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# A meta-analysis of integration as a psychological concept in dramatherapy

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# A meta-analysis of integration as a psychological concept in dramatherapy

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A research report submitted to the Wits School of Arts in partial fulfillment of the requirements for the degree of Masters of Arts by coursework and research report in the field of dramatherapy, in the faculty of Humanities, University of the Witwatersrand, Johannesburg.

March 2015

**Declaration**

I declare that this research report is my own, unaided work. It is submitted for the degree of Masters of Arts in Dramatherapy at the University of Witwatersrand. It has not been admitted before for any other degree or examination at this or any other university.

Rafaela Leanne Dennill

18 August 2015

Date

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**Abstract**

This research places a lens on the process of psychological integration in dramatherapy. Two prominent approaches, namely Robert J. Landy's Role Method and Renée Emunah's Integrative Five Phase Model are used to analyze how the concept of psychological integration is conceptualized and implemented in the theory and practice of dramatherapy. A qualitative meta-analysis, using secondary data from published case studies, is applied to this study with the following structure. A mete-theory analysis will concern itself with each of the approaches conceptualization of the self and ideas of how clients move towards psychological integration. A meta-method analysis aims to better understand the two models under examination. A meta-data analysis follows key moments in each case study considering how the three elements of the client, drama and therapist can assist clients in moving towards greater psychological integration. This process culminates in the creation of a meta-synthesis, the final part of a meta-study, which intends to determine how the two approaches differentiate and where they find linkage.

The findings of this analysis indicate that each approach differs in terms of their comprehension of the self and psychological integration as well as the particular model and structure used in dramatherapy. There appears to be linkage between the two approaches in their use of the three elements of the client, drama and therapist working together to achieve greater psychological integration. Central to this process appears to be the development of the therapeutic relationship as well as an extrapolation of the therapeutic potential within the dramatic medium. Two other emerging themes that appear common to both approaches is the use of aesthetic distance and the connections made between the fictional world and the external reality of the client thus preventing dramatherapy from becoming a split off experience. This study concludes by affirming its hypothesis that the two approaches can find integration rather proliferation.

**Key words**: Dramatherapy, psychological integration, therapeutic relationship, Robert J. Landy, Renée Emunah, qualitative meta analysis

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# CHAPTER 1: Introduction

## 1.1 Brief overview of study

As an emerging field within the arena of mental health, the aim of dramatherapy is to improve the client's wellbeing through the medium of drama. Phil Jones (1996) describes the process of dramatherapy as taking the healing potential of the dramatic medium, developing it to its full capacity and utilizing it in a clearly defined and contained therapeutic environment in order to bring about positive change in individuals. In a way this practice presents us with a double-sided golden ticket; within it exists infinite possibilities for healing, whilst at the same time its practitioners are tasked with the job of articulating exactly what is meant when it is suggested that drama in a therapeutic setting can catalyze change in the psyche and improve overall mental health. As the medium of dramatherapy is experiential (Pearson, 1996) and psychotherapy by its very nature is largely an illusive intangible phenomenon (Reik, 1948), the challenge to give efficacy to this kind of work is substantial. Not withstanding, pioneers, leading theorists and enthusiastic scholars have worked tirelessly in an effort to build the field through dialogue, theory and practice and establish dramatherapy trainings all around the world, thus giving value and credibility to the field of dramatherapy (Johnson & Emunah, 2009).

A review of all the different approaches to dramatherapy and their ideas around mental health and the process of healing are beyond the scope of a master's research report. Therefore this study has chosen as its focus two established, foundational dramatherapy approaches from the west and east coast of the United States of America, namely Renée Emunah's Integrative Five Phase Model (Emunah, 1994) and Robert J. Landy's Role Theory and Role Method (Landy, 1993) respectively. These two pioneers have both contributed unique models that were created through their own practice and observations with clients. Both Emunah and Landy have successfully established trainings at New York University (Robert J. Landy) and the California Institute for Integral Studies in San Francisco (Renée Emunah) where students can train in their particular model of dramatherapy. Both theorists have

published numerous books, edited journals and given keynote addresses at conferences all around the world.

This research is not claiming that these two theorists are the only two pioneers in the field of dramatherapy. Both Emunah and Landy followed on from several initial giants described in *Current Approaches to Dramatherapy (2009)* as *The Titans* (p. 6). These included Sue Jennings, Marian Lindkvist, Eleanor Irwin, Richard Courtney and Gertrud Schattner (Johnson & Emunah, 2009). Thus amongst many whom have contributed to the creation of the field of dramatherapy, the researcher selected Landy and Emunah as two pioneering approaches who appeared to hold significant influence as the choice of focus for this study.

Narrowing the lens within the field of mental health, the researcher has decided to focus on the idea of psychological integration, seeking to gain insight into how the two chosen approaches conceptualize and execute the notion of psychological integration both in theory and practice. This choice is in line with the health model of dramatherapy that aims to focus on the resourceful and healthy part of the person, believing in the ability for all individuals to move towards wholeness rather than defining clients by their illnesses, pathologies and fragmentations (Rogers, 1961).

The overall aim of this research intends to focus on integration on two levels. On one level to investigate how Renée Emunah and Robert Landy understand and implement the concept of psychological integration in dramatherapy. On another level, this research wishes to contribute towards integration of dramatherapy as a whole as the researcher will endeavor to articulate how these two approaches differentiate as well as outline the linkages that appear to exist between them. This is in line with the rationale of this research (Chapter 1, 1.2 Rationale) that articulates the belief that as the field of dramatherapy expands it is becoming more fragmented, thus highlighting the need for dialogue centered around determining some of the common ground of all dramatherapy practice. It is the hope of this research that this way of thinking will contribute towards the longevity and efficacy of the field.

The chosen methodology to achieve the aim described above will be a qualitative meta-analysis, specifically a meta-study. This involves a three-step process, namely a

meta-theory analysis, meta-method analysis and meta-data analysis. All three analyses will culminate in a final meta-synthesis that aims to be the contribution of this study (Paterson, 2001). The paradigm of qualitative research appears appropriate as it upholds the assumptions of subjectivity (Creswell, 2007). As this research in essence is an analysis of analyses (Glass, 1977), this principle is important as the literature and case studies will be considered in context, being mindful that the data of this research is based on opinion and personal experience rather than objective fact.

A sample group of four case studies were chosen for this research, two from each theorist. The criteria for inclusion was threefold:

1. The text had to come from a recognizable published source.
2. It had to be a reflection of first hand experience by the dramatherapist.
3. The case study needed to be representational of the works of Emunah and Landy rather than exceptional.

Whilst there are differences in terms of location, dramatherapist, duration and content, all the clients of this study were young adults exploring the themes of parental neglect and abuse experienced in childhood. All four case studies will attempt to address the part of the psyche that can become fragmented due to the trauma of an abusive parent. Dramatherapy provides a platform for the inner voice of the wounded child to express and work through some of the painful material experienced in childhood, which perhaps may not be able to be verbalized through spoken word. This research will suggest that this process can assist clients in developing greater psychological integration (Sajnani & Johnson, 2014).

In terms of ethical consideration, no human subjects will be used in this study. Therefore the process of acquiring informed consent from participants does not apply. Not withstanding, this research followed the ethical protocol of the University of the Witwatersrand and obtained an ethical clearance certificate granted by the Human Research Ethics Committee (non medical).

Several key concepts that are critical to this study will be framed as a way of providing clarity for the reader. An understanding of the self and psychological

integration will be guided by the works of established psychiatrist and neurobiologist Daniel Siegel (2010). Siegel describes a healthy mind as '*an embodied and relational process that regulates the flow of energy and information'* (p. 248). Central to this intra/inter personal idea of mental health is the achievement or working towards a state of *integration* (p. 66), which for Siegel involves the differentiation of many elements of a system and the linkage of those elements. In opposition to this harmonious state sits fragmentation, which is described as a state of either rigidity or chaos, which Siegel advocates can cause blockage on our path towards psychological integration and improved mental health (Siegel, 2010). Siegel uses the metaphor of a choir, with each member playing a particular part but together singing a harmonious tune. It is the intention that this image will resonate throughout the journey of this research study.

This research is underpinned with the assumption that the therapeutic relationship is crucial to the process of dramatherapy. Kahn (1991) advocates that the relationship created between the therapist and client brings fourth the possibility for all the client's experiences to come into the present relationship being created in the therapy space. Central to this are the ideas of Kottler and Carlson (2014) who stress the importance of the therapist's ability to show compassion to their clients. Rowe & MacIsaac (1989) share the belief in the development of an ability to display *empathic attunement* (p. 5) where the therapist can hold the world of the client in their minds, seeing it as they would. This echoes the original thinking of Rogers (1951) who believed the most important part of the therapeutic process is human connection as the therapist responds to their clients with genuineness, empathy and unconditional positive regard.

This research considers the therapeutic relationship through the lens of intersubjectivity. This term can be understood in several ways. The writings of Thomas Ogden (1994) will be used to understand this term in the context of this research. Ogden believes that the therapeutic alliance is a co created space between the client and the therapist with both analyst and analysand holding equal subjective influence as together they create an intersubjective field between them (Ogden, 1994). The responsibility of the therapist to monitor their own counter transference responses and be mindful and reflective in their practice is critical to this research (Ivey, 1999).

This becomes even more complex in dramatherapy as the dramatherapist has an increased range of options in terms of responding in role (Johnson, 1992) and working overtly with the transference (Eliaz & Flashman, 1994). The ways in which both the client and therapist make use of the medium of drama to assist in the process of psychological integration will be foregrounded in this research. It is important to note at this point that the later meta-data analysis will be viewed through the lens of object relations theory. Whilst intersubjectivety and object relations do hold crossovers (Mitchell, 2000), they are separate movements in their own right with different theoretical bases. The choice of using both lenses stems from the difficulty in tracking the subjectivity of both dramatherapist and client using secondary data, thus an object relations lens (see Chapter 3, Meta-data analysis p. 61) appeared another useful and appropriate lens that could assist in understanding the process of psychological integration in dramatherapy.

Clarification of certain terms that will be used throughout this study are largely defined in the qualitative meta-analysis, however as an overarching guideline the reader should be aware that the terms *integration*, *psychological integration* and *integration as a psychological concept* will be used interchangeably throughout this research, all referring to an understanding of this concept based on the writings of Siegel (2010) described above. The roles described in Landy's case studies will be written in italics. This stylistic choice serves to clarify the role choices in the case studies. The names of the client in each case study will also be placed in italics for ease of the reader.

Furthermore in the later chapters the researcher has chosen the terms '*client, drama and therapist*' to refer to elements of the dramatherapeutic relationship that will be analyzed in detail. The researcher acknowledges that numerous other terms could have been used and that these elements are not exclusive to the influence of the psychological integration. However they were selected for their essential nature in creating a dramatherapy session. In this research the term *client* refers to the person attending dramatherapy, the term *drama* intends to encompass any way the medium is used for a therapeutic purpose within the dramatherapy space and the *therapist* refers to the dramatherapist working with the client (the term dramatherapist and therapist will be used interchangeably). Whilst this research does not follow one particular

theoretical lens as it intends to better understand the lenses of Landy and Emunah, its viewpoint is largely a relational one, viewing the self in relation to others.

It is important to clarify that three out of the four case studies used in this research were individual processes analyzed within group dramatherapy. A focus on the dynamics and influence of the group on the client's process is beyond the scope of this study. This research chose to follow the lens of the author of each study that focused on one client within the group in relation to the therapist, rather than tracking the group dynamics and its influence on the processes of changes in dramatherapy.

Lastly, it is important to frame a limitation of this study in its lack of access to the implicit knowledge systems of the data under analysis. The data of this study is based upon the readings of each approach's core texts and case studies rather than direct experiential involvement by the researcher. The importance of implicit knowing in understanding psychotherapy and counseling cannot be underestimated as oral traditions contain a much richer textured experience than the written word. Mcleod (2003) suggests *'Books and articles convey a version of the approach, rather than the approach in its entirety*' (p. 51). When writing about the importance of the first hand encounter, he makes reference to the term '*felt sense-'a bodily, multifaceted area of feeling that the person experiences in response to events'* (p. 51). This felt sense contains diverse experiences that could hold multiple meanings for a person and cannot always be captured in words. Ogden (in Siegel & Solomon, 2013) describes the illusive process of therapy in an exquisite way:

> *'The implicit conversations that goes on beneath the words is arguably more significant. Unintended and spontaneous, this wordless tete-atete usually remains undetected by the conscious minds of both parties, but speaks clearly in a language of gesture, posture, prosody, facial expression, eye gaze, and unconscious affect, This non verbal call and response between implicit selves is the music for the dyadic dance between therapist and client'* (p. 35).

Thus this research will be mindful of the knowledge systems that may have been lost in the process of writing down the case studies under analysis. In an attempt to

address this limitation the researcher will aim to be as mindful and self reflective as possible when analyzing the data, attempting to understand what is being said in the literature both implicitly and explicitly.

## 1.2 Rationale

Their appears to be a growing concern in the field of dramatherapy that as the discipline develops and expands, it is becoming more fragmented than integrated in nature. Multiple varying theoretical frameworks have been birthed. It would appear that this has resulted in a focus on the differences of approaches rather than the commonalties present. Upon researching the literature for this study, it became apparent that much of the writings around dramatherapy comprise of contributions by original theorists attempting to articulate their particular approach to dramatherapy (Johnson, 1992; Emunah, 1994; Landy, 1993; Jones, 1996; Irwin, 2000;Gersie, 1987; Pearson, 1996). There also appears to be a growing body of work, which includes multiple approaches with little appearance of integration. The chapters appear separate with little debates and comparisons between approaches (Johnson & Emunah, 2009; Johnson, Pendzik & Snow, 2012; Pitruzzella, 2004; Jennings, 1987; 1994, Weber & Haen, 2005). There also seems to be the presence of numerous studies that have documented case study work where different theoretical approaches and techniques have been applied to certain phenomenon. Indeed all these contributions are important and add efficacy to the field of dramatherapy (Johnson & Emunah, 2009).

However there appears to be a gap around studies that present rigorous critique on the works of core theorists or analyses across approaches. Some thinkers have begun this conversation including Johnson and Emunah (2009), Landy (2008) and Jones (1996), contributing texts and philosophies that have led to greater linkage in our field. Johnson and Emunah's key text *Current Approaches in Dramatherapy* (2009) attempted to integrate dramatherapy in terms of theory and practice. In the introductory chapters of this book the history of dramatherapy is mapped out and Johnson (2009) says, '*though there are only a few schools of thought in the field of dramatherapy, we are now on the edge of a more sophisticated dialogue within and among them*' (p. 11). Furthermore he suggests '*as the number of discrete models*

*grow, it is critical that meta-analysis be conducted to compare and contrast them on fundamental principles relevant to dramatherapy'* (p. 16).

Robert J. Landy (2008) in *The Couch and The Stage: Integrating Words and Actions in Psychotherapy* also highlights the growing need for greater integration of our field. Landy contributed a comparative study based upon the psychotherapy study of Gloria (1965) called *Three Approaches to Dramatherapy* (New York University & Landy, 2005). This study showed dramatherapy sessions with three identified key figures in the field namely, Robert J. Landy (Role Method), David Read Johnson (Developmental Transformations) and Nina Garcia (Psychodrama). All three dramatherapists worked with the same client named *Derick* as a way of demonstrating their particular approach to dramatherapy. Whilst this study caused controversy around issues of race and representation that will not be the focus of this research (Mayor, 2012), the bringing together of three different approaches was a noteworthy comparative study and contributed towards a dialogue that attempted to better understand where approaches in dramatherapy connect and where they diverge.

Phil Jones (1996) warns us about the proliferation of approaches that tend to highlight their uniqueness rather than considering the overlapping trends. Jones has contributed his *nine core principles* (p. 99) to dramatherapy that comprehensively outline nine common elements that he suggests forms the foundation of all approaches to dramatherapy. Jones' words resonate with this study, *'The basic processes are constant… I aim to provide a substantial base to all dramatherapy practice and the theory, which facilitates work with clients'* (p. 15). In a later study that Jones completed with 25 dramatherapists who were making use of his principles in their practice, he discovered that all the participants made use of his processes as a way of analyzing their practice and more specifically tracking change in their work. Furthermore this study served to progress and refine the nine core processes in their applications and accounts of change in dramatherapy (Jones, 2008).

In conclusion this research attempts to illustrate the notion that if dramatherapist's can become more flexible and integrated in their practice, this can assist clients in finding the links in their own intra psychic worlds and thus promoting integration of self. This notion is not a new phenomenon. Hubble, Duncan & Miller (1999) in their book *The*

*Heart and Soul of Change* outline four factors that can enable integration of approaches, namely client factors, relationship factors, hope and expectancy and models and techniques. Thus the rationale for conducting such a study is to contribute in some way towards the existing gap in the literature of dramatherapy that is resulting in proliferation rather than linkage. If dramatherapy is to develop as an established field in its own right, it needs research that not only can articulate common ground across approaches but can also apply these findings in future case studies, further refining the work and growing dramatherapy as a stand alone unique discipline.

## 1.3 Outline and structure of study

Chapter one intents to articulate the road map that this research will travel, clarifying the aims of the research, its methodology and important concepts and limitations that the reader should be mindful of throughout this research. The motivation for conducting such a study will be explained in the rationale section.

Chapter two will outline the central questions of this research as well as provide a detailed explanation of the chosen methodology and sample of this study, all of which will frame the analysis conducted in the next chapter.

In chapter three the researcher will set out to conduct a meta-study on the works of Renée Emunah and Robert J. Landy. This methodology involves a three-step process in no particular order. A meta-theory analysis will be done to track each approaches conceptualization of the self and ideas of how clients move towards psychological integration. A meta-method analysis will be conducted in order to better understand each theorist's approach with particular focus on their drama methods and the role of the therapeutic relationship in dramatherapy. A meta-data analysis will track the relationship created between the client, drama and therapist at particular moments in each case study carefully considering how the working together of these three elements can assist clients in moving towards greater psychological integration. This analysis also aims to elucidate two other variables that appear central in assisting clients towards wholeness, namely working towards aesthetic distance and the link created between the dramatic world and client's external reality.

Chapter four intends to combine the results of the three analyses completed by formulating a meta-synthesis of psychological integration, the final part of this meta-study. This final analysis will be guided by Siegel's choir analogy, as it will aim to demonstrate how each approach can be differentiated as well as where they can find linkages. The lens of this section will be an object relations one as the relationship created between the client, drama and therapist will be mapped out through a detailed analysis that will attempt to better understand how these elements operate in working with clients to achieve greater psychological integration. The meta aim of this entire study is to contribute in some way to greater integration of the field of dramatherapy as considering the therapeutic commonalities across both approaches that can aid in processes of transformation.

Chapter five will conclude with a summary of the road map this research has travelled as well as the findings of the study. This chapter will illustrate the limitations of this study as well as the recommendations for future research.

## CHAPTER 2: Research Method

This chapter will outline the chosen methodology of this research. As a starting point some of the key research questions will be outlined as a way of framing what this study seeks to discover through its analysis. This will be followed by a discussion of the chosen paradigm of qualitative research, highlighting the particular assumptions this study upholds in terms of subjectivity and the need for critical self-reflection. The chosen methodology of a qualitative meta-analysis, more specifically a meta-study will be outlined, explaining why this particular approach will be used as well as what this method entails. A sample group of four chosen case studies will be outlined and motivations for these choices will be highlighted. This section will conclude with an account of the reflexivity of the researcher, attempting to demonstrate an understanding that the value of this methodology exists in the capacity of the researcher to take a critical vantage point in terms of both the researcher and the approaches under analysis.

### 2.1 Research Question

*How is integration as a psychological concept in dramatherapy conceived and implemented in the work of* Renée *Emunah's Integrative Five Phase Model and Robert J. Landy's Role Theory and Role Method?*

Within this complex question, there are several subsidiary questions that need to be considered.

