

## **ACKNOWLEDGEMENTS**

My gratitude to my parents for their unwavering support throughout my seemingly everlasting academic journey cannot be encompassed in any amount of pages. My supervisor Tamara Gordon-Roberts epitomized “holding” throughout my post-graduate studies as a teacher, supervisor, mentor, and guide. She is a true calm amongst the storm and none of this would be possible without her commitment and wisdom. This study, which is a work of both heart and mind, is dedicated to the mothers about whom I write, for it is them who taught me. In the pages of this study I hope to do some justice to their teachings and to honour them as representatives of South African women whose strength never ceases to amaze me.

## INTRODUCTION

*This above all: To thine own self be true,*

*And it must follow, as the night the day*

*Though canst not be false to any man.*

- William Shakespeare, *Hamlet*, Act 1, Scene 3, 78-82.

In this famous farewell speech of Polynius upon his son Laertes' departure for Paris, Shakespeare captures my very reason for conducting this study. Being 'true' to oneself is understood in this context as loyalty to one's interests. Take care of yourself, Polynius advises, and you will be in a position to take of others. This study was created as a result of a personal belief which has developed through my observation of, and engagement with, a wide variety of South African women who perform the role of mother and caregiver; a belief which materialized from my own experience of women in my family. The belief is that women who provide care perform a function akin to a "pillar" by giving life, sustaining life, and connecting individuals in families, communities, and even societies. This "holding" which is so deeply important for the continuity and wellbeing of those being held and for those doing the holding is indeed a momentous task; its sustainability is dependent on the quality of the "pillar". My hope in creating this drama therapy process and justifying its value is that there is a need and worth in creating spaces whereby women who are mothers and caregivers can heed Polynius' warning by taking care of themselves and providing support for each other. Permission for self-care was granted to Laertes upon his departure for his journey. Permitting self-care arguably begins by willingly entering into a therapeutic process and yet, for the participants in this study, the internal and external negotiation of this permission continued throughout our time together. This study will explore the journey of a group of mothers and caregivers in search of the part of themselves that is 'good enough'. I hope to discover how and in what way drama therapy was able to provide a framework wherein this permission for self-care could be granted and accepted.

Over the duration of my MA coursework I worked with a range of women from different social, cultural, and ethnic backgrounds. In rural Limpopo; a province with limited infrastructure and enduring problems with basic resources such as water, electricity, education and transport; I ran drama therapy workshops around themes of wellbeing and self-care with female healthcare workers and caregivers. During my practice-as-research (PAR) intervention<sup>1</sup> I worked with mainly white women from middle-class suburbia in Johannesburg. All these experiences ignited my interest in this client-group and led me to the focus of this study. Through my experience engaging with this client group I noticed shared patterns in thinking and behaviour. Certainly the circumstances and contextual frameworks differed between and amongst these groups of women, however, despite differences many thematic similarities manifested. An overall observation that I recognized amongst all these women is that women who are mothers or caregivers are accustomed to taking care of others. Whether this behaviour is biologically naturalised or socially learned is not the focus of the study, rather I was interested in the responses of this client group to a therapy which is centred around the theme of self-care. The various groups of women's responses to this theme, which arose both within the drama therapy process and as a point of discussion outside, were complex and contentious. I noticed that the women from affluent urban backgrounds were more familiar with self-care as a concept, however, the practice thereof was often categorized as less important than other commitments or negatively associated with as evident through their use of words such as "indulgent" and "selfish". In rural areas and lower socio-economic environments self-care, especially in the form of therapy, was a mostly unfamiliar concept. Places and spaces for connection with the self and others certainly existed in their lives but mainly took the form of the church and its associated practices: A theme which will be introduced in CHAPTER ONE and discussed in various ways in CHAPTER FOUR of this study.

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<sup>1</sup> During the first semester of our MA coursework we engaged theoretically and practically with the components of practice-as-research (PAR) (See Nelson, 2006). Each student was to choose a research topic which related in some way to her main research interest and was to conduct her research practically whilst finding innovative and performance-based ways of delivering the research. I was initially interested in finding a client-group with whom to explore the notion of Role Theory (Landy, 1993) and the group which I was able to create all happened to be new mothers. Whilst working with them their "role" as mothers became central to our processes and, as we worked in greater depth, so my interest in this maternal role-type developed.

The women I engage with in this study are all black, from low socio-economic backgrounds, and originate from various parts of South and Southern Africa including Namibia, Botswana, and Zimbabwe. My choice to focus on this demographic of my chosen client-group is underpinned by the acknowledgement that 'South African psychotherapy has been largely the preserve of the privileged class, particularly whites' (Cooper, 2007: 773). There is currently a drive towards more community-based therapeutic interventions in South Africa which focus on psycho-education, empowerment, as well as healing. South African drama therapist Meyer (2014) discusses how healthcare organizations in South Africa are increasingly turning to a 'psychosocial' model of treatment. 'Psychosocial' can be defined as the relationship between the internal psyche and external social circumstances (Henley, 2010; Killian & Durheim, 2008) and research shows evidence that an approach which considers the impact of historical and cultural circumstances on individual-functioning would be useful in a South African context (Cooper, 2007). However, as Meyer (2014) states, the current use of this approach in South Africa is formulaic rather than holistic. She asserts that there is a need for an interpretation of the approach which pays 'attention to underlying processes, interpersonal dynamics or specific limiting contexts' (307). Drama therapy's humanistic and non-didactic theoretical underpinnings as well as its experiential nature (Emunah, 2009), which arguably allows a self-concept and relationship to other to be constructed by the individual, is explored throughout this study in lieu of a 'psychosocial' approach described by Meyer. Further, South Africa's first black drama therapist Makanya (2014) in her work titled 'The missing links: A South African perspective of the theories of health in drama therapy' (2014) speaks about the need for drama therapy in a South African context to be cognisant of African traditional healing which positions the self in relationship to the community. In a line of thinking similar to Meyer, Makanya calls for a model of drama therapy which is more communal than individualistic and is adapted to the specific context and history in which the therapy takes place. Using a group-based drama therapy model, my study hopes to engage with these relevant questions and challenges to the field of drama therapy in South Africa.

In CHAPTER ONE I define relevant key concepts and frame the drama therapy process by situating the study within a specific contextual framework. CHAPTER TWO deals with the chosen methodology of thematic analysis as applied to a case study. In CHAPTER THREE I

develop the theme of 'good enough' in relation to the South African family, mothering, environmental circumstances, and therapy. This chapter elucidates the thematic through-line of 'good enough' which is applied in CHAPTER FOUR where the drama therapy process is discussed as a case study. In CHAPTER FOUR I also highlight how four core principles of drama therapy<sup>2</sup> underpin the process: Containing, Ritual, Play, and Role. In the CONCLUSION I explore my choices in, and discuss the value of, this study and make recommendations for further development.

For the purpose of this study the terms 'participant' and 'participants' will be used to refer to the women/mothers/caregivers who took part in the drama therapy process. This study is mainly concerned with core themes and principle of group-based practice of drama therapy in South Africa and therefore participants' individual biographical details are not essential to this study and will not be discussed in-depth. The 'drama therapy process' which I refer to throughout this study is made up of 8 sessions, each of 90-minute duration. These sessions took place from September-November 2014 in Johannesburg at an Employment Bureau based at a church hall in a suburban area.

It is important to note that from the onset this was a closed drama therapy group which meant that no new participants could join after the first session. However, there were inconsistencies in attendance and absenteeism occurred on-average twice per participant throughout the process. I understood these inconsistencies in relation to the participants' life circumstances which will be discussed thematically and linked to containment in CHAPTER FOUR of this study. In response, I adapted the process to allow for these inconsistencies in attendance, oftentimes spending the early stages of the process recapping the essential aspects of the previous week. Ethics, including the ethics of confidentiality, were discussed in our first session as well as continuously throughout the process and were agreed to in a written and verbal form. As a group-based practice confidentiality, whilst respected, could not be guaranteed and this was acknowledged by all participants from the onset. The inconsistencies in attendance certainly made confidentiality more difficult to monitor. As a group we agreed that if we need to share

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<sup>2</sup> Although I note that these psychotherapeutic principles are applied in a wide range of disciplines and approaches and are not specific to drama therapy (see Casement, 1991, Winnicott, 1971 & Yalom, 2005), I postulate that drama therapy underlies their application in this study and am therefore focusing on their application through a drama therapeutic lens.

aspects of the experience with others outside of the group, or with other participants outside of the drama therapy space, then we would speak only about our own experience and from our own perspective. At times, discussions which were had outside the drama therapy space were brought back into the space in subsequent weeks and were used as part of the process. This feedback was useful and contributed depth and individual investment in the process.

## CHAPTER ONE: FRAMING THE PROCESS

### UNDERSTANDING DRAMA THERAPY

In 1958 Peter Slade, who is known for his innovative work with children and creative drama, was the first to use the word 'dramatherapy'<sup>3</sup> in a lecture to the Guild of Pastoral Psychology titled: 'Dramatherapy as an aid to becoming a person' (1958). By fusing the art of drama and the science of therapy, Slade gave birth to the field of drama therapy. Subsequently drama therapy developed in the mid- 20<sup>th</sup> century in the United Kingdom (UK) and today is an established treatment modality in many parts of the world. The UK, United States of America (USA), and Europe are the most active centres of drama therapy worldwide (Holmwood, 2012). Therefore when I refer to drama therapy's Eurocentric position in this study I am basing my reference on the predominance of its theory and practice in these parts of the world. The practice of drama therapy, however, is diverse which means that its definition can never be all-encompassing. Its roots stem from psychotherapy, performance and theatre studies, drama-in-education, and ritualistic practices, amongst its many other influences. Paula Crimmens (2006), a drama therapist whose work in special education has influenced me and my practice as a training drama therapist, defines the field as 'the use of improvisation, role-play, mime, music and movement, storytelling, masks and rituals, puppetry, theatre games and scripted drama as a therapeutic vehicle' (9). This definition, whilst thorough, does not encompass all of the mediums and possibilities that are included under the drama therapy umbrella, yet it draws attention to the sensory, bodily, and creative engagement that is drama therapy. The aim of using these different forms within drama therapy will differ based on the clients' needs and abilities and Crimmens includes the following as potential outcomes of drama therapy processes : confidence-building, development of self-awareness, responsibility-taking, relaxation, and intra and interpersonal-skills enhancement (2006: 9-10). Similarly the experiential nature of drama therapy is highlighted in The British Association of Dramatherapists' (BADth) definition:

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<sup>3</sup> 'dramatherapy' is the commonly used term to refer to the practice in the UK, whereas in the USA 'drama therapy' is more commonly used. I will refer to 'drama therapy' throughout this study.

Dramatherapy is the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth (2011: NP).

Arguably the action methods (BADth, 2011) separate drama therapy from other forms of psychotherapy which, although certainly utilise non-verbal communication, tend towards language as their main form of communication. In drama therapy speech is one form of communication but emotional expression is also accessed through symbolic means involving sound, gesture, body language, and so forth. A symbol in drama therapy can be understood as 'a form which represents something else' (Jones, 1996: 221) and its meanings can be numerous. Interpretation of symbols is not the purpose of drama therapy, instead symbols are ways for the client to access their internal psychic reality and make sense thereof (Emunah, 1994). In CHAPTER FOUR of this study I will explore how symbols were used as containers of emotional expression and vehicles of self-expression in the drama therapy process. Similarly Brenda Meldrum's (1994) definition of drama therapy as a healing practice highlights the importance of 'dramatic structures' (19) which act as containers within which insights can develop and emotions can be explored. Further, Meldrum positions drama therapy as primarily a social encounter: A feature of drama therapy which is most significant to this study.

Many theorists and practitioners speak of the importance of dramatic reality in drama therapy, which Israel-based drama therapist Susana Pendzik (2003) describes as 'a departure from ordinary reality and the living manifestation of an alternative in the here and now' (93). In this study I hope to describe how this alternative reality can be developed over time in a drama therapy group. In my experience as a training drama therapist dramatic reality is more willingly accepted by children whereas the process of creating it with adults in this study necessitated the employment of familiar rituals as starting-points. Rituals themselves are part of the origins of drama therapy. Snow (2009) claims that drama therapy is 'based upon the essential structures of shamanic healing rituals' (119). This definition is problematic as it places the drama therapist as a shaman in a hierarchal relationship with her participants, and is oft-contented in its use to justify drama therapy as an "indigenous" therapeutic practice (see Meyer, 2009; Makanya, 2014). Rather than

accepting the shamanic aspects of that definition, I will focus instead on the healing ability of rituals. In CHAPTER FOUR I hope to highlight how my definition of dramatic rituals was re-imagined during the experience of conducting this study through the incorporation of rituals from the participants' lives into the structure of the drama therapy process.

Currently there are a variety of models of drama therapy, each underpinned by a specific psychotherapeutic theory (Johnson & Emunah, 2009). Amongst the forerunners of drama therapy internationally are: Robert Landy whose psychotherapeutic perspective is framed by a combination of Social Psychology and Role Theory, Pamela Dunne whose work is influenced by Social Psychology, and David Read Johnson whose Developmental Transformations approach is underpinned by Developmental, Self Psychology, and Object Relations theory (Snow, 2009: 117). Some models are more aligned to Psychodynamic, Cognitive-Behavioural, or Existential Theory. As one of the pioneers of the field of drama therapy, Professor Renee Emunah, discusses almost all drama therapy approaches are underpinned by Humanistic Psychology (2009: 38). Carl Rogers (1961) was one of the founders of this psychotherapeutic approach which is positivist in its belief in human beings' self-actualizing potential. Drama therapy fundamentally deals with the "healthy" aspect of the person believing, as Rogers (1961) proposed, in the ability of the individual to manifest free will and creativity. Humanistic Psychology is holistic in its view of health, perceiving the person to be more than the sum of their separate parts, and therefore accounts for a person's context, history, background, and values within treatment. Moreover, humans are seen as conscious beings within the framework of relationship towards other conscious beings; group and community is therefore fundamental to Humanistic Psychology (Rogers, 1961). In this study the drama therapy frame which I used was underpinned by Humanistic Psychology in various ways: Playfulness was initiated as a means of accessing creativity in the participants, the participants' choices and needs within every process took precedent over any predetermined plans or goals on my part, the context within which we met informed our interaction in various ways, and the potential transformative qualities of group and interpersonal engagement guided the entire process. These Humanistic psychotherapeutic aspects were used in conjunction with Winnicott's Object Relations theory which will be discussed in CHAPTER THREE.

## DRAMA THERAPY WITH WOMEN, MOTHERS & CAREGIVERS

In this section I will briefly review three examples of drama therapy with my chosen client group namely women who are mothers and/or caregivers. The first two examples are international and are useful for their thematic alignment with my study. As an MA research project on drama therapy with mothers, the first example ('Maternal Voice..', 2000) enables a clear comparative-ability between our studies to be made. The second example (Lambie, 2008) was chosen for its unique approach and to drama therapy with mothers and the third example which does not focus on women as mothers necessarily but more so on women as caregivers, was selected for its valid South African contextual implications. I have chosen to focus on specific examples which have informed my practice by providing me with various insights into the relationship between drama therapy and my chosen client group. I am aware that this is not an exhaustive analysis of all the available literature and that I have made distinct choices. For example, Pendzik has conducted extensive practical work and published material on drama therapy with women (See Pendzik, 1992; 1995; 1997) and focuses particularly on women who are victims of violence and abuse. Similarly Leeder & Wimmer (2008), Haney (2010), and Katzman's (1999) work displays how drama therapy can be used as a tool for empowerment with various groups of women. Strongylou and Woodard's (1993) drama therapy study with Greek-Cypriot women is interesting in its ritualistic and religious correlations with this study. In the allied creative arts therapies there is extensive current work being done with this client group (see Choi & Goo, 2012; Lai, 2011; Regev & Snir, 2014; Hogan, 2013). Scott Wilson (2008), amongst many others in the UK, is conducting in-depth research using drama therapy with new mothers. Ponteri's (2011) work in the USA primarily focuses on issues of post-natal depression and creative arts therapy with women. I thus acknowledge the vast array of work and published material in drama and creative arts therapies with this client group, much of which has not been mentioned here. The intention of this review is to contextualize my study within the scope of drama therapy nationally and internationally in order to discover in what way my study may contribute to the field and where the 'missing links' (Makanya, 2014) may still lie.

Myersdorf, in 'Maternal voice- The Language of motherhood: The use of drama therapy to empower women in their role as mothers' (2000), positions motherhood as an embodied experience. Thereafter she infers that drama therapy, as an embodied form of psychotherapy, would be an appropriate means for exploring the complexities of this theme. This approach is akin to my use of action methods (BADth, 2011) in drama therapy and my recognition of the importance of experiential engagement with the participants. Myersdorf's study takes place on a Kibbutz<sup>4</sup> with a group of women which the writer describes as not resembling a 'common western culture upbringing' (2000: ii). I found many correlations between her descriptions of the community at the Kibbutz and the church environment which I encountered in this study. One pertinent similarity is that on the Kibbutz the community raises the children: Communal child-rearing is therefore a norm.

In CHAPTER THREE of this study I discuss how these communal aspects of motherhood pertain to a South African context. The women in Myersdorf study shared similar fears and frustrations with the participants in my study, particularly around issues such as providing a good education and a promising future for their children. This study made me cognisant of the universality of these themes related to women and motherhood and the unique response that drama therapy can offer.

However, I am critical of how the writer problematizes motherhood as being voiceless in society as a result of patriarchy which has silenced the stories of motherhood for centuries (2000: 11). I argue that she is subjugating her participants to a role of victim through such a perspective. Her model, which combines narrative and embodied techniques, was put into practice in a one-day workshop. This was followed by personal interviews with the participants. I postulate that the nature of interviews, which are verbal and cognitive, provide a wholly different function to an experiential drama therapy process. The interviews took place too soon after the drama therapy process to allow for personal integration of the drama therapeutic material to be made. Her study therefore focuses on the participants' analysis rather than experience of the drama therapy process. Further, the time-frame of the process was too limited to measure of the model's effectiveness.

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<sup>4</sup> The Kibbutz is a communal living environment based on Socialist values of contribution and equality. The Kibbutz is specific to Israel and was conceived by the early Zionists in the early 1900's (see Myersdorf, 2000 for further information).

In addition, the writer describes her use of embodied techniques during the process. In my experience whilst conducting this study, embodied work is often vulnerable-making for the participants in the early stages of therapy and needs to be engaged with on a developmental continuum, beginning with personal playing using objects or other projective<sup>5</sup> techniques. Myersdorf does not describe the participants' resistance to embodied engagement in the process. I hypothesize that either this was unacknowledged or the writer's position as belonging to the same community as the participants allowed for them to engage more readily in embodied playfulness. The possibility of the latter made me conscious of how my identity may have impacted upon my participants' responses.

