acceptable" by the dominant group (i.e., the cisgender/heterosexual population). In language that is employed to seemingly protect and defend the dominant social group, transgender and GNC individuals become further ostracized. Heteronormative discourse is problematic in that it promotes the social exclusion, and even goes

as far as to actively deny the validity in the existence of transgender and GNC individuals living in the western society. While the sample size for this study was small, ethical approval was gained prior to starting the study, the data provided rich descriptions, and reflexivity was an ongoing component throughout the process for the researchers to maintain credibility.

Researchers (Beauregard et al., 2017) conducted an online survey with drama therapists ($N = 136$) to report on institutional attitudes and actions as experienced by LGBTQI and GNC drama therapists in North America. The survey was developed in accordance with a previous study (Whitehead-Pleaux et al., 2013) and the results indicated that drama therapists continue to work in predominantly heteronormative and cisgender normative spaces, which creates barriers to implementing supportive and affirmative care (i.e., cost prohibitive barriers, structural barriers with limited insurance coverages, fear-based barriers around client disclosure, and competency barriers with clinicians' specialized training and knowledge). Institutional review board approval was received, data was tabulated using Survey Monkey software and analyzed via manual category coding. Triangulation was used where each co-author reviewed the data in order to increase trustworthiness of findings. According to the survey's results, only 44% of respondents indicated that they work in environments that are flexible and responsive toward implementing or improving services concerning gender diversity. The authors identified a possible limitation of the study where the length of the survey may have been a deterrent; however, this study has good credibility and transferability as the researchers presented their findings in good detail and the sample size ($N = 136$) may be a fair representation of the North American drama therapy population.

These studies (Beauregard et al., 2017; Robson & Nicholls, 2021) offer context into the societal and institutional views, attitudes, and behaviors toward transgender and GNC

individuals. The results also indicate some of the healthcare disparities that exist in current medical and counseling models for transgender and GNC individuals in North America. Encounters between the transgender and GNC community with drama therapists in North America have also been recorded by Beauregard et al., 2016. According to this 2016 study, registered drama therapists (RDTs) in North America ($N = 136$) were surveyed and 84% of respondents indicated that they personally knew someone who identified as transgender, intersex, or GNC; yet only 65% of respondents considered their approach to be transgender, intersex, and GNC affirming. In relation to understanding politics concerning transgender, intersex, and GNC communities, 60% of respondents indicated they had little to average understanding, and 14% indicated they had no understanding at all. A lack of understanding in how oppressive legislation and hostile political landscapes may affect transgender and GNC individuals is troubling as it indicates a gap in care in relation to how RDTs are supporting this population while providing therapeutic services.

Transgender and GNC adults' reactions to the political leadership in America has also been examined by researchers Veldhuis et al. (2017). In this internet-based study, which utilized a national convenience sample ($N = 741$), researchers examined how sexual minority women and gender minorities perceived the results of the 2016 American presidential election. The survey's results indicated that 73% of respondents reported higher levels of sadness or depressed mood and 76.5% reported higher levels of anxiety in relation to perceptions on the election outcome. The study used a concurrent triangulation design where narrative data was collected to inform quantitative data and a 7-category scale was created and used to measure perceptions on LGBTQI rights, personal safety, safety of others, depressed feelings, and comfort with one's identity. The results of the planned post-hoc comparison indicated that transgender individuals

reported significantly higher fears for their own safety compared to cisgender females ($p < .01$). While this study does not have excellent external validity since it relied on a convenience sample and lacked intersectional diversity within the sample, rendering it not representative of the larger population, this study remains to be one of the first of its kind and should be used to inform future studies relating to transgender and GNC individual's experiences navigating American politics and their societal repercussions.

Expressive Art Therapies with Population

How do expressive art therapies fit into this discussion? Researchers (Wernick et al., 2014) examined theater as a tool to create change when used by LGBTQ youth ($N = 8$) to cultivate individual and collective empowerment through a transformative community-organizing model. Within this model, scripted theater performances were delivered to adult stakeholders and theater games were utilized within the youth group to cultivate empowerment. Data were collected via informant interviews and focus groups. Data analysis took place through a priori thematic coding scheme which was developed for this study. Results of the data analysis indicated that participants related their participation to the context of their experience of oppression(s) as LGBTQ youth (i.e., experiences of isolation, powerlessness, and inability to express/explore their identities freely prior to the study). Through this arts-based process, themes such as community creating, consciousness building, and effecting change were identified. Limitations include that this study examined only one youth group ($N = 8$), and “additional research is needed to examine the transferability of the findings, including research that explores other creative expression strategies used to develop empowerment among LGBTQ youth” (2014).

