

**NEW ESSAYS IN DRAMA THERAPY**



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Unfinished Business

*By*

ROBERT J. LANDY



**Charles C Thomas**  
PUBLISHER • LTD.  
SPRINGFIELD • ILLINOIS • U.S.A.

*Published and Distributed Throughout the World by*

CHARLES C THOMAS • PUBLISHER, LTD.  
2600 South First Street  
Springfield, Illinois 62704

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ISBN 0-398-07235-3 (hard)  
ISBN 0-398-07236-1 (paper)

Library of Congress Catalog Card Number: 2001037599

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*Printed in the United States of America  
MM-R-3*

**Library of Congress Cataloging-in-Publication Data**

Landy, Robert J.  
New essays in drama drama therapy : unfinished business / by Robert J. Landy  
p.cm.  
Includes bibliographical references and index.  
ISBN 0-398-07235-3 (hardback) -- ISBN 0-398-07236-1 (paper)  
1. Psychodrama. I. Title.

RC489.P7 L345 2001  
616.89'1523--dc21

2001037599

*In memory of Edith and George Landy*



## PREFACE

In a recent drama therapy session, a client named Ray invoked a striking image. He saw himself holding onto a thick rope. The rope was attached to a sailing vessel which he identified as The Mayflower. Although he imagined that all the significant people in his life sailed on The Mayflower, he told me that the ship was empty.

“Then why are you holding onto the rope?” I asked.

“I don’t know,” he replied. “I just can’t let go of all the ghosts.”

The subtitle of this new book of essays is “Unfinished Business.” As the author of the following 12 essays written over a period of five years, one of my major concerns is to examine the possibilities of letting go and the notion that by doing so, individuals like Ray move closer to an effective closure. Throughout this book, I hold the assumption that an effective closure will come as individuals attempt to complete their unfinished business. By unfinished business I mean the many unresolved, uncomfortable moments that are avoided or denied, that spring from uneasy intimacies and unsatisfactory attachments, from the failure to speak one’s mind, to assert one’s will, and to acknowledge and correct a real or imagined wrong.

Another more general concern is to continue my work toward the shaping of the broad parameters of drama therapy. Now in its third decade of life as an established profession, the field of drama therapy is still a bit sketchy in terms of clear self-identity, clinical efficacy, means of assessment and evaluation and effective research protocols. The several pioneers in Britain and America have collectively created a substantial body of work, each one defining his/her territory so well that the field can now point to recognizable models. I think first of the early work of Peter Slade in England who conceived of the spontaneous dramatic activity of children as an art form and a therapy. Significantly, Slade created a developmental model that spoke to the emerging dramatic forms created by children.

Marian Lindkvist founded Sesame Institute in London which spearheaded her ideas of integrating drama with movement and art. Her cross-cultural research supported her approach to training and clinical treatment. Sue Jennings, who began her creative therapeutic work with disabled individuals,

offers several challenging and influential models of drama therapy, including a powerful approach to working therapeutically with dramatic texts. Perhaps her most influential model is that of embodiment-projection-role (EPR), which conceives of human development in terms of movement from the body to the developing ability to take on and play out roles.

Alida Gersie's work in England and Holland has also been pioneering in presenting a model of therapeutic storymaking based upon a cross-cultural understanding of stories and their medicines. And Ann Catternach contributes a model of play therapy based upon a deep understanding of the stories and enactments of abused children.

In the United States, the two major academic training programs in Drama Therapy offer two separate models. Renée Emunah at the California Institute for Integral Studies works from an eclectic five-phase model of dramatic play, scenework, role play, culminating enactment and dramatic ritual. And I work from a role perspective in theory and practice, an approach which will be amply explored in this book.

David Read Johnson continues to be one of the leading American drama therapists whose model of developmental transformations, an improvisationally-based approach of "playing the unplayable," has strongly influenced many practitioners and researchers. Other American pioneers include Eleanor Irwin who works from a psychoanalytic model, Pat Sternberg and Nina Garcia, who work from a sociodramatic model, and Pam Dunne, who has developed a narrative approach to drama therapy. Among the newer generations of practitioners, there are even more approaches to drama therapy and more ways to conceive its theoretical framework and its application to mental health and community life. In a recent anthology (Lewis and Johnson, 2000), 16 American approaches are highlighted. The field has also developed internationally, in countries including Israel, Greece, Italy and Germany. With such a cornucopia of figures, where is the ground?

