Embodying Identity: A Qualitative Case Study of
Dance Movement Therapy for People Transitioning Genders

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DEDICATIONS

I dedicate this thesis to my mother, whose rigorous and thoughtful research influenced medical practitioners and improved lives.
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ABSTRACT

Embodying Identity: A Qualitative Study of
Dance/Movement Study for People Transitioning Genders
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The purpose of this study was to describe the subjective experience and expression of body image for 6 transgender adults while they participated in a series of dance/movement therapy (DMT) sessions. Participants included 4 transgender women and 2 transgender men, ranging in age from 39 to 63 years old, all of whom identified as in the process of transitioning to living as their desired gender. Data were collected through the observations of the researcher during 4 DMT sessions that she led for participants, movement phrases created by participants during the sessions, and exit interviews with each participant. Data were reported in a written narrative, which integrates major themes and variant themes of body image as they emerged from the data. The study found 6 group themes: (a) the importance of expressing one’s true and unique self, (b) supporting one another’s efforts to express the true self, (c) the body’s experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle of self expression, and (f) joy, relief and celebration in the gender transition. The study found 4 variant themes: (a) active engagement in the transgender community, (b) physical limitations caused by medical conditions, (c) struggling with the decision whether to transition, and (d) controlling the body’s expression of sexuality. These findings may be applicable to
health care providers serving transgender clients by increasing their awareness of the subjective experience of transitioning to living full-time as a man or a woman.
CHAPTER 1: INTRODUCTION

The purpose of this descriptive study was to gain a better understanding of how a small group of people who were in the process of transitioning genders experienced and expressed body image while participating in a series of dance/movement therapy sessions. Six transgender people were recruited to participate in four dance/movement therapy sessions led by the researcher. Data were collected through (a) my observations as the researcher, while leading the dance/movement therapy sessions, (b) interviews with each participant, and (c) the movements that emerged within the sessions. Data were reported in a written narrative, which integrates major themes and variant themes regarding the experience and expression of body image as it emerged from participants in the study.

Body image can be problematic for transgender adults, who may feel that aspects of their bodies do not accurately express their internal sense of gender identity. This feeling may initiate a long process of searching for a way to embody the internal experience of gender (Barrett, 1998; Dozier, 2005; Gagne & Tewksbury, 1999; Rubin, 2003). The medical transition into a new physical representation of gender is long and full of many possible delays (The Harry Benjamin International Gender Dysphoria Association’s Standards of Care for Gender Identity Disorder, 2001). The discordant relationship with one’s body, the feeling that one’s body does not adequately reflect one’s true identity, may persist through all of the phases prior to medical treatment, and perhaps even after medical intervention if secondary sex characteristics have not been completely eradicated (Barrett; Johnson, 2007; Mason-Schrok, 1996). Supporting transgender people who are in the midst of this transition requires a comprehensive understanding of
the body image concerns that are likely to emerge (Bockting, Knudson & Goldberg, 2006; Raj, 2002). In-depth descriptions of the body image experiences of a diverse group of transgender people are useful to the practice of mental health clinicians working with transgender clients because the descriptions will facilitate a deeper understanding of body image issues that may emerge in therapy. Because dance/movement therapy integrates body-based techniques into the therapeutic process, this study is particularly applicable to developing movement based therapeutic techniques for transgender people who are undergoing physical transformations.

Many transgender people interact with mental health practitioners in order to secure a letter of approval for hormone therapy and sex reassignment surgery, and also to obtain psychotherapeutic support during their transitions (Denny & Roberts, 1997; Ettner, 1996; Rachlin, 2002). Because the body does not, without modification, accurately represent to the world the person’s internal experience of gender, the transgender person may experience acute body image concerns to the extent that he or she feels alienated from his or her body (Marone, Iocoella, Cechenni, Ravenna & Ruggieri, 1998; Rubin, 2003). In response, transgender people can modify their appearance through clothing, changes in movement and vocalization, hormones and surgery. Research suggests that body modifications, supportive social environments, and therapy geared towards adjusting to new roles and relationships are helpful in improving body image, self-esteem, and quality of life (Barrett, 1998; Kraemer, Delsignore, Schnyder, & Hepp, 2008; Nuttbrock, Rosenblum & Blumenstein, 2002; Snaith, Tarsh, & Reid, 1993). Most of the studies, however, employ quantitative measures to assess quality of life and self esteem (Newfield, Hart, Dibble & Kohler, 2006; Wolfradt, & Neumann, 2001). Less research
has been done to understand the nuances of the subjective experience of embodiment of transgender people (Johnson, 2007; Rubin; Schrok, Reid, & Boyd, 2005). More qualitative research in this area is needed because it will illuminate the subjective experience of transgender people and highlight the diversity of their experiences (Warner, 2004; Rubin).

While many quantitative tests of body image are available to measure body image distortion and dissatisfaction, there are few theoretical models of body image that can be employed to organize an inquiry into the subjective experience of body image (Thompson & Van Den Berg, 2002). Pylvanainen (2003) developed a model for body image which conceptualizes body image as divided into three components: image properties, body-self, and body-memory. The body-self component is particularly useful in undertaking qualitative body image research because it encompasses sensations, subjective experiences, and actions. Pylvanainen (2006) found that this model could be employed heuristically to glean body image data from her movement experiences. This study is the first dance/movement therapy study of transgender body image, and it is also the first body image study to utilize Pylvanainen’s tri-partite model to glean and organize qualitative body image data from study participants during their movement experiences in dance/movement therapy sessions.

No dance/movement therapy research or theoretical literature addresses the experience of transgender people, or how a group of transgender people might experience and express body image while participating in dance/movement therapy sessions. Moreover, there is little qualitative research on the subjective experience of body image in people transitioning genders. In conducting a review of the literature, I located only
three studies in these areas, conducted by Johnson (2007), Rubin (2003), and Schrok et al. (2005). Building on the results of these three studies, this study adds to the body of research aimed at gaining a better understanding of the subjective body image experiences of transgender adults by utilizing the dance/movement therapy context to elicit and explore body image themes using Pylvanainen’s (2003) tri-partite model of image properties, body-self, and body memories.

This study asked how transgender adults participating in a series of group dance/movement therapy sessions experienced and expressed body image. The objective of this study was to explore the variations and themes of body image that emerged from the diverse experiences of transgender people participating in group dance/movement therapy. Understanding how body image is experienced in dance/movement therapy sessions by people in the midst of this physical transition is the specific contribution of this study. The data collected may enhance mental health provider’s understanding of how to support transgender people during their gender transitions and in understanding the major themes of body image that may emerge in therapy. It may also provide insight into the manner in which expressive body-based psychotherapies support transgender people in their expression and experience of body image.

The data yielded six group themes that reflected the experience and expression of body image within the dance/movement therapy sessions for most of the participants. The six themes are: (a) the importance of expressing one’s true and unique self, (b) supporting one another’s efforts to express the true self, (c) the body’s experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle of self expression, and (f) joy, relief and
celebration in the gender transition. The data also yielded four variant themes that reflect the experience or expression of body image within the dance/movement therapy sessions for a few of the participants. The four variant themes are: (a) active engagement in the transgender community, (b) physical limitations caused by medical conditions, (c) struggling with the decision whether to transition, and (d) controlling the body’s expression of sexuality. These findings shed light on the nuanced nature of the participants’ experience and expression of body image within the sessions, and suggest the importance of interpersonal support and the movement process in their experiences of embodiment.

This study was limited by the small number of subjects who participated, resulting in the inability to generalize the results to the population at large.
CHAPTER 2: LITERATURE REVIEW

Gender Variance and Health Care

Transgender is an umbrella term that describes the gender experience of people who identify as transsexual as well as those who live, or wish to live, outside of the gender associated with their biological sex and may or may not seek medical intervention (Newfield, 2006; Raj, 2002). The term transsexual is usually used to describe a person seeking medical intervention to transition to living full-time in a gender identity other than the gender identity associated with his or her biological sex. It is a narrower category than transgender. The term transgender was first used to distinguish people who live in a gender role other than that assigned to their biological sex, but do not medically alter their bodies, but has since evolved into an umbrella term that includes transsexuals, who seek to medically alter their bodies so that their sex matches their gender identity, and others whose gender presentation varies from that associated with their biological sex (Gherovici, 2010). A transgender person may choose not to seek medical intervention, and may see gender identity as including androgyny, third gender roles, or see gender as shifting and contextual (Bockting et al., 2006; Ekins & King, 1997).

At the outset, it is useful to clarify that the formation of gender identity occurs within social contexts, and is thus not simply the product of one’s biological sex. The distinction between biological sex and gender identity has been discussed in a wide range of academic fields, including anthropological, sociological, philosophical and feminist literature that expounds upon the formation and maintenance of gender. While a
discussion of these sources is beyond the scope of this literature review, the theoretical constructs of gender identity development of Beauvoir (1989), Butler (1990), Cixous (1976), and Irigaray (1985) are particularly relevant and should be mentioned. Beauvoir suggests that gender identity and roles are learned according to one’s biological sex. The body, understood as male or female, is “a situation…the instrument of our grasp upon the world, a limiting factor for our projects” (p. 34). Gender identity develops out of the expectations that the external world has for the biological sex of the body “in light of the ontological, economic, social and physiological context” (p. 36). Beauvoir postulates that women are not born women, but, rather, become women through the process of acculturation.

Cixous (1976) and Irigaray (1985) further develop a theory of gender that takes into account the biological sex of the physical body as a “situation” vis-à-vis culture, but they focus on a symbolic order created by language that interferes with our ability to accurately experience and express our embodied sense of gender. They describe the Western symbolic order as one that views the world in binary terms: white/black, good/evil, self/other, man/woman, etc. The first term in each linguistic couplet is valued and the second term is devalued; the second term in the couplets is the Other, everything that I, the subject, am not. In this system, men and women are opposites, and women are defined as whatever men are not. This binary system skews our perception of men and women to the extent that Irigaray claims that she cannot even answer the question, “What is a woman?” The binary system hides women and makes women “absent in the capacity of subject” (p. 132). In order to reconceptualize gender, Irigaray contends, we must escape this binary system. Irigaray suggests that a starting point for developing a way of
thinking and talking about gender outside of the binary system is to think about women’s bodies and their multiple loci of pleasure. The embodied experience of oneself as a woman, who experiences subjective and diverse pleasures, may yield important information about gender that is absent in the cultural discourse.

Cixous (1976) also claims that there is no categorical woman, only multiplicities, and that the very idea of gender has been distorted by binary thinking that places the “Phallus” at the center of the symbolic order of language. Moreover, she contends that women have been driven from their bodies as well as from writing, insofar as writing is way to symbolize the body and what is real. She writes: “We’ve been turned away from our bodies, shamefully taught to ignore them, to strike them with that stupid sexual modesty; we’ve been made victims of the old fool’s game: each one will love the other sex [instead of herself].” (p. 885). The body can be reclaimed, she continues, but the process involves developing a symbolic order that, unlike the binary system, allows for the multiplicity, flexibility, the diversity of experiences that women (and probably men as well) actually experience in their bodies. Like Irigaray, who emphasizes the role of embodiment and pleasure, Cixous sees the development of a non-binary way to express gender as intimately connected to embodiment. She states that women must “invent a language to get inside of” (p. 887) (emphasis added).

Butler (1990) developed a fluid concept of gender that does not emphasize the experience of embodiment or the limitations of the physical body. She suggests that gender is largely a social performance that is not necessarily limited by the biological sex of the body. She writes:
Gender ought not to be construed as a stable identity or locus of agency from which various acts follow; rather, gender is an identity tenuously constituted in time, instituted in an exterior space through a stylized repetition of acts. The effect of gender is produced through stylization of the body and, hence, must be understood as the mundane way in which bodily gestures, movements, and styles of various kinds constitute the illusion of an abiding gendered self (p. 179).

While Butler (1990) and the French feminists – Beauvoir (1989), Cixous (1976), and Irigaray (1985) -- disagree about the importance of the physical experience of biological sex to gender formation, they all agree that gender identity is constructed within the context of a given society, and that societies may vary in the degree of flexibility in gender identity and roles, as well as in the degree to which the culture determines that biological sex will limit expressions of gender. In contemporary Western society, differences in behavior and appearance of men and women remain marked, and are significant in that we can almost always determine whether the person approaching us on the street identifies as a man or a woman. Beauvoir (1989) points out that, although gender differences may be considered by some to be superficial or “destined to disappear,” gender remains deeply significant in a world where, “to go for a walk with one’s eyes open is enough to demonstrate that humanity is divided in two classes of individuals whose clothes, faces, bodies, smiles, gaits, interests, and occupations are manifestly different” (p. xxvii).

Gherovici (2010) traces the origin of the use of the concept of a psychosocial gender identity to John Money, an advocate for sex reassignment surgery for people who identified as transsexual in the 1950s. In protocols that he helped to develop for the
Johns Hopkins Hospital, the word *gender* was introduced “to signify the social performance indicative of an internal sexual identity” that could be different than one’s biological sex (Gherovici, p. 30). In a bulletin for Johns Hopkins hospital, Money described gender role as “all the things that a person says or does to disclose himself or herself as having the status of boy or man, girl, or woman” (Gherovici, p. 254).

It is difficult to estimate the prevalence of people who identify as transgender in the United States or elsewhere. Many prevalence figures are derived from the number of people who seek or receive sex reassignment surgery, or who are diagnosed with gender identity disorder and receive hormone treatment (Olyslager & Conway, 2007). When, on the other hand, prevalence statistics are derived from more diverse sources, such as counting the number of people who apply for gender-specific legal name changes, the numbers are much higher. Olyslager and Conway analyzed prevalence statistics from various countries and controlled for the disparity of results depending on counting methods. They conclude that the prevalence of male-to-female transsexual identity is at least 1:1,000 and may be as high as 1:500 in the United States and Thailand. They also conclude that the prevalence of people, male or female, who do not accept the gender identity prescribed by their genetic sex may be as high as 1:100.

Transgender people experience marginalization within the United States and are often the victims of violence and threats if their gender status appears ambiguous (Bornstein, 1994; Meyerowitz, 2002). In his analysis of sociological interviews with 18 transgender men, Dozier (2005) notes that, as a result of incidence of hate crimes perpetrated against transgender people, interviewees reported experiencing constant fear of physical violence, leading them to perceive their bodies as uniquely vulnerable.
The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 4th ed.) conceptualizes transgender identity as a mental illness, described as “gender identity disorder” (American Psychiatric Association, 1994). The DSM-IV states that gender identity disorder in adolescents or adults is appropriately diagnosed in a patient who exhibits “a strong and persistent cross gender identification,” “persistent discomfort about one’s assigned sex or a sense of inappropriateness in the gender role of the sex,” and “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 576). It is not diagnosed if the patient has an intersex condition. The pathological view of transgender identity is evidenced not only in its inclusion in the DSM-IV as a mental illness, but also in the language used by the DSM-IV. The experience of identifying with a gender other than one’s biological sex is described as a “preoccupation,” (p. 577), which “tends to have a chronic course” in adults (p. 580). Resolving transgender identity by embracing the gender identity associated with one’s biological sex is described as “remission” (p. 580).

The focus on transgender identity as a pathological condition that is subject to remission is echoed in some of the literature, such as case histories of patients diagnosed with gender identity disorder who later renounced their desire to transition gender identities (Marx, Green & Mataix-Cols, 2000). Marx et al. discuss a “dramatic cure of apparent transsexualism” in a patient that occurred over two psychotherapy sessions that the authors refer to as an “exorcism” (p. 273). Likewise, literature addressing gender identity disorder in children, although generally outside the scope of this literature review, often embraces the perspective that it is a pathological condition that may remit if the child is encouraged to embrace the gender identity of his or her biological sex.
(Zucker, 2000). Therapy for children with gender identity disorder may involve asking the parents to “set limits on … cross-gender behavior” and to “encourage alternative behaviors” that are stereotypical of the play of the gender associated with the child’s biological sex (p. 235). In his review of a case history of a biological boy whose gender identity conflict remitted, Zucker notes with approval that the boy began to engage in “sword play” and had begun to socialize with other boys rather than with girls. Zucker (2006) posits, however, that gender transition, including hormone therapy and sex reassignment surgery, may be indicated if psychotherapy fails to make the child comfortable with the gender identity associated with the child’s biological sex and the experience of gender dysphoria persists into adolescence.

Some mental health professionals assume that transgender people have co-morbid mental illnesses based on the presence of symptoms which may in fact be a manifestation of the distress that they experience as a result of “societal marginalization” rather than symptoms of a mood or personality disorder (Bockting et al., 2006, p. 42). Yet there is little evidence that transgender people share any psychological traits or tendency to psychopathology. Brems, Adams & Skillman (1993) administered the projective “Draw a Person” test to 31 female-to-male preoperative transsexuals who presented for sex reassignment surgery, along with 30 male psychiatric inpatients, 31 female psychiatric inpatients, 31 male college students and 31 female college students. Using a Likert scale, the researchers measured the drawings for qualities of sex characteristics in order to measure degree of sex typing, and elaborateness, symmetry, size, line quality, and completeness in order to measure psychopathology. The results indicated that the transgender women were not “clearly identifiable as a psychiatric population” that shared
psychopathological features, and, also, that they were not any more likely to sex type than male and female psychiatric patients and college students (p. 262). The only significant difference between the transgender women and the men and women in the psychiatric and college groups was that the drawings of the transgender women “were of a higher quality” (p. 263).

In another study suggesting that transgender identity is independent of other forms of psychopathology, Caron and Archer (1997) administered the Minnesota Multiphasic Personality Inventory (MMPI) to 56 transgender men and 56 transgender women seeking gender reassignment, 112 psychiatric patients, and a control group of 112 biological men and women with no history of mental illness. The scores of the gender reassignment groups appeared “strikingly similar” to the scores of the normal control group (p. 237). The researchers also administered Rorschach tests, which showed some similarities between the gender reassignment groups and patients in the psychiatric population diagnosed with character disorders. Nonetheless, the researchers concluded that transsexualism exists independently of psychopathology.

In 2008, the American Psychological Association adopted a policy statement regarding transgender identity acknowledging and opposing discrimination based on gender identity. The statement acknowledges that transgender people “may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments.” The policy statement “calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory care to transgender and gender variant individuals” and “recognizes
the efficacy, benefit and medical necessity of transition treatments for appropriately evaluated individuals.”

While this study focuses on the experiences of transgender people within the United States, it is worth noting that diverse transgender and gender variant identities exist throughout world history. Some cultures recognize transgender people as existing within the normal scope of human variation, sometimes referring to them as occupying a third gender status or special social, occupational, and religious roles. At least 113 North American indigenous cultures recognized third gender roles, roles which were assumed by individuals in those cultures either by childhood preference or by spiritual calling (Callender & Kochems, 1983). Those who express gender identities outside of male and female identity in North American indigenous cultures are called “two-spirit” people (Wilson, 1996). In a heuristic study of her own development as a two-spirit Native American, Wilson explains that, in many of the indigenous cultures of America, male and female were not conceptualized as opposite or dichotomous, and that she never felt pressured to chose a gender identity in her childhood. As an adolescent and adult, Wilson struggled to define her identity, but was able to feel integrated into her tribal community as two-spirit person.

In his anthropological case study of 14 male-to-female transgender people in Samoa, referred to as Fa’afafines, Poasa (1994) found that the transgender women were accepted in their communities, held jobs in schools and businesses, and served as directors of organizations. Of the 14 Fa’afafine he interviewed, 100% said they would like hormone therapy and 80% said they would like sex reassignment surgery, indicating a desire to live as women, rather than as a third gender. In early adolescence, the
Fa’afafine had access to support groups for transgender people. One transgender participant reported playing on a transgender youth volleyball team against teams of biological adolescent girls and boys. She reported that, as an adult, she was also an active member of her Protestant church and was accepted by the pastor, but that Western influence was beginning to result in increased discrimination against Fa’afafine. Other countries have traditional third gender roles, such as the Hijra of India and the Kathoey of Thailand (Nanda, 1985; Totman, 2008). These third gender roles are often well defined and have historical and religious roots, as in the case with the Hijras of India. People identifying as transgender who do not belong to these traditional third gender role groups have emerged within these cultures as well, particularly in urban areas, and often seek medical interventions to increase the harmony between their anatomy and gender identity (Olyslager & Conway, 2007).

While sex reassignment surgery was performed, albeit infrequently, in Europe and the United States in the early twentieth century, the dominant view until the latter half of the twentieth century was that transsexualism was a form of pathology equal to psychosis (Meyerowitz, 2002). One physician deemed an expert on transsexualism wrote that sex reassignment surgery was as “insane” as cutting off a working arm, and advocated forced compliance with the gender role associated with biological sex or institutionalization (Caudwell, 1947/2006). A sign of the changing view on the subject emerged when Benjamin (1966), an endocrinologist who treated 152 transsexual patients, wrote a book based on his clinical practice that endorsed medical intervention for transsexual people. Benjamin advocated for transsexual people’s right to sex reassignment surgery and condemned the practice of psychoanalysis aimed at eradicating the desire to transition.
He founded the association that developed standards for health care providers working with transgender people in the United States, the Harry Benjamin International Gender Dysphoria Association, now called the World Professional Association for Transgender Health (WPATH), which published the standards of care currently utilized by almost every treatment provider for transgender clients and patients within the United States. 

(The Harry Benjamin International Gender Dysphoria Association’s Standards of Care for Gender Identity Disorder, 2001) (hereinafter the SOC). Although sex reassignment surgery had been performed prior to Dr. Benjamin’s time, the guidelines promulgated by WPATH standardized the course of treatment and dealt a significant blow to the opposing treatment method of treating transgender identity as a form of psychosis or a severe form of self harm that required psychoanalysis and hospitalization (Meyerowitz).

The standards of care are designed to standardize psychotherapeutic, endocrine and surgical care of “persons with gender identity disorders” in order to help them achieve “lasting personal comfort with the gendered self in order to maximize overall psychological well-being and self-fulfillment” (SOC, 2001, p. 1). The guidelines recommend that a mental health professional who has diagnosed a client with gender identity disorder counsel the client on his or her options, provide psychotherapy, and determine the client’s eligibility for medical intervention. They stress, however, that psychotherapy may not be necessary for every transgender person seeking hormone therapy and surgery and give the mental health professional initially assessing the transgender client permission to determine that no psychotherapy is needed. At the same time, the SOC suggest that clients “may benefit from psychotherapy at every stage of
gender evolution” in order to cope with feelings of a “lack of genuine comfort and skill in living in the new gender role” (p. 12).

It is during the process of psychotherapy that many transgender people make decisions about the type and degree of bodily modification and medical intervention that they will seek. Transgender clients may find that they experience their gender identity as fluid and adequately expressed by modifications in appearance other than surgery or hormone therapy (Hines, 2007; May, 2002). At the other end of the spectrum, a transgender person may consolidate his or her desire for medical interventions, including sex reassignment surgery, over the course of psychotherapy. It is widely accepted that the preferred course of action for many transgender people is to medically alter the body so that it better matches the inner experience of gender (Benjamin, 1966; Meyerowitz, 2002). Studies examining satisfaction rates of medical interventions have shown that most male-to-female transgender people are satisfied with the results of surgery, but that female-to-male transgender people are less satisfied because functional male genitals cannot yet be surgically constructed (Barrett, 1998; Newfield et al, 2006; Wolfradt & Neumann, 2001). As a result, female-to-male transgender people often do not seek out genital reconstruction, but limit medical interventions to hormone therapy and chest reconstruction (Dozier, 2005).

Under the SOC guidelines, if a transgender person seeks hormone treatment or surgery to remove or add breast tissue, he or she is usually required to document at least three months of “real-life experience” living as the desired gender, or three months of documented psychotherapy (p. 13). Second, the transgender person must secure a letter of eligibility from his or her therapist and present it to the treating physician. If the
person seeks genital surgery, he or she is usually required to demonstrate 12 months of real-life experience living as the desired gender and 12 months of successful hormone therapy. The transgender person must also secure two letters of eligibility, written by two separate mental health professionals, to present to the treating physician.

People transitioning genders hold a variety of opinions about the nature of support that they require during their transitions and whether the SOC guidelines support or hinder the process of transition. Denny and Roberts (1997) surveyed 339 people who completed sex reassignment surgery to find out how they felt about the SOC guidelines. 298 of the respondents found the SOC guidelines to be useful insofar as they require consultation with a therapist and waiting periods before surgery during which the transitioning person lives as a member of their desired gender. Unsolicited comments on the questionnaire indicated, however, that some people were vehemently opposed to the SOC guidelines, finding the requirement that a mental health professional supervise a waiting period before surgery to be patronizing and unnecessary. The study further indicated that, regardless of differences in opinion about the SOC guidelines, many respondents opted for therapy during their transition. 281 of 339 respondents engaged in therapy in addition to the normal oversight required by the SOC guidelines. This suggests that a high percentage of transgender people find therapy to provide useful support. They may seek a therapist other than the mental health professional whom they hope will author their eligibility letter, however, out of concern that they will have to censor themselves with the therapist serving as the gatekeeper to medical treatment (Bockting et al., 2006).
Several mental health practitioners have written on the subject of counseling transgender people based on their clinical experience (Bockting et al., 2006; Ettner, 1996; Raj, 2002). Raj suggests guidelines for treating transgender people highlighting the diversity of beliefs about gender within the transgender population. From his experience as a clinician, he has found that therapy helps transgender people “consolidate their gender and sexual identities as transwomen and transmen, and to enhance self-confidence.” Post-operatively, therapy can “facilitate identity consolidation and social integration” (section 3.1.1, para. 2). He calls for research on “the development, implementation and evaluation of specific clinical treatment modalities,” specifically suggesting “the more ‘creative’ or interactive interventions,” such as “expressive therapy” (section 9.4, para.2).