Lambie's (2008) discussion about UK-based case studies of drama therapy with mothers and children illustrates how, through engaging in drama therapy *with* the child, a relationship of mutuality develops between mother and child. The writer describes how the mothers found the groups beneficial but, upon leaving the group, discovered that 'there was no other service that they felt they could access' (26). This illustrates how on an international scale there is a lack of, and need for, spaces for women who are mothers and caregivers to support each other and be supported. Although Lambie's therapeutic priority is usually the child's wellbeing, the examples certainly highlight the benefits of the inclusion of family members in the therapeutic process. I will make reference to this possibility in this study's conclusion.

Further, Meyer (2014) writes about The Firemaker Project as a South African example of training female care workers using a combination of drama therapy and other creative arts therapy techniques. Developed in 2003 by the not-for-profit Zakheni Arts Therapy Foundation, The Firemaker Project aims to use arts-based creative techniques to support care workers both professionally and emotionally. Initially The Firemaker Project focused mainly on developing skills for the care workers to use with their work with children. The facilitators, however, noticed a gap in this approach and created a wellbeing workshop focused on the emotional expression of the care workers themselves. Similarly to my study all the participants speak English but it is often 'at least their fifth or second' language (308)

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<sup>5</sup> Jones (1996) differentiates between personal play, which involves bodily engagement through role-playing and movement, and projected play, which uses objects/symbols/figurines in representative ways. Projected play and projective techniques will be discussed in further detail in CHAPTER FOUR.

and the writer refers to using experiential learning to create embodied knowledge as a possible way of negotiating the language barrier (311). In the CONCLUSION I will discuss how through this study I came to my own understanding of this issue.

There are many resemblances between The Firemaker Project and this study: Both use ritualistic elements such as song and dance as containing elements of the process, combine creative and artistic techniques with health and education models, and constantly incorporate 'local cultural practice and meaning' (310) into the sessions. Significantly The Firemaker Project positions play as 'the means through which human attachment and development happens' (311) which is a stance that I theoretically develop alongside Winnicott's (1971) theory throughout this study. This project, as described by Meyer (2014), validates the importance and benefit of using the creative arts to engage with participants in a way that is inclusive of the historical and social context which frames the interaction. Critical dialogue and accountability on the part of both the therapists/ facilitators and the participants is another important feature of The Firemaker Project. This perspective encouraged me to think about this study's drama therapy processes in a manner that is not only interested in the psychic and social aspects of the self but in how the transformation of these parts can translate politically and socially in a broader South African context.

The cases above enabled me to consider and critically engage with my study through a conscious lens. In the example of Myersdorf as well as others (Leeder & Wimmer, 2008; Haney, 2010; Katzman, 1999) I was provoked by the writers' descriptions of women which I felt tended to subjugate them in categories associated with victimhood, oppression, and voicelessness. This trajectory reinforces a mentality of powerlessness in the subjects which is counter-therapeutic. Although my initial assumptions prior to undertaking the practical study were along similar lines of thinking, I write this summation of the process through an altered perspective. Indeed the challenges in the lives of the participants will not be circumvented or undermined, but it is negligible to assume that all those living with challenges are victims to them. Educational psychologist Benjamin Bloom's (1980) study of successful individuals found that drive and determination were far greater indicators of success than talent or luck. Each week the participants arrived at the Employment Bureau in the hopes of finding a job. Getting there was not easy: They travelled long distances on inadequate public transport using money that they often could ill-afford to "waste" in the

hopes that a new week would bring a new opportunity. The sheer determination of these women is admirable. The participants in this study, therefore, are not victims: They are strong women whose determination for change substantiated our drama therapy process (Emunah, 2009).

## THE CAREGIVER IS THE MOTHER

Conducting this study challenged me to reconsider how the terms mother and motherhood are defined. Feminist paradigms and current ideology are invalidating the pervasive discourse of inherent biological mothering (see Arendell, 2000, Van Doorene, 2009 & Miller, 2005) but an in-depth theoretical analysis of such is beyond the scope of this research. Although many of the participants in the group were biological mothers, this did not necessarily determine their child-rearing experiences. Some participants were raising and caring for their own children in addition to the children of others, including those of sisters, neighbours, or friends. Other participants were biological mothers to children with whom they did not live. Seeking employment, for many of the participants, meant leaving their children in the care of their mother/grandmother or other family members in their hometown whilst they migrated to Johannesburg. In CHAPTER THREE this issue is given greater depth as I deal with the South African family and societal impacts on women and mothers. For the purpose of this study, the term mother refers to the person who is primarily responsible for the 'relational and logistical work of child rearing' (Arendell, 2000: 1192). Whether or not the participants lived with their children, their seeking employment was almost always determined by their maternal responsibility. Thus rather than a purely biological perspective of mothering, this study acknowledges that its participants represent unique and diverse embodiments of caregivers (Arendell, 2000). "Mother" as an umbrella term will be used throughout this study to refer to women who are responsible towards, and in care of, children biologically or otherwise connected to them.

## POVERTY, UNEMPLOYMENT & ITS IMPACT

At the time of conducting this study all of the group participants were currently unemployed. This study is not an attempt to either problematize their circumstances or to claim a theoretical stance on the issue of unemployment and its associated conditions. However, some background understanding of unemployment and its effects, specifically on women, is important in order to gain a contextual perspective of the participants' possible external environments and how this shaped their engagement in the drama therapy process.

Apartheid in South Africa spanned nearly five decades where inequalities in employment, education, housing, and access to health services were entrenched in government policies. The practical component of this study took place in 2014, the year South Africa celebrated 20 years of democracy, and although gross inequalities are no longer legally sanctioned they remain rife. Poverty and unemployment remain one of the current government's biggest development challenges. The most recent published results from Statistics South Africa display that females are more likely to be impoverished than males with 58.6% living below the poverty line compared to 54.9% of males (Lehohla, 2014: 25-42). Only 2.1% of this statistic is white, making black women most vulnerable to poverty. The definition of poverty as 'the inability of individuals, households, or entire communities, to command sufficient resources to satisfy a socially acceptable minimum standard of living' (Swartz, 2001: 8) alludes to poverty as more than monetary-based. 'Sufficient resources' include education, opportunities, and access to various social, political, and cultural spheres of life. Marginalisation, which is associated with poverty, is limiting. These limiting qualities of poverty may indeed impact upon the mind-set and behaviour of individuals living under such conditions. 'Poverty, unemployment and economic loss cause depression in parents' (Richter, 1994: 42) and indeed the participants' state of unemployment and their distress at being unable to provide for their children and families certainly manifested emotionally during our engagement in this process.

The depth and impact of poverty, both tangibly and psychologically, form a relevant back-story to this study. Nonetheless poverty alone is not always entirely limiting, 'some people

can find within themselves and their community other resources that protect individual growth despite financial stresses' (Berger, 2001: 13). This statement speaks to the possibility of resilience which is a quality that this drama therapy process hoped to engender in the group as a whole and the participants individually. Nevertheless, oftentimes the associations of poverty prove more destructive than poverty itself. South Africa's unemployment rate is currently sitting at 25.4% (Statistics South Africa, 2014: xv) and the combination of poverty and high unemployment rates is linked to increased violence against women who 'are often trapped in abusive relationships due to dependence on partners for food, shelter and money' (May, 1998a: 25). In their study of the relationship between resilience and unemployment, Sojo and Guarino (2011) discuss how as the length of unemployment increases so the cognitive functioning, mental wellbeing, and motivation of individuals tend to decrease. When these coping mechanisms are under-functioning individuals' adaptation and resilience-ability suffer (Sojo & Guarino, 2011: 274). Many of the participants in this study had been unemployed for a minimum duration of 6-months which is substantial enough, according to Sojo and Guarino (2011), to limit their resilience-building capacity. Although the associations of unemployment, such as abuse, were never directly confronted in this process, dependence on, frustrations with, and lack of support by men was thematically highlighted and will be discussed in the section on Role in CHAPTER FOUR. With these circumstances as lived-realities for the participants we begin to understand the importance of what the group drama therapy process could offer in their development of resilience through the enhancement of internal coping mechanisms and external, interpersonal support.

#### SOUTH AFRICA & THE PLACE OF THE CHURCH

The church is important to this study both symbolically and actually. As mentioned, the setting for the study was a church hall wherein the Employment Bureau was based. The participants were all members of a church and devout Christians. The important place of religion in their lives was explicitly discussed in our first interaction and remained a constant point of conversation throughout our time together. Church, for the purpose of this study, is

defined as 'a place where spiritual formation and religious education occur' (Miller, 2009: 29-30). The church provides a structure for religious and spiritual experience. In South Africa Christian churches are a fundamental aspect of society (Pillay, 2003) and represent more than places of worship. Archbishop Desmond Tutu embodies an example of the interchange between the church and social transformation. In her study on churches in South Africa, Barbara Bompani found that 'political struggle was not differentiated from religious participation' (2008: 666) and certainly churches had a legacy in the struggle against apartheid. Social rights and debates are as central to the church in South Africa as prayer and worship. South African churches are 'deeply rooted within their social environment' (Bompani, 2008: 677) and are highly influential in the lives and mind-sets of their congregants. Reliance on the church for religious, political, cultural, and social direction is common in both rural and urban South African communities (Bompani, 2008). Ironically colonialism brought Christianity to South Africa which meant that European culture underpinned the Christianity which was introduced to South Africa. The spreading of Christianity in South Africa was indeed oppressive:

The missionaries' rejection of African culture arose not only because of their own sense of European superiority....but also because their reading of the Bible convinced them that they were encountering heathen darkness (De Gruchy, 2009: 2-3).

Since then African Christian leaders reinstated African cultural practices such as *lobola*, circumcision, and polygamy back into the church. However, the church continued to represent a symbol of Western infliction as even centuries after colonialism Christian churches 'were relatively slow in opposing apartheid' (The Southern African Catholics Bishops' Conference, 2015). In the words of Tsheloane Keto: 'the initial role of all missionaries was to facilitate the cultural reorientation that accompanied black accommodation to the social reality of white power' (1976: NP). More than just Christian missionaries, they were actually 'colonisers of consciousnesses' (Keto, 1976: NP).

This study presents an exploration of drama therapy in its use to build and develop a sense of self and an awareness of consciousness in its participants. The impact of history on the context of this study is important, as Angela Davis says:

We have to take into consideration the ghosts that still haunt us today. Repressive institutions often have very long memories regardless of what the individuals who are their agents know or don't know. The memory of those institutions is inscribed in its practices and its regimes (2007: 11).

This knowledge and history contributes to my informed understanding of the participants and their heritage. The church was experienced as a sanctuary for most of the participants (as is evident in the *spectrogram* exercise discussed in CHAPTER FOUR) and it was neither my position nor need to undermine this.

In therapeutic encounters a neutral venue is preferable (Casement, 1991) and the church, as a place which houses the religion and history which I have described, is certainly not neutral. There was benefit, however, in using the church as our venue. I am unaccustomed to the church environment which meant that the setting for our therapy was more familiar to the participants than it was for me. This familiarity arguably enabled a comfort in the therapeutic environment to be felt by the participants which helped to ease the power dynamic between us (Rogers, 1961), an issue which will be discussed in the next section. In the section on Ritual in CHAPTER FOUR I will also discuss the church's symbolic function in the process and how it presented an opportunity for cross-cultural learning and egalitarian engagement.

#### THERAPIST, RESEARCHER, PRIVELEGED: OWNING MY POSITION

Since the transition to democracy the issue of race in South Africa has taken on a new meaning and identity. Postapartheid there has been an urgency to move towards political and social colour-blindness, but this simply neglects to confront the pervasive issues that our country is currently facing. In this complex landscape drama therapy, as an individual and group-based practice of healing and transformation, needs to be cognisant of race and how we approach it in our work. Belonging to the first year of Masters (MA) Graduates in drama therapy on the African continent is a great privilege but also instils in me a sense of responsibility in my role of beginning to re-imagine the predominantly Eurocentric

conceptualisation and practical implementation of our field. As a white student of drama therapy who is young, single, and not yet a mother, I undertook my MA fieldwork with a group of black women, many of whom were older than me and all of whom were mothers and/or caregivers. Not atypical of a student practitioner I was constantly negotiating the differences between learned methodology and implementation whilst trying to understand how and in what way praxis<sup>6</sup> is affected by its specific environment. I will thus describe my experiences of drama therapy as a training drama therapist with a strong South African identity, and concurrent awareness of what my whiteness and the differences between the participants and me may represent, with the hope that by applying my mind to my praxis I can begin to imagine drama therapy differently in a South African context.

The world does not become raceless or will not become unracialised by assertion. The act of enforcing racelessness....is itself a racial act (Morrison, 1992: 42).

Rather than asserting racelessness (Morrison, 1992), as drama therapists we aim to achieve 'dialogue across cultural filters' (Dokter, 2011: 4). An awareness and acknowledgement of both the therapist and clients' backgrounds, inclusive of their similarities and differences, is essential for authenticity in this dialogue. Difference should not be perceived as a barrier to an authentic therapeutic relationship but its manifestations need to be actively negotiated between the therapist and client (Steyn, 2001). In drama therapy literature the focus is often on the culture and perspective of the client (Hall, 1994) but oftentimes the therapist's culture and how this informs the dynamic of the client/therapist relationship is overlooked and simplified (Dokter, 2011). In this section I explore my position in order to understand how and in what way my identity impacted upon the study.

From the onset I was aware of the clear power dynamic between the participants and me. Prior to beginning the 8-week process I visited the Employment Bureau to introduce myself and to garner interested participants. I was introduced to the group by a church employee who stood beside me and introduced me in Zulu<sup>7</sup>, acting as an intermediary whilst questions

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<sup>6</sup> When I refer to *praxis* I am basing my definition on Paulo Freire's (1972) concept in which praxis is more than the implementation of theory into practice but is rather an interaction between understanding, interpretation, and application. The qualities which are embodied in praxis include a respect for human ingenuity and freedom. Praxis therefore is about the ability to act on intrinsic knowledge *in* the situation of application.

<sup>7</sup> Zulu is one of South Africa's eleven official languages, the basics of which I can comprehend but am unable to speak with any fluency.

and answers were passed between the Bureau members and me. Standing on a stage in front of the group I was actually and symbolically being placed on a pedestal. This power dynamic continued during the early stages of the process whereby the participants described me in terms such as teacher and expert. Robert Sarison (2005) maintains that unless this dynamic is named and dealt with within the therapy then mutuality cannot be realized in the therapeutic relationship. Not only was the power dynamic entrenched because I was placed in the researcher/therapist position of power but I am also white, which in South Africa today immediately identifies me as privileged. The unemployed status of the participants was central to our interaction which further highlighted the differences in power and privilege between us. As a white South African I was representing more than myself in this context; I was, in Daphne Milioni's words, mirroring and validating a social reality which privileges some over others (2001) making my interaction with the participants multi-layered and contestable. However, what I hope to describe in this study is how these differences and inequalities became part of the therapy process.

My position as a white, privileged, and young South African working with unemployed black women meant that this drama therapy process was not immediately healing and fulfilling. Instead it was a process of becoming something new with each other and in so doing our mutual wounds had to be acknowledged and worked through. In the process of becoming-together, I had to confront my personal and national identity, relationship towards my own religion, and ingrained prejudices. My transparency about these parts of myself increased throughout the process which I found allowed this aspired mutuality (Sarison, 2005) to develop between the participants and me. Johnson (2005) describes both therapist and client as 'broken toys' which like all objects that are played with, 'eventually break and are broken through mishandling' (20). Akin to Nouwen's notion of The Wounded Healer (1979) this concept, once internalised, allowed me to bring more of myself and my own vulnerabilities to the therapy space.

In the third week I decided to arrive an hour early for the drama therapy process. Instead of setting-up the drama therapy space in the room upstairs, I sat with the participants at the Employment Bureau and involved myself in their conversation. In so doing I recognized that I was challenging the traditional role of the therapist through what could be interpreted as "socializing" with the participants outside of the therapeutic environment (Casement,

1991). An awareness of the differences between the participants and me certainly guided my actions. If I could connect with the participants as a woman, first and foremost, then perhaps the differences between us could become peripheral? Indeed I cannot remove the influence that my anxiety, about what I perceived at the time as my outsider-status, had on my actions (Casement, 1991). Despite this, and with conscious awareness, I wanted to engage with the participants outside of the drama therapy space where our roles determined our interaction in order to discover how this would affect our therapeutic relationship. Through these pre-therapy conversations which continued throughout the remainder of the 8-week process, I witnessed positive outcomes such as an increased trust and humour in the interaction between the participants and me within the drama therapy space. As our relationship developed I began to think of these pre-therapy conversations as part of the therapy itself. Nancy Nyquist Potter discusses how a therapist, when engaging with clients from a different background or culture to her, shall adopt a stance of 'world travelling' (2003: NP) which Nyquist Potter describes as a connection to clients on their own terms. She differentiates a tourist from a traveller: A tourist is happy to visit a new place, engaging superficially whilst maintaining an observer stance, on the other hand a traveller leaves behind the comforts of home to enter and immerse herself in the home of others.

By 'travelling' into the participants' 'world' in this pre-therapy time I was making my role within the therapy more accessible as I expressed congruence with, empathy for, and support of the participants both inside and outside the therapeutic space (Rogers, 1961). Our relationship shifted from a more psycho-educational client-therapist relationship (they initially likened me to a teacher and expert as mentioned above) to a client-therapist relationship more aligned with a Humanistic psychotherapeutic perspective. I postulate that through this transformation in our therapeutic relationship the racial differences between us, whilst still present, were able to be negotiated with humour. An example of this occurred in a mid-way session where an animated conversation developed amongst the group based on one participant's story about a white man. "Those white people" were discussed with little self-consciousness or filtering on the parts of the participants. This was an interesting moment which highlighted how my culture affected my thoughts and behaviour as discussing race in this manner would be considered socially inappropriate from my cultural perspective. I casually and humorously acknowledged my whiteness in reference

to the participants' conversation and they responded in laughter. Together we laughed and in this moment we symbolically bridged the divide which was the source of our laughter. Playfulness in our relationship was able to emerge as a result of the humour which increasingly became part of our processes. This will be discussed in further depth in CHAPTER FOUR.

As critical theorist Donna Haraway (2008) discusses, an asymmetrical power relationship can become mutually beneficial if both parties are able to play together. By creating a relationship with the participants outside of the therapeutic setting, we were more able to laugh and play together within the drama therapy space. Although I am aware of the contentiousness of such boundary-breaking, our therapeutic relationship in this study was able to manifest as wholly playful (Landy, 2008) when I engaged authentically with the participants outside of the therapy space alone. Certainly the power dynamic between the participants and me did not magically cease to exist. Rather our ability to talk about ourselves and our lives outside of the drama therapy space allowed us to acknowledge and work through our differences inside the space in a way that was mutually beneficial and playful (Haraway, 2008). On this matter I continue to ponder the question of Gobodo-Madikizela:

Does continuing to define myself as a person from a "historically disadvantaged background and my white counter-parts as coming from "historically privileged" background help to move the agenda of institutional transformation? I doubt it (2005: 118).

