

Safe Spaces and Scary Encounters: Can we discover core therapeutic elements at the heart of trauma-informed dramatherapy?

INTRODUCTION

This chapter seeks to outline some core elements of effective dramatherapy with clients who had become stuck after experiencing trauma. It is based on a recent unpublished study I undertook to explore the nature of therapeutic *turning points* for this client group. The first part of the study examines written material within a range of formal dramatherapy texts, while the second part focuses on collecting and analysing verbal accounts and questionnaire responses which describe *turning-point* experiences from the perspective of clients and facilitating dramatherapists.

When looking for relevant written material, the primary dramatherapy texts offer little that specifically focuses on working with those affected by trauma. However, a number of other texts focus on dramatherapy with this client group and these describe a range of apparently successful approaches. Examining these approaches has revealed a number of central or core elements that are common to them all and which can be laid out as a common framework. This framework, preceded by the thinking that led to it, is described in Part I of this chapter.

Part II focuses more directly on the nature of therapeutic turning points. These are frequently the goal for clients and dramatherapists working in the trauma field so it seemed important to explore their nature in more detail. Study of the dramatherapy literature revealed very little that was directly concerned with such turning points, so the basis of this part of the chapter is an analysis of personal accounts. The analysis revealed that these turning point accounts also contain common elements as well as what appears as a significant *movement* that takes place at the heart of such turning points. The common elements and the significant movement, which can all be readily described in dramatherapy terms, became apparent through phenomenological reduction. Part II of the chapter describes this work and lays out the elements which are derived from some moving and powerful stories of therapeutic transformation. It also includes a discussion of the findings.

A short summary at the end of the chapter briefly considers a few ways that the findings from Parts I and II can potentially inform work with clients who have become stuck after experiencing trauma.

Throughout the chapter I intend to lay out my processes and findings in a way that will enable the reader to consider them in the light of their own experiences and their own models for understanding reparation (or effective therapy) with the specified client group. I hope this will lead to further analysis and discussion and to some refining of the ideas being proposed here.

Defining Terms

The specified client group

This chapter is concerned with clients who had become stuck having experienced trauma. The term *stuck* is used to refer to a client's inability to move on from destructive or self-destructive repetitive behaviour.

Many people who are affected by trauma find reparation naturally (Johnson 1998) and do not necessarily become stuck. Clients diagnosed with PTSD are affected by certain symptoms for more than a month and for the purpose of this chapter are considered to be in the specified client group. Others who are clearly affected by experiences of trauma, who may not have been diagnosed with PTSD, are also considered to be in the specified client group if they appear stuck several months or more after experiencing trauma.

It is important to note that loss is frequently traumatic and trauma always includes significant loss (Webb 2006), with some claiming severe loss to be the central element of PTSD (Winn 1994). I am using the term *trauma* as per Carey's definition, which is inclusive of severe loss. She states that,

“Trauma covers any situation where one's psyche is overwhelmed to the point that the person is unable to use his or her usual psychological defences, or to function in the usual fashion” (Carey 2006: p.15).

People most affected by trauma have frequently experienced trauma, including multiple and prolonged traumas, as a child (Winn 1994; Korn & Leeds 2002; Irwin 2006) and this will be considered later in the chapter (see *Developmental Trauma*).

Turning Points

The term *turning point* is used broadly throughout the chapter to describe a readily observable movement towards psychological health in a client. Some may prefer terms such as *change, progress, healing, transformation, transition, growth, shift, reparation* or *reduced symptoms*. I have used the term *turning point* (singular) to describe what appears to be a single significant movement. *Turning points* (plural) will be used to indicate a set of such movements, perhaps seen as an on-going process of change, stages of healing, progress etc.

PART I – DRAMATHERAPY AND RELATED TEXTS

While working with clients affected by trauma is mainstream practice within dramatherapy, work with this client group generally receives little specific attention or analysis within the primary dramatherapy texts, including Johnson & Emunah (eds. 2009), Jones (2007), Pitruzzella (2004), Emunah (1994) and Jennings et al. (eds. 1994). However, these texts contain some implicit references to working with the client group when describing core elements of good practice and when describing some case examples.

In *An Introduction to Dramatherapy* Langley (2006) identifies three broad therapeutic aims for dramatherapy, the third of which she describes as “Remedy to fundamental causes, for example, coming to terms with childhood trauma” (2006: p.104). She considers this the most problematic and demanding level at which to work and one that draws on dramatherapy’s capacity to support the process through distance. She also includes a section on PTSD in which she emphasizes the need for clients to work at their own pace and to tell their story repeatedly, often in varied forms and using metaphor.

More can be derived from a number of texts that focus specifically on dramatherapy with clients who are affected by trauma or PTSD. These provide some clearer analysis of the perceived processes involved, often with illuminating reflections that accompany case studies or vignettes (e.g. Winn 1994; Bannister 1997; Carey 2006). There are also papers that focus in some detail on certain processes or mechanisms perceived to be significant to such therapy, for example Gantt and Tinnin (2009) on neurobiological implications for arts therapies, van der Hart & Goossens (1987) on leave-taking rituals, van der Hart et al. (2004) on trauma-related dissociation, and

Johnson (1998) on a psychodynamic model for reparation. These and the other texts used within this chapter may not be representative of all that has been published, but they cover a broad range of approaches from Europe and the US.

Summary of some current approaches

The following sections briefly summarize some dramatherapy approaches described in the above texts.

