

Feeling Queer in Dramatherapy: Transformation, Alice & the Caterpillar.

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(This paper is based on a lecture that I gave to the Postgrad. Diploma students at the University of Herts in 1998. When the title was first publicized I received a number of telephone calls from people asking me if the word 'queer' meant that I would be addressing homosexuality within dramatherapy. I was, at first, inclined to a negative response to this question but as it was being put forward so often I decided that I would use the apparent misconception and incorporate the sexual/gender implications of the word 'Queer' in the paper and see where that would take u, even though I acknowledge that there is no particular connection between Carroll's use of the word 'queer' and Queerness as a mode of sexual or gender orientation. I did this, partly because I feel it is always useful to investigate various perceptions of a word, partly because I am both Queer(in the sense of sexual orientation) and 'out'(in the socio-political sense) and, partly, because I have found little if any concern or 'marking' of the 'Queer question' within the literature of dramatherapy.)

Transformation. Dramatherapy. Queerness. These are the three pillars upon which this paper is constructed: the place of transformation as a core process in dramatherapy, feeling queer within dramatherapy and the extent to which Queerness (in terms of its meaning in Sexual and Gender Identity) is addressed within dramatherapy theory, practice and training. Throughout this paper I will be using Lewis Carroll's Alice's Adventures in Wonderland as a referential frame. It is a text that has informed much of my dramatherapy practice and thinking and has frequently formed a basis for much of my work with text in dramatherapy. I will begin with the episode from Alice in Wonderland where Alice meets the Caterpillar. This meeting takes place after Alice has undergone some mind and body changing substances that have transformed her from being tremendously small to gigantic and then to a size that we could call, relatively, 'normal'.

The Caterpillar and Alice looked at each other for some time in silence: at last the Caterpillar took the hookah out of its mouth, and addressed her in a languid, sleepy voice:

'Who are you ?' said the Caterpillar.

This was not an encouraging opening for a conversation. Alice replied, rather shyly, 'I - I hardly know, Sir, just at present - at least I know who I was when I got up this morning, but I think I must have been changed several times since then.'

'What do you mean by that ?' said the Caterpillar sternly, 'Explain yourself!'

'I can't explain myself, I'm afraid, Sir,' said Alice, 'because I'm not myself, you see.'

'I don't see,' said the Caterpillar.

'I'm afraid I can't put it more clearly,' Alice replied very politely, 'for I can't understand it myself to begin with: and being so many different sizes in a day is confusing.'

'It isn't,' said the Caterpillar.

'Well, perhaps you haven't found it so yet,' said Alice, 'but when you have to turn into a chrysalis - you will some day, you know - and then after that into a butterfly, I should think you'll feel a little queer, won't you ?'

'Not a bit,' said the Caterpillar

'Well, perhaps your feelings may be different,' said Alice, 'all I know is, it would feel very queer to me.'

'You!' said the Caterpillar contemptuously, 'Who are you?'

We will return to this episode at various points in due course. For the moment I wish to suggest that we have here a very succinct offering that change is essential not just to the Caterpillar's development but to every growth process. Whether or not Alice and the Caterpillar expect or can imagine the changes that await them, some form of change is inevitable. If as dramatherapists we were asked the question put by the Caterpillar to Alice - 'Who are you ?' (by extension includes the question 'What do you do ?') the response would mostly likely include some reference to the facilitation of change in the client. If dramatherapy is a process of healing then there needs to be something requiring that healing. The answer to the question 'Why therapy ?' needs to have within it reference to something that the client needs changing. The answer to the question 'Why dramatherapy ?' needs to have within it some reference to something needing to be changed but also some reference to the dramatic forms through which that process of change or healing may be facilitated and experienced - story, enactment, gesture, movement or what have you. Indeed, it is arguable that there can be no dramatherapy without recourse to some kind of dramatic language or form. Within the total process of dramatherapy then there is something changing within the client and the therapist which is taking place through dramatic forms which themselves are changing - from a narrator telling a story to re-telling the story, to pictorializing the themes, to sculpting the feelings, to reflecting on the sculpts, to deriving metaphors from the reflections, to making connections with personal issues or what have you. If there is any dramatherapy at all then, I suggest, there is something that needs to be changed and that change is to take place through a variety of dramatic forms that themselves change - change through

transformation. I suppose I would be one of those practitioners that Phil Jones refers to in *Drama as Therapy: Theatre as Living* who believe that transformation is central to any dramatic event and, therefore, rather than being classed as one of the nine core processes of dramatherapy, it is central to dramatherapy.