Throughout my research this question remains with me as I explore the place of drama therapy in building bridges between these differences in a way that, whilst not disregarding our history, frees us from being imprisoned by it.

In the above chapter I defined drama therapy according to what was useful for my application of it in this study. Thereafter I reviewed literature pertaining to this client-group which enabled me to position my study in a broader framework. This section also defined my use of the term "mother" in this context and provided a brief contextual background to some of the pertinent factors of the participants' lives, including their current state of unemployment and relationship to the church. My own voice as a subjective

therapist/researcher was highlighted as I explored how the praxis of drama therapy encouraged me to critically engage with its theory and my role as a drama therapist. The next section will outline how these aspects were applied methodologically.

## CHAPTER TWO: METHODOLOGY

### THEMATIC ANALYSIS

Whilst conducting the practical component of my research I used the structure of the 'Aspects and Levels of Reflection' table designed by Hawkins & Shohet (2012: 17) to document the unfolding process. Verbatim accounts, thematic highlights, personal responses, and analysis were all included in this constant documentation. The verbatim accounts included details of speech such as: What was said, pauses and silences, use of language, and so forth; as well as relevant descriptions of non-verbal behaviour. Braun and Clarke's (2006) thematic analysis was then used as a qualitative analytic method to ascertain the core themes that arose during the practical process. According to Braun and Clarke thematic analysis can be defined as 'a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail' (2006: 6).

Thematic analysis' flexibility has oft been critiqued but Braun and Clarke's model evades criticism by offering a 6-phase guide to doing thematic analysis which encourages the researcher's assumptions to be made explicit. Although this guide allows for flexibility in approach, it also necessitates clarity and the coding of themes which decreases the prevalence of hearsay and chance in the choice and analysis of themes. Despite these guidelines, thematic analysis is not rigid in its approach and relies heavily on the judgement of the researcher to determine themes and their relevance.

Moreover, thematic analysis is not a passive approach that assumes themes 'reside' (2006:7) in the data but rather that the researcher takes an active role in creating links and finding patterns in order to generate themes. A theme 'represents some level of *patterned* response or meaning within the data set' (Braun & Clarke, 2006: 7) and is often recognized or chosen because of its relation to the research question. The questions which I was searching for throughout the practical component of the study were: How could the drama therapy group offer these women an experience of being held and heard in a way that is different from any other holding environment with which they are familiar (particularly the

church) and how could these drama therapeutic principles become internalised into their self-concept? Further, how could their relationship to their maternal selves transform or develop through the group experience of drama therapy? Whilst grappling with these questions I began to find synchronicity between what was manifesting in the group during the study and Winnicott's concept of the 'good enough' mother and 'good enough' environment (1971). In CHAPTER THREE I discuss these links in greater depth and provide insight into how the theme of 'good enough' was prevalent both in the content and symbols of the group process. In terms of coding and determining what counts as a theme, I used Braun and Clarke's concept of prevalence throughout the data set. Whereas some recurring themes such as the need for boundaries or lack of support-structures in the participants' lives related to the research question, others such as God and religion encouraged me to re-examine and adjust my research question and aims in order to respond to the themes arising.

Rather than providing a rich thematic description of my entire data set I have chosen to provide a more nuanced account of a group of themes within the data. These themes are interlinked and all contribute new meaning and rich layers to the research question. An inductive or deductive approach to theme identification can be used in thematic analysis. An inductive approach is data-driven and usually occurs when the data is collected specifically for the research (for example using focus groups or interviews). On the other hand, a deductive approach is usually driven by the researcher's theoretical interest and therefore is more analyst-driven and specific (Braun & Clarke, 2006: 13). I chose a more deductive approach as I searched for particular themes that were relevant to my interest in motherhood and drama therapy; my starting-point was therefore a theoretical one. I noted patterns of coding and paid particular attention to changes in coding throughout the intervention. For example, originally the theme of motherhood was introduced by me and I noted the responses in this context and how the theme was returned to without my prompting either explicitly or implicitly throughout the intervention. Further, I chose to analyse the themes on a latent level which 'goes beyond the semantic content of the data, and starts to identify or examine the *underlying* ideas, assumptions, and conceptualisations' (2006: 13) that shape the semantic content of the data. This latent approach allowed me to analyse the data in terms of social, cultural, and gender-based ideologies.

In analysis, the first step according to Braun and Clarke (2006) is familiarity with the data which includes reading and re-reading the data and making initial notes prior to coding. I began by reading through my accounts, both verbatim and descriptive, of the 8-week intervention. In the second reading a coding was done of relevant and recurring patterns, both those that emerged and those that were linked to my theoretical framing. Here it can be argued that both an inductive and deductive approach was used. Thereafter codes were merged into units of codes with similar content meaning. Merging continued until I was able to group codes into four areas: Containing, Ritual, Play, and Role. Within these four areas, based on core drama therapy principles, I was able to place the multiple symbols which arose and make links between and amongst them. Many adjustments and re-assessments were made in the creating of these four areas as the separation between different themes was certainly not clear. Thematic analysis is often critiqued for losing an overall picture through the separation of codes from their context. In my use of thematic analysis, codes cannot be separated from their context as the context is of primary significance to understanding the data. Therefore I have adopted a person-centred approach to the use of thematic analysis by integrating the context and allowing fluidity amongst the themes (Braun & Clarke, 2006).

## CASE STUDY & PARTICIPANTS

Thematic analysis was applied to a qualitative single case study for the purpose of this research. 'Case study methodology is developed within the social sciences' (Johansson, 2003: 5) and, as is characteristic of the case study methodology, the boundaries and focus of the case changed throughout the research process. A case study is an in-depth study 'of a specific group or individual chosen to represent- even exaggerate- social conflicts that our theories suggest are experienced in the wider society' (Williams, 1991: 225). A case study tends to limit its sample to focus on a group of individuals who are subject to similar conditions. Focusing on a small group allows for a study to engage with the depth and complexities of individual experiences.

As mentioned, the case study focuses on the 90-minute drama therapy sessions which took place over 8 weeks. The sessions were held at the Employment Bureau based at a church in Johannesburg and we were given use of a large room upstairs which had adequate light and ventilation. These practical factors certainly assisted with containment in the process, a theme which will be discussed in CHAPTER FOUR. The participants were all members of the Employment Bureau and were, at the time of the study, seeking employment. Their participation in the study was voluntary and all participants gave verbal and written consent to partake in the study prior to its culmination. As mentioned above, in this closed drama therapy group participation was not consistent for all participants as a result of financial, family, and other issues. I was flexible in allowing these inconsistencies which were processed and discussed in the drama therapy group and became part of the therapy process. Despite this, there remained a core consistent group of approximately five participants throughout. I conducted the sessions alone and received on-going practical and theoretical supervision from my academic supervisor Tamara Gordon-Roberts. The Johannesburg Parent and Child Counselling Centre supported my study and offered free additional counselling to the participants.

Pursuant to my interest in mothers living in South Africa I purposefully selected the case. Usually with a purposeful selection the research interest is on generalising the findings (Johansson, 2003). The demographics of the group for this case study are highly specific and the sample size is small. Case studies of this nature are oftentimes in danger of becoming isolated examples rather than being beneficial in their comparative-ability (Yin, 1984) and I display awareness of this possibility in the following section. However, as mentioned in my INTRODUCTION, the themes which I encountered in this study were relevant to and aligned with my experiences of women and caregivers from a broader range of backgrounds in South Africa. My depiction of these themes in this study could therefore allow for 'naturalistic generalizations' (Stake, 1995: NP) to be made. Stake (1995) asserts that 'naturalistic generalizations' occur when the readers of a case study find experiential resonance with the data in the case study thereby facilitating their enhanced understanding of the phenomena. Theoretically this study is placed in a wider South African context, discussed in CHAPTER THREE, and is cognisant of its similarities with the drama therapy work already done in South Africa with a similar client-group. This work (primarily run

through Zakheni Arts Therapy Foundation) has been documented from a different perspective than that of this study (see Meyer, 2014). Therefore this study may offer readers a different insight into various themes which may arise in the practice of drama therapy in South Africa. Moreover, I postulate that this study may have value for readers outside of a South African context by providing new knowledge about the drama therapeutic client/therapist relationship around issues of race, class, and difference.

## LIMITATIONS

One of the foremost limitations of this study is that as a case study made up of a small sample size of a highly specific target group, my ability to generalize my findings is challenged. As discussed above 'naturalistic generalizations' (Stake, 1995: NP) may still arise through the application of the themes in a wider context. Further, my study took place over a short-term period of only 8 weeks and I found that at the time of conclusion some of the most interesting developments were happening within the group. A longer-term group would certainly be preferable and would allow even greater depth of insight into the themes which arose.

Another contentious limitation is that I come from a different cultural and language group to my participants and although there were mutual benefits in this cross-cultural engagement, as discussed in the study, my subjective account is certainly influenced by my largely outsider-status as researcher/observer. I thus need to acknowledge potential pitfalls in my understanding, interpretation, and assumptions of events and behaviour within the group. The researcher's outsider-status is commonly critiqued in ethnographical, anthropological, and other related research. Gayatri Chakravorty Spivak, in her talk 'The trajectory of the subaltern in my work' (2004) describes the dangers of an outsider 'giving voice' to the disadvantaged or marginalised, the subalterns, as she names them:

attempts from the outside to ameliorate their [the subalterns'] condition by granting collective speech will invariably encounter the following problems: one, a logocentric assumption of cultural solidarity among a heterogeneous people and two, a dependence upon Western intellectuals to 'speak for' the subaltern condition rather than allowing them to speak for themselves (Chakravorty Spivak, 2004: NP).

By assuming that a representative can speak for the 'other', the 'other' is continuously re-subordinated. Rather than empowering anyone this behaviour re-enforces a pattern of one conferring agency over another. This pattern reinforces dependency and does not allow the 'other' to move towards independence.

Similarly historian Sean Field postulates that this notion of 'giving voice to the voiceless' indeed reinforces a victim-status. Victimhood, a label which is both patronizing and potentially destructive, is the antithesis of what this study hoped to engender in its participants. As a researcher I am aware of Chakravorty Spivak's warning and own my outsider, privileged position. However, as a therapist I had a relational and interactive engagement with the participants as we learned about each other's lives, personalities, and stories both within and outside of the therapy space (as discussed above). In the writing of this study I am betwixt and between this outsider/insider position and my attempt in this study is certainly not to assume a position of hierarchal knowledge about the participants and their reality. Rather this study hopes to share some of the moments of insight, transformation, and growth in ways that honour the participants as evolving rather than absolute. I attempt to make meaning out of the case study, to highlight important themes, to discover the benefits and challenges of the medium of drama therapy, and to hopefully allow my learning in this process to become meaningful or beneficial to future practitioners in the field of drama therapy.

In this chapter my methodological choices were discussed and an image of the group was provided. I have attempted transparency about the study's limitations with the acknowledgement that there are unforeseen limitations which have not been encompassed. In the next section I discuss the maternal aspects of this client-group, elucidating the relevance of the family and home environment on the development of one's maternal and caregiving capabilities. Through so doing I begin to relate to Winnicott's (1971) concept of the 'good enough' mother and environment in order to understand how this concept can be used within the drama therapy process.

## CHAPTER THREE: MOTHERHOOD IS A GROUP

### THE SOUTH AFRICAN FAMILY

Women bring life to this world and they have a duty to make sure that this life is preserved and protected. There is a need for us to come together regardless of our colour to look at the situation in the country and respond as women and mothers (Gertrude Shope, ANC Women's League President, April 1991).

Shope captures the essential value of the female position in families and societies in this persuasive political speech. Throughout this chapter I hope to explore these themes in line with Shope's trajectory. In their study for the South African Institute of Race Relations Holborn and Eddy (2011)<sup>8</sup> understand the concept of family in the context of South Africa as being more than a nuclear family unit and include in their concept 'extended families as well as caregiver or guardians' (2011: 1). Their study provides insight into findings of what is typical within a South African family, such as: Child-headed households, absent fathers, unemployed parents or caregivers, and single-parent households. Causes for these trends are outlined extensively by the writers and include, amongst others, the effects of apartheid which led to migratory labour. Single-parent households and poverty are common by-products of this which have causal connections with increased levels of unemployment and the rising HIV-epidemic. All of these factors are linked to South Africa's growing number of orphans and child-headed households. 'Many South African children are not growing up in safe and secure families' (2011: 6), the writers conclude, which is particularly worrying because 'it is evident that familial breakdown is circular, where children growing up in dysfunctional families are more likely to have dysfunctional families themselves' (2011: 6).

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<sup>8</sup> Although participants in this study originated from other parts of the Southern African region, they were all based in South Africa. When comparing experiences, the South African and non-South African women appeared to share similarities in familial circumstances and trends. For the purpose of this South African-based study I am therefore going to focus the following section on current literature on the South African family.

Several of these trends manifested as truisms in the lives of the participants during the *spectrogram* exercise in our initial process, which is discussed in CHAPTER FOUR. The environmental safety and security which is often missing in such circumstances inevitably adversely affects the psyche and internal containment of the individual (Winnicott, 1971). If the external impacts upon the internal then the causal connection shall similarly be reversed. The research above displays the cyclical nature of dysfunctional environments and my justification in conducting this study is to instigate change in this cycle by developing the inner resources of the mother or “pillar” of the family.

### ‘GOOD ENOUGH’ MOTHERING

In this study I postulate that the inner resources of the participants could be developed through a drama therapy process which is centred on nurturing self-awareness and self-care. As this study is primarily interested in the participants’ identities as mothers and caregivers, I will focus on the conceptualisation of this role and how it may impact upon one’s self-concept and relationship to others. Motherhood was a shared experience for all the participants, an experience which Jung (1968) describes as being both loving and terrible. Although I have not experienced being a mother, my experience of being mothered was so often rampant with such contradictions.

Mother love is not universal. The idealization of women as natural loving mothers is a cultural belief that gets us into trouble (Scheper-Hughes, 2006: 1).

Scheper-Hughes argues that a ubiquitous claim of motherhood undermines the multifaceted nature of the experience. Similarly, my observation whilst conducting this study is that motherhood is experienced differently by every mother and this experience changes continuously throughout the lifelong journey of motherhood. In search of a conceptualisation of motherhood which, rather than creating binaries, celebrates the lived experiences of motherhood I turned to D.W. Winnicott. Through his Object Relations theoretical conceptualisation of the ‘good enough’ mother (1971), which refers to a mother who is able to actively and spontaneously adapt to the infant’s needs, Winnicott radically

transformed the field of child-psychiatry. Winnicott describes how the relationship between the mother and infant begins with breastfeeding. The breast appears unquestionably for the infant, allowing the infant the illusion that what she creates really exists providing the infant with a sense of omnipotence: A sense of being able to create. 'The mother's eventual task is gradually to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion' (1971: 13). The breast is the infant's first introduction to the transitional phenomenon and it is through the process of weaning that gradual disillusionment is provided for the infant. This disillusionment process occurs in what Winnicott (1971) describes as the transitional space<sup>9</sup> between the mother and infant: A space in which there is adequate holding and containment for the infant to safely learn about her frustrations whilst feeling supported.

In this transitional space the 'good enough' mother allows the infant to develop whilst learning that she is unable to control her environment. Through so doing the infant is able to develop her True Self. Winnicott defines the True Self as 'little more than the summation of sensori-motor aliveness' (1960: NP) which can be understood as a person's ability to be creative, spontaneous, and have freedom of thought and behaviour. This True Self is able to be emotionally connected whilst understanding that she is not in control or omnipotent. The discovery of one's True Self does not end once the infant is weaned off the breast but is a continuous process which the child (and adult) negotiates. Through play in the transitional space this sensibility is enhanced and thus one's ability to play is linked to one's development of one's True Self, as will be discussed in CHAPTER FOUR.

If the infant's experience of frustration is balanced with the mother's reliability in this transitional space then the child is able to overcome and handle life's frustrations. On the other hand if 'good enough' mothering does not occur and the mother fails to respond to the infant's needs or is absent for a significant amount of time, then the transitional phenomena decreases in meaning until the infant can no longer experience it. The infant's sense of omnipotence is destroyed and the infant, after passing through the initial stages of irritability, becomes compliant and develops what Winnicott (1960) terms a False Self. This

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<sup>9</sup> This "transitional space" is also known as the "playspace" and describes both a physical space in which playing can take place as well as a relational engagement that contains the characteristics of the transitional space such as containment, playfulness, and negotiation (Winnicott, 1971). In the section Playing in Search of Self in CHAPTER FOUR I discuss the transitional space as a playspace in greater depth.

False Self responds to the world through compliance which inevitably leads to a false way of being in the world, combined with false interpersonal relationships. If the True Self has been completely replaced by the False Self then imitation prevails over spontaneity and one will almost certainly be unable to play.

Akin to my earlier definition, “mother” in Winnicott’s terms may refer to the infant’s primary caregiver (Ziegler, 1998) which may not be the infant’s biological mother. This critical relationship often sets the tone of the child’s future relationships in life. The difference between a secure and insecure attachment ‘provides insight into the ability of some people to overcome life’s obstacles while others seem unable to do so’ (Ziegler, 1998: NP). ‘Good enough’ mothering is therefore not formulaic, but rather is a dance of adaptation to circumstances and needs. Inviting this concept of ‘good enough’ into the therapy process allowed the participants to explore this dance and through so doing encouraged them to release the binary- labelling of their own performance of motherhood. The ‘good enough’ mother became more than a role but was instead a symbol which manifested in various forms and relationships throughout the process, both between the participants and me and amongst and between group members. The drama therapy process became a space in which the participants and I could create our own ‘good enough’ transitional space wherein we could explore and perhaps begin to discover our True Self and work through the potentially ineffective aspects of our past experiences with this transitional space.

### A ‘GOOD ENOUGH’ ENVIRONMENT

Aligned with the ‘psychosocial’ approach discussed by Meyer (2014) this study is interested in the environment in which the drama therapy process took place: Both the individual environments of the participants and the socio-political environment which surrounded our engagement. The significance of the environment is discussed by Winnicott (1971) who believes that the infant’s surrounding environment is as vital to her development as is the mother-infant relationship. An individual, according to Winnicott, will be able to cope with the shock of loss of omnipotence with good-enough environmental provisions. The quality

of one's environmental provisions directly impacts on one's ability to be creative and find the value in living later on in life (Winnicott, 1971: 83). If the environment is unable to provide 'secure holding' a person's ability to develop self-care may be disturbed (Winnicott, 1988: 117).

