

**TRAUMA-INFORMED
DRAMA THERAPY**

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Transforming Clinics, Classrooms, and Communities

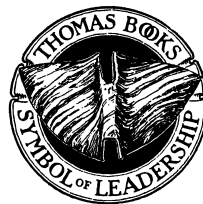
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(With 16 Other Contributors)



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FOREWORD

Drama therapy is a form of active imagination that has tremendous potential in the treatment of trauma. The act of imagining enables a dialogue between body, mind and emotions. It is essential for inventiveness, creative thinking, unconventional problem solving and humor. Use of imagination provides distraction and relief in situations of ongoing stress.

The imaginary world allows a broad exploration of coping strategies for stress-inducing situations, in preparation for applying them in reality. The individual imagines situations and events, through which he develops an internal dialogue and experiments with the emotions evoked in the process. This is what we mean by imaginal preparedness. Indeed, the research literature has many references to the advantages of imagination in assisting in problem solving, mental flexibility, coping with stressful situations, crises and difficult situations.

Fantastic Reality is a temporary safe place away from the pain experienced in reality. In this space an alternate narrative can be created that enhances mental resilience. Fantastic reality is an all-encompassing space that includes dramatic space, potential space, and internal space. It can be a tangible space (as in Drama/Drama Therapy and Psychodrama), a developmental/therapeutic space between mother/therapist and child, or an internal story someone tells themselves.

Playing make-believe provides a resource for children for flexible thinking and problem solving. The ability to pretend through play or fantasy is positively related to their coping abilities. Playing make-believe games is a form of stress reduction among children. Children with more daydreaming skills are better able to fantasize as a means of managing intense emotions such as anger. Children who play make-believe games are happier: they smile and laugh more often than children who engage less in imaginative play. Research shows that children with less of an ability to imagine are more impulsive and less organized compared to children with a greater imaginative ability.

The use of imagination specifically in coping with trauma has been noted by many investigators. During times of crisis and great danger, fantastic reality enables people to temporarily detach from the life-threatening event. Victims of rape, traumatic disasters, torture, prisons, and hostage-taking often report this detachment (or dissociation) from reality. This detachment is one of nature's small graces that shields us against unbearable pain and enables subjective distancing and sensory analgesia.

Thus, fantastic reality is not a state where clients lose contact with or deny objective reality. Indeed, several studies found that children who excelled in producing fantasies had better concentration, enjoyed their activities more, were less aggressive, developed better social and cognitive skills, had more developed emotional abilities, learned how to organize information in a more effective way, and more effectively integrated between their internal and external experiences.

Fantastic Reality allows the psyche to play again as it did in early childhood, in a space where laws of reality do not govern, where one can invent stories as part of the quest for answers and insights for real life situations for which logical solutions are no longer satisfactory. Being in fantastic reality is often experienced as a trance-like state. The resulting relief is perhaps comprised of the sensory experience of childhood omnipotence that enables the adult to experience what Winnicott calls *creating a world*. This experience parallels the empowerment process whereby the individual feels competent and influential, has self-respect and feels others respect him. Healing or relaxation is experienced by permitting the psyche to play like a child. This experience is possible in a noncritical, nonjudgmental, non-self-righteous space; a space that is creative and encouraging.

In support of this, my colleague Nira Kaplansky, in her doctoral dissertation, discovered that clients' childhood experiences of imaginative play, especially when supported by the parents, appears to strengthen their resilience years later when confronting a new traumatic experience.

Similarly, in terms of memory theory, engaging clients in fantastic reality activities may facilitate the transition of the traumatic information initially coded in visual, embodied form to verbally accessible memory systems, allowing the client to find words for their experiences. In this way, imaginal procedures such as drama therapy may be critical to reconstructing the trauma narrative.

Unfortunately, we are often confronted by the fear of imagination in Western society, which has a clear preference for being grounded in reality as opposed to floating in fantasy and imagination. The clearest example of this is the way psychiatry and clinical psychology describe the manifestation of imagination: fantasy, delusion, hallucination, illusion, dissociation, fiction,

denial, and only one positive word – creativity. Biomedical research is more likely to be funded if it examines real-life chemicals rather than fleeting imagery. It is therefore essential that we find ways of articulating the bases for imaginative forms of treatment and not to withdraw from an active debate with our colleagues in the mental health field. And that is why this book is so important: for the authors confront all these questions regarding the need for drama therapy, its strengths and potential, and the challenges and criticism it faces.

The book begins with an excellent overview of the history of PTSD, including the many roads it has taken, and its four main components: moral, physiological, societal and psychological that rose and fell in the historical cycles of denial and avoidance. The various methods to treat psychological trauma are also reviewed including the controversies over some of the methods. But most importantly the book deals with the challenges to drama therapy from today's societal environment, especially the new media and the reign of cognition over emotion.