Bannister (Multi-model)

The Healing Drama: Psychodrama and Dramatherapy with Abused Children

(Bannister 1997) is a text that draws on more than one model and uses case examples to illustrate the author's approach. She describes a process of using "what Peter Slade describes as 'natural therapy' and introducing some 'conscious therapy' by means of psychodrama and dramatherapy" (Bannister 1997: p.8). Overall, she claims to use a predominantly child-centred approach in line with the teachings of Carl Rogers as she moves in and out of dramatherapy and psychodrama methods as perceived to be most appropriate at the time. She draws on several different models to understand the effects of abuse, and the mechanisms by which a number of factors affect individual children. These factors include pre-trauma events, the behaviours of all those involved in the trauma, the response to disclosure and the intervention process. Bannister emphasizes the importance of helping to correct cognitive distortions, she describes a range of methods that help support the child's reparation (including working with families) and she emphasizes the requirement for some client control when re-visiting trauma material. Bannister devotes a chapter to what she understands to be specialist work with abused children who go on to abuse others.

Jennings's EPR model is considered useful by Bannister (1997) and others (e.g. McFarlane 2005) when working with children whose natural developmental stages have been interrupted or corrupted as a result of trauma or severe loss.

Winn (Integrated)

In her book on PTSD and dramatherapy, Winn (1994) outlines her approach to the prevention and treatment of PTSD. This text advocates a broad and integrative approach that draws on different disciplines, including physiology and education, to

provide those affected by trauma with experiences that will facilitate them in moving on. In terms of dramatherapy sources she primarily draws on Jennings and Gersie. Like Johnson (1998) she uses the terms *stuck* and *stuckness* with reference to those suffering from PTSD. She incorporates notions of transitional ritual into the therapeutic work and advocates an approach that encourages support from others, including family, who are involved in the client's life.

Her seven key concepts (Winn 1994: p.45) concisely summarize her tried-and-tested mix of therapeutic engagement, educative and cognitive approaches, dramatherapy techniques and systemic client support.

Irwin (Psychodynamic)

As a trained dramatherapist and psychoanalyst, Irwin (2006) draws heavily on the classic elements of psychoanalysis. She pays particular attention to the value of play in enabling passive experiences to become active ones, its use for slowly processing very intense experiences and its importance for healthy development. Like others (Winn 1994; Korn & Leeds 2002) Irwin considers early traumas, including neglect of good-enough parenting, to significantly reduce an individual's capacity to effectively process later traumas. She highlights Akhtar's view that for psychological trauma, the following occur (Irwin 2006: p.98):

- (1) good things are taken away,
- (2) bad things are done, and
- (3) everyone behaves as though things are normal."

The latter of these is very evident in my experience of people most affected by trauma, and is highlighted by Emunah (1994: p.277) who terms "abuse and the denial of reality" as "the Devastating Duo".

In Irwin's "study of cumulative trauma" (Irwin 2006: p.93) she explains her use of traditional arts therapy concepts, especially Winnicott's holding environment, to enable the young client and the therapist to slowly work together with the art/drama media, allowing non-verbal processing of implicit knowledge to take place facilitated by Irwin's awareness of psychodynamic processes. The process she described was very slow with many months of therapy required before the young client chose to speak in sentences and even longer to reveal personal material. Irwin's psychodynamic approach worked with projections onto the therapist as well as

projection and expression through arts and drama media. Irwin also chose to incorporate psycho-education in the middle and later stages of therapy, especially to validate the client's suffering and facilitate integration within the client.

Lahad (SEE FAR CBT)

Lahad has developed an approach, designed specifically for clients who have experienced trauma or suffer from PTSD. The method is presented as one designed to allow elements from three approaches, each considered effective in the treatment of psycho-trauma, to work together. SEE FAR CBT incorporates elements of Cognitive Behavioural Therapy (CBT) with Somatic Experiencing (SE) and Lahad's Fantastic Reality (FR) as well as his 6-part story method. The approach uses therapeutic picture cards, selected by the client, to help create anchors for addressing trauma in a staged and manageable way (Johnson et al. 2009). The effectiveness of this approach has been assessed and found to compare well with EMDR, one of the most widely accepted treatments for PTSD (Lahad et al. 2010).

SEE FAR CBT follows a series of stages during which specific techniques are used. I have summarized these in Table 1 (below). The therapist is guided by carefully observing the responses or changes in the client during (or resulting from) each stage, such as when experimenting with pendulation or re-narration (Lahad et al. 2010). These changes are also indicators of progress, healing and turning points.

Table 1: A summary of the phases of SEE FAR CBT model (Lahad et al. 2010)

- Psycho-education and setting of therapeutic goals.
- Gaining a sense of safety through reducing arousal and fear reactions.
- Practising Somatic Experiencing (SE) and learning about energy discharge.
- Using Fantastic Reality (FR) and therapeutic cards to create an “external, internalized safe space” (Lahad 2010: p.394).
- Practising *pendulation* between the safe space and a representation of discomfort, with the creative addition of a protective card that moderates arousal.
- Use of additional cards to creatively re-narrate the traumatic events, experimenting with the sequence and omissions, finally adding potential as *ifs* that could have helped the client without removing the traumatic events.
- Throughout the latter stages clients plan and practice *in vivo* exposure to uncomfortable experiences.