A South African perspective on the concept of a 'holding environment' can be understood through the philosophy of Ubuntu<sup>10</sup>. The Xhosa proverb: '*Lzandla ziyahlambana....The hands wash each other*' illustrates the doctrine of community and interdependence that underlies Ubuntu (Bhengu, 2006: NP). Ubuntu, as an ancient philosophy which survived apartheid and guided the Truth and Reconciliation Commission is, as Burger (1996) describes, an embodiment of the recognition of *us*. Makanya (2014) outlines how this communal 'holding environment' is inherent knowledge possessed by African people and has been for centuries.

Despite the prevalence of the philosophy of Ubuntu in South African society, the image of the South African family described in Holborn and Eddy's (2011) study remains one of both internal and external environmental fragmentation. Not only are the parts of the family unit separate from each other but the surrounding environment is described as being unconducive to 'secure holding' (Winnicott, 1988: 117). The reliability in the mother-infant relationship that is essential for the development of the True Self therefore may not be easily met in such a context. Certainly complex social, political, and economic conditions have led to the fragmentation of the South African family and indeed in this study's participants I met fragmentation of various sorts including divorce, death of a spouse, migratory work, absent fathers, and unsupportive partners.

The word fragment has its origins in the Latin *franger*: to break (Oxford English Dictionary, 2<sup>nd</sup> edn). As both a noun and a verb the word itself has the capacity of life force. It is with this capacity for life force that signifies an ability to work through the fragmentation of the

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<sup>10</sup> The word Ubuntu first came into use in the 1920s when it became the slogan of the Zulu movement Inkatha in their attempt to revive traditional Zulu values. Thereafter it became a word used across a variety of disciplines including theology, anthropology, and even business management. In 1993 it was used in a "postamble" to the Interim Constitution and its values were absorbed into the discourse of South Africa's current Constitution (Bennett, 2011).

participants' own holding environments. However, the question becomes how to use this inherent sense of community, the life force which is Ubuntu, within the drama therapy space to encourage participants to take ownership of their healing process. Further, how can Ubuntu develop beyond a philosophy but into a lived practice of communal holding and healing? Although I do not overtly refer back to Ubuntu as a philosophy throughout this study its core values certainly manifest symbolically and actually. Through its manifestation I make reference to some of these questions.

## MOTHERHOOD & THERAPY

Motherhood is not an event but can rather be understood as a process of becoming (Winnicott, 1971). The correlation between motherhood and therapy is substantiated by research which reveals that the most impactful changes to a woman during motherhood are intrapsychic (Rubin, 1984). When a woman becomes a mother her entire psychological framework transforms into what Winnicott describes as the 'primary maternal preoccupation' (1958). The process of becoming a mother, similar to the process of engaging in therapy, is paradoxical and involves anxieties, fears, confrontation with vulnerabilities, as well as joys, successes, and a genuine sense of fulfilment (Nicolson, 1998). The emotions do not follow a linear passage throughout the process but individuals tend to vacillate between and amongst different responses and ways of being throughout.

Winnicott (1971) discusses how every childbirth and child-rearing experience is an unending challenge to build, create, and maintain a connection between mother and child. Similarly this challenge unfolds throughout the course of therapy. Professor of psychiatry and one of the foremost experts of group psychotherapy Irvin D. Yalom (2005) likens the therapy group to a family and the group leaders to parental figures. The clients' early experiences with their own mothers and transitional phenomena will impact upon how they respond to the therapist as well as to the early stages of group formation. These early stages of group formation can be likened to an infant who is adjusting to, learning to trust in, and depend on her mother (Winnicott, 1953; 1964; 1971). The infant is highly sensitive to her mother's presence and anxious about her absence. The returning of the mother teaches the infant

that absence is not a rejection and through this developing confidence the infant manages to develop a sense of healthy separation from her mother. However, in situations where 'good enough' mothering did not occur in one's early development, this building of confidence and healthy separation will most likely not manifest. In the early stages of group formation these aspects of the clients' early experiences will play out. Typically a reliance on the therapist will be evident combined with initial anxiety and a sense of nervous dependence. In CHAPTER FOUR I will discuss how this issue materialised during the initial stages of the drama therapy process.

For most clients it is important that they feel that the therapist is in tune with their needs and is close by to offer support and create safety. When 'good enough' mothering occurs the infant then goes through a transition whereby she develops an increased recognition of the self and sense of others, before moving into relative independence where she can develop a sense of self that can be presented to the world. Similarly, the client becomes more aware of the self through the safe therapeutic space and is then able to make choices and practice taking control before growing in confidence and becoming actively engaged with her own material and with others in the therapeutic environment, relying less on the therapist. This process unfolded in the group to an extent, however, longer-term therapy would allow for the fuller actualization of this process.

When 'good enough' mothering has not occurred in the client's early development then they are likely to become stuck or blocked at a certain stage in the therapy process. The function of the therapist is then to take on the role of the 'good enough' mother and through play encourage the client to work through the various stages (Winnicott, 1971; Yalom, 2005). I hypothesize that most individuals have both 'good enough' and not 'good enough' mothering experiences in their development and therefore impasse, or being stuck, is an inevitable stage of all therapy (Yalom, 2005). In CHAPTER FOUR I will discuss how play was used in this process in an attempt to overcome the impasse.

Throughout this chapter I have provided an image of the familial and environmental contexts which may have aspects of applicability to the participants' lives. I have discussed the alignment between the concept of 'good enough' and therapy in order to postulate that this drama therapy process has the ability to work through some of the aspects of the

participants' lives which were potentially not 'good enough'. "Mother" has been conceptualized as more than a role but as a continuous process of adaptation. Seen through this lens, the correlations between motherhood and group therapy become more evident. Further, the interaction between the external environment and internal functioning has been highlighted in the above chapter. In the following chapter, which is the main body of this study, I hope to elucidate how the practical drama therapy process unfolded as well as make theoretical links between the context and the content.

## CHAPTER FOUR: THE DRAMA THERAPY PROCESS

### BEGINNING

Through the 8-week drama therapy process the participants offered me insight into their lives and families which, one way or another, can be identified as a form of familial fragmentation. Assemblage is the 'creative reworking of fragments' (Thompson, 2003: 156) and it is through the act of assemblage that the fragments are able to be resuscitated in a new form. The very act of assembling implies that the new form will be somehow different to how it was before. In this chapter I will explore how the drama therapy process became an act of assembling the fragments of the participants' selves and familial experiences and how, through so doing, the search for the 'good enough' mother within each participant began. The journey for this search began with the initial assessment of the *spectrogram* exercise, which will be discussed in this section, and was followed by four main stages: Containing, Ritual, Play, and Role which will be addressed in the rest of this chapter.

The day the group began, the day it was "born", was one in which I was filled with mixed emotions of fear, anxiety, and hesitation combined with eagerness and excitement. Although scientifically birth takes place through uterine contractions, from the infant's perspective it is their impulse and readiness which produces the changes that leads them to, commonly head first, enter a new realm (Winnicott, 1988: 144). The process of being born comes with major changes for the infant who is believed to experience the changeover from not breathing to breathing as 'essentially traumatic' (Winnicott, 1988: 144). In birth there is almost always a delay which is incomprehensible to the infant for they are unable to know or measure the outcome. In likening the beginning of therapy to a birth I hypothesize that if my emotions were mixed on this day then certainly the unknown at the start of the drama therapy process was emotionally turbulent for the participants. The unknown, which is what one faces in the initial stages of therapy, is described by Bion:

In every consulting room there ought to be two rather frightened people; the patient and the psycho-analyst. If they are not, one wonders why they are bothering to find out what everyone knows (1974: 13).

I was met with participants who appeared nervous and unwilling to engage, common reactions to the beginning of any therapeutic group process (Yalom, 2005). Not only was I a stranger to them but the participants were strangers to each other and drama therapy was foreign to them all. This group was in its infancy therefore in all ways. My role as the therapist was to tolerate my initial feelings of incompetency and become patient in my 'willingness to wait...until something genuinely relevant and meaningful begins to emerge' (Casement, 1991: 9). My anxiety, however, superseded my patience and I filled the initial session with drama-based ice-breaking games and exercises. Much of my previous practical experience had been with children and I immediately recognized that I cannot apply the same techniques with adults. Adults are developmentally further removed from playing than are children (Jones, 1996). The instigation of playfulness with adults can therefore be a frightening and vulnerable-making experience which can further highlight their anxiety about the beginnings of therapy. Learning to play was an important aspect of this process but needed to progress along a developmental continuum (Meyer, 2014).

Winnicott describes playing as that which is universal and 'facilitates growth and therefore health' (1971: 48) and stipulates that playing improves communication and helps to build and develop group relationships. 'Playing is itself a therapy' says Winnicott (1971: 58) but he also warns that playing can become frightening. In order for the playing to achieve its beneficial abilities it was important to first establish boundaries in the group. 'Playing has a place and a time' (Winnicott, 1971: 47) which, as discussed in CHAPTER THREE, Winnicott likens to the transitional space between a mother and infant<sup>11</sup>. This place and time creates a structure and establishes boundaries in which the child can be free to play. During the initial session, participants were moving in and out of the space, answering their cellphones, visiting the restrooms, or having private conversations. This behaviour can be understood in many ways. One way that I made sense of this behaviour is as indicative of the participants' lack of experience of therapeutic environments as well as their own early experiences with parental control and boundary-settings (Yalom, 2005: 309-320). Another possibility is that the participants' own vulnerability, which was being triggered through the therapeutic engagement, felt intolerable for them to confront at this point. Their seemingly uncontained

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<sup>11</sup> The playspace and transitional space will therefore be used and understood interchangeably for the purpose of this study.

behaviour therefore may have been a manifestation of their struggle to contain their own emotional responses (Casement, 1991).

Upon initial engagement with drama exercises and games, the participants exhibited hesitation regarding “getting it right” and turned to me for guidance and acknowledgement (Winnicott, 1953; 1964; 1971). In this instance I experienced the transference around control and anxiety as follows: My nervousness about beginning the group process manifested in my need to control an apparent boundary-less environment to which the participants were responding with internally-directed frustrations at not getting the games “right” (Casement, 1991: 196). According to Bruce Bailey in ‘The dramatherapy/psychotherapy debate’, it is not the drama in itself that is therapy but rather:

..it was the process of therapy focusing on the ‘here & now’, transference of feelings, resistances and the group’s interpersonal process whereby the clients were able to access insights and acknowledge them over a substantial period of time, learning new ‘competencies’...this is the stuff of psychotherapy (Bailey, 1997: 17).

Paula Heimann describes the ‘counter’ part of countertransference as the therapist’s response to the client’s transference (1950: 81) and stipulates that the therapist’s response is a most important tool in the therapeutic work. In the ‘here & now’ I responded to the counter-transference by moving the session towards an art-making exercise which allowed participants to project their feelings and thoughts onto an external object, alleviating the potential of being overwhelmed by the experience of embodiment. At an opportune moment in a later session (session three) I directly addressed how I had experienced the transference in this instance which led to a lively group discussion around our shared fears, frustrations, anger, and shame. Through so doing we were able to verbally process this moment, make meaning out of the counter-transference, and ‘access insights and acknowledge them’ (Bailey, 1997: 17).

The art-making exercise which followed was based on Anne Chesner’s application of the *spectrogram*, an assessment method used in drama therapy (2012). Rather than viewing assessment through a diagnostic lens, Chesner’s description of assessment as an ‘exploratory dance and a rich opportunity for reflection’ (223-4) appealed to me in that it

encouraged a less formulaic use of techniques in a way that was suitable for the client group and allowed for dialogue amongst the group and between the group and me to develop. The *spectrogram* can be understood as a “map” of the client’s world in which she depicts both symbolically and creatively the important aspects of, and relationships in, her current reality. I invited the participants to begin the creation of their maps by finding a symbol to depict them and to place this symbol on the map. Thereafter they were invited to represent the important aspects of and people in their lives in any creative manner and to place these aspects/people in relation to them.

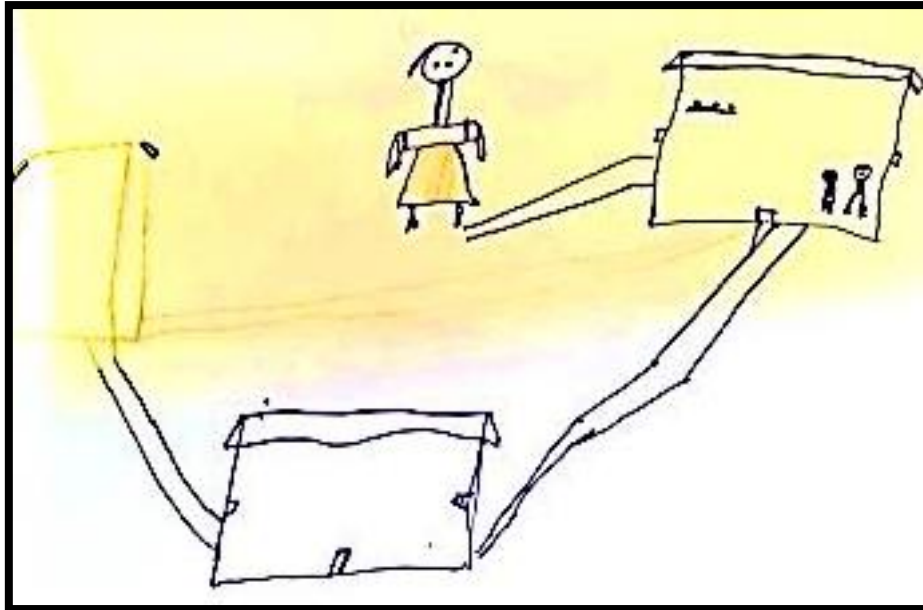


**Spectrogram 1<sup>12</sup>:** The participant created two homes, one which she described as "my home" and the other her "temporary" home in Johannesburg.

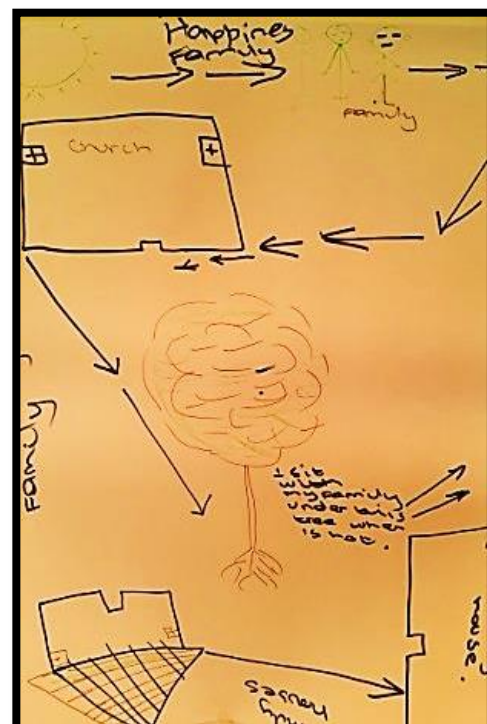
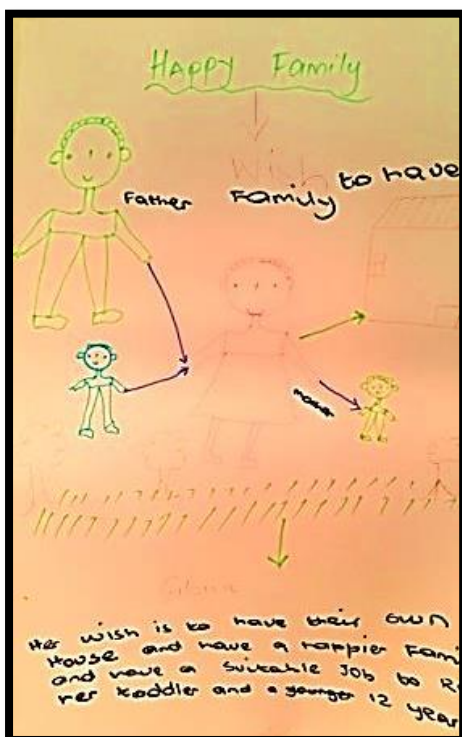


**Spectrogram 2:** According to this participant the hand “is God” looking after her (the heart) and the many roads represent “all the people and places in my life”.

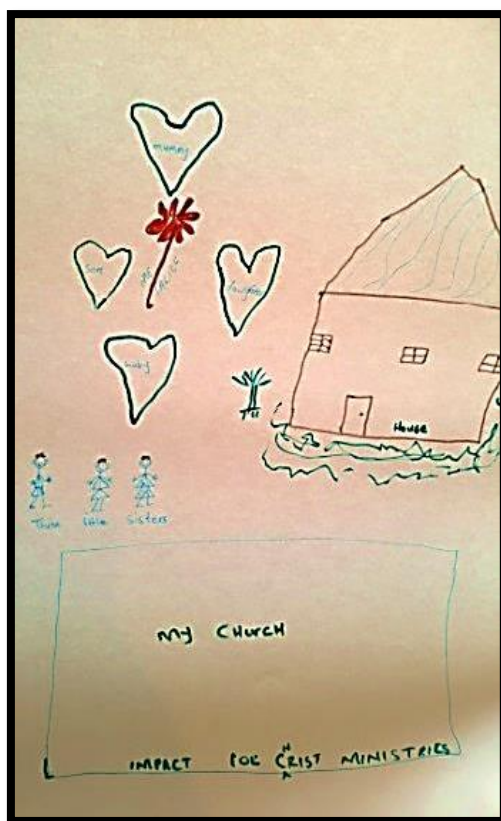
<sup>12</sup> Permission in the form of both written and verbal informed consent has been granted by the participants to use their images (as well as their containers in the section ARTFUL BOUNDARIES) for the purpose of this study. Clearance for the use of these images has also been granted by the ethics committee at the University of Witwatersrand.



Spectrogram 3: This participant described three homes: Her family home, her current home in Johannesburg & the church. She described herself as being “in-between them”.



Spectrogram 4 & 5: In an example of synchronicity the participants of the above spectrograms were randomly partnered and in the group discussion shared the many similarities between their spectrograms and familial experiences. Spectrogram 4's participant spoke about the support she receives from her children and described the father of her children as “far away”. Spectrogram 5's participant discussed the support structure of her extended family who live in Swaziland (her original home) and how the church performs the function of home for her in Johannesburg.



**Spectrogram 6:** This participant described those closest to her as "my children and especially my daughter" and discussed her church as "the foundation of my life".