In a survey study, Rachlin (2002) questioned 93 transgender people about their experiences in psychotherapy in order to determine why psychotherapy was sought, what the respondents looked for in a psychotherapist, their perception of their therapists’ gender competence, and the outcome of the treatment. The 93 participants varied in the nature and degree of medical intervention received with the majority having undergone hormone therapy and name change, but not genital reconstruction surgery. Participants reported 150 contacts with psychotherapy. Over half of the participants in Rachlin’s study reported that they saw a therapist in order to improve interpersonal relationships, to facilitate personal growth, and to reduce discomfort. Twenty-nine percent saw psychotherapists to gain comfort with their gender. Forty-seven percent sought psychotherapy for help in making the decision to transition, and 36% sought psychotherapy to provide support during the transition. With regards to therapeutic
outcome, Rachlin divided results into the outcome factors of (a) progress in gender exploration and transition, (b) progress in personal growth and life enhancement, and (c) overall satisfaction. People who sought therapy for personal growth reasons reported positive outcomes in that area and, likewise, people who sought therapy for gender transition issues reported positive outcomes in that area. There was a positive correlation between rating the therapist as having “gender experience” to overall satisfaction and satisfaction in the area of gender exploration/transition. There was a negative correlation between “gender experience” and “harm done,” with written comments naming the harm as “belittling, challenging and judgmental behaviors.” A remarkable 87% of participants in the study reported that positive change occurred in their lives as a result of therapy.

Other authors urge counselors and therapists to provide education and support to family and friends of transgender clients in order to facilitate the clients’ gender transitions (Ellis & Eriksen, 2002). Bockting et al. (2006) note that “support from family and peers buffers the negative effects of social stigma and discrimination on transgender individuals’ mental health” (p. 48). In cultures where communal relationships are emphasized over individual self-realization, interacting with the client’s family is an essential component of treatment. In Hong Kong, some therapists working with transgender clients go to the clients’ homes to talk to their parents and partners in order to facilitate acceptance of the new gender identity expression (Ma, 1997). Psychotherapy thus appears to frequently be an important component in coping with the adjustments and changes occasioned by the decision to live out a gender identity other than one’s anatomical sex.
Within the realm of the expressive art therapies, little has been written about the use of creative art therapies in supporting transgender clients. Several case studies have been written by art therapists, but no studies have been conducted by either music therapists or dance/movement therapists on body image for people transitioning genders. In one art therapy based study, Barbee (2002) elicited visual and verbal “gender stories” by asking transgender participants to photograph their gender story and later conducting an open-ended interview with each participant about their gender stories. Six participants, 4 male-to-female and 2 female-to-male, completed the study. The most frequent content theme in the artwork was the visual presentation of the self as the desired sex or gender. Other themes that emerged were concern with appearance, the experience of transitioning genders, gender and sex roles, experiences of discrimination, activism, sources of community and support, experiences with the mental health and medical establishment, theories of transgender etiology, and identity development. The researcher noted that selfhood is related to images of bodily integrity and wholeness, but that bodily wholeness can be compromised by perceiving parts of the body as undesirable. Thus, the researcher concluded that art therapy can offer a visual component to creation of a narrative of selfhood but helping the client integrate inner experience with its physical manifestations.

Several articles published by art therapists give clinical examples of art therapy with transgender clients. Sherebrin (1996) provides a clinical example of a transgender woman who pursued sculpting human forms before uncovering her desire to live as a woman. She concluded that the client’s sculptures expressed her desire to transition before she became consciously aware of it. With the assistance of an art therapist, the
client was able to acknowledge and pursue a gender transition. Picirillo (1996) relates clinical anecdotes of an art therapist working with transgender AIDS patients. One male-to-female transgender client who was no longer living as a woman constructed a life-sized female doll with emphasized secondary sex characteristics that he kept with him at the hospital where he was being treated for medical reasons. The author considered whether the doll represented a “physically real version of his ultimate, idealized self” (p.42). The author engaged the client in other art projects, including collages and photographic shoots of the client, in order to facilitate further exploration of the ideal female body-self that the doll seemed to represent.

Fleming, & Nathans (1979) analyzed the course of treatment of a 23-year-old transgender man who drew 94 drawings over the course of two years of treatment. Aspects of the artwork appeared to parallel aspects of typical adolescent artwork, and the authors query whether the client’s developmental experience moving into a male gender role paralleled and an adolescent’s developmental experience in terms of the process of self-discovery and self-definition. The authors also note that the client chose to use felt tip pens, suggesting the need for clear body boundaries, which are essential to establish both personal identity and managing one’s life as an adult.

With regard to dance/movement therapy, one chapter of a book on transgender identity contains a transcript of a dialogue between a psychologist and a dancer about the benefits of dance for transgender people (Thomas & Cardona, 1997). Dr. Thomas, a newly transitioned transgender woman psychologist, enlisted the help of Cardona, a dancer, in the hopes that Cardona could help her to feel more comfortable with the changes to her body through dance. Cardona worked with Thomas to develop comfort in
her body rather than teaching her a “gender act” (409). Thomas was very enthusiastic about the possibilities of dance/movement therapy for transgender people and seemed to imply that she incorporated some of the movement activities that Cardona taught her into her practice as a psychologist counseling transgender clients.

**Dance Movement Therapy**

Dance/movement therapy is an expressive psychotherapeutic technique which uses the relationship between the mind and body to help clients who are working on issues that include body image, the expression and modulation of emotion, and interpersonal comfort (Chaiklin & Schmais, 1993). The primary mode of expression, interpretation, and conflict resolution in dance/movement therapy is nonverbal, but participants are also encouraged to discuss what is occurring in the session in order to create a cognitive link between their bodily experiences and their feelings (Stark & Lohn, 1993). Within the group dance/movement therapy setting, the therapist usually begins by leading the group in a warm-up designed to awaken awareness of physical sensations in the body, increase awareness of the connection between mind and body, and the connections among participants in the group (Meekums, 2005). The connection between emotions and the somatic and kinesthetic experiences and expressions of the body was articulated early on in the study of the physical expression of emotions. Darwin (1872/1998) stated, “Most of our emotions are so closely connected with their expression, that they hardly exist if the body remains passive…” (p. 234).

An important feature of dance/movement therapy is the therapist’s use of her own movement to empathetically reflect the emotional and symbolic qualities of the client’s movements. Through a process of kinesthetic empathy, also called empathic reflection,
the therapist nonverbally attunes to the client and thus recreates the synchrony and reciprocity of the early caregiver-infant bond, allowing the client to feel secure to explore and express deeper levels of self. (Sandel, 1993, Pallaro, 1996). The therapist uses rhythms, synchrony and reciprocity to mirror, but also to elaborate or adjust the client’s movements. This can function as a corrective emotional experience for a client who has not received interpersonal validation in other areas of his or her life, and it can serve to assist the client in seeing himself or herself more clearly (Fischer & Chaiklin, 1993).

As the therapist clarifies the movements of the clients by moving with them, and asks questions about the clients’ subjective experience of moving, clients’ movements tend to deepen and become richer in imagery and symbolism (Chaiklin & Schmais, 1993). The therapist encourages the clients to develop and explore movements that seem significant to the group, sometimes inviting the group to verbalize imagery and metaphors to connect the movements to other sources of meaning in their lives (Sandel, 1993). Because of the use of metaphor and symbolism, dance/movement therapy can be characterized as a “creative act in which the central importance of the movement metaphor” is the focus (Meekums, 2005, p.13). At the end of a group dance/movement therapy session, the therapist usually leads the clients in closure, which involves bringing the movement to a close and reflecting upon the movement experience and any attendant thoughts and feelings that emerged (Schmais, 1998, Stark & Lohn, 1993).

An important feature of dance/movement therapy practice is the use of nonverbal assessment methods, such as Laban Movement Analysis, to standardize the observation and the understanding of the qualities of human movement (Dell, 1977). Laban Movement Analysis is a system developed to discern and describe qualitative aspects of
movement. Within Laban Movement Analysis, movement is organized into the categories of Body, Effort, Shape, and Space. Individual movement preferences within these categories reflect the way in which the person copes with the environment as well as his or her internal states. The Body category includes organization and connectivity within the body, the activity of body parts, how movement is initiated and sequenced within the body, and the body “attitude” (Hackney, 2001).

The Effort category refers to how individuals express themselves in relation to the environment or situation. Effort qualities include Free or Bound Flow in relation to tension, Direct or Indirect attention in relation to space, Strength or Lightness in relation to gravity or weight, and Suddenness or Sustainment in relation to time. These Effort qualities are often divided into two groups, one which represents the “fighting” quality of movement, including Bound Flow, Strength, Directness and Suddenness, and one which represents the “indulging” quality of movement, including Free Flow, Lightness, Indirectness and Sustainment. The Effort category also includes attention to fluctuations in movement intensity and the phrasing within which movement occurs by looking at, for example, how an individual initiates, carries out, and then completes a physical action (Bartenieff & Lewis, 1980; Dell, 1977; Maletic, 2005).

The Laban Movement Analysis category of Shape describes how the body shapes or forms itself in a given environment. It includes Shape-Flow, Directional movement and Shaping. Shape-Flow describes movements that an individual makes that are self-oriented. An example of Shape-Flow is ordinary breathing, which is characterized by growing and shrinking movements noticeable particularly in the torso. Directional movement describes the formation of a bridge between the individual and another person
or an object in the environment in an arc-like or spoke-like movement. An example of Directional movement is a person extending his or her arm in order to shake hands with another person. Shaping describes the way in which the individual molds or shapes his or her body according to the environment. An example of Shaping is a mother hugging her child by not just encircling her arms around the child, but by rounding her torso to create a space in which the child is enveloped. The Laban Movement Analysis category for Space describes how a person makes use of the space around him or her. This space is often referred to as the person’s kinesphere. A person can be said to have a preference for near, middle or far reach space depending on whether movements remain close to the body, or whether movements are expansive with extension of the limbs. This category also attends to spatial directions (Bartenieff & Lewis, 1980; Dell, 1977; Maletic, 2005).

Movement is meaningful and communicates both the conscious and unconscious. The quality of movement, in addition to the content of movement and its symbolic meaning, reflects the mover’s experiences and inner world. An assessment of Body organization, Effort qualities, Modes of Shape change, and use of Space can illuminate how a person interacts with the environment, as well as how he or she manages feelings, impulses and thoughts (Bartenieff & Lewis, 1980; Fischer & Chaiklin, 1993; Kestenberg-Amighi, Loman, Lewis & Sossin, 1999; Lamb, 1992; North, 1972).

**Body Image**

Body image has traditionally been defined as the psychological experience or mental representation that one holds of one’s own body (Fisher & Cleveland, 1968; Schilder, 1950). In determining whether a person has a healthy body image or poor body image, researchers generally assess the person’s perceptual, evaluative and affective
response to his or her body (Thompson & Van Dan Berg, 2002). Tests that measure the perceptual component of body image measure the accuracy of a person’s internal image of his or her body (Thompson & Gardner, 2002). Tests that measure the evaluative component of body image measure the degree of satisfaction that a person feels with his or her body; and tests of the affective response to body image measure the degree of dysphoria that a person feels due to a lack of satisfaction with his or her body (Thompson & Van Dan Berg). Some quantitative assessment instruments also measure the effect of context on body image (Cash, 2002).

The operationalization of body image into quantitative tests and surveys is helpful in measuring the degree of body image distortion and dissatisfaction, but the tests and surveys do not illuminate the lived, day-to-day experience of embodiment. Questions posed by qualitative studies of body image, and by body image theorists, ask the details about how body image is experienced on a day-to-day basis, what factors influence body image formation, whether the body image is constant or variable, and the meanings that each person assigns to aspects of his or her body (Dosamantes, 1992; Krueger, 2002; Pylvanainen, 2006; Rubin, 2003).

Research and theoretical work suggests that body image is formed through the interaction between internal sensations produced by the body and interaction with others within social contexts, beginning with the infant-caregiver relationship (Kinsbourne, 2002; Stern, 1985). In his theoretical writing on body image, Kinsbourne stated that, on a neurological level, coordinated regions of the somatosensory maps, including the tactile, kinesthetic and vestibular regions, are simultaneously activated to create the experience of body image. As we integrate our sensory experiences into our awareness, we form an
image of our body. “Awareness and experience of the body are the original anchors of our developing sense of self” (Kinsbourne, p. 27). The view that body image is partially derived from the kinesthetic sensations has been adopted by dance/movement therapists. Chace (1993), often considered to be the mother of dance/movement therapy, wrote that “motion influences body image” (p. 357). Elaborating on this concept, Goodill and Morningstar (1993) stated, “Movement heightens sensation, kinesthesia, and proprioceptive functions in such a way as to make body image a dynamic, rather than static, aspect of self-concept” (p. 25). Put differently, the integration of sensory modalities, including kinesthetic sensations, results in a multidimensional and flexible body image, rather than a static, unchanging body image that is equivalent to a photographic representation of the external body.

Theorists have also suggested that movement alters body image by focusing attention on the subjective experiences of the body and the volitional aspects of the self. In discussing appropriate therapeutic techniques for people overcoming body image disturbances related to prior sexual abuse, Fallon and Ackard (2002) noted that somatic therapies, including dance/movement therapy, may help clients articulate the damage done to their bodies, experience their bodies in a different way and, in so doing, reclaim their bodies after the abuse. The source of this new experience of the body is not limited to kinesthetic experience. Rabinor and Bilich (2002) suggested that experiential techniques such as dance/movement therapy change body image because the expressive movement increases awareness of emotions that are stored within the body. Dance/movement therapy increases awareness of somatically felt emotions by directing the client’s attention to consciously performed movements and any accompanying
thoughts and feelings (Dosamantes-Alperson, 1979). As Kinsbourne stated in his chapter on the neurological aspects of body image, “Attention amplifies the previously unconscious somatosensory signals” (p. 25). This awareness of somatosensory signals “anchors our developing sense of self” (p. 27).

Many theorists have postulated that the integrated awareness of bodily experience into a sense of self occurs within the social context. In his theoretical exploration of the psychodynamic roots of body image, Krueger (2002) notes that Freud saw the ego as first and foremost a body ego because the core sense of self begins with the sensation of physical needs. Transposing Freud’s body ego to object relations theory, Krueger discusses the manner in which caregivers engage in sensory and motor attunement with infants. It is through this attunement that the infant develops an understanding of its body and its boundaries. If the caregiver fails to attune, it is as if the infant is looking into “foggy mirror,” resulting in body image disturbances (p. 32). According to Stern (1985), an original sense of self develops in the preverbal infant through his or her bodily experiences in movement interactions with the caregiver. Without the responsive attunement of the caregiver in movement interactions, the infant will have difficulty integrating his or her bodily experiences into a coherent whole from which to begin building a unified image of the body or sense of the self. This theoretical framework is partially supported by studies that show that body image dissatisfaction is inversely related to secure attachment styles (Cash & Fleming, 2002).

Several authors and researchers suggest that social interaction continues to be an important factor in the development and maintenance of body image throughout life. Tantleff-Dunn and Gokee (2002) suggest three interpersonal processes that affect body
image. First, the internal representation of the body is shaped in part by the verbal and nonverbal feedback that an individual receives from others. Second, the individual also makes social comparisons between his or her body and the bodies of others. Finally, the individual makes assumptions about how others perceive his or her body, a process the authors call reflective appraisal. These three interpersonal processes influence how the individual conceptualizes his or her body image.

Cash and Fleming (2002) elaborate on the idea of the human body is a “social object” that communicates gender, race, occupational and social information through self-presentation and adornment designed to adjust our message to others. The authors hypothesized that, through the process of attitudinal projection, which is similar to Tantleff-Dunn and Gokee’s concept of reflective appraisal, we assume that others see our bodies as we do. This influences how we interact with others, shaping our interaction with them and ultimately their reaction to us. To test this hypothesis, Cash and Fleming assessed 66 men and 58 women for body image dissatisfaction and asked them to make a diary-like inventory of their social interactions for 3 weeks. The results revealed that, the more positive the body image of the subject, the more likely it was that he or she would feel confident in social interactions, perceive the interactions to have been “intimate,” and feel that he or she had meaningful influence within the social interactions.

Dance/movement therapists have largely adopted the view that body image is generated through bodily experiences that are experienced and integrated through interactions with others, with particular focus on the early infant-caregiver interactions (Pallaro, 1996; see also, Dosamantes, 1992; Pylvanianen, 2006). Dosamantes contends that the infant-caregiver relationship gives the child the sense that he or she has a body
with boundaries. Chace (1993) believed that body image is a social creation, stating, “We have a normal tendency to elaborate our body images according to the experiences we obtain through the actions and attitudes of others” (p. 363). If others do not exhibit a “meaningful awareness” of a person, that person is likely to develop a “receding body image,” which is visible in movement when a person appears to be pulling back or attempting to disappear (p. 352).

Perhaps due to explicit or tacit acknowledgment of the importance of social interaction in shaping body image, some authors suggest that a supportive therapist-patient interaction can improve body image. Krueger (2002) hypothesizes that the empathy generated within the therapeutic relationship could provide the client with an intimate relationship in which he or she can experience the bodily sensations and body image. Chace (1993) suggests that she could generate a sense of bodily integrity and awareness in patients within the group dance/movement therapy session by clarifying, amplifying and mirroring their movements. Pallaro (1996) utilizes an object relations framework to suggest that the dance/movement therapist’s use of her body in interaction with the client allows the client to rework his or her early object relations, resulting in a more integrated body image.

The interactive nature of body image has led some researchers and authors to explore the effect of cultural disapproval of a person’s body or movement style on the person’s development of body image. Dosamantes (1992) notes that a culture may view the bodies and movements of another social group as ugly or unacceptable as a symbolic projection of what the culture most fears or disavows. Members of the marginalized social group may, in response, strive to have the dominant culture see their bodies as
acceptable and even desirable. McKinley (2002) developed three 8-item scales designed to measure the degree to which a woman may be affected by the dominant culture’s standards of bodily acceptability and desirability. She hypothesized that women develop what she termed “objectified body consciousness (OBC),” which is comprised of three measurable phenomena. First, women conduct varying degrees of self-surveillance by seeing themselves as others see them rather than focusing on their internal experiences. Second, women have varying degrees of acceptance of cultural standards of beauty and varying levels of desire to achieve the cultural standard. Finally, women vary in the degree to which they believe that the beauty ideal is achievable through body modifications and adornment. In a pilot test, she found that high scores in all three areas of OBC were positively correlated with body image dissatisfaction in women. This suggests that body image is directly affected by the internalization of cultural values surrounding the human body and its presentation, but that the degree of influence varies based on several, internal variables.

Surveys of men and women suggest that both sexes may experience what McKinley refers to as objectified body consciousness. In an analysis of several surveys, Striegal-Moore and Franko (2002) found that two-thirds of adolescent girls report that they are “on a diet” at any given time (p. 187). Latina, African American, Asian and White women in the United States endorsed similar beauty ideals, with African American women having slightly less stringent views on the necessity of thinness to beauty. Women express more body image concerns than men, possibly because physical attractiveness is “a central component of the female gender role stereotype” (Striegal-Moore & Franko). At the same time, surveys suggest that male body image issues are
increasing in the United States, putting them at risk for behaviors such as dieting and compulsive exercising in order to achieve muscular definition (Corson & Andersen, 2002). These surveys suggest that the process of internalizing social norms of body type and viewing one’s own body as an object for others to view is pervasive. Children learn body ideals early in life and, in adolescence, may measure their bodies against the internalized social ideal.

In his phenomenological study of transgender men’s experiences of embodiment, Rubin (2003) utilizes Jean Paul Sartre’s bodily ontology in order to explain and organize his findings regarding body image, which parallels and elaborates upon McKinley’s construct of objectified body consciousness. According to Rubin, body image is the product of social interaction, but it is not static. Rather, one’s sense of one’s body image vacillates between three different points of view. The first point of view is the “body-for-itself,” which regards the body from the point of view of the particular, subjective experience of the person. The second point of view is the “body-for-others,” which attempts to regard the body as it is seen, touched, and interacted with by others (Rubin, pp. 26-27). The interaction of the first and second point of view, the “body-for-itself” and the “body-for-others,” can be a healthy process, and one that begins infancy, as discussed by object relations theorists such as Dosamantes (1992), Krueger (2002), Pallaro (1996) and Stern (1985). The third point of view involves regarding one’s body as alienated from oneself. Rubin explains that the “alienated body” results from situations in which “the I is coerced into taking a viewpoint of the other on its own body” (p. 27). This occurs when one experiences discord between one’s subjective experience of one’s body and the way in which others see one’s body. If this discord is pervasive
and intense, a sense of being completely alienated from one’s own bodily experiences can develop.

In his interviews with transgender men, Rubin found a pervasive experience of alienation from the body that was partially remedied by body modifications, such as clothing, hormone therapy, and breast removal. A commonality among the participants was that they experienced puberty as a pivotal time when the “bodies they inhabited disfigured their essential male selves” (p. 89). Rubin calls this phenomenon “expressive failure” because their “bodies are failed representations of their core selves.” “Expressive failure,” he explains, “makes it difficult to achieve intersubjective recognition” (p. 181). By modifying their bodies, they “are repairing the link between their bodies and their gender identity” (p. 144). Body modifications reduced the disparity between self-perception and the perception of others, reducing their experience of alienation from their bodies.

With regard to the subjective aspect of body image, or, as Rubin named it, the body-for-itself, little has been written that teases out the various aspects of the internal, subjective experience of the body. Pylvainanen (2003) conducted an extensive literature review in an effort to attempt to clarify aspects of body image that could be operationalized to capture data on the subjective experience of the body. Based on her analysis of the literature, she proposes a conceptual model of body image comprised of three elements: image properties, the body-self, and body-memory. The first component, image properties, consists of the way in which a person sees his or her body, and may incorporate objects such as clothing or jewelry. Data regarding the image properties of body image are obtained optically as well as through other sensory channels.
Pylvanainen suggests that the image properties aspect of body image may be
overemphasized in the literature, and, in later writing, she suggests that image properties
are the most susceptible to coercive social pressures and ideals (Pylvanainen, 2006).

The body-self is the “core of the self that experiences and interacts” (Pylvanainen, 2003, p. 50). It develops through early, pre-verbal object relations with one’s mother or
caregiver, as elaborated upon by Pallaro (1996); it senses, emotes and acts, and develops
in relation to others, as elaborated upon by Dosamantes-Alperson (1981). While image
properties consist of the mental representation of the body, and any thoughts or feelings
that we attach to that image, the body-self is nothing less than the self that moves and
creates and relates to other people. Pylvanainen (2006) describes the body-self as
holding a “double role” as a “sensing agent” and an “acting agent” (p. 44). This sense of
the body-self as an embodied self which is not an object but a subjective actor moving in
the world in relationship to others resonates with and elaborates upon Rubin’s construct
of the body-for-itself that interacts with others but is rooted in subjective experience
explains that using the construct of “body-self” allows us to focus on the body as
experienced in interaction with others, rather than on the visual image properties of the
body that are so often emphasized in the body image literature.

Body-memory consists of memories of all bodily sensations, whether experienced
as pleasurable, painful, or routine (Pyvanainen, 2003). It is the “container of past
experiences in the body,” memories that are “wordless and independent of conscious
will” (Pylvanainen, 2006, p. 44). Routine physical experiences are stored as habitual
body-memory and give us a sense of “body coherence, continuity, familiarity, and
orientation” (p. 45). Painful or disturbing physical experiences are stored as traumatic
body-memory and may give us the sense that our bodies are “fragmented, which disturbs
the integrity of the body image and prohibits spontaneous and integrated action” (p.45).
Pleasurable physical experiences are stored as erotic body-memory and give our bodies
“vitality affects” and a sense of connection to other people (p. 45). The body-memory
dimension of body image is receptive to the external environment and explains how a
pleasurable physical experience, or a painful one, can change our overall body image.
Body-memory, like body-self, is rooted in subjective physical experiences and, as such,
falls under the category of body-for-itself in Rubin’s body image framework.

Pylvanainen (2006) argues that the tri-partite model of body image can be useful
to the empirical practice of dance/movement therapy because it focuses on inner
experience and communication. It allows for the organization of the experience of body
image into meaningful and distinct categories, which, in turn, facilitates verbal
identification and clarification of bodily experiences and impressions that may otherwise
be unnamed or unconscious. She tested the use of the tri-partite model heuristically by
analyzing 41 movement episodes during her butoh practice. Butoh is a Japanese form of
dance that requires focusing on the internal experiences of movement rather focusing
primarily on the external image of the movement. She kept a journal documenting each
movement episode and then read the journal, categorizing each episode as primarily
related to image properties, body-self, or body-memory.

In one movement episode, her butoh instructor suggested that the women in the
class put on a pair of high heeled shoes and walk across the studio with a rose in hand.
This brought to Pylvanainen’s mind stereotypical images of womanhood. In response,
Pylvanainen writes that she felt both comfortable and “bound” (48). She categorized this as an experience with the image properties of body image. In another movement episode, her instructor asked her to focus on how she walks through space and feels the air around her. She focused on the kinesthetic experience of walking and the sensation of the air on her skin in the moment, which she categorized as an experience with the body-self dimension of body image. In another movement episode, she experienced the body-memory dimension of body image when her instructor suggested that she move while focusing on the question of how childhood felt within her.

Pylvanainen concluded that all 41 movement episodes could be analyzed and illuminated through application of the tri-partite model of body image that she originally proposed. The key to successful application of the tri-partite model was the focused attention that she gave to her internal experience of the movement while she was moving. This was supported by the nature of the movement suggestions of the instructor, who encouraged simple, pedestrian movements done with concentration and sensitivity to which he bore witness. A similar set of conditions is present in a dance/movement therapy group session, which encourages the conscious exploration of simple movements with the supportive presence of a therapist (Pylvanainen, 2003). No study thus far, however, has analyzed the body image experiences of participants in a dance/movement therapy session utilizing the tri-partite model proposed and used by Pylvanainen in her heuristic study of her own movement experiences.
Transgender Body Image

Body modifications and body image.

That transgender people experience some dissatisfaction with their bodies is axiomatic of a circumstance in which the body does not convey the inner experience of the gendered self. Only a few studies address transgender body image per se, but studies exploring satisfaction, self-esteem and quality of life for transgender people in relation to body modifications and other variables illuminate aspects of transgender body image, particularly as it is conceptualized by Pylvanainen’s tri-partite model.

Studies of the effectiveness of sex reassignment surgery cast some light on the question of body image satisfaction (Barrett, 1998; Kraemer, Delsignore, Schnyder & Hepp, 2008; Pauley, 1981; Snaith, Tarsh & Reid, 1993; Wolfradt & Neumann, 2001). Kraemer et al. measured body image in pre- and post-operative transgender women using a German body image measure, called the FBeK, using an operational definition of body image that included perceptions, attitudes, and experiences pertaining to one’s physical appearance based on self-observation and the reactions of others. The researchers found that pre-operative transgender women scored higher than the post-operative transgender women in the areas of insecurity and concern over their physical appearance and lower in the areas of perceived attractiveness and self-confidence.