If transformation is central to dramatherapy then the whole process of dramatherapy can be considered to be a series of movements from one state to another state. A huge amount of dramatherapy practice involves both the client and the dramatherapist experiencing what I would call states of transition - 'liminoid' if not liminal states. I suggest that these 'liminoid' states that are integral to the process of transformation cause feelings of queerness to enter the experience - certainly for the client and possibly for the therapist. It is vital to the process that colluding with the resistance that a dramatherapist may feel at maintaining and working with this sense of queerness would be anti-therapeutic. However, before I go down that road I would like to turn to look at Alice's experiences prior to her meeting with Caterpillar and consider what useful metaphors they may hold to inform our practice as dramatherapists.

Alice's adventures begin with her chasing the White Rabbit and being plunged down the rabbit-hole. Like Alice, many of our clients and ourselves would have pursued experiences or encountered events in their lives that have resulted in a down-turning of our lives and many of us would have felt like Alice did - 'Down, down, down. Would the fall never come to an end?'. Our clients might have thought as Alice did, 'I wonder if I shall fall right through the earth!' but, unlike Alice, may not have been able to imagine 'how funny it'll seem to come out among the people that walk with their heads downwards - in the Antipathies!' - though Carroll's malapropism is apt for antipathy is probably what they would have been experiencing quite a lot of ! Alice journeys down tunnels and corridors of darkness until she comes to a table on which she finds a tiny key but all the doors that surround her are too large for the tiny key to open. Eventually she finds a very tiny door about fifteen inches high and she opens it and sees beyond it 'the loveliest garden you ever saw'. She longs to get out of the dark hall in which she is trapped and wander among the beds of bright flowers but she is momentarily preoccupied with the apparent impossibility of her large body fitting through the door. However, she has already had so many 'out-of-the-way things' happen to her that she had begun to think that 'very few things were really impossible'. Our clients, on the other hand, may not have been able to face this sense of impossibility with the same spirit. They may have had very long periods during which they have felt hopelessness and helplessness faced with the apparent impossibility of release from their predicaments. If we as dramatherapists have ourselves had 'out-of-the-way experiences' of change and uncomfortable experiences of liminoid 'queerness' in which we were lost, then we will be in a position as indicated by Alice's optimism. Our own knowledge that the healing process of our own personal therapy has provided us with our own tiny keys to tiny doors in our own gigantic dark halls enables us to help our clients to find theirs. This is the main reason why on-going personal therapy as well as supervision is vital to us as whether or not we are currently engaged in dramatherapy practice and why I am more than a bit disturbed when trainee or practising dramatherapists express to me their

antipathy towards personal therapy as if therapy only becomes necessary if one is conscious of there being a specific 'problem' that needs 'resolution' and is not the very soil in which our practice should be planted.

Returning to Alice, however, she finds the famous bottle labelled 'DRINK ME' but before 'wise little Alice' drank from it she checked if it was safe - looking first to see if it was marked 'POISON' as she had heard of several stories about children who 'had got burnt or eaten up by wild beasts and other unpleasant things, all because they would not remember the simple rules'. Finding it to contain no warnings of danger she drinks from the bottle and she transforms, changing her body size by shrinking. This transformation allows her to be released from the dark hall by opening the door and going into the garden. In therapy terms, I find this a valuable and beautifully simple metaphor for the transformations through which our clients are facilitated via dramatherapy in order to take steps toward mediation in their issues. The process of transformation is vital in order to enable our clients to contemplate different possibilities. Different solutions may imply being different and being different may even imply being different bodily to the immobilizing circumstance of hopelessness that they may have endured. It implies also that undertaking any transformation is not without its dangers - one of which I shall be suggesting in a moment is the sense of feeling queer - and that in order for the dramatherapist to even offer the client to 'drink' therapy, as it were, it must be done within the rules of boundary in order to avoid what I would call lethal anti-therapeutic 'fall-out', which brings us back to the question of on-going supervision and personal therapy, for where else do we as dramatherapists experience at first hand these risks and 'potentially dangerous encounters'?