- How does each theorist's concept of the self influence the therapeutic process in working towards psychological integration with clients?
- How does each approach make use of the medium of drama in achieving psychological integration?
- What role does the therapeutic relationship play in achieving psychological integration?
- Where are the differences and linkage between the two approaches?

- What other elements can be useful in the process of guiding clients in working towards psychological integration?
- In what ways do the three elements of the client, drama and therapist work together to achieve greater psychological integration?

## 2.2 Research paradigm and methodology

Creswell (2007) describes qualitative research through an image:

> *'Think metaphorically of qualitative research as an intricate fabric composed of minute threads, many colors, different textures, and various blends of material. This fabric is not explained easily or simply. Like the loom on which fabric is woven, general worldviews and perspectives hold qualitative research together'* (p. 51)

In unpacking the above image, one needs to consider the particular philosophical assumptions of the qualitative paradigm that this research upholds. Firstly it follows the belief that each person's reality is subjective and multiple perspectives exist. The researcher will be mindful that all the data under analysis is a product of each theorist's subjective experience of working with their clients in an intimate way. The data will not be considered as objective fact, but rather with many complex layers of interaction. Added to this is the assumption that qualitative research is not value neutral. The researcher in keeping with the paradigm acknowledges that certain biases exist both within the qualitative writings of the case studies as well as within herself as the researcher of this meta-analysis. Thus throughout this research, the researcher aims to be as self reflective as possible of her own standpoints and lenses as well as attempt to better understand the underlying values that were not overtly expressed but perhaps implicitly evident in the writings of the different theorists and case studies (Creswell, 2007).

Within the paradigm of qualitative research, the chosen methodology was a qualitative meta-analysis, also termed research synthesis. Gene Glass (1977) coined the term *meta-analysis*, describing it as '*the analysis of analyses' (*p. 352). This

choice of design grew out of the aim of this research that intends to place a lens on the literature and case studies of existing dramatherapy theorists as a means of better understanding how they diverge as well as where they find linkage.

Mcormick, Rodney &Varcoe (2003) write about qualitative meta-analysis explaining '*Until recently, there were few methods available for researchers to combine findings from qualitative studies in ways that are compatible with the underlying assumptions of the various qualitative approaches'* (p. 933). In an attempt to conquer this challenge the body of qualitative meta-analysis research has grown as more studies have been completed offering diverse ways of conducting qualitative research. However there is still the challenge of finding unity between the different qualitative approaches and terms which are often used interchangeably including narrative synthesis, qualitative synthesis and meta synthesis and an absence of a common guide for qualitative meta-analysis research. Indeed this decreases the acceptance and efficacy of this approach. Reasons for this include the newness and limitation of completed studies as well as the complex and time consuming nature of the task.

However a critical review completed by Barnett-page and Thomas (2009) looked at two hundred and three qualitative meta-analysis studies and attempted to outline nine distinct approaches to this kind of research. It is from this study that the choice of a meta-study (a type of qualitative meta-analysis) was determined. Paterson (2001) has created a multifaceted approach to synthesis called meta-study which outlines three components of analysis namely meta-theory (the analysis of theory), meta-method (the analysis of methods), and meta-data-analysis (the analysis of findings). There is no order in the three components and all can occur simultaneously.

A meta-theory analysis refers to better understanding the philosophical and theoretical paradigms of each approach under investigation and its influence on the variable under analysis (Paterson, 2001). Each theorist's concept of the self and their theoretical underpinnings will be mapped out in terms of the existing literature, illustrative diagrams, as well as an analysis of the chosen case studies, attempting to articulate the influence of each perspective's self concept on the process of psychological integration with clients.

A meta-method analysis refers to the review of the methods used by each approach, considering its epistemological soundness. The step-by-step approach of both Landy and Emunah's model of dramatherapy as well as the therapeutic relationship will be unpacked through an analysis of the literature well as the four chosen case studies, attempting to understand how this influences the process of psychological integration (Paterson, 2001).

A meta-data analysis will concern itself with the similarities that exist between particular phenomena (Barnett-page and Thomas, 2009). The chosen case studies will be reviewed with the aim of better understanding the presence of the common elements of the client, drama and therapist as well as the use of aesthetic distance and the link made between the fictional drama and the external world (Paterson, 2001)

In keeping with the methodology of a meta-study, these three analyses will culminate in a meta-synthesis that will yield a new interpretation of the data (Barnett-page and Thomas, 2009). Siegel's theory of integration in terms of finding harmonious synthesis through articulating the differentiation and linkage of the two approaches will be the guide and structure of this final meta-synthesis (Siegel, 2010).

In summation, this qualitative meta-analysis intends to focus on psychological integration on two levels. On one level to better understand how this concept is conceptualized and applied in the works of Emunah and Landy. On another level, this research wishes to contribute towards integration of dramatherapy as a whole as the researcher through the completion of the meta-synthesis will attempt to sing a more harmonious dramatherapy tune.

## 2.3 Sample

Rather than this paper having a separate literature review section, an analysis of the theoretical literature will be weaved into the data analysis of the chosen sample. This will serve to frame and give theoretical weight to the practical analysis. Four case studies were chosen to be the sample of this research. They differ in terms of location, therapist, model, duration and client material. Glass (1977) draws our attention to the complexity of using case studies explaining its indefinable nature, ranging from '*an*

*afternoon dalliance with a dozen subjects to an enormous field trial lasting months'* (p. 355). This brings forth enormous challenges when one attempts the task of yielding conclusions from various conversation points within and between different studies. However whilst Glass alludes to this impression, she strongly advocates for the dismissal of the claim that a meta-analysis needs to compare studies that are the same in all respects as she points out that this would yield no results as there would be no need for a comparison if they are in fact the same. Thus Glass concludes *'the only studies that need to be compared or integrated are different studies'* (p. 357). Therefore based upon these impressions, this researcher chose four different case studies to be analyzed (Glass, 1977).

Notwithstanding, in an attempt to narrow the focus and provide validity to this study, certain criteria for inclusion were established:

1. The chosen theorist had to be the author of the case study, writing up or commenting on their therapeutic process with particular clients.
2. Secondly the case study was to exist in a published accredited source either in a journal, book or DVD, thus giving the text more validity.
3. The final criteria for inclusion was the need for the case study to be representative of the work with which the theorist engages, rather than exceptional.

Case study 1: *Christine*

This case study was chosen from Emunah's key text *Acting for Real: Dramatherapy process, technique and performance* (1994). This book has been described as a rich and resourceful text as it offers a clear articulation of Emunah's theory and practice. David Read Johnson writes on the back cover of the book, '*acting for real is nothing less than the first core text of dramatherapist's…no one else has described the process of dramatherapy in such detail'.*

Case study 2: *Shawn*

The second chosen case study of Emunah's came from *Current Approaches to Dramatherapy* (Johnson & Emunah, 2009). This text provides a unique collection of the key voices in dramatherapy attempting to accurately convey the different approaches.

Case study 3: *Ann*

The third case study came from Landy's book *Persona and Performance: The meaning of role in drama, therapy and everyday life* (1993). This text succinctly articulates both Role Theory and Role Method with two in depth cases studies offered. Sue Jennings comments at the back of the book, '*This is a courageous book which moves forward the theoretical debate in dramatherapy and serves as a model of detailed research for future practitioners'*.

Case study 4: *Derick*

The case study was different to the others in that it was video footage from the case study of *Derick* part of New York Universities *Three Approaches to dramatherapy* DVD (2005). The researcher appeared to find limited thick description of the therapist's role in the therapeutic process in the writings of Landy. Therefore video footage provided the researcher with a greater capacity to observe the therapist working in relation to the client.

All four case studies were selected thematically as each adult client was working through the painful material of parental neglect/abuse in their childhood. Sajnani & Johnson (2014) recently published a book titled, *Trauma Informed Dramatherapy: Transforming Clinics, Classrooms and Communities* which highlights the healing capacity within the medium of drama when it is used in therapeutic settings to assist clients in working through traumatic material. Whilst the focus of this study is on the present therapeutic process of each client (less on the intra-psychic fragmentation that occurs from traumatic experiences in childhood), this choice is appropriate both in

terms of limiting the focus of the study and as a way of better understanding the subject of psychological integration (Sajnani & Johnson, 2014).

## 2.4. Limitations of methodology

This section would not be complete without considering the limitations of a qualitative meta-analysis. Sandelowski (2004) and her colleagues state that '*the major problem yet to be resolved [in qualitative meta-analysis] is developing usable and communicable systematic approaches to conducting meta-synthesis projects that maintain the integrity of the individual studies'* (p. 365). The complex nature of this methodology reduces the reliability and validity of the study. Added to this is the inability to access raw data as the writings and case studies that comprised of the sample of the study have within them existing knowledge systems that were perhaps lost in the process of translation, thus decreasing the validity of the study.

## 2.5 Reflexivity of the researcher

As a way of addressing the limitations of the study and in keeping with the principles of qualitative research, the researcher aims to be mindful of any biases towards this research (Creswell, 2003). The researcher's lens has been framed by her own experience and training of the two models under analysis. As a way of limiting bias, the researcher clearly articulated for herself a map of her own conceptions of the two theories and how they were understood so as to be as reflective as possible and open to different interpretations as each approach was analyzed. The disadvantage of meta-studies exists in the distance of the researcher, as they are not gaining new knowledge from first hand experience but rather analyzing someone else's interpretation. To address this potential flaw, the researcher aimed to be as rigorous as possible in terms of unpacking the implicit knowledge in the subtext of the case studies. However any new knowledge suggested from perceiving the case studies in this way was not presented as fact, but clearly articulated when the researchers interpretation was suggested.

In conclusion this chapter has attempted to map out how this study will be conducted as well as motivate why this method of analysis was chosen and illustrate what this study will include. It is the hope that a qualitative meta-analysis, particularly the approach of a meta-study will give the researcher the appropriate tools to investigate the literature from a theoretical and practical perspective resulting in the researcher finding answers to some of the questions raised at the start of this chapter.

## CHAPTER 3: Qualitative meta-study

This chapter will commence with a description of the four chosen case studies, enlightening the reader on the individuals that comprise this study. This will be followed by the completion of a qualitative meta-study that will include three analyses (Paterson, 2001). The first meta-theory analysis intends to map out some of the broad terrain that exists around the notion of self. Ideas of how integration and fragmentation are understood in this research will lead towards the suggestion of a continuum that will frame the later discussions around the case studies. This analysis aims to illuminate both Emunah and Landy's philosophies of the self and psychological integration, making use of literature, diagrams and case studies to demonstrate both a theoretical and practical understanding.

Next a meta-method analysis will be carried out with the intention of articulating a detailed account of both Emunah's Integrative Five Phase Model and Landy's Role Theory and Role Method. This analysis will include a discussion of the therapeutic and dramatherapeutic relationship, centralizing the importance of this variable when considering processes of change in dramatherapy. An attempt will be made to record the development of both Emunah and Landy's therapeutic relationship with each client.

The final meta-data analysis of this section will follow an object relations lens and will endeavor to track the elements of the client, drama and therapist in eight descriptive *moments*, with the aim of showing how they can work together to achieve greater psychological integration. This analysis will investigate two other elements that appeared to be operating in both approaches and all four case studies, namely the presence and use of aesthetic distance and the linking of dramatic material to the everyday world of the client, preventing dramatherapy from becoming a split off experience. All three analyses will culminate in a final meta-synthesis in the next chapter (Paterson, 2001).

## 3.1 Description of case studies

### Case study 1: *Christine*

An unkept, withdrawn and stooped women hiding behind a plastic mask approached Emunah in the hallway inquiring about the dramatherapy group she was running in the psychiatric ward. Emunah (1994) responded by asking if she would like to join the next dramatherapy series to which *Christine* answered, '*I don't think I'd be any good but I might try it'* (p. 66). As Emunah got to know her client better, her isolated behaviour, lack of trust in people and psychosomatic allergies (preventing her from participating in daily activities) were understood in context of her childhood experiences of neglect and abuse. For the first six years of *Christine's* life she lived with her mother, experiencing neglect and emotional instability. Post this she was adopted by a Swedish couple where she was faced with a new set of challenges. Her adopted mother was addicted to valium and had entered a drug rehabilitation programme when *Christine* was ten years old. Her adopted father was successful and caring, but worked long hours and was not often present. *Christine* had been hospitalized nine times since the age eighteen for severe depression, suicide attempts and catatonic episodes. In an attempt to separate from her family, she moved out of home at thirty-five years old but still had difficulties with separation and developing relationships. *Christine* and Emunah journeyed through sixty group dramatherapy sessions together over eight months. The themes of independence, the wounded child within and nurturing of the self were explored (Emunah, 1994, p. 66-78).

### Case study 2: *Shawn*

*Shawn*, a thirty-two years old Australian women had long wavy red hair that framed her beautiful and expressive face. She was part of an adult psychiatric day treatment centre and was among the more socially interactive and verbally sophisticated members of the group. *Shawn* came to dramatherapy battling to express her emotions as she became quickly overwhelmed. *Shawn* came from a wealthy family where both parents were alcoholics. Her mother (now deceased) was neglectful and emotionally unavailable and her father emotionally abusive and seductive towards her. *Shawn* has suffered from anorexia and self-mutilation in the form of cutting. She has been

hospitalized twice for suicide attempts. Her psychiatric diagnosis is borderline personality disorder. *Shawn* attended group dramatherapy twice a week for one year (four three month series). Through this process *Shawn* travelled the courageous journey of learning to feel and express her emotions without becoming overwhelmed by them. She also learned to take care of herself and showed greater love and respect towards herself (Emunah, 2009, p. 58-62).

Case study 3: *Ann*

*Ann,* a thirty-year-old woman had been part of Robert J. Landy's dramatherapy group for one year. She was the eldest of five children. Her father was abusive and an alcoholic. She described her mother as not able to protect herself or her children from her husband. *Ann* mostly played the role of *rescuer/martyr* within the dynamics of her family's dysfunction. This denied her from accessing her own needs, giving rise to much ambivalence within herself. This case study is described at a point in the therapeutic process where the group was exploring archetypal stories that encapsulated their own personal concerns. *Ann* in an attempt to make sense of her complex world chose to dramatize the story of *Hansel and Gretal*. Through this narrative *Ann* was able to transform her role of *rescuer/martyr* as she explored counter roles and related roles, enabling her to learn to put her own needs first (Landy, 1993, p. 111-121).

Case study 4: *Derick*

*Derick* was a student at New York University who agreed to be part of a study where he received treatment from three different dramatherapy approaches, all of which were recorded and became part of the DVD, *Three Approaches to Dramatherapy* (2005). *Derick* had a history of an abusive father who was an alcoholic. He experienced feelings of anxiety and often battled to sleep. Through the telling and exploration of a story he created in dramatherapy, titled *The struggle of a man and his father, Derick* was able to empathize with the child part of himself as well as play the role of his *father* and apologize to his *son* for all the damage he had done. Through an exploration of the roles of *father, son, pain* and *guide* the client could better integrate these roles into his role-repertoire (New York University & Landy, 2005).

## 3.2 Meta-theory analysis

### 3.2.1 The self

This research premises the conviction that it is critical to engage in theorists notion of the self in order to grapple with how they understand and work towards psychological integration with their clients. McLeod (2003) writing about levels of abstraction when considering approaches in counseling and psychotherapy argues that the essence of an approach can be understood by magnifying the theorist's conceptualization of the self and considering how this plays out when working with clients. Prochaska & Norcross (2009) echoes these thoughts as they suggest that the particular understanding of self contributes towards perceptions of health, psychopathology, the therapeutic process, therapeutic content and the therapeutic relationship. Similarly Jones (2008) in a journal article *The active self* debates the connections between philosophy and dramatherapy highlighting the fundamental influence the concept of the self has on change in dramatherapy.

### 3.2.2 Narrowing the lens

Ultimately, any psychological theory or approach to counseling relies on a root image of the person, a set of basic assumptions about the very nature of what it is to be human. Perceptions range from human as machine, as organism, as social or spiritual being. At the heart of most of the literature and research on the self are the common existential questions; what is the self? Are we a mind or a body? What is fixed and what changes? Can this be tracked? Are we really separate from others and our environment? What is the core of who we are? How can we develop ourselves to our full potential? (Gallagher, 2011). These questions attempt to answer phenomenological questions including what is the self as well as epistemological questions of how do we come to know the self (Strawson, 2005). Barresi & Martin (in Gallagher, 2011) write about the difficultly in defining the concept of the self. They explain that this concept has become progressively more complex as greater fragmentation among and within different fields has developed, specifically psychology, philosophy, psychopathology and neuroscience. Indeed there are a magnitude of hyphenated versions, terminologies and approaches to the self.

It is beyond the scope of this research to detail all the literary debates and different perceptions around this complex phenomenon of the self. Thus this research will not engage in an in depth philosophical account of the works of western thinkers, including Descarte and Locke's notions of the self and the challenges of these perceptions (Steinvorth, 2009). Nor will this research delve into the complexities of personality psychology debating the different perceptions of the self from the vantage point of object relations theory, a developmental perspective or social psychological thinking (Friedman & Schustack, 1999). What this research will endeavor to do is to locate itself in terms of the researcher's understanding of the self and theories of integration which guide this study.

### 3.2.3 Integration

> *'Each member of the choir has his or her unique voice, while at the same time they are linked together in a complex and harmonious whole'*
> (Siegel, 2010, p. 66)

The striking image of a choir will serve as the overarching metaphor for how the notion of the self and integration as a psychological concept will be conceptualized for the purpose of this research. Psychiatrist Daniel Siegel (2010) explains integration as the process of differentiation and development of many elements of a system and the linkage of those elements. For Siegel, this is the key mechanism beneath both the absence of illness and the presence of wellbeing. He makes reference to '*a river of integration'* (p. 69), where one can experience the quality of harmony as indicated through the choir analogy. On one side of the river is rigidity (feelings of being stuck) and on the other side is chaos (feelings of being out of control). It is suggested that the harmony and flow of the river is indicative of a state of an integrated way of being. In contrast, feelings of rigidity and chaos could be symptomatic of a fragmented or dysfunctional state of existence (Siegel, 2010).

### 3.2.4 Fragmentation

Fragmentation or a disintegrated sense of self will range depending on the client. Examples may include being stuck at a particular developmental stage, suffering from an unresolved trauma, wrestling with an inter/intrapersonal conflict or splitting off the shadow aspects of the self (Kernberg, 1976). This research upholds the viewpoint that it is the fragmented, unresolved and denied parts of the self that if not brought to consciousness can hinder self growth and reinforce dominant and sometimes negative cycles of behaviour as clients can sit in states of either rigidity of chaos (Siegel, 2010). The most extreme form of fragmentation could be found in those with dissociative identity disorder where the self has many different parts which function separately and have no interaction with each other (DSM-5, 2013). Mcwilliams, (1994) writes that this person essentially '*has been fractured into numerous split off partial selves'* (p. 334).

### 3.2.5 A Continuum

Thus as a conceptual frame for this research, the reader is invited to consider a continuum of the self. On the one end is psychological integration, which can be understood according to Siegel's choir analogy where a person is both differentiated and linked on an inter personal and intra personal level (Siegel, 2010). On the other end of the continuum is fragmentation defined by someone sitting in a state of either rigidity or chaos (Siegel, 2010). In its most extreme form this would be someone suffering from a dissociative disorder (DSM-5, 2013). It is the belief of this research that clients engaging in dramatherapy may sit at any point along this continuum and through the process of dramatherapy they can make shifts along the continuum towards greater psychological integration.