Glass (Exposure Therapy)

Exposure therapy is considered by many to be the preferred treatment for PTSD (Glass 2006; Gantt & Tinnin 2009). In her chapter *Working Toward Aesthetic Distance*, Glass (2006) describes how dramatherapy can be used to prepare a client for, and help a client regulate themselves during, exposure therapy. When treating a client her initial emphasis is on over-distancing techniques. These include using projective devices, creating safe spaces (similar to those in Lahad’s SEE FAR CBT) and role work that helps distance the client from victim roles. Such preliminary work includes some initial stages of re-integration of previously cut off feelings or roles, especially the client’s observer capacity (Glass 2006). In later phases of the therapy under-distancing is used to help the client experience feelings associated with the trauma, but with over-distancing available to prevent the client being “flooded with emotion” (Glass 2006: p. 58). Glass considers *aesthetic distance*, where clients can both experience their feelings and have access to their observer ego, to be optimal for revisiting trauma events.

Glass (2006: p.60) states that “one of the goals of exposure therapy is to retrieve feelings that have been shut down” (possibly as a result of being tied in with the trauma experience itself) including vulnerability, anger and sadness. During the

exposure therapy Glass uses dramatic representations and classic desensitization techniques to gradually approach the most split-off sources of anxiety. She facilitates this process with psychodrama techniques during which she ensures the client is equipped to have some control of the process. This approach ties in well with the theory, explored in depth by van der Hart and others, that dissociation is at the heart of PTSD and trauma-related stuckness (van der Hart et al. 2004).

Johnson (DvT)

The practice of DvT was developed primarily by David Johnson through work with Vietnam veterans suffering from PTSD (Johnson et al. 2009) and continues to be used by him and many others with a wide range of clients affected by various experiences of trauma as well as other conditions.

In DvT the therapist works in the *playspace* as the play-object for the client. The therapist is guided by the client's responses and acts to help extend the range and depth of the client's play (Johnson 2005) within a moral and mutually agreed playspace. When traumatized clients are enabled to genuinely play, they are frequently drawn to events around which their feelings have been blotted out (i.e. their trauma). In Gestalt Therapy terms, such repetitions arise from the relaxation of inhibition around a frustrated desire retained since the trauma events (Perls et al. 1992: p.295).

The actual mechanisms for healing and reparation have been described in many ways. For example, the repeated play by a client of a trauma issue until it "becomes like a cliché to them, and loosens its grip..." (Johnson 2009: p.94) functions in the same way as prolonged exposure (P.E.) or exposure therapy (Foa 2006) which could similarly be related to children's mastery, observed by Freud and Waelder (Irwin 2009). In terms of developmental support, the constantly matching yet slightly discrepant expressions and responses between client and therapist parallel early infant interactions essential to healthy development (Stern 1977; Johnson 1998). In object-relations terms, the stuck client starts loosening his identification with an internalized abuser through exploring the abuse in play which also provides the potential to move on to explore connection with the previously externalized (rejected) hurt self, eventually allowing the client to redraw their internal map (Johnson 1998) more realistically. Cognitive insights and interpretations are encouraged from both

client and therapist during mutual and spontaneous play. This matches Winnicott's observation that interpretation given during mutual play allows therapy to progress whereas "resistance arises out of interpretation given outside the area of the overlap of the patient's and analyst's playing together." (Winnicott 1971: p.68)

Zwart and Nieuwenhuis - Ritual

Zwart and Nieuwenhuis (1998) focus on mourning rituals in their case study of Mohammed, a young man with PTSD who had become a refugee in The Netherlands after his family were killed. This client receives an integrated package of support from various professionals, including an art therapist, a music therapist and a psychomotor therapist (whose practice has considerable overlap with dramatherapy). Their emphasis is on preparing for and facilitating a healing ritual. It is based on the ideas of van der Hart who proposes that when a transition does not take place naturally, with or without a normal ritual, then a healing ritual may be useful. Such rituals tend to be non-standard and must be carefully tailored to the needs and cultures of those involved (van der Hart & Goossens 1987; Zwart and Nieuwenhuis 1998).

Reconciling/working with contrasting approaches

Some psychological and therapeutic models, most notably behavioural and psychodynamic, are sometimes considered to be incompatible. One way to move beyond this apparent incompatibility is to appreciate that particular models tend to deal with particular elements. For example, pure psychodynamic models are only concerned with internal worlds and pure behaviourist models are only concerned with observable behaviours and the environment (Carlson and Buskist 1997). When Bowlby, who belonged to the psychoanalytic group, started to incorporate real external factors into his understanding of psychology he found himself alienated from many of his psychoanalytic colleagues (Eagle 1997) but this more inclusive approach also facilitated a highly significant shift in understanding of infant development. The above summaries reveal that many dramatherapists who have developed specific trauma-focused approaches also incorporate and use elements from very different models.

As with the ancient story of blind people feeling different parts of an elephant, perhaps each model describes an important but limited aspect of the whole. Maybe it

is appropriate for a dramatherapist to knowingly draw from different models and use elements from each. However, while pragmatically using apparently unrelated models may often be helpful for treating clients, caution is required. Without an overview, this linking process lacks the facility to effectively consider how such models relate to each other or indeed to check whether they really belong together.