Alice's shrinking seems to take forever. She feels a little nervous and wonders if it would end in her 'going out altogether, like a candle'. This thought is echoed so often by clients within group therapy: 'Is there anything of me? Will there be anything left of the former me? Will the therapy never ever end?'. The fear contains a recognition within it that the process of transformation involves some kind of death, some kind of leaving behind. Sometimes this involves leaving behind perceptions, habits, attitudes and positions that have become part of one's survival mechanism, one's arsenal against a hostile world, perhaps - things that are quite precious to us but are now not particularly useful to our further survival or resolution of our dis-ease. This can be experienced as a kind of death and the question arises: 'Will we still be recognisable to ourselves? Will we still be 'us' as we have known 'us' to be?' The temptation to sabotage the process of therapy is enormous. Alice, too, disables herself from going through the tiny door into the garden. She has succeeded in changing her size but forgets to collect the key to the door which still remains on the table which now towers above her. She cannot reach it. She has sabotaged her own escape from the dark hall and she sits down and cries. How often has the same sabotaging been true of ourselves in our own therapy and also of our clients'? However, this is not the end for facilitation is at hand for Alice - another transformation. But before this can take place Alice encounters the arrival of what we might call her super-ego which appears to be persecutory. Alice talks to herself, as Carroll tells us, 'rather sharply'.

'There's no use in crying like that !' said Alice to herself rather sharply, 'I advise you to leave off this minute.' She generally gave herself very good advice (though she seldom followed it) and sometimes she scolded herself so severely as to bring tears into her eyes; and once she remembered trying to box her own ears for having for having cheated herself in a game of croquet she was playing against herself, for this curious child was very fond of pretending to be two people.

This business of pretending to be two people - one who fails and one who knows how to succeed but somehow does little more than reproach oneself - is a fairly common occurrence within therapy and can be seen as a means by which the client seeks to maintain control of the therapy. It can be frightening to 'surrender' to a process of transformation, no matter how much trust one may feel one has in one's therapist or in the other group members. While the control resides within one's own self and one can acknowledge what one should do the situation feels safer but the resultant self-reproaches undermine one's own sense of esteem and sabotage the goodness of the process. ' I know what I need to do but I'm so foolish/stupid/weak/bad that it's not possible for me to find any kind of resolution'. Alice realizes at that moment that holding on to this splitting is not productive.

'It's no use now', thought poor Alice, 'to pretend to be two people. Why there's hardly enough of me left to make one respectable person !'

It is at this very point that the next opportunity for transformation presents itself to her. A piece of cake labelled 'EAT ME'. Not knowing what the outcome might be Alice eats the cake and in time starts to grow larger until she starts to grow again. Here a funny thing takes place.

'Curiouser and curiouser', cried Alice (she was so much surprised that for the moment She quite forgot how to speak good English).

'Now I'm opening out like the largest telescope that ever was !'

This phenomenon has often been experienced within the process of therapy. The client has begun to face their resistance, reluctance or sabotage of their own therapy and, moving nearer towards some form of resolution, now appears to lose the ability to be as articulate or lucid as they may have been previously. In beginning to accept a new vocabulary as it were they appear to be at sea - it is a new grammar that they are beginning to access for themselves and the vocabulary and language that they had previously been using now appears to be useless. However, they have not quite mastered the new vocabulary of therapy and so, for a period, appear to be inarticulate.

The several transformations that Alice has been through result in her losing a sense of her real self and we have, here, one of the more significant references to a sense of 'queerness' in the text.

'Dear, dear ! How queer everything is today ! And yesterday things went on as usual. I wonder if I've been changed in the night ? Let me think: was I the same when I got this morning? I almost think I can remember feeling a little different. But if I'm not the same the next question is, "Who in the world am I ?" Ah, that's the greatest puzzle!'