Several ideas can help guide this conceptualization of a continuum of the self. One being Jung's belief in the self-regulating capacity of the psyche and with that the notion that movement along the continuum towards integration should be guided by the therapist at the readiness of the client's psyche (Watts, 2002). Added to this is the perception that growth is an ongoing process. Deleuze (1994) writes about humans always being in a constant state of becoming, thus we are always growing and

developing and hopefully integrating different parts of ourselves. This process is life-long and is never complete. The potential for one to reverse backwards before accelerating forward is another principle to be mindful of when considering psychological integration. Koestler (1977) poetically describes the process as 'a *de differentiation of thought matrices, a dismantling of its axioms, a new innocence of the eye, followed by liberation from restraints...and a reintegration in a new synthesis'* (p. 5). Holding these ideas in mind, this research is interested in understanding how dramatherapy can assist clients in moving along a continuum of self from some form of fragmentation towards greater psychological integration.

### 3.2.6 Growth, change and transformation

When analyzing the literature as a way of deepening the understanding of the concept of psychological integration, similar key words spring to mind including growth, transformation and change. Jung (in Watts, 2002) uses the term *individuation,* which refers to *'the innate and lifelong process of becoming an individual, the move towards wholeness through the integration of conscious and unconscious aspects of the personality'* (p. 123). Rogers, in his seminal work *On Becoming A Person (1961)* recognized that a common feature of all his client's challenges was the desire to better understand *'How I can become myself?'* (p. 108). For Rogers the process of integration involves the removal of the facade as one learns to become oneself. This includes qualities of openness, trust, belief in self-evaluation and the understanding of ongoing process (Rogers, 1961).

Prochaska & Norcross (2009) completed a study that investigated the therapeutic commonalities and processes of change in psychotherapy. These were understood as, '*the covert and overt activities that people use to alter emotions, thoughts, behaviours or relationships related to a particular problem or more general patterns of living'* (p. 11). These processes of change include consciousness raising, catharsis, choice making, conditional stimuli and contingency control. The finding of this study was the belief that these elements cut across theories and serve as mechanisms of change in therapy (Prochaska & Norcross, 2007). In a similar study conducted by Cassidy, Turnbell & Gumley (2014) in the field of dramatherapy on perceived change in clients, the findings concluded, '*working with here and now, providing safety, control*

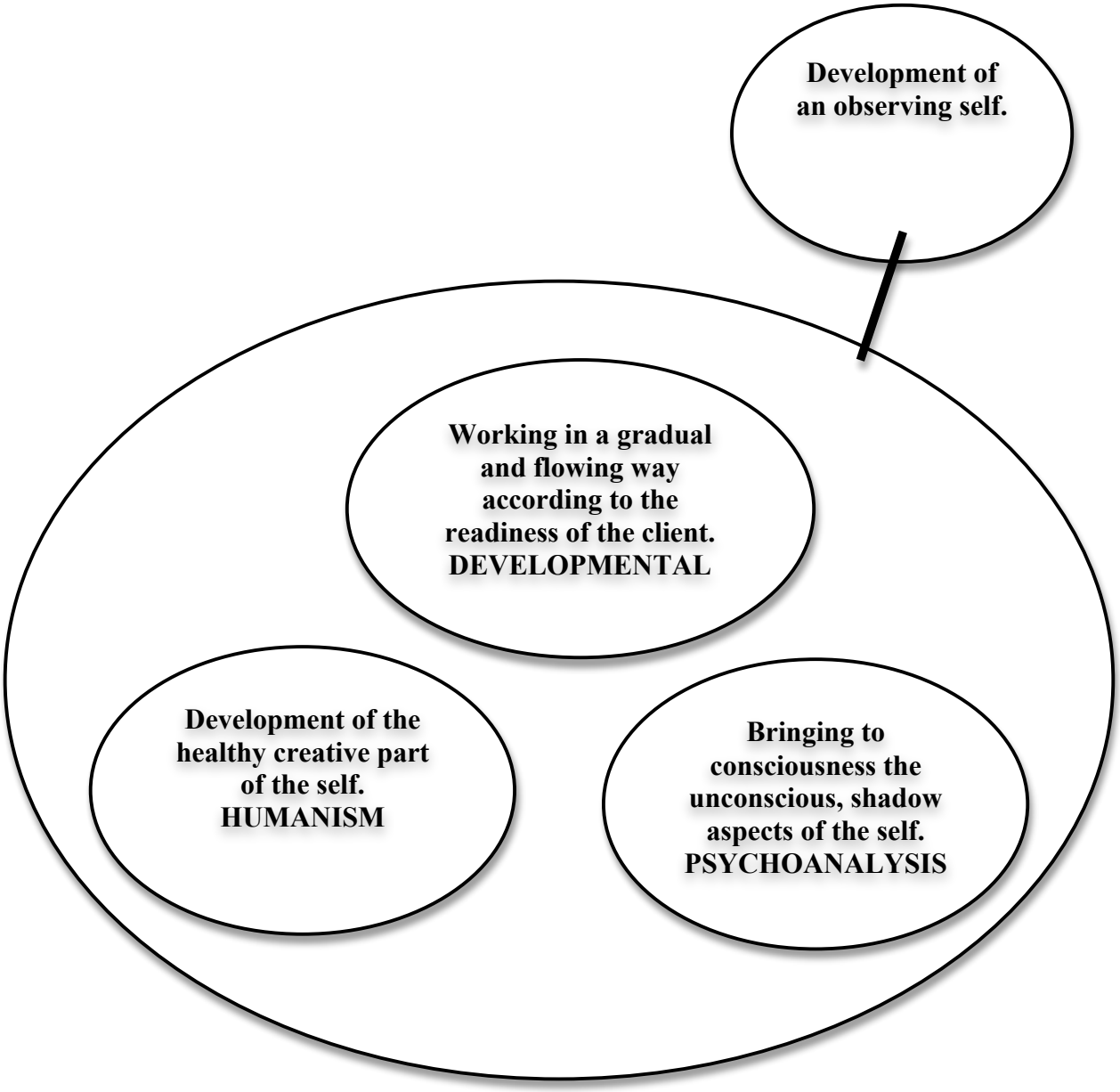
*and choice making which enables active involvement'* (p. 360). The process of change, for the purposes of this study, is central to understanding how psychological integration can be achieved within the therapeutic encounter.

### 3.2.7 Renée Emunah: Self and Integration

Emunah's conception of the self is based largely on three schools of thought in the field of psychology, namely psychoanalysis, humanism and developmental psychology. In terms of psychoanalysis, she describes a process of working with the unconscious and exploring untapped or shadow parts of the self. Integration therefore would involve the expression of these unacknowledged parts and eventual assimilation of them into our psyche (Emunah, 1994). Emunah also leans strongly on the humanistic traditions of the self that places emphasis on the healthy, creative and resourceful part of the person (Rogers, 1961). Her therapeutic approach works towards the access and development of the playful part of a person primarily through dramatic play, which can work towards laying the foundation for strengthening the ego and improving our self-concept (Slade, 1954). Finally Emunah follows a developmental perspective as she aims to work in a gradual way, making use of the principles of pace and flow to enable the therapeutic process to unfold at the readiness of the client (Emunah, 1994).

Her perception of moving towards psychological integration involves the development of an observing self (Emunah, 2009) that is able to manage and lead the different parts of the self. This is similar to concepts of a guide figure (Landy, 2009), an internal supervisor (Casement, 1985) and the critical reflective practitioner (Thompson & Thompson, 2008). Therefore integration for Emunah would be the development of a part of the self that can serve to guide, reflect and mediate the different parts of our being, enabling new perspectives (Emunah, 1994). The final phase of integration for Emunah would be assimilating this change into one's external reality where by the role is now part of the self and can be accessed in every day life (Emunah, 1994). These thoughts resonate with Siegel's choir analogy of integration that serves to frame and guide this research (Siegel, 2010).

Diagram 1. 1: Emunah's ideas of the self and psychological integration




In the table that follows, each client's journey of integration will be mapped out with the aim of showing how Emunah's concepts of the self and integration weave into the practice of her work with her clients (See Chapter 4: Discussion and meta-synthesis for more detail).

Table 1.1: Emunah's conceptualization of the self

| **Movement towards integration** | **Case study 1: *Christine*** (Emunah, 1994) | **Case study 2: *Shawn*** (Emunah, 2009) |
|---|---|---|
| Making the unconscious Conscious | <u>Giving voice to the wounded child within</u><br>• Through a process of role-playing and scene enactments in dramatherapy *Christine* became conscious of the pain experienced by the wounded child part of herself.<br>• In acknowledging the pain of being abandoned by her own mother, she voiced in her culminating enactment (playing the role of her six year old self) '*I want my mommy'* (p. 74).<br>• Bringing to consciousness this painful childhood memory enabled *Christine* to access the adult part of herself and address her six year old child, attempting to repair the damage done as she said, *'its not your fault but there's nothing you can do to change it. It's not fair, and I know it hurts. I know it hurts a lot*' (p. 75). | <u>Insight into her self punishing ways</u><br>• As *Shawn* assumed the punishing part of the embodied sculpture, she spontaneously said '*I am your mother'* (p. 60).<br>• This realization that her negative self perceptions originated from her mothers treatment towards her enabled *Shawn* to voice this hurt as she asked her mother, *'why couldn't you ever see me? Why did you leave me in a car because you could not remember I was there?'* (p. 61).<br>• In one scene the client became aware that her anorexia and self-punishing behaviour was coming from the guilt she felt from the preferred feelings her father had towards her over her mother. |
| Development of the healthy aspect of the self | <u>Appearance</u><br>• At the start of therapy *Christine* appeared stooped, unkept, withdrawn and wore germ masks to hide her face. At the end of therapy, the client appeared ten years younger with her hair grown long, her face glowing and | <u>Engagement with dramatic play</u><br>• The client appeared depressed but through dramatic play, her depression seemed to lift for the duration of the session. |

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|---|---|---|
| | engaging with others.<br><br>Development of creativity<br>• The client initially observed during phase 1 was unable to take part in group dramatherapy. As sessions continued the client became more creative and spontaneous, engaging with role-playing and scene work and developing the spontaneous, creative and healthy side of herself.<br><br>• In one scene Emunah recalls her having the whole group laughing from her creative imagination.<br><br>Improved self perception<br>• There were three moments where the client addressed herself on video during therapy. Initially the client's comments were negative and degrading towards herself.<br><br>• This shifted to commenting that she was not so bad to her eventual acknowledgement of taking care of herself, as she said '*I found that you can do things you'd never ever thought you'd ever be able to do ever'* (p. 77).<br><br>• This shift demonstrates the activation and growth of the healthy side of *Christine.* | Building resilience<br>• The client displayed a strong motivation that she wanted to get well and by the end appeared remarkably self directed and self actualized as she said in a scene enactment addressing her mother in role as herself, '*but the fact that you are going to die does not mean I have to die'* (p. 62).<br><br>Learning to love herself<br>• In one scene she spoke to her child self articulating *'you're very special and you're very lovable. Sometimes I have trouble seeing that, but it gets easier'* (p. 62).<br><br>• As the creative qualities of *Shawn* were drawn out, she learned to love herself and stopped her self-mutilating behaviour as she acknowledged to herself '*you deserve to be loved'* (p. 62) |

| | | |
|---|---|---|
| Development of an observing self | <u>Development of an observing self</u><br>• *Christine* was able to direct some scenes herself as she enrolled as her adult self, which could acknowledge the pain of the child part of herself.<br><br><u>Asserting independence</u><br>• Through phase 2,3 and 4 *Christine* was able to rehearse scenes where she asserted her independence from her mother and learned to take care of herself.<br><br>• She rehearsed new ways of being as she repeated one line to her mother '*I can do alright by myself*' (p. 70). | <u>Development of an observing self</u><br>• The client embraced the role of nurturer as she began to find ways of taking care of herself.<br><br>• The process of externalizing and concretizing the clients feelings helped develop an observing self as she could better understand each of her emotions and how they fit together. |

Table 1.1 has demonstrated how Emunah's notion of the self translates into practice with her clients. Both clients were successful in bringing the unconscious to the surface and giving voice to the wounded child within themselves. Through Emunah's focus on the creative and resourceful part of the person, both clients were able to increase their creative capacities and abilities to love themselves more fully. This was crystallized with their eventual building of an observing self that could serve to guide and lead the other parts of the self even when the therapist would not be present.

### 3.2.8 Robert J. Landy: Self and Integration

Landy's conceptualization of the self (1994) originally rejected the notion of a core self which is similar (amongst many others) to ideas of a true self (Winnicott, 1971) and humanistic notions of the self as essentially good and authentic (Rogers, 1961). Rather social psychological thinking influenced Landy's view of the self, specifically Mead (1934) who viewed the self as multifaceted, contradictory and socially constructed.

Based on a social psychological perspective, Landy uses the analogy of the self as an onion, explaining that if one removed all the layers of the onion, there would be nothing. Indeed these many layers suggest differences and contradictions, as certain context will require particular parts of the self to be accessed. Landy addresses this complexity through articulating his underlying assumption that human behaviour is complex and often best understood in light of its counterpart. Whilst human beings strive for balance and harmony, they hold the capacity to live with contradiction and paradox (Landy, 1993). He writes, '*it is in these splits that human beings discover their humanity'* (p. 21) as we learn to sit with the ambiguities of our personalities.

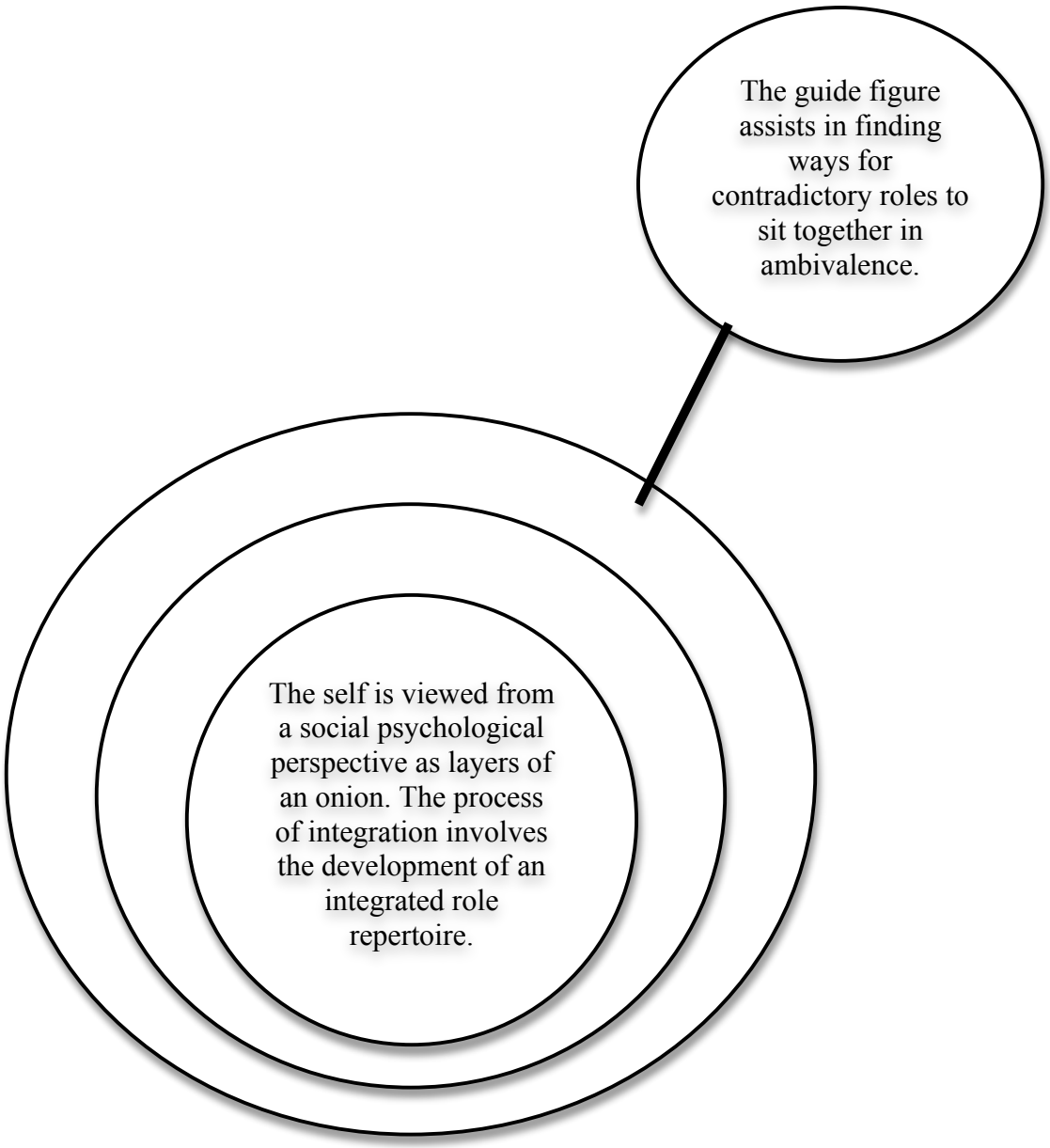
In recent writings Landy has responded to the critique that his abandonment of a core self arguably created a reductive viewpoint of the self (Landy, 2009). This feedback propelled him to generate a new concept, namely the guide. He has described the guide as, '*this part of the personality, a transitional figure that stands between contradictory tendencies and leads one on a journey towards awareness'* (p. 67). Landy clarifies that for him it *'is not quite the same as the self, although it serves some similar functions'* (p. 67). The guide is a figure that can assist in bridging the gap between contradictory roles and building greater capacity for paradox, thus assisting in achieving psychological integration.

In thinking about the different layers and paradox's of the self, Landy makes use of the term role to describe a way of viewing and developing the different parts of the whole. Landy describes, '*the human personality is a system of interrelated roles which provide a sense of order and purpose'* (Landy, 1994, p. 102). The self is developed through the creation, development and transformation of role. Central to this process of developing a viable role system is learning to '*tolerate ambivalence and acknowledge the importance of both positive and negative roles*' (Landy, 1993, p. 53).

Therefore in understanding Landy's notions of the self, a core principle of achieving integration would be seeking a state of balance; *'integration is a balanced place, a meeting place where all the essential, often contradictory personae can agree for a time to live in harmony. It is in that place that the lover loves herself, as the mother gives birth to herself, as the artist creates herself in all her magnificent*

*contradictions'* (Landy, 1994, p. 263). This according to Landy is reached through aesthetic distance, which he describes as a place where one is able to sit with paradox as one can experience both being themselves and not at the same time (Landy, 1994). Landy uses the term role system to encompass all the roles of the client that are prominent at a given time. Inclusive of this are those that can be activated as well as those part of one's personality structure but currently dormant. One's role system includes the interplay of complementary roles as well as the roles and their counterparts. It is believed that our role system is in constant flux. A shift in one role will result in changing the system as a whole. The overarching aim is to assist clients in increasing their range, flexibility and role repertoire, thus creating an effective complex integrated role system (Landy, 1994).

Diagram 1.2: Landy's ideas of the self and psychological integration



As a way of demonstrating how the ideas discussed above can be applied practically, examples of the different roles and counter roles accessed in each of the case studies will be analyzed, aiming to show how this process assists in client's movement towards psychological integration (See Chapter 4: Discussion and meta-synthesis for more detail).