Towards a Common Framework

There are a number of clear elements common to all the approaches considered and these are listed below:

1. Preparation

None of the trauma-focused dramatherapy approaches that I reviewed attempted to take a direct route to recovery. Instead, all start by providing the client with a structure and relationship that fosters enough of a sense of safety for the client to take some risks. Lahad et al. (2010) and Winn (1994) spell this out clearly as part of their method and Bannister writes on her first page:

“During the first session the therapist had to be careful to make an agreement with Annie to reassure her that she had some control over the content of the sessions and over the therapist herself.” (1997: p.1)

Such safety-focused preparation is clearly implicit within the work of Zwart and Nieuwenhuis and also Irwin, but is less obvious within Developmental Transformations (DvT) where the approach involves apparently free dramatic improvisation at an early stage. However, like most other forms of dramatherapy,

“therapy is initiated with a series of verbal sessions in order for the client to inform the therapist of problems, personal history, previous therapies, as well as for issues of touch and personal boundaries to be discussed.” (Johnson 2009: p.96)

In addition, the DvT therapist is trained to be guided by the client's expressions and responses, pulling back where the client starts to feel uncomfortably threatened and moving in where the client wants to be or to play more. This means that once the client is in the playspace she or he experiences a surprising sense of control, pleasure and safety. Over time the client consciously and unconsciously guides the DvT therapist from safe surface play into playing with previously unplayable material.

Such preparation in terms of providing a sense of safety is also clearly evident when Glass (2006) describes her approach and techniques. She pays particular attention to the range of techniques she uses for another element of preparation, one where the focus is on working to build up the client's own resources. Again this is evident in the writings of all the other practitioners cited. Lahad's model (see table 1) incorporates this explicitly as does Winn to some extent, particularly within her first and second *key concept* (Winn 1994). Resource-building is implicit in the case studies of Irwin (2006) and Bannister (1997) and in the principles of DvT.

2. Personal Trauma Representation with Facilitated Re-Integration

Of the texts examined in detail, all expressed a need to honour the client's own experience of trauma and provide support for the client to re-integrate parts of themselves that had become split off in response to the trauma experience. All of the approaches drew on the safety and resource-building established during the earlier preparation phase and used this to underpin and support this next central phase. Different ways are used within the various approaches to facilitate trauma representation but there is consensus that the client needs to have some real control over how this proceeds. Trauma representation and honouring the client's own experience of trauma are evident in Lahad's technique of selecting and creating cards to represent the anxiety/trauma, Winn's "listening to the whole story" (1994: p.45), Psychodrama techniques, dramatic enactments, ritual representations and a range of expressive art and projective techniques.

Although re-integration is one of the strongest common themes in the various texts considered, the exact nature of this process remains somewhat mysterious. All the approaches have some form of re-integration as a goal, although it may be described in different terms, and the process is portrayed as generally consisting of a series of re-integrating steps rather than a singular event. It is this stage that appears to draw on the most dramatic elements of each approach: the ritual, the psychodramatic enactment, the embodied performance, the physical movement with cards. It is also this stage that Part II of this chapter explores in more detail.

3. Moving Forward

Winn's sixth *key concept* is called "Moving forward" (Winn 1994: p.45) and in explaining it she stresses that it is a waste of energy to try to get things back to how

they were before the trauma. The other approaches describe something similar. From examining the texts it is very clear that honouring the client's loss is at the heart of the case studies, and this process is critical in helping the client to acknowledge and even accept that the trauma has happened to them and that things can never be as they were before. There is another element of moving forward that most of the approaches spell out and all include in some way; that is the therapist provides support for the client to reframe their future. This reframing of their future helps the client to acknowledge that the present and future are new and different from the past, encouraging the client to realize their potential to start living them as such. Together these elements support the client to move forward. Some approaches also overtly incorporate work with friends and families to further support the process.

Integrated Psycho-education

The various approaches all include an element of what could be described as psycho-education, for example in helping clients to reframe the future, honour their losses or build internal resources. For some this is done explicitly (Winn 1994; Lahad et al. 2010), for others it is woven subtly into the practice more as a commentary (Irwin 2009; Johnson 2009). This is not a stage-specific element, but one that can be employed at any stage. Such psycho-education is used for more than guiding a client; it can help make sense of, or validate client experiences and it can facilitate reframing and insight.

General Assumptions

There are other elements that can be identified as common to all or most of the various models examined. I have ignored those which appear to be basic elements of any good dramatherapy practice rather than specific to this client group. For some elements this differentiation has not been easy. For example, I have included *providing a sense of safety* as this seemed especially important for clients affected by trauma, but I have not included choosing to match and support clients' developmental level, which is important for all dramatherapy but is emphasized in several texts, especially for working with children.

A Common Framework

Some trauma-focused approaches to dramatherapy employ very structured therapist-directed steps into their programmes. This is most clearly spelt out in SEE FAR CBT (Lahad et al. 2010) but is also evident in Winn's (1994) seven key concepts and Glass's (2006) exposure therapy. Of course these approaches also incorporate strong elements that are client-directed. Other approaches emphasize following the client throughout using creative exploration and play-based action (Irwin 2006; Johnson 2009) with less emphasis on structure. Zwart and Nieuwenhuis (1998) encourage play and experimentation in preparation for the more structured staging of a healing ritual. Whether the programme is more or less structured by the therapist, the resulting therapy described in all the studied approaches seems to fit the following framework which incorporates the above common elements.

