Addressing the Development of Selves in LGBTQIA+ Individuals: A Voice Dialogue Perspective

by
Melanie Battaglia Moir

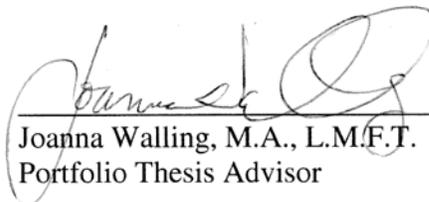**Submitted in partial fulfillment of the requirements**

for the degree of

Master of Arts in Counseling Psychology

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I certify that I have read this paper and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a product for the degree of Master of Arts in Counseling Psychology.
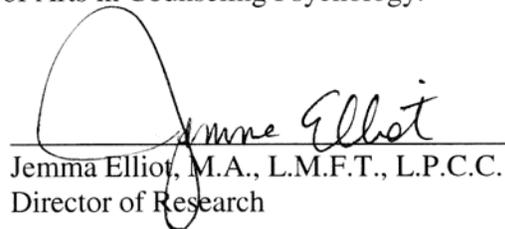
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Abstract

**Addressing the Development of Selves in LGBTQIA+ Individuals:
A Voice Dialogue Perspective**

by Melanie Battaglia Moir

This qualitative thesis combines heuristic and alchemical hermeneutic methodologies along with elements of intuitive inquiry and participatory epistemology to address the internal development of selves in the consciousness of LGBTQIA+ individuals. These selves are created by interactions with family and society and by the unique, personal experiences of people on this spectrum who do not identify as heteronormative or exclusively heterosexual. From a depth psychological perspective, the author discusses implications for achieving healing and wholeness when making contact with these inner selves that carry the true nature of each human being but are repressed due to cultural programming, family modeling, and imprinting. Voice Dialogue is explored as an approach to identifying and understanding these selves in LGBTQIA+ individuals. Insights from the author's own experience of being *queer* (an umbrella term for living life as a sexual or gender minority) are included.

Acknowledgments

The amount of excitement, gratitude, and reverence I have for the work of Hal and Sidra Stone and all of those involved with bringing their amazing discipline for personal growth into my life and the lives of many others cannot be overstated. Specifically, I would like to honor Christina Cross, my dear mentor and friend of 22 years, for introducing me to Voice Dialogue many years ago, inviting me to workshops and trainings, keeping the work alive in my life, and allowing me to walk beside her personally, professionally, and spiritually. Being your student, assistant, and extended family has enriched my lifetime. Spending time with you and the Stones at Rigdzin Ling lingers in my memory. What a gift it was to see them teach Voice Dialogue to the Buddhist community and witness the resulting shift in consciousness. Witnessing you on your passionate journey inspired me to take mine. I am forever grateful.

I would like to thank Anouk Shambrook for the hours and years of facilitating each other as well as for sharing the love and passion that we both possess for this work. You have helped me reach new depths; held my parts tenderly; pushed them gently and, at times, insistently; and witnessed all of me, in safety and sacredness. It has been a joy and pleasure to witness you becoming yourself, and to experience the same myself. I know that we will continue to bring this work forth in our respective professional endeavors and remain part of this grand Voice Dialogue community as a path to wholeness.

benefit LGBTQIA+ clients and those of us working clinically with this population. It is

with great honor that I become a part of this research.

Dedication

This paper is dedicated to my LGBTQIA+ clients who entrusted me with holding their sacred content and were willing to explore the depths of their beings as, together, we walked the path of illumination.

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Chapter I
Introduction

Area of Interest

  I have discovered that Voice Dialogue (Stone & Stone, n.d., 1997, 1999) is a

psychological model for therapeutic work that touches on every internal facet of a human

being and yet is unique among well-known psychotherapeutic approaches. Some research

has been published about other, similar models such as Gestalt therapy (Daniels, 2000;

Ginger, 2007) and Internal Systems Therapy (Schwartz, 2001), which have been used to

assist clients in liberating parts of themselves from living out extreme roles, with a goal

of creating balance. Becoming aware of opposite energies existing within each individual

and discovering how they interact with people, with the environment, and in relationships

with others is valuable psychological data that licensed clinicians have embraced through

utilizing these other models. Voice Dialogue has been less researched and is

consequently used less in psychotherapy practice. Little has been written about how

therapists and other professionals can benefit from learning about the psychological

system upon which Voice Dialogue is based to enhance their work with clients.

  Having a conversation about gender identity, expression, and sexual orientation

using Voice Dialogue could give direct access to subpersonalities buried in the

unconscious. As clinicians, with this modality, we can tap into the unconscious within a

client, and both are able to talk with the client's selves that have struggled with

identifying gender, and what that means on psychological, physical, mental, emotional,

sexual, and spiritual levels. When an Inner Patriarch relegates a female to possessing only traditionally female qualities, for example, the inherent limitations to the reality of being *"female"* are enforced by this internal self (S. Stone, 2000, p. 4). This is, I feel, an important conversation for clinicians to be having when tending to psyche, which, in its very nature is gendered, due to the physical body and sexual orientation of clients who may be struggling with the binary boxes of male and female that have been established for them to check off accordingly. What if a client does not live life in such a black-and-white way, questioning which box identifies them, or if neither does? More often there is now a third box on questionnaires and intake forms: "Other." A common response from adolescents of today's world when asked if they are straight or gay might be "questioning."

With Voice Dialogue, due to the systemic nature of gender roles in families, role-playing can be used to engage family members in treatment, just as it is traditionally used in experiential family therapy (Nichols, 2013, p. 156). Based on the idea that the experience of each member is made real when brought to life in the present, a therapist can ask for parents to role-play scenes from their own childhoods: for example, a mother role-playing as a little girl or a father reliving an incident that his son has encountered. Voice Dialogue is similar to role-playing, but it goes a step further by speaking directly with the little girl inside the mother or the boy inside the father. Exploring the experiences of gendered selves from childhood can give parents insight into how their character traits were developed and how this contributed to their own sense of identity and expression. In Gestalt therapy, a therapist may have the client place a family member in an empty chair and speak to the personified chair as if it were mother, brother, or aunt

(p. 156). The process of *moving over* in Voice Dialogue to speak from a different self often results in the client moving to a different chair or part of the room to speak from the voice. This technique is similar to the Gestalt technique, which has been a part of the classic schools of family therapy (p. 156).

The Internal Family Systems Model is another psychotherapy intervention that has similarities to the Voice Dialogue model. Psychotherapist Richard Schwartz (2001), founding developer of this integrative approach to therapy, asserted the importance of seeing individuals as systems:

> Family therapy helped clinicians understand that the extreme way some people behave is not necessarily a result of personal pathology, but often relates directly to their family contexts. Similarly, a therapist who encounters a client's subpersonalities can easily misunderstand a part's extreme, destructive presentation as the way the part *is*, rather than as the role it is stuck in. Once the therapist appreciates the system in which the subpersonality is nested—the network of relationships that keeps it extreme—the therapist will relate to the part very differently. (p. 27)

In my personal and clinical experience, I have found Voice Dialogue, as a therapeutic intervention, to be transformational. I envision this modality to function in an integrated way with other theoretical orientations, treatment goals, and therapeutic tools. My hope is to bring this opportunity for healing, growth, and balance to both clinician and the LGBTQIA+ client. A study based on data from the Family Acceptance Project's young adult survey reported that

> the unique stressors that sexual minority individuals experience range on a continuum from more distal processes that occur externally (i.e., actual experience of discrimination and/or violence) to proximal processes that occur internally (i.e., expectations of discrimination and/or violence, internalized homophobia). (Toomey, Ryan, Diaz, Card, & Russell, 2013, pp. 71-72)

This content within LGBTQIA+ individuals, which has created belief systems, personas, and coping skills for internal selves needing expression and understanding, lies at the heart of why I chose this topic to research and review.

Guiding Purpose

The purpose of this thesis is to rectify a perceived lack of knowledge and skills that can benefit members of the LGBTQIA+ population, among others. The research is intended to educate those in the psychological field about the psychology of selves and the aware ego as well as how learning the system of Voice Dialogue can strengthen and build upon existing skills in clinicians. The research specifically explores how the experience of learning to facilitate internal selves in clients can enhance the clinician's skills of working with opposite energies and, from a depth psychological perspective, provide greater insight into what is alive and at work in each client. This effort is also intended to stimulate and further an empathic understanding of primary and disowned self-systems in the practice of psychotherapy and clinical work.

Rationale

The difficulties that LGBTQIA+ individuals face in their inner struggle for self-identity and expression, social acceptance, inclusivity, and understanding in the world at large and when reaching out for psychological assistance is commensurate with the intersectionality that all marginalized minority populations have experienced from time immemorial. What the heteronormative, dominant paradigm determines distasteful and unacceptable has been projected onto LGBTQIA+ culture in the same way that Darwin's evolutionary theory explains the biological concept of survival of the fittest as being defined by reproductive success. Because LGBTQIA+ people cannot reproduce without

outside assistance, this subculture does not fit survival mentality, and I feel this has a deep psychological impact on the collective unconscious bias regarding who and what is viable in society. When the Human Genome Project did not find any evidence of a gay gene (Denson, 2010), those seeking biological confirmation for being LGBTQIA+ were disappointed; however, there could be a larger purpose for our existence. In his article about homosexuality as population control, Denson stated,

> All gay men and lesbians need to fully enhance and realize our self image is a world view that accounts for our reason for being. A reason—like that of procreation for heterosexuals—that gives us a deep and profound sense of purpose in the world. A reason that not only is bestowed on us by Nature, but which makes being homosexual essential to the balance of Nature. We have that reason, of course. The world of nature is screaming it out to us today, though most of us don't hear or see it despite it being right in front of us, all around us, really. . . . Homosexuality as a deterrent to overpopulation is a hypothesis proposed by scientific researchers applicable not just to homo sapiens, but throughout the animal world. (paras. 1, 10)

In a mass culture that collectively does not validate LGBTQIA+ people's reason for existence or typically understand the beliefs and interests of their subculture (racist stereotypes abound), reasons for questioning gender identity and expression are plentiful. Confronting the ignorance and lack of empathy within society and the mental health community for anything outside the gender binary affects LGBTQIA+ individuals and the population as a whole. In the past, it has been challenging for me, personally, as a member of this population, to find therapeutic support from professionals who are not well versed in who we are. It was not so much of a racist issue as it was the overarching paradigm of heteronormativity that I found pervasive in the mental health field. The same can be said for physical health care, when a simple trip to an uninformed physician can lead to a frustrating experience where vital health care needs are not met. I have

witnessed the same treatment of the chronically mentally ill when attempting to receive health care: a lack of understanding on the part of providers.