The *spectrograms* were shared and discussed in partnerships. This had the dual benefit of providing participants with the opportunity to give voice to their work and thereby create their own meaning whilst also being a platform for participants to establish relationships with each other through the intimacy of partnerships. Winnicott noted that 'there is not such a thing as a baby. There exists a mother-infant pair' (1953: NP). Yalom (2005) uses this premise to advocate a relational perspective to psychotherapy (20). Within the group I witnessed this analogy *in action* between the participants. Whilst the participants shared their *spectrograms* in their mother-tongue I, unable to understand their language, observed them visually. I witnessed empathic listening, smiling, nodding, sympathetic gestures, gentle touch, and at times, laughter. Progressing from the intimacy of partnerships, participant's "introduced" their partner and her *spectrogram* to the larger group. By reflecting back to the wider group, partners were able to express their active listening ability and allow each other to feel heard (Chesner, 2012). There was a maternal style and manner in which the participants tended to introduce each other whilst the partners looked on with apparent

nervousness as they seemed to be asking: *Has she heard me?* and *Can I rely on her?* Their facial expressions communicated relief at the end of their turn, a probable combination of being satisfyingly “presented” and being placed off the pedestal of observation. Indeed the mother-infant pairing was manifesting in these partnerships as they shared their experiences which were essentially about their position as mothers in their social reality.

No other kind of relic or text from the past can offer such a direct testimony about the world which surrounded other people at other times. In this respect images are more precise and richer than literature. To say this is not to deny the expressive or imaginative quality of art, treating it as mere documentary evidence; the more imaginative the work, the more profoundly it allows us to share the artist’s experience of the visible (Berger, 2008: 3).

In this statement Berger describes how art can be a form of testimonial. In this example art-making was used by the women as both an individual and group experience of testifying to their social realities. The documentation of their social map in the creative manner of the *spectrogram* allowed them to become witness to their own and each other’s lived experiences. According to Jones (1996) witnessing is one of the nine core processes in drama therapy. Formal witnessing may take place only during performances and enactments but as a process witnessing is intrinsic to the nature of drama therapy wherein ‘the client...is a participant observer to themselves and to others’ (1996: 111). Witnessing helps to establish boundaries and create a sense of safety within a drama therapy group (Jones, 1996). Certainly the supportive nature of being witnessed and acknowledged in this example enabled the participants to begin to develop a sense of safety with each other.

Furthermore this exercise allowed the participants to make sense of the people and structures around them, to give thought to the placing of themselves within their external environment, and to see and acknowledge the similarities and differences between and amongst their experiences. Self-documentation was utilized as a tool in the active creation of a sense of self, providing the participants with a sense of ownership of this tangible representation of their reality. Assuming that the participants already had a developed sense of self would be negligible. In the following statement, South African drama therapist Paula Kingwill discusses her own experiences around this notion:

In the work I have done, I have found that recovery usually means discovery of the self, often for the first time. In most of my experiences, those that are struggling to recover from trauma, depression, etc, use the process of recovery as a process of self-recovery. There was not an original healthy self that can be re-found, instead a self that responded to life's (often overwhelming) challenges with a series of helpful defenses that protected them from the world, and recovery is about understanding those defenses and making conscious choices about their use. It is also about understanding and uncovering our internal sources and so discovering who we are without our defenses (Kingwill, 2009, cited in Taub, 2008: 40).

Having a sense of self is related to the ability to attach to others. What predetermines whether the contact between mother and child begins to flow well is the mother's ability to identify and be connected with her own emotions, and whether she can distinguish between her own emotions and those triggered in her by her child (Simonic & Poljanec, 2014). Through exercises which encouraged self-reflection the development of each participant's individual sense of self was instigated so that her own emotional distinctions could become clearer, this proposition is given further attention in the section PLAYING IN SEARCH OF SELF.

Common themes which were depicted in the *spectrograms* and shared in the group discussion included the idea of survival which was related to the participants' unemployed status, the importance of the place of the church in their lives, distance (mostly geographical) between the participants and their families and homes, absence of or distance between the participants' and their male partners, the importance of children as a support and source of love in their lives, and a hopefulness for an imagined better future. As a starting-point this tool was useful for both the participants and me. It allowed the participants' current material to be known to me which would allow me to imagine into the general direction of our group process. The *spectrogram* exercise also allowed them to be owners of their reality and to witness a tangible reflection of their lives and relationships. Dokter (1991) believes that the role of the drama therapist is not to interpret a client's behaviour but to model new ways of expression and to encourage the re-framing of her narrative in a healthy way. The onus is on the client to activate in her life that which she experiences in the drama therapy space which empowers the client in the assumption that she is capable of self-control.

Through the initial exercise of the *spectrogram* familial fragmentation was immediately apparent, both symbolically depicted and visually represented by the participants. As the drama therapist my role was to model a drama therapy group which could progress from fragmentation to assemblage. Winnicott describes how playing in the transitional space between the mother and infant (1960) allows the infants frustrations to be balanced with reliability which enables the development of the infant's True Self. If we were to play in search of the True Self in this drama therapy process, then the transitional space between the group and me needed to be a trustful one. Without a 'good enough' environment we shall never be able to play and so the focus thereafter became about creating and enhancing containment which is essential for the fruition of a 'good enough' environment.

## CONTAINING

*Turning and turning in the widening gyre*

*The falcon cannot hear the falconer;*

*Things fall apart; the centre cannot hold;*

*Mere anarchy is loosed upon the world*

- W.B. Yeats, 1919, *The Second Coming*.

Yeats' allegorical poem is a warning of the potential chaos which can emerge if there is no holding centre. Boundaries: Practical, spatial, and symbolic are an essential component of any therapeutic relationship (Yalom, 2005). Deborah Posel says that in 'the aftermath of the Truth and Reconciliation Commission (TRC), postapartheid South Africa contains the rudiments of a confessing society' (2006: 8). In a framework of group therapy in a South African context we need to be aware of the pitfalls of this 'confessing society' for, as Posel stipulates, confession has the potential to be uncontained, re-traumatizing, and counter-productive to the process of transformation. At the conclusion of the first session I attempted to establish boundaries amongst the group through a verbal negotiation of time, space, confidentiality, respect, behavioural codes, and so forth. Reflecting thereafter on the

*spectrograms* of the participants I was struck by the expanded boundaries of their realities. For example, none of the participants had a map which was situated within a confined space, the distances between them and others in their lives were filled with gaps, and “home” was often depicted as more than one thing. Most importantly, how could I begin to create boundaries which are necessary for a “safe” therapeutic space with participants whom are so deprived of safety? As unemployed mothers they verbally shared their frustration at not being able to provide financial security for their children. Being poor also meant, for many of them, living in unsafe environments. If they are unable to provide safety as mothers, then surely their own sense of safety must be challenged? I chose instead to symbolically explore the concept of safety and containment. This took place in two forms: One was through the creation of ARTFUL BOUNDARIES in our second session and the other was through the use of ritual which I used throughout the process as an active exploration of boundaries. I will begin by discussing ARTFUL BOUNDARIES and thereafter will outline how ritual was used in this process.

#### A) ARTFUL BOUNDARIES

In this example I highlight how drama therapy has the capability of allowing an intangible concept such as therapeutic containment (Casement, 1991) to become concrete. Through this I hope to demonstrate how the dramatic medium has the ability to be containing in itself as it allows the client to construct her own boundaries (Emunah, 2009). During the second session I invited the participants to create a physical container in which they could place someone or something from their *spectrogram*. Saphira Linden’s case study ‘Aiko: Drama therapy in the recovery process of a Japanese/Korean-American woman’ (1997) discusses a workshop whereby participants created ‘a positive container in which more difficult relations can be addressed’ (195) and through so doing the participants were able to attend to painful memories without the danger of re-traumatisation. Similarly, in this study the container became a projective tool for the participants to explore their relationship to the theme of containment. In creating a container for someone else they

were able to reflect on the concept of containment in an aesthetically distanced<sup>13</sup> manner (Landy, 1994). The session assumed a meditative mood as the participants went into nature to find material for their container. Working individually they imagined into their ideal container and took time creating it.

Ronen Berger, a drama therapist who uses aspects of nature therapy in his work, discusses a case study with cognitively delayed youth where they created a 'home in nature' (2006: 138). Berger returned to this exercise on a weekly basis in order to explore issues of boundaries with the youth. He aligns the process of building this physically contained space to 'the formation of the therapeutic alliance between therapist and client' (138) as well as likens it to a physical representation of Winnicott's transitional space (1971). By exploring containment symbolically and creating a representation which was both tangible and unique to each individual, the participants in this study became active contributors to the formation of our therapeutic alliance.

Containment is paramount to the notion of the of the "safe space" in therapeutic settings which is eloquently articulated by art therapist Catherine Moon as an

...atmosphere where each person is viewed as uniquely capable of artistic expression, where the process of creating is as important as what is created, where spontaneous expression and disciplined practice are understood to be interdependent aspects of creativity, and where both the person creating and the thing created are treated with respect and dignity (2002: 71-72).

The creation of the containers was one step towards the formation of this "safe space" as described by Moon. The understanding that each participant had a different experience of the mother/infant relationship and therefore may respond to the transitional space in a different way (Yalom, 2005), means that what may feel safe and contained for one can be unsafe and frightening for another (Winnicott, 1971). Affording them the opportunity to create and give voice to their expression of containment allowed mutuality and freedom in the process of becoming a group. In order to remain in the non-cognitive state that the creating of the containers invited, each participant presented their container to the group

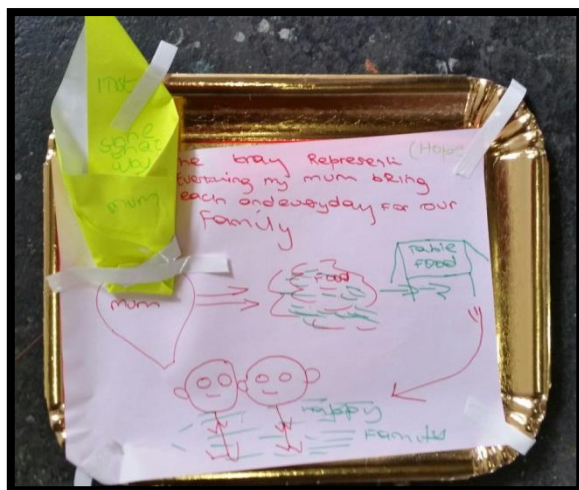
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<sup>13</sup> Aesthetic distance is described as 'balanced' (Landy, 1994) in that the client is connected to but not overwhelmed by the material with which she is engaging.

and found an embodied way of representing their feelings towards it: Some danced, some clapped, some recited poetry, and others made sounds and songs. Spontaneously, and without my prompting, the rest of the participants responded to each offering with ululation<sup>14</sup>. The laughter and playfulness so spontaneously offered in this example is indicative of the necessity of boundaries for the emergence of play in the transitional space (Winnicott, 1971). Containment and boundaries, however, does not simply exist once it is invited into the space but needs to be reinforced throughout the process of therapy. I will now discuss how ritual allowed this reinforcement of containment in a client-driven manner (Rogers, 1961).

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<sup>14</sup> This is an example of a cultural connection which spontaneously manifested between the participants and me. Ululation is a celebratory vocal sound which is practiced throughout the world, however, as a cultural practice it is deeply rooted in Southern Africa and is especially connected to Zulu tribes (Sikhosana, 2002). Similarly, in Jewish culture ululation is used to celebrate joyous rituals such as weddings, bridal parties, and *bar mitzvahs*.



Above: Some of the containers created by participants.

## B) RITUAL

### - RITUAL OF THE EVERYDAY

In a world of ever-accelerating change, we need the rituals and stories that remind us why we are here, that make us feel at home in the world. In an age of massive impersonal forces- the global economy, the earth's environment, international politics, instant worldwide communication- we need an affirmation that we count, individually and irreplaceably (Sacks, 2000: 57).

Academic and religious-leader Lord Jonathan Sacks outlines the need for our returning to rituals as a reminder of our common humanity. In this section I discuss how rituals are containing in their ability to bring us back to deeply-rooted aspects of ourselves and our lives, to remind us of whence we came, and to provide us with the 'affirmation' (Sacks, 2000: 57) we need to go forth. In his 'Introduction' to *Passages of the Soul* (1994) James Roose-Evans, whose expertise as a theatre director and priest provides for a rich understanding of this topic, discusses the ability of art to penetrate beyond the surface. He highlights how through his examination of Picasso's *A Woman in Grief*, the maternal mask of his own mother was removed. Through the artist's sensitive depiction of womanhood and motherhood, Roose-Evans was able to see and understand the grief that his own mother holds. He alludes to art as religious in the sense that it 'seeks to pierce the mystery of life, to create order out of chaos' (1994: xi). I found it synchronous and meaningful that Roose-Evans' book which is about the value of re-instating ritual into everyday life begins with an example of how art gave him insight into his own mother and her psyche. He refers to seeing 'beyond the known familiar face' of his mother through art. This alludes to a facade, a mask of sorts, which covers up the complexity of the woman behind her role as a mother. In my earlier definition of drama therapy, I discuss how ritual is one of its core components in its ability to both heal and contain. In this section I will explore how we used various forms of rituals in a client-driven manner throughout the drama therapy process (Rogers, 1961). Ritual will also be discussed as a manifestation of religion through art in order to

understand how and in what way these aspects of the drama therapy process provided opportunity for an experience of the self 'beyond the familiar face'.

The relationship between ritual and drama therapy is an oft-debated subject. Jones has aligned the drama therapy structure to 'the psychological and emotional functions of ritual' (1996: 250) but simultaneously suggests that 'dramatherapy is not ritual. The dramatherapist is not a shaman' (1996: 250). Jones is cautious to align drama therapy with other practices without thorough investigation of their similarities and differences, sentiments with which I agree. Ritualistic elements became fundamental in this process as a result of my client-centred approach (Rogers, 1961) to drama therapy. As these elements manifested over time in the process I was reminded of drama therapist and cleric Roger Grainger's words that 'when dramatherapy deals with the fundamental longings of the human soul, it speaks the language of religion, even though nothing "religious" is actually said' (1990: 27). Although drama therapy is neither definitively ritualistic nor religious, this process highlights how it certainly has the ability to contain 'the language' of both.

Ritual, according to Roose-Evans, is 'a passage' (1994: xii) which connects the familiar to the unfamiliar and to travel this passage cannot occur cognitively but needs to be partaken in through direct experience (Roose-Evans, 1994). The word experience derives from the Latin *experiential* which means to experiment, to risk (Roose-Evans, 1994: xiii). As discussed above action methods (BADth, 2011) are core to drama therapy; experiencing is implicit in its essence. Mindfulness of the risk of the experience shall therefore prescribe how we structure our work. Creative expression which is called upon in drama therapy has the potential to remove one's façade, as illustrated in Roose-Evans' discussion of Picasso's art. This allows the unconscious to be made conscious (Jung, 1964) which can be a frightening experience indeed. Rituals take many and varied forms, from daily personal rituals to organizational, religious, and communal rituals, they all hold the same function: They enable a sense of containment to be created out of what otherwise would be chaos (Roose-Evans, 1994). In order to move from the familiar to the unfamiliar during our drama therapy process and to enable the risk to be contained within appropriate boundaries, we began each session with a ritual that was already part of the daily lives of the participants: Drinking tea.

Artistic practice celebrates imagination and the freedom to break boundaries. At the same time it needs to create boundaries in order to break others – this is the impact tension of both the creative process of social theatre and dramatherapy (Jennings: 2009: 35).

Initially I attempted to create boundaries for the group with ritual practices (involving drama games, mirroring exercises, and movement) that were familiar to me as a result of my experience with drama as both a student and teacher of dramatic arts and as a training drama therapist. The grounding and containing intentions of these rituals did not seem to be working immediately for the participants and so, after two sessions of trying, I replaced that which was familiar to me with an everyday activity which I knew was familiar to them. Schechner (2003: 127) says that transformation occurs when performance and therapy is ‘symbolised and actualised’. The drinking of tea together at the start of each session was more than an action, it became a performative ritual (Schechner, 2003) whereby we symbolised our bond to each other through a long-held and familiar tradition that women, communities, and cultures use as a way of creating and maintaining relationships. Theodore Jennings, in *On Ritual Knowledge* (1982), states that the value of rituals is that they not only allow for the continuity of ancient knowledge but also encourage the discovery of new knowledge. The repetition of a familiar ritual in a new context allowed the ritual to signify something new: By physically nourishing ourselves within a therapeutic setting self-care was being ‘symbolised and actualised’ (Schechner, 2003: 127). In the frame of this familiar ritual I introduced the unfamiliar: Objects were placed on the table and were used as a symbolic means of checking-in<sup>15</sup> and, as the process progressed, were used playfully as transitional objects (Winnicott, 1971). The initial embarrassment regarding play appeared to cease within the context of a familiar ritual and the discovery of new knowledge that this ritual provided was evident in the participants’ feedback:

“I learned so much today”

“We learn new things each week here”

“You teach us”

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<sup>15</sup> Participants chose from a large selection of objects including toys, figurines, everyday materials, and natural artefacts. Initially they chose an object which related to an event from the past week and, as trust developed in the group, the objects were related to according to the participants’ current emotional states.

Nussbaum (1986) discusses catharsis in therapy as less about purging emotions and more about clarifying and learning through emotion. The ritual of tea-drinking certainly grounded the participants in the 'here & now' and was at first used as a space to engage with one other about pertinent issues in the participants' daily lives. As the weeks progressed the ritual included more dramatic elements such as playing with role cards (as will be discussed in the Role section below) and creating imaginative scene-work with objects. However, a reminder of reality through tea-drinking did not allow for a complete submersion in fantasy. Earlier I discussed the danger of emotional purging in a South African context (see Posel, 2006), and by remaining in "the real" the emotions that manifested were able to be articulated and clarified. I suggest that in this context, for these participants and their specific personal and political history, this was the most beneficial way of beginning to engender emotional catharsis. Landy provides support for this approach when he discusses how an integration of emotional engagement and rational thought is useful in drama therapy 'for it is within the spaces between these levels of reality and identity that understanding and healing can occur' ( 1997B: 368).

Existential psychologist Rollo May warns against finding complacency in this as

many patients in psychoanalysis try to phrase experiences in these rational statements precisely in order to avoid experiencing the vital power and immediate reality of their situation which the symbol would force them to confront (1960: 15).

The value of the ritual described above, if not balanced with symbolism, could be used as a defence against unconscious engagement (Jung, 1966). My cognisance of this possible defence-mechanism meant that tea-drinking was always followed by the dynamic symbolism that is song. The songs which were ritualistically dynamised were church songs provided by the participants who all appeared to know and share the same songs. Below I discuss how religion was integrated into the drama therapy process and how this contributed to my informed understanding of the participants and enhanced my ability to relate to them.