Table 2: Common framework

Therapeutic stages for clients who had become stuck after experiencing trauma

1. Preparation
 - a) by providing a sense of safety
 - b) by resource building
2. Personal trauma representation with facilitated re-integration
 - a) by being fully present with the client as they meet with and represent their own experience of trauma in a safe-enough way
 - b) by facilitating encounters with split-off parts
3. Moving forward
 - a) by honouring the loss
 - b) by providing support to reframe their future

Elements of psycho-education are incorporated throughout the process to support the client to create a more coherent understanding of their experiences.

This framework summarized in Table 2 is a simplified organizing structure based on some existing trauma-focused dramatherapy practice. The identified elements or stages of effective treatment for this client group will not occur in quite such a linear fashion as the framework suggests. For example, the client's loss is frequently honoured during the initial meeting with the therapist, even if it is not consciously

expressed, and this will help provide a sense of safety. Also, many elements of resource building will involve reintegrating split-off parts and shut-down emotions (Glass 2006). While it is probable that all these elements are entwined with each other, this framework indicates that the *primary focus* is likely to follow a sequence of stages more or less as shown. Therefore, if the client noticeably struggles with one stage, it may be useful to check that all the preceding stages are firmly in place and not simply focus on ways to facilitate the stage where the client seems stuck.

The studied texts indicate that turning points of some kind can happen at any of these stages. For example, a client may start to relax and play or speak, indicating a changed sense of safety (Bannister 1997); there may be a visible change after an effective resource-building session (Glass 2006) or after an apparent re-integration of split-off parts (Bannister 1997; Irwin 2006); there may be a real shift in behaviour when the future becomes reframed (Zwart & Nieuwenhuis 1998).

Developmental Trauma

Clients are frequently not disabled by a single traumatic event, but by a childhood marked by a complex pattern of trauma and neglect (Korn & Leeds 2002). Here Akhtar's pattern of good things being lost, bad things happening and everyone carrying on as normal (Irwin 2006) is repeated constantly. Van der Kolk and others are working to have a new diagnosis, now named Developmental Trauma Disorder (DTD) that results from such complex trauma, included in the DSM-V. This is to enable appropriate support and treatment for this client group who frequently display several of the diagnostic criteria for PTSD and often many symptoms of other disorders (van der Kolk 2005). Those affected by this condition also have limited internal resources, insecure attachment patterns and adverse neurobiological brain development. They frequently go on to develop many complex problems in adulthood, including depression, self-harm, addictions, and crime that may include perpetration of abuse (van der Kolk 2005; Briere and Spinazzola 2005). Most PTSD treatments have been developed from work with war veterans, but the source of their trauma may be different from those who experienced complex repeated trauma as children. For example, eye movement desensitization and reprogramming (EMDR) is a cost-effective method to treat war veterans and single-event trauma victims but it

does not meet the needs of those affected by complex early trauma. The current consensus for treating this group is a phased approach that,

“initially emphasizes stabilization, personal safety, and development of self and ego capacities (i.e. tolerating and modulating strong affect). Traumatic memories typically become a focus in the middle or second phase of treatment, and only after adequate gains have been made in the first phase of treatment” (Korn & Leeds 2002: pp.1467-1468).

Such an approach clearly ties in with the above common framework (table 2) derived from the dramatherapy texts reviewed earlier in this chapter. It also ties in with van der Hart’s “psychophysiological window of tolerance” (van der Hart et al. 2004: p.912) for the patient with structural complex trauma-related dissociation. The implication of this is that dramatherapy that is in line with the common framework, as set out in table 2, has the potential to be effective with clients who have become stuck after experiencing developmental trauma.

PART II – PERSONAL ACCOUNTS

Aims and Methodology

This part of the chapter, based on the analysis of personal accounts, focuses on exploring the nature of turning points with the specified client group. A small-scale qualitative enquiry was set up employing a phenomenological approach, which is particularly well suited to discovering more about the essential nature of experienced phenomena, in this case therapeutic turning points (Gearing 2004). Therapeutic turning points are in many ways so familiar as an assumed goal in dramatherapy that they may get overlooked, especially from the perspective of those who experience them most directly, the clients. In dramatherapy such turning points are in some ways similar to the everyday phenomena considered by Husserl (McLeod 2001) when he was originally developing phenomenological analysis which he rooted in first-hand experience.

Two suitable clients came forward to provide interview accounts for the study. To have access to more accounts while remaining within the parameters of the study¹ I broadened the field and include the experiences of facilitating dramatherapists. These were individuals who had facilitated programmes of dramatherapy during which they believed their clients had experienced therapeutic turning points. While this was not my ideal, by having some accounts from facilitating dramatherapists alongside two accounts from clients, I hoped that any assumptions held by practising dramatherapists that were not shared by clients would be seen as such.

In the end, accounts were used from two in-depth client interviews, two dramatherapist interviews and three dramatherapist questionnaires. These described client turning points from a wide variety of settings (schools, mental health institutions, private practice, trauma centres etc.). The dramatherapists had received their training from Exeter, Hertfordshire, Sesame, Concordia and NYU and practised using a range of approaches including CANY, Sesame, DvT and Environmental Arts Therapy.

In this study, the design and use of open-ended questions for the semi-structured interview (or alternative questionnaire) was part of the first phase of descriptive bracketing. As part of the process, presuppositions and desires were explored and as far as possible set aside (Gearing 2004). The interview questions provided some broad direction but in-depth personal and divergent responses were encouraged.

The key questions asked the participants to say something about how the therapy had developed in general and then describe their identified turning point/s, along with what happened beforehand and afterwards, in detail. Several non-directive prompts were employed to encourage the participants to amplify in any way they wished, especially with reference to what happened within the sessions, within the transitional space and about any processes they observed.