Transgender individuals, for instance, experience greater levels of mental health issues than the rest of the general population. Almost half of all transgender people experience depression and anxiety (Schreiber, 2016). In addition, "over 41 percent of trans men and women are estimated to have attempted suicide—a rate that's nearly nine times as high as the rate of cisgender Americans" (Schreiber, 2016, p. 1). Mentally ill individuals often cannot advocate for themselves, and this is often just as difficult for LGBTQIA+ individuals as well, due to fear of speaking up and suppressing one's need for assistance. This fear can be attributed to the following cultural imposition:

> Western culture engrains gender stereotypes within individuals during the earliest stages of life. By preschool, children understand gender categories and the social pressure to conform to the category associated with their biological sex. Kessels (2005) defined gender stereotypes as "a set of specific beliefs about the characteristics that women and men are likely to possess." Gender identity refers to the "maleness and femaleness a person feels on the inside; how that identity is projected to the world; and how others mirror that identity back to the individual." Individuals are expected to assume the roles and characteristics (e.g., clothing, hobbies, mannerisms) associated with their respective biological sex. Those who do not assume the expected roles and characteristics of the gender associated with their biological sex often experience a myriad of negative consequences because of their nonconformity to these cultural rules. (Toomey et al., 2013, p. 72)

The question I most frequently have in mind when interviewing the inner selves of clients in this population using Voice Dialogue is "Who is conforming to the cultural gender rules, and who is not?" The protector selves that develop to ensure safety and survival are often selves that make sure the client disowns what developmental and clinical psychologist Diane Ehrensaft (2011) termed the "true gender self" (p. 73), making sure that cultural rules are followed. Opposites such as Rule Breaker or Rebel self might have an altogether different mission for clients to "come out" and be their authentic gender

self, or express their sexual orientation openly. "Closeted" selves tend to be disowned and usually have a lot to say about how they cope with being invisible in a person's life. These voices need to be released and heard. Voice Dialogue is a therapeutic modality that a therapist can employ to identify and give voice to these selves.

Methodology

      Research problem. LGBTQIA+ clients present in psychotherapy with a unique internal system not otherwise encountered by clinicians. Without an understanding of this population's unique subjective experiences at the level of internally developed selves, clinicians are losing out on the benefit of enhancing their work to better serve these clients. Traditional training in psychotherapy may address presenting issues at face value without taking the work to a more deeply therapeutic place, an intervention that Voice Dialogue can provide.

      Research question. This research explores answers to the following question: How can the experience of learning to facilitate selves within LGBTQIA+ clients enhance the clinicians' skills for working with opposite energies to gain greater insight into what is alive and at work in the client? Answering this question will further stimulate empathic understanding of the primary and disowned self-systems of the LGBTQIA+ population.

      Methodological approach.

> Heuristic methodology attempts to discover the nature and meaning of [a] phenomenon through internal self-search, exploration, and discovery.

>   Djuraskovic & Arthur, 2010, p. 1568

      In my consideration of potential methodologies that I might utilize in a thesis, the question I held was how I might approach evidence-based theory and practice from a

depth psychological perspective. In the available research, I looked for certain theories that are considered best practice for treating LGBTQIA+ clients with the intention of examining them as alternative ways of looking at treatment using Voice Dialogue. This research called for a qualitative methodology due to the exploratory nature of the topic of working with client selves and the attempt to understand the motivation to utilize Voice with LGBTQIA+ population in particular.

The choice of heuristic methodology allowed me to utilize my informed experience to explore my own relationship to Voice Dialogue. Elements of heuristic methodology allowed me to be objective about self as I delved deeper into subjectivity. My own reflections, dreams, synchronicities, and visions informed this thesis. Simultaneously being the researcher, one of the objects of the research, and the comparative researcher for readings and literature that shed light on the experience of Voice Dialogue is a demonstration of heuristic methodology (Pacifica Graduate Institute, 2016, p. 54). This process was intended to provide meaning on both professional and personal levels.

Alchemical hermeneutics, as developed by Jungian analyst Robert Romanyshyn (2007), applied to the research provided an imaginal, depth psychologically oriented methodology, inviting the soul of the work into dialogue with my ego's intentions as a researcher. Having already experienced transformations using Voice Dialogue in my own life, I found myself further transformed as this research progressed, making the process of writing alchemical. Romanyshyn maintained that

> research with soul in mind is a complex vocation. The topic chooses you as much as, and perhaps even more than, you believe you choose it. What begins as an interest has its tangled roots in a complex, where some piece of unfinished business asks to be spoken. (p. 348)

Also employed in this effort were elements of intuitive inquiry and participatory epistemology. Intuitive inquiry is a methodology

> based on compassionately informed research using intuition and altered states of consciousness as sources of amplification and refinement of data observed. Dreams, visions, somatic experiences, and contemplative practices can provide insights that are considered intuitive. This approach seeks to incorporate subjective and objective knowledge. (Pacifica Graduate Institute, 2016, p. 53)

Participatory epistemology holds that the participation of the human mind "draws forth a meaning that exists in potential in the cosmos, but which must go through the process of articulation by means of human consciousness" (Pacifica Graduate Institute, 2016, p. 55).

Ethical Concerns

The ethics of employing Voice Dialogue as a therapeutic intervention are easily understood when considering the nature of the facilitation process. According to Stone and Stone (n.d.) and my own experience using Voice Dialogue, a person who does not have a strong ego identity or is severely destabilized, for example, and acting out of a primary self who exists in a psychotic state is not a candidate for facilitation. It must be possible to move the client back to the aware-ego position at any time during facilitation. If a client is dissociative, the process of facilitation could make things worse, especially if the client cannot discern or identify the psychosis as a manifested self with those characteristics. I could not find any data about the possibility of people with mood and personality disorders in the research I conducted about Voice Dialogue, other than to gather from a mutual colleague of Stone and Stone and myself that it would not be appropriate work for me to pursue clinically. A client with dissociative disorder or schizophrenia would also not be a viable candidate for engagement in Voice Dialogue facilitation.

I have an obligation to keep my clients who suffer from mood and personality disorders safe and thus would not be taking them through the facilitation process when the effect for such a client is unknown. Stone and Stone seemed more interested in how their work could benefit the LGBTQIA+ community, specifically transgender clients, and encouraged me to practice their process with these clients whenever applicable and ethical. My approach to researching the use of Voice Dialogue with the self-systems of LGBTQIA+ individuals as a valuable tool for healing and transformation involves respect for this population and for the psychology of the selves' theoretical structure.

My goal with this research was to comprehend more fully how heteronormativity and established cultural norms influence gender identity and expression specifically, through direct interaction with the voices of the selves that emerge in an individual as a result. In this process, my own countertransference with regard to gender-fluid selves within me also had to be addressed, in sessions with my own therapist, my supervisors, and colleagues.

Overview of the Thesis

In Chapter II, key areas of the literature review involve literature that supports the possibility of employing Voice Dialogue as a psychotherapeutic system with LGBTQIA+ clients struggling with gender identity and expression that has impacted their lives to the point of seeking clinical assistance. Research in the field of gender-identity development is considered as well as Stone and Stone's theoretical framework, the Psychology of Selves, in which employing the therapeutic method of Voice Dialogue as an appropriate intervention with LGBTQIA+ clients can be included. Identifying language for sexual minorities and its historical usage and positive applicability are discussed. Also explored

are the topics of shadow content living in the unconscious psyche due to disowning gender identity and uncovering the true gender self through the newer field of gender health by supporting this population. The literature review addresses the phenomenology of gender identity and understanding what it takes to call oneself a woman or a man in terms of stereotyped personality characteristics of gender. The use of Voice Dialogue to understand LGBTQIA+ clients' perceptions, perspectives, and how certain situations are viewed is suggested as an important intervention of phenomenological inquiry.

Chapter III explores how Voice Dialogue could be applied as an alternative intervention in a treatment plan for clients who suffer from depression, anxiety, body dysmorphia, low self-esteem, and lack of an integrated sense of their disowned self-systems that possibly hold important keys to accepting the true gender self and its full expression.

Chapter IV presents a summary and conclusions regarding the research. The implications of this study for the field of psychotherapy, particularly with regard to the LGBTQIA+ population, are discussed, and suggestions for further research are offered.

Chapter II
Literature Review

How we feel about our feelings indicates a decision or a judgment we have made about our feelings (e.g., "I shouldn't feel this way"). In congruent behavior and relationships, we accept and own our feelings without judgment, and we handle them with a positive, open mind.

Banmen, Gerber, Gomori, & Satir, 1991, p. 126

Sexuality and Gender Identity: Definition of Terms

A *sexual minority* is a group whose sexual identity, orientation, or sexual practices are different from the majority of the society in which its members live (Cheney, LaFrance, & Quinteros, 2006, p. 2). This term can also refer to transgender, genderqueer, or intersex people. Gay people, in particular, are identified as a sexual minority. Language plays a large role in how sexual minorities identify themselves, as does the lack thereof. The terminology of homosexuality did not exist before the sexual revolution of the 1960s. Beginning in the 1860s the term *third gender* was the moniker for *other* (Pickett, 2002). In more recent times, the term *homophile* was used in the 1950s, which was replaced by *homosexual* when the gay liberation movement began in the late 1960s and early 1970s (Pickett, 2002).

Today, the acronym LGBTQIA+ indicates nonheterosexuality, with its initials representing a diversity of sexuality and gender identity-based cultures, referring to anybody who is nonheterosexual or noncisgender. It was not until the late 1980s that this population of people claimed LGBT and the rainbow flag as a positive symbol of

inclusion to represent a growing subculture. Regarding the categorization of sexual orientation and identification, political and social scientist Brent Pickett (2002), wrote,

> In saying that sexuality is a social construct, . . . theorists are not saying that these understandings are not real. Since persons are also constructs of their culture (in this view), we are made into those categories. Hence today persons of course understand themselves as straight or gay (or perhaps bisexual), and it is very difficult to step outside of these categories, even once one comes to see them as the historical constructs they are. (para. 32)

Today, many members of this community embrace the term *queer* as their self-descriptor. Whatever the identifiers are, they have aided in bringing otherwise marginalized people into the larger, traditional (heterosexual/cisgender) community, providing recognition and legitimacy to those were once afraid to come out and be honest about their identity:

> We are not primarily seeking access to mainstream culture and acceptable society; we are not asking that the concentric circles of identity-based movements for inclusion be expanded one last time to allow us room at the table of the American dream. Rather, we are taking a stance against normative thinking, against being "normalized" at the sake of our own identities and the rights of others who have not yet gained access to the table. (Fryer, 2016, p. 3)