Table 1.2: Landy's conceptualization of the self

| **Movement towards integration** | **Case study 3: *Ann*** (Landy, 1993) | **Case study 4: *Derick*** (New York University & Landy, 2005) |
|---|---|---|
| Roles and counter roles of self explored | <u>*Martyr/rescuer*</u><br>• *Ann* identified with the role of *Hansel,* which was described as the role of *rescuer/martyr* that she played in her own life. *Ann* put the needs of her family first and denied her own needs in order to maintain the integrity of her dysfunctional family.<br>• This role was laced with resentment, as she hated her father's abuse, her mother's denial and lack of protection and resented her responsibility to look after her siblings.<br>• Through the telling, enacting and reflection of the *Hansel and Gretal* narrative, several | <u>*Son*</u><br>• The role of *son* was a difficult one for *Derick*. He experienced feelings of rage and disappointment as this role was seen in relation to the role of *father* who was abusive towards the *son*.<br>*Father*<br>• He experienced feelings of ambivalence towards this role, all he wanted was his father to apologize.<br>*Pain*<br>• The client could not get rid of this role, *pain* seemed attached to him throughout his life. |

| | | |
|---|---|---|
| | roles and counter roles were accessed.<br><br><u>*Imperfect hero/lost one*</u><br>• The *imperfect hero /lost one* who could not guide and save the family. *Hansel* put out breadcrumbs that were eaten by the birds just as *Ann's* efforts to save her family sometimes failed leaving her feeling lost.<br><br><u>*Murderer*</u><br>• *Ann* improvised her own ending with *Hansel* killing his father in the middle of the night. The exploration of this counter role is extremely significant as it was through the symbolic killing off of her father that enabled *Ann* to integrate this role into her psyche. The enactment of this fantasy helped the client to transform her current *father role* into a healthy more functional one.<br><br>*Eater*<br>• The role of *eater* inhabited a pattern of putting on and losing weight. This action of | *Guide*<br>• This role was present through the symbolic image of a radiator but it did not appear to be leading him in his life at the moment.<br>• All these roles seemed separate rather than integrated. |

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| | filling up and emptying appeared to be linked to the frustration, resentment and ambivalence that *Ann* felt towards her *martyr*/*rescuer* role. Whilst she portrayed a skinny false image to the world, the weight of her families dysfunction was still present. | |
| Integration of role repertoire | <u>Integration of *Rescuer/martyr* role into the role of *hero*</u><br>• This role shifted from rescuing her dysfunctional family to learning to recue herself as *Ann* learned to express her own needs.<br><br><u>Integration of the *murderer* role</u><br>• *Ann's* acknowledgement of her murderous tendencies (towards her father and own masochistic thoughts towards herself) and her fear of this role (recalling a childhood memory where she hurt another child when playing) helped her begin accessing the healthy side of this role, using it to symbolically kill off her dysfunctional father as well as her own murderous tendencies towards herself. | <u>Integration of the role of *father*</u><br>• The technique of role reversal enabled the client to step into the shoes of his *father* and in some way find empathy for him enabling integration of this role.<br><br><u>Integration of the role of *Son*</u><br>• The client sat in a chair as the *son* and was able to hear the words of the *father* apologizing to him, which enabled some form of healing.<br><br><u>Integration of the role of *guide*</u><br>• The guide figure began as the therapist and symbolically as the radiator. At the end of dramatherapy the guide appeared to be integrated as *Derick* was able to better balance his roles system. |

Table 1.2 has shown how Landy's ideas of roles and counter roles are applied when working with his clients. This table shows how the process of integration occurred for both clients as they were given a fictional space to play, thus gaining insight into the dominant roles in their everyday lives. They were also afforded with the opportunity to begin exploring counter roles, which assisted in the clients achieving greater psychological integration as clients learned to sit with the ambivalence of many different roles.

## 3.3 Meta-method analysis

### 3.3.1 The Integrative Five Phase Model

Emunah's approach is '*generally viewed as the most sophisticated integration of various drama therapy processes and techniques available today'* (Johnson, 2009, p. 11). Her approach follows a Five Phase model structure of; '*dramatic play, scene work, role play, psychodrama and dramatic ritual'* (Emunah, 1994). Each phase involves a gradual unfolding process moving from the imaginary to the real according to the readiness of the client. The stages are not linear and it is believed that the client develops further along the continuum of integration at each phase (Emunah, 1994). Some of her central techniques will be articulated below as a way of framing her approach to dramatherapy, specifically her use of drama to achieve her therapeutic aims.

The technique of dramatic play appears predominantly in the first phase of her process but remains present throughout her therapy. Dramatic play can assist clients in warming up, building spontaneity and with sensitive leadership give individuals the permission and freedom to re-experience dramatic play from childhood (Emunah, 1994). Amongst others, the writing of Richard Courtney in *Play, Drama and Thought* (1968) forms the foundation for her focus on dramatic play as healing. Courtney sights countless functions of play including resolving internal conflict; assimilating reality; achieving a sense of mastery and control; releasing pent up emotions; expressing unaccepted parts of the self and developing a sense of identity (Courtney, 1968). In numerous case studies of Emunah's work, she makes reference to groups and individuals benefiting from the initial stages of dramatic play in terms of

removing inhibitions, becoming less self conscious, more embodied, present and open to experience and change (Emunah; 1985; 1994; 2009). The development of these qualities through dramatic play strengthens the client's readiness for later more challenging work and sets the foundations for psychological integration in dramatherapy.

Another technique that is of paramount importance to Emunah's work is her use of role-playing from phase two onwards (Emunah, 1994). In seeking to understand its purpose in relation to integration we must highlight its ability to access and explore less forgrounded parts of the self. Emunah describes it as, '*facets of our personality that have been concealed, from others and often from ourselves, can be unleashed via the dramatic role…and at the same time be contained within the safe arena of the dramatic mode'* (p. xv). Jones (1996) writes that it is the '*tensions that rise between the fictional and the real…and the active relationship between them that forms the basis of therapeutic change in role work in dramatherapy'* (p. 197).

Emunah's fourth phase, titled *culminating enactment* (p. 41) is underpinned by psychodrama techniques (Moreno, 1946). This phase enables a deeper consciousness, introspection and hopefully the building of empathy and relief for clients. Garcia and Buchanan (2009) have described psychodrama as a process *'in which people enact scenes from their lives, dreams or fantasies in an effort to express unexpressed feelings, gain new insights and understandings and practice new and more satisfying behaviours'* (p. 397). The difference between Emunah's approach to psychodrama exists in its location as it occurs after the client has had the opportunity to play in the fictional realm and now may appear ready to work in a more confrontational, less disguised way.

The last phase of Emunah's approach revolves around ritual. This usually involves assimilating and integrating the therapeutic process that has occurred. Integration for Emunah is actualized through the final link to external reality as a client is able to make shifts that were understood in the context of dramatherapy in their real lives (Emunah, 1994). The core dramatic technique during this stage is ritual as it serves to '*facilitate the review, encapsulation and celebration of what has taken place'* (p. 22). Ritual can function as a holding device for reflecting on the process of dramatherapy

as a whole enabling the experience to be held outwardly as well as internalized within oneself (Jones, 1996).

This is not dissimilar from much of the literature on the importance of endings in therapy. Lemma (2003) stresses the importance of endings to the therapeutic process. This process will be different for each client. The therapist should be mindful that some of the most significant moments can happen during the ending process and this needs to be carefully held and paced, as she says '*endings are not only a time of sadness and loss but also of therapeutic opportunity'* (p. 289). Furthermore the ultimate goal of therapy is not to foster dependence but to build independent and resourceful clients who can actualize what has become conscious through the therapeutic process, thus achieving psychological integration in their own lives outside of therapy (Kahn, 1991).

Table 2.1 below will describe each phase of Emunah's Integrative Five Phase Model and give practical examples from the chosen case studies as a way of demonstrating how this approach is applied in her work with clients.

Table 2.1: The Integrative Five Phase Model

| **Phases** (Emunah, 1994) | **Case Study 1: *Christine*** (Emunah, 1994) | **Case study 2: *Shawn*** (Emunah, 2009) |
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| <u>Phase 1:Dramatic play</u><br>• A non-threatening playful environment is established through games and improvisation, with the purpose of generating spontaneity and building trust in the self, the group and the therapeutic relationship (lays the foundation for deeper work). | • Classic Emunah games were done at the beginning of the series including ball throws, gibberish, emotional greetings and nurturing falls.<br><br>• The client remained withdrawn, rather observing the group on the side. | • The client engaged in dramatic play (specifically using gibberish) and for this time her depression lifted.<br><br>• Other members of the group acknowledged her spontaneity and natural creativity.<br><br>• This encouraged the client to become more comfortable and less inhibited in the space. |

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| • Works in the realm of the fictional, thus clients can enter the world of the imagination and play out themes symbolically. This initial stage gives the therapist insight into the themes of the client.<br><br>• With sensitive leadership, clients gain a sense of permission and freedom and can re-experience the dramatic play from childhood as trust develops within the group.<br><br>• This stage is based on the work of Richard Courtney in *Play, Drama and Thought (1968)* and Peter Slade's *Child Drama* (1954). | | |
| <u>Phase 2: Scenework</u><br>• Sustained dramatic scenes are developed as one plays roles other than oneself providing freedom, spontaneity and distance. By the end of Phase 2 reflection becomes possible.<br><br>• It is essential not to analyze too early. The aim is to enable the clients to create and express themselves as rich | • At the start of improvised scenework in the fifth session, the client participated directly in a short scene about a waitress, making reference to one of the characters being allergic (symbolically reflecting herself).<br><br>• As time went on, her roles in the scene enactments became more sustained. | • Working in the fictional realm, the client engaged in scene work but became quickly overwhelmed with emotions.<br><br>• She continued to demonstrate symptoms of cutting herself outside of sessions.<br><br>• Through this phase the therapist encouraged the client to name her feelings as they were emerging. |

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| information can occur through the sensory and experiential process. | • Video was used as a therapeutic tool throughout the therapy process as it gave the client the opportunity to reflect upon herself in therapy.<br><br>• It was through observing herself on camera that she articulated a self-hating monologue to herself. As she continued with the scene enactments of this phase, her creativity developed and in the 10th session their appeared to be a shift as she confronted herself on video in a more gentle manner. | • This skill was difficult as the client often delayed her reactions and later felt devastated. She used other members in the group to embody the client's feelings, encouraging the client to be the director of her scenework. |
| <u>Phase 3: Role Play</u><br>• A shift occurs from the imaginary to the realm of reality. This phase is like a laboratory space where real life can be explored and experimented with the therapist encouraging clients to discover new options rather than repeat old patterns through role-playing. | • *Christine* role-played numerous real life scenes where she practiced new ways of being in the safety of the dramatherapy space. In the scene of a telephone call with her adoptive mother the client practiced asserting her independence from this symbiotic relationship, both in terms of taking care of her mother and being taken care of. | • Working with the real through role-playing scenes. The client predicted real life situations, which could potentially become overwhelming (feeling lonely that evening after therapy) and then enacted them trying to create new endings (rather than cutting herself, calling a friend).<br><br>• Through the safety of the role-play, the client could begin to tolerate difficult emotions without being overwhelmed as well as realize her limits of |

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| | • This was achieved through the client playing both herself talking to her mother in role as the therapist's instructed the client to repeat the line that she can do things on her own (role playing a different response). | what she was not yet able to do, such as visit her father. |
| <u>Phase 4: Culminating enactments</u><br>• One allows deeper unconscious material to emerge and deeper introspection (material may include painful past memories, significant trauma's).<br><br>• Culminating scene: Elaborations and deeper explorations of themes that have emerged during the preceding phases. A core process of this stage is psychodrama.<br><br>• A form of catharsis may occur as emotions can be let out as one reveals their inner world and feels a weight lifted off them- what was private can now be witnessed. | • The client told the story of when she was adopted and had to leave her mother.<br><br>• The client played the role of director, which afforded her the emotional distance, and control she required to address this painful material.<br><br>• She experienced catharsis as she witnessed her fellow group member playing the emotionally charged scene of herself crying '*I want my mommy'* (p. 74) as she was taken away.<br><br>• By the end of the scene, the client enrolled and directly addressed her child self, acknowledging that there was nothing she could of done but '*it really hurts'* (p. 75). | • In her culminating scenes the client was able to express all her mixed emotions towards her mother without being overwhelmed.<br><br>• The client also made the steps towards beginning to nurture herself through the drama.<br><br>• Minimal direction from the therapist was needed at this point. |

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| <u>Phase 5: Dramatic Ritual</u><br>• Involves assimilating and integrating the therapeutic process that has occurred, including how one can apply the process to external reality. It provides transition and closure.<br><br>• Dramatic rituals are incorporated to help clients review the treatment series, evaluate the rewards of accomplishment, and express both the sadness and joy of completion. | • In a scene enactment in a session near the end of therapy, *Christine* and Charlie (a group member that had done several enactments with her) improvised a scene five years later where they meet at a buss stop and *Christine* related that she is married and has no more allergies. The tool of ritual can facilitate change as it can serve as a mechanism for changes inside therapy to be transferred to life outside therapy.<br><br>• In her final confrontation with herself in the video, she commented that she had discovered a whole new side of herself, saying *'you are actually likeable and able to do things I did not think you could'* (p. 77).<br><br>• Post therapy, the client had grown her hair out, no longer wore masks and appeared radiant and glowing as she described her travels to her therapist. | • In the final phase the client was able to say goodbye to the therapist and the group without fear of abandonment. This change was possible as ritual held this transitional moment for the client, enabling her to first say goodbye outside in the safety of the therapeutic space.<br><br>• This time experiencing a gain rather than a loss because she was taking the newly learned nurturing part of herself with her. |

Thus Table 2.1 described in detail each stage of Emunah's gradual approach, showing how both clients started with dramatic play which built into fictional scenes and eventually culminated in a process of enactments working with material from the clients own lives. This table also shows how the final phase of ritual serves to hold and facilitate the transitional moments from the therapeutic space to the external world of the client. At this point the reader should be reminded that whilst Emunah follows a particular model, all the phases can be inclusive in one phase and this process will work differently for each client.

### 3.3.2 Role Theory and Role Method

Robert J. Landy's approach to dramatherapy comprises of his role theory, which outlines his conceptual framework and role method that attempts to demonstrate role theory in action. Landy's approach foregrounds role as a therapeutic tool and viewpoint of the self. Landy (1994) explains that his thinking has grown out of previous role theorists in the field of social science including the work of Mead, Goffman and Sarbin. Mead (1934) considered role from a social construct perspective, believing we develop roles in relation to other's interactions and expectations. Sarbin (1954) agrees with this viewpoint, viewing role as the learned deeds and actions performed in a given interactive situation. For Goffman (1959) role is largely about accommodation and performance, not dissimilar to theatre actors as we transform depending on the needs of one's environment.

Landy's conceptual thinking around role is embedded within theatre including (amongst others) the works of Stanislavski (1936) and Brook (1978). The potential for the fictional realm to reflect reality holds exquisite therapeutic possibility. One of the first individuals to link the theatrical concept of role within a therapeutic milieu was Moreno (1946). He suggested the possibility of giving voice to the unconscious through an exploration of the roles that constitute our fantasies and internal life through the safety of psychodrama. Moreno's voice underpins and informs Landy's role theory and role method adding depth and historical resonance to his approach.

Landy (1993) describes role as a *'basic unit of the personality containing specific qualities that provide uniqueness and coherence to that unit'* (p. 7). Landy's

underlying assumption holds the belief that our ability to imagine ourselves as another is essentially unlearned and part of our genetic make up. Within them are some core recognizable qualities, yet there is also room for change and deviation from the norm within the parameters of the role (Landy, 2008). When a client begins dramatherapy, role theory aims to activate a role or counter role that is perhaps unavailable or needing some work. The guide figure is said to be the '*final part of the role trinity'* (p. 68), which serves as a transitional figure and bridge between role and its counter part with the primary function of the guide being integration. The idea of role, counter role and guide is very important when examining Landy's work as he views the therapeutic process as a journey of creating, naming and working through of these roles (Landy, 2009).

Landy (1993) uses the terms '*role recipients, role takers and role players'* (p. 32) to better understand how the process of taking on and playing out roles occurs. The term *role-recipients* include all the traits and abilities with which we were born. These are largely unconscious somatic functions. The notion of *role takers* can best be understood as the roles we take on based on our social interactions with others. These ideas can be likened to Jung's notion of archetypes and complexes. It could be argued that a *role-recipient* may bear likelihood to the idea of the archetypes with its innate and collective unconscious qualities. Whereas *role takers* are more reminiscent of Jung's complexes which refers to the roles that are inhabited due to our inner archetypal responses negotiating the demands or effects of our social surroundings (Watts, 2002). Lastly *role players* are a fusion of the roles we receive and the one's we choose to play out. The skill of role-playing includes the mastering of assimilation and accommodation. This process involves the internalization of knowledge from ones environment and then enacting in that way. Landy (1993) articulates '*The more competently one plays out ones roles, the more one will develop an ease in navigating the sometimes difficult boundaries between internal and external experience (p. 40).*

Role theory applied to treatment is termed role method. This approach involves therapist and client playing out different roles in order to discover or recover the most functional role system. The process involves an eight step structure; *'invoking a role, naming a role, playing out and working through the role, exploring alternative qualities and subroles, reflecting upon the role play, relating the fictional role to*

*every day life, integrating roles to create a functional role system and social modeling'* (p. 46). This sequence provides a frame for uncovering different roles through guided improvisations and then examining the roles through embodiment, story and play. It is at this stage that contradictory aspects, ambivalences and insights become known. The final stages involve relating the drama to one's everyday life with the hope that reintegration of roles can occur (Landy, 1993).

The table below attempts to provide an analysis of the two chosen case studies, highlighting how Role Method translates in action.

Table 2.2: Role Method

| **Steps** (Landy, 1993) | **Case study 3: *Ann*** (Landy, 1993) | **Case study 4: *Derick*** (Landy, 2005) |
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| <u>1. Invocation of a role</u><br>• This is a process of checking in with one's internal cast of characters.<br>• A role is invoked by assisting clients with the process of reaching into their role system and extracting one aspect of their personality that they feel could be examined.<br>• This is achieved through multiple creative and spontaneous means, for example creating a character through dramatizing or moving a single part of the body. This is an unconscious process of inspiration. When | • The character of *Hansel* enabled *Ann* to define the role of *martyr/rescuer* that she seemed to play in her life as she always put the needs of her family first and sacrificed her own. | • The client was asked to bring an issue to work with in therapy. He told a story titled *'The struggle of a man and his father'*.<br>• Through this exercise the roles of *father* and *son* were evoked. |

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| the role is present the first step is complete. | | |
| <u>2. Naming of a role</u><br>• The process of naming concretizes the first step, providing enough clarity to identify the role/roles.<br><br>• Naming may be reality based, abstract or archetypal.<br><br>• It shifts the process into the fictional realm, enabling the client to step into a dramatic paradox where they can experience being oneself and not oneself.<br><br>• Assists clients in making connections between feeling and behavioural states as the client commits to a name that seems authentic at the time. | • *Rescuer/Martyr.* | • *Father.*<br>• *Son.*<br>• *Pain.* |
| <u>3. Playing out/ Working through of the role</u><br>• This is the action segment of the therapy, giving the client permission to play and explore in the fictional realm.<br><br>• This step involves enhancing | The story of *Hansel and Gretal* is dramatized as follows:<br><br>• *Hansel and Gretal* discover the plan of their stepmother who convinces their father to banish the children into the woods. The parents take | The story of *The struggle of a man and his father* is told as follows:<br><br>• There was a *father* and *son*, the *son* tried to do everything possible to please his *father*, but the *father* was too busy hanging around with *pain*, a bad guy in |

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| one's commitment to a role as they explore it dramatically individually or in groups.<br><br>• Clients may work with multiple roles or one role. | them into the woods but *Hansel* lays a path of stones, which allows them to find their way back.<br><br>• When at home, they fear their parents taking them back into the woods.<br><br>• The next time the parents take them, *Hansel* puts a trail of breadcrumbs to find their way home, but the birds eat them.<br><br>• *Hansel and Gretal* wonder in the forest until they come to a gingerbread house and start eating. A *good witch* from inside the house invites the children inside to eat.<br><br>• Once inside the *good witch* turns out to be a bad witch and threatens to eat the children.<br><br>• *Hansel* is locked in a cage to fatten up and when the witch comes to check on him, he puts a stick out instead of his arm to pretend he is still skinny. | the neighborhood.<br><br>• *Pain* would hurt, curse and beat the *father*.<br>• One day the *father* came home angry, the son tried to hide by the radiator in fear and too keep warm.<br><br>• But the *father* found the *son* and beat him up and told him he was useless.<br><br>• All the *son* could hear was the sound of the radiator. This continued for many years.<br><br>• One day the *son* looked at a mountain and said one day he was going to climb the mountain, and he did. But as he was climbing the mountain, *pain* was still telling him he was useless. But he got to the top and all he could hear was the sound of the radiator.<br><br>• He never got the two words from his *father* he wanted, '*I'm sorry'*. |