## - RELIGION, THERAPY & RITUAL

Religion and therapy is not a new relationship. Philosopher, psychologist, and physician in the early 20th century William James published the *Varieties of Religious Experience* (2004, 1902) in which he describes prayer as a type of inner dialogue conducted with the 'conviction that something is genuinely transacted in this consciousness' (401). Mary Calkins, the first female president of the American Psychological Association, said that when individuals engage in public worship, whether or not they are consciously aware of those around them, they experience 'a developed and reflective consciousness, a realization of [the self] as member of a larger community' (1911: 490). When praying together people acknowledge the generations before them, their culture, nation, and their future generations. This notion is reminiscent of the founder of the Sesame approach Marian Lindkvist's description of her work in South Africa in the 1970s and 1980s. In her book *Bring White Beads When You Call Upon the Healer* (1997) Lindkvist describes how she became acquainted with the role of the Ancestors in African culture which made her more aware of a world that is "other". In this world, says Lindkvist, symbol is not projected it is lived. One way of living the symbol of the Ancestors is through the singing of traditional songs. It is this living of symbol that connects us to our unconscious and our inner experiences (Jung, 1989). For Jung this connection is likened to the meeting of 'the Self' which is the part of oneself that transcends the limitations of the ego.

Religion was inherent in the group process from the onset. In the first session's *spectrogram* exercise, references to Christ as a "saviour" and the church as "home" were made. Casement discusses 'unfocused listening' (1991:37) as listening to a patient beyond what they are saying and abstracting recognizable themes from the context of what they present. Thematically I found links between the participants descriptions of church and a 'holding environment' (Winnicott, 1971) and Christ and a reliable paternal figure. In a momentary interaction with a participant during our second session I asked: "How often do you go to church?" to which she replied, "all the time, even now this is like I am in church". Applying unfocused listening I understood this statement more as a question. Some aspects of church

and therapy were seemingly being compared by this participant. Whereas church had proven its ability to hold her through her longstanding relationship with it, I hypothesize that she was still testing the capacity of therapy to do so. As I pondered her possible question: *Could she be aptly “held” by me and this process?* I was cognisant of the reality that this short-term intervention will come to an end, and then what? I began thinking about the church as an established ‘holding environment’ (Winnicott, 1971) in the lives of the participants: What are the core qualities that the church as an external resourcing system holds? How could these qualities become internalised through their adaption into the drama therapy process? Indeed, could this drama therapy space offer something different to the ‘holding environment’ that is the church?

In response to my questions I turned to the work of cultural anthropologist Victor Turner who is famous for his study of the Ndembu tribe of Zambia which led to his exploration of the relationship between drama and ritual. In his paper titled ‘Dramatic ritual/ritual drama: Performative and reflexive anthropology’ (1979), Turner describes how a combined group of anthropologists and performers re-created the Ndembu rituals through a drama-based process. Although the purpose of this process was performative (Schechner, 2003) rather than therapeutic, Turner’s description provides insight into the benefits of re-creating cultural and religious rituals in a dramatic context. The dramatic enactment of ritual, confers Turner, had the ability of ‘revealing the hidden, perhaps even unconscious levels of action’ (1979: 91). Thus the repetition of familiar church rituals in an unfamiliar setting, especially one which is therapeutic in nature, may allow for these unconscious aspects to manifest. The benefit of unconscious manifestations here, as opposed to a dramatic setting which is not therapeutic, is that the therapist’s understanding of transference in the therapeutic relationship (Bailey, 1997) allows for a conducive environment for the containment and working-through of these manifestations.

Furthermore, Turner postulates that performance is reflexive in nature and the performance of ritual dissolves ‘the deep bonds between body and mentality, unconscious and conscious thinking...[which] creatively democratises’ (1979: 93) people and groups. The performance of ritual in this context could therefore function as a tool for the creation of

group cohesion and could democratise the differences amongst the group and between the group and me. Performing rituals may therefore benefit interpersonal dynamic as well as affect intrapersonal change as 'dramas induce and contain reflexive processes and generate cultural frames in which reflexivity can find a legitimate place' (Turner, 1979: 83). Seen in this way church symbols such as song, prayer, dance, and unity are not simply re-created within a dramatic context but are reflexively engaged with. The self-conscious aspects of reflexivity are balanced with spontaneity in the dramatic context. Certainly herein we find the benefit of utilising the symbols and rituals of the church in a setting which is not only dramatic but also therapeutic. The intention would thus be to encourage the participants to engage with these familiar rituals in a state of balance between reflection and playfulness in order to work towards the personal integration of the symbols into their self-concept.

Using song and movement as a way of transporting clients from a rational, thinking to a feeling, experiencing way of being is a common bridge-in to drama therapy and has its roots in the Sesame approach (see Lindkvist, 1997; Houghman, 2006). Songs themselves are symbolic (Roose-Evans, 1994) and so by inviting the participants to provide songs, the symbolism within the songs manifested and became material with which we could work. The songs which they taught me, and to which we sang and danced ritualistically as a bridge-in to each process (Emunah, 1994), were traditional church songs in mainly Zulu, Sotho, and Xhosa<sup>16</sup>. Incorporating prayer into a therapeutic setting has the danger of engendering a sense of spiritual inadequacy, applying pressure, or raising ethical questions of dual relationship and scope of practice (Frame, 2000). Whilst praying with the participants I was cognisant of these potentials and monitored individual responses to the ritual. Overall, however, I hypothesize that as a ritual offered by the participants our praying together became an example of how the participants became active contributors to the process (Casement, 1991) and how song became an opportunity for me to share their language. Therefore it upheld ethical principles through its overall benefits outweighing its potential harm (Frame, 2000). It was in these moments of singing and dancing to traditional church songs that a shared mode of communication bound the group together despite all our differences. Moreover, the content of the songs as living symbols of tradition connected

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<sup>16</sup> These languages are spoken in both South and Southern Africa. However, I am unable to speak or fluently comprehend these languages.

the participants to their past (Lindkvist, 1997). South African drama therapist Makanya (2014) advocates for a drama therapy in South Africa which is more inclusive of tradition and heritage. She believes that drama therapy in a local context needs to align with the African belief that human beings are collectively oriented which means that the health and wellbeing of individuals is connected to the community-at-large. The wellbeing of the community is directly correlated to its relationship with the Ancestors and so by incorporating Ancestral heritage through song we were acknowledging that wellbeing is inclusive of all these parts.

Bailey (1997) discusses how the therapeutic work happens in two ways within drama therapy: The first level involves a healing process 'in which the therapist facilitates the client to access his/her own self-healing resources' and the second levels involves the therapist's assistance in the client's acquisition of tools and 'self-healing resources' (16) which they can utilise throughout their life. In this discussion is an argument in support of the integration of practices from the client's current social reality into the therapeutic setting. Below is an example of one of the songs which we sang as an opening ritual:

Tshepa Thapelo  
Hoseng ha o tsoha  
Bosiu ha o robala  
Tshepa Thapelo  
Leha o le tsietsing  
O tsamaya lefifing  
Tshepa thapelo  
Leha o thabile  
Rapela leha o lemonateng U rapele  
Oh oh oh  
Kae kappa kae  
Neng kappa neng

This song was translated for me by the participants as follows:

When you wake up in the morning  
When you sleep at night  
Put your trust in prayer  
Even if you're in trouble, walking in the darkness,  
Put your trust in prayer  
Even if you are happy-pray  
Even if you are joyful-pray  
Wherever you are, at any time  
Trust in prayer  
Trust in prayer in the Lord

Through this song we can begin to understand the participants' symbolic associations with God. There is a clear trajectory of God as an external object who can be trusted in and prayed to. Thomas Moore in *Care of the Soul* speaks about societies without adequate leadership who become 'fatherless' (2012: 37) as a result. When the paternal is missing as a guiding and authoritative figure in society 'we are left disorientated and out of control' (Moore, 2012: 38). In my later discussion on Role (see Biko, 1978) it becomes apparent that this disorientation may be applicable to a South African context. Moore warns that a 'fatherless' society can tend towards a compulsive approach to religion where spirituality is not internalised but is rather projected onto this external paternal figure of God.

The songs were used in our processes to reveal the hidden aspects therein (Turner, 1979). Each week the participants taught me a new song which they translated for me. The symbols of the songs were always aligned with the trajectory of the above example and were discussed amongst us. I hypothesize that within a church setting where these songs are repeated on a weekly basis, the familiarity does not induce reflexivity. On the other hand, in the drama therapy context we paused and reflected on the words and symbols of the songs each week. The activities which followed this ritual were often thematically linked to the songs. For example the external paternal figure was discussed during the *spectrogram* exercise (discussed above), repeated as "missing" in the role-playing, and embodied during the gift-giving ritual (both described below). The therapeutic goal in this case would be to encourage the qualities of that which is being externalised onto God and

the paternal figure to become internalised so that self-reliance can be enhanced. Indeed I cannot assert that this goal was achieved in such a short-term therapeutic process. Yet the participants' ability to reflect on and thereafter play with these themes and symbols meant that they were engaging consciously with the material which, I propose, is a significant step in the direction of personal integration.

In addition, the very act of using the voice to bring symbols to life is valuable in a therapeutic setting. Roose-Evans (1994) discusses the work of Alfred Wolfsohn, the founder of the Roy Hart Theatre who spent his life investigating the voice, believing it to be an 'audible expression of man's inner being' (Roose- Evans, 1994: 118). Wolfsohn found, through working with a large variety of people, that restrictions in the voice are connected to psychological blocks and through working with the voice all aspects of an individual can be developed. With intensive voice work he was able to increase the vocal range of those he worked with from 2 to 8 octaves on average. As Maria Guther, one of Wolfsohn's students, said: 'He believed that to find the voice, work with it, dredge it out of your depth, and pull it out of your guts would lead to becoming something like a human being' (Roose- Evans, 1994: 119). Through vocalisation the participants were engaging, whether consciously or unconsciously, with their inner depths and thus learning something new about themselves. Using the voice to begin each session was therefore an actualization of the purpose of the drama therapy process in its entirety: 'To thine own self be true' (Shakespeare, 1968: 78).

Ritual is a collective or individual attempt to conjure up or reawaken those deeper layers of the psyche which the light of reason and the power of the will can never reach, and to bring them back to life (Shorter, 1990: NP).

I postulate that through singing together we were able to access a realm beyond reason. May (1960) discusses how a symbol manifests as something which is active. Activating a symbol in therapy, he proposes, is as a way of allowing it to find its own meaning. The symbols which we brought to life were indeed multi-layered and how these symbols were activated and internalised by individual participants will always be beyond my understanding. However, the process of actualizing these symbols through the powerful tool that is the voice encouraged self-connection and self-knowledge (Roose- Evans, 1994: 119). I can therefore assert that although my 'will can never reach' (Shorter, 1990) the

meaning that the songs held for the participants, the singing of the songs themselves indicated therapeutic value.

Similarly, Sue Jennings describes dramatic ritual as a means to enter 'altered states of consciousness and degrees of unconsciousness...that is not under individual ego control' (Jennings, 1992: 230). These ego defences can be broken down through the process of ritual in drama therapy. However, as Grainger stipulates this process needs to be experienced with an adjustment period. Grainger proposes that the ritual of drama therapy propels the process of transformation but that there need be a 'time between' (1990: NP) wherein the individual can accommodate the change and allow herself to be changed by it. This too is aligned with the process of mothering in which the period of adolescence can be understood as the 'time between' wherein the becoming-adult is able to accommodate her parental and environmental provisions before transferring into the next stage of adulthood (Winnicott, 1964). After the symbols were activated through song the 'time between' was spent working with these symbols in various projected ways.

Grainger's (2000) use of transitional objects to explore spirituality in drama therapy influenced my approach. According to Grainger the distance provided by the use of object-play allows an element of security to be felt by participants as they engage with personal topics and often reveal more about themselves this way than through a more direct approach. Similarly Langer discusses the use of symbols in terms of Object Relations Theory. He says that the symbol arises 'as a consequence of distancing or detaching the self from the object' (1951: 22). According to Winnicott, the first object to which symbolism is applied for the infant is the breast: 'When symbolism is employed the infant is already clearly distinguishing between fantasy and fact, between inner and external events' (1971: 6). In order to encourage the participants to make their own distinctions (Winnicott, 1971) we engaged with personal topics, such as their feeling-response to the "missing" paternal figure or their self-concept as a mother, in an indirect way through projected techniques (described in fuller detail in the PLAYING IN SEARCH OF SELF and ROLE sections below).

A theme which was constant in almost every session, and which is relevant to our current discussion, is the prevalence of humour in this 'time between'. Sociologist Peter Berger, in

*A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural* (1970), describes humour as 'a signal of transcendence'. Berger proposes that there is a part of human consciousness which transcends nature- which cannot be explained by science, neurophysiology, or cause and effect- and that humour is an example of our ability to access this realm. He describes the redemptive qualities of humour, alluding to its link to spirituality as well as its innate healing qualities. Likewise, Emunah (1994) discusses how laughter encourages aesthetic distance from the dramatic material and through this aesthetic distance the symbols inherent in the material are more able to become integrated into the self. Perhaps, through laughter, the symbols inherent in the material were able to be absorbed and lived by the participants (Roose-Evans, 1994) and their meaning was thus able to unfold naturally according to the needs of the individual.

Above, I delineated a client-driven approach to ritual in drama therapy through the use of the everyday ritual of tea-drinking as an entrance into our drama therapeutic engagement, followed by the participants' contribution of church songs (Rogers, 1961). I abstracted both the benefits and potential dangers of the incorporation of religious rituals into therapeutic settings and outlined how these songs added value beyond their religious implications. I will now discuss how our sessions concluded with a ritual of symbolic gift-giving which is a commonly adapted exercise in various drama therapy methods (see Crimmens, 2006; Jennings, 1982; Johnson & Emunah, 2009). Symbolic gift-giving will be explored as a concluding ritual which hoped to foster the creation of a 'good enough' holding environment wherein the participants could actualize aspects of their 'good enough' mothers within.

#### - SYMBOLIC INTEGRATION

Landy discusses Moreno's conception of 'catharsis of integration' (2008: 136) as a process whereby an individual finds a way to relate their feelings back to the group they are working with and their own circumstances in everyday life. After the 'time between' I interpreted this process through a ritual of gift-giving. At the end of each session the centre of the circle

became the imaginary gift box where each participant was invited to choose to take, leave behind, or give another participant a symbolic gift that related to that which unfolded during the process.

The experience of making theatre and the experience of a gift are special forms of communication through which personal relationships and feelings are dramatized (Nicholson, 2005: 164).

Nicholson's description of gift-giving alludes to the conscious as well as unconscious processes that manifest through the sharing of gifts. Not only was symbolic gift-giving used as a containing ritual to conclude the sessions but it also allowed the participants to give form to their feeling-responses to the process. During the gift-giving ritual participants often became emotional and sentimental. At times participants chose to give gifts to themselves based on what they had experienced in the process, such as "a pillow for comfort" and "a rope of connection". In other processes, such as after the *sociometric* exercise discussed in PLAYING IN SEARCH OF SELF, most participants gave gifts to each other, such as "a box to rest your heart" and "a Red Bull to give you strength". In our fifth session, which was marked by a particularly emotional discussion amongst the group about their frustrations and fears, the majority of the participants chose to leave behind a symbolic gift which was related to an emotional state, such as "a ball of anger" and "hopelessness". Roose-Evans propounds that rituals 'once created and performed...lives on in the psyche of the individual, continuing to work at an unconscious level' (1994: 21). I propose that the gift-giving ritual allowed the participants to make sense of their feelings in the 'here & now'. This enabled them to leave the drama therapy space in a contained state (Emunah, 1994) and arguably also instigated the process of on-going unconscious integration of the drama therapeutic material (Roose-Evans, 1994).

In this section I discussed how ritual was used as a containing frame for each session as well as how the symbols of ritual may have been integrated as internal resources of containment for the participants. Indeed the establishment of boundaries in the group, through the ARTFUL BOUNDARIES and the continuous use of ritual, encouraged a sense of safety to develop amongst the participants and between the participants and me. As discussed above

playfulness, particularly with adults, can be a frightening experience if it is not properly contained. The importance of creating a contained space in which playfulness can manifest is underpinned by the premise that 'creativity and the ability to play are seen as significant to a person's overall psycho-social wellbeing' (Meyer, 2014: 311). I will now turn the focus to the use and value of playfulness in this drama therapy process in order to explore the potential intrapsychic and interpersonal benefits of this significant feature of drama therapy

### PLAYING IN SEARCH OF SELF

In the section MOTHERHOOD & THERAPY in CHAPTER THREE I discussed how Winnicott's transitional space between the mother and infant can be likened to the therapeutic relationship. Between the analyst's external reality and the client's fantasized projections are 'two people playing together' (1971: 38) to reduce the tension of adjustment to outer reality. Within this play, which may be figurative or literal, the therapist takes on the role of 'good enough' mother (Winnicott, 1953) and adapts and responds to the client's needs in order to maximise the client's capacity for self-expression. The goal of therapy is that over time the therapist needs to respond to a lesser degree as the client's autonomy grows. Landy (1994) links this trajectory to a drama therapy context wherein the client and therapist engage in spontaneous play. In the moment of spontaneity, at aesthetic distance, the unconscious is accessible (Jung, 1966). In this balanced state, the client is able to give form to repressed feelings without being overwhelmed by them. The unconscious, which Jung proposed as being a vast storehouse of psychic phenomena which includes wishes, complexes, role types, fantasies, and archetypes is not commonly present in human consciousness but is capable of being released in the form of images and symbols. Through movement, sound, and/or language in drama therapy the client gives shape to her unconscious imagery (Landy, 1994). In this section I explore how playfulness followed a developmental continuum in our drama therapy process in order to foster a sense of autonomy in the participants so that they could access their unconscious imagery and, through this enhanced self-knowledge, begin to recognize their 'good enough' mother within.

Whereas Freud (1915) conceived of the unconscious as a storehouse of repressed sexuality, the unconscious from Jung's point of view is not necessarily a source of dark, disguised fears and desires but rather a morally neutral area that embodies the mythic substance of the human race (Landy, 1994). According to Jung, 'the experience of the archetype is frequently guarded as the closest personal secret, because it is felt to strike into the very core of one's being' (Jung, 1966). This guardedness may manifest in resistance to playing in drama therapy. Existential philosopher Jean Paul Satre explains this resistance in a helpful way. According to him humans have a natural fear of objectification which underpins a resistance to the gaze of 'the Other' (1943). Being witnessed is an intimate experience as one's unconscious becomes available to the gaze of 'the Other' which highlights one's own awareness of the projected parts of oneself, the parts which one is fearful of being seen.