During the bracketed analysis the phenomenological stance of horizontalization was employed. With this “no one meaning is considered more important than any other” (McLeod 2001: p.41). During horizontalization every statement is allowed to stand so

¹ The study adhered to ethical guidelines and was carried out in a relatively short time with a limited budget. More details of the processes by which the various research issues were addressed within the original study can be obtained through direct email communication: mredfern@talktalk.net

it can challenge assumptions or provide pieces for the puzzle. This process is strikingly evident in Laing's (1965) ground-breaking analysis of apparently meaningless schizophrenic patient statements. However, Laing (1965) went beyond simple horizontalization by viewing *all* the accounts almost exclusively from the perspective of the schizophrenic patient, which perhaps prevented him from observing more systemic patterns (Palazzoli et al. 1978). In this study I attempted to consider dramatherapists' accounts from the perspective of the clients and also their authors, the dramatherapists.

The bracketed phase or Epoché was primarily guided by Moustakas's (1994) description and the reduction broadly followed Hycner's (1985) procedure. Units of general meaning were separated out and carefully interrogated with those identified as not relevant to the essence of the phenomenon discarded (Hycner 1985; Moustakas 1994). During this stage audio recordings were played alongside interview transcripts for maximum access to non-verbal information. To see beyond the text and attempt to express aspects of the phenomenon that were not already understood, more intuitive approaches were used for creative synthesis (Moustakas 1994; McLeod 2001). No independent parties checked this process, but five of the seven resulting account summaries were sent to the original account authors for checking and these were all approved.

Findings

a) common elements & themes from the bracketed phase of analysis

There were no major generic differences between the contents of the dramatherapist accounts and those of the clients, although the two clients put much greater weight on linking their current life-issues to what arose in their sessions.

Each account was originally analysed separately to identify and synthesize account-specific cluster headings and themes. From these, common elements and themes (across the accounts) were identified as shown below.

Preparation – readiness

A strong sense of readiness was indicated in every account. While in some cases the client or the dramatherapist emphasized their preparatory work, sometimes the client's readiness evoked surprise from the therapist or client.

Several accounts emphasized the building of trust; one described how the client and therapist initially had to develop a language of feeling together.

Story: trauma represented in the metaphor

All the accounts contained some central representation of the client's own trauma story. In two accounts the clients created stories that provided distance from, yet paralleled, their own trauma and these stories became a springboard for entry into dramatic action. In another account the client recounted a traumatic story from her past and moved directly into dramatic action based around it. In other accounts the clients' stories became alive in the metaphor. The representation of story was not overt for the client whose therapist employed the CANY approach (where enactments focus on empowerment, recognition and future possibilities) but interestingly initial engagement occurred out of the topic of animal cruelty which may have paralleled her extremely traumatic past.

Energy from a guiding desire

Without exception, there was evidence of energy from some sort of desire driving each turning point. In one account a subtle choice of card seemed to trigger an energy that guided the client into a full-bodied dance. In another, the client described dreams the night before a session and became energized with creative acts during the session. An interest in the missing details of a story led to one client helping create and become entranced by a scene that was then acted out with her at the centre. An older client engaged in creating a sculpt, felt it come alive, engaged in a struggle and found its image still resonating with her months afterwards. A boy who had repeatedly avoided any interaction that went near to his trauma or his vulnerability, finally tapped into his desire to engage. He shifted from passive avoidance to leaping on his therapist's back and with her support his resistance was transformed into engagement. A client saw a shadow on a hillside which alluded to his internal expanse of repressed feelings and with support he became energized to powerfully shout them out. One client stated "The process is strong within us. It's as if the psyche guides me to healing."

Support to take action and follow through

There was desire and energy and there was support for that desire. The accounts are full of descriptions of the support provided. In the dance the dramatherapist writes:

“I invited him to enter into a dramatic enactment of this card ... to respond to the card using movement. I stood up with the client, stepped back, but maintained eye-contact and presence ... keeping a steady proximity of distance. My response was to join him in the dance. I allowed enough space so that he could move freely. I mirrored the client’s movements. I used similar movements. This seemed to give permission and liberty for the client to go into his dance.”

In one story the client’s interest is supported by the therapist simply allowing her to take the role she desired, to be central but not responsible, and actively “watch spellbound” what she had been denied, knowing that it was her needs that were being supported. The support is not only to start the action but it remains in some form, clearly providing positive feedback to help the client reach some goal or complete some process. In some cases this involved physical support, such as moving a heavy load. In others the rest of the group seemed to provide crucial encouragement.

In some dramatherapy accounts a shift is recorded prior to or during this phase of support, as though the client suddenly becomes ready and able to feel aligned with the dramatherapist and receive the support needed to take the action further.

The therapist follows – without knowing where

The accounts all reveal the dramatherapist supporting the client without knowing quite where the process would take them. In one example the therapist wrote “I didn’t have any expectations for how the client may respond to the card” and in another, when the dramatherapist described the key drama, he said “we were just improvising”. One client explicitly stated “I love the way [the therapist] would follow my leads.” Improvisation, psychodrama and other approaches are evident in the accounts and appear to help the therapist follow into unplanned areas.

