

NEW ESSAYS IN DRAMA THERAPY

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Unfinished Business

By

ROBERT J. LANDY



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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.

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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.

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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

healing form in the present, with some reference to its history and some speculation as to its destiny.

A BRIEF HISTORY

Phil Jones (1996) traces the early twentieth century development of drama therapy in part to two contemporaries of Stanislavski, Evreinov and Iljine. The former, a theatre director, examined the process of enactment as an instinctual means of making meaning for actor and audience, alike. Evreinov (1927) conceptualized two realities, that of the person and that of the persona, which he called "another ego." This other ego functioned to enter the imaginal realm and create a sense of alternative ways of being by ". . . transform[ing] the life that was into a life that is different." Through taking on and playing out fictional roles, the actor is able to overcome a number of psychological and physical ailments, according to Evreinov.

Vladimir Iljine developed a notion of therapeutic theatre based upon improvisation training. His technique was delineated through the following stages: theme identification, reflection on themes, scenario design, scenario realisation, and reflection/feedback (see Petzold, 1973 and Jones, 1996). During the last stage, actors were given the opportunity to reflect upon their dramatizations and relate the fictional elements to their everyday lives. Jones (1996) tells us that the work of Iljine is most influential in the development of drama therapy in Germany and the Netherlands where it is published in German. To my knowledge, Iljine's work has not been translated into English. Evreinov's work, however, is available in English as *The Theatre in Life* (1927).

The major European figure in the history of drama therapy is J.L. Moreno, a contemporary of Freud whose early work in psychiatry and theatre occurred in Vienna in the early 1920s. Moreno's notions of psychodrama and sociodrama have been well documented in literally thousands of publications by Moreno and countless scholars and practitioners throughout the world. His early work in Vienna and the United States included experiments in improvisational enactment with dispossessed people—prostitutes, homeless children, and prisoners, among others. His aim, often stated in grandiose terms, was nothing short of transforming the psyche, the polis, the cosmos into a more spontaneous state of being. Moreno's most lasting legacy is the invention of the forms of psychodrama and sociometry which provide a means of therapy through enactment and the rudiments of a theory of catharsis and role, intended to explain how and why the dramatization of experience leads to an amelioration of distress.

A recent study (see Shieffele, 1995) examines Moreno's contributions to

the art form of theatre. This is significant because it bases Moreno's work more directly in the art form of theatre and thus brings him closer to the tradition of drama therapy. In specifying the differences between psychodrama and drama therapy, one often states that the former is less based in the art form. But if Scheiffele's thesis is true, then that distinction becomes less credible and the two fields move closer together in principle, if not practice. For a clear discussion of Moreno's work and its effects, see Blatner (1997) and Hug (1997).

The most comprehensive histories of drama therapy, as such, are to be found in England and the United States. The Netherlands also has a rich history of drama therapy practice, and recent developments are underway in Greece, Italy, Portugal and Israel. With few exceptions, practitioners in these countries have published little concerning their work.

In England, the term dramatherapy (one word) was coined by Peter Slade, who became well known for his notion that the dramatic play of children is a natural form of learning and healing (see Slade, 1954). His ideas of drama as a therapeutic modality for people of all ages would provide impetus to all who came after (see Slade, 1959). Marian Lindkvist, another British pioneer, became instrumental in the field by developing the Sesame training program in 1964 aiming at training practitioners to work through drama and movement in therapy (see Pearson, 1966). Lindkvist in her own research traveled frequently to other cultures where she studied the movement, rituals, and dramatizations that others used as means of defining their existence.

The major figure in British dramatherapy, Sue Emmy Jennings, began her work in the early 1960s and became most influential early on with the publication of *Remedial Drama* (1973), setting forth her approach to working with various groups of children with special needs through drama and play. Jennings would go on to found many of the major university-based and training institutes in the U.K., and many of the training centers throughout Europe and the Middle East. During the past 20 years, she has stretched the borders of the profession by engaging in research in social anthropology, in collaborating with actors and directors, in expanding the metaphorical bars in the lives of prisoners, psychiatric patients, infertile couples, among many others, through exposure to the healing potential of dramatherapy.

New generations of dramatherapists in the U.K., influenced and educated by Peter Slade, Marian Lindkvist, and Sue Jennings are moving the field in new directions. These include the very poetic and precise work of Alida Gersie (1991, 1997; Gersie and King, 1990) in storymaking, the groundbreaking work in drama and play therapy with abused children of Ann Cattanach (1993, 1994), the theoretical and practical work with emotionally disturbed