When an identity is not expressed, it can retreat to the underworld of the unconscious, where it becomes a shadow, which Jungian psychology describes as an unconscious aspect of one's personality that the conscious ego does not identify in itself: "the thing . . . [one] has no wish to be" (Jung, 1946/1982, p. 262 [*CW* 16, para. 470]). As pioneering depth psychologist Carl G. Jung (1946/1982) explained, this dark side of a personality does not tend to stay in the unconscious where the individual intended to keep it. It communicates in varied ways, ever present just below the surface of the persona one carries in public, in an attempt to fit into the dominant paradigm of traditional culture. Stone and Stone observed

that many people live with a limited awareness of the multi-dimensional aspects of themselves. The Stones founded a technique called Voice Dialogue which leads one to an experience and discovery of the many voices or sub-personalities continually speaking to them. (As cited in McHall, 1989, p. 36)

Voice Dialogue and Gender Expression

If the shadow content of gender expression lives in the unconscious psyche, Voice Dialogue is a vehicle one can take to reach it. The main mission of depth psychologists is to empower clients to understand themselves and their subjective experiences, with the concept of the self as the medium of the human psyche (Wolf, 1998, p. 53). Voice Dialogue as a therapeutic intervention can literally make contact with what lies within the nature, nurture, and culture conundrum of each human individual. A person may walk into the treatment room as a person questioning and exploring who they are on a variety of levels, including gender identity, expression, and sexual orientation, all of which can be examined through the lens of what archetypal psychologist James Hillman (1991) called a *false identity*, created as he described:

> During childhood, traits of personality are identified and one's identity begins to form partly in accordance with the perception of others. "Gilly's a real tomboy, a stringbean who only has time for animals." (Will Gilly ever marry? Will she become a lesbian or a veterinarian?). (p. 198)

At this time in history, the mental health field is undergoing great change, especially in the area of children's gender health. Developmental and clinical psychologist Diane Ehrensaft (n.d.), director of the Gender and Sexuality Advocacy and Education Program at the Children's National Medical Center in San Francisco, CA, is also the Director of Mental Health and founding member of the Child and Adolescent Gender Center, which partners with the University of California, San Francisco (UCSF) and local community agencies "to provide comprehensive interdisciplinary services and

advocacy to gender-nonconforming/transgender children, youth, and their families"

("Home," para. 1). Supported by a National Institutes of Health grant, her gender clinic is

currently working on an unprecedented 5-year study examining both the mental health

and medical profiles of youth who use puberty blockers and/or cross-sex hormones to

alter the biological process of becoming an adult version of whichever body they were

born into, in preference of growing into the opposite gender.

The mission of this first U.S. study of transgender youth is to examine the long-

term effects of medical intervention to alter biological gender assignment. "This study

will provide essential, evidence-based information on the physiological and psychosocial

impact, as well as the safety, of hormone blockers and cross-sex hormones use in this

population" (Bunhim, 2015, para. 1). Given the fact that transgender youth are seeking

medical services in droves, the lack of information available in the United States about

how to support this population in its efforts to transition from one gender to another

demands such a study. For the first time ever, transgender medicine is in the spotlight,

and the world is paying attention. The results of this study will begin the conversation of

what is safest and best practice for trans youth, who will one day be a generation of adults

born into one body, now inhabiting a different one. Physicians and psychologists working

together to gain understanding of the diversity of gender development, exploration, and

transition will directly benefit from the data gathered as a result of this groundbreaking

research.

Psychiatrist Dan Karasic, who teaches and treats patients at UCSF and at the

Transgender Life Care Program at Castro Mission Health Center, coauthored an article

with Ehrensaft that protested gender conversion therapy for youth. With the following

report, they emphasized the devastating effects of such treatment:

> Leelah Alcorn, a trans youth who endured conversion therapy, wrote in her
> suicide note, "The only way I will rest in peace is if one day transgender people
> aren't treated the way I was, they're treated like humans, with valid feelings and
> human rights." (2015, para. 1)

In Ehrensaft's (2011) book, *Gender Born, Gender Made: Raising Healthy Gender-*

Nonconforming Children, she put forth the concept of a "true gender self" (p. 73) as

being a person's internal sense of which gender they are, regardless of the one assigned at

birth. For many, this internal sense matches the biological gender, but for those whose

sense of self does not match, yet are expected to participate in and promote the

established gender binary, a false self is created. Ehrensaft described this false self as "the

layer that we build around the true self to protect it from harm and to conform to the

expectations of the environment" (p. 77). This statement directly calls forth Voice

Dialogue as an effective therapeutic intervention to work with disowned selves lost in the

psyche. If the true gender self must be pushed down inside the unconscious psyche,

suffocated by the false self serving as a buffer to create societal acceptance for the

individual, it is the responsibility of clinicians to assist their clients in uncovering this

true gender self. In doing so, depth psychology would examine what dwells in the

shadow (see Figure 1), the part of the psyche where, according to Jung, the collection of

every undesirable, inferior trait within a human being is kept and thus an actual location

within for one's dark side (Samuels, 1986, p. 138).

The Shadow

A popular shadow figure in modern culture is Darth Vader, the antagonist of the

Star Wars Trilogy. In *Episode III: Revenge of the Sith* (Lucas & McCallum, 2005) it is

revealed that before he was Darth Vader, Anakin Skywalker was a cute, little, blonde-haired boy who loved his mother and lived as a slave. He existed to obey orders and lived a low quality of life.

"One does not become enlightened by imagining figures of light, but by making the darkness conscious." C.G.JUNG.

Figure 1. Depiction of the shadow, by Ron Pyatt. From "Enlightened Bodies: Shadow Aspects of Self," Web log post by K. Polansky, 2017. Retrieved from http://www .heartofcool.com/shadow-aspects-self/. Copyright 1989 by R. Pyatt. Reprinted with permission.

The anger that grew inside of Anakin as a result of his childhood and years of having to play the role of slave and watch his mother mistreated and sold overtook his soul and ultimately turned him into the extreme opposite: the faceless, masked Lord Vader, the Sith who rules *the dark side.* In the *Star Wars Trilogy*, *the force*, which divides the light and dark energies in human beings, is a metaphor synonymous with Voice Dialogue's highlighting pairs of opposite energies living inside of each human being. Anakin, the Jedi Knight, gave into *the dark side of the force* (his negative shadow self) and took on a new persona, one that was capable of killing his own children: the evil Darth Vader.

Jung's concept of individuation and achieving integration of the psyche (Samuels, 1986, p. 76) is synonymous with the "aware ego process" in Voice Dialogue facilitation: the awareness of conscious choice to witness and, if so desired, to *choose* embodiment of one side or the other of one's various subpersonalities (Stone & Stone, 1997, pp. 49-50). Like Anakin Skywalker, beside each extreme positive self within one, there exists a polar opposite. This can seem perplexing when one is identified with either side and cannot hold space for the other. Depth psychologists are trained to *hold the tension of opposites* in this way for themselves and their clients, in the effort to be open to whatever they bring into the treatment room, staying neutral and holding the energy of both (Johnson, 1991). In his book, *Owning Your Own Shadow: Understanding the Dark Side of the Psyche*, Jungian analyst Robert Johnson (1991) advised, "Neither ego nor shadow can be redeemed unless its twin is transformed" (p. 41).

From a depth psychological perspective, watching shadow walk into the room in the form of an obvious imbalance in extreme and rigid viewpoints, opinions, and behaviors can invite the opportunity to utilize Voice Dialogue as an important therapeutic intervention. Voice Dialogue facilitator Miriam Dyak (1999) noted that

> our primary selves have a full-time job keeping a reasonably safe distance from the positive disowned selves (the ones we admire in others) and at the same time making sure that the negative disowned selves never (or hardly ever) see the light of day. (p. 4)

There is rich dialogue to be had in acknowledging disowned parts of the psyche. Making contact with disowned, gendered selves and witnessing their experience through the life of a client has the potential to produce balance and integration when facilitated by a trained Voice Dialogue practitioner.

Gender Identity

Ethicist and queer theorist David Ross Fryer (2016) explored the phenomenology of gender identity. He posed the question of what it means to identify as male or female and stated, "To call oneself a woman or a man is simply to state the truth of one's identity, and one's identity is known to oneself and seen by others as one's body" (p. 41). Along with the physical body, there are stereotyped personality characteristics that go along with gender.

The fact that men and woman are individuals, more than simply their gender, has been lost in the collective unconscious of the human race (Planned Parenthood, n.d.). Well-known and accepted messages about what it is to be male, such as "men wear the pants in the family," "boys are better at math than girls," "leave the dirty work to the men," and "men do not do not participate in household chores or childrearing" are projected onto children when their gender identity is forming. Those same messages apply for stereotyping a female orientation: "women are not as strong as men," "women make less money than men," "a good mother stays at home with her children," "women, like children, are meant to be seen and not heard," and "women play the role of the damsel in distress, not the hero." Young girls growing up in a Disney culture where the princess is always rescued by the prince are taught to be demure victims who need saving by a strong, male, archetypal figure. Boys are encouraged and expected to play rough, to "take it like a man," to suppress tears, to be successful leaders. The sky is the cultural limit when it comes to being male, while being female brings inherent limitations in who and what one is able to be.

Exaggerated gender stereotypes can exacerbate relationship conflicts: "Hyperfeminine folks are more likely to endure physical and emotional abuse from their partners. Hypermasculine folks are more likely to be physically and emotionally abusive to their partners" (Planned Parenthood, n.d., "How Do Gender Stereotypes Affect People?" para. 5). Breaking through the glass ceiling of gender or sexual identity causes ripples through human consciousness as to what it means to question the belief that sex is biological and fixed and to challenge the idea that binary holds only two options of male or female. Promoting such awareness can make it possible to subvert the dominant paradigm and work towards real social change in the area of sex and gender.

Fryer (2016) illustrated the stereotyping inherent in (hetero)normative thinking:

Normative thinking is the kind of thinking whereby we accept the world as given to us—whereby we do not question the assumptions that underlie our everyday goings-on, nor do we see our role in the world as critical thinkers. Normative thinking is the kind of non-thinking we engage in when we refer to an unnamed doctor as "he." Normative thinking is the kind of non-thinking we engage in when we ask our children if they want to have children when they get married or assume that our coworkers are straight. Normative thinking is the kind of non-thinking we engage in when we take for granted the way the world seems to be. (p. 5)

The visibility of LGBTQIA+ in media has come a long way since the days of negative intolerance pre-1990s, before mainstream culture showed a decrease in heteronormative values. Cultural theorist and filmmaker Gwendolyn Audrey Foster (2003) opined, "We may still live in a world of white dominance and heterocentrism, but I think we can agree that we are in the midst of postmodern destabilizing forces when it comes to sexuality and race" (p. 7).