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| | • *Gretal* saves them by killing the witch; *Hansel* was numb and did not desire to go home.<br><br>• The way home he enjoyed, it was a limbo from his problems.<br><br>• When they arrived home, the mother had died. The father was very glad to see them. *Hansel* lay awake all night.<br><br>• Improvised ending: *Hansel* got up in the middle of the night and killed his father.<br><br>• *Hansel and Gretal* lived happily ever after. | |
| <u>4. Exploring alternative qualities in subroles</u><br>• The process of discovering subroles helps clients to dig deeper into their characters and discover the ambivalences and contractions between them.<br><br>• Examples and ways of doing this may be by creating a mask or puppet as an extension of the characters, a | Counter roles explored include:<br>• *Adolescent rebel* who rejects the unreasonable demands of the parents.<br><br>• *Martyr* who resents all her responsibility.<br><br>• *Imperfect hero* who makes mistakes.<br><br>• *Lost one* who feels hopeless. | • The radiator as an internal *guide* figure that helped hold the pain.<br><br>• The *father* who can be humanized.<br><br>• The *son* who can express and let go of his anger.<br><br>• *Pain* can be given a voice. |

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| side that is not seen. | • *Eater* who oscillates between taking on and shedding weight.<br><br>• *Murderer* who wants to kill the father and herself.<br><br>• *Good witch/bad witch,* deceptive female role, saying one thing and doing another. | |
| <u>5. Reflecting upon the role play</u><br>• Begins the process of closure as the client starts to step back from the drama and find meaning.<br><br>• The focus is on understanding how a role was played, specifically its form and style.<br><br>• This step provides a bridge from the contained dramatherapy space to the less contained space of everyday life/from the imagination to the here and now. | • *Rebel/Martyr* role caused *Ann* much ambivalence.<br><br>• *Imperfect hero* experiences shame.<br><br>• In the role of the *lost one*, *Hansel* feels hopeless because the *rescuer* is evil.<br><br>• Being rescued by *Gretal* gives a feeling of being free and not free at the same time.<br><br>• Dysfunctional *father* role had to be killed off symbolically. | • In response to the therapist's question, '*Where did that work go for you'?* He described it going between his shoulder blades as he realized that his father's weight of abuse had been transferred onto him and he too carries *pain* around. |
| <u>6. Relating the fictional role to every day life</u><br>• This step returns the client to their own reality, asking them to make connections between | • The terror and anxiety that *Hansel* felt when him and *Gretal* heard about their fate was similar to *Ann's* feelings she experienced around her | • *Derick* felt like he too was climbing up mountains in his own life.<br><br>• The image of the radiator came |

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| the fictional role and their every day life (This includes a discussion of similarities, differences and modifications).<br><br>• Questions include, how am I similar? How am I different? To the character explored in the drama.<br><br>• The therapist acts like a director of theatre, except the intention is '*In theatre, the personal serves the fictional and in therapy, the fictional serves the personal'* (Landy, 1994,p53) | father.<br><br>• Just as *Hansel* had to bury his feelings and take care of *Gretal* so too did *Ann* feel she had to ignore her feelings and take care of her family and younger siblings.<br><br>• The *good/bad witch* in the drama is similar to her mother which gave her false promises, comforting her about her fathers abuse and then when confronted by her father, denying everything.<br><br>• *Ann* had battled with the role of *eater* in her life, putting on and shedding weight as she filled and emptied herself up.<br><br>• Just as *Hansel* felt in limbo on the journey home, so had *Ann* moved from place to place in her own life (15 different homes) never settling for fear of repeating the past.<br><br>• The client connected the *Murderer role* to a story | from his childhood as he used to hide behind it in fear of his father.<br><br>• The client wished for his abusive father to say the words '*I'm sorry'*. |

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| | from her childhood where she threw a spoon at her friend in anger and cut her friends eye. | |
| <u>7. Integrating the roles to create a functional role system</u><br>• This step assists clients in constructing a viable role system, one that is able to tolerate ambivalent roles and discover new possible ways of being.<br><br>• This stage of integration is a process of coming together with the hope that the individual parts have been transformed in the process. | • Her role shifted from rescuing her father to rescuing herself.<br><br>• Integration of the *murderer* role occurred, as she understood that she needed to recue herself from the fear of hurting others.<br><br>• Ann has embraced the feminine and masculine qualities of *Hansel* and *Gretal* enabling the client to begin her own path spiritually and sexually. | • Integration was achieved through the final scene as the client was able to take on the role of the *son* and hear his father apologizing to him.<br><br>• In the story the *guide* figure was internalized through the image of the radiator. |
| <u>8. Social Modeling</u><br>• The internal process of reconfiguring roles is not enough, this needs to be modeled and interacted with others in one's social environment to create a new status quo. | • *Ann* was able to establish a committed relationship with an older man and could begin claiming the role of *hero* in her own life. | • No description post therapy is known, however Landy brings attention to his internal guide figure in the radiator, believing the client will take the changes made in therapy into his everyday life. |

Table 2.2 demonstrates how Landy works with his clients through a process of naming of roles, working through of these roles, developing counter roles and ultimately integrating those roles into external reality. It is evident how the use of role

provides the necessary distance and freedom to enable the clients to explore different part of themselves.

### 3.3.3 The Therapeutic Relationship

This meta-method analysis has attempted to outline the Integrative Five Phase Model and Role Method, tabulating how this translates practically when working with clients. The other element of this meta-method analysis is the therapeutic relationship. This research premises the notion that the therapeutic relationship serves as a healing process in dramatherapy. Prochaska and Norcross (2007) articulate, '*Therapeutic success can be best predicted by common elements of psychotherapy, such as the combination of the patient, the therapy relationship alliance and facilitative qualities of the therapist'* (p. 477). A study completed by Bergin & Lambert (1978) in the field of psychotherapy confirm that the therapeutic alliance appears to be the single greatest area of convergence among psychotherapists and has accounted for the second greatest factor that contributes towards change (Bergin & Lambert, 1978; in Prochaska and Norcross, 2007). Malan (1979) suggests that the greater the client's level of rapport with the therapist, the more progress can be made in therapy as the nature of this relationship can give insight into the clients other relationship and it is by working with the transference that healthy patterns of behaviour can be modeled. Similarly Yalom (2002) highlights the healing capacity of the human encounter in the therapy hour where the therapist is able to attune to the client and display a quality of empathic listening which can be transformative in the *'here and now'*.

Kahn (1991) seeks to integrate the theories of Freud, Rogers, Gill and Kohut by focusing on the important variable of the therapeutic relationship:

> '*At the moment of the existential encounter between therapist and client, the clients whole world is present. All of the client's significance past relationships, all their most basic hopes and fears, are there and are focused upon the therapist. If we can make it possible for them to become aware of there world coming to rest in us, and if we can be there, fully there, to receive there awareness and respond to it, the relationship cannot help but become therapeutic'* (p. 160)

This perception shows the linkage of Freud's discovery that the relationship is the therapy and the importance of focusing on the transference in the therapeutic relationship. It draws on Rogers person-centered approach (1951) which embraces the qualities of meeting someone with '*genuineness, empathy and unconditional positive regard' (p. 47)*. The work of Gill and Kohut attempted to integrate the principles articulated by these two father figures of psychotherapy. A discussion around the details of this linkage is beyond the scope of this research, however what is significant to note is that through the tracking of these figures, the choice of centering the therapeutic relationship as vital to the therapy is the common feature of all (Kahn, 1991).

Whilst the development of this relationship is essential to therapy as mentioned above, who creates this relationship and how is it created must also be taken into consideration. Ogden (1994) has written extensively on the notion of the *intersubjective space*, which refers to the space in-between the therapist and the client in psychotherapy. Winnicott would term this the *Transitional space* (Winnicott, 1971). Lewis Aron, a relational psychoanalyst in *The Meeting of two Minds: Mutuality in Psychoanalysis* (1996) highlights that this is a space that is mutually created between the client and therapist through their interactions. This approach puts great responsibility onto the dramatherapist as they are considered an active influence in this 'mutual' exchange. Rowe, Jr & Mac Isaac (1989) in their text on self psychology articulate the notion of expanding attunement as an intersubjective process where the therapist is aiming to understand not only the patient's experiences but also how they experience the therapist in the moment to moment encounter. Therefore the process is about developing *'the analysts emotional canvas of the patients shifting, changing and widening experiences, which continually adds new details to a slowly developing portrait'* (p. 137)

The notion of transference arises within a discussion, which premises the belief that the relationship created between the client and the therapist is central to the therapeutic process. Transference is understood as a phenomenon that occurs with a therapeutic setting, but in a general sense is understood in the following way '*we respond to every new relationship according to patterns from the past. We transfer*

*feelings and attitudes developed in earlier similar experience, especially where there are no particular cues available as to how we should react' (*Bateman, Brown & Pedder*, 2000, p. 51).* The exciting part of transference is its use in the therapeutic hour as a way of understanding the patient's past and current ways of relating by focusing on them in the here and now of the therapeutic relationship. The difference between transference in dramatherapy and psychotherapy is that the fantasy is made overt rather than covert. This brings the possibility to explore the transference through the drama with the client only becoming aware of it much later when most of the work is done (Eliaz & Flashman, 1994).

Whilst transference considers the reactions of the client towards the therapist, counter transference considers the reactions of the therapist towards the client. Considering this notion that the therapist and client together create an experience, the importance of the dramatherapist considering their own position of neutrality in a critical and reflective manner becomes very important. Ivey (1999) stresses that problems can arise if the therapist consciously or unconsciously projects their own blocks or pathologies onto the clients, and therefore strongly advocates that all therapists need to be constantly identifying, contextualizing and rectifying counter transference responses (Ivey, 1999). Similarly Jenkyn's (in Jennings, 1994) writes '*it is crucial that the dramatherapist has extensively explored his or own inner world through in depth personal therapy in order to be aware of the possible sources and nature of the counter transference reactions'* (p. 131). This is not requiring us to be perfectly resolved as this would be unrealistic, rather the importance of being conscious of our shadow and unresolved parts is what is critical. This is the ability to enter the world of another and identify and empathize with their struggles without being overwhelmed by them (Partington, 2009). Therefore influential to the client's process of integration is the therapist's own development and integration process within themselves.

### 3.3.4 The dramatherapeutic relationship

A dramatherapists relationship is different to other therapeutic relationships as it uses the medium of drama. Pitruzzella (2004) writes that '*the first and most important resource that the dramatherapist has to make available to clients is his/her own creativity'* (p. 125). Indeed this can be used to connect, model and regenerate client's abilities to be creative and improve their overall well-being (May, 1975). Jennings (1998) has contributed a diagram of different roles that the dramatherapist can embody in their practice, one being the role of the artist. She refers to this role as having the ability to live in conflict as well as heal and resolve itself through the arts. She writes '*artists are persons on the border; for them the tension among the contraries is the source of creative energy, from the synthesis springs newness: the glance of the artist goes through the chaos and finds some forms in it'* (Jennings 1998; cited in Pitruzzella, 2004, p. 145).

Similarly Johnson (1992) highlights the ability of the dramatherapist to respond through the medium of drama. He uses the example of the dramatherapist's unique ability to access a range of roles in response to what the client is offering including guide, director, side coach, shaman or witness, Johnson highlights '*the one skill that distinguishes a dramatherapist from all other therapists is the ability to intervene while in-role! The capacity to be thinking therapeutically while engaged in the drama, and then be able to carry out a specific intervention designed to help the patient, is indeed a challenge of our work'* (p. 120). Similarly Pearson (1996) explains that the Sesame approach to dramatherapy is mindful that, *'The therapeutic interaction occurs within, and by means of, the art form*' (p. 44). Thus the importance of dramatherapist's application and embodiment of the medium of drama cannot be neglected, as it is through the use of this that the therapeutic relationship can actualize its healing potential.

### 3.3.5 Renée Emunah: The therapeutic relationship

Following the tradition of this huge body of literature some of which is cited above, Emunah believes that building a positive therapeutic relationship is of paramount importance in dramatherapy (Emunah, 2009). In her writings of her case studies, she

often reflects on whether or not an interpretation should be made or how a particular challenge should be approached, by weighing up the effects of the rapport with the client. Her client-centered approach (Rogers, 1961) is evident as she illustrates in the introduction of her book, '*the most important aspects of treatment are not the therapist's knowledge of theory and technique, but rather his or her capacity for genuineness, acceptance and caring and deep understanding of each unique client'* (Emunah, 1994, p. xxi).

Emunah tracks the therapeutic relationship in each phase of her approach, beginning with building trust with clients, paying careful attention not to make meaning of clients material too early as this can limit self expression. By phase 3, if the therapeutic relationship has been sufficiently created then the client should feel comfortable enough to remove any safeguards enabling '*what is explored to now be consciously tolerated'* (p. 42). In phase 4 the therapeutic relationship is tested, as the therapist needs to carefully intervene and monitor the client as they enter difficult and painful territory. The ideal is '*a trusting dance between therapist and client, who are in close connection with one another. Any resistances, impasses, fears, impulses and images of the client are respected and incorporated as part of the unfolding process' (p. 50).* Therefore what this demonstrates is the foregrounding of the therapeutic relationship in assisting clients in healing and moving towards greater psychological integration.

Against this backdrop, Emunah makes use of the drama in this interaction in a flexible and adaptive way. Emunah holds a range of options in her role repertoire as dramatherapist, any of which can be accessed depending on the needs of the client. Emunah distinguishes between her roles in the beginning phases of the work as being more playful and interactive whilst in the later phases, her role is of a director, facilitating dialogue, coaching clients and ensuring safety (Johnson & Emunah, 2009). Considering the therapist's choice of positionality, it could be argued she works in relation to the state of integration of the client.

To unpack this more explicitly; in the client's seemingly most fragmented state in the beginning phases of therapy, Emunah leads from within the drama, modeling a playful, flowing and interactive presence. This progresses to her role of director in

later phases of the therapy as she then guides her clients largely from a position outside the drama, assisting clients with gentle cues such as repeating lines, playing out an emotion, reversing roles. This shift in position gives the client the opportunity to begin to internalize and integrate some of the therapist's earlier more direct ways of relating. Emunah makes use of the archetype of *the wounded healer* in her approach as she works with her own woundedness to assist clients in growth and transformation. Emunah (1994) writes *'being a therapist involves reaching inside of myself, in search of what it is in me, in my experience, that will enable me to understand and connect with the client more deeply*' (p. 49). These boundaries still remain clear, but they are not barriers, but rather a border that enables movement from one to the other. Table 2.3 aims to track the growth and influence of the therapeutic relationship in Emunah's case studies of *Shawn* and *Christine* (See Chapter 4: Discussion and meta-synthesis for more detail).

Table 2.3: Emunah and the therapeutic relationship

| **Case study 1: *Christine***<br>(Emunah, 1994) | **Case study 2: *Shawn***<br>(Emunah, 2009) |
|---|---|
| • The therapeutic alliance began with *Christine* when the client approached her asking what goes on in the dramamtherapy group (The staff had warned Emunah against her joining the group believing she was too withdrawn and inconsistent).<br><br>• The therapist invited *Christine* to join the next series to which she agreed but was concerned she would not be any good. Emunah reports a kind of chemistry she observed which could have been the beginning of the therapeutic alliance.<br><br>• After hearing a scene play out and understanding the needs of the client to assert | • Through constant checking in using the 'here and now', the client was encouraged to name what she was feeling. This helped build initial trust and begin building the therapeutic relationship.<br><br>• As trust grew so did the clients fear of abandonment. When the client accused the therapist of not caring when she ended the session 15 minutes earlier to catch a flight, the therapist chose to be reassuring and supportive rather than address the transference as breaking this rapport at this point could be potentially damaging for this client.<br><br>• Later in therapy, the therapist directed the client |

| | |
|---|---|
| her independence in relation to her mother, she directed the client to keep repeating the one line '*I can do all right by myself*' (p. 70).<br><br>• The clients smile in response to being asked to say this line could indicate a deepened rapport with the therapist as she felt understood.<br><br>• The client commented that she had never trusted anyone like she trusts the therapist and the group.<br><br>• After the completion of therapy, the client would still come to the centre and check in every six months for seven years. Her ability to come and go indicates a healthy pattern relating as the client could be independent and connected. | to take on the role of the wounded child. In this moment, the therapist used the technique of doubling which served to give the client support and courage, believing this presence; *'Enabled her to relieve some of the desolateness she experienced in her childhood, but this time with supportive understanding people at her side'* (p. 61).<br><br>• The therapist's level of engagement shifted as later in the therapeutic process the client was able to become more self-directed.<br><br>• At the end of therapy, the client managed to successfully say goodbye to the therapist and the group. |

Table 2.3 has shown how Emunah worked with *Christine* and *Shawn* ensuring that her clients felt safe and without judgment. This enabled both clients to begin trusting and building rapport with the therapist. Both therapeutic alliances were strong enough to successfully end therapy with the client having internalized new ways of relating.

### 3.3.6 Robert J. Landy: The therapeutic relationship

Landy also views the therapeutic relationship as paramount to the therapy process (Landy, 1994). He understands his role as therapist as being one of a guide figure. He describes the following regarding his role with one of his clients;

> *'As therapist, I remain present as guide, reminding him to remove his hands from his eyes while he is driving, encouraging him to explore all the dark rooms at the tops of the towers, urging him to look at ways to exist as a man among men and women. In the end, George is able to*

*accept all the dream images as parts of himself-the Villian and the hero, the feminine and the masculine, the terrorist and the lover' (p.79)*

Thus the therapeutic relationship becomes an interaction where the therapist holds and guides what is emerging for the client with the eventual goal of the client internalizing that role. Added to this is the notion of the therapist as a creative and artistic being. Landy writes '*the essential role of the dramatherapist is to embody the creative principle and mirror it, to return it back to the client'* (Landy, 1994; cited in Jennings, 1994, p. 110). The table below maps out the therapeutic relationship that appeared to be created and developed in the two chosen case studies (See Chapter 4: Discussion and meta-synthesis for more detail).

Table 2.4: Landy and the therapeutic relationship

| **Case study 3: *Ann*** (Landy, 1993) | **Case study 4: *Derick*** (New York University & Landy, 2005) |
|---|---|
| • In this case study the therapist appears to have chosen to limit descriptions and analysis about his role as therapist. Therefore analysis of the therapeutic relationship is postulated based on the actions of the client and Landy's writings about the role of the therapist in dramatherapy.<br><br>• The therapeutic relationship builds through the therapists gentle guiding which intends to clarify connections for the client.<br><br>• For example the therapist asks her which role she most identified with in the story? How does the story relate to her life?<br><br>• One day on seeing her uncertainty, he directed her to improvise her own ending. | • A therapeutic alliance began when the client's anxiety about the session being video recorded was addressed as well as the racial difference between the therapist and client was acknowledged.<br><br>• The client expressed that he feared looking too black on camera to which the therapist acknowledged and later humorously responded in the warm up his fear of looking too white on camera. This marked already a sense of the client feeling heard and validated indicating a deepened rapport and meeting the client where he was.<br><br>• The therapeutic relationship appeared to grow as the therapist constantly negotiated each movement forward with the client. |

| | |
|---|---|
| • It would appear that Landy embodies the role of guide in this case study, tracking the clients process and acting as a guide figure to assist in increasing the clients role repertoire and developing roles and counter roles and the ability to live with ambivalence.<br><br>• The therapeutic relationship appears more subtly but it could be argued is what drives the enactment of the *Hansel and Gretal* narrative and the key to the *Ann* developing her role repertoire. | • Thus whilst he had an overall direction, the role-playing and his positioning in the space was discussed with the client.<br><br>• It could be suggested that this served to create an equal relationship and could be reparative in some way in terms of the client's previous ways of relating to male authority figures.<br><br>• At one moment the client responded that the therapist must keep breathing because he wanted him around. Another time he invited the therapist to be in close proximity to him thus indicating a close supportive bond developing between them.<br><br>• At the end of the therapy process the client was able to sit in the chair of the son and be spoken to by the father (Played by Landy).<br><br>• The permission granted by the client for the therapist to play this role and have the words he wrote said to him indicates his trust in feeling secure enough that the therapist would hold and support him in this difficult terrain.<br><br>• Through the DVD, what became apparent was the presence of the therapist and how this connection took the therapy forward and assisted in the client's process of psychological integration. |

Table 2.4 has modeled Landy's approach to the therapeutic relationship. Whilst his case studies do not articulate clearly his influence as therapist on the therapeutic

process, on a closer analysis his role of guide becomes present and clear throughout both cases studies and arguably is what builds the therapeutic relationship and leads both clients towards spaces of greater psychological integration.