While the question 'Who am I ?' may be the great, existential, sixty-four-thousand dollar question, it has particular importance in dramatherapy, as to the puzzle of self-identity in the words 'Who am I ?' is also added, from time to time, the question 'Who am I being, at this moment ?' and also 'Who am I experiencing the therapist or client as being ?'. In role, out of role, whether presenting our 'sick' selves or our angry 'selves', our confused 'selves' or our ambivalent 'selves', issues of identity and relationship are cornerstones of therapy. Exploring this via drama and therefore via a series of transformations is the essence of dramatherapy. Each of these transformative states are transitory and liminoid in their nature and being so are accompanied by the feeling of queerness, awkwardness and discomfort. As dramatherapists we need to acknowledge this and, dare I add, invite this sense of queerness and awkwardness within the therapy so as to be able to enable our clients to name it, own it and work through the several issues of which it may be symptomatic. It may be felt that I am labouring over the obvious here but one of the measures of good training in dramatherapy would, I would say, be the extent to which it enables the trainee to welcome and work with this feeling of queerness and be able, comfortably, to hold a position in which the client may from time to time, experience them as inviting discomfort without attempting to ameliorate their awkwardness and sense of queerness with pacifying interventions.

If we pause to look at the episode of the meeting between Alice and Caterpillar we find that it starts with the lines:

The Caterpillar and Alice looked at each other for some time in silence: at last the Caterpillar took the hookah out of its mouth, and addressed her in a languid, sleepy voice:

'Who are you ?' said the Caterpillar.

This was not an encouraging opening for a conversation.

How often in our work as dramatherapists have we come across the sometimes intense and vehement objection to what some trainees and dramatherapists, even, have referred to as 'that horrible opening silence'. Client/s and therapist sitting looking at each other in silence. The feeling of queerness at this point can be intense; the hesitancy in starting, the urge to fill the silence, the difficulty in initiating, the smiling that goes around a group from member to member, perhaps in the hope that this would encourage someone else to go first - we can almost hear the echoes in our imaginations, the silent words of the anxious thoughts of the clients who are experiencing something of Alice's awkward queerness, "Please don't let it be me! Please let it be me! Please let it

be me but don't let it appear to me ! What shall I say ? Won't someone else say something ? Oh, for heaven's sake no one's going to say anything. Oh, I might as well! Why is it always left to me? Why am I doing this? Who am I when I'm doing this? Who am I ? with the therapist looking, perhaps, as languid and as detached as the Caterpillar might have seemed to Alice, inviting the question "Who are you?" though in the case of the therapist the question may not be quite so specifically put. It is arguable, of course, that dramatherapy offers a way through the tyranny of words by inviting movement, action, creative activity but it is also important for us to consider the importance of all this anxiety in the healing process of the client.

I am not suggesting for a moment that the therapist ought to heighten discomfort but we need to consider the possibility that the therapist who offers an opportunity to move away from this feeling of queerness too quickly into the drama may be trying to relieve his/her own anxiety that this awkward sense of queerness can bring. Trusting the therapy process and the gradual learning of the self-healing processes by the client in stages from the difficult point of START through the various question points of WHO AM I BEING NOW? And WHO AM I BEING NOW? And WHO AM I BEING NOW? along the journey towards some awareness and ownership of the answer to the greater question WHO AM I ? means, I suggest, that we acknowledge that the feeling of queerness at some time is inevitable; and that rather than seeking to alleviate the apparent discomfort by doing the work of rescue, the therapist's facilitation of the client is more greatly enhanced by letting the sense of queerness be until the client, like Alice, decides to face it out and speak about it aloud, naming it and so owning it. In her conversation with the Caterpillar Alice, with hardly any intervention from the Caterpillar owns that transformation and change is inevitable and that an inevitable part of that is 'feeling queer':

but when you have to turn into a chrysalis - you will some day, you know - and then after that into a butterfly, I should think you'll feel a little queer, won't you ?'

I should now like to turn to what might be a somewhat more contentious part of this paper. If there is some agreement that there is a sense of feeling queer in therapy, then we need to look at the meaning of the word 'queer' as the transitive verb 'to queer', signifying 'to spoil', 'to put out of order', 'to queer the pitch'. Is there a sense in which therapy spoils things and queers someone's pitch ? This may be a question which brings some sense of discomfort to some dramatherapy practitioners - some sensing of elements of sadism present, perhaps. Can and should therapy acknowledge that it puts things out of order and spoils things ? By way of approaching this question I wish to return for a moment to Alice. Before she expands and opens up 'like a telescope', she goes through the experience of shrinking and crying. Through the shrinking and crying she reaches a point where she acknowledges that it's no use crying anymore. She also comes to the point where she discovers that her 'pretence' at being two people is no longer going to work. She has shrunk immeasurably and she says:

'It's no use now', thought poor Alice, 'to pretend to be two people.