This volume attempts to lay more of the groundwork within a consistent framework of theory and practice. Rather than an anthology of many voices, it offers a single voice intoned in many keys. It is not at all accurate to say that I am attempting to finish the business that has been pioneered for the past several decades. Rather, I am taking a next step, extending the work that Peter Slade envisioned in the 1950s, that Sue Jennings envisioned in the 1960s and that several other pioneers pursued through the end of the millenium. And I am taking another step beyond my first volume of essays (Landy, 1996), whose theme was the double life and whose concern was primarily theoretical.

This book focuses upon theory and practice, as did its predecessor. But it



moves into new territory by addressing issues of assessment, supervision and termination. And it does so in a style that becomes increasingly personal, measuring the meaning of the process of drama therapy against my awakening as a teacher, healer, scholar, father and son.

Notable in this volume is attention to cultural and spiritual issues, the former represented by an essay concerning my dialogue with Chinese culture in Taiwan. The latter is explored in “How Children See God,” where I offer some thoughts on ways to access and assess the spiritual lives of children. This work has since been expanded into two books: *How We See God and Why It Matters* (Landy, 2001) and *God Lives in Glass* (Landy, 2001).

In the two essays, “Fathers and Sons” and “Open Cabinets,” I attempt to integrate most fully the theoretical and the personal in wrestling with issues of intimacy and responsibility.

Throughout this book I play with some of the intricacies of a model that springs from my earlier work, that of role, counterrole and guide (R-CR-G). It is not only the center of my approach to drama therapy, but also my essential way of seeing the interplay of shadow and light, evil and good, death and life, adult and child. This model is similar to the Western philosophical notion of thesis, antithesis, synthesis, the Chinese divination system of trigrams found in the *I-Ching*, the Christian holy trinity of Father, Son and Holy Spirit, and the Hindu holy trinity of Rama, Vishnu and Shiva—the Creator, Preserver and Destroyer. It mimics the primary biological reality of Mother, Father, Child.

The role trinity moves beyond the notion of polarity, of either/or, into the more complex territory of the continuum, of both/and. It implies an acceptance of metaphor and paradox as essential aspects of the human condition. Like the aesthetic experience itself, this model of healing is based upon an openness to parts of the psyche and of the world that are irrational, intuitive, unseen and mysterious. It is a scheme that attempts to hold together pieces of existence that are perpetually in motion.

In the clinical vignette I mentioned earlier, there are three roles present: a man named Ray holds onto an empty boat called The Mayflower by means of a rope. “Why not let go?” I ask. He does not know the answer, responding only: “I just can’t let go of all the ghosts.” And suddenly the role of the boat expands. The empty Mayflower is full of ghosts. Although this striking image might be a guiding one, it also might be a counterpart of Ray, who needs to discover a way to release the vessel that hold his fears.

Ray comes to therapy hoping that I can help him to let go and complete his unfinished business. I am his guide. But I cannot cut the rope for him. I can only play the witness. As such, I stand by him, waiting for him to trans-

form the role of the one who holds onto the ghost vessel to that of the one who lets go. I am there to witness his discovery of a guide figure within himself, a vessel that can carry him and hold him safely on dry land, a surgeon that can cut the umbilicus that has bound him to his traumatic past. I am there with him to watch *The Mayflower* sail out to sea and drop off the edge of the earth.

To complete unfinished business, I suggest in this book, individuals need to invoke imagery rich enough in paradox, in role and counterrole, and work with it as long as it takes to cut loose from the ghosts, those frightening figures from the past that sail into the unconscious at will. And because this task is a dangerous one, they need effective guides. The first one, the drama therapist, is a stand-in. The true guide is an inner figure brave enough to recognize and confront the ferocity of the ghosts, wise enough to understand their illusory substance, and practical enough to drop the rope and move onto dry land.

I write this book with the thought that to complete unfinished business and to live safely on the dry land of consciousness, one needs to have sailed out on dark unconscious seas again and again.

R.J.L.