Stone and Stone (1997) made the point that personality forms around the knowledge that some behaviors are socially acceptable and some are not. One's

environment gives one clues about how to conduct oneself, and one's internal

protector/controller lets one know who to be to assimilate successfully. Stone and Stone

noted,

> We become "less natural" because our protector/controller is now monitoring and evaluating all the "dangers" we encounter. As we mature, the protector/controller functions increasingly as a master computer network. It utilizes some of our other selves-our primary selves-to accomplish its ends. These selves define us and how we will behave and interact. (p. 87)

The primary self-system that Stone and Stone described is invested in protecting

vulnerability, even if it means swallowing entire clusters of selves into the netherworld of

psyche. Navigating the shadowy waters of the unexplored psyche, meeting and

facilitating selves who have existed in chains for perhaps the first time ever in this

person's life, is the challenge set before therapists and their clients. Figure 2, *Anima Sola*,

is a powerful representation of what a silenced self might feel like. Would Anakin

Skywalker have polarized to a Darth Vader if he had received voice dialogue facilitation?

Greek mythology presents a world in which gods and goddesses were worshipped by

humans.

> Stone and Stone (1991) explained,
>
> We began to see the psyche as a vast array of energy patterns manifesting in a variety of different ways. These different energy patterns could express themselves physically, emotionally, mentally, imaginally, or through the direct experience of energy. We saw that we needed to become aware of all of these different energies/selves and that we also need to experience them. They each wished to be honored, very much as the gods and goddesses in the tales of ancient Greece. Each new part that we met and spent time with added a new color to the psychic palette of the individual. ("The Emergence of Voice Dialogue," para. 9)
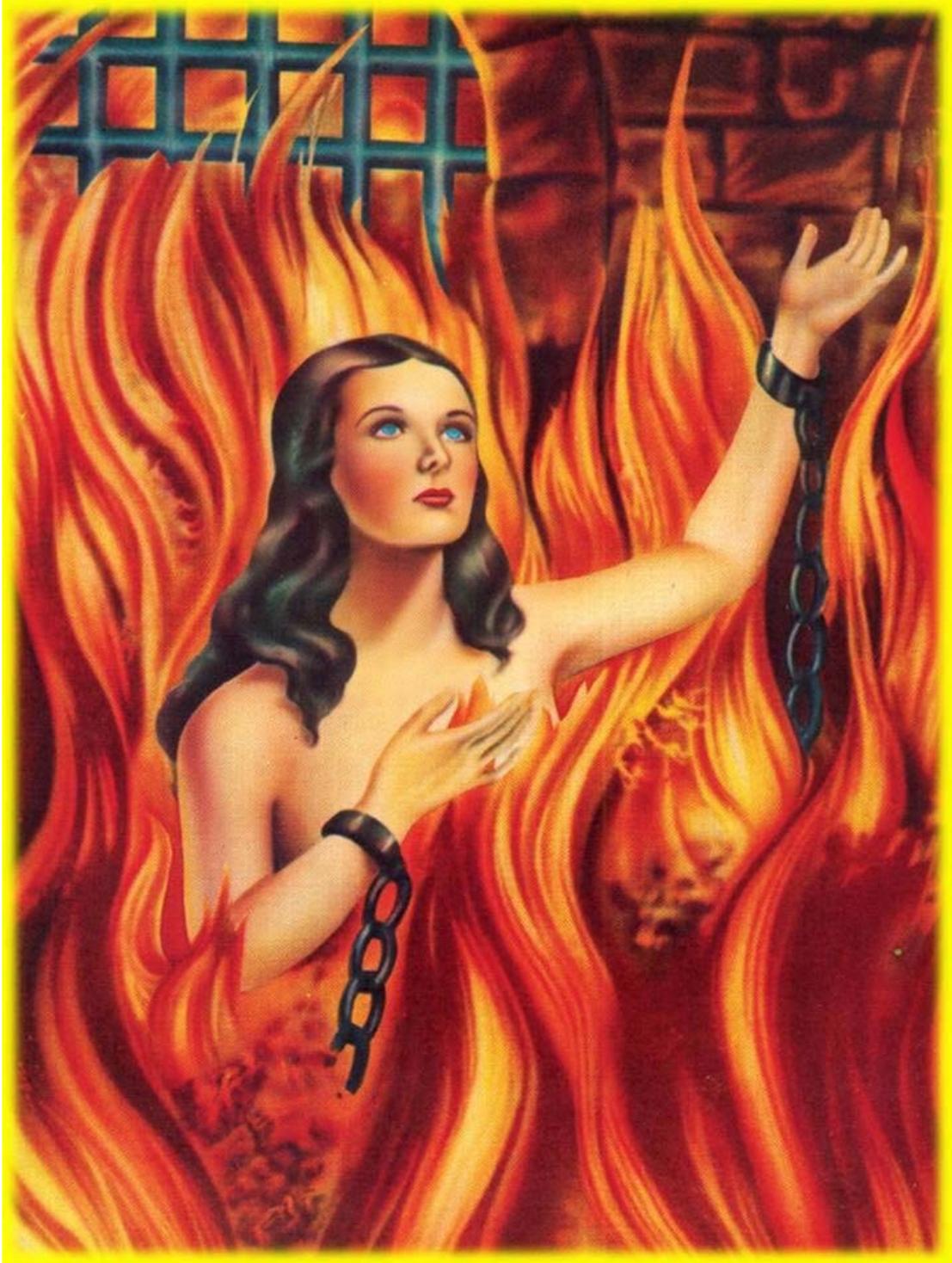
Figure 2. Anima sola ("lonely soul"), praying in the purgatorial fires. Artist unknown. From "Anima Sola . . . it is best you don't . . .but since you are going too anyway. . . ," web log post by Papa Crocodile, April 1, 2017. Retrieved from http://palomayombepnw .blogspot.com/2017/04/anima-sola-it-is-best-you-dontbut-since.html. Public domain.

Even if some gods were favored more than others, all demanded worship. If ignored, the

gods had the power to destroy humankind. The same can be said for one's own inner

energies. According to Stone and Stone, if these energies are disowned, there can be

disastrous consequences in the form of mental and emotional illness. Spending time with

these energies enables a Voice Dialogue facilitator to assist a client in seeing "the respect

accorded to opposite energies on an archetypal level. The gods and goddesses of

mythology are simply the projected images of our own inner selves" ("The Emergence of

Voice Dialogue," para. 8).

Discovering which energies one accepts and which one rejects is a life-long

endeavor in consciousness that requires one to "give up the feeling of security that comes

from living life in only one energy pattern or cluster of similar patterns," said Stone and

Stone (1997, p. 250). They added,

> Life seems so much simpler when the world is viewed through the eyes of the
> protector/controller. The moment our awareness separates from this pattern, we
> experience a paradox of opposites, for awareness requires us to always live with
> the knowledge of the opposing energy patterns. (p. 250)

Heteronormativity as a Cultural Lens

Heteronormativity is the view that all human beings are either male or female,

both in sex and in gender, and that sexual and romantic thoughts and relations are normal

only between people of different sexes (Herz & Johansson, 2015). This term can also

denote discrimination against nonheteronormative individuals and describe situations

where these individuals are ignored or presumed not to exist (Herz & Johansson, 2015).

The heteronormative perspective is pervasive in U.S. culture and directly contributes to

the shaping of the personality of generations of individuals who polarize on one side or

the other of this paradigm. Because it is new to the collective unconscious to question

which gender traits are *normal* and which are not, a new normal has been created that is not black or white but instead gray (Wilchins, 2016). Some people now live their lives in this gray area. If gray is the new normal, what happens to collective programming about culturally-based gender roles? From a Voice Dialogue perspective, for trans and nonbinary folks, the heteronormative paradigm is not going down without a fight in the psyche. As Fryer (2016) stated, "anything that stands in opposition to the norm is feared, denigrated, held down, cast out" (p. 1).

Cisgender and trans women alike often separate being female from being powerful. S. Stone (2000) illustrated this condition with a story about a women's group and men's group meeting in proximity at a workshop or retreat. An intensely intimate sharing of experience among the women was instantly broken when the women heard the voices of the men, whose group terminated early. Stone observed, "There were no demands from the outside, so it must have been something within each woman responsible for this loss of herself. Something was operating unconsciously, in the shadows" (p. 1). In her book, *The Shadow King: The Invisible Force That Holds Women Back*, Stone identified an *inner patriarch* that exists in females as well as males has helped both genders succeed in the patriarchal, competitive world. She observed that this patriarchal voice was created not only by the culture but also by the mothers who inculcate in their children the values of the patriarchy that they need to know in order to survive in what has historically been a man's world. Stone pointed out that although this is a useful voice for survival, the inner patriarch does not want women to assume power out in the world. She stated that this voice "feels that power belongs to men in the natural order of things. This objection to power in women runs very, very deep. It almost feels

cellular, as though it has been programmed into our DNA" (p. 45). Stone further

explained,

> As girls growing into womanhood, we have had few, if any, popular myths or
> mature heroines to guide us. We have almost no examples of women who have
> developed both their feminine nature and their power. In our culture, there is a
> split between what is female and what is powerful. When we see a woman who is
> beautiful, loving, and sensual, we automatically assume that she does not have
> great wisdom or power. The opposite is also true; we rarely think of a woman of
> wisdom and power as loving and sensual (even if she should happen to be). (p. 6)

Voice Dialogue facilitation with gendered selves can be a helpful partner to assist current

research in the field of gender-identity development. Journalist Charlie McCann (2017)

observed that ever since gender transitioning became a topic of discussion in U.S. culture,

"the volume has been jacked up by partisans of the culture wars" (para. 15). She

described these partisans as, on one side, trans activists and their liberal supporters who

fight for oppressed trans people to come into their own, and on the other, religious zealots

who do not accept the concept that gender can be made, not just born. To add even more

cacophony to this debate are cisgender feminists, some of whom will not accept

transgender females as women and equals. McCann wrote,

> The science of gender-identity development is still in its infancy: the causes of
> "gender dysphoria," the clinical term for the distress caused by the feeling that
> one's body doesn't match one's gender, are still unclear and evidence for the
> effectiveness of treatments is limited. Randomised double-blind control trials,
> which afford the highest-quality evidence, cannot be conducted for ethical
> reasons, and the first long-term, large-scale studies have yet to be completed. "We
> are building the data as we go." (para. 11)

Because gender dysphoria is listed as a mental illness in the American Psychiatric

Association's (APA, 2013) latest edition of the *Diagnostic and Statistical Manual of*

Mental Disorders (*DSM-5*), a diagnosis adds further stigma to a person whose soul did

not end up in the correct body. Even if this label is removed, as McCann (2017)

indicated, it is more common for a person undergoing transition not to see a therapist before being treated by a physician, and letters of approval for gender reassignment surgery are often no longer needed from therapists. She discussed this trend:

> There is a growing view that transgender people, not their doctors, should be in charge of their own bodies. Many argue that identity, not health, is the fundamental issue. Though they know there may be deleterious consequences, they want autonomy over their own treatment. In this light, doctors—who are obliged to respect the right of patients to do what they want to their bodies— should acquiesce. But they are also required to do no harm. What if they suspect that a young woman's internalized misogyny and repressed lesbianism accounts for her desire to turn herself into a man? Transitioning might temporarily mitigate her dysphoria but therapy would be less drastic and more effective, as would more informal kinds of support provided by LGBTQ groups. (para. 48)

For clinicians concerned with co-creating comprehensive health care for those who are *other*, beginning their treatment with therapy, specifically Voice Dialogue as a therapeutic intervention, could impact where this journey is leading the human race for current and future generations. The American Psychological Association (2015) published guidelines for such a practice and stated, "The purpose of the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* is to assist psychologists in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice with TGNC people" (p. 832).