Additionally, Campbell (2018) launched an arts-based ethnographic study of young transgender and gender-diverse children ($N = 32$), ages 3-10, in the United States where participants illustrated and pasted scrapbook images depicting themselves, their interests, and their identities. Many young transfeminine girls in the study ($n = 25$)

repeatedly drew themselves as mermaids and insisted that their drawings of mermaids represented the joy of being able to be their true selves, and often referred to mermaid media as exemplars of both happy endings and desirably heightened and recognizable femininity (para. 2).

With a discovery-oriented design, the data collection included participant observations, interviews, and artifact collection. Data analyses included a modified grounded-theory approach that incorporated both thematic analyses and extensive memoing. Results of this study indicated that mermaid-related metaphors were able to offer additional insight and nuanced understanding of participants' experience of self-view. Results of this study offered transparency, participant feedback, and triangulation in analysis of data. While limitations to this study include needing additional research to examine transferability of findings, this study should be used to inform future arts-based research that elucidates the internal experience of trans and gender diverse youth and adults.

In both studies (Campbell 2018; Wernick et al., 2014), arts-based methods appeared to offer an additional avenue for expressing aspects of self, as well as acted as a vehicle for connecting and being in relationship with others with shared experiences. While both studies examined gender diverse youth, these findings inform my topic of working with transgender and gender non-conforming adults since childhood experiences and early conceptualizations of gender identity and self-view manifest themselves in adulthood with varying types of

symptomologies. These findings additionally support my topic in the way that they highlight arts-based interventions as a means of gaining nuanced insight into interpersonal and intrapersonal experiences.

Additional research (Arias, 2020; Dennis, 2020; Truax, 2020; Lunardi, 2019) has shown the benefits of utilizing drama therapeutic approaches with queer populations and gender-minorities. Researcher Truax (2020) highlighted the ways in which dramatherapeutic frameworks, such as Role Theory (Landy, 2009), are able to be expanded in ways where the framework can address the nuances of LGBTQI+ individuals' lived experiences. Lunardi (2019) supplemented the current body of research by underlining the ways in which drama therapy can be used to address the queer population's expansive intersectional identities. Dennis (2020) expounded on the ways in which drama therapeutic frameworks, such as Narradrama and Joseph Campbell's Monomyth approach to mythology, can be utilized to support LGBTQI youth in reclaiming a narrative that honors their lived experiences. Additionally, Arias, et al. (2020) offered insight into how therapeutic theatre can be used to address gender-based violence. Drama therapeutic frameworks are adjustable, and they can be modified in ways that fit the needs of the population using it. Due to this, I believe drama therapy to be an effective container for holding the experiences, and guiding the exploration, of transgender adults confronting the current sociopolitical climate in the United States.

Frameworks and Approaches

The methodology of this study was guided by Augusto Boal's Theatre of the Oppressed (TO) theory (Boal, 1998, Boal 2002) and Jacob Moreno's psychodramatic philosophy (Giacomucci, 2021). Within Boal's TO theory, there is one technique that is informing the structure of this study's method – legislative theatre (Pratt & Johnston, 2007). Using the format

of legislative theatre, this performance-based intervention will be designed to encourage participants to creatively explore and embody both the current implications of anti-trans legislation, as well as collaboratively define and embody gender-affirming legislation which will be shared with local legal representatives.

Jacob Moreno's "spectrogram", a psychodramatic tool for group therapy settings, will be utilized in this study as a means of collecting qualitative data via a non-verbal and embodied approach (Giacomucci, 2021). The spectrogram is a tool that allows participants to physically position themselves on a spectrum in response to a prompt. Similar to an embodied Likert scale, the spectrogram will allow participants to place themselves at a "10/10, I agree with this statement", or a "0/10, I disagree with this statement", or anywhere in between those two responses to depict nuances in the feelings and thoughts toward any given statement. This tool also encourages physical movement in the room and allows the participants to step into their bodies prior to engaging in the more physically engaging, "Colombian Hypnosis" (Boal, 2002).

Augusto Boal, the developer of Theatre of the Oppressed, developed an activity called, "Colombian Hypnosis" (Boal, 2002). This activity was designed to address unequal distributions of power and power paradigms, as shown by one participant having "control" of the other participants physical movements and gestures during the activity. This will be employed to offer a visual representation of what a relationship between policymakers and citizens looks like. Additionally, an adaptation of Boal's "legislative theatre" will be employed during this study in order to catalyze a conversation directly about the current set of laws and the atmosphere of the legislative climate toward gender-minorities in the United States.