However, the aim of spontaneous play in drama therapy is for these parts of the self to manifest in an unthreatening manner. Indeed, understanding of the self and attunement to one's own emotions can enable mothers to create a healthy relationship with sufficient connection to, and separation from, their self and their child (Winnicott, 1971). During the *spectrogram* assessment session many of the participants referred to their children as supportive and helping figures in their lives. According to Winnicott's theory, parental reliance on a child can manifest in the development of a False Self on the part of the child who becomes compliant to external demands which leads to a cycle in which the child is unable to properly manage her relationship with her external environment (Winnicott, 1960). By developing the True Self of the participants, their self-reliance could be fostered and the internalization of support could allow the capacity of their external mothering to be enhanced.

After the initial realization that I had attempted to move too quickly into embodied play, I returned to projective techniques in order to slowly develop playfulness in the participants. Certainly this was developmentally appropriate in a short-term drama therapy process, as Hubbard affirms:

I use mostly projective techniques...many of the difficult to engage clients I work with

wouldn't have come back if I had suggested embodiment of feelings or roles, at least in the early sessions (2008: 6).

As previously mentioned, objects were used as a form of checking-in each week. The projected use of an object gave the participants something to think with (Landy, 1994) which allowed them to not feel pressurized to speak or overwhelmed by not knowing what to say. During a mid-way session I invited participants to choose an object that represented them. All of the participants related their self to God in some way and associated God as being a comfort-figure and I listened to their narratives as they unfolded. In her Ted Talks lecture novelist Amy Tan discusses how she conducted research for a story by immersing herself in the lived reality of her subjects: 'So I remained with them and I took on their beliefs because that is where the stories are real and that is where I am going to find the answers' (Tan, 2008). Similarly, it was through remaining with the stories of the participants and being interested in the specifics of their stories that I came to *imagine into* their reality. As Tan beautifully articulates: 'If I feel what is in the story then I come the closest to knowing what compassion is, to feeling compassion' (2008). Compassion is a necessary ingredient in a therapeutic relationship and I came to develop compassion by *remaining* with the participants as they told their stories whilst *feeling* their stories rather than listening with a thinking-mind alone. Their stories taught me about their daily realities: They shared anxieties about financial stresses, concerns about their children and husbands, complaints about official corruption as well as expressed helplessness and relentless hopefulness.

In seeking to create an experience for the participants whereby the aspects of themselves which are resourced and authentic could come to fruition, I was cognisant of Makanya's (2014) study of collective healing in African communities and chose an approach which conflated with this premise. Over the weeks that followed I combined the sharing of narratives with *sociometry*<sup>17</sup> exercises as a way of developing the participants' awareness of their inner resources. *Sociometry* was developed by the founder of psychodrama Jacob

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<sup>17</sup> Moreno's use of sociometry (cited in Dayton, 2005) is interested in group organization: How groups are formed according to alliances, ideology, sub-groups, and so forth. Sociometry is based on spontaneity as well as the action methods of psychodrama and has two branches: Research sociometry and applied sociometry. Research sociometry looks at socio-emotional aspects of relationships amongst small groups (as it is used in this study) and applied sociometry looks at how groups could be expanded and networks developed.

Moreno. Dayton describes the 'rich, gestural interactive language' (2005: xix) of psychodrama which allows individuals to attach gestures to feelings in a developmentally appropriate way. Being able to attach words to feelings is associated with Winnicott's 'good enough' environment (1971) and Dayton explains that the right hemisphere of the brain which is associated with emotions develops quicker than the left hemisphere which is associated with language. In an inappropriate 'holding environment' (Dayton, 2005: xxii) the interhemispheric transfer will be inefficient and individuals will struggle to marry language to emotions. Many clients will enter therapy with difficulties associated with the articulation of feelings, the causes of which will be unique in every case. I chose *sociometry* for both its interpersonal focus as well as its way of working from a place of bodily knowing, through its encouragement of instinctual responses and use of gestural language, to a place of articulating and understanding.

After the sharing of narratives I invited the participants to make a choice based on identification with another's story and I encouraged intuitive reactions (Dayton, 2005: 100). This exercise developed in multiple ways in the sessions, usually beginning with a gesture of support such as a hand on a shoulder. Depending on the mood of the group it thereafter transformed into either a verbal reflection in which participants responded to the line "I have chosen you....", or an embodied activity in which participants formed frozen "images" depicting their feeling-response to one another's stories. Philosopher David Hume (1739) was the first thinker of his time to refute the belief that reason and logic makes us dutiful towards one another. Hume pioneered the notion that emotion-empathy, sympathy, feeling with, and for others- makes humans aware of their common humanity. The foundation of the *sociometry* exercise was to enable participants to recognize and express emotions and to find connections amongst shared feelings. Through so doing the participants were able to visibly witness (through the creation of the dyads<sup>18</sup>) and verbally accept their shared humanity. In one session the exercise was used as an acknowledgement of the maternal transferences within the group: A younger participant who had her hand on an elder participant acknowledged "you are like a mother to me" and in a separate dyad the eldest

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<sup>18</sup> These are the shapes and groupings which form in *sociometry* exercises and allow for a visible presentation of patterns and energy-flow within a group.

group participant had her hand on the youngest participant and said “you are strong and I know what it is like to be young like you, but it will get easier”.

The diversity in ages in the group indeed allowed the mother-infant relationship to be played-out amongst participants. Through these exercises I often found myself stepping-back and allowing the spontaneity of the group to take its course. Rogers (1973) discusses group wisdom as a very different way of knowing. He believes that our behaviour and feelings within a group is unlike other circumstances. What Rogers highlights in his description of groups is their ability to form their own initiative. It is this initiative of the group which I had to respond to by setting aside my own agenda or thematic direction and allowing the group to progress naturally. ‘Trust the group process, let it go on....in the group we’re wiser than we know’, said Rogers (1973) and in heeding this advice I noticed how the group wisdom proceeded through the stages of Narrative Therapy and began to transform personal narratives, which were often weighted with pain, into narratives which were shared (Morgan, 2000).

Winnicott (1971) asserts that playing is where a person is able to be creative. The importance of creativity is imagining differently, opening up to new ways of being, and extending possibilities beyond the patterned behaviours that cause stagnation. ‘The person we are trying to help needs a new experience in a specialized setting’ (Winnicott, 1971: 64) and through re-framing someone’s narrative we are affording them the opportunity of a new experience. When an individual narrative is shared amongst a group inevitably others in the group add to the narrative, discuss it, and relate to it until it has become other than its original form. In this process of transformation, when the individual story becomes part of the collective, the original narrator is able to achieve distance from her narrative (Morgan, 2000). The aim of distancing in drama therapy is to reach an aesthetically distanced, or balanced state, between ‘emotional engagement and disengagement’ (Jones, 1996: 105). An opportunity for observation and engagement with one’s material is achieved when one’s story of pain, suffering, or hardship is placed outside of oneself. Achieving this aesthetic distance which allows the client to ‘have access to his feelings and also maintain an observer stance’ (Glass, 2006: 57) may lead to symptom-relief whereby the issues themselves may not be resolved but one’s relationship towards one’s issues may shift. This

process appeared to transpire through the sharing of narratives amongst the group as articulated by one of the participants who, in our final session, said:

“I remember being very lonely at the beginning of this. I would sit at home alone and cry because I don’t have a job and I don’t know what to do. I am not lonely at the end, it makes me feel like we all have the same problems and then it’s not so bad because we can help each other”.

This statement is also an indication of how the shared experience of group therapy encouraged resilience to develop in the group. Resilience has been defined as ‘the ability to maintain or regain mental health despite experiencing adversity’ (Herrman, Steward, Diaz-Granados, Berger, Jackson & Yuen, 2011: 2) and is a complex field studied through various lenses including psychological and medical/ biological spheres. Research indicates (Herrman *et al*, 2011) that resilience is more likely to be developed within collective support structures than in individual isolation. Through the *sociometry* exercise, support was tangibly offered between and amongst group participants. Other exercises, such as the ritualistic gift-giving described above, reinforced the supportive nature of the interaction. Rather than providing only verbal support the experiential nature of the drama therapy activities allowed this support to be experienced which, I hypothesize, was able to more directly activate resilience in the participants.

Throughout the group process we vacillated between sharing stories verbally and symbolic representation using objects, artwork, song, and “frozen” bodily images<sup>19</sup>. During practical exercises in the initial stages of the process I noticed a pattern where participants turned to me for affirmation, enacting the cyclical pattern of infancy where hopelessness follows disillusionment and leads to dependence (Winnicott, 1971). In the development of one’s True Self a necessary but often challenging step is that of disillusionment. Rather than returning to dependence on me in these moments of disillusionment, I noticed that through the continual use of the *sociometry* exercise my role moved from centre to periphery and

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<sup>19</sup> This exercise was inspired by August Boal’s Theatre of the Oppressed technique of Image Theatre whereby a participant in the role of “sculptor” uses her body and other participants’ bodies to “sculpt” an image (akin to a photograph) that represents the “sculptors” thoughts or feelings (1979: 135). This exercise is non-verbal which encourages participants to use their bodies for self-expression. This was another example of effective non-verbal communication used during the process.

the group began guiding one through experiences of disillusionment: Turning to one another for guidance and support.

Just as actors require an audience of other persons...so human persons of all kinds require the presence of others...to reflect their reality and give depth to their experience of themselves and each other (Grainger, 1990: 13).

Slowly their disillusionment was balanced with the support of others in the group who shared similar experiences and encouraged resilience-building. Winnicott (1971) describes how the transitional space between baby and mother moves from reliance to separation. Similarly the therapist is first experienced as trustworthy, consistent, and available before the client desires autonomy. Like the mother, the therapist needs to be ready to let go in order for this transition to unfold healthily. My letting go was replaced by the group's discovery of their autonomy. 'Shared experiences can foster the emergence of a holding environment within a group' (Schweitzer, Vromans, Ranke & Griffin, 2013: 99) and through the structure provided by the *sociometry* exercise the group began to share experiences in the development of their own 'good enough' environment. Certainly the benefits of group engagement were manifesting in the process and yet I remained cognisant of the warning of Polynius to his son Laertes: 'To thine own self be true' (Shakespeare, 1968: 78) and the importance of the participants' development of their individual internal resources in order to take care of others. In lieu of finding that which is 'good enough' within the participants, I introduced the use of role in drama therapy as a technique which focuses on inner-reflection and self-exploration

#### ROLE: OWNING THE FEMININE, FINDING THE MASCULINE

One of the forerunners of the conceptualization of role within drama therapy, Robert Landy (1993) believes that humans have many roles within their personalities formed from both primary experiences, which tend to be the genetically programmed roles, and secondary experiences, which can be understood as socially constructed roles. During the process of

role-taking, which refers to the secondary experiences, one takes on aspects of the role that one witnesses in one's environment. For example, the role Mother will be informed by the types of mother an individual has access to in her direct environment. Usually she will not take on any one mother role in its totality but rather will take on an amalgamation of the role's qualities. Roles as being constructed rather than inbred is thus implicit, because if we are able to construct roles in our lives then through drama therapy it becomes possible to construct new roles as well as re-construct roles of old. According to this theory expanding one's role repertoire and having role flexibility, which means being able to take on and play out a variety of roles, is an important part of the therapy process as it encourages the development of undeveloped parts of oneself (Landy, 1993). Traumatic or uncontained experiences in one's early development will impact upon one's ability to develop an expanded role repertoire later on in life (Landy, 1993). Although I am not claiming that the participants in this study were necessarily traumatised, as we unpack how role was used in the drama therapy process it is useful to remain mindful of the possible circumstances which may have led to apparent stagnated or undeveloped role repertoires within the participants.

The role of being a woman and caregiver is often filled with complexities and contradictions. As Eichenbaum and Orbach discuss in *Understanding Women*, their revolutionary study of women's psychology, a woman's....

...social role as caregiver and nurturer of others involves putting her own needs second. Yet her needs do not remain merely secondary but often become hidden, for she herself does not have an emotional caregiver to turn to (1983: 9).

The result of this is a deep feeling of neediness that a woman then carries (Eichenbaum & Orbach, 1983). 'A woman often feels that nobody sees this part of her or gives her what she needs, and that even she herself cannot locate what she wants' (Eichenbaum & Orbach, 1983:40). Despite this being written over three decades ago and from a Eurocentric perspective I found it remarkably relevant to the themes I was encountering within the group. With this as my foundation I wanted to encourage the participants to explore their own interpretation of the roles which they perform in daily life. Further, I aimed to encourage an exploration of those roles which they felt were missing so that rather than

circumventing their neediness they could find ways of locating these roles within themselves.

Landy tends to use role in drama therapy to work with clients from the fictional to the real. In the context of this study we always began sessions in the real by choosing a symbol which related to our 'here & now' feelings or state of being. Thus my use of role cards began in the real and developed into dramatic representations which were more reality-based than fictional. Role can be experienced as an abstract concept and by using the concrete tool of role cards the participants were able to explore role in an accessible form. In addition, distance between the participant and the role was created through the use of a role card as a projective tool (Blatner, 1988) which provided a healthy aesthetic distance to the material (Glass, 2006). As one of the nine core processes of drama therapy dramatic projection, which is a projective technique as described in *PLAYING IN SEARCH OF SELF*, allows clients to 'project aspects of themselves or their material into theatrical or dramatic materials' (Jones, 1996: 101) which in this case was the role cards. Jones stipulates that the purpose of dramatic projection is to provide a client with an opportunity to explore her material in a new way and through so doing develop a new relationship with her material: 'From this', he says, 'the reintegration of the material can occur, within the new relationship' (1996: 102).

I placed a large selection of role cards, which had a combination of social roles (e.g. Daughter, Uncle, Neighbour, Teacher) and archetypal/personality roles (e.g. Critic, Demon, Dark One, Dreamer), on the table and asked the participants sequentially to choose a card that 1. "You are", 2. "You would like to be" and 3. "Who may help to become the role that you would like to be". I was aware of the cultural positioning of the role cards which were based on archetypes formulated from a Eurocentric position (Jung, 1964). My choice in using them was to understand how and in what way the participants related to these roles which are assumed to be universally relevant (Houghman, 2006). Some of the role cards were intentionally controversial with the purpose of encouraging the participants to think about these roles in relation to the potentially unacknowledged parts of themselves. If I were to develop this exercise further, over a longer duration, I would work towards the creation of new role cards with the participants. Through so doing we would be able to

discover and assess the roles which are more aligned to our particular social, political, and cultural reality.

The first stage of the exercise allowed the participants to gain awareness of the role with which they readily identify, perhaps this is also the role which they most often perform in daily life. The second stage encouraged them to confront what they felt was the missing role from their repertoire and the third stage involved their thinking about how they could develop this role within themselves<sup>20</sup>. I too picked role cards and played alongside the participants (Winnicott, 1971) in order to facilitate the relationship between us and ease any anxiety of their being observed.

Without exception the first two stages followed a very clear pattern: The roles chosen in the first instance were maternal roles, helping roles, and archetypal feminine roles such as Mother, Friend, Sister, and Helper. The roles chosen in the second instance were paternal roles, authoritative roles, and archetypal masculine roles such as Information-giver, Leader, Father, and Judge. The notion that biology determines psychology has been disputed by modern research, however, Money and Erhardt's 1973 research into how cultural practices determine ideas we hold about femininity and masculinity is still relevant to this study. In their research on hermaphrodites Money and Erhardt found that depending on how they were raised (as males or females) was how they identified themselves and constantly attempted to erase any physical manifestations of the opposite-sex in themselves. Evidently the participants identified easily with feminine roles and so our focus thereafter became exploring how they experienced and related to these roles.

## 1. "YOU ARE"

The projective use of role cards and the non-fictional starting point allowed for dramatic distancing to be achieved (Emunah, 1994). This was appropriate as it encouraged the participants to engage with their roles from a different perspective. Some dramatic framing

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<sup>20</sup> This was inspired by Landy's *Hero's Journey* (2008), albeit an adapted version of it.

to create an interest in the play needs to be established between the client and therapist otherwise there is the risk that the distancing methods could lead to disengagement on the client's part (Jones, 1996). As a starting-point I invited the participants to name their first role card because 'by naming our roles, we achieve some distance from them' (Emunah, 1994:13) and through this distance the process of re-thinking their socially constructed roles could be enabled. The names chosen by the participants were morally-laden and positive: "The Good Mother", "The Kind Friend", "The Eager Helper", and so forth. If these roles related to the participants secondary experiences then the values inherent in the chosen names provided insight into the types of roles they believe themselves to be expected to perform. After introducing these role cards to each other, the group decided on a location where it would be likely for these roles to meet: The church on a Sunday morning was chosen. The realism of the location and its direct correlation to the participants daily lives meant that the play was more aligned to what Jones describes as being 'a direct dramatic representation of reality' (1996: 118). The group created a fictional name for the church (*The Ministries of all Ministries*) which allowed some separation between the role-playing and real life so that the participants could explore their roles 'without practical consequences' (Sontag, 1977: 177, cited in Jones, 1996: 119). As we began introducing these characters to each other I used questioning and suggestions such as: "What happens if Good Mother doesn't feel like being good today?" and "The Kind Friend just met someone she doesn't like.." in order to create tension in the plot.

Through the tension which I was deliberately instigating I was attempting to encourage the participants 'to identify, analyse and address, the internalised, relational and systemic dynamics which limit the full arc of their desires' (Sajnani, 2010: 194) . My actions were underpinned by the belief that if they could confront the ambiguous and conflicting parts of themselves through role-playing (Landy, 1993) this would indicate their ability to journey towards the self-knowledge which Polynius encouraged in Laertes. Through this self-knowledge the distinction between self and other is more accessible (Winnicott, 1971) which means that a reliance on support from inappropriate sources such as children, which was evident during the *spectrogram* exercise, could be balanced with self-reliance gained from internal containment.

Similarly Blatner (2005) suggests that it is important to encourage our participants to consider that they perform many diverse roles and each role has its own set of complexes, abilities, attitudes, and habitual behaviours. The role cards were being used as a form of personification whereby an object is used to dramatically represent a personal quality or aspect of the self (Jones, 1996: 107). Initially the participants were responding to my suggestions with what Johnson describes as *Surface Play* which involves the playing out of social stereotypes (2009:95). In order to move beyond social stereotypes so that the inconsistencies and contradictions within the roles would manifest, and through so doing the unconscious parts of the role would arise in the participants' consciousness (Jung, 1964), I continued to drive the action forward by playing the dual role of narrator and role player, taking on auxiliary roles where necessary (Johnson, 2009).

Below is a verbatim account of one moment in the play.

Participant A: The Good Mother (GM)

Participant B: The Eager Helper (EH)

Therapist: Multiple Roles

GM: The church bell just rang, should we go inside?