Summary

The literature reviewed in this chapter was chosen to support the proposition that using Voice Dialogue as a trans-affirmative psychological practice for clients to hold the tension of opposites internally can set psychotherapy on a less invasive course than other choices of treatment based on black-and-white thinking that could be less effective than exploring the psyche to bring balance. If a person's destined path is to transition to a different gender, then that is what that person should do; however, if the cause of

suffering lies in being fluid in a world of heteronormative values that does not accept one

as one truly is or allow for an opposite experience, the investment to discover that could

spare these clients pain and raise their quality of life.

Based on the research available on gender health and the shadow aspect of gender

identity and expression, it is clear that this is currently a potent area of both mental and

physical health and that human *collective unconscious* energy surrounds these topics.

Regarding Jung's notion of the collective unconscious, Fryer (2016) wrote,

> Jung developed his own theories of the collective unconscious as the repository of
> man's psychic heritage and possibilities. He viewed the collective as the opposite
> of the individual, that from which the individual must differentiate himself as well
> as a repository of all that may have been at some time individually expressed,
> adapted or influenced. (p. 31)

Fryer further stated, "It seems phenomenologically evident that gender identity is more

than a discursive effect; the lived life of gender is rather both overdetermined and

overdetermining" (p. 58). In honoring the personal journey of the genderqueer,

nonbinary, or transgender client, the information gleaned from their self-systems about

their experiences may promote an evolution of consciousness. Using the Psychology of

Selves to support LGBTQIA+ clients offers knowledge and awareness to a

psychotherapy practice. Stone and Stone (1997) professed,

> Voice Dialogue is a most helpful tool in this process; however we are selling the
> process and not the tool. Theoretically, nothing in our approach should be at odds
> with any existing system of growth, therapy, or healing. Each approach is an
> avenue to a different system of energy patterns. Our approach is one such avenue
> that honors all the selves and the systems. (p. 249)

Chapter III
What Is Known and What Needs to Be Known

Understanding the Trans Factor

As therapists, how can we understand more about our LGBTQIA+ clients and best serve them? Relying on the *DSM-5* (APA, 2013), in my opinion, does not always adequately serve LGBTQIA+ clients because it pathologizes what may be considered normative behavior for the identity of their LGBTQIA+ selves. The *DSM-5*, for instance, has a listing for transvestic disorder under the category of paraphilic disorders:

> Transvestic Disorder:
> A. Over a period of at least 6 months, recurrent and intense sexual arousal from cross-dressing, as manifested by fantasies, urges, or behaviors.
> B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (p. 702)

Also included in this section are the following: voyeuristic disorder, exhibitionistic disorder, frotteuristic disorder, sexual masochism and sexual sadism disorders, pedophilic disorder, and fetishistic disorder (p. 685). Furthermore, these eight disorders are not an exhaustive list. Even though transvestic disorder is grouped into a category that also includes sexual masochism disorder and sexual sadism disorder, the *DSM-5* states that "there are specific paraphilias that are generally better described as preferential sexual interests than as intense sexual interests" (p. 685). My question is this: If something interests individuals sexually, why is it labeled a psychological disorder? More importantly, why is something assumed to be wrong with having intense feelings about being dressed in the clothing of one's biologically opposite gender? If dressing in the

opposite gender's clothing meets the criteria for B, causing clinically significant distress in a social situation, it is challenging to me to understand why that, too, points to a paraphilic disorder.

In my work with transgender adults, I have come to find that many individuals are socially forced to dress in the clothing of their biological gender in their places of business. For clients for whom this creates an extreme amount of anxiety and discomfort, leaving a job is common. Often, before people realize that they are transgender, the main thing they knew about themselves was that they enjoyed dressing in the clothing of the opposite gender. Clients with whom I have worked stated that they felt most like "themselves" when presenting as their nonbiological gender. Which self is this, that *feels* most like their authentic self? If the authentic self is not the same self that walked into my treatment room (and it often was not, when clients were coming from a situation in which they felt prevented from dressing as their chosen gender, and so did not), I suggested Voice Dialogue as a way to speak with the disowned, authentic self. Unique to these clients is that not only were these selves disowned, they were also a different gender.

Voice Dialogue With Transgender Clients

In analyzing my findings from conducting Voice Dialogue with transgender people, my experience of facilitating and witnessing disowned gender selves revealed behavior patterns that were often cultural in nature. An example was applying Voice Dialogue with male-to-female (MTF) transgender clients of Latino origin. In the organization of the Latino family,

> parent-child lifelong connectedness and respect for parental authority are valued
> over the husband-wife bond that is emphasized by the Western nuclear family.
> Certain dyads, such as mother-eldest son, are very strong. Important interactional
> aspects tied to the emphasis on the intergenerational bond can be discussed along

several dimensions: (1) connectedness and separateness, (2) gender and generation hierarchies, and (3) communication styles and emotional expressivity. (McGoldrick, Giordano, & Garcia-Preto, 2005, p. 234)

In my work with Latino, transgendered females, the clients often had strong emotional and enmeshed ties with their mothers. For those brought up in family systems where family unity was tantamount, being gender-different is equated with destroying family honor. For the therapist treating these clients, Celia Jaes Falikov (2005), clinical psychologist and family therapist, advised that

the idea of a "familial self," whereby the internalization of family as an integral part of one's individual identity is useful in understanding Mexicans' dedication to family unity and family honor. The process of separation/individuation, so highly regarded in American culture, is deemphasized in favor of close family ties, independent of age, gender, or social class. (pp. 234-235)

Falicov, writing about cultural awareness when counseling Mexican families, also emphasized the concept of *simpatia* as important to consider when examining gender identity and expression variants in a traditional cisgendered, heteronormative family system. When a trans child is exhibiting behavior, mannerisms, interests, and appearance that are associated with a gender opposite to their biological one, it causes ripples throughout the Latino family. Simpatia, said Falikov, is the desire to attain harmonious relationships that keep the family conflict free. In addition to avoiding conflict, "both the mother and father are owed *respeto*, a word connoting more emotional dependence and dutifulness than is conveyed by the English 'respect'" (p. 235).

In my work, the true gender selves of Latino clients were perceived as affronts of disrespect to their parents. Among these clients, the feeling of being born into the wrong bodies extended to being born into the wrong families. For transgender girls who wanted

to grow up to be women, communicating their needs and emotions was taboo, and they ran the risk of being exiled from the family system if they expressed them.

Cultural Countertransference

My own experience as a gender-nonconforming child was different from that of my Latino clients in some notable ways. I encountered cultural countertransference as an independent Westerner who had experienced freedom from judgment in my own family system and felt safe and empowered to express my authentic selves, however they showed up, across a variety of contexts. If I did not always feel comfortable enough to show my authentic selves with other family members, I still did not repress or disown them; I merely had to wait until I was in a safe space to do so. The Western principle of being independent and self-reliant that my family espoused exempted me from being emotionally dependent on my family's belief systems when it came to my gender expression and naturally fluid sexual orientation. I, too, rejected the heteronormative view that dictates the alignment of one's biological sex, sexuality, gender identity, and gender roles. Because heteronormativity is often synonymous with heterosexism and homophobia, I became finely tuned into social cues whenever I was around black-and-white thinkers attached to binary boxes for gender and sexuality. When I felt uncomfortably judged or misunderstood, I would simply physically leave, or if I could not, I used internal dialogue to remind myself of who I truly was, which remained intact underneath a forced persona.

Looking back, I can see how I began using internal Voice Dialogue from my aware ego state in childhood. In my family system, standing up for oneself and one's individual ideals, beliefs, and feelings was encouraged. This did not, however, remove

the guilt and shame held by some of my selves who tried hard to fit into the conservative, Catholic, heteronormative family of origin amidst which they found themselves. My protector self wanted me to assimilate and be seen as "normal." When I began questioning the characteristics of my gender and what my sexual orientation looked and felt like, I did not explore the full range of expression publicly. Fortunately, I was able to individuate from my family of origin early in my adolescence, freeing myself to spread my wings and discover who I truly was.

What I learned from Latino transgender clients was that, for them, walking away was not an option. They could not escape the beliefs and conditions imposed upon them through their family and culture until they turned 18 and left the family system entirely, fighting to be who they felt they truly were, which, unfortunately for them, was unacceptable. I found that transgender clients literally had to choose between their true gender selves and their families, because, as Falikov (2005) stated, "family collectivism and inclusiveness are central" (p. 234) to this population, and their true gender selves were taboo.

As stated previously, individuals who identify as transgender experience more mental health issues than the general U.S. population, with nearly half of them experiencing depression and some form of an anxiety disorder, and over 40% attempting suicide (Schreiber, 2016, p. 1). Although I, too, experienced anxiety and depression when realizing that my gender identity and expression were not the norm, in my early adulthood, I discovered that Voice Dialogue helped me with the countertransference reactions I confronted as an adult in the world. In turn, I found that using Voice Dialogue as a way to give voice to the selves that, for years, had lived in shadow of my clients'

lives to be extremely effective. There were internal aspects of these clients that held important memories for safekeeping, which, when witnessed with my facilitation, helped them integrate lost parts of themselves into a cohesive, whole person. Moving the disowned content out of the shadow realm and putting it back into the consciousness of the aware ego had amazingly positive effects in terms of elevating these clients' sense of self and self-esteem.

While sorting through the fragmentation that occurred within my gender-nonconforming clients as parts split off and went underground for safety, I have witnessed inner child selves recalling memories of living in the biological body of the child into which they were born and feeling persecuted when made to dress and behave as the gender whose traditional qualities they were taught to emulate. I would ask such a self in a client, "Was there ever a time when it was safe for you to dress and behave as the opposite gender?" When memories of times when it was safe to present as the true gender self surfaced, it appeared to bring great insight and perspective for the client to remember times when their true gender self was validated and respected.

There could have been an adult family member, for instance, who saw the child for their true gender self and gave them permission to express that self in the way that made them most happy and fulfilled. A sibling or cousin who witnessed this part and honored this self with no shame or judgment may have allowed the client to feel safe in their own skin for the first time as a child. Even for those raised in a traditional Latino family system, an ally was often identified in the inner child's memory banks. Bringing these sorts of memories out of the shadows where they can contribute to the healing of the client's sense of self can be transformational.