Wolfradt and Neumann (2001) studied personality variables that included, for example, depersonalization, self-esteem, and body image in 30 post-operative male-to-female transgender women, comparing them to 30 biological women and 30 biological men. All 90 participants filled out questionnaires for (a) the Scale of Depersonalization Experiences (SDPE), (b) Self-Esteem Scale (SES), (c) the Body-Image Questionnaire
(BIQ), (d) and the Gender Identity Trait Scale (GIS), and (e) a question about whether they were generally satisfied with their lives. The researchers found that transgender women did not have higher rates of depersonalization than biological men and women and that biological males and transgender women scored significantly higher in self-esteem and dynamic body image measures than biological women. No significant differences were found in rejected body image or in general satisfaction with life. This study suggests that sex-reassignment surgery for transgender women is associated with body image satisfaction and self-esteem comparable to that of non-transgender people.

With regard to transgender men, Barrett (1998) assessed the benefits of phalloplasty by comparing a group that had undergone the surgery to a group on a waiting list for the surgery. Dependant variables were measured with general health questionnaires, a symptom checklist, a sex role inventory, and the Social Role Performance Schedule, as well as information on income, employment, drug use, and self-reported ratings of satisfaction in the areas of genital appearance, sexual function, urinary function, and current relationship status. The post-phalloplasty group showed slightly higher satisfaction with genital experience, and in the area of sex roles, and endorsed more androgynous behaviors than the pre-phalloplasty group. The implications of this study are that phalloplasty does no harm, and that it does some good for some people, but that it is not as successful as male-to-female sex reassignment surgery in improving body image, quality of life and overall satisfaction with gender experience.

With regards to other medical interventions for transgender men, Newfield, Hart, Dibble, and Kohler (2006) conducted an internet survey of 376 transgender men and found that they reported a significantly lower quality of life than the general population,
but that transgender men who received hormone replacement therapy and chest reconstruction surgery reported a significantly higher quality of life than those transgender men who received no medical intervention. This suggests that hormone therapy and chest reconstruction can result in positive changes in quality of life, due perhaps in part to a concomitant change in body image, and in the way the transgender man’s body is perceived by others.

With regard to hormone therapy for transgender women, Wasserug et al. (2007) interviewed 12 transgender women who presented for treatment with anti-androgen and estrogen therapy. Before starting therapy, many had let their hair grow, dyed and styled their hair, gotten their ears pierced, and removed body hair. Starting hormone therapy was experienced as a milestone, regardless of the outcome. It dislocated artifacts of masculine gender in an important way, bringing emotional relief even if the results were less than dramatic. Participants noticed changes in face shape, skin softness, fatness of hips, and breast enlargement, and reported being highly attuned to each change in their bodies. They also reported a change in sexual stimulation from genital focused to “whole body” (p. 114). One participant talked about transition as being “a newborn baby” neither male nor female, but, rather, existing just at the beginning of gender development (p. 116).

Because Wasserug et al. (2007) conducted a qualitative study, the results yield detailed information about the subjective experience of hormone therapy for transgender women. Information about the subjective sensations within the body occasioned by hormone therapy gives us data about the body-self aspect of body image, rather than the image properties. It is likely that surgical interventions that were variables in the
quantitative studies discussed above also resulted in changes to the subjective sensations and experience of the body, but the quantitative format of the studies was ill suited to yielding direct information about the participants’ subjective experiences of their changed bodies. Moreover, the intensity and depth of the feelings surrounding hormone therapy described by participants in the Wasserug et al. (2007) study highlights an aspect of the subjective experience of transition that is sometimes overlooked: Hormone therapy changes the body in ways that are not predictable. Gherovici (2010) notes that it is impossible to predict what pre-adolescents will look and sound like after the hormone changes of puberty and, likewise, transgender people cannot know precisely how hormone therapy will change their bodies. “The sex change decision entails a plunge into the unknown for the transformation keeps a part of mystery” (Gherovici, p. 239).

The way in which a conflict between biological sex and gender identity might alter bodily sensations is understudied. Marone et al. (1998) measured the degree of integration of body image of transgender patients, 15 transgender men and 15 transgender women, seeking sex reassignment surgery. Body image integration was measured by the Sensory Integration Body Imagery Test, which measured time taken by participants in perceiving body parts by measuring inhibition or excitation. The scores of transgender men showed high rates of inhibition in the following areas in descending order: the thorax, global body, neck, head and back, trunk and genitals. For transgender women, inhibition was highest in the global body, then the neck, genitals, trunk, and head. This suggests that various parts of the body other than the genitals feel distressing or problematic for some transgender people, resulting in a tendency to block the experience
of sensations from these areas. This may result in interference with complete sensory integration that affects the subjective experience of the body-self.

Schrok, Reid and Boyd (2005) conducted a qualitative study of transgender women’s embodiment of womanhood with the express purpose of addressing the lack of data on transgender women’s subjective experiences, noting that most studies focus instead on the development of self and identity. Borrowing from the philosophical work of Simone de Beauvoir, the authors adopt the position that the body is a “situation,” and that subjectivity is always embodied (Schrok et al., p. 318, Beauvoir, 1989). The results of their interviews with nine transgender participants revealed that they saw their bodies not exclusively as a problem, but as a resource. They used their bodies to take actions to modify their gender presentation in the areas of “retraining,” “redecorating,” and “remaking” the body (p. 321). The transgender women labored to change their bodies, and described “harvesting the emotional rewards” of that labor (p. 320). Schrok et al.’s discussion of their results in all three areas is relevant to both the image properties and the body-self components of body image.

In terms of retraining the body, participants disclosed that they worked diligently on their speech and movements, practicing emotional expression, role-taking, changing their tone of voice, and studying and emulating biological women’s postures and gestures. They reported that the degree of self-monitoring required in order to retrain their bodies. The retraining process initially felt like an inauthentic expression of self, rather than a more authentic expression of gender. One noted, for example, that it felt false to change her voice around people who had known her for a long time. Feelings of authenticity and naturalness developed over time as the transgender women developed
body memories of the new ways of moving and vocalizing. Shrock et al. suggest that this transition from feeling inauthentic to authentic implies that, as the body is changed and shaped, it must be re-wed to subjectivity.

The transgender women reported the same interplay of feelings of authenticity and inauthenticity, as well as confidence and fear, with regards to redecorating their bodies with clothing, hairstyles and make up. Wearing cosmetics, for example, was reported to create a paradox because, on the one hand, it is a mask, and on the other hand, it leads to greater feelings of authenticity because society is more likely to respond to the transgender women as women when they wear it. Overall, the participants reported that practice applying make-up and wearing women’s clothing resulted in greater feelings of authenticity over time. Moreover, clothing items such as skirts and high heels served the function of helping to retrain their bodies to move differently. One participant voiced the exception to these sentiments. She identified as a feminist and associated make-up and restrictive clothing with oppression.

In terms of remaking the body, the transgender women interviewed by Schrok et al. described non-medical interventions, such as electrolysis to remove hair, loosing weight, and allowing upper body musculature to atrophy, as well as hormone therapy and surgical interventions. These modifications required discipline and effort to enact and maintain. Participants described feelings of authenticity that accompanied hormone therapy. One noted that, when she saw the emergence of her breasts, she said to herself, “It’s not pretend” (p. 328). Over time, the vestiges of masculinity in the body feel inauthentic, while feminine modifications of the body feel authentic. This occurred through the labors of the transgender women, who used their bodies to modify their
gender presentation. The labor and practice that this required re-connected their subjectivity to their bodies. The bodywork thus reflected two aspects of the body-self, the body that takes action in the world on behalf of the self, and the body that subjectively experiences itself and the world through sensations.

Johnson (2007) is another researcher who studied embodied subjectivity. She interviewed transgender men and transgender women in order to gain a better understanding of how embodiment manifest in their narratives. Johnson found four ways in which changing or modifying the body affects the embodied subjectivity of the transgender participants in the study. First, participants described experiencing new and altered bodily sensations over the course of a long period of time, particularly as estrogen increased feelings of softness and fleshiness, or testosterone increased feelings of strength. Second, participants described studying and learning movements that reflect the cultural practice of gender. Third, participants experienced an inability to completely undo the evidence of their genetic sex. As for the parts of them that indicated their genetic sex, one participant stated, “I hate those bits” (p. 65). Finally, participants experienced an inability to completely undo movement and vocal patterns that suggested their genetic sex, after having spent childhood and adolescence learning them. Johnson suggests that postural and gestural practices leave their mark on the body, and are difficult to completely reverse. Gender is “displayed and read … through … embodied practices,” and the experience of embodiment changes as transgender people work to alter the gender that their bodies and movements display (p. 67).
Embodying gender in movement.

A theme that emerges in the qualitative studies of embodiment of Johnson (2007) and Schrok et al. (2005) is the effort that many transgender participants in the studies made to align their nonverbal behavior with their gender identity. Research on gender differences in movement, however, has yielded mixed and contradictory results (Bente, Donoghy & Suwelack, 1998). Even at best, the results must be contextualized depending on whether the circumstances surrounding the nonverbal communication are casual, familial or professional, and how well the parties engaged in the nonverbal communication know each other (Bente et al, 1998; Birdwhistle, 1970; Hall, LeBeau, Reinoso & Thayer, 2001; Koch, 2006; Lamb, 1992). “When context information is taken into account, many gender differences in nonverbal behavior disappear or change” (Bente et al., p. 36). On the other hand, Birdwhistle notes that we assume, as lay people, that we can distinguish masculine from feminine movement patterns, and also distinguish feminine behavior in men and masculine behavior in women. He postulates that our weak sex dimorphism causes us to rely heavily on tertiary sex characteristics, such as “position, movement, and expression,” to identify sex (p. 42). Put differently, Gherovici (2010) notes, “Every day, we make multiple gender attributions that are not based on the genitals, but on other makers of gender differences like clothing, manners, behaviors, and style” (p. 236).

Birdwhistle defines tertiary sex characteristics as “learned and patterned communicative behavior which in the American body motion communication system acts to identify both the gender of a person and the social expectancies of that gender” (p. 46). Some of the gender differences that have been studied are the frequency and length
of eye contact, the frequency and amount of gross and fine motor movement, the length of pauses when speaking, posture, and smiling behaviors (Bente et al.; Hall et al., 2001). Researchers have documented differences, but those differences are dependent on context and status (Hall et al.).

In a survey of the literature reporting studies on gender differences in nonverbal behavior, Hall (2006) concluded that there is evidence that men and women differ in the areas of smiling, nodding, facial expressiveness, gazing, interpersonal distance, touching of others, self-touch, hand gestures, body postures and nonverbal expressiveness. On the whole, gender differences that appear in one study, however, disappear in another study if the context or setting is different. She states, “The fact that emotions, goals, and motives may vary dramatically from individual to individual, setting to setting, or study to study greatly reduces the prospects of finding consistent results” (p. 387; see also Hall et al, 2001).

In the fields of dance/movement therapy and Laban Movement Analysis, gender differences in movement have not been widely studied. Kestenberg-Amighi et al. (1999) note that Kestenberg initially proposed that certain tension flow rhythms in movement were associated with gender, but later concluded that all tension flow rhythms were present in all children that she observed. Lamb (1992) notes that Laban assumed that men and women exhibited different preferences in movement, but researchers have not studied his assumptions. Although Lamb further comments that many of his own assumptions about gender are “out-moded” and riddled with exceptions, he believes that the use of the Effort and shaping qualities of movement reflect our perception and expression of gender (p. 145). Lamb (1992) collected anecdotal evidence from five
separate cultures on the movement qualities exhibited by men and women while they embrace each other. He found differences between men and women’s embrace patterns with regard to Effort qualities and shaping. Men used Free flow with indulging Effort qualities and Bound flow with fighting Effort qualities, whereas women tended to use Bound flow with indulging Effort qualities, and Free flow with fighting Effort qualities. Men used growing shape-flow with concave shaping, and shrinking shape flow with convex shaping, whereas women used growing shape-flow with convex shaping, and shrinking shape-flow with concave shaping.

Gender differences in use of Effort qualities was confirmed by Nilges (2000), who used Laban Movement Analysis to study gender as nonverbal discourse in gymnastic sequences of male and female college students. She found that men tended to use Strong, Direct and Bound Effort qualities and women tended to use Light, Indirect and Free Effort qualities in their gymnastic sequences. She found no statistically significant difference between men and women with regard to time and the use of sudden or sustained effort qualities.

More recently, Koch (2006) applied Laban Movement Analysis to a study of gender and leadership in the workplace by observing 71 sub-clinical participants in a professional setting. She found that women moved more, both expressively and defensively, and that women used more Indirect Effort than men. Women also tended to use more fighting Effort qualities than men, which include Direct, Strong, Bound, and Sudden Effort qualities. With regard to Kestenberg tension-flow rhythms, the study found that women do not use more fighting rhythms than men, but that men tended to use more mixed fighting rhythms. Women in leadership positions use a predominance of the
jumping rhythm, whereas men in leadership positions tended to use running and drifting rhythms.

Dosamantes (1992) discusses an unpublished study by Davis & Weitz that was presented to the American Psychological Association in 1978 that looked at sex differences in nonverbal communication using Laban Movement Analysis by observing conversations between male and female graduate students. The women used peripheral movement, narrow posture, and continuous orientation towards the speaker. Men used more gross movement, assumed wider and larger positions, used stronger movements, and showed more periods of complete stillness. When women talked to other women, their movements were freer, more expansive and mutual, but when they talked to men, they moved in ways indicating “lower status,” including presenting their palms and narrowing their stance (p. 261). Men did not display this variation depending on whom they were talking to.

Given the infinite variety of possibilities of movement, and the contextual nature of gender displays in movement, it seems an impossible task for someone to simply learn to move as a man or move as a woman. Yet, this is part of the bodywork initiated by transgender people in the qualitative studies described by Johnson (2007) and Schrok et al. (2005). Attempting to train their bodies to embody gender is an action and a physical experience that is part of the body-self component of body image.

**Narratives about the body-self.**

Using Pylvanainen’s definition of body image, the body-self includes the formation of a sense of self that develops in relation to other people. The body-self includes narratives that we create to explain who we are and the way in which those
narratives are formed through our relationships with significant people in our lives and within the cultures in which we participate. First and second account narratives can be found in books written by transgender and gender variant people, such as Borstein’s (1994) autobiographical *Gender Outlaw*, and literature discussing the perspectives of transgender people such as Cromwell’s (1999) book *Transmen and FTMs* and Namaste’s (2000) book *Invisible Lives*. Gherovici (2010) notes that transgender and gender variant people have written memoirs with great frequency and queries whether the memoirs can “function as a process of self-invention for the authors” (p. 230). She argues that the presence of so many memoirs suggests that “it is not enough to undergo corporeal reconstruction” (Gherovici, p. 233). “There is first a change in the flesh, then the artifice of writing is necessary before a full embodiment is accomplished” (Gherovici, p. 233). Qualitative researchers in the fields of sociology and psychology are also beginning to conduct studies, discussed below, that are aimed at understanding transgender narratives and their functions.

Transgender people actively construct narratives about their bodies and their selves that may dovetail or diverge with the most common transgender narratives. It has become common, for example, for transgender people to describe themselves as “trapped in the wrong body” in part because it is the acceptable way to describe one’s feelings about one’s body in order to ensure medical approval for sex reassignment surgery (Hines, 2007). Hines proposes, however, that the totalizing view of body image dissatisfaction captured in the notion that transgender people feel “trapped” in the “wrong body” fails to capture the nuances and variety of transgender experience (p. 68). In interviewing transgender people about their personal narratives, Hines found that many
transgender people did not feel that they had been born into the “wrong body,” but rather that their bodies would be better suited to them if they were modified in a limited number of ways. Hines concludes, “Subjective understandings and experiences of surgery articulated here, then, suggest that the body matters,” but that the degree of interest and satisfaction in surgical modifications of the body is variable depending on each individual’s perception of self and gender (p. 70).

Moreover, many transgender people utilize non-binary ideals of gender as part of their gender identity. In a study of the self-perception of attributes of the actual and ideal self in 204 transgender women in Thailand, Winter and Udomsak (2002) asked participants to complete three questionnaires asking them to rate various attributes and personality traits as part of their actual self and/or their ideal self and to rate the traits as either stereotypically masculine or stereotypically feminine. The results were compared to control groups of the same questionnaire completed by biological men and women. Means for gender stereotypes did not differ significantly from other samples of biological men and women. Moreover, researchers found a strong trend in participants to strive to move away from stereotypically female traits, suggesting that they embraced an androgynous identity rather than a stereotypically feminine identity. This suggests an evolving body-self component of body image that is not gender binary and does not adhere rigidly to the gender stereotype of the chosen gender, and also a body-self that is in a state transition or development.

In addition to the endorsement on androgynous personality traits, transgender narratives regarding gender identity often diverge from an endorsement of gender as binary. Finn and Dell (1999) conducted a qualitative study, for example, that explored
the nuanced and complex facets gender identity in seven transgender people. Four transgender men and three transgender women were interviewed and data were gleaned from the transcripts of the interviews using discourse analysis. Three themes emerged. First, the interviewees perceived some fluidity in gender identity, yet they were confronted with medical and psychological establishments that view any departure from “normal” gender to be pathological requiring surgical transformation. Second, the interviewees felt that the idea of embodying a unique or different gender identity should be thought of as a question of personal choice rather than as a question of mental health. Third, the interviewees found that adopting the view that gender is a question of personal choice was a productive outlook. The body-self component of body image, as portrayed in this study, can be described as powerful in its self-agency and freedom of choice in gender expression. The body-self can also be described as struggling to construct a narrative that is driven by subjective experiences of embodiment, rather than being driven by external models of gender identity.

In her theoretical work based on a literature review and her practice as a psychoanalyst serving transgender clients, Gherovici (2010) reviews publicized cases in which people who identify as transgender explicitly disavow choosing to be men or women, but prefer instead to occupy an intermediate space. The process may involve creating pronouns that are gender neutral, such as *hir*, instead of him or her, and *ze* or *s/he*, instead of he or she (p. 23). The goal then, is not to transition to living as a man or a woman, but to find a way to present oneself authentically outside of the gender binary. “For these bodies, arriving at a destination is not always granted or a given” (Gherovici, p. 39).
A study conducted by Gayne and Tewksbury (1999), on the other hand, suggests that transgender narratives of embodiment are often influenced by the narrative of transgender identity expressed by the medical and mental health fields, establishments that demand that transgender stories be told in a manner that preserves the male/female gender binary. The researchers conducted 65 semi-structured, in-depth interviews with male-to-female transgender women, including preoperative, postoperative, and non-operative women in order to study the ways in which knowledge systems that are part of the larger gender construct have affected the lives of transgender people. Certain themes emerged that were consistent among all of the participants, suggesting, the researchers concluded, that each participant had been influenced by their social surrounding and one another to create a shared narrative. The themes that emerged were (a) feeling feminine early on in life and looking for opportunities to express their true identity, (b) early awareness of gender expectations for boys, and (c) the inability to repress the feminine self in spite of awareness that it was not congruent with their identity. It is likely that these themes are influenced by both the subjective experiences of the participants, and by the shared, cultural narrative that has developed to explain transgender identity. Because they reflect on childhood experiences of embodiment, the themes also suggest the presence of body-memory, an aspect of Pylvanainen’s model of body image that has been largely unexplored in the literature.

**Interactive aspects of transgender body image.**

As the Gayne and Tewksbury (1999) study discussed above suggests, the body-self element of transgender body image is shaped in interaction with others. While this implies that body image can be undermined or constricted by others, it also implies that
social support can facilitate the development of a satisfying and expansive body image. Nuttbrock, Rosenblum, and Blumenstein (2002) studied the relationship between social and interpersonal support for the feminine identities of 43 transgender women sex workers and symptoms of depression. Using the CES-D scale, the researcher found a negative and statistically significant correlation between depressive symptoms and the index of friend and family support for gender identity. While the researchers did not examine body image variables, it is possible that reduced rates of depression are correlated with improved self-image and increased comfort with body image.

Also suggesting the importance of interpersonal support to body image is an ethnographic study conducted by Mason-Schrok (1996) in which he joined a transgender support group and participated in some social events with its members. From his observations and interviews with group members, he concluded that the support group format was useful for people transitioning genders because group members offered one another affirmations of gender choice, modeling of embodiment of the desired gender, and guidance to new members. While neither study directly addressed body image, the findings suggest that social support is significant to the formation and maintenance of identity as well as general mental health.

The corresponding result of the interactive nature of body image is the effect of self-objectification that results when a person experiences his or her body as others see it, as McKinley (2002) found in her research on objectified body consciousness discussed in the section on body image above. Her research suggests that the cultural context and the verbal and nonverbal responses of others to one’s body can alter one’s subjective experience of the body. I found no studies surveying the types of verbal and nonverbal
feedback transgender and gender variant people receive in contemporary Western culture. Some sense of the feedback that transgender people receive can be found in a short film made by Alexander (2008), which creates an audio-visual collage of samples from over 80 films in which the issue of gender variance is raised, and documents the verbal and nonverbal responses of characters to gender variance. Most of the films sampled in Alexander’s short film involve a plot in which one of the characters in gender variant, and other characters respond to this discovery. The most common facial expression made in response to a gender variant person is one of contempt or disgust, with the nose wrinkled and the mouth open and drawn downward. Although an open mouth sometimes suggests surprise or astonishment when accompanied by wide eyes and raised eyebrows, in these scenes, the actors furrow their brows and narrow their eyes, facial movements that Darwin (1872/2009) suggests are indicative of contempt, disgust or anger. Even when the scene is meant to be funny and the actor is laughing at the gender variant person, the nose is wrinkled and the brow wrinkled in disgust. Some of the faces show anger and the stirrings of rage, with the eyebrows narrowed and the nostrils flared (Darwin, p. 142).

With regard to movements in the rest of the body, many of the scenes feature actors who, upon seeing a gender variant person, move with Bound flow, sometimes hollowing backwards or narrowing with Suddenness (Dell, 1977). According to Darwin (1872/2009), muscular contractions often manifest fear or horror. In the few scenes where the actors show surprise, it is exaggerated so that they are raising both arms in astonishment, doubling over or stepping back quickly. In several frames, the actors act as if they are about to vomit, or actually vomit. In one scene the actor burns his clothes
and jumps in the shower in response to contact with the transgender person. Another passes out. In other scenes, the actor hits, slaps, or throws something at the transgender character. In others, the gender variant character is strangled, shot, or beaten with a stick.

A severe disparity between how others see a person and how the person sees him or herself can lead to what Rubin (2003) describes in his phenomenological study as alienation, discussed above. The internal experience of alienation was well described by one of the participants in Rubin’s study, who said that he “oscillated relentlessly between a constant awareness and a disembodied feeling” (p. 106). The task of transitional activities, including body modifications, role changes, relationship changes, modifications to nonverbal and verbal communication, and often psychotherapy, is to engage in a process of “repairing the link between their bodies and their gender identity” (p. 144). Engaging in this process restores subjectivity and decreases alienation by altering not only the presentation of the body, but also the subjective experience of the body and the manner in which other people respond to the embodied person.
CHAPTER 3: METHODS

Design
This was a qualitative case study that explored the variations and themes of body image as they were experienced and expressed by four transgender people participating in group dance/movement therapy. The sequence and process of data analysis that followed completion of the sessions is described further in this section.

Location of study.
The study was conducted at the Gay, Lesbian, Bisexual, and Transgender Community Center (GLCC), a nonprofit that provides information and support services in a city on the East Coast.

Time period of the study.
The time period for this study was April 1, 2009 through April 1, 2010.

Enrollment information.
Six adult participants who identified themselves as transgender were recruited for this study. They represented a variety of ages from 39 to 63. Five participants were White, and one participant was African American. Four identified as male-to-female transgender, and two participants identified as female-to-male transgender.

Participant type.
Participants in this study were adult volunteers from the community who identified as transsexual or transgender and who identified as being in a period of transition, meaning that they were actively in the process of expressing gender transformation through dress, hormone therapy or other medical interventions.
Participation in the study was not limited to male-to-female or female-to-male or to a particular course of gender transformation (e.g. anticipating sex reassignment surgery versus opting for hormone therapy alone). This study recruited transgender people with a variety of gender transitions in play, as well as a variety of opinions and beliefs about the meaning of gender (Winter & Nuttawutt, 2002). Because recruitment flyers were posted at a community center and health center serving a diverse population of transgender people within a metropolitan area, the subject group likely reflected the transgender population that utilizes these urban facilities.

**Participant source.**

Participants were recruited through the community-based health care provider that provides medical and psychotherapeutic services to people transitioning genders, and the GLCC, a non-profit organization that provides information and social services to the gay, lesbian, bisexual and transgender communities.

**Recruitment.**

Recruitment flyers were posted at the community based health care provider and the GLCC, a copy of which is appended to this thesis as Appendix A. The flyer stated that participants in the study would each receive $50 compensation for completing the study. I also recruited participants by appearing in person at transgender support groups held at the GLCC, where I verbally presented group members with information regarding the study per a recruitment script which is appended to this thesis as Appendix B, and provided group members with copies of the recruitment flyer. I provided the group leaders with additional copies of the recruitment flyer to distribute to group members.
Eight people expressed interest in participating in the study. I scheduled a phone conversation with each of the eight potential participants in order to review the purpose of the study, inclusion and exclusion criteria, and procedures for study participation, using a recruitment script which is attached to this thesis as Appendix C. I also answered any questions that arose in the course of the conversations. Seven prospective participants remained interested in participation after the phone interview. I contacted these seven potential participants by phone or email to follow up with a confirmation of interest, and details regarding the place, time, and dates of the study sessions. Of the seven, six confirmed interest and ability to participate in the study.

**Participant inclusion criteria.**

Prospective participants self-selected according to the participant inclusion criteria listed on the recruitment flyer. Participants were required to be at least 18 years old or older, consider themselves to be transsexual or transgender, be in the process of transitioning or adjusting to their desired gender, be able to communicate in English, be able to commit to attending four sessions as well as a 45 minute interview after the last session, be able to engage in moderate physical activity, not be suffering from a mental illness that involves hallucinations or delusions, and not be experiencing mental health issues or personal problems that would make it difficult for them to participate in a group process.