EH: Yes, go ahead

Therapist as child of GM: Mommy, I'm hungry

GM: Don't worry there will be lots of food after the service

Therapist as child of GM: No, I'm not going in, I'm hungry now, I want to eat now

EH: I just remembered I have some sandwiches in my handbag, let me get them

GM: Thank you that's too kind

Therapist as husband of EH: (whispering) Darling I told you those are for us

EH: (whispering) We can make more when we get home

Therapist as husband of EH: (whispering) That's expensive salmon on those sandwiches, we can't afford to get more you know<sup>21</sup>

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<sup>21</sup> In hindsight I recognize that my reference to salmon in this instance stemmed from my cultural background and may not have been culturally appropriate for the participants. Their apparent dismissive response to my reference may indicate that my example was inappropriate and un-relatable. This example indicates the

EH: I'll just have something else then, I can make a sacrifice

Therapist as child of GM: I'm hungry, I'm hungry, where's that sandwich. Mommy she said she would give me a sandwich and she didn't

At this point the participants started laughing and the exercise transformed into a discussion about the role-play. I continued prompting: "Should you have given in to that spoiled child?" and their responses were mainly in keeping with the social stereotypes: "Yes, if a child is hungry we must feed them first"<sup>22</sup>. Yalom (2005: 155) discusses how in the process of therapy clients are often only able to engage honestly and vulnerably by the returning to and repetition of an issue over a long period of time. Two weeks later I brought back another set of role cards and although the process unfolded differently, what I noted was a more willing expression of "negative" emotions such as anger, frustration, and selfishness in the projective role-playing. I hypothesize that although in the original session it was not obviously apparent that the participants were grappling with the contradictory aspects of their roles, the changes that were evident two weeks later may indicate that they did internally accept aspects of their unconscious into consciousness over time. If we do not become aware of the contradictions in the roles we perform, warns Hillman (1975), then 'the more likely our actions are to become stuckfast in roles' (128). However, awareness, especially in a group setting, need not always be explicitly stated to be present.

Furthermore, this example highlights the safety of the dramatic medium (Emunah, 2009) which allows the self-regulating capacity of the psyche (Jung, 1966, 1968) to manifest by allowing the readiness of the client to guide the progress and pace of the therapeutic processes. By asking the participants to respond to the question of identity in this exercise, I was certainly moving them beyond their comfort zone in order to gain an expanded perception of their self-concept and the roles they perform. The development of their inner resources, which was a fundamental interest throughout the process, is not about the

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relevance of research on the part of the therapist about the particulars of client's culture, history, and lifestyle (Casement, 1991).

<sup>22</sup> From an individualistic cultural positioning this response may be interpreted as resistance to authentic engagement. However, from an African perspective the response contains the values of Ubuntu (Makanya, 2014). Through this lens the mother-figure is responsible to more than her own family but to the community-at-large. Although I am aware that these communal values are deeply entrenched within the participants, my instinctual response was that the reactions of others in the group were "filtering" a wholly authentic response in this moment. My instinct was substantiated when this exercise was revisited two weeks later, as described.

recognition of one's strengths alone but is also about the confrontation and acceptance of the parts of the self that are oftentimes challenging to confront. 'To refuse the dark side of one's nature is to store up and accumulate the darkness' warns Robert Johnson (1991, 26). I hypothesize that this exercise worked on both conscious and unconscious levels in the acknowledgement of this 'dark side' within the participants. The use of projected techniques in this case allowed this process of acknowledgement to unfold in a healthy and contained manner.

## 2. "YOU WOULD LIKE TO BE"

During the second role card selection I voiced my observation that all of the participants chose masculine roles. This led to a discussion amongst the group about the role of men in their lives. The general themes were about the lack of emotional and physical support from men and the participants' desires to embody the masculine but hesitations and fears about doing so. I noted that there was a distinct difference in perception and relationship towards men between the older and younger women in the group. Whereas the older women, whose husbands were already adults during the apartheid era, described an absence of their male partners in matters such as emotional support, child-rearing, and other domestic responsibilities, the younger women whose husbands grew up post-apartheid described their male partners as more involved and hands-on in their daily domestic activities. I raise apartheid here because I believe its legacy impacted on the socialization of men in South Africa. Cultural anthropologist Margaret Mead propagates that the critical test of any civilisation is how it socializes males (1949). Biologically the contribution of a father ends with impregnation making fatherhood, arguably, a social construct (Mead, 1949). Being a social construct makes fatherhood vulnerable.

Apartheid's legacy in South Africa led to the mass urbanisation of the male workforce and the trend of male migrant workers (Swartz, 2001). The separation of men from their families which began during apartheid is still a common occurrence in South Africa today. Steve Biko poetically describes the black man who is disconnected from his family, and disconnected from himself:

...the type of black man we have today has lost his manhood. Reduced to an obliging shell, he looks with awe at the white power structure and accepts what he regards as the 'inevitable position'. [...] All in all the black man has become a shell, a shadow of man, completely defeated, drowning in his own misery, a slave, an ox bearing the yoke of oppression with sheepish timidity (1978: 29).

This was written during the height of apartheid, a time of oppression and discontent, and although apartheid is more than 20 years behind us, remnants of it certainly remain. The sense of defeat and black inferiority may be not as pervasive now as it was then but can still be understood as a form of trans-generational trauma which has an impact on the black mans' sense of self and his relationship with their partner and family. Winnicott too discusses the importance of the father. One of the roles of a father is to provide moral support for the mother 'he does not have to be there all the time to do this, but he has to turn up often enough for the child to feel that he is real and alive' (1964: 115). In the case of absent males, says Winnicott, a woman 'carries a big burden indeed' (1964: 115).

In African culture, although the mother is central to the family and traditionally a role which is honoured, patriarchy is still culturally prevalent and positions the male in the role of decision-maker and provider (Arnfred, 2003). Psychologically the father-figure is associated with 'providing security, especially economic security, for the family' (Eichenbaum & Orbach, 1983: 61). From their relationship with their father women learn not to 'challenge his authority..[or] show too much independence and power' (Eichenbaum & Orbach, 1983: 62). Herein lies the paradox: The male or father-figure may not adequately fulfil his role by providing security, however, the learned response of subservience to the male remains imbedded in the female psyche. The participants expressed a desire to embody masculine characteristics perhaps because the male and masculine figure was either absent during their childhood or is currently absent in the form of a partner or adequate supportive-figure. This neediness was expressed with simultaneous fear which I hypothesize as being based on these cultural norms.

### 3. "WOULD HELP YOU TO BECOME THE ROLE THAT YOU WOULD LIKE TO BE"

The second stage as described above was asking the participants what was missing from their lives and the third stage was asking them to name their Guide (Landy, 2008) or helping-role. In both cases masculine roles were chosen. Above I hypothesize about how the masculine is missing externally in the participants lives. Psychically, Jung (1964) contends, we are all both masculine and feminine. The predominance of the missing masculine in both cases leads me to imagine that perhaps the internal masculinity is under-developed within the participants. In the capacity-building of inner resources the masculine and feminine parts of the self needs to be balanced and combined (Jung, 1968). I will discuss how we attempted to work through this theme and embody these missing parts of the self during a symbolic exercise of providing-and-receiving at the end. However, I acknowledge that this multi-layered theme requires in-depth handling in order to be properly worked-through and the limited time-frame of this study did not allow for this to be fully realized.

During the third stage, participants hesitated, took a long time to choose their card, and expressed confusion at the task. Their struggle to choose and name a supportive role provides insight into possible unconscious processes indicative of an absence of both external and internal supportive structures in their lives and selves (Jung, 1968). I posed the question: "What is confusing us here?" This led to discussion about the difficulties of knowing how one can become what one is not. One participant said: "I am a mother, not a father, but sometimes I feel like I am both, or would like to be". There was a melancholic feeling in the room at this point. The other participants nodded in acknowledgement and added their own experiences, another said "I would like to be a judge so that I can make important decisions and people will listen to me but I don't know how to be this". After spending some time being "stuck" in our inability to know *how* to progress, which I felt was an important acknowledgement of the difficult process of change, I prompted again: "Is there any role on this table that might be able to offer your role something that can help it?" I encouraged participants to "try on" different roles until they found the "best fit". Participants picked up various role cards, looked at it, spoke about it to the participant sitting next to them or the wider group, kept it, or put it back. This process unfolded for

some time until all had chosen a supporting role, and I noted that all the choices were again masculine role-types: Leader, Decision-Maker, Comic, and Boss. Their ability to eventually choose supporting roles was indicative of their resilience: Although progression may not be easy or seem entirely possible in their lives they displayed that they were able to persevere and overcome this. I reflected this back to the participants because an expression of my admiration for their resilience felt appropriate in this moment (Casement, 1991).

The limited duration of the entire drama therapy process meant that we were never able to embody and enact these roles over time. Landy (1993) discusses how the embodiment of roles allows for the roles to be experienced in their fuller complexity. On this premise I postulate that through role-playing in an embodied rather than projective way, the participants would be encouraged to internalise aspects of their chosen roles. For example, by playing the masculine role the qualities of this role could become integrated into the participant's self-concept and her masculine inner-resources could thereby be realized. As a goal for the extension of this study's practical process, this aspect remains vital. However, during the session I responded in the 'here & now' with 'empathic attunement' (Siegel, 2007) and instigated an embodied exercise. Daniel Siegel speaks about 'empathic attunement' (2007) as the ability to relate to the inner world of another and respond accordingly. My 'empathic attunement' with the participants allowed me to sense their frustration and their need to somehow actualize that which we had been symbolizing through projective play.

Thus I invited the participants to create an exercise where each participant took a turn to perform the roles of Provider and Receiver. In this exercise I encouraged creative freedom and the choice to interpret these roles in any way. We stood in a circle and, through gesture, mime, and words, each participant in the role of Provider acknowledged an attribute of or quality in another participant. The participant in the role of Receiver used a variety of creative techniques- such as movement, clapping, song, and physical contact- to accept that which she was "given". This spontaneous exercise may have functioned as a container of some of the un-met needs that the session raised by enabling the participants to embody both masculine (Provider) and feminine (Receiver) role-types thereby acknowledging and activating their inner masculinity and femininity (Jung, 1964). Indeed,

my response in this moment was indicative of the 'good enough' mother which I had cultivated within me as a therapist during this process. In my 'good enough' response I was able to respond adequately enough to meet some of the needs of the participants in that moment. Hopefully the participants' witnessing of my own presentation of 'good enough' would encourage them to have a more compassionate response to the 'good enough' within them.

Eichenbaum and Orbach (1983) discuss how in their experience of group therapy with women they found that what women really want is validation from their mother but, because the mother's relationship to her daughter is so intricately connected to her own sense of self, she often is unable to provide adequate validation for her daughter. In group therapy this can be played out as 'a woman has a chance to redirect her search for validation through her relationships with other women' (1983: 118). Perhaps validation from other women may build the internal belief in oneself which may provide the participants with a fearlessness with which to claim their inner masculinity. Although I perceive this process of acknowledging the complexities of the roles one performs and searching for the masculine within as unfinished, I recognize that as a starting-point there was value in this exercise. Perhaps this closing exercise, spontaneously offered by a 'good enough' therapist, allowed the group to begin practicing giving and receiving and, through this practice, they were able to access and play-out the inner masculinity and femininity which they already possess (Jung, 1964).

## CONCLUSION

After 8 weeks of working with the drama therapy principles of Containment, Ritual, Play, and Role, the group embraced one of drama therapy's most distinctive features: Performance. To honour the conclusion of our 8-week process the participants chose to create a performance for me. They began the performance with this line:

"We hope that you will watch us, listen to us, learn from us, and be entertained by us"

The early stages of the process were marked by the participants' resistance to any form of embodied play and, after only 8 weeks together, it was remarkable to be a witness to their performance. Jones (2007) describes witnessing performance in drama therapy as 'profound holding' (133). In their choice to perform and their asking to be witnessed I noted the group's progress in their ability to be intimate with both me and each other. Their choice to perform was understood by me as an approbation of power on their part; in our final session they claimed the process as their own (Rogers, 1961). The performance was a poignant portrayal of our time together: Monologues and choral verse capturing the participants' highlights of the process, gratitude for, and feelings about the relationships that they developed were interspersed with songs which we had used as opening and closing rituals throughout. Watching this, I was struck by the aesthetic distance with which the participants managed to perform (Emunah, 1994). They gave voice and form to their feelings in a way that was deeply moving and profound to witness. Spontaneity manifests through the achievement of aesthetic distance (Landy, 1994) and in this performance spontaneity was undeniable. Viola Spolin expresses the essence of spontaneity:

Spontaneity is the moment of personal freedom when we are faced with a reality and see it, explore it and act accordingly. In this reality the bits and pieces of ourselves function as an organic whole (1963: 4).

Performance in drama therapy is always an act of imagination. Possibilities are brought to life through performance, allowing one to imagine into a different reality: A fantastical construction of life itself. In this performance I witnessed a group of unemployed mothers standing together, singing together, expressing gratitude for all that they had, and dreaming

into all that they could be. Boon and Plastow define empowerment not as the obliteration of challenges or oppression but as:

...the liberation of the human mind and spirit, and with the transformation of participants who see themselves – and are often seen by others – as subhuman, operating only at the level of seeking merely to exist, into conscious beings aware of and claiming voices and choices in how their lives will be lived (2004: 7).

This definition of empowerment comes from an applied theatre perspective but is certainly applicable to this therapeutic context. It acknowledges that empowerment happens through creative self-expression but does not seek to propose that empowerment means freedom from oppression. The realities and challenges of the participants' lives may not have changed in an obvious or tangible way. However, empowerment through consciousness-raising and through their own ability to give expression and meaning to their experiences transpired in our sessions and were celebrated in this final performance. Perhaps this expression of personal freedom was experienced by the participants as an embodiment of their True Self (Winnicott, 1960).

This drama therapy process unfolded in a manner that enabled the participants multiple opportunities to make choices and was incorporative of aspects of the participants' religious and cultural lives which allowed them to, in the end, claim of the process as their own (Rogers, 1961). Certainly, like any form of therapy, the hope is that what is experienced within the therapy will be practiced and developed in the client's lives outside. However, empowerment is not always about being "strong". As Thomas Moore so aptly discusses in *Care of the Soul* 'there are also times when we need to be weak and powerless, vulnerable and open to experience' (2012:37). Through my time with these participants I learned that the experience of motherhood is so often betwixt and between the opposing forces of strength and vulnerability. As their True Selves the participants performed these contradictions: The performance was essentially about standing together through uncertainty. In supporting each other in all the moments of this process, and especially in this one moment which will forever remain with me, the group became together a mother that was nothing more and nothing less than 'good enough'.

Yoko Ono famously remarked that ‘healing yourself is connected to healing with other’ (Ono, ND) and I certainly experienced this as I engaged in this study. Community is a concept which I have theorized about through a drama therapy lens and attempted to create in this short-term process but for the participants it was an innate sense. As I conclude this study I am reflecting upon not what drama therapy did *for* the participants but what the participants taught me about drama therapy. I am grateful to have had the opportunity to be welcomed into their community, to learn what it means to truly be with people, and to witness the co-creation born out of the exchange of my knowledge of drama therapy, its structures, and framework and the participants’ most natural participation in community.

My inability to communicate with the participants in their mother tongue was, upon embarking on this study, a highly contentious issue. My position at the conclusion of this study has evolved but remains complex. I recognize that communicating with our client-groups in their mother tongue allows a fluidity and trust in the therapeutic relationship to manifest more naturally. Based on this premise I suggest that I, and other training drama therapists, learn to communicate in an African language. However, I also became witness to the symbolic language of drama therapy which I discussed in my definition of the practice (see CHAPTER ONE). During the moments when the participants engaged with each other in their mother tongue I developed a heightened awareness of and sensitivity to the nuances of body language, gesture, and facial expression. I learned to trust my counter-transference in these moments in order to understand the group’s feelings and needs. Through ritual and song I engaged with the participants in a language I did not understand but in a cultural practice with which I am familiar. My Jewish background celebrates and commemorates events from the daily to the significant through song and ritual. I have stood in joyous circles of song at the Western Wall in Jerusalem, circles of tears at the Holocaust memorial sites in Poland, and large, energetic circles of laughter at weddings and religious ceremonies. In these instances during the process I came to recognize that despite any verbal communication barriers or differences, the experience itself was a shared language. Not only did the participants and I find a way of communicating in these moments but our cultures, too, found a place to meet. As Meyer (2014) discusses, ‘psychosocial’ approaches to therapy need to equally address the depth of the internal psyche and the complexities of

the external environment. I postulate that in these moments of symbolic communication in drama therapy, we were recognizing our differences and histories by coming together as individual selves to create something new. As I sang in a language I could not understand but in a manner which was so familiar to me, I experienced a form of therapy that was inclusive, multi-layered, and distinctly South African.

In 'The wounded researcher: Levels of transference in the research process' Romanyshyn (2006) claims that it is 'through the complex that a researcher is claimed by a work' (41). Although this study was not auto-ethnographic in nature, it was undeniably deeply personal. As Romanyshyn describes, I was chosen by the topic as a series of mostly unconscious events led me to studying women and mothers. Through the process of this study, from practice to research, I went through many different stages of emotional journeying, responded at time somatically to the experience and material, had vivid dreams, and grappled with my relationship with my mother, as well as my own maternal self. In the creation of this study I attempted to travel from the personal level of connection with the material towards a 'collective-archetypal level' (Romanyshyn, 2006: 46) so that the work may serve and be of use to more than my 'complex'.

In conclusion, I hope that this case study has illustrated how a humanistic approach to drama therapy can provide a therapeutic 'holding' environment and how this environment is necessary for this client-group. The experiential nature of drama therapy which allows for therapeutic expression and symbolism to take many forms including art, music, dance, and religious ritual makes it a multi-dimensional medium. Through its multiple uses the creativity and self-expression of those partaking in therapy can manifest and the therapy can be adapted to the specific needs, age, culture, and orientation of its participants. Looking forward, I propagate the value of creating support structures for women and caregivers and believe that drama therapy would be a containing, playful, and relationship-building model of choice. I also propose that, whereas a support group for women of similar circumstances has significant value, groups made up of women from different racial, class, ethnic, and cultural backgrounds could create a new dynamic of mutual healing and potential social transformation. This study has also made me cognisant of the possible value of creating similar support groups for men and fathers in order for them to become owners

of their own stories of South African masculinity and explore what fatherhood means to them. In concluding this study I am cognisant that it remains unfinished and will continue to marinate in my consciousness, and potentially develop into further projects, as I continue through the path of my drama therapy career. Historian Norman Cohn so aptly captures my sentiments when he says:

But again and again I have felt that beneath the terrain which I was charting lay depths which were not to be explored by the techniques at my disposal. The purpose of these 'Psycho-historical speculations' is to encourage others, better equipped, to venture further- downwards, into the abyss of the unconscious (1975: 263).

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