Rejection by the family of origin can be so effective in making the client feel

unwanted and unloved, they are often resigned to being disowned by the family system.

The primary selves that, for safety reasons, needed to drive the client's life as a way to

receive love and connection are made up of personas sitting on top of selves tied to the

true gender identity. Stone and Stone (1997) addressed the disowned self and the

overriding persona:

> Every disowned self has an opposite energy with which the ego and the
> protector/controller are identified. For example, a woman who has buried a
> disowned self associated with uninhibited sexuality may, in fact, consider herself
> to be a morally upright, highly disciplined person. This opposite, morally upright
> energy, in conjunction with the protector/controller, is constantly holding the
> disowned self at bay. Ultimately, however, we have no way of knowing that a self
> is disowned until we become aware of it. (p. 28)

The voices of the true gender selves I facilitated in transgender women tended to express

their female genders in an extremely feminine way, polarized to the traits they considered

male and abhorrent. Most intriguing to me was that although these women could identify

positive traits in cisgender males to whom they were attracted as romantic partners, when

asked about their own male qualities that were disowned in favor of becoming female,

not only was there a desire to kill off any "male" traits but they also insisted that an

opposite to their feminine selves no longer existed.

Stone and Stone (1997) commented, "We have seen that when instinctual energies

are disowned over time, they tend to build in intensity and eventually turn against us

and/or channel through us in destructive ways" (p. 136). What I often found most

imbalanced and potentially destructive in the transgender clients whose Voice Dialogue I

facilitated was their loss of being in touch with their power. As children, their family

system celebrated, encouraged, and outright demanded the presence of their identified

male qualities. As women, they were so invested in being traditionally female that the strong energy in this part of their psyches was held back to the point of psychic exhaustion.

The Inner Patriarch

Coming back to the idea of the inner patriarch, the trans women I facilitated had the same deep objection to power in themselves as the cisgender women I have treated do. This leads me to believe that the rejection and disowning of power in biologically born women is the same as in women who were once men and chose to be women. Because power is considered a male trait, it makes sense that trans women might reject it along with other traditionally male qualities; however, that power remains, converted into the inner patriarch, a self that functions as a protector/controller. S. Stone (2000) wrote about the control that the inner patriarch, or Shadow King (see Figure 3), wields:

> The glass ceiling is not just outside, but within us. The Inner Patriarch will literally trip us up when we have reached some major achievement. Its fear is that we will take too much power, that we will be too dominant and that, as a result, we will be exposed to either humiliation or actual danger. (p. 48)

In Voice Dialogue facilitations with gendered selves, a treatment goal I had for both male and female transgender clients was that they get in touch with the shadow parts of them that had information to share with both client and clinician about power imbalances in their lives that created symptoms of dis-ease.

Dream Work as Adjunct to Voice Dialogue With LGBTQIA+ Clients

Dream work holds an exciting place within the theoretical framework of Stone and Stone's (1997) Psychology of Selves. Noting that both Sigmund Freud and Jung interpreted dreams, Hillman (1991) stated, "If long things are penises for Freudians, dark things are shadows for Jungians" (p. 24).
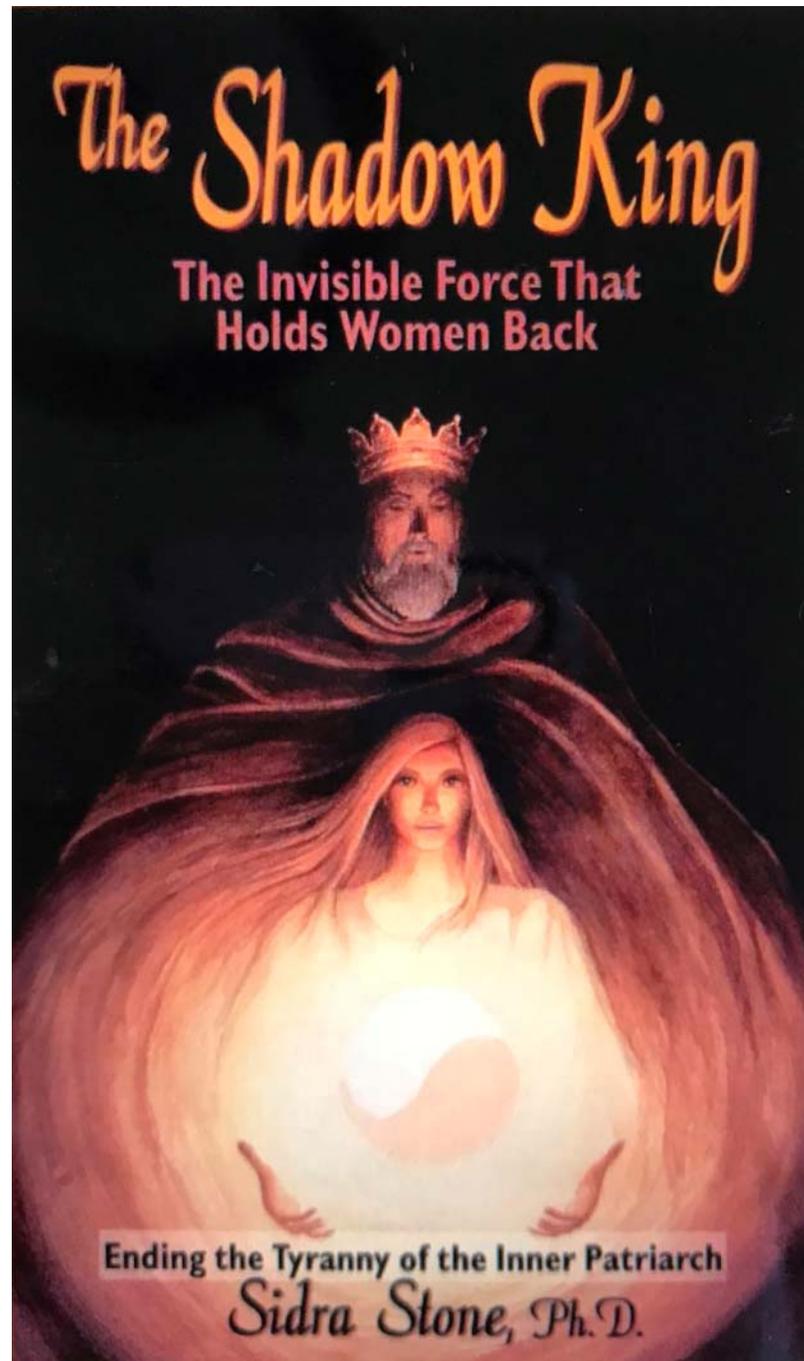
Figure 3. The Shadow King. Painting by Judith Brown for cover of *The Shadow King: The Invisible Force That Holds Women Back*, by S. L. Stone, 2000, co-creator of Voice Dialogue. Copyright 2000 by S. L. Stone. Reprinted with permission.

In terms of the source of such imagery, H. Stone (2006) posited,

There are two considerations that determine which dreams come knocking at our door at night. There are, first of all, the rules/primary selves that we live by and secondly there is the emotional intensity that attaches to the rule/primary self. The more emotional intensity that the rule carries, then the stronger is the disowned self inside of us. All of these considerations have an effect on the kind of dreams that appear and the strength of their emotional content. The stronger the disowned selves that a child is carrying, the stronger will be the emotional content of the dream. (para. 4)

Through exploring dreams with clients, I have concluded that when a heterosexual person dreams that he or she is having LGBTQIA+ sex, this could mean an acceptance of disowned masculine or feminine energies within or that the qualities in that person's sexual partner might be incorporated into the dreamer's psyche. Dreams of same sex-partnering appear to suggest that one may be seeking to gain a deeper understanding of one's own gender. If a person presents as heterosexual but has unexplored homosexual tendencies, the dreamtime can be a safe place to experience sexual aspects of self that cannot be acted out in the person's waking life. If an LGBTQIA+ person dreams of heterosexual sex, perhaps they want to get closer to someone of another gender. If there is an androgynous dream character, this could symbolize that masculine and feminine energies have been balanced in the dreamer. If the dreamer lives out of primary selves that have stereotyped gender roles in the dreamer's waking life that are opposite from each other, such as a woman who is the CEO of a major corporation but, at home, is a subservient wife and mother, the person may experience dreams that symbolize moving between these two extremes.

When a client begins separating from primary selves and gets in touch with opposite energies, dreams from the unconscious can emerge. Vulnerability can be identified in dreams when images of lost children needing caretaking or rescuing appear

in the dream life. In Voice Dialogue, facilitating dream selves adds a deeper level of

connecting with the part of the self that is generating these dreams or symbols, creating a

road map for the facilitator to follow. Guided meditation and sand tray work are

harmonious additions to working with dream content. When exploring dreams in Voice

Dialogue facilitation, my clients and I are looking for pairs of opposites, whether these

are opposite primary selves or a primary and a disowned self. Dyak (1999) explained,

"The Unconscious, through the dream, lays out a challenge to the dreamer to begin to

separate from their own primary selves and to learn to embrace the selves they have

disowned" (p. 254). As Voice Dialogue facilitators, when we discover how a client's

primary self-system functions, we can begin making connections to the client's dream

content and understand who exactly is having the dream. Depth psychologist Stephen

Aizenstat (2011) described psychic structure in relation to dreams:

> The content of the second level of the psyche is the personal dimension, and
> includes our personal history. Each of us comes with our particular, sometimes
> dysfunctional, set of developmental circumstances. These influences from our
> early life shape our patterns of behavior. Psychologists of all stripes name these
> organizing structures the "complexes." Personality complexes underpin our
> physical afflictions, and dream images help us see them. (p. 216)

Aizenstat noted that Jung and Freud wrote psychoanalytically about these patterns of

emotions, memories, perceptions, and desires of the personal unconscious, which were

organized around a central theme, such as control or social standing. In my experience as

a clinician working with clients' dreams, I have found that these complexes can be

gendered: for example, even though males are considered to represent virility, deep down

they can hold within them vulnerability with which they consciously struggle or that is

not consciously acknowledged. The complex of male impotence will affect how a male

behaves around women and whether or not he fulfills the stereotypical notion that men

always want to have sex with a woman. If a homosexual male does not desire females but

fears impotence, he may continue to try sex with women as a way to maintain his status

of virile sexuality. He may dream of sex with a woman, but some other symbol shows up

while he is in the sex act, such as seeing a rainbow flag on the wall in front of him. This

would be a loud and clear symbol of the man's preferred sexual orientation, getting his

attention. Dreams can say things to dreamers that they are not ready or willing to

acknowledge, and for clinicians, they are a marker for us, indicating what our client's

consciousness is ready to handle in therapy.