Creative transformation

A story becomes a dance which becomes wildness. A gap in a story becomes a scene of embodied reparation. A dancer finds an imaginary cloak is transformed

from being heavy and dark to become many-coloured and light. A child is created and buried in the woods and later released to soar among the elements. A static sculpt comes to life and unexpected words are spoken. A shadow becomes *The Shadow* and all its contents released. Brambles become a block of blame and shame and are then cut through. A dead person is created in many ways with wild materials and then becomes everywhere. Such creative transformation appears to be a fruit of the client's guiding desire in these dramatherapy turning points.

Resistance then completed release

Transformation requires release; release of the old to allow the new and release is evident in every account. Sometimes the release seems clear through tears, anger or laughter. Sometimes it is less definable as when one client started to dance and "there was a feeling of excitement and abandon". Most accounts indicate a release of feeling but all indicate another form of release.

It is as though the supported energy or desire has overcome some opposing structure, often evident as resistance in the accounts, to allow a release from it in the transitional arts/playspace. The structure's ties have been temporarily broken. In one story a young client releases herself from holding on to so much worry and responsibility. She gives it over to the adults to play out in drama while she is allowed to observe. In another example, after struggling to remove a created mound of rocks, the client's account repeats words of release time and time again, "I released her to the elements, I think I just let her go". After engagement with the long dark shadow, the therapist says "On the hillside we were able to give voice to the feeling that was in there - to really open up and let it out." What had been hidden or buried was released into the open. Through moving into an ecstatic dance one client seems able to release himself from identification with loss and isolation and he allows himself to be with another in reverie. A young woman who had formed a habit of hiding and of following others lets this pattern go to embody a completely new role as a public leader and afterwards she exclaims, "Oh my god, I didn't know I could do that...That was so cool!" These accounts reveal more than an easy release from a loose tie. There is a sense of release that was a struggle but was completed within the dramatic space.

Embracing the missing something

In every turning point there is an element of embracing a missing something that seems to be the object of the guiding desire. The missing piece of the story (representing the missing process at home) draws the girl to “sit spellbound” and absorb it. The feelings perceived as hidden in tree roots or as deep shadow on a hill are the ones he reclaims and shouts out to the world. The isolated and abandoned child that the adult client cannot bear to look at is what she is driven to uncover, release to the elements and then love. The missing autonomy and self-esteem of an abused young woman draws her to embody a national leader. Surely the client who dances, having chosen a card with a lion alongside another, longed for the wildness of the lion and the connection pictured in his chosen card.

In these turning points a new encounter takes place with a missing something that is an opposite of what has been released. The missing opposite is now embraced in some way; in some cases even embodied. It seems that there is, in these brief moments, a joining with what has been separated off.

Transformations in the real world

Creative transformation, release and embracing the missing something all take place in the arts/playspace for a brief period of time. Without exception, in these accounts of turning points, some profound effects are also noted afterwards. The young woman who played a national leader experienced a revised self-image at a whole-person level. The angry outbursts at school from one girl stopped and the client became closer to her step-father. The man who shouted out his hidden feelings found himself gradually moving from a very stuck place with excessive drug use to a place of relative well-being. The effects from the ecstatic dance and the work that followed seemed to affect the client's whole life.

Embodied cycle of the process

In all the accounts there is clearly a cycle that starts with an initial readiness and guiding desire. This is supported into action and transformation within some form of transitional space. The transformation involves an embodied release from an established pattern and an embrace of a missing something followed by some transformation in the real world.

b) elements identified after the bracketed phase of analysis

Identifying and describing the above common elements was the end result of the bracketed section of this study. The next phase involved linking these elements to the wider world.

Going beyond any healthy Gestalt cycle

The embodied cycle or the way the identified elements flowed during these dramatherapy accounts paralleled an organism's natural, healthy and unblocked Gestalt cycle, for example as described by Clarkson (1999). This is not surprising as these turning points effectively enabled clients to move on in some way from a place of stuckness and it is even possible that completion of such a cycle was a critical factor for these turning points.

Furthermore, those identified elements that are not essential to any Gestalt cycle but were present in the accounts may highlight essential elements of dramatherapy turning points that are beyond a normal Gestalt cycle. The clear additions are: the clients entered a transitional space where their trauma and loss were represented; there was some creative transformation; after some resistance there was a completed release from the holding ties of one pattern (or role) to successfully embrace a missing and opposing different one; the client was supported throughout this process and on leaving the transitional space some noticeable internal transformation became apparent.

Going beyond an 'effective' dramatherapy session

For dramatherapists it may be more interesting to ask which of the elements common to these accounts was beyond what is usually present in dramatherapy. Some elements, for example *story: trauma in the metaphor* and *creative transformation* appear to be normal dramatherapy processes as they match "life-drama connection" (Jones 2007: p.117) and "transformation" (Jones 2007: p.119) from Jones's list of therapeutic core processes. *Energy from a guiding desire* and *support to take action (and follow through with it)* are also present in most dramatherapy, although the level of energy and the nature of the support could be significant for these turning point experiences. In some models of dramatherapy it is

usual for the therapist to follow the client (Emunah 2009), although some dramatherapists are reticent to follow their clients into difficult or unknown territory.

It is, therefore, not straightforward to differentiate the common elements identified in these personal accounts from the elements common to dramatherapy in general. For example, some form of *readiness* is clearly essential to engage in any activity, but the readiness evident in these accounts may describe something more specific to these turning-point experiences.