**Participant exclusion criteria.**

Prospective participants self-excluded if they had completed sex reassignment surgery and no longer considered themselves in transition, were unable to communicate in English, were in treatment for a mental illness which involves hallucinations or
delusions, were currently working on interpersonal issues that overshadowed their gender issues and made it difficult for them to participate in a group, or were unable to participate in moderate physical activity.

**Investigational Methods and Procedures**

**Dance movement therapy group sessions.**

Dance/movement therapy group sessions met one night per week for 4 weeks in July, 2009.

**Session 1.**

Session 1 was one and a half hours, the first forty-five minutes of which were spent conducting the consenting process with each participant out of the presence of the group. The consent process was followed by a brief verbal introduction of dance/movement therapy, and introductions of the participants and me.

After the verbal introductions and discussion, I led the participants in an abbreviated version of a traditional dance/movement therapy session, which includes a warm-up, theme development and closure phase designed to maximize participant expression and initiate participant-driven theme development (Chace, 1993).

**Warm-up.**

The warm-up, which lasted for approximately 15 to 20 minutes in all sessions except the abbreviated movement portion of Session 1, included gentle movements performed in a circle designed to prepare participants physically for movement and also to assist them in transitioning into the group dance/movement therapy process. I asked participants to draw their attention to any physical sensations they had and any emotional
sensations that arose in order to awaken the connection between physical and psychological experience. Group cohesion was fostered and facilitated by rhythmic music and synchronous movements. In a short discussion that preceded the movement warm-up, participants were encouraged to greet one another and given an opportunity to talk about any events, thoughts, or feelings that may have emerged since the last session (Meekums, 2005).

*Theme development.*

During the theme development phase of the dance/movement therapy session, which lasted approximately 45 minutes during all sessions except for the abbreviated movement portion of Session 1, I led the group by encouraging the development of metaphors and themes that emerged naturally from the group movement expression. While the sessions’ themes and movement patterns were largely a creation of the group, I also introduced the Laban Movement Analysis concept of Effort-Shape (Dell, 1977) and encouraged participants to work with polarities of movement. I included movement exercises that invited a deeper exploration of each participant’s individual experience of embodiment that was later shared with the group and during the exit interviews.

I introduced movement experiences based on the participants’ verbal and nonverbal communication within the group. This was critical to the development of participant-driven themes of body image. I introduced a movement exploration of ideal body image, for example, after participants discussed and modeled working towards an ideal body image. Exploration of movement polarities using Laban Movement Analysis concepts was only introduced after participants expressed their desire to explore gender in movement.
During all of the group movement activities, I moved with the participants, reflecting the quality of their movements back to them. I did this in order to communicate empathy kinesthetically and also to provide them with the cognitive tool of seeing their movements clarified and amplified by me. Moreover, I encouraged the participants to mirror and reflect one another’s movements in order to foster group cohesion and empathy.

**Closure.**

During the closure phase of each session, I invited the group to discuss members’ experiences in the session and to distill their somatic experience into a summary movement phrase. The closure phase also involved a physical “cool down” and acknowledgment of the ending of the session. By Session 3, the closure expanded to include a discussion of images and themes that developed over the course of the previous sessions. I encouraged participants to create movement sequences that embodied their experience over the course of the sessions.

**Sessions 2 – 4.**

Sessions 2 through 4 were each approximately one-hour long and followed a traditional dance/movement therapy format with a warm-up, theme development and closure phase described above.

During Session 4, I intended to assist the participants in developing these movement sequences into a short choreography or movement phrase that expressed the experience of the group of body image as they experienced it within the sessions. As discussed in detail in the Results section, what emerged was not a group movement
phrase, but individual movement phrases for each participant that I assisted the participants in crystallizing and performing for the group during Session 4.

**Verbal interview.**

After Session 4, I interviewed each participant individually for an average of 45 minutes, at a time that was convenient for the participant and me, but not later than three weeks after the last session. I transcribed and organized the data from each interview into a summary organized by themes.

**Participant validation of interview summaries.**

I contacted the participants by email after organizing their interviews by themes and asked the participants to spend approximately 15 to 20 minutes auditing the written summary of their interview for accuracy and completeness. Participants were invited to respond via email or telephone with corrections or additions to the summary.

**Informed consent.**

I provided each potential participant with a consent form, a copy of which is attached to this thesis as Appendix D. I met with each participant on a one-on-one basis outside of the presence of other group members. Each potential participant was informed that it is his or her right to discontinue the study at any point for any reason, especially if the study caused him or her any discomfort. I also explained that, if he or she discontinued participation before the final interview, the participant would be paid $20. If all four sessions and the interview were completed, the participant would receive the full $50 stipend.
I explained in a one-on-one conversation with the potential participant the purpose or the study and outline what would take place in the sessions and the interview, making sure to inform the participant that the interview would be digitally recorded and the recording electronically stored until data analysis was complete, at which time the recording would be permanently erased and destroyed. I explained that others such as peers conducting peer review and the members of the Institutional Review Board would have access to the raw data which might reveal his or her identity, and also explained that any publication or presentation would not contain his or her name, but would contain some specifics about his or her life which might lead someone to suspect his or her identity. I further explained that the documents containing the name and contact information of the participant would be stored in a locked, secure file in the Hahnemann Creative Arts in Therapy Department at Drexel University, and that all other documents would contain only reference to the participant as Participant 1, 2, 3, 4, 5, or 6.

I asked each participant to repeat in his or her own words what he or she understood about the confidentiality offered and the nature of the study, including its potential risks, and I also invited the participants to read the written consent form, and ask any questions that he or she may have before signing. Each participant signed two consent forms, one of which, I explained, would be provided to the participant, and one of which would be kept in a locked, secure file in the Hahnemann Creative Arts in Therapy Department at Drexel University.
Data Collection and Instrumentation

Data collection I: Observations of the researcher.

I documented sessions using a field note form, which is attached to this thesis as Appendix E. The field note form used after each session included a section to document (a) topics and themes, (b) movement qualities and patterns, (c) group dynamics, including interactions, energy level and mood, (d) participant feedback, (e) the movement phases that emerged, and (f) my impressions and reflections as the researcher.

Data collection II: Interviews with participants.

In the three weeks following the final session, I met with each participant individually for approximately 45 minutes to discuss his or her experience of body image as he or she expressed and experienced it within the sessions. The interviews were largely unstructured, but covered certain broad areas. A copy of the areas of questions that I posed is attached to this thesis as Appendix F. I digitally recorded the interviews and later transcribed them in a private area. I identified themes within the content of the interviews and constructed a written summary organized thematically. After transcription and data analysis, I permanently erased and destroyed the audio recordings of the interviews.

I emailed or mailed the summary of each participant’s interview to the participant so that the participant could provide feedback on whether I accurately identified themes of the interview and whether I had left out anything that the participant felt was important to his or her experience of body image within the dance/movement therapy sessions. All of the participants communicated their feedback by email, except for Participant 5 who did not use email, and did not answer the messages that I left for her on her voicemail.
**Data collection III: Movement phrase.**

I intended that participants would develop a movement phrase at the end of Session 4 that they agreed best expressed their experience of body image within the dance/movement therapy sessions. The body image issues of that the participants explored during the sessions, were, however, distinctly personal and diverse. As a result, I realized that more meaningful data could be gleaned by allowing each participant to choreograph his or her own movement phrase. During the fourth session, I suggested that each participant to develop a phrase that expressed how they felt about their body image at three points in time, the past, the present, and the hoped-for future. Participants developed unique movement phrases which I documented using movement notation and verbal description. I also practiced their movement phrases on my own after the last session and recorded myself performing them on videotape so that I could experience how the movements felt in my body, and thus add to my ability to describe the quality of the movement phrases in the study’s results.

**Data Analysis**

Data analysis occurred discursively throughout the data collection process as I reflected on patterns and themes that emerged during the dance/movement therapy sessions, shared these reflections with participants, and incorporated participant feedback into the data analysis (Mertens, 2005).

After all four sessions were completed, I reviewed the field note forms with an eye to culling themes in the data from the movement qualities and patterns that emerged, the movement phrases that developed, the topics verbalized by participants, and my personal reflections on each session. After ascertaining themes that emerged during the
sessions, I continued to review the field notes for data that supported the empirical assertions underlying each theme, as well as for data that suggested experiences outside of the thematic structure. The use of the field notes in conjunction with the data culled from the interviews and the movement phrases increased the internal coherence of the data (Stake 1995; Mertens, 2005).

I analyzed the transcripts of the participant interviews with an eye to ascertaining themes in individual narratives, and then compared themes that emerged in each individual interview with the themes that emerged in the other interviews in order to discern common themes, define conceptual similarities, uncover patterns, and identify outliers. I then compared these themes to those that emerged from my analysis of my observations of the sessions that were contained within the field notes, noting all observational data from the sessions that supported any theme that emerged in the interviews, as well as observational data that suggested a departure or negation of the themes that emerged in the interviews. Any differences were explicitly included in the final analysis of the data. Analysis continued until no new information emerged from the process of comparing the data sets emerging from the sessions, the movement phrases and the interviews (Janesick, 2004; Mertens, 2005; Stake, 1995).

I asked each participant to review the summary of his or her interview that I organized according to themes, and invited the participant to comment on the accuracy and completeness of the summary. This participant feedback was used during data analysis to enhance the accuracy of the themes that I documented and to ensure an active role for participants as co-researchers in the process of discovering their experience of
body image within the context of the dance/movement therapy sessions (Stake, 1995, Mertens, 2005).

I then reviewed the movement phrases created by Participants 1, 2, 3, 4, and 5, that I had documented in writing and in a video of myself reenacting each participant’s movements. I analyzed the movement phrases with an eye toward their explicit symbolic content, e.g. reenacting working as a plumber or putting on stockings, and an eye towards the qualities of the movements. I compared my analysis of the movement phrases for each participant with the themes that emerged for the individual out of the interview process and with the themes that emerged from the field notes for the group as a whole.

Finally, I returned to the interviews and movement data for each participant and analyzed the extent and the manner in which they may (or may not) have manifested each group theme. I did not attempt to ascribe meaning to the participants’ movements apart from the meanings that the participants themselves ascribed to their movements. Although, as a movement therapist, I am trained to analyze and assess the meaning of a client’s movements, I made a deliberate decision not to conduct a formal movement assessment of each participant due to the nature of this study. The purpose of this study was to illuminate and explore the participants’ subjective experiences of body image, rather than to analyze their experiences of body image from the researcher’s point of view.

As described above, validity of the data analysis was supported by methodological triangulation. I checked movement observations against participant verbalizations during the sessions and participant interviews, and added further validity checks through participant feedback on the theme development and summary phase of
the data analysis of the interviews. Finally, my use of the portion of the field notes that consisted of reflective journaling illuminated my subjective input into the research process, including my biases and the manner in which my evolving impressions of the research process shaped the interventions that I utilized within the dance/therapy sessions (Janesick, 2004; Mertens, 2005).

**Operational Definitions of Terms, Concepts, Variables**

Transsexual: A descriptor of a person with the conviction that he or she is in the wrong body for his or her felt gender, and seeks medical intervention to change his or her body so that it is in accordance with his or her felt gender (Newfield, 2006, Raj, 2002).

Transgender: An umbrella term that includes transsexual people, cross-dressers, and gender variant people -- others who live, or wish to live, outside of the gender associated with their biological sex but may or may not seek medical intervention (Newfield, 2006, Raj, 2002).

Transgender or Transsexual Woman: A person born biologically male who experiences her gender identity as female.

Transgender or Transsexual Man: A person born biologically female who experiences her gender identity as male.

Transitioning: The process of dressing and living as a different gender than the one associated with one’s biological sex, or the process of moving from one sex to another by taking hormones or surgically modifying the body (Gherovici, 2010).

Body Image: For the purposes of this study, body image is defined in within the rubric of the tripartite model proposed by Pylvainen (2003). Her model proposed that
body image is comprised of (1) image properties, (2) the body-self, (3) and body-memory.

Body-Self: The “core of the self that experiences and interacts” (Pylvainen, 2003, p. 50). The body-self emotes and acts, but it is also the self that develops in relation to others, from early, pre-verbal object relations with one’s caregiver to current nonverbal patterns that emerge in adult relationships.

Dance/Movement Therapy (DMT): A somatic psychotherapeutic technique which uses the mind/body connection to help clients who are working on issues such as body image, the expression and modulation of emotion, and interpersonal comfort. The primary mode of expression, interpretation, and conflict resolution in dance/movement therapy is nonverbal, but participants are also encouraged to discuss what is occurring in the session in order to create a cognitive link between their bodily experiences and their feelings.

Possible Risks and Discomforts

There were minimal risks involved in this study. Risks and discomforts included the risk of physical strain or injury from participation in moderate physical activity, and the risk that participants may have experienced some psychological discomfort or anxiety moving or discussing personal experiences which emerged in the movement process. In addition, there was some risk that a study that sought to provide a detailed narrative about the lives and experiences of participants would inadvertently lead others to suspect their identities even though their names were not used in any presentation or publication.
Special Precautions to Minimize Risks or Hazards

Every effort was made to keep participants physically safe within the sessions. I reminded participants not to attempt any movement that did not feel safe or comfortable for them. I disclosed the fact that dance/movement therapy sessions can elicit emotions and memories and asked that participants consider whether they were prepared to experience them. As final precautions to minimize risk to participants, I informed the participants that, in the event that they experienced any anxiety or emotional distress greater than what they anticipated, they should contact their therapist or counselor.

With regards to the risk of a loss of confidentiality, audio recordings were stored electronically and permanently erased and destroyed after data analysis. Field notes and transcripts of audio recordings were marked by a participant identification number rather than the participant’s name and were also destroyed after data analysis was complete. The documents linking participants to the numbers that represent them for the purpose of this study were stored in a locked, secure file in the Hahnemann Creative Arts in Therapy Department at Drexel University.

The participants were informed that the data gleaned from the interview and sessions would form the basis of the written results reported for the study, but that there would be no identifying information linking the data to the participant. In any published work or presentation, I explained that I would review all details about participants and remove unnecessary descriptors, such as the name of the city in which the study took place and any other names of places or employers. Therefore, the participants’ identities would remain anonymous. I assured participants that I will only refer to participants by number and never by name.
CHAPTER 4: RESULTS

The purpose of this study was to gain a better understanding of how a small group of people who were in the process of transitioning to live in a gender identity or role other than the gender associated with their biological sex experienced and expressed body image while participating in a series of dance/movement therapy sessions. In this section, the results are presented by first giving the reader a brief description of each participant, including background information that the participants provided to me during the interviews. This information provides a context for understanding each participant’s unique experience and expression of body image during the dance/movement therapy sessions. The second subsection contains a brief overview of dance/movement therapy Sessions 1 through 4 in order to provide additional context by describing the structure in which the body image data emerged. The third subsection of this section lists the six themes culled from the three sources of data, which included observations documented in the field note forms, interviews with each participant, and the movements that emerged within the sessions, especially the movement phrases developed by each participant during Session 4 to reflect their experience with body image.

The six themes were common to most participants: (a) the importance of expressing one’s true and unique self, (b) supporting one another’s efforts to express the true self, (c) the body’s experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle of self expression, and (f) joy, relief and celebration in the gender transition. Each theme is discussed first in terms of the data gleaned from the researcher’s observations of the group during the sessions. Then, each theme is discussed in terms of how it was
experienced or expressed by each participant. These results are based on my interviews with the participants, my field note observations, and each participant’s movement phrase. Where a participant’s experience of body image varied from the theme, the variant on the theme is discussed.

Description of Participants

Except where otherwise noted, the data included in the description of the participants derive from the interviews that I conducted with each participant.

It is worth noting that most of the participants carefully vetted me before agreeing to participate in the study. In telephone conversations and emails predating Session 1, they asked me about my background, my interest in transgender issues, and what I hoped to accomplish with the study.

Participant 1.

Participant 1 is a White, 49-year-old transgender woman who began living as a woman full-time on October 31, 2008. I observed her to be a brunette with a medium build and a bright smile. She described herself as cautious when talking to new people or entering into unfamiliar settings. When she contacted me by telephone to inquire about participating in the study, she asked me many questions about my interest in transgender people and the purpose of the study before agreeing to participate. She began her transition when she was 47 years old by taking hormones and going out dressed in women’s clothing on certain occasions. Before transitioning to living as a woman, she lived as a man, married twice, fathered children, and worked as a mechanic and as a plumber. She first remembers feeling that she should live as a female when she was three years old and sitting on her mother’s lap looking at pictures of her older sister who was
wearing a dress. She acted on her desire to live as a girl by occasionally dressing as a girl but, when her parents caught her, they punished her with “spankings and whatnot.” Puberty was “a rough time” during which she learned to suppress her desire to live as a woman in front of her male peers. Deeply unhappy living as a man, she said that she was always bitter and negative. She had strong feelings of feminine identity and sought out help to understand her feelings. No fewer than 16 therapists whom she sought out treated her for “anger and depression,” but dismissed her desire to live as a woman as a “fantasy” that she needed to “get past.” She persevered, securing treatment from a physician who did not require a letter from a therapist to begin helping her transform her body through hormones and surgery. Later, she found a supportive therapist and continued her transition in accordance with the Harry Benjamin Standards of Care. One Halloween, she dressed as a woman and visited friends and acquaintances who knew her only as a man. They did not recognize her at first because she looked so convincingly female. When she told them who she was, they were excited and encouraged her to pursue her desire to transition to living full time as a woman. With a boost from their encouragement, she made the transition. Participant 1 reports that her attitude towards life has “done a complete 180 degree turn” since transitioning. She feels happy and joyful and is able to see the positive side of any situation. Her philosophy is to “celebrate everything that happens good in my life, and hurry up past the things that are bad.”

**Participant 2.**

Participant 2 is a tall, slender, White, 53 year-old blond, she began to live full-time as a woman in 2007. She agreed with my observation that she exudes self-confidence and self-possession. She described knowing that she was “different” since
she was five years old and remembers being jealous of her sister when her sister was going through puberty. When she expressed her feminine identity growing up as a boy, her mother would spank her and tell her, “‘They’re going to lock you up in a funny farm.’” She told me, “I swear, I thought I was going to get scar tissue on my butt from all of the beatings that I got.” Her parents also sent her to mental health professionals in an effort to get her to accept that she was a boy. None of their efforts changed her internal experience of being a girl. When, in her teenage years, she was sexually assaulted by an older boy, the psychologists and psychiatrists whom her parents sent her to blamed her cross-dressing on the sexual assault. This added insult to injury. She reminded them that she had been dressing like a girl since she was seven, long before the assault.

Without support for her female gender identity, Participant 2 “learned to compartmentalize the feelings,” but they “surfaced several times” during her life. She lived as a man, married and supported her wife by working in a maritime occupation traditionally engaged in exclusively by men. “And then, when I was 50 years old I decided that was it; I have to start my life.” She began taking estrogen that she purchased online and eventually went to a doctor. She described feeling the woman within her coming out and, in March of 2007 she made the decision to begin living full-time as a woman. In her words, “Here I am!”

**Participant 3.**

Participant 3 is a 44 year-old, White transgender man who, at the time of the dance/movement therapy sessions was not yet living full-time as a man. He wears glasses and outdoorsy clothing and has a calm and reflective demeanor. Although he
only began describing himself as transgender two years before this study, he identified himself with masculinity all of his life. He describes “real moments of recognizing that I was in the wrong body right at the beginning when I was like four or five years old.” Growing up as a biological female, he remembers his mother attempting to get him to wear more feminine clothing and to engage in more typically feminine activities. But his clothing, demeanor and interests were always more in line with boys his age and, as an adult, he enjoys working out, regatta racing and studying martial arts. He cannot engage in these activities as much as he would like to. A congenital condition has caused Participant 3 neurological damage in his arms and, to a lesser extent, his legs.

At the time of the study, Participant 3 described himself as feeling like he was walking on a tightrope, engaged in “a balancing act.” One the one hand, he identified as male and wanted to live as a man, which he did 50% of the time. On the other hand, he was still living as a woman with a husband, a community that knew him as a woman, and a good job. Although he did not dress in a stereotypical fashion, or change his appearance to look more feminine, at work, he would soften his voice and body language to appear more feminine. He said that it did not bother him to much to act feminine because, “it’s just part of what I have to do to have a paycheck.” He feared that if he came out and began living full-time as a man, that he would lose his job. Although he felt he could be himself with his husband, his husband did not “want other people to view him as gay because I am male, so he feels very uncomfortable with me being male.” Participant 3’s marriage was very important to him. They had been together for 10 years, and his marriage provided him with a sense of “grounding.” But he worried that his husband would not stay with him if he decided to transition. “I would love to transition.
If my husband said tomorrow, ‘Just do what you want, I’ll support you 100%, I’m going
to stay with you. We’ll deal with what comes along.’ I’d transition. There’s no
question.”

In an email that he sent to me in November of 2009, Participant 3 told me that this
research project “made a huge difference in my life.” No longer engaged in a balancing
act, he decided to fully transition to living as a man. He came “out” at work and
educated his co-workers about transgender identity. He reported that they “welcomed me
with open arms.” Although his transition did result in a legal separation from his
husband, he wrote, “I feel strong, happy and great within myself for being able to step
forward with who I am, and be congruent, authentic.”

**Participant 4.**

Participant 4 is a 63 year-old, White transgender woman who has been living full-
time as a woman since January of 2009. She describes her upbringing as “structured”
and “rigid,” noting that people of her generation did not understand or approve of
transgender identities, and there was little access to information about gender variation.
From an early age, she wanted to live as a girl. In junior high, she would secretly change
into girls clothing in a room of a church that was on the road between her home and her
school. She described the fun of seeing herself in girl’s clothing, and walking out on the
street as a girl. But she kept her feelings secret and lived life as a man, working in
environments that she described as “rigid.” She was married and had two children, and
occasionally taught ballroom dancing but was unable to enjoy it, as she did the female
steps mechanically in order to teach the women in her classes.
Participant 4 also struggles with diabetes that was diagnosed when she was 48 years old. Controlling her blood sugar levels has been a challenge, so much so that she had to postpone breast augmentation. She began taking estrogen that she “got from across the pond” a few years ago, but did not come out and begin to live full-time until 2009. Her transition has had consequences. Her last job before transitioning involved the auto mechanics. When she transitioned to living full-time as a woman, she lost her job. “There were some people who just didn’t want to see me in their shop anymore as a female. Male, yes, female, no.” She has a son who is “totally against the way I’m living,” and a daughter whom she hasn’t seen because “her boyfriend doesn’t want the kids around me.” Because they could not understand or tolerate her transition, “All of my good friends just walked away.” But the transition has brought gains as well. She said that when she was living as a man, “I had a shadow that used to follow me everywhere I went. It was always at my side…. I never saw a face to it, but I knew, in a sense, that it was the female part of me. When I started transitioning, it kind of disappeared, like it came over inside of me.” She told me that, before her transition, she “just closed down.” Now, “I can be me. I can be alive. I can go dancing.”

Participant 5.

Participant 5 is a transgender, African American woman who told us during Session 4 that she enjoys wearing “goth” clothing and listening to electric guitars. During our interview, she told me that her experience of her femininity began with her legs. She remembers being five years old and looking at her legs and liking them; she saw them as beautiful and feminine, and wanted to wear skirts rather than pants. Once, during her childhood, her mother caught her trying on a pair of pantyhose. Her mother
beat her furiously for putting on women’s clothing. When Participant 5 went through puberty, her body became “like a prison cell.” Matters were made worse by other events in her life. She was abandoned by her mother when she was 16 years old. She was the victim of violence on more than one occasion: “I grew up in a bad area and I’ve been picked on, I’ve been followed, I’ve been robbed.” She was also the victim of sexual assault and was exposed to pornography at an early age.

Participant 5 responded to the painful events in her early life by rebelling against norms and asserting her individuality. “I got sick and tired of people treating me like I’m some kind of bad person.” She began listening to heavy metal music and enjoying the driving sound of the electric guitar, which helps her to express her feelings and assert her individuality. In response to the sexual abuse that she experienced, she tries to dress in ways that plays down her sexuality; she wears long skirts or pants to cover her legs.

Participant 5 is now living full-time as a woman and has “built a lot of self-worth, and determination” through her relationship with her body. Although she has not begun hormone therapy or any other procedures to alter her body, she is happier with her body since her transition, stating, “When I put my clothes on in the morning and look in the mirror, I feel that I am looking at my own girlfriend.”

**Participant 6.**

Participant 6 is a White, 39-year-old, transgender man who is in the process of transitioning to living full-time as a man. From early childhood, he noticed that he was not “gender-aligned” with other girls, but his response to his feelings was to try harder to be feminine. “I tried to be even more girly than the next girl, because I was like, maybe that’s the answer is that I’m just not trying hard enough and that’s why I’m not
succeeding at all these female things that you are supposed to do.” He continued to try to
tow the line as a girl during his teenage years. When strong feelings of masculine
identity emerged, he would say to himself, “Just get a boyfriend, just fix your hair,
whatever, and then it will go away. But, of course, it doesn’t go away.” He then turned
to lesbian culture, but “that also wasn’t exactly the answer” because he wanted to be in a
relationship with a woman as a man, not as another woman. He wanted to be loved as a
man.

Participant 6 first passed as a man when he was working as a dishwasher in his
early 20s. “I felt like, okay, this is how I am supposed to be.” Other times when he
passed as a man were the highlights in his experience of his body in his twenties and
early thirties, but he was not able to take actions on his feelings at the time. He lacked
the resources and was focused on survival rather than personal development. Time
passed. He began a serious relationship with a woman and decided to become a parent.
Now, at age 39, he has the resources and time to begin the process of transitioning. He is
unhappy that his partner is unwilling to support him in this process, and told me that they
are legally separating.

Participant 6 had chest reconstruction surgery in May. He is happy with the
results and looking forward to beginning hormone therapy. With regards to conforming
his actions and behaviors to a masculine ideal, Participant 6 tries to remain both relaxed
and philosophical. He points out that a man who does not act like a stereotypical man is
“still a man,” so there is no reason for him to lift weights or otherwise work to conform to
some sort of ideal of masculinity. “I want to be accepted as male, but in the grand
scheme of the universe there’s all different kinds of men and women and everything in
between and it’s because of how our culture is that I am so worried about it.” What kind of man does he describe himself to be? “Probably a geek who doesn’t do sports and studies in the library or whatever.”