Addressing Transition

Physicians involved in assessing the standard of care for sex reassignment

surgery, Britt Colebunders, Griet De Cuypere, and Stan Monstrey (2015), stated, "In the

counseling of transgender persons the topic of fertility preservation should be addressed

automatically" (p. 230). Addressing this issue by speaking to a biologically born female

self who is no longer listened to (being that it is disowned) in the subsystem of the trans

client can yield fruitful results. Making contact with the reproductive part of the client

and hearing what it needs from the client can aid in psychological transition from one

gender to another and provide a comprehensive understanding of the irreversible effects

of transition.

Although this is becoming a more outdated practice, historically it has been

necessary for transgender patients to obtain two referrals from qualified mental health

professionals who have both assessed the patient before any type of genital surgery, the

most significant one being hysterectomies (Colebunders et al., 2015, p. 222). When the

need arose for me to write a referral letter for an invasive, irreversible surgery such as

this, I wanted to make entirely sure that the biological female inside of my female-to-male (FTM) transitioning client weighed in on this life-changing decision being made by the primary selves driving the client's psychological car. The only way I could be absolutely ready to write the letter was to dialogue with the part of the client that would be losing her reproductive organs and gain her permission for the client to move forward. If there was any hesitation, whether in an FTM or MTF transition process, I found Voice Dialogue to be extremely helpful in arriving at an informed clinical opinion.

Clinical Applications

Clinical application of Voice Dialogue when working with primary selves is conducted something like the following, based on Stone and Stone's (1997) established technique. The facilitator sits opposite the client, who is in the Aware Ego seat. The facilitator asks the client what it is s/he/they would like to look at in the session. The client can choose a self, such as their go-getter personality or, from an archetypal, depth perspective, Pusher self (pp. 100-101); a considerate self, or Pleaser (p. 130); one who is attentive to detail, or Perfectionist (p. 122); and so on. The facilitator asks the client to move his/her/their chair over a little to the place from which they feel that the Protector/Controller/Security Guard can best speak. After greeting the self that shows up, the facilitator asks this primary self these types of questions:

1. Do I have your permission to do this work?

2. Will you promise to stop the work if you feel it is unsafe or inappropriate?

3. Do you have any rules I should follow as I facilitate you?

The facilitator asks the client to move his/her/their chair to the place from where the self that the client has chosen to access (Pusher, Pleaser, Perfectionist) can best speak. The

facilitator greets this self and begins the dialogue. The facilitator then asks questions in an interested, curious way, as if meeting a new and interesting person at a party. The following are some typical questions that a facilitator might ask of a self:

- What kind of energy are you?

- What is your purpose in [the client's] life?

- How do you do this?

- How much of [the client's] energy do you use?

- Where did you learn how to do your work so well?

- What does your energy feel like?

- In which part of [the client's] body do you reside?

- How old are you?

After thanking the self for speaking with the facilitator, the client is asked to move back to the Aware Ego state and then move to the energy opposite to the first self that emerged. A Relaxed Self (Lazy), for example, would be polarized from Pusher; Free Spirit (Rebel) would be the opposite of Pleaser; and Easy Going (Slob) would be the opposite of Perfectionist. Asking similar types of questions of these selves is revealing as to their position, standing, and paradigm in the client's life. At the end of the session, the facilitator provides a short wrap-up of the work, while the client sits in the Witness position. The client then gives feedback on how making contact with these energies has revealed new insights from the client's own self-psychology position. From this place, the client is making an effort to understand him/her/themselves through introspection, with their aware ego state being the central agency of their psyche. The therapist's role as

facilitator is less to understand clients and more to assist them in understanding themselves.

As this chapter closes, I want to discuss the previously unmentioned spiritual process of Voice Dialogue. Although I find Voice Dialogue to be an extremely practical therapeutic intervention, I have also experienced it to be part of a deeper quest for an ultimate or sacred meaning for each client. Elements of past-life karma connected with certain selves have sometimes broken through in a Voice Dialogue session as well as channeled energies that, in addition to being archetypal, bring higher-level thinking into the facilitation process. In a conversation with another person who expresses a strong opinion that does not seem to fit with who one knows that person to be, it could be that that person is channeling a foreign vibration through their system, and facilitation has given it a voice with which to speak. This has happened enough times during my facilitations of Voice Dialogue that I have developed awareness of the possibility for profound healing of the client, which has sometimes been experienced by clients as an energy healing. This process thus can go deeper than mere facilitation of primary and disowned subsystems and is a facet of Voice Dialogue that offers an opportunity to contact higher selves who offer guidance and wisdom beyond the limitations of the ego personalities. This effect is in addition to the basic benefits of Voice Dialogue facilitation and is, by no means, mandatory for a practitioner to recognize. I am simply offering an enhanced paradigm through which to view this work.

Summary

The biases that sexual and gender minorities experience on a daily basis

(microaggressions) challenge traits that do not follow the norms for maleness and

femininity. Furthermore, polarized archetypal energies in the form of complexes such as

the Madonna–Whore exist in us all in a myriad of endless combinations. What will the

21st century bring to the idea of gender and its history, and how can clinicians and clients

come together to unravel the narrow confines of black and white paradigms? Because

sexual identity is so much a part of who we are as beings, a kinder, gentler, global

nonbinary new world may end the gender war being waged on a variety of levels, and a

day may soon come when biology does not dictate identity.

> This path moves us beyond duality into unity, a unity that includes opposites at all
> times. Whenever we live in duality, there will be an "us" and a "them". When we
> move beyond the opposites, we move to a "we," a broader definition of
> humankind. (S. Stone, 2000, p. 123)

LGBTQIA+ individuals face enormous difficulties in their struggle for self-

identity and expression. Gaining social acceptance in the world and in the field of

psychology is important to minimize the suicidality and raise the quality of life in this

population. This study's exploration of how Voice Dialogue works as an intervention

with LGBTQIA+ clients was meant to promote greater understanding and increased

awareness of who this population is and how to serve them better therapeutically.

Gaining insight into how suppressing and disowning selves decreases the self-advocacy

of LGBTQIA+ people can help us clinicians learn where we can best put our energy to assist clients in reaching their full potential as beings, by creating balance and harmony in the aware ego to promote conscious choice in all situations.

Research in gender health, although relatively new, is part of the mental health field and demands clinicians' attention and consideration. Partnering with physicians and scientists to create a cohesive support system and sources of credible, evidence-based research establishes common ground from which we can all work together. Studying the long-term effects of medical intervention to alter biological gender assignment as well as the physiological and psychosocial impact of transitioning will arm providers with essential information to promote best practice in both physical and psychological health.

In the Voice Dialogue approach, depth psychology is invoked in working with shadow content to determine what is operating unconsciously, specifically with the inner patriarch in all humans, regardless of gender, thereby shedding light on cultural and familial programming that rejects power in women both biologically born and medically made. On the opposite side of the coin, understanding the inner patriarch also teaches us more about male behavior and cultural expectations having to do with the gender role of a cisgender or transgender male. Making contact with gendered selves through Voice Dialogue can reveal deep truths that are difficult to reach in traditional therapy from a one-dimensional voice that does not reveal the universe of selves living inside of each client.

Dream work within the theoretical framework of psychology of the selves combines well with both Freudian and Jungian dream interpretation. In Voice Dialogue, dreams are observed as coming from the rules of the primary selves by which we live and

the emotional intensity that those rules carry, which makes the disowned selves inside of us stronger. Dreams with LGBTQIA+ content can point to acceptance of masculine and feminine energies and/or qualities in a partner that could be integrating into the client's psyche. Childhood memories of disowned gendered selves can be accessed, and dream work can be used to reveal more about the unconscious psyche.

Conclusions

Clinical implications. Clinicians before us who have benefitted from the intensely therapeutic value of Voice Dialogue, both for practitioner and client, know that it has been a part of the psychotherapy community for decades. The Psychology of Selves, created by Stone and Stone (1997), is their theoretical framework for this therapeutic method. The tenets of this method are awareness, the experience of the selves, and the aware ego process. The aware ego lies between the primary self and its opposite, disowned self. Primary selves develop naturally throughout a person's lifetime to protect their core vulnerability, especially inner child pain, and to help us function in the world. To enhance and ensure the best practice of psychotherapy, Voice Dialogue is available as a transcultural, psycho-spiritual vehicle for consciousness that assists people with making contact with the myriad of parts of themselves that create their whole being as well as explores the dreamtime, bringing messages to clients from the wisdom of their selves. I cannot recommend this method highly enough.

Individuals living in a sexual minority group whose gender identity or sexual orientation is different from the heteronormative culture in which we exist need extra witnessing. Lack of representation or identification with others can cause isolation and depression, and being unable to talk about or from the true gender self and express it can

cause repression and suicidality. Witnessing in the treatment room through empathic connection and Voice Dialogue facilitation could mean life or death for a LGBTQIA+ client. In particular,

> research suggests that verbal disclosure provides benefits to gay individuals in terms of self-esteem and over-all well-being, whereas concealment of gay identity in public domains has been associated with lower well-being. Furthermore, greater reported verbal disclosure among LGB individuals has been associated with increased feelings of social support. (Villicana, Delucio, & Biernat, 2016, p. 2)

The implications of gaining collateral from subpersonalities either to support or to contradict the agendas of the primary selves highlight the polarization within a person and determine where polar opposites can be held in the middle, via the aware ego process. Teaching clients to hold both selves or qualities simultaneously will aid in bringing clients to balanced, harmonious, inner homeostasis.

In the fields of marriage and family therapy, the implications of my findings are that using Voice Dialogue as an intervention can create change on a systemic level by removing the identified patient label from an LGBTQIA+ person. When people from this population are no longer singled out to be the unacceptable conundrum in their family systems, and ignorance and lack of information about how to best understand and support our LGBTQIA+ family members is replaced with credible, useful research and information, therapists can be part of the mass psychoeducation of a generation of parents, siblings, partners, friends, and allies of this community. When people begin to comprehend the possibility that their own cultural and familial programming has created heteronormative, gendered selves within them that are polarized from opposite LGBTQIA+ selves, we can all benefit from this new awareness about who people truly are and how they became that way. There is also great potential for this method to

demonstrate that if one can conceive of qualities within oneself that are opposite from those of another person (especially traits that either finds intolerable), the fact that one is able to see both points fosters the ability to acknowledge them within oneself, whether one likes or dislikes these qualities. To acknowledge and validate these qualities' existence at all is the first step toward considering that pairs of extreme opposites are present within all of us. As H. Stone (2006) pointed out, "the more emotional intensity that the rule carries, then the stronger is the disowned self inside of us" (para. 4).