Guiding frameworks that will inform my interactions with both the participants and my analysis of the data include a gender-affirming framework (APA, 2023; WHO, 2020) and critical

queer theory (Wilchins, 2004). The World Health Organization has deconstructed gender-affirming healthcare into four domains: medical, social, behavioral, and psychological (2020, para. 7). Medical interventions can include, but are not limited to, “various procedures such as hormone therapy, genital reconstruction, breast reconstruction, facial plastic surgery, speech therapy, urologic and psychiatric services and primary care” (John Hopkins Medicine, 2022). Non-medical (or social and behavioral) gender affirming interventions can look like: supporting clients through the legal process of correcting their name and gender marker on state IDs, driver’s licenses, birth certificates, and passports; offering clients resources for locating chest binders, packers, or breast forms; and supporting clients in accessing gender-congruent clothing, makeup, and hair removal products. These interventions can support transgender individuals in combatting gender dysphoria and feeling more congruent with their gender identities and gender expressions. According to the American Psychiatric Association (2023), “gender affirming therapy is a therapeutic stance that focuses on affirming a patient’s gender identity and does not try to “repair” it”. The baseline of affirming a client’s gender identity, and what will be employed in this study, is to use the name and pronouns that the client tells you to use, whether or not they have gone through the process of correcting their name and gender marker on legal identifying documentation.

Critical queer theory is “at heart, about politics – things like power and identity, language, and difference” (Wilchins, 2004). Through a critical queer theory lens, I am cognizant of systems of oppression that create unfair advantages and disadvantages for different populations based on their intersectional identities. Western society, including legislation and social discourse, tends to place White, cishet sexuality as the superior form of human sexuality. Therefore, queer and transgender human sexuality are viewed as a “transgression” from the norm

and therefore, lacks an adequate amount of research, civil rights' protection, safety, and resources. Due to the stigmatization and widespread discrimination of this gender identity, people who identify as transgender and gender non-conforming have unequal access to employment protection, adequate healthcare, and academic curriculum that acknowledges their lived experiences. Through this lens, it is understood that the sociopolitical climate in which this population is navigating has played an instrumental role in the participants' of this study current symptomology and placement in a substance treatment center.

The above tools come from longstanding frameworks that have historically been used to support marginalized communities in their conceptualization and exploration of systems of oppression, as well as acts as a tool to help communities communicate and organize for the sake of effecting change via grassroots movements. Due to this, the spectrogram, Colombian Hypnosis, and legislative theatre activities were carefully selected in the design of this study.

Methods

Population and Setting

This study was designed as an intervention that was offered onsite at my current field training placement. Participants of this study ($N = 12$) were individuals who self-identify as transgender adults, or as allies to transgender individuals. Participants' ages, races, and socioeconomic statuses (SES) were diverse; with ages that ranged from 20-years-old to 50-years-old, racial backgrounds that included Black, Hispanic/Latinx, and White individuals, and SES ranging from upper class to impoverished and currently unsheltered. The setting was a partially hospitalized substance treatment center and mental health counseling agency for adults in the Eastern United States. Participants were previously engaging in a weekly group-format with

myself as the facilitator. Participants were presenting to treatment with diagnoses ranging from substance-dependence to various mental health disorders and gender-dysphoric-related traumas.

Procedures

Prior to the beginning of this study, informed consent was collected from all participants, as well as a brief demographic summary of who identified as transgender, an ally, or other; with the understanding that the term transgender encapsulates both individuals whose gender does not match their assigned sex at birth and individuals who renounce the gender binary as a whole and identify as non-binary/gender non-conforming. This study's method began with a Spectogram (Giacomucci, 2021) warm-up, which contained questions ranging from "How respected/safe do you feel in this treatment center, how respected/safe do you feel out in public spaces, how comfortable do you feel in the presence of police, and how protected do you feel by the current set of laws in this country?" Participants were invited to respond to these questions in an embodied way via physically relocating themselves in the space and were also given an opportunity to verbally respond to each prompt once positioned on the 3-dimensional spectrum.