**Structure of the 4 Sessions**

**Session 1.**

We met as a group for the first time on July 1, 2009 at the Gay, Lesbian, Bisexual and Transgender Community Center (GLCC) in a room on the ground floor that formerly housed a bookstore. Bookcases and posters blocked the storefront window, and the room, while spacious and empty, was also oppressively hot, with no windows or central air conditioning. I was seven months pregnant and sweating profusely from the heat from the moment I sat down in the room. Participant 3 was quick to assist me by setting up fans and talking to the management about using another room (there was none available). Participant 1 and 4 shared my difficulty with the heat – their hormone therapy decreases their tolerance for the heat as well. I set up a table with snacks and soda, and another table with an Ipod and speakers so that the group could socialize comfortably while I met with each potential participant privately in another area to complete the consent procedures.

We spent the majority of the first session on the consent procedures. All of the six potential participants who came to the session consented to participate after reviewing the informed consent form in a private meeting with me. After all of the participants consented, we sat in a circle of chairs for introductions and a short discussion of each participant’s hopes and expectations for the four dance/movement therapy sessions. Participants were especially curious about my interest in transgender people and wanted
to be sure that I was approaching them with a respectful and nonjudgmental attitude. They talked about their happiness in finally transitioning, as well as their disappointments over losing support systems and employment when they began identifying as transgender.

With regard to their introductions to each other, I learned that the four transgender women knew each other from a weekly support group at the GLCC, but that they did not know the two transgender men, nor did the two transgender men know each other. Participants discussed the commonalities of their experiences with transitioning, male to female, and female to male. Another commonality among participants that they discussed was their experiences with discrimination after the decision to transition.

After the introductory discussion, I led them in a brief warm-up as we stood in a circle. I put on rhythmic music and asked the group move in whatever manner felt most comfortable. The participants seemed to arrive quickly at rhythmic synchrony with one another. I asked them to focus their attention on each part of their body sequentially, noticing how it felt, the different ways it moved, and whether they had any associations with that body part. For example, feet might be associated with standing one’s ground, or boots made for walking, and so on. The group was more than willing to explore these symbolic connections to the body, and to call out any associations that they had. The purpose of this warm-up activity was to increase the participants’ awareness of their subjective experience of their bodily sensations and to help me assess the movement preferences and styles of the participants. During the warm-up, the participants were arranged in a circle. As the warm-up progressed, the participants moved in closer to one another, and the circle became smaller and more enclosed.
After the sequential body warm-up, I asked each group member to make a movement that they felt expressed something about themselves. Each member presented his or her movement and the group mirrored the movement back to the participant, while saying his or her name. We turned this into a short dance that included each participant’s movement. The purpose of this “name game” was to allow each participant to share something with the group to facilitate a sense of both group cohesion and individual uniqueness. Most participants seemed eager to present themselves to the group, performing unique movement phrases while saying their names. The movements included mimicking a flower opening, shaking to “shake it off,” martial arts moves, writing at a keyboard and then stepping forward, jumping side-to-side with exuberance, and delicately pointing a toe and extending a leg across the body. The rhythmic and Effort-based synchrony of the warm-up gave way to individual self-expression. Group members were enthusiastic about mirroring one another’s movements and the activity seemed to establish an atmosphere of playfulness, mutual interest, and group cohesion.

We ended with a short discussion to reflect on the exercise and to discuss the following week. Several participants mentioned that it felt good to be mirrored in movement and noted how little nonverbal acknowledgement they receive in their daily lives. The participants also talked about “passing” and how they work to convey gender in movement, voicing their desire to focus on gender in movement during the next session. Overall, the mood was playful and hopeful, and the participants showed a great deal of autonomy and self-direction in engaging in the group process and in telling me the direction that they would like the movement exercises to take during Session 2.
Session 2.

All 6 participants came to Session 2, and expressed eagerness to engage in movement explorations about the expression of gender. Because they requested a movement experiential addressing the expression of gender during the first session, I had already prepared a one-page summary of Laban Movement Analysis themes of Effort, Shape and body connectivity, which is appended to this thesis as Appendix G. I led them in a warm-up that was designed to heighten their awareness of their bodies and one another by engaging in synchronous movements to rhythmic music. I then invited them to explore various movement qualities using the Laban Movement Analysis themes listed on the handout. So, for example, I invited them to try moving with different Effort qualities, such as Lightness, Strength, Free Flow and Bound Flow, and to try moving their arms and legs to make spokes, arcs and three-dimensional shapes in space. I moved with the group in order to demonstrate and encourage exploration, and also led them in the full-body movements of Rising, Sinking, Opening, Closing, Advancing, and Retreating, as well as an exercise that combines these Shape qualities with Effort qualities.

While we moved, I invited participants to consider whether certain movement qualities felt feminine or masculine to them, but did not share my own gender associations. During the movement exploration, the participants seemed to turn inward and become reflective. Rather than mirroring one another and engaging in group movements as they had done in the warm-up, each one seemed focused on his or her body and somatic experience. Even when exploring the space around them, participants
did not interact with each other. This suggested that group members focused their attention on internal sensations during this movement experiential.

During the discussion following the movement exploration, participants spoke of their personal experiences with the movements in terms of which movement qualities felt comfortable and which felt awkward. They did not engage in generalizations about which movement qualities seemed feminine or masculine to them. Participants 1, 4, 5, and 6 discussed their experiences practicing moving in a way which reflects their gender identity after transition. Because, they had spent much of their lives attempting to conform to the expectations of their assigned genders, moving in ways associated with their true gender identities felt foreign and even inauthentic. Participant 3 stated that he did not have difficulty moving like the man he was transitioning to embody, but he remembered trying to practice moving in feminine ways when he was a girl. Only Participant 2 discussed an enduring feeling of comfort and freedom in her body.

I noted that participants seemed eager to share their personal stories, particularly their experiences with gender and transitioning. They also seemed eager to hear one another’s stories, and compare their experiences. Because the group seemed so enthusiastic about engaging in individual exploration and sharing their personal experiences with the group, I made the decision to invite them to engage in further movement experientials that would allow them to explore their individual experiences and express them to the group during Sessions 3 and 4.

Session 3.

All participants were present for Session 3 except Participant 6 who was unable to find child care that evening. The participants noted during our verbal check-in that they
felt increasingly comfortable moving with each other, and also more aware of their bodies and movement styles. After the verbal check-in and movement warm-up, I suggested a movement experiential based on the participants’ movements and comments during Session 2 studying and practicing gender. I invited each participant to reflect on someone from the past, perhaps from childhood, whose movements seemed captivating, or who inspired a way of moving or a way of visualizing how to inhabit one’s body. I asked them to attempt to embody the person in movement and to notice how it felt, and then to perform the embodiment for the group, telling the group what was important or captivating about the person. Participants embodied George Jefferson from the television show, The Jeffersons, Vivian Leigh in Gone with the Wind, Bruce Lee, Pete Towsend, a race car driver, and a former spouse.

In a second movement experiential, I asked each participant to walk or move while standing in a way that reflected their ideal self, or who they are at their best, and then to perform this for the group and allow other group members to try on the movements and mirror them. This structure allowed the group to move in and out of group interaction, reflecting privately on their internal sensations and experiences and then returning to the group. The participants chose diverse movement phrases that they characterized in our closing discussion as designed to convey, self-confidence, happiness, sexiness, cheerfulness, and “easy-going motivation” (Participant 5).

In our closing discussion, the participants talked about practicing gender in movement. Those who did not feel they were practicing gender, talked about having an awareness of the gender implications of one’s movements, and the movements of others. They discussed how their biological sex was a disadvantage in expressing their gender
identities, but that they could compensate for this by presenting themselves in posture and movement in accordance with their gender identities. They offered each other encouragement and compliments about their self-presentation. The participants also noted increased comfort with the group, increased awareness of their bodies because of the movements in the group, and enjoyment in trying out the movements of others and seeing their movements mirrored by the group. I noted increased use of full-body movements, and a tendency in the movement phrases for participants to step forward with confidence.

**Session 4.**

All participants came to Session 4 except Participant 6, who called to let me know that he was ill, but that he wanted to be interviewed about his reflections on the two sessions that he was able to attend. During the check-in, the group expressed sadness that this was our final session. During the warm-up, I noted that the group as a whole had increased body connectivity, increased use of the kinesphere – or space – around their bodies, and increased use of complex combinations of Effort qualities. I interpreted this as a sign of the increased physical comfort and body image awareness that some participants described feeling as a result of the sessions.

Although I originally intended to ask the group to create a movement phrase to reflect their collective experience of body image while in the sessions, I abandoned this plan by Session 4. The participants’ individual experiences, and their expressions of those experiences in movement, had developed during Session 3. Because they responded so positively to the opportunity to share their individual experiences in movement, I decided to invite this exploration of individual histories to continue and
deepen. Instead of suggesting one movement phrase to reflect the group experience, I suggested that each participant come up with a three-part movement phrase to express “where you were, where you are now, and where you hope to one day be, in terms of how you feel about your body.” I anticipated that this experiential would allow participants to explore and express their changing experiences of their bodies over time, and to explore the power and meaning of their individual narratives in a supportive group context. The participants seemed genuinely enthusiastic about the project and each worked on their phrase for a portion of the session while I circulated the room to assist or answer questions. We returned to the circle, and each participant shared his or her phrase, told the group about its meaning, and then taught the phrase to the group so that we could all move together.

The following table describes the three-part movement phrase of each participant. I created it based on my observations of the participant movement phrases, the notations that I took in the field note form for the session, and my experience learning the phrases and videotaping myself dancing them. I noticed that the experience of dancing their movement phrases was different than the experience of watching the participants perform them. In particular, the movements in the third part of the participants’ phrases, describing where they would like to be in the future, looked more comfortable and confident to me as an observer than they felt to me as when I emulated them in movement. The phrasing, initiation, and use of the torso and pelvis in some of the movements felt uncomfortable to dance even though the movements looked integrated and relaxed to me as an observer.
Table 1: Description of participant movement phrases

<table>
<thead>
<tr>
<th>Participant</th>
<th>Where I was</th>
<th>Where I am now</th>
<th>Where I am going</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Kneeling on one knee, elbows bent, motioning as if using a wrench to tighten a pipe fitting, facial expression tight and hardened; Bound Flow, Direct, Strong, with gaze fixed forward</td>
<td>Walking forward with some twisting in the hips and swaying in the shoulders, but with some self-consciousness in facial expression and hesitancy in movement; Light, Direct, and alternating Bound and Free flow with each step.</td>
<td>Standing with arms fully extended in soft, three-dimensional curving motions, bending at wrists and elbows in a sequential, serpentine way, torso and hips loose, smiling with relaxed face; Light, Indirect, Sustained, and Free.</td>
</tr>
<tr>
<td>Participant 2</td>
<td>Straddling the back of a chair, with shoulders tense and hands placed on thighs, expression tense and gaze fixed; Strong, Direct and Bound.</td>
<td>Standing up with Suddenness, picking up the chair turning it around with Strength and Sustainment, and sitting down in it with Strength; alternating Bound and Free flow.</td>
<td>Sitting in the chair with body in a corkscrew position, legs crossed at the knee and arms meeting in the lap, looking over one shoulder, smiling; Light, Indirect, and Sustained.</td>
</tr>
<tr>
<td>Participant 3</td>
<td>Walking forward with shoulders slumped forward, staring at the ground, with an expressionless face; a noticeable absence of Effort qualities.</td>
<td>Walking a tightrope, heel to toe, with arms extended to either side, torso held stiffly while wavering back and forth, facial expression of concentration; Light, Direct, Sustained, Bound.</td>
<td>Standing with legs firmly planted and feet more than shoulder-width apart, folding arms in front of torso, looking ahead with determination; Strong, Direct, Free flow ending in Bound Flow.</td>
</tr>
<tr>
<td>Participant</td>
<td>Where I was</td>
<td>Where I am now</td>
<td>Where I am going</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Lower and upper body held stiffly while arms flailing in front and to the sides, facial expression of confusion; Light, with no other Effort Qualities.</td>
<td>Beginning with arms opening simultaneously to the sides with an “aha” facial expression; Light; Sustained, Indirect, Free to Bound. Ending with jerking of the arms, head and torso, suggestive of dodging flying objects; Light, Sudden, Bound, Indirect.</td>
<td>Standing while making graceful, ballet-style “port du bras” with her arms, with an almost beatific expression on her face; Light, Sustained, Indirect, with fluctuations in Free and Bound Flow.</td>
</tr>
<tr>
<td>Participant 5</td>
<td>Beginning with sitting in a chair, carefully pulling pantyhose over one leg and then another; Light, Direct, Sustained, Bound. Ending with imitating her mother beating her, throwing punches down rapidly with an angry expression on her face; Light, Sudden, Direct, Bound.</td>
<td>Playing an electric guitar with enthusiasm and energy, imitating Pete Townshend; alternating between Light and Strong, Bound and Free, with Suddenness and no directional focus.</td>
<td>Doing the Charleston dance, with small jumps and a looseness throughout her body, and a smile on her face; Light, Sudden, Indirect and Free.</td>
</tr>
</tbody>
</table>
While sharing the movement phrases in a circle, group members volunteered supportive feedback spontaneously and the experiential became a celebration of the journey that each participant had made to get to the point of transitioning.

At the end of the Session 4, we discussed how difficult it was to part ways, and how enjoyable the sessions had been for all of us. There was a reflective and gentle mood in the room, and participants seemed not to want to leave. We all stayed in the room for an extra half-hour making small talk before finally saying good-bye. I learned later that the participants went en masse to a bar afterwards to reflect and celebrate their experience.

**Interviews of Participants**

Within the three weeks following the last session, I interviewed each of the participants separately about their experience of body image in the sessions as well as outside of the sessions. I recorded each interview and transcribed them. After transcribing the interviews, I reviewed each one, culling the themes that emerged from the dialogue and wrote a summary of the interview arranged by theme. I provided each participant with the written summary of their interview and asked them for feedback and corrections. All participants responded and approved of the summary of their interviews except Participant 5 who did not respond, or return the message that I left for her in a follow-up phone call.

**Group Themes**

My analysis of the field notes, movement phrases, and participant interviews yielded six group themes and four variant themes. Table 2 lists the group themes that relate to the experience and expression of body image that emerged in the dance.
movement therapy sessions and provides examples of manifestations of the themes in each of the three data sources.
Table 2: *Group themes and data source exemplars*

<p>| Group Themes                                      | Field Notes Exemplars                                                                                                                                                                                                 | Interview Exemplars                                                                                                                                                                                                 | Movement Phrase Exemplars                                                                                           |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| The importance of expressing one’s true and unique self | Developed and shared unique movements that related to their sense of individuality, such as symbolizing in movement martial arts, typing, and a flower blooming (Session 1) | Expressed high value placed on individual expression, stating that the way a person moves is like a “signature” and is completely unique (Participant 5)                                                                 | Each phrase was uniquely autobiographical (See Table 1)                                                             |
| Supporting one another’s efforts to express the true self | Mirrored one another and remarked that mirroring provided nonverbal acknowledgement, which they noted is often absent in daily life (Sessions 1, 4)                                                                 | Acknowledged a conscious effort to use her body to support others in the group, by setting an example of confidence, but also by encouraging others (Participant 2)                                                | I encouraged group members to mirror one another’s movement phrases. Participants supported the participant performing his or her phrase by mirroring and offering supportive comments. |
| The body’s experience of violence and discrimination | After a stranger tried to get in the door to our session, the groups’ movements because smaller and more distal, torso and hips held immobile (Session 4)                                                      | Described fear of violence as a transgender person and as a woman, and said that she notices that her body feels “rigid” when she thinks she might be in danger (Participant 2).                                                               | Moving as if she was dodging things being thrown at her to symbolize her experience with gender identity based discrimination (Participant 4) |</p>
<table>
<thead>
<tr>
<th>Group Themes</th>
<th>Field Notes Exemplars</th>
<th>Interview Exemplars</th>
<th>Movement Phrase Exemplars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studying and practicing gendered movements</td>
<td>Participants expressed concern for whether their movements conveyed their experience of their gender, and asked one another for feedback (Session 2)</td>
<td>Discussed how she studied both of her ex-wives’ movements, especially her first wife who loved to dance (Participant 1)</td>
<td>Enacted the transition of living as a male, using a wrench with Bound Flow, to living as a female, swaying while using Free Flow (Participant 1)</td>
</tr>
<tr>
<td>Actively working to shape the body as a vehicle of self-expression</td>
<td>Use of multiple Effort qualities to cope with their environments, and used three-dimensional shaping, engaging their whole bodies in complex movements (Sessions 3, 4)</td>
<td>Discussed completed chest reconstruction surgery and plans for liposuction and testosterone therapy as “final pieces put in place” for expression of male identity (Participant 6)</td>
<td>Enacting the change from straddling a chair to sitting with legs crossed with a flirtatious expression in order to show her physical and social transformation (Participant 2)</td>
</tr>
<tr>
<td>Joy, relief and celebration in the gender transition</td>
<td>Celebratory and playful movements and interactions with one another (Sessions 1, 3, 4)</td>
<td>Described herself as “tickled” with her body after transitioning to living full-time as a woman (Participant 2)</td>
<td>Movement phrase began with enactment of childhood beating and ended with the Charleston dance, which she identified as her “happy dance” (Participant 5)</td>
</tr>
</tbody>
</table>
After identifying the themes, I returned to the data particular to each individual participant and analyzed the manner and extent to which each participant manifest (or did not manifest) the group theme. Table 3 lists the group and variant themes. The “X” in a participant’s column indicates that the participant manifested the theme either in movements and statements during the sessions, or during the interview. Several boxes include an asterisk after the “X.” This indicates that the participant expressed the theme, but with some significant variation from the rest of the group. Each participant’s expression of the theme, or variation of the theme, is discussed in detail in the following narrative.
Table 3: *Group and variant themes*

<table>
<thead>
<tr>
<th>Group Themes</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of expressing one’s true and unique self</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Supporting one another’s efforts to express the true self</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The body’s experience of violence and discrimination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Studying and practicing gendered movements</td>
<td>X</td>
<td>X</td>
<td>X*</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Actively working to shape the body as a vehicle of self-expression</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X*</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Joy, relief and celebration in the gender transition</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X*</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variant Themes</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active engagement in the transgender community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Physical limitations caused by medical conditions</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Struggling with the decision whether to transition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Controlling the body’s expression of sexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
The importance of expressing one’s true and unique self.

A predominant theme throughout the four sessions was the sense that each person has a unique self, and that it is important to express the uniqueness of the self. This was expressed by the group during the movement exercises in a number of ways. In Session 1, I asked each member to create a movement to “go with” their name. Although no member of the group had ever participated in dance/movement therapy before, all participants agreed during the discussion that they liked the opportunity to share a movement expression with the group. Moreover, each participant’s movement expression was unique in quality and symbolism. As documented in the Field Note Form for Session 1, participants’ movements and descriptions of their movements included moving one leg and both arms diagonally across the body in a rhythmic pattern, motioning to symbolize a flower blooming, a martial arts blocking motion, a shoulder gesture to “shake off” the past, jumping side-to-side, and motioning as if writing at a keyboard and then stepping forward. I observed in the Session 1 Field Note Form that I was “excited that they like moving,” and “impressed by [their] movements and their ability to generate meaning and metaphor.”

This commitment to presenting themselves to the group was a constant during all of the movement exercises throughout Sessions 1 through 4. In movement terms, their attention to self-presentation was evidenced in an emphasis on the use of the vertical plane, or door plane, as noted in the Field Note Forms for Sessions 2 and 3, and in the individual movement phrases documented in the Field Note Form for Session 4. The comfort that each participant had with their individuality was evidenced by the participants’ willingness to leave the circle that we formed at the beginning and end of
each movement exercise, and move introspectively on their own while creating a movement or movement sequence. This occurred during Session 2, when participants explored Laban Effort /Shape components on their own before returning to the group to discuss their experience, in Session 3, when participants worked on their own to create movement phrases that embodied someone whose movements attracted them in the past, and in Session 4, when participants developed individual movement phrases to tell the story of their past, present and future body image.

Nowhere was the participants’ commitment to individuality more clearly demonstrated than in my failed effort to create a group movement phrase. The page of the Field Note Forms for Sessions 1, 3 and 4 which was allotted for documentation of the developing movement phrase contains, instead, documentation of the individual movement phrases that each participant developed for that particular session. In Session 4, I encouraged participants to create individual movement phrases, rather than a group phrase, because no one phrase could encompass the diversity of experiences and expressions of body image within the group.

Each participant manifested the theme of individual uniqueness and self-presentation differently, as described below.

P**articipant 1.**

The theme of expressing a unique sense of self was manifest by Participant 1 in several ways. In Session 3, she introduced belly dance movements and shared with the group that she enjoyed the dance form. No one else had introduced this style of dance into the group. Also in Session 3, when she was asked to embody someone whose movements or body captivated her attention in her childhood, she embodied George
Jefferson from the television show, The Jefferson’s. She strutted into the center of our circle, moving side to side in the vertical plane. She told the group that his movements stuck with her over the years because he was so proud of who he was; so unashamed.

**Participant 2.**

The theme of expressing a unique sense of self was manifest by Participant 2 as well. In Session 1, she shared a movement with the group that she described as a flower blossoming by spreading her arms wide and stepping forward. She told the group that this symbolized her feeling that she has blossomed into her true identity after transitioning. Reflecting on her movements in Session 1 during the interview, she told me that she felt comfortable creating individual movement phrases in the group and that she found it interesting that, when she imitated another woman, such as her imitation of Vivien Leigh in Gone with the Wind during Session 3, she was able to have a deeper sense of her own identity.

**Participant 3.**

Participant 3 manifest the theme of expressing a unique sense of self in Sessions 1, 3, and 4 by focusing his movement phrases on martial arts sequences which emphasized the Effort qualities of Strength and Sustainment. Because he was the only transgender man in two of the sessions, his gender identity distinguished him from the group to a certain extent. He reported during the interview, however, that he did not feel pressured to move like the rest of the group or to tone down his martial arts movements to bring them more in line with the movements of the transgender women in the group. This was consistent with my observations during the sessions. In Session 1, for example, when other participants used Effort qualities of Lightness and Free flow, Participant 3
used Strength and Bound flow. During the interview, he told me that the contrast between his movement style and the rest of the group’s movements helped him feel good about his identity as a man.

**Participant 4.**

Participant 4 at first seemed to be an outlier with regard to the theme of expressing a unique sense of self in the sense that she was hesitant to create her own movement phrases and to present them to the group. In Sessions 2 through 4, she became progressively more confident in presenting unique movements. For example, in Session 3, she had shared a movement which represented her past experience racing cars, an important part of her former identity as a man. She also shared a movement that represented how she would like to ballroom dance as a woman. In her interview, she described the dance/movement therapy group as helping her to use her body for self-expression. “You woke my body up,” she said, “It felt good. I could be me. I could wake up my senses.”

**Participant 5.**

Participant 5 manifested the theme of expressing a unique sense of self. In all 4 sessions, she chose movements that were unlike any other participant’s movements. In Session 1, she introduced rapid jumping movements from side-to-side. In Session 3, she imitated the guitar playing of Pete Townshend, including smashing the guitar against an amplifier. In Sessions 1 and 4, she introduced movements in which she jumped up and down repeatedly, using the Effort qualities of Free flow and Suddenness. In her interview, she affirmed the value that she places on individual expression, stating that the way a person moves is like a “signature” and is completely unique. She said, “you
express your own creativity in movements, in dancing.” “You got to create your own. That’s like artwork.”

**Participant 6.**

Participant 6 manifested the theme of expressing a unique sense of self in Session 1 when he was asked to create a movement that fit with his name. He showed himself typing and then stepping forward. He explained during his interview that part of his process in transitioning has been to hew to his own unique sense of masculinity, rather than going to the gym to work out and become muscular or worrying about whether other people perceive him to be manly. He described himself as an intellectual, a man who is comfortable at the typing on a computer, not necessarily at the gym.

**Supporting one another’s efforts to express the true self.**

Group member’s actively supported one another’s individual expression within the sessions. When, several times each session, the participants returned to the circle to share their movements with the group, other group members made eye contact and verbally praised the participant who presented, and mirrored the movement presented with attention to its feeling quality. During the discussion at the end of Sessions 1, 3 and 4, participants noted how good it felt to be mirrored because it provided nonverbal acknowledgement and encouragement as well as how experiencing nonverbal acknowledgement in the group highlighted its absence in daily life. In Sessions 1 and 4, participants noted that they often receive disapproving and negating nonverbal signals from others in daily life.
Participating 1.

Participant 1 was particularly vocal during her interview in expressing how other participants in the dance therapy sessions supported her self-expression. She told me that seeing others mirror the movement phrase that she created to go with her name was “kind of a way of seeing other people celebrate me.” She further reported that other mirroring exercises during the sessions allowed her to become aware of her movements and “see the image that I’m projecting.” These mirroring exercises occurred in Sessions 1, 3, and 4 when participants shared movement phrases with the group and the group mirrored the movements back to each participant. Participant 1 stated during her interview that she was able to be open with this group because the group was supportive and not judgmental. She said, “When people pick up your expression and gestures, it’s a way of them showing that they respect and enjoy you.”

Participant 2.

While Participant 2 did not express a need for support from the group, she manifested the theme of group support by supporting others. In Session 2, she told us that she has always felt “free” and comfortable in her body. Perhaps because of this comfort in her body, she emerged as a leader of the group by encouraging others verbally and nonverbally, with her gaze and with her active mirroring of their movements. In all movement exercises that I suggested during Sessions 1, 3, and 4, Participant 2 volunteered to be the first to share her movement phrase with the group. During her interview, she acknowledged a conscious effort to use her body to support others in the group, by setting an example of confidence, and responding to their movements and nonverbal cues with encouragement and acceptance.
Participant 3.  

Although Participant 3 was the only transgender man in the group during Sessions 3 and 4, he told me during the interview that he felt supported by the group in his efforts to express himself. Although he felt that the women in the group did not accurately mirror his martial art moves, he felt supported by the verbal encouragement and the nonjudgmental stance that other group members took towards him. He further reported during the interview that he remembered past experiences while he was participating in the dance/movement therapy sessions when his gender identity conflicting with his physical body: “feeling like my body did not have the right parts, and how painful that was for me.” Reflecting on the sessions during his interview, he said, “For some reason I just sort of healed that wound a little to be a part of the group.” He noted that this was not something he could have done “sitting in a chair.”