Clinical implications for psychotherapists are also personal. Taking management of countertransference to a new level might occur as therapists considering that they, too, hold pairs of opposites that could be gendered and nonbinary and are moving out of an *us–them* mentality to simply *us*. When *us* turns to *we*, we can recognize that it is possible that we all possess the *same* qualities. For reasons of nature and nurture, each one of us therapists went down different life paths; nevertheless, qualities of all kinds exist somewhere in all of us. With this wisdom, true cultural healing can begin to take place.

Suggestions for further research. In the past several years, "there has been increased interest in the aging concerns of transgender and gender-nonconforming (TGNC) people. However, little attention has been paid to how providers may work more effectively with TGNC people later in life" (Porter et al., 2016, p. 1). The World Professional Association for Transgender Health (WPATH) lists standards of care and competencies for counseling transgender clients (Colebunders et al., 2015). Being well versed in these lists will be helpful to a clinician as preparation for an LGBTQIA+ client to walk through your counseling door. Paying attention to literature on the older TGNC population will inform clinicians about societal barriers to its members' healthy aging,

"such as difficulty accessing TGNC-affirming healthcare, employment, and financial resources, as well as experiences of hate crimes, interpersonal violence, sexual assault, and anti-TGNC prejudice when accessing caregiving supports" (Porter et al., 2016, p. 2). When the LGBTQIA+ baby boom generation begins to age, a new area for mental health supports will open up, and it will require skilled clinicians to hold a space for this specific subgroup.

Further research could include gender studies such as the first U.S. study of transgender youth that is currently examining the long-term effects of medical intervention to alter biological gender assignments (Olson-Kennedy et al., 2016, para. 4). Tracking the results of studies like this will promote cultural and clinical literacy in gender health within the mental health field.

For us clinicians, conducting personal research regarding our heteronormative beliefs, attitudes, discrimination against nonheteronormative individuals and awareness that the heteronormative perspective is all-pervasive in our culture are needed moving forward. A study involving clinicians who have engaged in their own Voice Dialogue process with trained practitioners could explore how to remain aware of the biases within them and help other clinicians to remain conscious of ways in which they, too, polarize and disown in the context of gender identity and expression.

A Final Note

Working with the LGBTQIA+ population can provide us with valuable insight into ourselves as both clinicians and human beings. At the conclusion of this thesis, I invoke my clients and their bravery in traversing the landscape of selves in the context of intense, unconscious programming in order to break down self-hatred, increase self-

esteem, and understand themselves more fully. Facing clients' disowned selves and

allowing vulnerability to surface with potentially painful content takes awareness and

commitment to holding without judgement whatever our clients entrust us to keep safe. I

recall my own, personal experiences with facilitation and how bringing consciousness

and balance to my opposites has improved my ability to hold the opposites in my clients.

My hope is that the readers of thesis will discover the benefits of using Voice Dialogue in

therapy with LGBTQIA+ clients and all clients.

> An intelligence in the universe, both without and within us, moves us inexorably toward an expanded awareness and a more complete consciousness. The energies we continue to disown will return to us in some form to plague us, defeat us, and cause us stress. These disowned energy patterns behave like heat-seeking missiles, launched by this creative intelligence; inevitably, they find their way to their disowned counterparts inside of us. Thus, they *demand* our attention through the discomfort they cause upon impact.

Stone & Stone, 1997, p. 243

References

Aizenstat, S. (2011). *Dream tending: Awakening to the healing power of dreams*. New Orleans, LA: Spring Journal.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832-864. http://dx.doi.org/10.1037/a0039906

Banmen, J., Gerber, J., Gomori, M., & Satir, V. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, CA: Science and Behavior Books.

Bunhim, J. (2015). First U.S. study of transgender youth funded by NIH. Retrieved from https://www.ucsf.edu/news/2015/08/131301/first-us-study-transgender-youth -funded-nih

Cheney, C., LaFrance, J., & Quinteros, T. (2006). Tri-County Domestic and Sexual Violence Intervention Network anti-oppression training for trainers. Retrieved from www.actforaction.org

Colebunders, B., De Cuypere, G., & Monstrey, S. (2015). New criteria for sex reassignment surgery: WPATH standards of care, Version 7, revisited. *International Journal of Transgenderism, 16*(4) 222-233. http://dx.doi.org/10 .1080/15532739.2015.1081086

Daniels, V. (2000, October 4). Fritz Perls and Gestalt therapy (Lecture notes). Retrieved from http://www.sonoma.edu/users/d/daniels/Gestaltsummary.html

Denson, G. R. (2010, November 17). Homosexuality as population control? Why gays and lesbians are essential to the balance of nature. Retrieved from https://www.huffingtonpost.com/g-roger-denson/is-homosexuality-populati_b _784449.html

Djuraskovic, I., & Arthur, N. (2010, November). Heuristic inquiry: A personal journey of acculturation and identity reconstruction. *The Qualitative Report, 15*(6), 1569-1593. Retrieved from http://nsuworks.nova.edu/tqr/vol15/iss6/12

Dyak, M. (1999). *The Voice Dialogue facilitators handbook*. Seattle, WA: L-I-F-E Energy Press.

Ehrensaft, D. (n.d.). *Diane Ehrensaft, Ph.D.* Retrieved from http://www.dianeehrensaft .com/

Ehrensaft, D. (2011). *Gender born, gender made: Raising healthy gender-nonconforming children*. New York, NY: The Experiment.

Falikov, C. J. (2005). Mexican families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 229-241). New York, NY: Guilford Press.

Foster, G. A. (2003). *Performing whiteness: Postmodern re/constructions in the cinema*. Albany: State University of New York Press.

Fryer, D. R. (2016). *Thinking queerly: Race, sex, gender, and the ethics of identity*. New York, NY: Routledge.

Ginger, S. (2007). *Gestalt therapy: The art of contact*. London, England: Karnac.

Herz, M., & Johansson, T. (2015). The normativity of the concept of heteronormativity. *Journal of Homosexuality, 62*(8), 1009-1020. http://dx.doi.org /10.1080/00918369.2015.1021631

Hillman, J. (1991). *A blue fire* (T. Moore, Ed.). New York, NY: Harper Collins.

Johnson, R. (1991). *Owning your own shadow: Understanding the dark side of the psyche*. New York, NY: HarperOne.

Jung, C. G. (1982). The psychology of the transference (R. F. C. Hull, Trans.). In H. Read et al. (Eds.), *The collected works of C. G. Jung* (Vol. 16, 2nd ed., pp. 163-323). Princeton, NJ: Princeton University Press. (Original work published 1946)

Karasic, D., & Ehrensaft, D. (2015, July, 6). We must put an end to gender therapy conversion for kids. *Wired*. Retrieved from http://www.wired.com/2015/07/must -put-end-gender-conversion-therapy-kids

Lucas, G. (Writer/Director/Producer), & McCallum, R. (Producer). (2005). *Star wars, episode III: Revenge of the Sith* [Motion picture]. USA: 20th Century Fox.

McCann, C. (2017, September 28). When girls won't be girls. *1843 Magazine*. Retrieved from https://www.1843magazine.com/features/when-girls-wont-be-girls

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity & family therapy* (3rd ed.). New York, NY: Guilford Press.

McHall, M. (1989). *Reuniting with the divine goddess: A ritual of recreation using body movement therapy and Voice Dialogue with women and eating disorders* (Unpublished master's thesis). Pacifica Graduate Institute, Carpinteria, CA.

Nichols, M. (2013). *Family therapy: Concepts and methods* (10th ed.). Upper Saddle River, NJ: Pearson.

Olson-Kennedy, J., Cohen-Kettenis, P. T., Kreukels, B. P., Meyer-Bahlburg, H. F., Garofalo, R., Meyer, W., & Rosenthal, S. M. (2016). Research priorities for gender nonconforming/transgender youth. *Current Opinion in Endocrinology and Diabetes and Obesity, 23*(2), 172-179. http://dx.doi.org/10.1097/med .0000000000000236

Pacifica Graduate Institute. (2016). *Counseling psychology thesis handbook for 2016 matriculates.* Carpinteria, CA: Author.

Pickett, B. (2002, August 06). Homosexuality. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy* (Fall 2015 ed.). Retrieved from https://plato.stanford .edu/archives/fall2015/entries/homosexuality/

Planned Parenthood. (n.d.). What are gender roles and stereotypes? Retrieved from https://www.plannedparenthood.org/learn/sexual-orientation-gender/gender -gender-identity/what-are-gender-roles-and-stereotypes

Porter, K. E., Brennan-Ing, M., Chang, S. C., Dickey, L. M., Singh, A. A., Bower, K. L., & Witten, T. M. (2016). Providing competent and affirming services for transgender and gender nonconforming older adults. *Clinical Gerontologist, 39*(5), 366-388. http://dx.doi.org/10.1080/07317115.2016.1203383

Romanyshyn, R. D. (2007). *The wounded researcher: Research with soul in mind*. New Orleans, LA: Spring Journal Books.

Samuels, A. (1986). *Critical dictionary of Jungian analysis*. Hove, Great Britain: Routledge.

Schreiber, K. (2016, December 6). Why transgender people experience more mental health issues. Retrieved from https://www.psychologytoday.com/blog/the-truth -about-exercise-addiction/201612/why-transgender-people-experience-more -mental-health

Schwartz, R. C. (2001). *Introduction to the Internal Family Systems model*. Oak Park, IL: Trailheads.

Stone, H. (2006). It was only a dream: Learning to honor the creative imagination in children. Retrieved from http://delos-inc.com/articles/It_Was_Only_A _Dream.htm

Stone, H., & Stone, S. (n.d.). The basic elements of Voice Dialogue, relationship, and the psychology of the selves. Retrieved from http://delos-inc.com/pdf/Elements.pdf

Stone, H., & Stone, S. (1991). Embracing all our selves. Retrieved from https://www.voicedialogue.tv/voice-dialogue-articles-and-tips/embracing-all-our-selves/

Stone, H., & Stone, S. (1997). *Embracing our selves: The Voice Dialogue manual*. Mill Valley, CA: Nataraj.

Stone, H., & Stone, S. (1999). *The Voice Dialogue series audio tapes* [8-cassette set]. Available from http://www.nowgetcreative.com/voicedialogue.htm

Stone, S. (2000). *The shadow king: The invisible force that holds women back*. Lincoln, NE: IUniverse.com.

Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2013). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 71-80. http://dx.doi.org /10.1037/2329-0382.1.s.71

Villicana, A. J., Delucio, K., & Biernat, M. (2016). Coming out among gay Latino and gay White men: Implications of verbal disclosure for well-being. *Self and Identity, 15*(4), 468-487. http://dx.doi.org/10.1080/15298868.2016.1156568

Wilchins, R. (2016). Foreword. In D. R. Fryer, *Thinking queerly: Race, sex, gender, and the ethics of identity* (pp. ix-xii). New York, NY: Routledge.

Wolf, E. (1998). *Treating the self*. New York, NY: Guilford Press.