As the editors eloquently state: "Drama therapy of all types is based on a set of values and perspectives on the human condition. These include the importance of intimacy in interpersonal relations, embodiment and physicality, imagination and transcendent experience, and depth of emotional expression." Despite their conclusion that the current climate of trauma treatment and mental health does not support these values, the authors of this book stand up proudly to this fear of imagination and against the marginalization of our field in the larger healthcare environment. They present coherent and innovative aspects of drama therapy and its application to trauma treatment in a rigorous way. While adhering to the roots of drama therapy in theater and drama as artistic media, they simultaneously help us look at drama therapy with a critical eye, using theoretical and scientific lenses in examining what we do in great detail.

I believe that this book will bring the message across and stand as a lighthouse to all those who wish to cherish and develop the humanistic aspects of psychotherapy along with efforts to study and research its effectiveness. This book will help us never forget the important role of the imaginative space in healing those who suffer from the wounds of psychological trauma.

MOOLI LAHAD

PREFACE

This book was born out of our work at the Post Traumatic Stress Center, where we were confronted daily with the harrowing stories of our clients' traumatic events. Foremost was simply trying to be present to them, regardless of the modality of treatment we were intending to use toward their recovery. However, we had the privilege of developing a team of drama therapists at the Center who worked together every day, often sharing cases, and constantly consulting each other. We celebrated clients' progress, we agonized over their years of suffering, and we fought our emotional numbing over what human beings are capable of doing to each other. We asked ourselves: how can drama therapy help someone who has been re-living a horror from fifty years ago? How can drama therapy help a two-year-old child who was pulled out of a nightmare three weeks ago? These hurdles have humbled us and have moderated any urge to make inflated claims about drama therapy or indeed any treatment approach. Healing requires *work* on the part of the client, the therapist, and society, because we are up against something very powerful. Having eleven drama therapists working together in this context brought to the fore the potential for drama therapy in the healing of trauma: each of us bringing our own unique perspective on the challenges we faced while sharing an extensive and deep background in drama therapy.

We felt that there was a need for a book that attempted to assess the role of drama therapy in trauma treatment in general, and in a broad array of settings including clinics, classrooms, and community settings. There were already several established models in drama therapy or psychodrama but we were aware of many others that were emerging. We wished to bring forward these emerging methods and provide a historical and conceptual review of the state of the field. We look forward to future editions of this book as the field continues to grow and these methods become more articulated.

We are primarily grateful to our clients who have awed us with their courage and willingness to face the shadows in their treatment. We are immensely honored to have worked with our drama therapy team: Angel

Bilagot, Cat Davis, Jason Frydman, Kim Jewers-Dailley, Elyssa Kilman, Christine Mayor, Renee Pitre, Jodi Rabinowitz, Mira Rozenberg, and Jesse Toth. We also appreciate the intimate and deep support provided by the leadership and staff of the Center, particularly Hadar Lubin, Kristin Hale, Linda Berger, and Joyce Voller.

We are in great debt to our community partners in New Haven who have collaborated with us to further the work of drama therapy: Alice Forrester of the Clifford Beers Child Guidance Clinic, Ann Brillante, Judith Puglisi, and Susan Weisselberg of the New Haven Public School District, and Laoise King of the United Way of Greater New Haven.

Personally, Nisha wishes to thank David for being a trailblazer in the treatment of trauma and in drama therapy. She is also thankful to her family, Sonia, Reena, Richard, and Rakhee, and to her love, Ann.

David wishes to thank Nisha for moving to New Haven from Montreal and leading the development of our drama therapy program at the Center. He is also so appreciative of his loving family, Hadar, Corinda, and Adam, for their support.

N.S.

D.R.J.

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**TRAUMA-INFORMED
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Section I
SURVEY OF THE FIELD

Chapter 1

THE ROLE OF DRAMA THERAPY IN TRAUMA TREATMENT

DAVID READ JOHNSON AND NISHA SAJNANI

The emergence of the concept of posttraumatic stress disorder in 1980 in the Diagnostic and Statistical Manual of the American Psychiatric Association (APA, 2000) has been a defining event in our society. Today, the knowledge that people's behavior may be impacted or determined by previous traumatic events in their life is widely accepted, not only in psychiatry but the justice, education, literary, and entertainment sectors. Based on nearly a century of discovery in widely divergent fields of psychotherapy, social advocacy, and basic science, psychological trauma, abuse and neglect continue to be at the center of our attention.

This book is an attempt to consider the current state of drama therapy in trauma treatment and to introduce emerging methods in the field. Whereas until 1980 drama as therapy had largely been applied toward personal development in educational settings and toward amelioration of psychiatric symptoms among hospitalized patients, increasingly drama therapy has been engaged in the treatment of both individual and collective trauma.

Beset as we are by being small in number, and short on quantitative research, drama therapists risk being marginalized in this pervasive effort to address psychological trauma in social policy, advocacy, treatment, and education. What role in the overall social movement to address the impact of trauma can drama therapy play? What are the unique contributions of our work? What relationships do we have with the other major forms of trauma treatment? What trends are evident now that will provide us with clues as to our future development, and therefore which paths available to us now should we be considering?