## 3.4 Meta-data analysis

### 3.4.1 An object relations lens

This meta-data analysis locates itself within a '*relational model of psychic functioning*' (Hook et al, 2002, p. 94). The theories of Klein (1952), Winnicott (1971) and Kernberg (1976) will underpin the lens of this meta-data analysis and the final meta-synthesis to follow. Melanie Klein (in Likierman, 1995) defines an object as a person, an internalized representation or a physical object and relations refer to an interpersonal relationship between two objects. This theory stresses the important influence that the mother-child relationship has on all other relations. Klein's theory focused on the pre-oedipal stage in the first two years of life and considers the intra-psychic world of the infant. For Klein, the quality of our intra-psychic object relations will provide the lens through which we are able to see and interact with the world, others and self (Hook et al, 2002). Winnicott (1971) explains this viewpoint as perceiving that there is no such thing as an infant, there is only a mother and an infant. Klein and Winnicott both believed that the child's initial state is one of omnipotence where the infant is both the centre of the world and the world itself. As the infant develops they become aware of themselves as separate and in relation to other. Kernberg (1976) understands the development of the psychological landscape through a process of internalization, where infants develop their inner worlds based upon their external object relations. In a healthy growing psyche, this model holds that the child's representational world would consist of integrated object relation dyads as what was external has now become internal.

The theories of Klein suggests that when we are exposed to bad objects relations, for example through abusive parenting, the child may develop a split way of thinking where objects are viewed as either all good or all bad. This is explained as sitting in the '*paranoid schizoid position*' (Watts, 2002, p. 100). The action of splitting off the

bad parts arises out of fear that they will contaminate the good parts. The bad parts are explained as the hateful parts of ourselves that often stem from internalizations of others which we may project outwards or inwards in an attempt to disown them. As the ego develops, it is possible to shift into the *depressive position* (p. 100), which Klein explains as a state where one is able to take in the whole person with their good and bad parts. This experience often involves a sense of mourning, as one has to acknowledge the flaws in previous seemingly perfect objects. Likierman (2001) explains that for Klein moving past the *depressive position* requires an acceptance that enables a more secure experience of an object that is now loved in a new, more complex and forgiving way.

### 3.4.2 Object relations and dramatherapy

Homes (1992) explains the importance of therapy for a client whose inner worlds is in a state of chaos and fragmentation as the opportunity for discovering new ways of relating and internalizing good objects is significant. Drama has the potential to hold our internal worlds externally and in parts if needed. This allowance can give clients the space to make sense of their internal worlds by externalizing what they have internalized, enabling dialogue and expression. The hope of this process is for the client to develop new ways of relating to the different parts and thus an internalization of whole objects can take place (Homes, 1992).

Whilst Jones (1996) does not hold a strictly object relations paradigm, his notion of dramatic projection is useful in understanding how the medium of drama can operate in relation to the client. Dramatic projection involves a process whereby the client unconsciously projects aspects of themselves or their experiences onto the dramatic material. This process of externalization enables a dialogue and relationship to be forged between the internal world of the client and the external dramatic material. It is believed that this process can facilitate exploration, insight and a shift in perspective. It can also assist in the forming of new ways of relating to the self and others as the cycle of reintegration completes itself (Jones, 1996).

Within this conversation, it is important to consider the difference between projection as understood in the field of psychotherapy and dramatic projection used in dramatherapy. Projection in psychotherapy is viewed as a primitive defense mechanism, where one denies feelings by placing them outside of the self. In the most primitive sense, projection can distort external objects and can cause splitting off and fragmentation. In the most mature sense projection is the basis for empathy, as we use our own experiences to understand the minds of others (Mcwilliams, 1994). Yalom (1985) writes that these are often unmanageable feelings, which only become manageable if they are projected into others. The goal in psychotherapy is to bring to conscious awareness unconscious projections or disowned parts through talking and analysis (Bateman, Brown & Pedder, 2000). For dramatherapy, the process of dramatic projection is expressive rather than defensive (Jones, 1996). The clients still places the material outside of themselves, however dramatherapy encourages this process as these projections of the clients internal world are then explored through the holding devise of the drama, thus creating a means to both express and explore projection. The final intention post this is a reintegration of any new perspective created (Jones, 1996).

3.4.3 Client, drama and therapist: Eight descriptive *moments*

Based on the theoretical framework articulated above, this meta-data analysis will describe eight *moments* (two from each case study). The intention is to illustrate how the three elements of the client, drama and therapist work together in order to assist in the process of psychological integration.

Case study 1: *Christine*

*Moment 1*

The client expressed her anger towards her abusive mother through role-playing herself in a scene enactment. The dramatherapist played the role of the client's mother. This moment ended with a mirroring movement exercise between the client and the dramatherapist.

Table 3.1: *Moment 1* (Emunah, 1994)

| **Client/drama** | **Therapist/drama** | **Therapist/client** | **Therapist/client/drama** |
|---|---|---|---|
| • The fictional realm created enabled the client to feel safe enough in role to express her feelings of anger towards her mother.<br><br>• The client also used bodily movements to express her feelings that enabled her to release pent up emotions in a contained and held | • The therapist played the role of the client's mother.<br><br>• It could be suggested that this action gave the client the courage to express herself in an uncensored way.<br><br>• In the later mirroring exercise, the therapist made use of movement as | • The therapist and client were in a supportive relationship literally and figuratively through the movement and role-playing.<br><br>• It could be suggested that this gave the client permission to express herself as | • The relationship created between the three elements enabled integration to occur as the client could safely express herself through the support of the therapist in role and as mirror.<br><br>• The drama served as a container for the client's difficult material to be shared |

| | | | |
|---|---|---|---|
| way. | a way of containing and expressing emotion simultaneously as well as meeting the client where they were at in an embodied way.<br>• Emunah writes about expression that is preverbal but can be given a vehicle to be expressed through the dramatic mode. | she trusted the therapist enough to express her feelings of anger with the knowledge that the therapist would receive this information in a holding and supportive manner. | and worked through.<br>• At the end of this process the clients chest appeared more open, her breathing was slower and her movements more lighthearted. |

*Moment 2*

The client enacted a scene as her 7-year-old self, when her grandmother told her she was going to be taken away from her mother by her foster parents. This progressed into a final scene of the client addressing her own wounded child.

Table 3.2: *Moment 2* (Emunah, 1994)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The client chose to be in the role of the director.<br>• This gave her the freedom to be both inside and outside the drama simultaneously.<br>• The client could direct | • The therapist invited the client to directly address her own wounded child in a scene enactment.<br>• In this way the therapist used the drama as a way of guiding the client | • The trust in the therapeutic relationship was strong at this point, which enabled the client to take on the role of director.<br>• The therapist sat | • The client, therapist and drama worked together to assist the client in moving towards psychological integration.<br>• The drama held the clients story and gave |

| | | | |
|---|---|---|---|
| the characters in terms of their lines and levels of emotion, but could also observe the scene as an outsider, giving her enough distance and control to replay a memory where she previously had no control. | towards acknowledging the hurt child within herself with the aim of repairing some of the damage that was done.<br><br>• At the end of this scene, *Christine* said, *'its not you're fault but there's nothing you can do to change it…I know it hurts, I know its hurts a lot'* (p. 75) | largely outside the drama, more as a supporting presence for the client.<br><br>• This helped the client begin the development of an observing self. | her a framework to project her experiences with some distance and agency.<br><br>• The client played the role of director with the therapist as a supportive presence enabling the client to play and work through her narrative.<br><br>• This role indicated a shift in the client's internal state as she used the drama to become more assertive and even acknowledged the pain of her internalized wounded child. |

Case study 2: *Shawn*

*Moment 1*

The client used the device of the *telephone* to contact her dead mother in hell and express the anger she felt towards her mother for all her abusive ways.

Table 3.3: *Moment 1* (Emunah, 2009)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The dramatic technique of the *telephone* gave the client permission to confront the mother's negative and punitive attitude towards her and later express the sadness of her wounded child who experienced rejection from her own mother. | • Emunah made use of her common therapeutic device of the *telephone* to allow the client to externalize and express her inner world through the safety device of a fictional *telephone* which gave the client infinite possibilities for rewriting her own story. | • A supportive trusting relationship had developed which modeled a new way of relating for the client.<br><br>• This enabled the client to be vulnerable enough to explore her difficult material. | • The client, drama and therapist worked together to allow the client to give voice to the wounded part of herself and all the difficult feelings that go with this.<br><br>• The therapist played a supportive role as she was present with the client throughout her journey.<br><br>• The client's symptoms of self-mutilation stopped. |

*Moment 2*

As emotions came up, the client was invited to name her emotions and invite different members of the group to embody them. This exercise enabled growth as the client in later scenes moved towards naming and embodying emotions herself.

Table 3.4: *Moment 2* (Emunah, 2009)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The drama functioned to provide the client with the necessary distance from her feelings as they could be held externally and in parts.<br><br>• This concertizing of emotions gave the client insight into what she was feeling inside. | • The therapist used the drama as a containing device as well as a projective technique to provide enough distance for the client to gradually become less overwhelmed by her emotions. | • The therapist played the role of director and guide, encouraging the client to name her emotions as they came up.<br><br>• Emunah played the role of double which served to validate and support whatever the client offered.<br><br>• The self directed behaviour of the client was evident as she said at the end in a scene to her mother, '*it doesn't have to kill me to have my feelings' (p. 62)* | • Through the interaction of the three elements, a shift occurred in the client's capacity to tolerate emotion's as she was soon able to express them herself rather than have group members hold them for her.<br><br>• It could be suggested that this process of giving voice to the different parts of herself through the medium of drama (with the therapist supportive presence) enabled the client to achieve psychological integration. |

Case study 3: *Ann*

*Moment 1*

The group enacted the scene from *Hansel and Gretal* when the *good/bad witch* tricks the children by inviting them into her home and then locking them up to eat.

Table 3.5: *Moment 1* (Landy, 1994)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The character of the *good/bad witch* gave the client a language to make sense of her childhood trauma and explore the difficult, ambivalent relationship she had with her own mother whom like the *good/bad witch* promised to protect *Ann* but when her father appeared, she failed to protect her. | • The therapist made use of the drama as a way for the client to project some of her difficult material and emotions through the safety of the characters in the narrative. | • The role of the therapist is not detailed in this moment, but in light of Landy's writings the therapist most likely was playing the role of guide and director which gave the client enough support to journey into the murky waters of her childhood abuse. | • Through the use of story and the therapist's supportive presence, the client could gain enough distance to re-experience the feelings of being betrayed that she felt when her mother would comfort her about her father and in his presence not protect her<br>• Through the working through of this role, the client was able to come to terms and integrate her relationship with her mother. |

*Moment 2*

The client dramatized her own ending to *Hansel and Gretel. Hansel* got up in the middle of the night after his return and killed his father.

Table 3.6: *Moment 2* (Landy, 1993)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The client could project her angry murderous feelings towards her father into the role of *murderer* as she symbolically killed him off in order to start afresh.<br><br>• The drama served to play out the fantasy of the client, avoiding this dangerous behaviour being actualized in real life. | • The client appeared hesitant to tell the narrative as it would normally end.<br><br>• The therapist invited the client to create her own ending which afforded Ann the freedom to express her underlying feelings of anger towards her father. | • The deepened therapeutic relationship with the role of the therapist as guide gave the client permission to explore and express this counter role of *murderer.*<br><br>• The therapist's attunement to the needs of the client enabled Landy to perceive that *Ann* needed to write her own ending to the story. | • The three elements worked together to assist the client in integrating the role of *murderer.*<br><br>• This resulted in the client symbolically separating from her father and killing off her own masochistic tendencies towards herself. |

Case study 4: *Derick*

*Moment 1*

The client in the role of his *father* delivers a message to his son *(Derick)* and apologizes for his abusive ways.

Table 3.7: *Moment 1* (Landy, 2005)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The drama gave the client permission to play the role of the *father* in a way that was not congruent to his reality but could explore a reparative process of the *father* saying sorry to his *son.* | • The therapist used the drama to enable the client to move towards aesthetic distance, as through the style of the dramatic mode he was able to facilitate a more emotional response, which appeared difficult for this client access. | • The therapist stood close to the client, which arguably gave *Derick* a feeling of being supported and validated. | • Thus the three elements worked together to shift the client further along the continuum of integration.<br><br>• The drama was the vehicle, the therapist acted as a support, which perhaps allowed the client to take the leap towards accessing the hurt parts of himself. |

*Moment 2:*

The client played the role of the *son* hearing the words of the *father* apologizing to him.

Table 3.8: *Moment 2* (Landy, 2005)

| Client/drama | Therapist/drama | Therapist/client | Therapist/client/drama |
|---|---|---|---|
| • The distance of the drama and the permission of the chair (as the defined space for the role of the son) enables the client to step in and step out of the role of the son. | • The therapist uses the drama to play the role of the *father* and deliver the message to the *son.* | • The therapeutic relationship appeared strong as the client was ready to take the difficult step of sitting in the chair of the *son* and allowing the therapist to be the *father.* | • The client, drama and therapist worked together allowing integration to occur as the client could acknowledge the *son* who had been carrying the weight of his fathers abuse and wished to hear an apology in order to move forward. |

### 3.4.4 Aesthetic Distance

Added to this meta-data analysis is the presence of aesthetic distance in the writings and case studies of Emunah as well as Landy and thus appears to indicate a link between both approaches. This concept arguably lies at the heart of implementing psychological integration in clients who engage with dramatherapy. Aesthetic distance refers to the ability for clients to achieve a state of balance where by one is neither flooding with emotions or in a state of repression. The origins of this concept can be traced back to the writings of Thomas Scheff (1979) who described clients that were able to achieve aesthetic distance as holding the ability to express their feelings without being overwhelmed by them.

On the one end of the spectrum is *underdistance* where clients are too emotionally close to material and become quickly overcome by emotion without experiencing symptomatic relief or insight. This resonates with Stanislavksi's approach (1948) of working with an actor where the aim is to identify with one's own feelings and emotions in order to authentically portray the character. On the other end sits a position of *overdistance,* which results in clients intellectualizing and disengaging when confronted with emotions. This bears resemblance to a state that Brechtian theatre (1964) aims to reach where the fourth wall is broken and reflection is encouraged. Finding the midpoint between these two positions can be achieved through the therapist's careful observance of where the client is at and then skillfully guiding them through appropriate dramatic techniques to express their current state and then work towards greater under/over distance depending on the needs of the client (Landy, 1994).

At the point where one strikes the balance between emotional expression and emotional distance the client can experience catharsis. This is described by Landy (1994) not as an outpouring of emotions, rather '*the recognition of psychological paradox'* (p. 114). It is a moment of creativity and spontaneity not dissimilar to Siegel's choir analogy (2010) of achieving harmonious integration when all parts of a whole can sing the same tune.

This notion does not only apply to the client. It appeared in all the case studies that the dramatherapist also practiced aesthetic distance, which it could be suggested was a way of modeling to the client a way of expressing and containing emotion that could later be internalized. Pitruzella (2004) writes about the task of the dramatherapist, explaining his duel purpose consists of a '*kindling of the dramatic process, and too keep it alive, intervening when necessary. At the same time he has to observe not only filling it in with meanings, but also fully taking part it in, understanding it imaginatively and emotionally'* (p. 137). Therefore the dramatherapist has the ability to be both inside and outside the drama, attuning to the client's emotions through an understanding of his own counter transference responses but not enmeshed in the drama that they are unable to guide, hold and contain whatever is emerging for the client. Thus whilst the focus on achieving aesthetic distance is on the client, the influence of the dramatherapist's level of distance also plays a role in the process of

integration. The table below attempts to illustrate examples in each case study where the client moves towards a level of aesthetic distance.

Table 4: Aesthetic distance

| **Case study 1: *Christine*** **(**Emunah, 1994) | **Case study 2: *Shawn*** (Emunah, 2009) | **Case study 3: *Ann*** (Landy, 1993) | **Case study 4: *Derick*** (Landy, 2005) |
|---|---|---|---|
| <u>Video Camera</u><br>• The video camera served as a distancing device for the client as she could see herself on screen and articulate difficult feelings of self hatred and sadness for all she had been through.<br><br>• This led to an eventual acceptance and nurturing of herself as she said '*I realized you could do things I never thought you would be able to do'* (p. 77)<br><br><u>Mirroring Movement</u><br>• The therapist used the exercise of mirroring movement to find the space between expression and containment (aesthetic distance) | <u>External embodiment</u><br>• The therapist used other group members to embody the different emotions of the client as she experienced them.<br><br>• This process enabled the client to witness her emotions outside of herself and in parts rather than all together, thus giving her the distance she needed.<br><br>• In the next phase of the work the client was able to embody different emotions herself, as she commented that it does not have to kill her to have feelings. | <u>Hansel and Gretal</u><br>• The story of *Hansel and Gretal* was told by the client and then embodied by the group. This gave the client enough distance to explore her own life story through a fictional narrative.<br><br><u>Balance between feeling and thought</u><br>• The client worked on an embodied and cognitive level through dramatic enactment and later reflections. | <u>Telling a story</u><br>• The therapist invited the client to tell a story. This gave the client the freedom to use metaphors such as the character of *pain*, rather than speak about his own pain directly.<br><br><u>Use of style</u><br>• Landy used the technique of style to assist the client in accessing his emotions as he said '*imagine you are an actor delivering these lines with emotion'*.<br><br>• This helped the client shift from a cognitive space to a more emotional space. |

### 3.4.5 Linkage to external reality

The final theme under analysis of this meta-data analysis is the notion of linking the drama to the external world of the client to enable the process of dramatherapy to become integrated into the psyche rather than split off. Emunah's approach leans towards the belief that one should wait for the client to spontaneously make the connections from the fictional to the real with minimal direction from the therapist (Emunah, 1994). This differs from Landy who will overtly ask the client at a particular point in his role method how the themes in the drama relate to real life situations (Landy, 1993). Furthermore Emunah begins almost always from the fictional and works towards the real, whereas Landy mostly begins in the realm of the fictional but not always, sometimes roles and counter roles are brought up from real life and worked with directly from the beginning. However despite these technical differences, as an overarching principle both approaches believe in the client linking what has emerged in the drama to their own life experiences. Jones (1996) refers to this principle as the *Life Drama connection.*

In *The Dramatherapy/Psychotherapy debate* (1997) the challenge of reflection is unpacked; '*It seems that where a split occurs within the discipline of dramatherapy lies in the use or not of interpretation when exploring dramatic material'* (William-Saunders, 1997, p. 14). She carefully articulates how sometimes the use of metaphors and engagement with embodied knowledge is appropriate to be left with no conscious connections being made as this could ruin the dramatherapy process. Whilst at other times it is crucial to guide clients in working towards making unconscious projections and transferences that have occurred within the drama conscious in order to facilitate digestion and integration (William-Saunders, 1997). From the analysis of this research I would argue that both Landy and Emunah lean more towards the belief in making overt connections with real life, they also both follow a client centered approach which intends to work gently according to the readiness of the client (Rogers, 1961). What this research is interested in articulating is how the bridge between reality and fantasy is critical for both theorists in the process of integration as one could miss the point of attempting to improve integration if dramatherapy becomes just another split off experience. The table below intends to document the links that each client made from the drama to their own realities.