Participant 4.  

During her interview, Participant 4 reflected on the theme of group support for her self-expression, stating that, in the group, she was not “on the defensive; it’s a more open mode.” In the world outside the sessions, “You never know the way it’s coming at you, how you are going to react.” The dance therapy group context “gives you the opportunity to be open and to see another side of the transitioning.” She noted during Session 3 that watching others move and joining them in their movements “expanded” her “horizons.” When she had difficulty developing a movement phrase during Session 3, Participants 1 and 2 encouraged her. From my observations, she accepted their encouragement and increased her comfort with self-expression within the group. This increased comfort was
evidenced by her ability to create and share a personal movement phrase during Session 4.

**Participant 5.**

During her interview, Participant 5 described the group’s encouragement and support for her self-expression as “so wonderful, so great.” “I loved it. I really enjoyed it. I wish it was like that every day.” She reported that she enjoyed watching other people mirror her movements. During the Session 2, she told the group that as a child her family told her that she was “stiff as a board” and had “no rhythm.” My observation of her movements was that they were quite the opposite: In Session 1, for example, she used rhythmic jumping with the Effort qualities of Suddenness and Free flow. Group members contradicted her fears of being stiff and lacking rhythm by mirroring her movements in a way which showed her that they did not appear “stiff as a board,” and also by expressing verbal approval. During her interview, she reported that seeing others embrace and emulate her movements was helpful. She stated that the “positive energy” allowed her to feel better about her movements.

**Participant 6.**

Participant 6 did not reflect upon the theme of group support for his self-expression during our interview. It was a theme that emerged in Session 3 and 4 when he was not present.
The body’s experience of violence and discrimination.

The theme of the body’s experience of violence and discrimination emerged in relation to body image during the sessions as both fear for future safety and memories of past discrimination and violence.

The need for emotional and physical safety was evidenced in the sessions. During Session 1, I observed participants appraising me with their eyes as they asked me questions about my intentions in order to determine whether they were safe with me and whether the dance/movement therapy sessions would provide a safe space. At the end of Session 1, participants discussed their impression that it is rare to feel acknowledged and safe, and stated that they felt safe during the session. During Session 4, the group returned to this discussion, noting that it is difficult to find a safe and affirming space in which to explore body image and movement without fear of judgment.

In movement, the initial concern for safety manifest in smaller movements, made with the arms and legs without mobilizing the torso. I observed this and documented it in the Field Note Form for Session 1. By Session 3, I observed increased comfort in the participants as manifest by their greater use of whole body movements. They mobilized their torsos to create posture-gesture mergers, and increasingly took risks by moving out into space, while experimenting with new ways to move.

The concern for safety manifest again during Session 4 when strangers tried to get in the door to our session. Participant 5 told the group that someone had followed her earlier that day, and expressed fear that he had followed her to the session. The group appeared tense and hyper-alert. I went to the door and confronted the people trying to get in, and learned that they were simply looking for the entrance to the office building next
door. I explained this to the participants, but noticed that their movements appeared small and distal again, as they had been at the beginning of Session 1. From my observations, it took approximately fifteen minutes for them to return to their relaxed state of full body commitment to the movement exercises.

The experience of fear of violence or discrimination also manifest in the sessions in discussions and movements designed to explore “passing.” In Session 2, the group discussed how, if a transgender man or transgender woman does not pass as his or her gender, he or she may be the victim of discriminatory violence or some other form of discrimination. With regard to other forms of gender-based violence, 3 of 4 transgender women expressed fear that they would pass, but that they would then be the victims of violence against women, a rape or other form of sexual assault. For at least one of the transgender women, Participant 5, this dominated her decisions about how to dress and how to carry herself.

During Session 4, the participants discussed and expressed in movement past experiences of violence, discrimination and loss. These painful experiences usually involved losing love, support and employment when they revealed (intentionally or otherwise) that they are transgender. Many participants said that their parents had punished them for cross-dressing behaviors when they were children. As adults, several had lost spouses because of the decision to transition. They discussed difficulties finding work and finding accepting communities outside of the transgender community.

**Participant 1.**

During the interview, Participant 1 reflected on the theme of the body’s experience of violence and discrimination, telling me that, when she dressed as a girl in
her childhood, she was “punished, spanked, yelled at and what not.” When, in later life, she engaged therapists to help her understand her feelings, she said, they “tended to steer me in the direction that this was a fantasy and that I needed to move past it.” Since her transition, some family members, including her father, have rejected her. I observed, and Participant 1 confirmed, that these experiences with discrimination, and the fear of future experiences of discrimination, manifest during the dance/movement therapy sessions as the Effort quality of Bound flow, particularly in her torso. She reported during her interview that, as she grew comfortable and trusting in the group process, the Bound flow dissipated and she was able to engage her whole body in movement expressions.

**Participant 2.**

Participant 2 also discussed the theme of the body’s experience of violence and discrimination during her interview. She told me that, as a child, she was taken to psychologists and psychiatrists and warned that she would “end up in the funny farm” if she continued to cross dress. Her parents also beat her for cross-dressing. During Session 2, she discussed with the group that she is concerned that she will be the victim of violence against women, especially when she is in the parking garage of the hospital where she works late at night. She carries mace and remains leery of her surroundings. She also fears violence as a transgender person. During her interview, she reflected on the incident during Session 4 when some people tried to enter the room where we were having the dance/movement therapy session. She acknowledged that she was frightened and mentioned the “pervs” who lurk about on internet chat rooms designed to serve transgender women as another source of fear. She told me that she notices that her body feels “rigid” when she is fearful of her surroundings.
**Participant 3.**

Participant 3 had not yet transitioned at the time of the sessions. He told the group during Session 4 that he feared that he would lose too much if he transitioned. He went on to tell the group that he desired to express his gender identity fully, but felt that he was walking on a tightrope, which he emulated in movement for the group, because he did not want to lose his marriage, job and community by transitioning. During the interview, he talked about how, as a child, his mother pressured him to be more feminine, but, in spite of her pressure, he allowed himself to be a tomboy. He reported during the interview that, as an adult, however, his fear of losing his job caused him to soften his movements and raise the pitch of his voice at work so that they would not know he identifies as male.

**Participant 4.**

Participant 4 also discussed the theme of the body’s experience of violence and discrimination during her interview. At 63, she was the oldest member of the group. During the interview, she told me that she grew up in a time and place where she was unable to express her feelings about gender. Moreover, when she secretly cross-dressed as a girl, she experienced a threat of sexual violence. On one occasion in junior high school, she cross-dressed as a girl and took a walk outside. A car full of boys slowed down. One of the boys seemed about to lunge out of the car and grab her but the light turned green and the car pulled away. She felt as if she had narrowly escaped being raped.

Because of her transition, she told me during the interview, she lost all of her friends in her age group and also her job in the auto industry. Men at work “just didn’t
want to see me in their shop anymore as a female.” As a result of the discrimination against transgender people, being called “transgender” used to make her cringe, but she can now use the term when she has to. She prefers to just be thought of simply as a woman. She notes that she feels that she has to be on the defensive much of the time, never knowing how others are going to react or whether she is in danger. During Session 4, she expressed this experience of being on the defensive by mimicking dodging bullets or darts.

**Participant 5.**

Participant 5 demonstrated the effects and memories of violence on her body in Sessions 3 and 4. In Session 4, she enacted her mother beating her for wearing pantyhose. In Session 3, she showed us her way of walking, arms and legs held in so that she appeared narrow, carrying her purse clutched against her body, and barely moving her hips. She told us that she calls it her “easy motivational walk” because it is meant to convey self-confidence to anyone who sees her. “I just have to let them know that I’m not an easy target.” She told me during her interview that she grew up in a dangerous area: “I’ve been picked on, I’ve been followed, I’ve been robbed,” and also that she was molested in childhood and exposed to pornography. As a result, she told me, she feels most comfortable when she is dressed in a way that de-emphasizes sexuality, such as wearing long dresses and skirts.

**Participant 6.**

Participant 6 did not share the theme of the body’s experience of violence and discrimination. He was not present for the sessions where it was discussed, and he did not mention it during his interview as affecting his body image.
**Studying and practicing gendered movements.**

In Session 2, participants discussed practicing gendered movements before and after their transitions. They used the session to reflect on gendered movements, explore them, and reflect on them with one another. Some participants shared that they had to practice gendered movements before their transition because the movements associated with their assigned gender felt so foreign to them. Some participants shared that they had to practice the movements associated with their gender after transition because they had spent most of their lives moving in ways associated with their assigned gender. Participants showed some concern for whether their movements conveyed their experience of their gender, and asked one another for feedback, reassuring one another and offering suggestions. They discussed efforts to pass as a man or a woman by studying the movements of others and consciously embodying those movements.

**Participant 1.**

Participant 1 shared with the group during Session 2 that she has noticed that women carry themselves differently than men, and that she has worked to learn the body language of women, in part by practicing belly dance. During Session 3, she showed the group some of her repertoire of movements derived from belly dance videos that she watches at home. She told me during her interview that she remembered studying both of her wives’ movements, especially her first wife who loved to dance. “I loved her movements.” She embodied her ex-wife and performed in that embodiment for the group. She also told me that her expression of gender is sometimes frustrated by her perception that she still has some “male tendencies” in her movements, but realizes that this may be a matter of self-perception rather than a true assessment of how others see
her. Nonetheless, she has concerns that she may be projecting an image different from what she hopes to project, and, because of this, it is helpful to have feedback in order to get an accurate idea of the image that she is projecting. During the interview she told me that the sessions “gave me insight on how others were perceiving me.” She said that, within the sessions, she was able to see that she still has what she described as “rigidity” which associates with her male persona as a plumber or a mechanic, as well as with her tendency to be shy and reserved. From my observations during the group, this rigidity appeared to be Bound flow in her torso, and a lack of connectivity between her distal movements and her core movements. During her interview she said, “I’m starting to get a lot more flow to me. But in the future I would like to be more graceful and feminine. My aim is to become a classy lady.”

During Session 4, her final movement phrase showed her transitioning from a rigid kneeling position in which she mimicked fitting a pipe with a wrench, to standing and swaying like a graceful hula or belly dancer. During the interview, she noted that part of the process of presenting one’s true self to others involves being comfortable with oneself. One has to be comfortable with oneself in order to “project the correct image.”

**Participant 2.**

Participant 2 varied from the group with regard to the theme of studying and practicing gendered movements in that she felt comfortable in her expression of femininity within the group and stated that she did not have to practice it before becoming comfortable because, as she told me during her interview, “it just flowed.”

Even though she did not express having to work on gendered movement, she reported during the interview that she enjoyed embodying women like Vivien Leigh for
the group so that she could further explore her own expression of femininity. She further reported during the interview that, during the sessions, she enjoyed being able to focus on something as small as a head nod or a gesture and use it to express her femininity. In Session 4, in her final movement phrase, she reflected on the life journey she has taken to such a full expression of femininity by choreographing a phrase in which she is sitting straddling the back of a chair with Bound flow, turns the chair around and then sits comfortably and femininely in the chair with her legs crossed, moving slightly with the Effort qualities of Lightness and Free flow in her body and facial expressions.

**Participant 3.**

With regard to the theme of studying and practicing gendered movements, Participant 3 told the group during the sessions that he never needed to practice male gestures or postures because masculine movements have always felt authentic and natural to him. He told me during the interview that he did have to practice gendered movement in a different context: Throughout his life, he had to practice moving in ways that were feminine because femininity did not feel comfortable or natural to him. As a girl, he had to practice acting like other girls. He reported that he still has to practice and perform movements associated with femininity in order to function as a woman at work and in other contexts where his transgender identity was a secret.

During the interview he told me that participating in the sessions highlighted his experience of his movements as masculine, particularly when he tried on the movements of the transgender women in the group. Mirroring the movements of women imitating Vivian Leigh or doing belly dancing seemed difficult and alien to him. As he embodied
Bruce Lee and did other martial arts movements in the group, he felt his own masculinity in a way that reassured him of the authenticity of his identity and his gender expression.

Participant 4.

I observed that Participant 4 appeared to study the movements of other transgender women in the dance/movement therapy sessions and that she practiced moving with the Effort qualities of Free Flow and Lightness. During the interview, she confirmed that she used the sessions to work on decreasing the Bound flow in her movement, which she associates with masculinity. She further reported during the interview that she used the sessions to reflect on changes in her movements that she associates with gender. She uses her hands more when she speaks now, for example, and tries to walk in a “more feminine way.” Memories of teaching ballroom dance while living as a man were prominent. She remembered wanting to dance the woman’s part of the dance with full emotion and commitment, but having instead to teach the woman’s part to women in a “mechanical way.” During the Session 3 and 4, I observed her dancing the woman’s part with elegance and emotion, swaying and allowing her arms to gently extend while she floated across the floor.

Participant 5.

Participant 5 did not endorse the theme of studying and practicing gendered movements during the sessions or during the interview, but she was conscious of how she moved and how she appeared to others in another way. She told the group during Session 2 that her concern for her physical safety is paramount, and that she tries not to express femininity that could be construed as sexually inviting.


**Participant 6.**

Although not present for the final two sessions, Participant 6 was present for Session 2, during which the group explored gender in movement using Laban Movement Analysis. He agreed with the other transgender man in the group, Participant 3, that he found it difficult to move like other girls when he was a child and adolescent because he was expected to be a girl, but did not feel like one. He worked hard to act feminine in order to overcome his feelings of masculinity. During the interview, he reflected on experiences in his twenties and thirties when he passed as a man as highlights in his life. “I remember how I was standing on the side of the road, getting into the car, getting out of the car, doing everything – everything was perfect. Like, there was no inkling in body or mind of femaleness.” “It was like for a few minutes I was a 17-year-old boy and that was what I was supposed to be. All layers were congruent, how I was perceived, how I was perceiving myself, what I was doing, how I was doing it.”

**Actively working to shape the body as a vehicle of self-expression.**

The idea that the body requires some work in order to accurately express the person’s identity was common to group members. While none of the participants expressed dissatisfaction with their bodies as a whole, many mentioned during the sessions and interviews that they are less than satisfied with certain parts of their bodies because those parts inhibit their self-expression. These areas of the body are often the sites of body work that includes dieting, electrolysis, hormone therapy, or surgery. During the dance/movement therapy sessions, participants discussed body work that they have done or that they plan to do. They talked of time spent in front of the mirror,
grooming, dressing, getting body work done, and talking to doctors and other professionals.

Their agency in working on their bodies included willingness to engage fully in the exploration of movement, within the dance/movement therapy sessions. Participants infused their movements with meaning by symbolizing important aspects of their lives. They did this in the spirit of playfulness and exploration, demonstrating creativity and the ability to take risks, as I noted in my personal reflections in the Field Note Forms. I observed during Sessions 2 through 4, that participants used multiple Effort qualities to cope with their environments, and used three-dimensional shaping, engaging their whole bodies in complex movements. Many of the movements involved stepping forward, using the sagittal plane, which is associated with decision making and change. In Session 2, I noted that the participants were willing to explore the space around them, reaching into far-reach space and expanding their kinespheres. By Session 3, I observed that participants engaged their entire bodies in the movements they chose, suggesting that they were fully invested in the work of the sessions, the work of exploring their experiences of embodiment.

Participant 1.

I observed Participant 1 exhibiting the theme of actively working to shape her body within the context of the sessions by working on movements that would increase the flow of movement through her body and decrease the Bound flow in her hips and torso that she associates with masculinity. During her interview, Participant 1 reflected on all of the participants’ agency in working on their bodies within the sessions by creating expressive movements and exploring their feelings about body image: “We have to learn
to become comfortable with ourselves because if we are not we are not going to project the correct image and we are not going to be able to be happy with ourselves. And that’s our ultimate goal, to be happy with ourselves because we never were in the past.”

**Participant 2.**

During her interview, Participant 2 reported on the theme of agency in changing her body, expressing that she has done most of the body work that she planned to do, and feels she has almost arrived at the body that she hoped for. She also expressed this to the group during our discussion of practicing gendered movements in Session 2. In describing her body during the interview, she said, “I see a feminine body which has a little problem that is going to be taken care of sooner or later.” Because she is already quite comfortable in her body, and happy about the expression of her femininity, this participant reported that she found that the group movement sessions were a place where she could reflect on the journey, noticing the comfort that she feels in her own body and also noticing that other group members are still working towards that level of comfort.

**Participant 3.**

Participant 3 varied from the group with regard to the theme of actively working to change the body because he had not transitioned to living full-time as a man. He began this process after the sessions and the interview. After the sessions and the interview, he emailed me to tell me that he was living full-time as a man and beginning the process of transforming his body through hormones and top surgery.
Participant 4.

Participant 4 reflected on the theme of actively working to change her body during the interview. She told me that she has been working on aspects of her body to make them more satisfying to her, such as getting electrolysis to remove facial hair. She remarked that she is mostly happy and satisfied with her face since getting electrolysis. She described some dissatisfaction with her waist area, and we discussed how women, including her, want to have an hour-glass figure, and how shape, having a belly, can change how we move. “It’s hard to get up gracefully.” During the Sessions 2 and 3, she practiced grace in her movements, and solicited feedback from other participants and me regarding the image that she conveyed with her body.

Participant 5.

Participant 5 varied from the group with regard to the theme of actively working to change her body in that she focused her body work on controlling the degree of sexuality that she conveys to others rather than on conveying her gender identity, as described in the section on variant themes below. With regard to her gender presentation, she told me during the interview that her body has been changing without effort on her part. Her breasts are developing because she gained weight, despite the fact that she takes no hormones.

Participant 6.

Participant 6 just began the process of body work with top surgery in May, something that, as he told me during the interview, he has wanted to do for 18 years. During the interview, he talked about focusing on body work and transitioning as a commitment of time and attention. After his surgery, he reports, “I feel like, okay, I can
wear clothes and look more like myself now.” He is looking forward to beginning hormone therapy. After testosterone “I think I’ll feel that the last piece is in place.” In the two sessions in which he participated, he appeared introspective as he tried on different movement qualities.

Joy, relief and celebration in the gender transition.

At some point during the sessions, all participants except for Participant 3 expressed joy and/or relief over having finally decided to live in accordance with their inner experience of themselves. They spoke of the contrast between living a false or inauthentic life and expressing to the outside world their true inner experience. Several reflected on not wanting to see themselves or be seen by others before their transitions. Now, they said, they loved looking in the mirror and getting dressed up to go out. Moreover, several described not wanting to move or dance in front of others in the past and now, especially within the dance therapy sessions, they felt comfortable and happy dancing in front of others.

I observed that the joy and relief manifest in the sessions as movements of celebration and playfulness and noted this particularly during Sessions 1, 3 and 4. Also during Sessions 3 and 4, I observed participants engaged each other playfully across the circle with their gaze, by mirroring movements, and by responding to the movements of others with similar movements. Moreover, I observed that many of the final movement phrases during Session 4 marked the contrast between the past and the present with a movement suggesting tension, unhappiness and fear in the past, and ease and happiness in the present. I also observed movement-based evidence of the eagerness to transition in use of the sagittal plane during Sessions 3 and 4. All of the participants incorporated
walking forward or moving forward in at least one of their movement phrases during Sessions 3 and 4.

**Participant 1.**

In her interview, Participant 1 discussed her relief and joy in the gender transition to living full-time as a woman. She said it changed her outlook on life and that, as a male she was a “bitter, angry person,” and now she is able to celebrate life and the good things that happen to her. Now, “I love myself,” whereas, as a male “I could barely look in the mirror.” When she looks at herself now, she feels “very comfortable and proud.” Hormone therapy has changed her experience of her body. As she feels her skin getting softer, and her body fat redistributing, she said, “I feel much more comfortable in my own skin,” whereas, before treatment “I always felt like I was deformed because my body did not look or feel the way it should.” Participant 1 “never really enjoyed dancing as a male,” but, now that she is living full-time as a woman, she said, “I’m finding that I enjoy many things, such as dancing.”

**Participant 2.**

Participant 2 manifested the theme of joy and relief during Sessions 1, 3 and 4. I observed her overall movement style to be exuberant and free, and she seemed to have endless energy to encourage and support other group members with her smile, attention and by joining in their movements. During her interview, she described herself as “tickled” with her body since her transition.
**Participant 3.**

Participant 3 did not share this sense of relief and joy during the sessions because, at that time, he had not decided to begin living as a man. I observed that he embodied a tension best demonstrated in his emulation of a man walking a tightrope during Session 4. After the sessions, his email to me regarding his decision to transition expressed the joy that others had expressed during the sessions. He wrote in his email, “I feel strong, happy and greatness within myself for being able to step forward with who I am and be congruent, authentic.”

**Participant 4.**

Participant 4 discussed the theme of joy and relief with the group during the sessions. She said that, before transition she did not want to look in the mirror, even to shave, and she did not want anyone to see her dancing. She told me during the interview, “When I was strictly male in a male role, I had a shadow that used to follow me everywhere…. I could never tell what it was…. But I knew, in a sense that it was the female part of me. When I started transitioning, it kind of disappeared, like it came over inside of me.” In Sessions 3 and 4, her joy at having made the transition showed in her ballroom dance movements. She floated and glided on the floor, with her arms open wide and a smile on her face.

**Participant 5.**

Participant 5 expressed joy and relief in a different way than the other participants. During discussions of transition in Session 2 and 4, she talked of the transition as being one less about gender and more about expressing her individuality. In Session 2, she told the group that she was ashamed to have others see her dance when she
was younger because her parents told her that she had no rhythm and was “stiff as a board.” She told me during the interview that, as she has begun to express her own uniqueness, including her feminine gender identity, she has become much happier and more comfortable with her body. She sees her body as something precious that she lives inside: “It’s a very loving thing when we live inside of it. It builds a lot of self worth and determination. … During the good times and bad times, it [the body] goes through so much.” Her movements within all of the dance/movement therapy sessions were confident and energetic, such as jumping side-to-side during Session 1 and mimicking playing the guitar in Session 3. In her final movement phrase in Session 4, she did her version of the Charleston, which she described to the group as a “happy dance.” With regard to having transitioned to live full-time as a woman she told me during her interview: “When I put my clothes on in the morning and I look in the mirror, I feel that I am looking at my own girlfriend.”

**Participant 6.**

Because Participant 6 was only present for the first two sessions, he did not participate in the movement exercises that encouraged reflection on the transition and encouraged expression of emotion about the transition. In his interview he expressed relief about finally beginning the physical part of his transition, stating, “I feel like, okay, I can wear clothes and look more like myself now,” whereas, before, “I didn’t relate if I looked in the mirror. I was like, ‘That’s not me, that’s impossible.’ So that disconnection was uncomfortable.”
Variant Themes

Active engagement in the transgender community.

Participant 2 explained to me during her interview that, because she has done the lion’s share of the body work that she intends to do, she has turned her attention to helping others. During the interview, she acknowledged that she emerged as a leader in the group and befriended Participant 3, who had not yet decided whether to live full-time as a man. It was clear from my observations during the sessions that Participant 2 uses her body to help others by modeling confidence, a willingness to take risks at self-expression and, for the other transgender women, modeling femininity and free flow in her movements.

Participant 3 did not express this theme in the sessions but, according to his email after our interview, he has also begun helping others through the GLCC, where he volunteered to lead a support group for transgender men.

Physical limitations caused by medical conditions.

Participant 3 explained to me in his interview that, because of a congenital condition, he experiences weakness and pain in his upper body. He told me during his interview that, since his early twenties, he has had seven surgeries to mitigate the neurologic damage. He experiences pain and weakness in his arms, which interferes with his ability to see himself as physically strong. He can no longer punch a punching bag, and has to limit his participation in martial arts to exclude hand-to-hand sparring. He described feeling “small statured and not flexible. Kind of clumsy. Not real strong, but moving forward.” During the sessions, he managed to enact the movements using the
Effort qualities of Strength, Indirectness (or Flexibility), and fluctuations between Free and Bound flow that are typical of many martial arts forms.

During the interview, he likened being in a chromosomally female body to the congenital neurological condition: It is a mistake, a situation that can be limiting and requires work to transform. He described the dance/movement therapy sessions as helping him gain insight into his somatic experiences and to feel more comfortable with his body.

Like Participant 3, Participant 4 was coping with a physical limitation in addition to her biological sex. She told me during her interview that she has been treated for diabetes for 15 years and it is difficult to get her blood sugar stabilized. As a result, she had to postpone breast surgery and any other surgery will have to wait as well. Having diabetes affects how she sees her body because it takes time and effort to manage it, including doctors’ visits. It also makes it more difficult to lose weight, another goal that she set for herself.

**Struggling with the decision to transition.**

Participant 3 was the only participant actively struggling with the decision whether to transition to living full-time in his gender identity. All of the other participants had already made the choice and were living full-time. During Session 4, he showed his internal predicament by walking a tightrope, explaining that one side of the rope was his desire to live as a man and the other side of the rope was his husband, family, job and community. This vividly illustrated the conflict between self-expression and social pressures to conform.
Controlling the body’s expression of sexuality.

Participant 5 expressed a body image theme of controlling the body’s expression of sexuality in order to protect herself from sexual violence. She expressed this theme verbally in discussions with other participants during the sessions, and also during her interview. In her interview, she told me that she dresses in an effort to de-emphasize her sexual attractiveness. In Session 3, she acknowledged that she walks with her torso and hips almost stationary in order to minimize this area of her body. She discussed experiencing sexual violence both with the group and during our interview.
CHAPTER 5: DISCUSSION

This study asks how transgender adults participating in a series of group dance/movement therapy sessions experienced and expressed body image. The question posed was driven by the observation that there is a paucity of qualitative research on the subjective experience of embodiment of people who are transitioning gender roles and identities, and that clinicians serving transgender clients would benefit from a more nuanced understanding of how to support transgender people during their gender transitions. The literature review located four qualitative studies that address the subjective experience of embodiment for transgender people, conducted by Johnson (2007), Rubin (2003), Schrok et al. (2005), and Wasserug et al. (2007). This study builds on the results of these four studies, and adds to this emerging body of research utilizing the dance/movement therapy context to elicit and explore body image themes.

What emerged were six group themes that relate to the experience of the embodied self and four variant themes, listed in Table 2. While some of the themes reflect findings in other studies of transgender embodiment, such as “studying and practicing gendered movements” and “actively working to shape the vehicle as an agent of self-expression,” the emergence of other themes are unique to this study, specifically, the themes of “supporting one another’s expression of the true self,” “joy, relief, and celebration in the transition,” and “the importance of expressing a unique self”. As discussed below, it is possible that these unique themes were elicited because the dance/movement therapy context provided a catalyst for the participants’ deep exploration and expression of subjective embodiment.

