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UTILISING DRAMA THERAPEUTIC TECHNIQUES TO EXTERNALISE AND EXPLORE SHAME ATTACHED TO BODY DISSATISFACTION WITH A GROUP OF WOMEN

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A thesis submitted to the Wits School of Arts, in partial fulfilment of the requirements for the degree of Master of Arts by coursework and research report in the field of Drama Therapy, in the Faculty of Humanities, University of Witwatersrand, Johannesburg.

Johannesburg 2017

DECLARATION

I declare that this Thesis is my own, unaided work. It is being submitted for the Degree of Master of Arts in the field of Drama Therapy, at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

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(Signature of candidate)

_____day of_____20_____in_____

ABSTRACT

A signification number of women in South Africa experience body dissatisfaction. Much of the experience surrounding body dissatisfaction has been linked to shame. There is a large body of research pertaining to shame and body dissatisfaction respectively; however, there appears to be a paucity of literature regarding the relationship between body dissatisfaction and shame. Limited research has been conducted within Drama Therapy around the treatment of shame attached to body dissatisfaction in women. This research aimed to investigate the use of specific drama therapeutic techniques in the exploration of shame and body dissatisfaction with a group of women. These techniques included Role Method, Poetry, Two-Chair Exercise, Narrative and Body Mapping. Four women, between the ages of 18 and 40 participated in the intervention, for the purpose of this research. The data collected has been explored through critical analysis within a phenomenological and Drama Therapeutic framework. This research has provided an insight into the use of Drama Therapy toward exploring and healing elements of shame and body dissatisfaction, experienced by women. The techniques utilised offered the participants access to an externalised exploration of shame. Robert Landy's Role Method produced numerous versions of shame for each participant, uncovering the complex and varying nature of shame. The introduction of the counterrole to shame offered insight into role repertoire, and access to inner resources. The aesthetic distance inherent to the medium offered a therapeutic container for the participants to explore their experiences of shame attached to body dissatisfaction, without eliciting further shame in the process.

Key Words: Drama Therapy, Body Dissatisfaction, Shame, Robert Landy, Role Method, South African Women

This research is dedicated to my friend, Jared Morris. You danced with me when no one else would. This research was inspired by you, from the beginning. We miss you every day.

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CHAPTER 1- INTRODUCTION

1.1 Outline and Structure of Study

This research report has been structured in the following chapters: Chapter one intends to outline the structure of this research paper, clarifying the aims of the research, its methodology, important concepts, and limitations that the reader should be mindful of throughout the paper. Chapter two explores literature on body dissatisfaction which will be looked at in terms of its historical presence in literature, twenty-first-century influences on the topic, as well as insight into the South African context. Chapter three provides an exploration of literature on shame as a complex emotion, with definitions on the individual experience of shame and the potential psychological effects of shame. Shame will be looked at through varying lenses including the psychological and sociological disciplines. Chapter four will engage with research methodology used in this intervention, as well as theoretical methodology around the intentional and practical use of Drama Therapy as a medium to engage the subject matter. Chapter five will offer a narrative description of the intervention, detailing the events of each session. Chapter six provides an analysis of the intervention, describing content gathered from the raw data created by participants in the intervention. This chapter will engage the reader in a critical analysis by connecting the data gathered to previous literature, in order to discover correlations or differences. Lastly, chapter seven will draw the research report to a close with a summation of the study. Limitations of this research and recommendations for future research and therapeutic work will be outlined.

1.2 Brief Overview of Study

"It's like putting on a pair of glasses that are not your own
You look at the world around you, blurred, you're all alone.
You both see, and don't, that the world is instantly changed
And a thought emerges in your mind, slightly deranged.
You are different to the others, they see you and they laugh.
And that sound seems to crack your soul right in half
You realise that you won't always be loved, by yourself or them,
And your body is no longer what you thought, no longer a gem.
You are simply ordinary, if that, and nothing more.

This is the first time that Shame, made you sore." (Kremer, 2016: 11)[1]

This research was born out of a personal journey with body dissatisfaction and shame. A year prior to this research, I began engaging with Drama Therapy methods in a practice as research (PAR) undertaking. Before the notion of shame had emerged, I began with the question; how long can an individual survive with hidden scars that carry a truth too heavy for one person to hold. I acknowledged that I hold an element of this 'perceived truth', and as I looked around me, I began to notice that many people in my life seemed to hold it too. I was trying to understand what people carry. It was after I watched a Ted Talk by Brene Brown (2012) on vulnerability that I recognised this perceived truth as being shame. Brown (2012) explained that when we try to numb our shame, we lose the capability to connect to feelings of worthiness, love and belonging. It seemed that the predominant narrative that emerged for me, through this PAR journey, was that of body dissatisfaction.