Following this, participants engaged in Colombian Hypnosis (Boal, 2002), which was designed to offer a visual representation of an unequal distribution of power. This springboarded participants into the final legislative theatre-inspired activity, where the current sociopolitical climate was addressed, anti-trans legislation was identified, and participants offered one-word responses that captured their feelings toward the topic. The final segment of the legislative theatre activity allowed participants to identify which needs are not being met by the current set of legislation. Participants discussed, debated, and organized as a community during the course of this intervention. I speculated that participants would engage meaningfully in these discussions and provide a cohesive blueprint of their legal needs. These findings will be organized and

advocated for on a county and state level by means of sharing them with appropriate local representatives.

Data were collected over the course of one 90-minute group process, and information was recorded via my own note-taking and post-process journaling. Within my note taking, I captured emerging themes, topics, feelings, and insights from participants. The information gathered was organized by means of identifying themes from my clinical observations and sorting participant responses through an intersectional lens (i.e., acknowledging when BIPOC participants had different experiences from White and White-passing participants.)

Results

Results of the spectogram indicated that the participants' experience a significant decrease in perceived respect/safety by going from gender-affirming environments to cisgender-dominated public spaces. The data suggested that participants felt respected and safe in their identities while inside the perimeters of the gender-affirming treatment center and felt disrespected/unsafe in their gender identities out in public spaces that are not actively affirming. Additionally, results of the spectogram indicated that there is a discrepancy between the perceived comfort around police officers for White and White-passing trans participants and BIPOC trans participants. The White participants who expressed comfort around the police were able to reflect on the reason being due to their White privilege. The BIPOC trans participants each disclosed their own instances of experiencing police brutality. In terms of who feels protected by the current set of legislation, all participants, regardless of intersectional differences, found themselves standing on the same side of the room. The side of the room that suggested a sentiment of, "I do not feel protected, and I have virtually no rights as a transgender

individual.” During a verbal processing of the spectrogram, a self-identified cis ally commented on the ways in which he notices a certain privilege that comes with being cisgender.

Three volunteers were chosen to then participate in the Colombian Hypnosis activity, where Player 1 was the ‘leader’ and Players 2 and 3 were instructed to imagine that they were being hypnotized by Player 1’s hands. As the activity took place, the rest of the participants were enrolled as active witnesses and shared observations as the activity took place. Witnesses identified that Player 1 had a disproportionate amount of power over the other two players, and participants who took turns playing Player 1 each identified that they did not enjoy being in a position where they had control over other people’s bodies. In reflection on what this activity could be a representation of in the larger societal picture, a participant quickly identified that Player 1 seemed representative of the police and policymakers in America, while Players 2 and 3 seemed representative of citizens who are told to follow instructions, despite the discomfort that the process may bring.

Participants then identified some of the 400+ anti-LGBTQI bills (ACLU, 2023) that had been introduced in the last year. Feelings such as anxiety, hopelessness, confusion, and nervousness had been shared in response to the current legislation. Participants then co-created a new bill, a gender-affirming bill of rights for transgender individuals, which was discussed with specificity and intentionality and voted on via a mock election unanimously. The data suggested that participants would like a sufficient amount of gender neutral public accommodations to become available, for state medical guidelines to follow AMA, ACA, and APA recommendations for the necessity of gender-affirming healthcare, equal employment opportunities, for the anti-discrimination laws to be expanded to include the protection of gender identities and gender expressions, for state departments of health to mandate gender-affirming

training for healthcare providers, for insurance companies to cover gender-affirming healthcare services, to allow for developmentally appropriate exposure to intersex/queer sexualities in academic curriculum, to have gender-affirming counselors available in school settings for queer and trans youth, and to prohibit trans-segregation in incarcerated settings.

A theme of altruism became evident during the course of this exercise, as participants reflected on resources that were not available to them when they were growing up and felt extremely passionate about those resources becoming available to the trans youth of today. The question of, “What can we do to lower the attempted suicide rate of trans kids today?” seemed to be a guidepost for participants during the verbal processing segment of the exercise.