Table 5: Linkage to external reality

| **Case study 1: *Christine*** **(**Emunah, 1994) | **Case study 2: *Shawn*** (Emunah, 2009) | **Case study 3: *Ann*** (Landy, 1993) | **Case study 4: *Derick*** (Landy, 2005) |
|---|---|---|---|
| • Worked in the realm of the fictional in phase 1 and 2. During phase 3 the client played out a scene of when she was adopted. The safety of the dramatherapy space and the medium of drama afforded the client with enough distance to enact this scene from her own life.<br><br>• Phase 4 enabled the client to reflect on her behaviour in her own life as she said, '*And I feel like damn it, I'm not going to get close to anyone else because they will do the same thing she did. Its hard'* (p. 75).<br><br>• This acknowledgment helped the client in changing her patterns of relating outside of therapy as the client became conscious of the | • *Shawn* spent time rehearsing new ways of responding to real life situation that would most often occur. For example when she felt overwhelmed, what else could she do rather than cut herself.<br><br>• In phase 4 *Shawn* addressed her families drinking challenges and acknowledged the pain she felt. She vowed to herself that going forward she would not be like her family and drown her emotions in alcohol. | • The client used a fictional narrative that represented many themes of her own life story in terms of her anxiety around her abusive father and need to protect her family.<br><br>• Through the enactment of the *Hansel and Gretal* narrative, the client was able to reflect on the similar roles she played in her own life. For example the metaphor of the cage was similar to the way she felt imprisoned by the weight of her family. | • The therapist asked the client where the work went for him and in response the client shared how he was also climbing up a mountain in his own life. He had been abused by his alcoholic father and also used to hide by the radiator.<br><br>• Through dramatherapy *Derick*'s load could become a bit lighter outside of therapy. |

| | | | |
|---|---|---|---|
| transference and was able to enter into a committed relationship post therapy. | | • As the client made these connections to her life she was able to integrate the role of *rescuer/martyr.* | |

Table 5 has demonstrated how the therapist encouraged the client in a gentle way, most often starting from the fictional realm to eventually creating links with their own external reality. The dramatherapy space appeared to serve as *a transitional space* (Winnicott, 1971) where the clients could play out and work through significant material enabling them to live with greater integration outside of dramatherapy.

3.4.6. From fragmentation towards psychological integration

*Christine*

*Christine's* process of transformation over three years of engaging with group dramatherapy was extraordinary. At thirty-seven years old, she was described as a masked, traumatized, mentally ill patient who socially isolated herself and battled to trust in others. Dramatherapy helped *Christine* process her history of parental neglect and abuse as she learned to love and nurture herself and began to trust more fully in others. At fourty years old, *Christine* had been successful in establishing relationships both within dramatherapy as well as romantically in her external reality. At the end of her process, she was described as a radiant, confident woman who was able to travel the world mask free (Emunah, 1994)

*Shawn*

*Shawn's* process of dramatherapy involved revisiting the painful memories of her parent's abuse (both alcoholics). Through group dramatherapy (twice a week for one year) *Shawn* became less overwhelmed by her emotions as she found ways to name and express them. Simultaneously her symptoms of self-mutilating behaviour

reduced. In the final phases of therapy *Shawn* was able to affirm to her child self that she would not abandoned her or numb her feelings as her parents had done. Thus at the end of therapy, *Shawn* experienced gain rather than loss, because she could take herself with her outside the dramatherapy space (Emunah, 2009)

*Ann*

At the start of dramatherapy, *Ann* was described as a *'30-year-old adult child of an alcoholic father'* (p. 110). She appeared to play the single role of *rescuer/martyr*, always placing the needs of her family before her own. This role was brought to life through the telling and enacting of the story of *Hansel and Gretal* in group dramatherapy. Through this process *Ann* was able to explore her own narrative of her abusive father and her mother who failed to keep her children safe from harm. Through this voyage *Ann* found ways to transform the single role of *Rescuer/Martyr* as she engaged with the counter roles of *murderer, imperfect hero, eater* and others, resulting in the development of a more functional and integrated role system (Landy, 1993).

*Derick*

The therapeutic journey of *Derick* centered around attempting to integrate the childhood trauma of his alcoholic fathers abuse. Dramatherapy helped *Derick* address this painful material through the distance of a narrative he created titled '*The struggle of a man and his father'*. Through a process of role-playing *Derick* was able to work through the roles and counter roles of *father*, *son* and *pain.* He was able to access an inner *guide* role through the figurative object of a *radiator.* Through dramatherapy some of the weight of his fathers abuse could be lifted off him so he could walk a little lighter in his world outside of dramatherapy (Landy, 2005).

The therapeutic process of *Christine, Shawn, Ann* and *Derick* illustrates four remarkable journeys of dramatherapy. Each one bears testimony of a client's development from some form of fragmentation towards a state of greater psychological integration. This meta-data analysis attempted to account for this

change in terms of the specific relationship created between the client, drama and therapist as well as the use of aesthetic distance and the link to external reality.

## 3.5 Conclusion

In conclusion, this chapter completed the three analyses part of the meta-study, namely the meta-theory analysis, which looked at the concept of the self and integration. The meta-method analysis unpacked Emunah's Integrative Five Phase Model and Landy's Role Method as well as the use of the therapeutic relationship. The final meta-data analysis looked at the relationship created between the client, drama and therapist as well as the presence of aesthetic distance and the linkage to external reality in both approaches. The data comprised of a detailed literature review as well as analysis of four practical case studies. In the next chapter all three analyses will be weaved together through the creation of a meta-synthesis attempting to articulate the outcome of this study.

## CHAPTER 4: Discussion and meta-synthesis

### 4.1 Meta-synthesis

Combining the meta-theory analysis, meta-method analysis and meta-data analysis conducted, this meta-synthesis is the final step of this meta-study. The aim of this meta-synthesis is to use the previous three analyses conducted in order to present the findings of this qualitative meta-study. This meta-synthesis will be guided by Siegel's choir analogy of integration, considering how the works of Emunah and Landy are differentiated as well as the linkages that appear to weave the two approaches together, thus attempting to contribute towards greater integration in the field of dramatherapy (Siegel, 2010).

This meta-synthesis will endeavor to articulate two ways that the approaches under investigation appear to differentiate. The first way appears to exist within each theorist's particular notion of the self and ideas of psychological integration that drives each approach. The second divergence demonstrates that each theorist follows their own unique model. Furthermore this section will seek to elucidate the linkages that exist between the two approaches, specifically the hypothesis that when the three elements of the client, drama and therapist work together during particular moments in the therapeutic encounter, this can result in clients shifting towards a state of greater psychological integration. Two other themes that emerged in both approaches during the above analyses was the use of aesthetic distance and the link created between the client's external world and the dramatic material being explored in dramatherapy. Once it is understood how the two approaches differentiate as well as how they weave together, it is the hope that the reader will walk away singing a more harmonious dramatherapy tune.

## 4.2 Differentiation

### 4.2.1 The self and psychological integration

Each approach follows a unique theoretical paradigm and conceptualization of the self. The meta-theory analysis (Diagram 1.1 and 1.2 and Table 1.1 and 1.2) illustrates how these perceptions frame the understanding of growth and psychological integration in dramatherapy. Emunah's work is underpinned by a humanistic philosophy of the self, which aims to develop the healthy, creative and resourceful side of the person (Rogers, 1961). This is evident through her use of dramatic play as a starting point to develop client's creative capacities rather than focus on pathology. Emunah (1994) comments *'my clients are some of the bravest people I know…with enough spirit we can all change'* (p. 78). In her approach we witness the positive influence of her belief in the triumph of the healthy human spirit regardless of one's environment or circumstances (Frankl, 1963).

In the case study examples of *Christine* and *Shawn* we witness their increased creative capacity and levels of resilience through their engagement with the dramatic medium in dramatherapy. Emunah describes both clients as initially unable to play at the start of dramatherapy. *Christine* sat on the side observing the group and *Shawn* appeared depressed and would not engage fully with the games and exercises. This behaviour progressed as both clients become increasingly involved in the drama, displaying more spontaneous and self-directed behaviour (Emunah, 1994; 2009).

With the development of these qualities, the client's self-perception appeared to shift as they showed greater love and nurturance towards themselves. *Christine* commented at the end of dramatherapy, *'I found that you can do things you'd never even thought you'd ever be able to do, ever'* (p. 77). Similarly *Shawn* addressed herself with greater respect, *'you're very special and you're very loveable. Sometimes I have trouble seeing that, but it gets easier'* (p. 62). May (1994) sheds light on this point, illuminating the enormous creative potential that exists within each of us and with it the ability to catalyze a shift in self-perception. Thus through Emunah's focus on the healthy, creative parts of her clients, she was able to draw out and develop the

qualities that were already within them, thus assisting in the development of psychological integration.

Emunah's work is also influenced by the tradition of psychoanalysis which aims to use the therapeutic process as a means of bringing unconscious material to the surface so it can be safely explored and integrated into the psyche (Grünbaum, 1985). Emunah's fourth phase of culminating enactments gives way to the world of the unconscious (Emunah, 2009). In both case studies, phase four catalyzed the expression of unresolved feelings towards the client's mother figures. In one scene *Christine* was able to give voice to her vulnerable inner child as she shouted in role, '*let me go… I want my mommy'* (p. 74). In a similar way, *Shawn* could express some of the hurt she felt towards her mother whilst playing her adult self as she asked her mother, '*why couldn't you ever see me? Why did you leave me in a car because you could not remember I was there?* (p. 61). The power of dramatherapy exists in its capacity to hold the pains that often seem unspeakable. It is through the dramatic form of role, story or enactments that clients can give voice to unconscious material in order for it to be acknowledged, made sense of and externalized (Jones, 1996).

Arguably it was through the self-expression of both clients inner child that enabled them to access their adult selves in later scenes and become their own internal nurturing parent. *Christine* said to her child self in one scene, '*its not your fault but I know it hurts'* (p. 75) and *Shawn* addressing her alcoholic mother in role as her adult self saying, '*The fact that you spend your life dying doesn't mean I have to make the same choice'* (p. 62). Dekker (in Pearson, 1996) explains if we allow whatever is in the unconscious minds of our clients to unfold in a safely receiving and containing way then we can assist our clients in integrating it meaningfully into their lives when they are ready for it.

Landy follows a more post structural perspective as he considers the development of self from a social psychological lens (Mead, 1934). Landy seeks to better understand the client in context, inviting clients' to tell narratives and play out particular roles, ultimately linking the drama to their own life experiences with the goal of transforming and increasing clients role repertoire (Landy, 1994). *Ann's* therapeutic process centered around expanding her role of *martyr/rescuer* in relation to her

family. Through an exploration of the fictional narrative of *Hansel and Gretal* the client was able to transform this role into the role of *hero* as she learned to put her own needs first. At the end of therapy, Landy comments that *Ann* was able to '*allow herself to be held and nurtured when she was needy'* (p. 135). Thus through the exploration of roles and counter roles, greater integration could be achieved.

*Derick's* journey involved the transformation of his role of *son* by exploring the role of *father*. Through role taking, role-playing and role reversal *Derick* succeeded in gaining empathy for both himself and his father. In a final scene at the end of dramatherapy, the client was able to sit in the chair of the *son* as himself and hear two reparative words, *'I'm sorry'*. Thus Landy's view of the self as a system of roles directly translates to his practice and how he works with his clients to achieve psychological integration (Landy, 1993).

Therefore what has been shown thus far is the influence of each models concept of the self on the process of psychological integration. It would appear that Emunah takes a more individualist vantage point, whilst Landy follows a more social construct perspective. However both approaches appear to find some common ground in their belief of a higher self that can serve to lead the other parts of the self. Emunah uses the notion of '*an observing self'* (p. 32) that serves to internally witness, guide and reflect on the others parts of the self. Landy speaks about the development of an internal *'guide figure' (*p. 67) to assist in developing an increased capacity to sit with ambivalence. It could be suggested that in both approaches the presence of the dramatherapist initially serves as the external guide figure modeling a new way of being for the client. The process of internalizing this guide figure may not occur within dramatherapy overtly but will most likely take shape post dramatherapy as the client begins to negotiate new ways of being in their world outside of dramatherapy without the presence of the dramatherapist (Jones, 1996).

### 4.2.2 Approaches to dramatherapy

The two models under investigation in this study appear to differentiate in terms of their particular approach to dramatherapy. The meta-method analysis (Table 2.1 and 2.2) shows that each model follows a certain structure in guiding their clients through a process of transformation. Emunah's Integrative Five Phase Model works through five stages in a gradual and flowing way from dramatic play to scene work, role-playing, culminating enactments and finally ritual. Emunah uses a metaphor of water to illustrate her therapeutic approach, '*I don't like the shock of plunging from steaming hot to freezing cold water. I like wading in shallow waters, frolicking in waist high water, and then swimming in the very deep waters – and the journey through the levels of depth'* (p. 72). This approach foregrounds the concepts of pace and flow in order to create a playful and non-threatening environment. Each phase is a development of the previous one and is worked through gradually according to the readiness of the client (Emunah, 2009).

Alternatively Landy's therapeutic approach looks at clients through the lens of the dramatic technique of role. The Role Method approach aims to increase client's role repertoire by following an eight-step structure. This includes naming of roles, playing out and working through of roles, developing counter roles and ultimately reflecting and integrating these roles into external reality. Through narrative and role-playing it is the hope that client's increase their capacity to take on and play out different roles more fully in their own lives (Landy, 1994).

Thus it is evident that each approach is distinguished in their particular model and structure. However each client will follow their own unique pace and form, hence whilst the model serves as a guide, the therapeutic experience will translate differently for each client (Rogers, 1961).

## 4.3 Linkage

This section of the analysis will look at the linkage between both approaches, attempting to articulate where the models of Emunah and Landy appear to merge together. This analysis will locate itself within an object relations lens which endeavors to look at the self through a '*relational model of psychic functioning'* (Hook et al, 2003, p. 94) rather than in isolation. Winnicott (1971) uses the term *transitional phenomena* (p. 1) to include the therapeutic space which sits somewhere in between reality and fantasy and thus holds the potential to shift established patterns of relating that were created in infancy. An object relations viewpoint highlights the potential within dramatherapy to enable clients to externalize any bad object relations that have been internalized (Likierman, 1995). Once this is worked through, the client can begin to internalize healthier and more functional ways of relating to the self and other (Homes, 1992).

In light of the chosen sample group it could be suggested that dramatherapy enabled all four clients to work through a part of their childhood trauma and thus shift their ways of relating to both themselves and others (Sajnani & Johnson, 2014). This research suggest that central to this process is the development of a positive therapeutic relationship (Kahn, 1992). Lewis (2009) describes the role of the therapist as being paramount in healing the wounds of childhood trauma as she says '*just as no infant can evolve a sense of self without the attentive ministering of the attuned mother, no adult can do so either'* (p. 254). Added to this is the ability to maximize the dramatic medium for increased therapeutic value in each moment of the therapy hour (Johnson, 1992). Jones (1996) succinctly articulates this message with his belief that the drama is the therapy.

Thus in its most simplest form, the hypothesis of this study suggests a linkage between both approaches in their capacity to enable clients to move further along the continuum of psychological integration when the three elements of the client, drama and therapist work together in relation to each other in specific moments in dramatherapy. This section of the research aims to track some of these key moments in an attempt to demonstrate how this proposition occurs practically in the case study examples part of this study. In addition to the configuration of the three elements

(client, drama and therapist), two other significant influences on the process of psychological integration will be suggested, namely the dramatherapist's use of aesthetic distance as well as the link created from the drama to the client's external reality. These will be weaved into the analysis showing their contribution towards the client's process of integration.

4.3.1 *Christine's* journey towards integration

*Christine's* three-year journey of dramatherapy gave her the opportunity to explore and work through some of the traumatic material from her childhood experiences of neglect and abuse. *Moment 1* (Table 3.1) will be analyzed as a way of gaining insight into how the three elements of the client, drama and therapist functioned together to help *Christine* move forward in her journey towards greater psychological integration. This scene describes *Christine* playing the role of herself in a scene enactment where she expressed her feelings of anger towards her mother (Emunah, 1994). It could be suggested that through the safety of the fictional realm (provided by the dramatherapy space) *Christine* was able to verbalize some of her pent up feelings of anger towards her mother as she shouted, '*you don't know what you doing'* (p. 70). It could be suggested that the through the distance of role-playing, *Christine* felt courageous enough to voice her feelings towards her mother (Table 3.1: *Moment 1,* **client/drama**, p. 64).

The receiver of this information was the dramatherapist who played the role of the client's mother. Arguably the supportive presence of the dramatherapist and the positive therapeutic relationship that had been build previously gave *Christine* the courage to externalize and express what had previously been kept silent (Kottler & Carlson, 2014). Kahn (1991) writes about the therapist's skill and ability to enter into the world of their clients in order to understand events and relationships from the client's point of view. Through careful observation Emunah was able to empathize enough with her client to respond in role in a manipulative and controlling way, '*watch the way you talk to me, don't you realize I'm sick and in pain'* (p. 70). This seemed authentic to how the client had experienced her own mother. It appeared that a sense of attunement between the therapist and the client was achieved through this moment as perhaps the client felt the therapist understood her complex interactions

with her mother as demonstrated through her supportive presence and accurate role-playing (Rowe & Mac Isaac, 1989). It could be suggested that the client in turn felt safe enough to increase the expression of anger, articulating *'I wish you were dead anyway'* (p. 70) as she slammed the receiver of the phone down (Table 3.1: *Moment 1,* **client/therapist**, p. 64).

The therapist made use of the medium of drama through the technique of mirroring movement as a way of transitioning out of this scene. Emunah described this moment as *'those irrational, inarticulate, sometimes preverbal feelings which are usually set aside, tucked away, stored in the body' ...the release must come from the body and the voice'* (p. 70). Thus the client was given the opportunity through movement and voice to express the pain of her wounded child. In this moment the therapist served to mirror, witness and validate all that the client offered (Pearson, 1996). The principle of working towards aesthetic distance was operating here as the client was guided in finding the balance of expressing her anger through the containment of the movement. This prevented *Christine* from becoming overwhelmed (Newman & Scheff, 1981).

It could be suggested that the sequence of this interaction was reparative in itself as the client was able to shift away from the symbiotic relationship she had experienced with her mother and began practicing a new independent way of relating as *Christine* was leading and being mirrored (Winnicott, 1971). The shift after the movement process was indicated through the client's physical changes as her chest appeared more open and her breathing was fuller. The therapist mirrored this in an exaggerated way as a means of concretizing the client's new state of being (Table 3.1: *Moment 1,* **therapist/drama**, p. 64).

Thus *moment 1* demonstrated how the client, drama and therapist worked together to assist the client in externalizing what had previously been internalized (Kernberg, 1976) and guided the client in learning new, more self directed and loving ways of being. Evidence of *Christine's* ability to view herself in a healthier way and attain greater psychological integration can be witnessed through the client's change in responses towards herself on video. This occurred three times during the process. The first time the client confronted herself on video, she expressed enormous self-hatred towards herself, '*look at you, you're fat, you're ugly you're a bitch'* (p. 68). This

shifted slightly the second time as *Christine* appeared gentler towards herself commenting, *'I like you a little better than I did before'* (p. 68). In the final video encounter she said, '*I found that you are a nice fun- to- be with person. That you have a sense of humour. I found out in drama that you are actually likeable. In fact, I discovered a whole new side of you, I didn't know existed. I found that you can do things you'd never even thought you'd ever be able to do, ever'* (p. 77).