However, three elements do seem to be clearly additional to general dramatherapy. The first two of these, *completed release after some struggle* and *embracing the missing something*, take place almost simultaneously in the arts/playspace. The other, *transformations in the real world*, seems to result from the former and become evident afterwards.

The accounts used in the study therefore describe several elements that are to be expected in general dramatherapy work, but additionally they describe a specific movement. This movement may even describe a process of dramatherapy-led re-integration for clients who had become stuck after experiencing trauma.

The movement is a completed release (after some struggle) from a well-held pattern or structure and the embrace of a missing opposite that takes place in the arts/playspace and leaves the client significantly changed afterwards.

Discussion

Limitations

The general arguments in favour of or against phenomenological analysis can all be applied to the above analysis of turning points. In addition, clearly the study would have benefited from being based primarily on a larger set of client accounts derived from a wide range of experiences. As already stated, the range of dramatherapist backgrounds and training was diverse and the accounts related practice from a very wide range of settings, with different aged clients working in both the UK and US. The qualitative approach used did not require a representative or random sample as it was designed to provide “insights rather than generalizations” (Thomas 2009:

p.101) but a broader range of participant experiences increases the likelihood of differentiating universal experiences and themes from more particular ones, and so potentially provide better insights into the essence of a phenomenon.

Were these true turning points?

The presence of *transformation in the real world* within all the accounts indicated that these were turning points according to the definition early in this chapter. This of course assumes that the participants weren't overly misrepresenting any transformations or changes that resulted from the experiences. The turning-point experiences were not generally identified as singular events entirely responsible for transformation, so singling them out for analysis may be misleading. However, the accounts did clearly indicate that these turning point experiences were considered pivotal in the process of change and reparation.

Multiple traumas and turning points

Many clients who become stuck after experiencing trauma or severe loss have experienced multiple traumas and losses (Korn & Leeds 2002) and so probably need to revisit several aspects of their trauma and may experience many turning points as they re-integrate different aspects of their lives. This was appreciated by participants:

“The process is very slow. The dissociation unfolding is amazing. It comes with what you can handle.” (Client account)

“Sometimes the game may just be that you're taking people through to another level. There's so much more work to do.” (Dramatherapist account)

Insight, emotional release, re-integration and change

While some new insights were apparent in the accounts, they were not explicitly evident in all of them, perhaps because some were purely therapist accounts.

Yalom (2005: p.141) emphasizes in his seminal text on group psychotherapy that insight needs to accompany any here-and-now experience, however intense, for it to effect change. Blatner claims that during catharsis the “outward expression of emotion is just a reflection of an inner reintegrative process” (Blatner 2000: p.111)

which is described by Moreno as occurring at the moment when feeling and thoughts become integrated (Landy 2009).

I wonder whether this re-integration process not only generates an expression of feeling but perhaps enables fresh insights to be available from the newly integrated parts. If this is so, the new insights do not *enable* that phase of reparation, but *reflect* that it has already taken place. Of course new insights may also help direct clients toward further future change, but seeing insights and emotional release as resulting from reparation as well as potentially enabling future change is important. It challenges the frequent emphasis in some models of dramatherapy to separate out cognitive reflection from the embodied dramatic experience, as doing so may not honour an integration-based approach to healing trauma.

Non-dramatherapy turning points

The two client participants each chose to describe accounts of more than one turning point. One of these descriptions was rejected from the analysis because it was not facilitated through dramatherapy. Interestingly this turning point still contained most of the common elements found in the other accounts. There was certainly readiness, the client was present with their trauma story, clear support was provided by the therapist, there was real resistance and then powerful release as the client let go of one image of herself and faced an opposing one. There was also a transformation in the client's life.

Dramatherapy and other arts therapies offer the transitional arts/playspace where transformations can occur in a seemingly separate reality from the rest of a client's life. This transitional space was used to facilitate reparation in the various dramatherapy accounts. However, as reparation and re-integration are not unique to the arts therapies, the heart of healing is surely not in this arts-based process. The real focus of the accounts was on the difficult release from a familiar (but now restrictive or redundant) role or pattern to embrace a missing opposite aspect of life (or self) that the arts process simply facilitated.

SUMMARY

“All dramatherapists believe in creating a safe space for their clients”

(Emunah & Johnson 2009: p.25)

Within dramatherapy's safe spaces, clients have a supported opportunity to meet with, and even embrace what they have been both drawn to and avoided for too long. It seems this scary encounter is a staging post for the re-integration which is central to the various dramatherapy approaches examined in Part I of this chapter. It is also at the heart of the personal accounts in Part II.

The Common Framework that I set out towards the end of Part I may be helpful as it formally lays out key stages and elements that are widely used in effective dramatherapy with clients who have become stuck after experiencing trauma. This organizing structure can be used for planning, reflection & supervision.

The analysis of accounts in Part II reveals central aspects of how some dramatherapy turning points were experienced. This includes factors that seem to be prerequisites as well as a central movement made by the client that appears to describe an aspect of re-integration.

Finally, it is worth noting that it is the client who at some point becomes ready and it is their energy and desire that requires support into action. It is their safety we are concerned with as we help them set the stage and stock up their resources for the action. It is their difficult struggle we support as they release themselves from the oh-so-familiar and embrace something that was missing and is now scary for them. To attempt rushing this process would contradict the reported experience of clients; that they sense their therapist following their lead. However, to be more aware of elements at the heart of a client's healing process could be invaluable in supporting and encouraging them to finally take those difficult steps toward re-integration and reparation.

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