## ACKNOWLEDGMENTS

During my years as Editor-in-Chief of *The Arts in Psychotherapy*, I took great pleasure in my dialogue and friendship with Sylvia Halpern, the managing editor. Sylvia was instrumental in encouraging me to keep writing about drama therapy and the creative arts therapies at an early point in my career. With her guidance I persisted, one result of which is this collection of essays. Sylvia passed away in 2001 at age 90. I will sorely miss her.

A number of articles were first published in *The Arts in Psychotherapy*: “Drama Therapy—The State of the Art,” Volume 24, pages 5–15, 1997; “Establishing a Model of Communication between Artists and Creative Arts Therapists,” Volume 25, pages 299–302, 1998; “Drama Therapy and Distancing: Reflections on Theory and Clinical Application,” Volume 23, pages 367–373, 1996; and “Drama Therapy in Taiwan,” Volume 24, pages 159–173, 1997. They are reprinted here with permission from Elsevier Science.

The article, “Role Theory and the Role Method of Drama Therapy,” was first published in *Current Approaches in Drama Therapy*, Charles C Thomas, 2000, edited by Penny Lewis and David Read Johnson. It is reprinted here with permission from Charles C Thomas, Publisher.

“The Role Model of Supervision” was first published in *Supervision and Dramatherapy*, Jessica Kingsley, 1999, edited by Elektra Tselikis-Portmann. It is reprinted here with permission from Jessica Kingsley.

I am very grateful to my students who continue to guide me deeper and deeper into an understanding of the power and gentleness of drama therapy. I especially wish to acknowledge Erin Conner who has helped me with the assessment research. And I also want to express my appreciation to the New York University class that includes Susan Clayton, Erin Conner, Dana Greco, Young-Ah Kang, Elyssa Kaplan, Amal Kouttab, Lisa Merrell, Junko Muraki, Alan Pottinger and Jim Tranchida.

I want to acknowledge my clients whom over the years continue to be a source of enlightenment and inspiration. Their courage and their fear, their need to open and to close keep me on a path of many wonders.

I wish to also acknowledge the beautiful work of many hundreds of chil-

dren from many faiths and countries who openly expressed their images of God.

Michael Thomas of Charles C Thomas continues to be a loyal and generous supporter. I am most grateful for his active support not only of my work, but of the entire field of creative arts therapy.

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**NEW ESSAYS IN DRAMA THERAPY**





**Part One**  
**THEORY**



## Chapter 1

### DRAMA THERAPY—THE STATE OF THE ART

I've been told that just below the ruins of the ancient Theatre of Dionysus in Epidauros, Greece, lie the remains of an equally ancient hospital. On one crumbling pillar is a plaque which informs the tourist that patients of this hospital were cured by performing in the Greek chorus. Historians of the theatre (see Brockett, 1992) frequently tell us that the art form originated in religious rituals and rites or in shamanic healing ceremonies (see Kirby, 1975). Aristotle's mention of the cathartic effects of tragedy on an audience in the third century B.C. further attests to the healing function of early theatre. The origins of healing through the dramatic art form are very deeply set in history. To this day, the female shamans of Korea, the Taoist priests of China, the masked dancers at Owuru Festivals in Nigeria, and the celebrants at Mardi Gras in Louisiana and Carnival in Brazil, all enact a form of cathartic healing through assuming archetypal roles and working their magic.

To truly appreciate the therapeutic values of dramatic activity of all sorts, including ritual, play, improvisation, storytelling, mask, puppetry, festivals and theatre performances, one would need to carefully study the cultural systems of prayer and medical care, of art and philosophy. Even then, we would only get a snapshot of a single culture that dramatizes its existence in particular ways. It is possible to find in-depth studies of culture from the point of view of those who see experience filtered through the lens of the drama as therapy. See, for example, Sue Jennings' (1995a) study of the Temiar of Malaysia and Richard Courtney's (1986) study of the Amerindian experience.

Culture is on my mind because I have recently spent a considerable amount of time traveling to other cultures to present my sense of drama therapy. Not surprisingly, when in a foreign culture, far away from home, I not only try to make sense of the drama of Taiwan or Israel or Greece, but also of my own form, home grown. As I move out in the world, I am transported back inside, to the vessel which has brought me there. That form, that vessel is drama therapy. This paper is an attempt to give my sense of its status as a