Whilst change within the therapeutic space shows growth and progress, sustainable change should involve the assimilation of the material into the client's external world (Jones, 1996). In the culminating enactments of phase four*, Christine* worked through a scene that occurred in her childhood where she was told she was being adopted and would be taken away from her mother. In the reflection post the enactment the client acknowledged how this memory affects her daily interactions with others as she said, '*And I feel like damn it, I'm not going to get close to anyone else because they will do the same thing she did. Its hard'* (p. 75). The insightful observation that the client's fears of abandonment had been transferred onto other relationships in her life paved the way for her to begin forging new patterns in life as the transference had been made overt through the process of dramatic enactment (Eliaz & Flashman, 1994). Post therapy *Christine* was able to enter into a committed relationship with a partner, indicating a significant change being translated to her life outside of therapy (Emunah, 1994).

4.4.2 *Shawn's* journey towards integration

*Shawn's* process of dramatherapy tells the story of a client who exhibited self-mutilating behavior and became quickly overwhelmed by her emotions. Her therapeutic journey focused on developing her capacity to better tolerate and name her emotions. *Moment 2* (Table 3.4) will be used to suggest how the interaction between the client, drama and therapist enabled *Shawn* to begin living in a more integrated way as she learned to feel her emotions rather than splitting them off like her parents had done. This moment describes the process of *Shawn* trying to name her emotions as they emerged in dramatherapy and inviting members of the group to embody each of them separately. This developed into the client eventually being able to embody the feelings herself.

It could be suggested that the technique of an embodied image assisted the client in concretizing her emotions as they could be viewed externally and in parts. Boal (2008) believes that the creation and use of body images enables a multi-level dialogue of expression, witnessing and involvement (Table 3.4: *Moment 2,* **client/drama**, p. 68).

The relationship between the client and the dramatherapist had been building since the start of therapy. In this moment the therapist served as an outside supportive presence, with the client becoming more resourceful and creative as she became the director over her emotions (Rogers, 1961). These scenes culminated in the client embodying the sculpture herself and addressing her wounded child, saying '*it doesn't have to kill me to have feelings'* (p. 62). The therapist at this moment played the role of double in order to provide the supportive presence the client appeared to need at that moment (Table 3.4: *Moment 2,* **client/therapist**, p. 68). Garcia and Buchanan (2009) write about the catharsis of integration as involving not just the expression of feeling but also the gaining of insight, '*catharsis of integration occurs when the client is able to make new understandings of the situation and imprints a new experience through the expression of emotion as a new action*' (p. 406).

Throughout this moment, the mechanism of working towards aesthetic distance was in operation as Emunah made use of the drama to name and embody her different emotions. This provided the client with the required distance she appeared to need (Emunah, 1994). This initial step gave the client the space to gradually increase her capacity for emotions as eventually the client was able to step into the embodiments herself, no longer remaining on the outside of the drama (Table 3.4: *Moment 2,* **client/drama**, p. 68).

Thus this moment bears evidence that the rapport created between the therapist and client as well as the holding device of the drama all worked together to enable to the client to learn to feel her emotions more fully without becoming overwhelmed by them. Evidence of greater psychological integration was witnessed through *Shawn's* final monologue to her mother attempting to rewrite her own history as she said, '*but the fact that you are going to die does not mean I have to die'* (p. 62).

Furthermore *Shawn's* dramatherapy experience could be integrated into her own life story. In a scene enactment with her parents she articulated, '*that's what everyone in the family was afraid of- all the drinking, all the suicide-running from feelings. But now I'm having mine, and its not easy. But it doesn't have to kill me to have my feelings'* (p. 62). Thus by the end of Emunah's therapeutic process, the client had made overt links to her own past experiences of trauma. This linkage prevented the process of dramatherapy from becoming a split off experience for the client. Rather the potential for long term change was coming to fruition as the client was able to find the stability between feeling and thought and thus the harmonious balance required for integration was being achieved (Siegel, 2010).

4.4.3 *Ann's* journey towards integration

*Ann's* process of dramatherapy made use of the fictional tale of *Hansel and Gretal*. It was through the telling, enacting and later reflections on this narrative that *Ann* was able to evoke and name the specific role of *Martyr/rescuer* that appeared to be foregrounded in her life and limiting her role system (Landy, 1993). Through her dramatherapy process, the counter role of *lost one/imperfect hero* was explored. This role was understood as the hidden fear and motivation for maintaining the *martyr/rescuer role* so rigidly. Another role that emerged through the process was that of *the eater*. This counter role appeared to compensate for her feelings of ambivalence and resentment towards the *martyr/rescuer* role. The most feared role that was explored in the final moments of the *Hansel and Gretal* narrative was *the murderer*. The exploration, development and reflection of these different roles served as the key mechanism in transforming the *martyr/rescuer role* as *Ann* learned to love and rescue herself, thus achieving greater integration in her role repertoire (Landy, 1993).

*Moment 2* (Table 3.6) will be analyzed in detail as a way of suggesting how the three elements of the client, drama and therapist worked together to enable the integration of the *martyr/ rescuer* role to occur. This moment happened in the final part of the case study when the client was invited to author her own ending of the *Hansel and Gretal* narrative. The client chose the character of *Hansel* to kill his father in the middle of the night. It could be suggested that the medium of drama provided the

freedom to explore the shadow part of the client's murderous fantasy without the consequences of everyday life (Pearson, 1996). Jones (1996) writes about the tension that is set up between the fictional role and the client's everyday reality, he says *'this dynamic, active relationship is seen as the basis of therapeutic change in role work within dramatherapy'* (p. 197). In this case the relationship created between the *murderer* role in the fictional drama and *Ann* outside in the realm of reality, is arguably what enabled the client to symbolically kill off her abusive father which appeared the only way for *Ann* to move forward. Thus the development of this counter role gave *Ann* the separation she needed to move forward (Table 3.6: *Moment 2,* **client/drama**, p. 70).

The role of Landy throughout this case study and particularly in this moment appeared to be one of a guide as he aimed to be a supportive presence for the client with his clarifying questions and therapeutic direction (Clarkson, 2003). Landy observed the client's initial hesitation with the ending of the narrative and thus invited *Ann* to create her own ending. Rogers (1951) writes, '*the individual has within himself or herself vast resources for understanding his or her self concept, attitudes and self directed behaviour'* (p. 135). Thus it could be suggested that the influence of Landy's presence gave the client permission to do what needed to be done in order for her to move forward (Table 3.4: *Moment 2,* **client/therapist**, p. 70).

The dramatherapist made use of the dramatic medium in order to work towards aesthetic distance and enable the client to project her unwanted experiences and explore the different counter roles without taking ownership for them. Dunne (2009) describes the magic of using narrative for therapeutic use in its ability to assist clients reexamining and redefining their self-descriptions and internal narratives as she says, '*by functioning in the as if, participants start reverberations that transcend life circumstances generating a sense of competency and agency'* (p. 177). Thus Landy made use of the drama to assist the client in transporting from their own world to the world of *Hansel and Gretal* where it became easier to dismantle and rework the clients role-system (Table 3.4: *Moment 2,* **drama/therapist**, p. 70).

Therefore the analysis of this moment suggests that the working together of the client, drama and therapist in unison enabled the client to move further along the continuum

of integration. The symbolic act of murder facilitated a much-needed act of separation from her abusive father as well as her own internalized masochistic tendencies towards herself enabling the client to develop new ways of relating to herself and others (Mcwilliams, 1994). Landy writes about the shift that took place, '*for Ann the alternative to rescuing became the ability to allow herself to be held and nurtured when she felt needy. In allowing her lover and friends to provide that form of comfort, Ann began to move further away from the rescuer part of herself' (p. 135).*

The link between the dramatic story of *Hansel and Gretal* and *Ann's* external world was evident in the reflections that Landy weaves into the writing of this case study. *Ann* was able to acknowledge the anxiety and fear she felt around her father which was similar to the feelings of the characters of *Hansel and Gretal* when they overheard the news of their banishment to the woods. The deception of the *good/bad witch* who invited *Hansel and Gretal* into the house for food with the intention of locking them up to eat held similar themes symbolically to the clients feelings towards her own mother whom she felt made false promises and comforted her about her father, but in his presence did not protect her. The similarity with the character of *Hansel* and *Ann* was clear as they both played the role of *rescuer* and protector of their own family at the expense of themselves. Indeed it was through the connections made between the fictional and the real that the client could enable other roles to come to fruition in her life outside of therapy, thus leading to greater psychological integration (Jones, 1996).

### 4.4.4 *Derick's* journey towards integration

*Derick* came to dramatherapy in an attempt to work through some of the trauma he was carrying from his past, specifically his unresolved feelings towards his abusive father whom he described as an alcoholic. At the start of therapy *Derick* appeared to play the role of a *son* who experienced feelings of hurt and powerlessness. There appeared to be some unfinished business with the role of *father* as he shared his wish for his father to apologize for all he had done to him. *Pain* was another counter role that emerged and appeared to be overwhelming all the other roles. Through a process of narrative and role-playing *Derick* and Landy worked together to enable him to

externalize some of his feelings of hurt towards his father in order to better integrate his role of *son*.

I will use *moment 1* (Table 3.7) in an attempt to illustrate how the client, drama and therapist worked together to assist in the process of psychological integration. This moment describes a scene where *Derick* plays the role of his father and delivers a message to himself apologizing to his son for all the pain he had put him through over the years. The client made use of the drama through the technique of role reversal as he stepped into the shoes of his father and attempted to reshape this role by apologizing to the son for all he had done. It could be suggested that this action was both healing and empowering as the client could find compassion for his father as well as himself as he could articulate the words 'I'm sorry' which a part of himself desperately needed to hear. Holmes (1992) describes a similar experience of his client taking on the role of his father, '*through the use of role-reversal the protagonist can, in one session experience a conscious adoption of both poles, that is, of self or I from the past and of the other…allowing him to feel more compassion towards this man and thus a crucial aspect of himself*' (p. 87). Thus the client made use of the drama to shift his perspective and repair some of the damage in order to move forward (Table 3.7: *Moment 1,* **client/drama**, p. 71).

Landy in the role of therapist appeared to assume that of a guide figure (Landy, 2008). The therapeutic relationship developed through the presence and support of the dramatherapist as Landy enabled *Derick* to feel understood rather than judged through his consistent checking in with his client. Together they negotiated the presence of the camera in the therapy space as well as Landy's spatial orientation in relation to the client. Reik (1948) describes the role of the therapist as '*listening with the third ear, and hearing what is expressed noiselessly, what is said pianissimo…and seezing the fleeting, elusive material immediately' (p. 54)*. In this moment Landy played the role of *a double*, which could serve to support and encourage the client from behind and voice out what was perhaps present but not being said overtly. It could be suggested that this validating and supportive presence of the therapist enabled the client to express this painful material that had been held inside for so long (Table 3.7: *Moment 1,* **client/therapist**, p. 71).

At the start of therapy, *Derick* appeared overdistanced towards the difficult material of his father's abuse. Landy worked with the client through an exercise of delivering a message to his father that the client had written. With each delivery, Landy encouraged the client to increase his level of emotion as he said the words he had written. He used the analogy of an actor trying to access his emotions as a way of guiding the client to a more feeling place. Indeed through this process the client was able to find more emotions, however rather than becoming overwhelmed he simultaneously found more words and even broke out into song, expressing *'its all just coming out now'*. Thus through the dramatherapist's application of the drama and careful monitoring of his level of distance the client could reach a creative space where feelings and thoughts could be expressed simultaneously, thus achieving greater psychological integration (Table 3.7: *Moment 1,* **therapist/drama**, p. 71)

After the enactment Landy asked directly how the content of the therapy session related to his everyday life. This direct question assisted in *Derick* articulating that he also had been climbing up a mountain in his own life, was abused by his alcoholic father and used to hide behind the radiator. It could be suggested that this direct relating to reality assisted the client in transforming his roles and letting go of some of the load he was carrying. Therefore it could be suggested that in this moment the client, drama and therapist worked together to enable to the client to embody the opposite role, gaining empathy for his father. Furthermore the supportive presence of the therapist enabled the client to address this wounded part of himself that needed to hear his father saying sorry. All this assisted in the client movement towards greater psychological integration.

Thus through a brief mapping and recalling of key moments in the therapeutic encounter it would appear that the linkage between the works of Emunah and Landy exists in their common use of the three elements of the client, drama and therapist working together to achieve greater levels of psychological integration. Added to this is the use of aesthetic distance and working in a way that connects the dramatherapy experience to the external world of the client.

## CHAPTER 5: Conclusion

### 5.1 Integration- A Harmonious choir

This research study considered integration on two levels. On one level this study intended to analyze how Landy and Emunah conceptualized and implemented the notion of psychological integration. On another level, this research endeavored to contribute towards integration in the field of dramatherapy through the consideration of how each approach differentiated and where they found linkage. A meta study was completed on the works of Emunah and Landy in an attempt to achieve the established aims.

As we approach the end of this research journey, it is important to look back and determine if the goals established at the onset were achieved as well as attempt to articulate the findings of this study. The research appears to reveal that each approach is differentiated in terms of their particular notion of the self, which influences the ideas of psychological integration. Emunah draws on her humanistic beliefs in the healthy, resourceful and creative part of the person (Rogers, 1961). She also upholds a psychoanalytic viewpoint with her focus on exploring unconscious material and hidden aspects of the self in her clients (Emuanh, 1994). In contrast Landy considers the self from a social psychological perspective (Mead, 1934), using the analogy of an onion to describe the many different roles a person may take on and play out in their real lives. Movement towards integration for Landy involves growth towards a more complex role system where a client is able to sit with the ambivalences between them (Landy, 1994). Added to their different concepts of the self are their diverse models. The Integrative Five Phase Model follows a five-stage structure using five different elements of drama and works gradually at the readiness of the client (Emunah, 1994). In contrast Role Method follows an eight-step structure with a focus primarily on the development of the clients role repertoire (Landy, 1994).

Whilst the differences between the two approaches have been articulated, the contribution of this research exists in the suggested linkages between both approaches which demonstrates how the three elements of the client, drama and therapist can

work together in particular moments to assist clients with their movement towards psychological integration, regardless of one's approach to dramatherapy.

Both Emunah and Landy centralize the medium of drama in dramatherapy, promoting its ability to hold, connect, catalyze, dialogue, express, transform and reimagine the world of the client (Emunah, 1994; Landy 1994). Of equal importance is Emunah and Landy's shared belief that if the tool of drama is not approached in a mindful and flexible way, dramatherapists run the risk of retraumatization, exposing of material before the client is ready and reinforcing dysfunctional behaviour. In all the case studies the skill of the dramatherapist appears to be their ability to be both inside and outside of the drama at the same time (Johnson, 1992). This requires a balance between feeling and thought (Landy, 1994) as well as trust in the healing capacity of the medium and its ability to hold the therapeutic process (Pearson, 1996).

Added to Emunah and Landy's skillful use of the medium of drama for therapeutic purposes was the presence and attunement of each therapist (even if not overtly expressed in their writing), which demonstrated the importance of this quality in assisting clients in their process of psychological integration. In essence, the therapist and client embark upon a dramatic journey together. It is often a road less travelled where intuition and experiential process is privileged. It foregrounds the qualities of being exquisitely sensitive in the use of the dramatic medium as well as the capacity to lead a session in a way that holds the world of the client in mind, enabling them to feel witnessed and understood. These qualities may not be written about explicitly in each approach in their concepts of the self or translated directly in their models of practice, however this research argues that all the clients in the case studies under analysis were able to move towards psychological integration due to Emunah and Landy's skillful use of the dramatic medium as well as the therapeutic relationship they created with their clients.

Placing a final spotlight on the role of the dramatherapist, it becomes evident in both approaches that the dramatherapist makes use of the medium as a means of modeling to clients a way of being that is creative, resourceful and integrated. It is the hope that through this interaction, clients can be encouraged to embrace their own capacities for innovation and develop a sense of agency inside the drama, and thereby in their world

outside of dramatherapy, where previously they perhaps felt disempowered.

The field of dramatherapy is currently sitting on the edge of healthy diversity becoming unhealthy fragmentation. This could place the efficacy of our work at risk. This research in no way intended to merge approaches or deny individual differences, rather it aimed to acknowledge the essence of each approach and at the same time attempted to find commonalities across approaches. Whilst the consideration of psychological integration in a South African dramatherapy context was not the focus of this research, the researcher would like to suggest that if the notion of the three elements of the client, drama and therapist were held in mind by dramatherapist's working in diverse South African settings, a more integrated and inclusive dialogue could be generated. Perhaps the simplicity of a three-part frame could enable greater depth, complexity and integration to be achieved.

## 5.2 Limitations of the study

Whilst every research yields certain findings it also presents its limitations. Articulating the critiques of the study gives resonance and weight to the work as it demonstrates that the researcher has engaged critically with the work and understands their own biases. This is a useful section for future researchers seeking to better understand the variable of psychological integration.

### 5.2.1 Measuring the influence of the therapist's integration

Added onto the limitation outlined in chapter 1 in terms of this studies limited access to implicit knowledge systems, the process of the dramatherapist's movement towards psychological integration was not able to be tracked. A therapist needs to work as a whole human being, in an embodied way through the use of the dramatic medium, guided by their own empathic attunement where the clients emotions resonate with the dramatherapist as they use there own counter transference responses as well as reflective capacity to analyze what is emerging for the client unconsciously and thus lead the intervention (Ivey, 1999). When seeking to analyze the writings, philosophies and case studies of a particular theorist, it is very difficult to access the internal world of the theorist and the potential influence of this on the process of integration for a

client. For example, one of the only ways of gaining insight into the dramatherapist experiences of counter transference is through their own reflection on it. This research has stressed the importance of therapists engaging in their own personal processes of therapy and developing an ability to track ones counter transference responses. Pitruzella (2004) does remind us that the dramatherapist cannot and must not try to be perfect. Rather they should aim to be authentic in their recognition that they too have unresolved wounds. Thus whilst it could be confirmed that both Landy and Emunah appear to be working in an integrated way, their are moments of the therapeutic hour where the internal world of the therapist may yield a particular result that cannot be mapped or tracked and stifles or promotes the process of integration for the client.

This discussion would not be complete without considering the influence of the dramatherapists level of integration and its influence on the client. In an ideal therapeutic relationship, the dramatherapist should be connecting on multiple levels with a client. As drama is the medium of our practice, the dramatherapist should be grounded in the whole body experience using its experiential capacity to connect and attune with the client. Within this mode of being is a balance between using ones bodily intelligence, emotional capacity and reflective abilities in order to improve one's own level of integration and in turn influencing the clients psychological integration. Both Emunah and Landy connect with the drama first and foremost, Emunah uses dramatic play initially being very actively involved with the group in an embodied way (Emunah, 1994). Landy also responds in role, facilitates warm up and breathing exercises and sometimes acts as a double for the client standing in close proximity (Landy, 1994). Through a case study it becomes challenging to accurately track the presence of the therapist in the space. The potential influence of this should not be overlooked.

## 5.3 Recommendations for future research

### 5.3.1 Extension of meta-study

This research is only a small segment of the large scope that could be researched on the topic of psychological integration. Whilst this study looked at two key figures in the field of dramatherapy, an extension of the scope of this meta study to include more than two theorists would assist in further integration of field of dramatherapy.

### 5.3.2 A practical case study

Taking note of the critiques in the above section, a further study suggested could be a practical case study whereby the researcher observes first hand a dramatherapy group and tracks the process of integration using the variables defined in this study. This kind of approach would give the researcher access to the reflective voice of the therapist, carefully monitoring of counter transference and its influence of the process of integration. It would open up the possibility for new knowledge to be generated through an unpacking of the implicit ways of knowing that are not possible to fully articulate in a meta-study. This includes the potential growth or integration that occurs in the therapy process that is not made overt and therefore gets lost in the translation of writing. Added to this approach would be the suggestion to include the voice of the client, interviewing them during the therapy process, shortly after the therapeutic intervention and again after some time has passed. Including the voice of the participant could enable new knowledge to be gained on the process of psychological integration in dramatherapy. A key element of this study would be supervision as to gain an objective viewpoint.

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