Some participants took more conservative approaches toward educating youth, insinuating that they did not want to misguide cisgender children with an updated curriculum that “encouraged” the trans existence, but still wanted to ensure that resources were available for the queer and trans children who required them. Other participants felt strongly about updating the academic curriculum, not to encourage the trans existence, but simply to acknowledge the trans existence for the sake of educating the general public, reducing stigma, and providing language and vocabulary to support trans children with making sense of their individual, and possibly confusing, relationships toward their gender identity/expression. While the more conservative approaches to youth education from the participants are resonant with conservative right-wing narratives around “shielding” children from learning of different gender identities, it is important to note that the main difference is that rightwing rhetoric weaponizes the trans gender identity and claims youth education of the trans existence to be associated with a type of “grooming” (ADL, 2022), while the trans participants who wanted to ‘protect’ children from being swayed toward different gender identities expressed that the reason why was because being transgender

made life more difficult and less safe. Additionally, the majority of participants felt that censoring children's education on different gender identities was ultimately more harmful and updating the curriculum could not have a negative impact because, similarly it is known that learning about homosexuality does not make a heterosexual person gay; therefore, learning about the trans gender identity does not make a cisgender person trans. The consensus was that trans youth exists, and they are being robbed of their safety by not having access to an education that acknowledges their existence.

Additionally, the want to prohibit trans-segregation in incarcerated settings is a difficult matter to navigate. Although isolating transgender individuals is shown to increase rates of suicidality (Bryant, 2022), trans individuals involved in the criminal justice system are typically placed on administrative segregation due to ensure the safety of the transgender individual. Since gender-identity-based violence and abuse become a higher risk for transgender individuals in the prison system, isolating those individuals has turned into a type of harm-reduction approach. Still, according to the results of this study, participants viewed this type of administrative segregation not as a safety measure, but as a type of punishment they received based on their gender identity. It is my recommendation that further research be conducted on how to ensure that transgender individuals in the criminal justice system can receive as humane of a prison experience as their cisgender counterparts.

Ultimately, the results of this study indicated that transgender adults do not feel protected by the set of civil rights laws and anti-discrimination laws that are currently in place. Due to the hostile nature of the legislation and the lack of education that demystifies the trans experience, political and social discourse continues to weaponize the trans experience and perpetuate systems

of oppression that keep them unemployed, without access to healthcare services and coverage, and struggling to maintain sobriety, serenity, and safety.

Discussion

In this section I will be detailing the key points and findings from the implementation of my methodology, providing recommendations for clinical considerations with the population, and overviewing areas for continued research. This methodology consisted of three interventions (i.e., spectrogram, Colombian hypnosis, and a modified legislative theatre activity) that were offered to transgender adults and cisgender allies to elucidate their lived experiences and to organize and amplify the voices within the community regarding their legal needs.

A key takeaway from my experience was that dramatherapeutic and psychodramatic tools and activities were effective vehicles for gaining participant insight and creating a container to hold participant experiences. Participants seemed curious about and eager to engage with embodied processes and reacted to them as springboards for deeper discussions around their lived experiences and hopes/needs for the future. The therapeutic space that was co-created felt resonant with what Pendzik describes as dramatic reality (2006), or Moreno's surplus reality where the impossible becomes possible (Giacomucci, 2021, p. 247). Meaning that in the face of their current oppression, participants were able to engage/play with what anti-oppressive measures need to look like in their ideal visions of Western society and legislation moving forward. While the data may be viewed as participants operating from a place of hope, the findings should be perceived not as hopeful wishes, but rather as specific, highly considered, and unanimously agreed upon legal needs of the transgender participants that are not currently being met.

One of those findings was the need for state medical guidelines to follow the recommendations provided by the American Medical Association, American Psychiatric Association, and American Counseling Association regarding the need for gender-affirming healthcare. “Gender-affirming treatment for minors is vehemently defended by the American Medical Association, the American Psychiatric Association and the American Academy of Pediatrics” (Washburn, 2023). The Transgender Legal Defense & Education Fund (TLDEF) also provides a list of other medical organizations and ethical regulating bodies that recognize the medical necessity of treatments for gender dysphoria and do not endorse insurance restrictions (2023). This highlights the disconnect between what leading professionals/researchers in the fields are declaring and what policymakers are endorsing in the actual legislation (i.e., restricting or prohibiting gender-affirming healthcare despite its medical necessity).

Other findings included the need for gender neutral public accommodations, equal employment opportunities/for anti-discrimination laws to be updated to include the protection of gender identities/expressions, for state departments of health to mandate gender-affirming training for healthcare providers, for insurance companies to cover gender-affirming healthcare services, to allow for developmentally appropriate exposure to intersex/queer sexualities in academic curriculum, to have gender-affirming counselors available in school settings for queer and trans youth, and to prohibit trans-segregation in incarcerated settings.