In this section, I will examine the themes in light of the literature and discuss the clinical implications of these findings, noting that expressive movement in a group
setting may be uniquely suited to supporting transgender people during their gender transitions. Limitations of the study and my personal reflections will also be discussed.

Results in Light of the Literature

The themes of “supporting one another’s efforts to express the true self” and “the body’s experience of violence and discrimination” served as counterpoints to each other in understanding the effects of interpersonal interactions on the participants’ experiences and expressions of body image. It was striking how much participants appreciated and responded to the verbal and nonverbal interpersonal support provided in the group. This highlights the way in which body image can be influenced by interpersonal contexts. The importance of interpersonal support to the overall well-being of transgender people is noted by Bockting et al. (2006), Ellis and Eriksen (2002), and Ma (1997). Mason-Schrok (1996) notes the importance of transgender support groups for guidance, encouragement, and modeling. Moreover, body image researchers and theorists have suggested the importance of interpersonal interactions in the maintenance of a healthy body image in adulthood. Tantleff-Dunn and Gokee (2002) theorize that nonverbal and verbal feedback is integrated into the mental representation of the body. Cash and Fleming (2002) discuss the body as a “social object,” and body image as shaping social interactions.

The dance/movement therapy sessions provided a unique kind of interpersonal support and acceptance through the process of mirroring movements (Sandel et al., 1993). Participants commented on their positive experiences with empathic reflection, or mirroring, within the group. They seemed to hunger for good nonverbal feedback. Why should nonverbal mirroring be so powerful? As the literature suggests, it harkens back to our preverbal relationships with caregivers. Sensory and motor attunement of the
caregiver to the infant gives child sense of body (Krueger, 2002). Without the responsive attunement of the caregiver in movement interactions, the infant will have difficulty integrating his or her bodily experiences into a coherent whole from which to begin building a unified image of the body and sense of self (Stern, 1985). As the therapist nonverbally attunes to the client through mirroring and reciprocating nonverbal cues, he or she recreates the synchrony and reciprocity of the early caregiver-infant bond (Pallaro, 1996; Sandel, 1993). This can function as a corrective emotional experience, and it can serve to assist the person being mirrored in seeing himself or herself more clearly (Chace, 1993; Fischer & Chaiklin, 1993; Pallaro, 1996; see also Krueger, 2002; Stern 1985).

In the dance/movement therapy group setting, participants ideally assume the role of mirroring and reciprocating nonverbal cues along with the therapist. They kinesthetically attune with one another, and empathize through synchronized and reciprocal movements. This mirroring is a powerful kind of supportive nonverbal feedback that builds on itself as it develops among group members who begin to look to one another, rather than to the therapist, for feedback. I did not ask participants in their interviews how they experienced my mirroring of their movements because I felt that it would be difficult to answer the question with candor and without concern for my feelings. Instead, I asked the participants how they experienced the group’s mirroring of their movements. The participants were able to mirror and reciprocate one another’s movements from the first session, with my encouragement. As a result, they experienced the validation that can result from empathic reflection from the nonverbal support offered to them by other participants. Participant 1, for example, described feeling celebrated by
other participants as they mirrored her movements, and also feeling that she was better able to visualize her own body and movements and “see the image that I’m projecting.”

The kinesthetic empathy and empathic reflection that occurred among group members reaffirmed the importance of interpersonal experiences in the formation of body image, particularly in reducing feelings of alienation from the body that derive from negative interpersonal experiences and dissatisfaction with biological sex. The interpersonal context of the participants’ experiences can best be understood using Rubin’s (2003) conceptual framework of the body-for-self, body-for-other, and alienated body. The subjective experience of embodiment interacted with a sense of the body as an object that others view and judge. If others respond with ridicule, disgust, or even ambivalence, it can result in feelings of alienation from one’s own body. Overwhelming social disapproval for a particular type of body can be damaging to body image resulting in pervasive feelings of alienation (Dosamantes, 1992; McKinley, 2002; Rubin; Striegel-Moore & Franko, 2002). The interpersonal support within the group reduced the alienation that Rubin (2003) described as a pervasive aspect of body image for transgender people.

The theme of “the body’s experience of violence and discrimination” emerged as a counterpoint to the theme of group support because it highlighted the alienation that can result from negative nonverbal feedback. Participants reported experiencing violence, the threat of violence, ridicule, hostility, judgment, and discrimination because of their transgender identities, confirming earlier documentation that discriminatory actions against transgender people are common (Bornstein, 1994, Meyerowitz, 2002, Dozier, 2005). All participants had the experience of having their gender identities seen as
pathological by family members, employers, spouses, or mental health professionals, reflecting a culture-wide view of transgender identities as pathological or bizarre. Many had caregivers attempt to cure them in childhood by punishments, sometimes employing violence to force gender conformity. Data revealed body memories of specific instances of fear or pain, as well as Bound flow that Participant 2 identified as the result of fear of violence. Participants 3, 4 and 5 enacted movements to show the group the impact of the experience of discrimination on their bodies/selves. Moreover, the participants’ past experiences with violence and discrimination, and fears of potential violence as manifest in their response to the strangers who tried to get in the door during Session 4, resulted in changes to the subjective experience of the body.

Two variant themes may also have been a response to violence and discrimination. Participant 2’s variant theme of “becoming active in the transgender community” can be seen as both a response to discrimination and an acknowledgement of the importance of interpersonal support. Participant 5’s variant theme of “controlling the body’s expression of sexuality” was, according to her interview, a response to having been the victim of sexual violence and abuse. As such, the data echo the results of Dozier (2005) who notes that the fear of hate crimes led the transgender men in his study to fear physical violence and, thus, have a heightened awareness of the vulnerability of their bodies.

Because the nonverbal feedback from others is so pivotal to the development of our sense of embodiment, we may begin to see ourselves only as other people see us, ignoring our subjective experiences of our bodies (Dosamantes, 1992, McKinley, 2002). McKinley calls this an “objectified body consciousness,” and Rubin (2003) calls it the
“alienated body.” In Pylvanainen’s (2003) framework, alienated body image is akin to experiencing only image properties – how the body appears on the surface -- and not experiencing the body-self or body memories – how the body feels and acts. This is what participants talked about in their childhood and pre-transition lives when, for example, Participant 2 described compartmentalizing her feelings of femininity and living a hyper-masculine life as a husband and worker in a traditionally male maritime profession, and Participant 6 described himself as trying harder to be feminine when, as a child and young adult, feelings of masculinity arose. Participants described trying to control the appearance of their bodies while ignoring or attempting to silence their feelings.

Despite experiences and fears of discrimination and violence, the overall movements of the group manifest a remarkable sense of resiliency in terms of the integrity of a sense of self. Diverse experiences and expressions of body image, including body-self and body memories, emerged in the theme of “the importance of expressing one’s true and unique self.” By moving in creative and diverse ways, including the acting out of past experiences, engaging in movements that symbolized important aspects of their current lives, and using a variety of Effort/Shape qualities, participants demonstrated that they conceptualized themselves as having unique core selves that could be expressed through their bodies. As discussed in the literature review, Pylvanainen (2003) states that the body-self is the “core of the self that experiences and interacts” (p. 50). It is the self that moves and creates and relates to other people.

To a certain extent, the participants expressed a sense of self that was specifically gendered. During their interviews, almost all participants reported experiences similar to those documented by Gayne and Tewksbury (1999) in their study of transgender women
that found themes of feeling a gender identity not associated with their biological sex early on in life, awareness of gender expectations, and, ultimately, the inability to repress the gendered self. The participants I interviewed all shared experiences that confirm Gayne and Tewksbury’s themes of a specifically gendered self. The self was gendered, and gender was seen as more than mere performance, contrary to Butler’s (1990) hypothesis. Gender was real, enduring, and part of the true self.

The experience of having a specifically gendered self struggling to emerge was also expressed in movement, particularly during the three-part movement phrase that Participants 1 through 5 created as a reflection on their body images in the past, present and hoped-for future. This experiential allowed for the autobiographical study of the emergence of the gendered self to be told in movement. As Table 1 demonstrates, many of the participants moved in ways that showed them struggling with a false sense of gender identity. They demonstrated feeling confused or dejected in the past, moving into a phase of struggle in the present, and hoping for a confident expression of their gendered selves in the future. The sense of emergence was often represented in participants’ movements into the sagittal plane. I was struck by how many movement phrases involved stepping forward, movements suggestive of bursting forth and taking steps to clearly present oneself to the world.

The way in which the assigned movement phrases elicited data on the experience and expression of a gendered self is similar to the art therapy study conducted by Barbee (2002), which elicited visual and verbal “gender stories” by asking transgender participants to photograph their gender story. The researcher concluded that the task of using an expressive medium such as photography allowed participants to create a visual
component to their narratives of selfhood, and also helped them to integrate inner experience with its physical manifestations. This interplay of self-hood and physical manifestations was present in this study when participants moved as their desired ideals.

Perhaps more interesting is that the expression of self in the dance/movement therapy sessions was much more individualistic than simply an expression of gender. Through their movements, participants showed that they valued the characteristics of expression and experience that made each one unique. Images that emerged from group movement included playing the electric guitar, racing cars, practicing martial arts, typing, teaching ballroom dancing, fixing plumbing, belly dancing, strutting like George Jefferson, and flirting like Vivian Leigh. The Effort/Shape qualities varied among participants as well, suggesting that, although they were able to mirror one another’s movements, each one maintained a sense of uniqueness in his or her movement qualities when presenting movements to the group.

The importance of individuality extending beyond gender identity emerged from this study in a unique way not forecasted by earlier studies discussed in the literature, with the possible exception of the Winter and Udomsak (2002) study, which found that transgender people surveyed endorsed of a wide variety of personality traits not circumscribed by gender. It is possible that individualistic presentations of self emerged in this study because of the unique nature of dance/movement therapy. The body-self may be uniquely activated by expressive movement. Rabinor and Bilich (2002) suggest that experiential techniques such as dance/movement therapy increase awareness of emotions that are stored within the body. Dance/movement therapy increases awareness of somatically felt emotions by directing the mover’s attention to consciously performed
movements and any accompanying thoughts and feelings (Dosamantes-Alperson, 1979). Sometimes these emotions lead to the discovery of a body memory, such as Participant 4’s memory of her experiences driving race cars or Participant 5’s experience of being beaten for wearing panty hose as a child. These body memories are particular to the individual, and distinguish the individual’s experience from others in the group, heightening a sense of the existence of a unique self. It is perhaps because participants’ attention was directed towards sensations and inner experiences, and they were encouraged to be creative in their movement expressions, that this study brought the theme of the importance of individual expression to the forefront.

It is important to note that the movement experientials that I suggested to the participants during Sessions 3 and 4 encouraged the exploration of individual narratives rather than the emergence of a shared, group narrative. My choices as the leader of the group encouraged the development of this theme of expressing one’s true and unique self. At the same time, I suggested movement experientials that focused on individual self-exploration based on cues that I took from the group during Sessions 1 and 2. The group manifest synchrony in movement, sharing rhythms and Effort qualities during the warm-up exercises, suggesting that the participants had established a sense of group belonging. This sense of group belonging was also evidenced in the circle formation that we used during the warm-ups phase of the sessions. Group members would move in to be closer together and close the gaps in the circle as we warmed up, suggesting a sense of group unity. What emerged in discussion at the end of Session 2, however, was that individual participants wanted to share their unique experiences with the embodiment of gender. Moreover, I noted movements in the group that suggested enthusiasm for self-
presentation to a supportive audience. My choice of movement experientials aimed at deepening this exploration of individual experience was based on these verbal and nonverbal cues from the group.

Likewise, the theme of “joy, relief and celebration in the gender transition” was only hinted at in the literature, but emerged strongly from the data in this study in the form of celebratory movements and interactions between participants. Wasserug et al. (2007) note that, after beginning hormone therapy, transgender women found even small changes, such as increased skin softness, brought relief. Other studies found positive outcomes, including relief and satisfaction, for chest and genital reconstructive surgery for some transgender people (Barrett, 1998; Kraemer, Delsignore, Schnyder & Hepp, 2008; Pauley, 1981; Snaith, Tarsh & Reid, 1993; Wolfradt & Neumann, 2001). I did not systematically document whether participants in this study received sex reassignment surgery because participants did not highlight surgical intervention as pivotal to the experience and expression of body image, with the exception of Participant 6, who discussed enjoying the feeling of his body after chest reconstructive surgery. Some participants specifically mentioned during their interviews that they hoped to have sex reassignment surgery, but did not express this during the sessions. Regardless of whether they were pre-operative or post-operative, or had elected not to have certain surgical interventions, all of the participants in this study except Participant 3 expressed palpable joy and relief simply in simply being in the process of transitioning. Likewise, Participant 3, who expressed the variant theme of “struggling with the decision whether to transition,” felt joy and relief after he decided to begin the transition. He wrote in his
email: “I feel strong, happy and great within myself for being able to step forward with who I am, and be congruent, authentic.”

It is possible that the special circumstances of the dance/movement therapy group setting allowed this joy to emerge. Participants were invited to move freely while listening to music. Movement helps focus us on our subjective experience of our bodies (Fallon & Ackard, 2002) and express emotions stored in the body (Rabinor & Bilich, 2002). This context could have allowed for deeper affective responses than those that might have emerged in a format involving only an interview or a questionnaire. As Darwin (1872/1998) noted, “Most of our emotions are so closely connected with their expression, that they hardly exist if the body remains passive…” (p. 234). These deep affective responses were experienced and expressed somatically and kinesthetically, and thus integrated into the participants’ sense of embodiment.

None of the participants felt that their transition was complete and most manifest the themes of “studying and practicing gendered movements” and “actively working to change the body as a vehicle of self-expression.” Participants were concerned with how they appeared to others, and whether they adequately conveyed their felt experiences of gender. They worked to change their bodies and their movements to more accurately align their external presentations of gender with their internal experience of gender. This highlights the theoretical observations of Butler (1990), who postulates, “The effect of gender is produced through stylization of the body and, hence, must be understood as the mundane way in which bodily gestures, movements, and styles of various kinds constitute the illusion of an abiding gendered self” (p. 179).
More importantly, the themes of practicing gendered movement and actively working to change the body show an important discursive process that works to shape and re-shape the subjective experience of embodiment for the participants. First, the subjective experience of gender motivates the person to change his or her body and movements to better reflect the subjective experience of gender. But then, at least temporarily, the body feels a little foreign because its appearance has changed. Some sort of process is necessary to re-wed the changed body to the internal, subjective experience of self. At the risk of trivializing the process, an analogy may be helpful. If I get cosmetic surgery to change something about my appearance that distresses me, I may initially feel shocked when I look at myself in the mirror, even though I sought the change so that I could feel more like myself. In order to re-wed my subjective sense of myself to my changed body, I may look in the mirror, practice facial expressions and movement, and try on different clothes. I may have a heightened awareness of other people and attempt to gauge their reactions to me as an indicator of how I appear. In short, I have to learn how to inhabit my changed body privately and in the public sphere. I may initially feel inauthentic and false, but, over time, will come to inhabit my changed body so that it may feel more authentic to me than I felt before the surgery.

Schrok et al. (2005) discuss this discursive process in gender transition. They found that the transgender participants in their study used their bodies to take actions to modify their gender presentation in the areas of “retraining,” “redecorating,” and “remaking” the body (p. 321). The transgender women in their study reported that the changes to their bodies initially felt inauthentic. Through practice and the passage of time, their bodies began to feel authentic again. Shrock et al. suggest that this transition
from feeling inauthentic to authentic implies that, as the body is changed and shaped, it must be reconnected to subjectivity.

An important element of this discursive process is that changes to the body change one’s subjective experience of oneself, just as the subjective experience of self may prompt a person to make changes to the body. Wasserug et al. (2007) note that participants in their study described a plethora of different bodily sensations attendant to beginning hormone therapy, including softer skin and a shifting in the physical loci of sexual pleasure. Likewise, the themes of actively working to change the body and practicing gendered movements in this study reflect a constant process of modifying the body and movements, reflecting on those changes, and allowing the internal, subjective sense of embodiment to shift to incorporate the changes. The use of gendered movements in the process of re-wedding a sense of subjective to the changing body was evident in the three-part movement phrases that the participants created during Session 4. The final part of each phrase, depicting where the participants would like to be in the future in terms of their sense of embodiment, appeared to me as an observer to have elements of comfort and self-confidence. When I practiced and performed the movement phrases, I noticed that the movements felt less comfortable than they looked. This suggests that the participants were still in the process of learning to feel comfortable and confident in their changing bodies.

Johnson (2007) also touched upon this discursive process when she asked how physical changes affected the subjectivity of the participants in her study. She found that, as participants experienced new body sensations, particularly from hormones, and as they practiced gendered movements, they reflected on the ways in which the body refused to
change, including vocal and movement patterns that remained inflexible and certain secondary sex characteristics that remained impervious to efforts to eradicate them. Participants in the dance/movement therapy sessions also discussed and attempted to navigate secondary sex characteristics and movement patterns that they felt did not represent their true gender identities, and that they were still working to eradicate. This echoes the observation of Beauvoir (1989) that the biological sex of the body is a “situation” that can be limiting because it defines gender. Participants discussed actively working to reshape their bodies so that they were not limited by the situation of their biological sex. In addition, two participants experienced their bodies as limiting situations because of illness, as described in the variant theme of “physical limitations caused by medical conditions.” Participants 3 and 4 both struggled with medical illnesses that, like biological sex, set limitations on their movement and, in the case of Participant 4, access to cosmetic and reconstructive surgery. In his interview, Participant 3 likened his congenital neurological condition to having been born female.

Nonetheless, the participants did not categorically reject their bodies. Rather, they saw their bodies as vehicles of change and self-expression that required a limited number of corrections. In this sense, this study aligned with Hines’ (2007) study in that the participants did not feel completely “trapped in the wrong body” while transitioning. Participants described feeling trapped in the wrong body as children, but, as adults, they reported wanting to make a limited number of changes to their bodies in order to better express and manifest their gender identities. These limited numbers of modifications were designed to cure the “expressive failure” that Rubin (2003) described as the central problem of transgender embodiment (p. 181). The body work helps to repair the link
between outward appearance and gender identity so that it better expresses a sense of self.

The dance/movement therapy sessions became part of the body work and gender practice of the participants. Within the sessions, participants practiced gendered movements and gave one another verbal and nonverbal feedback reflecting on gender presentation. Participants asked me to focus Session 2 on gender in movement and, during that session, they actively explored Effort and Shape elements of movement with an eye to better understanding how the qualities of movement might convey gender. While all of the participants had previously engaged in some body work to make their bodies more congruent with their gender identities, even if it was simply changing their clothing, several described movement as providing another dimension to experiencing the embodiment of gender. Using the sessions to practice and reflect on gender in movement heightened participants’ awareness of this aspect of their subjective experiences and expressions of body image.

The usefulness of expressive movement in the context of gendered body work was presaged by both dance/movement therapy and body image literature that suggests the value of kinesthetic sensations to the creation and maintenance of body image. The integration of sensory modalities, including kinesthetic sensations, may result in a multidimensional and flexible body image. Kinsbourne (2002) notes that coordinated regions of the somatosensory maps, including the tactile, kinesthetic and vestibular regions, are simultaneously activated to create the experience of body image. As we integrate our sensory experiences into our awareness, we form an image of our body. “Awareness and experience of the body are the original anchors of our developing sense
of self” (Kinsbourne, p. 27). “[M]otion influences body image” (Chace, 1993, p. 357). It “heightens sensation, kinesthesia, and proprioceptive functions in such a way as to make body image a dynamic, rather than static, aspect of self-concept” (Goodill & Morningstar, 1993). In this way, the dance/movement therapy sessions became part of the discursive process as participants used conscious, expressive movement to reconnect their subjectivity to their changing bodies.

An interesting feature of this study with regard to the theme of studying and practicing gendered movement was that all of the participants talked about gender identity as binary, identifying as either men or women but not raising the possibility of androgyny or fluidity in gender identity such as that described by Finn & Dell (1999). This gender binary is inscribed in the language and symbolic order of Western culture, as Cixous (1976) and Irigaray (1985) discuss. It is almost impossible to sustain the idea of multiplicity in gender when we can only talk about it in the language of male/female. Terms of art in movement analysis also employ the binary symbolic order. Laban posits that the Effort quality of movement can be understood in terms of binary opposites: Strength/Lightness, Free/Bound, and so on.

Some participants endorsed the view that postures and movements reflect their gender identities, equating Light and Free flow with feminine, and Strength and Bound flow with masculine in their movement phrases and in their reflections on their movement preferences during the interviews. There is some evidence to support the notion that preferences for Effort qualities reflect gender, as Nilges (2002) found in her study of gymnastic combinations. The dance/movement therapy group implicitly endorsed the results of the Nilges study in some of their movement phrases and in their
discussion of the movements. In addition to Effort qualities, Participants 1, 2, and 4 described emulating gendered movements that could be categorized not by Effort qualities, but by differences in degree of overall expressiveness, and the use of gaze and hand gestures. In so doing, participants were implicitly endorsing the observations of Birdwhistle (1970) regarding the manner in which certain movements establish tertiary sex characteristics.

One participant in this study, Participant 6, described gender characteristics as less absolute. He talked about this openly during his interview when he described wondering to himself whether a man would carry a particular bag that he bought. He concluded that there were all different kinds of men and that whatever he did as a man was, by definition, manly. This ability to question whether gender roles are flexible was suggested by Winter and Udomsak (2002) in their study which found that transgender women did not endorse gender stereotypes in personality traits. No participants, however, saw themselves as embodying a third gender role, or a shifting, impermanent gender identity.

I return to the theme of the body’s experience of violence and discrimination because it seems to echo throughout this discussion. It is impossible to know the extent of the effects of the fear of discrimination and hate-based violence. For example, would participants worry about passing as “real” men or women if we lived in a society that tolerated gender variation or androgyny? Would participants be put in the position of having to choose to be either men or women if we lived in a world that tolerated gender variation and androgyny? Convincingly passing as either a biological man or a biological woman may be the only way to stay safe and employed in most communities. At the
very least, passing protects the transgender person from looks of ridicule, hostility and judgment.

**Policy and Practice Implications**

The results of this study may be applicable to a situation in which a therapist is treating a transgender client in the process of transitioning. The literature endorses the usefulness of therapy for some transgender people, as well as the usefulness of peer support during the transition (Bockting et al., 2006; Denny & Roberts, 1997; Ettner, 1996; Rachlin, 2003; Raj, 2002). According to Raj (2002), the function of therapy for the transgender person is similar to that of any person undergoing a major life transition. Raj found that therapy helps transgender people “consolidate their gender and sexual identities as transgender women and transgender men, and to enhance self-confidence,” and “facilitate identity consolidation and social integration” (section 3.1.1, para. 2).

The data gleaned from this study suggest that the transgender people who participated in the study had subtle and varied experiences with embodiment, that they saw their bodies as both agents of change and as imperfect reflections of their true selves. The data also highlight the many ways in which transgender people work on their bodies in order to correct the “expressive failure” of being seen as a gender other than their gender identity, and affirm that they are particularly resourceful agents in making changes to their bodies and their lives (Rubin, 2003). These changes to body and lifestyle may result in temporary feelings of inauthenticity or discomfort in the changed body. As such, therapists may be valuable in assisting transgender clients in re-wedding the sense of self to the changed body.
The data suggest that the experience of transitioning to living as a gender other than one’s birth sex can be tied intimately to how one experiences and expresses one’s sense of embodiment. Sensations in the body change with hormone therapy, different clothing, and other changes. The internal representation of body image changes as well, and is partially dependent on feedback from others. Even after transition seems complete, body memories from childhood and from the client’s past experiences living in accordance with his or her birth sex may emerge. Because the transition is tied so intimately to the subjective experience of embodiment, dance/movement therapy may be particularly helpful.

Raj (2002) specifically mentioned “the more ‘creative’ or interactive interventions,” such as “expressive therapy” as potentially effective in supporting transgender people (section 9.4, para. 2). The few case studies of art therapy with transgender people describe the creation of artwork depicting the presentation of gendered self, concern with appearance, and discrimination, echoing the themes that emerged from this study (Barbee, 2002, Sherebrin, 1996, Picirillo, 1996). Barbee (2002) concludes that art can help integrate inner experience with physical manifestations by providing the visual component of the narrative.

Because dance/movement therapy is a body-based therapy that engages the client or participant in creative, self-directed movement, it offers the additional benefit hoped for by Thomas & Cardona (1997) during the dance lessons offered to Thomas by Cardona. That is, by focusing on the subjective experience of the bodily sensations during expressive movement, the transgender client may increase his or her bodily comfort and awareness. Although it was not the objective of this thesis to study the
effectiveness of dance/movement therapy for transgender clients, the data suggest that the participants in this study found expressive movement in a group setting to be particularly helpful. They discussed increased awareness and comfort in their bodies as a result of expressive movement and interpersonal support.

The power of movement as tool for integrating new experiences and sensations into one’s sense of embodiment is presaged in the body image literature and dance/movement therapy literature. Movement helps create a dynamic body image (Goodill & Morningstar, 1993). Through the movement and verbal components of dance/movement therapy, the participants were able to integrate tactile, visual, proprioceptive and vestibular information into their experiences of embodiment, as well as interpersonal information through interactions with other participants and with me (Kinsbourne, 2002). Movement helps focus us on our subjective experiences, and helps us to express emotions stored in the body (Fallon & Ackard, 2002; Rabinor & Bilich, 2002). Dance/movement therapy increases awareness of somatically felt emotions by directing the client’s attention to consciously performed movements and any accompanying thoughts and feelings (Dosamantes-Alperson, 1979). Attention to somatosensory signals “anchors our developing sense of self” (Kinsbourne, 2002, p. 27).

Moreover, the manner in which the dance/movement therapy sessions brought individual expression to the forefront suggests that it may be a useful therapy for transgender people contending with a medical and mental health establishment that, as Hines (2007) found, collapses the differences among transgender people’s experiences into one dominant narrative about being “trapped in the wrong body.” The felt experience of embodiment, as experienced while engaging in expressive movement,
yielded more complex and individualistic data than the idea of being in the “wrong body.”