Why there's hardly enough of me left to make one respectable person !'

She has realized a couple of important things - she has diminished in stature and her old ways of surviving are now redundant or useless to her. While for Alice all these things happen as if by magic, for our clients this sense of diminishing power and control, this sensing that if there is to be a new 'me' of some kind there needs to be a leaving behind of the old 'me', the patterns of behaviour that we have relied upon to survive, deal with the deeply felt and repressed hurt, anger or whatever, have to be left behind, the armoury that we have built around us needs to be taken off. It is possible that this very armoury has come to feel so familiar to us as to feel as if it is our very selves. The Ayurvedic Hindu system of holistic healing talks about prakriti and our vikriti - prakriti being our essential healthy constitutional natures and vikriti being our apparent natures but which are our learned habits, false natures in a sense, which we have built for ourselves by living in the conditions and circumstances that our lives have led to us to live many of which are not healthy but which have become our 'second natures', as it were. I am not here putting forward an argument for the acceptance of Ayurveda but using it as a means of illustrating another view on 'learned natures' that we would believe to be our 'selves'. For, I offer that it is this area in which our clients and we, as clients, would experience our great resistances. We may wish for therapy, we may wish to invite change and healing but we are ambivalent, we are resistant, quite naturally, when it begins to come home to us that this process is going to 'spoil' something that has become dear to us even though it no longer serves our best interests, our development and our pathways to self-healing in which dramatherapy can assist us. Yes, here the 'spoiling' is experienced. Here it is where the client can perceive the therapy as 'queering his pitch', as 'putting out of order' the sometimes long-time-held habits, self-images and beliefs. Just at the moment when a client begins to reach a transformation point comes their sense of 'disorder' and so they may seek to 'spoil' their own therapy. Sensing that the therapy is queering the pitch, he will seek to queer it himself. Is this not commonly found? At these moments we, as therapists need to hold the safety and trust but also acknowledge that for this sunrise we need to accept that we will be experienced as 'spoilers', 'queerers', 'persecutors', 'destroyers' of those survival strategies which might feel to our clients as comfortable and safe through habitual use but which have now become useless to them or which might even have crystallized into the very issues for which they have come seeking therapy.

I don't feel I can end this paper without offering something of the link between the word 'queer' and sexual/gender identity, not least because much of my clinical dramatherapy has been with what I call gender-transgressive clients and my current doctorate thesis is on Contemporary gender-transgressive Queer Performance and its relationship to the Grotesque.

'Gender Identity' links with Alice and therapy as it is part of the answer to the question Who am I? Use of the term Queer, however, does not signify one's biological sex,

anatomical structure or specific sexual preference. Moe Meyer writes in *The Politics and Poetics of Camp*:

the term Queer indicates an ontological challenge to the dominant labelling philosophies especially the medicalization of the subject implied by the word 'homosexual', as well as a challenge to discrete gender categories that are embedded in the divided phrase 'gay and lesbian' (119, p1). The queer label contains a critique of a vast and comprehensive system of class-based prejudices of which sex /gender identity is only a part (p3)

McIntosh writes in the paper *Queer Theory and the war of the sexes* which is included in Bristow Wilson's *Activating Theory*:

Queer means to fuck with gender. There are straight queers, bisexual queers, tranny queers, lezzie queers, faggy queers, SM queers, fisting queers in every single street..