While the ultimate consensus from participants was that children should have access to accurate and developmentally appropriate curriculum that acknowledges LGBTQI experiences, it is noteworthy that some participants may have had to combat the presence of internalized transphobia in order to arrive at that destination. Internalized transphobia, or internalized cissexism, is the process of internalizing Western society’s cishet gender expectations (Villines,

2021), or adopting the viewpoint that being transgender is ‘wrong’ or a ‘transgression from the norm’. Conservative discourse perpetuates the notion that “teaching about gender identity is driven by liberal ideology and is inappropriate for children” (Meckler, 2022 para 6.) However, “80% of transgender adults report knowing they were ‘different’ as early as elementary school” (APA, 2021, para. 4), and “96% report realizing they were transgender before adulthood” (2021, para. 4). Most children are able to recognize gender groups and identify their own gender by the age of 3 (Mayo Clinic, 2022, para.7).

Transgender youth exist, and teaching about gender identity in schools has the potential to not only provide transgender youth with the vocabulary to understand and communicate their gender identities but can also demystify the transgender experience for all students, which can lend a hand in reducing social othering, social stigma, and the spread of disinformation. Therefore, it is my observation that some participants’ initial impulses to “censor” children from knowledge about gender identity in schools could have been the result of internalized transphobic viewpoints toward the topic. The fact of the matter is that deliberately wiping the existence of transgender folx from human sexuality textbooks will not prevent the existence of the population. It is my understanding that failing to acknowledge gender identities in schools only perpetuates the type of stigma, misunderstanding, and disinformation that keeps the transgender population marginalized in the first place.

Ultimately, whether a participant was initially in favor of, or opposed to, updating academic curriculum on gender identities, a noteworthy discovery that should be highlighted is that the underlying motive behind both responses was to ensure the ultimate protection and wellbeing of children everywhere. The results of this study underlined the ways in which the

transgender participants share one thing in common with their political oppressors – which is deep care and concern for the safety and security of the children of this country.

Limitations

Due to the small sample size of this study, the results do not reflect the feelings of the whole transgender community at large but reflect the qualitative experiences of the 12 participants. An additional limitation to this study was ultimately time constraints – the insights gleaned from this study are a part of an ongoing discussion and elucidation around the transgender experience that deserves more time and space than this study alone can provide.

Recommendations

While all findings should inform future studies and civil rights considerations, I will highlight the two findings regarding effecting mandated gender-affirming training for healthcare professionals and having gender-affirming counselors available in school settings because they directly inform the needs within the field of counseling and social work. For mental health professionals, the standard education and training that is provided on human sexuality typically does not consider the LGBTQI experience (Carpenter & DeLamater, 2012). This, compounded with state licensure requirements that fail to include gender-affirming competency, renders many therapists, counselors, and social workers without specific training, tools, and insight for supporting their transgender clients. This is a call for action to all mental health professionals to become versed with the lived experiences of the transgender community and to marry your approach with a gender-affirming framework (APA, 2023). By means of educating oneself as the clinician, the hope is that clients will become unburdened with the emotional labor of explaining their gender identities during sessions.

Further research should be conducted on the use of theatre of the oppressed, psychodrama, and drama therapy as vehicles for locating, holding, and empowering members of the transgender community in the clinical setting. Additional research should examine the intersection of gender-affirming therapy with expressive art therapy modalities and other traditional counseling approaches and its impact on members of the transgender community.

Final Summary

The bottom line is that receiving gender-affirming healthcare has been observed to lower odds of suicidality in trans youth by 73% (Tordoff et al., 2022), and that gender-affirming treatment for minors is vehemently defended by the American Medical Association, the American Psychiatric Association and the American Academy of Pediatrics (Washburn, 2023). Yet, conservative policymakers and state governments in the United States are currently pushing for widespread restrictions or overall bans on access to gender-affirming healthcare (ACLU, 2023). These legislative attacks on life-saving interventions for the transgender community, in addition to other anti-transgender laws, are rendering the transgender population without access to adequate healthcare services and without basic civil rights' protections. This drama therapy-based study illuminated the qualitative experiences of transgender adults navigating the current sociopolitical climate in the United States and provided insight into the participants hopes for the future and currently unmet legislative needs. Ultimately, the results of this study indicated that transgender adults do not feel protected by the set of civil rights laws and anti-discrimination laws that are currently in place. Due to the hostile nature of the legislation and the lack of education that demystifies the trans experience, political and social discourse continues to weaponize the trans experience and perpetuate systems of oppression that keep them

unemployed, without access to healthcare services and coverage, and struggling to maintain sobriety, serenity, and safety.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.



Thesis Advisor: _____

Angelle Cook, PhD, RDT/BCT