**Strengths and Limitations of the Study**

This study was designed to yield detailed information about the subjective experiences of a small group of transgender people. As such, the results should not be generalized to transgender people as a whole. Because the study provides such a rich and detailed description of each participant and his or her experience in the dance/movement therapy sessions, the data may be applicable in clinical settings to increase understanding of the variety of body image concerns that a transgender client could experience during transition.

Participants in this study were volunteers who agreed to share their stories and participate in the sessions understanding that I sought to contribute to the literature available to mental health professionals who serve transgender clients. As such, it is possible that participants saw themselves as representing transgender people to the mental health establishment, and presented their experiences and expressions of body image in the best possible light. The resulting themes of the experience and expression of body image may be shaped in part by the participants’ conscious choices regarding how to present transgenderism to mental health professionals. A clinical dance/movement therapy group might unfold differently and yield different experiences and expressions of body image.

**Perspectives for Future Work**

The results of this study suggest several fertile areas for further research. The first is in the area of the effectiveness of dance/movement therapy and other expressive
therapies in helping transgender and gender variant people cope with changes to their bodies and their lives as well as with the discrimination or hostility that they may experience in the society at large. Instrumentation should include the subjective experiences of transgender people participating in the effectiveness trials as well as external or objective measures.

Second, this study suggests that the effects of marginalization and discrimination may shape aspects of the subjective experience of self for many transgender and gender variant people. More research into the effects of marginalization and discrimination on gender variant people would support clinicians serving them, and also provide data for policy makers charged with ensuring the protection of marginalized groups.

Third, some of the experiences of body image that emerged from the transgender participants in this study may be shared by other people undergoing changes to their bodies, whether the changes are sought after, such as weight loss or cosmetic surgery, or involuntary, such as the normal aging process or a change to the body caused by illness or accident. In each case, the subjective experience of self may need to be reconnected to the changed body. It would be interesting to discover whether the themes of the expression and experience of body image generated by this transgender group are also present in a group of people who have undergone other forms of physical changes.

**Researcher’s Reflections**

It was striking to me how self-directed the participants in this study were. Although I led the group, supported and encouraged creativity and openness, and suggested movement experientials, the creativity and self-reflection that emerged was largely driven by the participants. In my personal reflections in field notes for Session 1,
I wrote that I felt “relief to work with healthy people who take responsibility for their wants, dreams, choices, bodies.” It was exhilarating to work with participants “who can contribute consciously to the structure of the sessions.” Over the course of the four sessions, I saw the group evolving and supporting one another, and began to feel almost irrelevant to the development of movement and discussion. I took this as a sign that the group had achieved cohesion and has begun to function as a social group that did not need heavy-handed leadership. In the field note form for Session 4, I noted that I was “amazed at the richness and complexity of the movements” and “appreciated everyone’s willingness to dig deep.” Their three-part movement phrases were almost “heartbreaking” because they were so “infused with emotion and authenticity.” It was very hard to part with them after the last session; I felt the sessions were useful for them, in part because they were able to use the dance/movement therapy format to their benefit. It seemed that the group was just beginning what could have been an ongoing exploration.

The participants’ willingness to access and share deep emotions and deeply personal experiences influenced my approach to this study. After the final session was complete, I was excited to have the opportunity to interview each participant individually. They shared information about their lives with the same candor and thoughtfulness that they exhibited within the sessions. Their individual stories captivated and inspired me. In deciding to include details about each participant’s background, I hoped to provide the reader with a full and nuanced understanding of the participants as individuals, as well as members of the dance/therapy group. At the same time, I struggled with whether including this level of detail about their lives was necessary for
understanding their experience and expression of body image within the sessions. The participants chose to share their stories within the group and in the interview. As the theme of the importance of expressing one’s true and unique self emerged, I felt that including some of the details about their lives was important to presenting a full picture of their individual experiences and expressions of embodiment.

I was transformed by the group. In the Field Note Form for Session 3, I noted that I felt “admiring of their strength, bravery, journeys.” Every aspect of their lives changed. They lost social status, jobs, and families; they were willing to explore these losses, and celebrate their transitions, in movement and in words. Their use of the dance/movement therapy sessions to explore and express their transformations increased my confidence in the ability of expressive movement to help people reveal and heal their psychic lives.

At the same time, I was struck by the pervasiveness of the marginalization and discrimination that the participants experienced on a day-to-day basis. Ridicule, hostility, loss, and the fear of physical violence impacted the daily lives of the participants. Understanding the depths of the effects of marginalization and discrimination was difficult for me. I wrote in the field notes that I felt “helpless, impotent” in responding to their experiences. At the same time, it seemed that the dance/movement therapy sessions served as a partial antidote to the lack of acceptance that the participants described experiencing outside of the sessions, and outside of the transgender communities.

I experienced some anxiety during the sessions that stemmed from my concerns with how the participants would perceive me, an obviously pregnant, biological female. Because I am not transgender, I tried to be very explicit in my support for transgender
issues and in communicating my belief that I do not think that transgender identity is a mental illness. I felt great relief over the participants’ verbalizations of their acceptance of me, and was glad that I was able to adequately convey my respect and support.

My pregnancy had other implications as well. I was in the midst of a body change. Seven months into my pregnancy, I was negotiating new ways of moving and resting in my changing body. Moreover, because I was pregnant with my first child, I was transitioning into a new identity as a mother. This tandem change in my body and identity may have increased my sensitivity to the participants’ experiences of their transitions -- I too felt a heightened awareness of how I experienced my body, how others perceived my body, as well as excitement over my transition to a new identity. This may have added texture to the participants’ experience of me as the group leader as well.

One area of discussion was perplexing for me. Most of the participants endorsed a gender binary of masculinity and femininity, and seemed to endorse the idea that men and women are quite different in their behaviors, appearances and approaches to the world. My personal experience and belief is that gender differences are unnecessarily emphasized in modern, Western culture. In another culture, the concept of gender could include third gender roles and androgyny. Because of my beliefs about gender, I hesitate before saying that a way of thinking or behaving is masculine or feminine and worry that such a categorization enforces stereotypes about men and women that feminism has worked hard to lessen. Within the groups, I found it difficult to talk about gender without feeling as if I were complicit in endorsing stereotypes. At the same time, I understood that the participants had very different experiences from me. They felt uncomfortable in their assigned gender identities. In this society, their options were to ignore that
discomfort, or chose to transition to the only other gender identity available. But I am left wondering whether any of the participants would have chosen a third gender role, or no gender role, if those options existed in contemporary, Western society.
CHAPTER 6: SUMMARY AND CONCLUSIONS

The objective of this study was to gather data on the subjective experience of body image as it was experienced and expressed by a group of transgender people participating in dance/movement therapy sessions. Six participants, two transgender men and four transgender women were recruited to participate in four dance/movement therapy sessions that focused on the experience and expression of body image. After the conclusion of the sessions, the participants were interviewed regarding their experience. The data were analyzed in the form of field notes documenting the sessions, transcripts of the interviews, and descriptions of the movement phrases developed by the participants.

Six group themes emerged from the data, including: (a) the importance of expressing one’s true and unique self, (b) supporting one another’s efforts to express the true self, (c) the body’s experience of violence and discrimination, (d) studying and practicing gendered movements, (e) actively working to shape the body as a vehicle of self expression, and (f) joy, relief and celebration in the gender transition. Four variant themes emerged from the data, including: (a) active engagement in the transgender community, (b) physical limitations caused by medical conditions, (c) struggling with the decision whether to transition, and (d) controlling the body’s expression of sexuality. Six group themes and four variant themes emerged from the data.

The data suggest that body image was mediated by interpersonal context, both the supportive context of the group and the hostile contexts of the dominant culture. The data further suggest that the use of expressive movement within a supportive group setting deepened the experience and expression of embodiment for the participants in a way that may make it a useful therapeutic tool in supporting their transitions.
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APPENDIX A: RECRUITMENT FLYER

Expressive Movement Study for Transgendered Adults

Seeking transgendered or transsexual participants to share their experiences for research study on body image

Participants must commit to attending a group dance/movement therapy session 1 evening per week for 4 weeks, and to provide feedback about their experience in the sessions during a 45 minute interview at the conclusion of the sessions.

To qualify for this study, participants must:
- Be 18 years old or older
- Consider themselves to be transsexual or transgendered
- Be in the process of transitioning or adjusting to their desired gender
- Be able to communicate in English
- Be able to commit to attending all four sessions as well as a 45 minute interview after the last session
- Be able to engage in moderate physical activity
- Not be suffering from a mental illness that involves hallucinations or delusions
- Not be experiencing mental health issues or personal problems that would make it difficult for them to participate in a group process

Sessions and interviews will take place in the [Redacted] neighborhood of [Redacted] at the Gay, Lesbian, Bisexual, and Transgender Community Center of [Redacted].

You will be paid a stipend of $50.00 upon completion of your participation in the study. Volunteers will be selected on a first come, first serve basis. Only eight volunteers are needed for this study, so please call today if you are interested!

Please contact Eve Hanan at [Redacted] or email DanceTherapyResearcher@gmail.com for more information.

This study is a graduate research study conducted by a student and sponsored by Drexel University’s Creative Arts in Therapy Program.
APPENDIX B: GROUP VISIT RECRUITMENT SCRIPT

My name is Eve Hanan and I’m a graduate student in dance/movement therapy student conducting an Expressive Movement Study for Transgendered Adults. The purpose of this study is to find out how people transitioning genders experience their bodies while moving and interacting with others in a supportive environment which encourages each person to express him or herself. My hope is that this information will be helpful in educating therapists in my field about how best to serve our clients who are transitioning or expressing gender variation. 5 to 8 transgendered people will be recruited to participate in this study and will meet 4 times, one night a week for 4 weeks, for a dance/movement group session that will be facilitated by me. After the 4th session, I will meet with each participant individually to get your feedback on the experience.

What can you expect in a dance movement therapy session? Participants have the opportunity to talk about body image issues with other group members. As the group leader, I will lead the group in a structured, physical warm-up, and suggest movement experiences that explore issues like, for example, how gender is expressed in movement, or how we communicate our sense of self to others in movements. Participants are encouraged to move, but they do not have to. As a participant you can choose how much you move.

Now I’ll hand out a flyer now that describes the eligibility requirements for the study. Please review the eligibility requirements and see if you qualify. I’d like to get an idea of whether any of you have an interest in participating in the study. At the bottom of the page, you’ll see that there is a space to provide your contact information if you are
eligible and interested in the study, even if you are not yet sure that you would like to participate. If you are not eligible or not interested, please simply write, “I do not wish to participate in this study.”
APPENDIX C: RECRUITMENT SCRIPT

Hello. Thanks for contacting us about the Expressive Movement Study for Transgendered Adults. The purpose of this study is to find out how people transitioning genders feel about their bodies while taking part in dance/movement therapy sessions with other people transitioning genders. To be more specific, we want to learn more about how transgendered people feel about their bodies while moving and interacting with others in a supportive environment which encourages each person to express him or herself.

8 transgendered people will be recruited to participate in this study. They will meet 4 times, one night a week for 4 weeks for a dance/movement group session that will be facilitated by the researcher. In order to determine if you qualify to participate in this study, I’d like to ask you a few questions:

1. Do you identify as transgendered or transsexual?
2. Do you consider yourself to be actively engaged in a process of gender transition or, if you have already transitions, do you consider yourself to be in a process of gaining more comfort in your gender and your body?
3. Are you over 18 years of age?
4. Would you be able to commit to participating in the study one night a week for 4 weeks? The first session will be 1 ½ hours long and the next 3 sessions will each be 1 hour long.
5. Would you be able to commit to a 45 minute audiotaped interview after the 4 sessions at a time that you and the researcher determined would be convenient?
6. After the interview, the researcher will transcribe the interview from an audiotape and summarize it. Would you be willing and able to commit to a 15 to 20 minute review of the summary of your interview to ensure that it is accurate and complete?

7. Are you able to participate in moderate physical activity?

8. Are you able to arrange transportation to the [redacted] area of [redacted] to attend the 4 sessions and the interview?

9. Are you comfortable communicating in English?

10. Do you have a mental illness that involves hallucinations or delusions?

11. Do you have any personal issues that preoccupy you to the extent that you could not participate in a group process and discussion about gender and your body?

A or B:

A. It seems that you would not qualify for the study. I appreciate your interest in participating and your willingness to answer these questions.

B. You qualify to participate in this study. Are you still interested in participating in the study? If so, would you like to hear more about the study? Do you have any additional questions?

Examples of questions and answers:

What is dance/movement therapy? Dance/movement therapy is a form of psychotherapy that uses the mind/body connection to help clients who are working on issues such as body image, the expression of emotion, and interpersonal comfort. In group dance/movement therapy sessions, participants are encouraged, but not required, to talk about their feelings and experiences. The dance/movement therapist usually plays music and leads the group in gentle movements and stretching.
Participants who would like to move or dance are free to do so in any way that feels comfortable to them. At the end of the session, the leader encourages the participants to talk about any feelings or thoughts that emerged as a result of participating in the group.

Who is conducting this study? The researcher is a graduate student at Drexel University who is studying to become a dance/movement therapist. She is not transgendered, but is interested in learning more about transgendered people’s experiences so that she can better serve transgendered clients in her dance/therapy practice, and so that she share the results of this research with other counselors and therapists to help them understand how to better serve their transgendered clients. She is not getting paid or compensated in any way to conduct this research project.

When and where will the sessions take place? [Details on logistics here]

Conclusion

After hearing more about the study, have you decided whether you would like to participate? If you need more time to decide, that is fine. Please let us know by telephone or email by ______________(Date).

If participant has decided to participate:

I can send you a letter confirming your participation that also provides the time, date, and location of the sessions. Please let me know if you need additional information, such as directions to the site. I’d like to confirm your contact information now.

Contact information: _________________________________.

The first session will be 1 ½ hours long because you will be asked to read and review a consent form during the first half hour. If you decide to consent to participate in the
group, you will sign the form. After each person has signed, or opted not to sign and
left, we will begin the dance/therapy movement group. The following 3 sessions will
be only 1 hour long. If you decide that you do not want to consent now or then, that
is fine. You can also withdraw your consent and stop participating in the study at any
time.

Thank you for your willingness to participate in this study. We’ll see you on [date].

Goodbye.
APPENDIX D: CONSENT FORM

1. Subject Name: ________________________________________________

2. Title of Research: Embodying Identity: A Qualitative Study of Dance/Movement Therapy for People Transitioning Genders

3. Investigator's Name: Ellen Schelly-Hill. Co-investigator: Eve Hanan

4. Research Entity: Drexel University

5. Consent for the Research Study: This is a long and an important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on you. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney or any one else you would like before you sign it. Do not sign it unless you are comfortable in participating in this study.

6. Purpose of Research:

You are being asked to participate in a research study. The purpose of this study is to find out how people transitioning genders feel about themselves while taking part in dance/movement therapy sessions with other people transitioning genders. To be more specific, we want to learn more about how transgendered people feel about their bodies while moving and interacting with others in a supportive environment which encourages each person to express him or herself.

The co-investigator, Eve Hanan, is a graduate student at Drexel University. She is engaging in this research project as a partial fulfillment to obtain her degree.

The researcher, Eve Hanan, is a graduate student studying to become a dance/movement therapist. She is not transgendered, but is interested in learning more about transgendered people’s experiences so that she can better serve transgendered clients in her dance/therapy practice, and so that she share the results of this research with other counselors and therapists to help them understand how to better serve their transgendered clients. She is not getting paid or compensated in any way to conduct this research project.

You have been asked to take part in this study because you identify yourself as a transgendered adult who is learning to live as a gender other than your birth sex. There will be eight transgendered adults recruited from the [redacted] area to participate in this study. The group may be diverse. Other participants may identify as transsexual or transgendered or some other
term, and may be transitioning to be a man or a woman. What you will have in common is only that you all are in the process of transitioning to a new gender.

You cannot participate in this study if you are under 18 years of age, or if you consider your transition into a new gender role to be completed and you feel that you have no present difficulties living in your gender role. You cannot participate in this study if you have psychological symptoms of hallucinations and delusions or if you have other personal issues that would make it difficult for you to participate in a group process. You must be able to communicate in English. You must be able to engage in moderate physical activity and be willing to participate in group activities that involve some physical movement, but not necessarily dancing in any particular form or style. You must be willing to meet with the researcher and discuss your experience in the group after the four sessions are over. Some time after this meeting, the researcher will give you a written summary of what she thinks were the most important things that you said during the interview.

You will be asked to read this and tell the researcher truthfully if she made any mistakes or left anything out that you feel is important. This can be done by phone, email, or in person.

You are free to stop participating in this study at any time, even after you have agreed to participate. If you do decide to stop participating, the researcher will ask you if you are willing to be interviewed to share your experience in the group. This is helpful to the researcher, but you are not required to do it because you are free at any time to stop participating in the study.

If you agree to participate in the sessions and your conduct in the sessions is offensive, inappropriate or disruptive to others, you will be asked to refrain from that conduct. If you do not refrain, you may be asked to stop participating in the study.

7. PROCEDURES AND DURATION:

You understand that the following things will be done to you:

Dance/Movement Therapy Sessions
You will come to 4 dance/movement therapy sessions held weekly on the same evening for one month. The first session will be 1 ½ hours long, and the following 3 sessions will be 1 hour long. You will participate in the sessions with other transgendered people recruited for the study. The researcher will lead the group in an easy warm up at the beginning of the session. Participants may do an activity to learn each other’s names and perhaps something about each other. Then participants will be free to move however they want to, alone or with others, usually to music. You can also choose not to move if you want to. The researcher may suggest movements to explore. During each session, participants are invited to share feelings and thoughts. At the end of the session, participants are invited to discuss how they felt during the session and ask questions. Participants will be invited to come up with movements that express how they felt about themselves and each other while in the sessions.
Individual Verbal Interview

You will be asked to meet with the researcher for approximately 45 minutes after you complete the four sessions. The researcher will ask you some questions about your experience in the sessions. She will audio-record the interview. The recording will be stored in electronic form without identifying information and permanently destroyed after the researcher analyzes the data contained in the interview. She will write a summary of your interview and ask you to read it to make sure that it is accurate and tell her if she left anything out that you think is important. This can be done by email, telephone, or in person.

8. RISKS AND DISCOMFORTS/CONSTRAINTS:

Participating in this study will consume time, approximately 4 ½ hours in the dance/movement therapy group, 45 minutes of interview time, time traveling to and from the sessions and the interview, and approximately 15 to 20 minutes to review the summary of the narrative and provide feedback to the researcher.

Movement and dance can bring emotions to the surface. The dance/movement therapy session invites you to experience these feelings and share them with the group. If you are not prepared to experience emotions that may arise during expressive movement in a group context, the dance/movement therapy experience may be uncomfortable for you. That is a possible discomfort of participating in this study. In the event that you experience emotional discomfort or distress from participation in this study, you may contact your therapist. There may be physical strain or injury from participation in moderate physical activity. Do not attempt any movement that does not feel safe and comfortable to you.

There are risks to confidentiality. When the researcher writes her final report, you will not be mentioned by name, but the article will contain details about you that could result in someone who knows you guessing your identity as a participant in the study. These details may include the status of your transition to a new gender, the fact that you are a resident of a large east coast city, and, possibly the type of work that you do. That someone might guess or suspect your identity is a risk of participating in this study.

9. UNFORESEEN RISKS:

This study may expose you to some risks that are not foreseeable. If any risks become obvious during the study, the researcher will report them to the Office of Research Compliance. You will be referred to your therapist to discuss the issue as well.

10. BENEFITS:

There may be no direct benefits from participating in this study. Some people find that the experience of moving and dancing with others in a supportive environment increases their sense of well-being, but this may or may not be your experience.
11. **ALTERNATIVE PROCEDURES:**

The alternative is **not** to participate in this study.

12. **REASONS FOR REMOVAL FROM STUDY:**

You may be required to stop the study before the end for any of the following reasons:

a) If all or part of the study is discontinued for any reason by the investigator, or university authorities.

b) If you are a student, and participation in the study is adversely affecting your academic performance.

c) If you fail to adhere to requirements for participation established by the researcher.

13. **VOLUNTARY PARTICIPATION:**

Volunteers: Participation in this study is voluntary, and you can refuse to be in the study or stop at any time. There will be no negative consequences if you decide not to participate or to stop.

14. **STIPEND:**

If you complete the study, you will receive a $50.00 stipend at the end of the interview that will take place within 2 weeks of the last dance/movement therapy session. If you decide to discontinue participation in the study at any point before completion of the study, you will be paid the pro-rated amount of $20.

15. **RESPONSIBILITY FOR COST**

The researcher is responsible for the cost of conducting of this study.

16. **IN CASE OF INJURY:**

If you have any questions or believe you have been injured in any way by being in this research study, you should contact the principle researcher, Ellen Schelly Hill at telephone number (215) 762-7851.

This research study is conducted by Drexel University. The Gay, Lesbian, Bisexual and Transgender Community Center of [redacted] has given Drexel University permission to use its facilities to conduct the study and to recruit participants. As such, the [redacted] is not responsible and will not make payment for any injury, illness or other result resulting from your participation in this study.

Neither Drexel University nor its investigators will make payment for injury, illness, or other loss resulting from your being in this research project. If you are injured by this research activity, medical care including hospitalization is available, but may result in costs to you or your insurance company because the [redacted] and Drexel University do not agree to pay for such costs. If you are injured or have an adverse reaction, you should also contact the Office of Regulatory Research Compliance (215) 255-7857.
17. **CONFIDENTIALITY:**

Field notes, transcriptions of interviews and other documents will identify you by an identification number rather than by your name. Any documents linking you to the identification number will be destroyed after data analysis. The audio recording of your exit interview will be stored electronically and permanently destroyed and erased after data analysis.

In any publication or presentation of research results, your identity will be kept confidential, but there is a possibility that records which identify you may be inspected by authorized individuals such as the institutional review boards (IRBs), or employees conducting peer review activities. You consent to such inspections and to the copying of excerpts of your records, if required by any of these representatives.

18. **OTHER CONSIDERATIONS:**

If you wish further information regarding your rights as a research subject or if you have problems with a research-related injury, for medical problems please contact the Institution's Office of Research Compliance by telephoning 215-255-7857.

19. **CONSENT:**

- I have been informed of the reasons for this study.
- I have had the study explained to me.
- I have had all of my questions answered.
- I have carefully read this consent* form, have initialed each page, and have received a signed copy.
- I give consent voluntarily.

Subject or Legally Authorized Representative

Date

_______________________________________________

__________________________

Investigator or Individual Obtaining this Consent

Date

_______________________________________________

__________________________

Witness to Signature

Date
List of Individuals Authorized to Obtain Consent

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Schelly Hill</td>
<td>Principle researcher</td>
<td>(215) 762-7851</td>
</tr>
<tr>
<td>Eve Hanan</td>
<td>Co-researcher</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>
APPENDIX E: FIELD NOTE FORM

Session Number ________  Date: _____________

Group Members Present (list by initials or code):

________________________________________________________________________

Group Members Absent and Reason (list by initials or code):

________________________________________________________________________

Overview of topics and themes that emerged in this session:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Movement qualities that emerged during the session:

Body connectivity:

________________________________________________________________________

Efforts and phrasing (diagram and label):

Efforts: Free flow, Bound flow, Direct, Indirect, Sudden, Sustained, Strong, Light
Phrasing: Resilient, Even, Impulsive, Impactive, Increasing, Decreasing, Accented, Vibratory

Rhythms:

________________________________________________________________________

Use of space and shaping:

________________________________________________________________________

________________________________________________________________________
Changes in movement qualities over the course of the session:

Changes in movement qualities from previous sessions:

Group dynamics:

Patterns in group movement:

Verbal and nonverbal interactions between group members of note:

General energy level over course of session:

General affect/mood over course of session:

Participant feedback:

Participant comments and discussion regarding body image/body sensations/movement:
**Movement Phrase:**
Diagram and describe the movement phrase that the group developed at the end of the session to reflect their experience of body image within the group today:
Personal reflections, countertransference, etc.
APPENDIX F: AREAS OF QUESTION FOR INTERVIEW

1. Do you have a term that you prefer to use to describe yourself, such as transgendered or transsexual? Why do you prefer that term? Do you have a set goal for your gender identity development?

2. How do you feel about your body? What do you like? Dislike? Does this change depending on who you are with or what you are doing?

3. Can you describe how you see your body in your mind? Does this change depending on context?

4. In what ways does your body reflect your sense of self? In what ways does your body frustrate your self of self? What do you do about this? Does it depend on who you are with or what you are doing, or is it constant?

5. Have there been important events and occurrences in your life that changed either your body, or how you feel about your body? If so, how do the memories of these experiences affect how you feel about your body?

6. Did you notice anything about how you experience your body change over the course of the four dance/movement therapy sessions? If so, what?

7. Were there any moments in the dance/movement therapy sessions or afterwards when reflecting on them when a feeling or thought about your body came to mind that seemed important or new to you? What was that feeling or thought and why do you think it emerged when it did?

8. Did any body memories emerge during the sessions that seemed important to you? Would you like to share them as part of this interview?
9. How was it to move and dance with other people in the group? Did moving with other people in the group change how you experienced your body? How? Can you describe a moment during the sessions when you noticed this?

10. How did you experience your body in the dance/movement therapy sessions differ from how you experience your body in other contexts? Can you give some examples?
APPENDIX G: HANDOUT FOR SESSION 2

I. **Body:**

Posture standing and sitting
Which parts of the body are held and which are mobile?
How far are the arms and legs from each other and from the torso?
How many postural shifts are made?

II. **Movement quality (Effort):**

<table>
<thead>
<tr>
<th></th>
<th>Free</th>
<th>Bound</th>
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</thead>
<tbody>
<tr>
<td>Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>Light</td>
<td>Strong</td>
</tr>
<tr>
<td>Space</td>
<td>Flexible</td>
<td>Direct</td>
</tr>
<tr>
<td>Time</td>
<td>Sustained</td>
<td>Sudden</td>
</tr>
</tbody>
</table>

III. **Moving in Space:**

Points
Spokes
Arcs
3-d shaping
Shaping with body

*Affinities of shape and effort*

Rising with lightness
Sinking with strength
Opening with flexibility
Closing with directness
Advancing with sustainment
Retreating with suddenness

IV. **Interacting with others:**

Smiling
Gazing
Distance
Touch
Timing silence and speaking