(McIntosh 1993, p31)

Kate Bornstein in *Gender Outlaw* has called Queer Theatre a 'third space', 'a freak space' inclusive of all people who are seen to be outside of the dominant heterosexual hegemony. Queer emerges as a 'spoiling', a 'disordering', a 'queering' of the system whereby identity is determined and shaped by concepts of sexual orientation that perpetuate the dominant heterosexual hegemony. Queer also becomes a term of inclusion, not only as a re-appropriation of a term that was once used as part of derogatory name-calling but also as a challenge to the pathologizing strategies that have been contained in the various models of psychology and psychotherapy. These models contain, as part of their establishments, pathologizing strategies that perceive any gender or sexual identities that do not conform to the cultural norms of, what Judith Butler has so aptly called, 'compulsory heterosexuality' (*Gender Trouble*, 1990), as being developmental failures, sicknesses or intrinsic lacks. Andrew Samuels (and some of the post-Jungians) stand almost alone in offering a pluralist perspective when he offers that it is not helpful to see gender as an invariant but that we are as a race divided not only into men and women but those who are certain about gender and those who are not; that 'gender' itself engenders confusion which is made worse when gender terms are used to describe 'inner qualities' that need to be spoken about without the need to be gender-ascribed. The facts that a penis may penetrate and that a womb may contain tell us nothing about the psychological or inner qualities of the people who possess these organs. He goes on to question the entire premise that heterosexuality and its concomitant genderism is innate and offers 'a vision of 'there being available to all individuals a variety of positions in relation to gender roles without recourse to androgyny' as June Singer does.' (1989,p105). When Samuels does this, I suggest he offers us to open the arena to notions of gender 'fluidity' -

the link between the psyche and body surely refers to the body as a whole: its moods, its movements, its prides and its shames... the body is already a psychological body, an imaginal body - providing a whole range of experiences - sometimes crossover experiences, 'masculine' for women and 'feminine' for men (1989, p101)

I have spent some time on this as I wish now to put some questions with regard to the relationship of dramatherapy to the psychotherapies, to the concept of Queerness (in its sexual/gender transgressive meaning) and the place that these issues may or may not hold in dramatherapy theory, practice and during training. To what degree does dramatherapy's relationship to the psychotherapies lead dramatherapy training programmes, albeit indirectly, perhaps to pathologize, medicalize or simply ignore the question of Queer sexual/gender identity? I do not know the answer. I only put the question. I remember during my dramatherapy training there was not one official mention of Queer gender or sexual identity in the curriculum (not even on the gender-based level of gayness and lesbianism) except where it emerged within group or as a function of some other activity. I don't know how much it is included at present. I am only putting the question - is it and how much and if not, is it time it was addressed ? I don't ask this from an Equal Opportunities perspective but from a concern about dramatherapists working with clients for whom Queer sexual/gender identity may be an issue. Also, from the viewpoint of one's declaration of sexual/gender identity as a dramatherapist and its implications for therapy.

With the emergence of Pink therapy and organizations like PACE, I'm sure, training institutions, practising dramatherapists and trainees are addressing these issues. If so, look upon this as a marking of the Queer question for I have not come across a lot of references to these matters in dramatherapy writing, To some degree that may explain why when I tell people I have done a large amount of my work with Queer, mainly transsexual clients - some though not all of whom were also prostitutes, I am seen as doing 'very exotic work'! If these issues are not being addressed, I raise the issue here by referring to The Twelve Guidelines for Retraining proposed by Clark (1987) and included in Pink Therapy. I am re-presenting the first guideline only, altering the words 'homosexual' and 'gay' to the words 'queerness/Queerness' and 'queer/Queer':

It is essential that you have developed a comfortable and appreciative orientation to your own feelings of queerness/Queerness before you can work successfully with queer/Queer clients. The professional who says that he or she has no queer/Queer feelings is about as well off as the psychotherapist who says he or she never dreams..... This recommendation is not intended simply to be controversial. Therapists have a duty to themselves and to their clients to explore their own sexuality fully and to be comfortable with all aspects of it in order to illuminate and work through 'blind spots' which may otherwise sabotage their work.

I would like to leave you with a last glimpse of Alice and the moment when she meets the Caterpillar, the moment when she acknowledges the inevitable queer feeling that accompanies transformation, confusion and change with the words:

but when you have to turn into a chrysalis - you will some day, you know - and then after that into a butterfly, I should think you'll feel a little queer, won't you ?'

I cannot imagine any therapist replying as the Caterpillar did, "Not a bit" and still expect to sample the tearful, cheerful, sometimes queerful, joys of Wonderland.

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