Body dissatisfaction, along with risk behaviours associated with disordered eating, constitutes critical elements in the development of Eating Disorders (ED) (Berengüí, Castejón, & Torregrosa, 2015; Makino, Tsuboi & Dennerstein, 2006). Per Berengüí et al. (2015), "body dissatisfaction implies appreciatory body judgments that are different from real characteristics of individuals' body" (Berengüí, Castejón, & Torregrosa, 2015: 153). Body dissatisfaction is a threat to well-being owing to its association with various health-related behaviours, some of which present significant health-risks both mentally and physically (Grogan, 2016). There are social risk factors that play a role in this process of body dissatisfaction, which include social comparison, social attitudes regarding appearance, and social anxiety (Magallares, 2013). A primary element inherent in these factors is the experience of shame.

"Shame is elicited by one's negative evaluation of the self. It involves the realisation that one is not what one wanted to be" (Novin & Rieffe, 2015: 56). In relation to body dissatisfaction, shame instils the belief that one is not enough as one is; not thin enough, curvy enough, fit enough, desirable enough. Body dissatisfaction is often linked to the concept of the 'thin-ideal' which is a society and media-bred notion of ideal beauty being related to thinness (Novin & Rieffe, 2015). Therefore, shame can occur when one's perception of one's body does not coincide with the thin-ideal or with any other particular understanding of beauty standards.

[1] See Appendix A

Stice and Thomas (2001) evaluated the internalisation of the westernised thin-ideal by women and found that individuals were more likely to internalise the ideal body image portrayed by the media if the image was approved by significant figures in their life or those they respect. This internalisation of being thin as the ideal body image influences the development of cognitive schemas which "associate thin bodies with positive attributes such as happiness, desirability and social status" (Berengüí, Castejón, & Torregrosa, 2015: 154). The opposite of the thin ideal is associated with undesirability, ugliness and unworthiness. This can put pressure on women to appear a certain way with the understanding that they would then achieve acceptance and happiness. This could result in shame around the appearance of their body, body dissatisfaction and disturbed eating behaviours. While much research has premised thinness as the ultimate desirable body image, this paper acknowledged that individuals hold many ideas when it comes to beauty standards. Therefore, this research made an effort to hold the possibility of multiple desirable body-images and body-functions.

The twenty-first century has seen a significant increase in academic research surrounding body image, carried out by researchers from multiple disciplines worldwide. Interest has been taken around contributing factors that impact body-image related behaviour and people's experience of embodiment (Grogan, 2016). Owing to this, I utilised Drama Therapeutic embodied methods in my PAR as a means of exploring shame and body dissatisfaction. An important factor in my exploration seemed to be the potential offered by the Drama Therapeutic mediums being employed. The process of Drama Therapy utilises the healing potential of the dramatic medium, in a clearly defined and contained therapeutic environment, in order to bring about positive change in individuals (Jones, 1996). This research set out to expand on my PAR journey, having utilised Drama Therapy to explore ways in which to creatively and therapeutically externalise and explore shame around body dissatisfaction, with a group of women. It aimed to contribute to the growing body of literature on the topic of body dissatisfaction and shame, by locating the work specifically within a Drama Therapeutic context in South Africa.

There has been a noted increase in the incidence rates reported around eating disorder diagnoses and suffering pertaining to body dissatisfaction, globally (Mchiza, 2014). "We live in a vulnerable world" (Brown, 2012: 1). According to Mchiza (2014), a national survey was recently conducted in South Africa that revealed how the majority of young females within the country have a negative body image. Specifically, 68% perceived themselves as being overweight and reported dissatisfaction with their current body mass index (BMI) in relation to

their ideal BMI. Furthermore, 17% have attempted weight loss through extreme measures, including "food restriction and exercising excessively" (Mchiza, 2014: 184). These findings confirm that body image dissatisfaction and eating disorders are a cause for public concern in South Africa.

Shame has the potential to impact on one's well-being. Brown (2012) suggested that one cannot become a wholly integrated person who experiences love, worthiness and belonging if one is unable to access vulnerability and, in doing so, one's shame. Therefore, this research targeted the externalisation and exploration of shame for women, with the intention to counteract the impulse to numb and disconnect which can stimulate body dissatisfaction (Brown, 2012). The research also investigated the efficacy of the use of Drama Therapy methods, of embodiment and creative exploration, to approach the subject matter in a therapeutic setting. The methods used were chosen for their aesthetic distance, in the hope to ensure that no further shame was elicited in the process. In doing so, the research set out to explore how a Drama Therapy intervention could encourage women toward positive body perception, insight into the self, and self-growth.

The intervention also aimed to create opportunities for emotional, mental and spiritual healing for women who have identified difficulties in the area of body dissatisfaction and shame. Techniques that were explored included role and embodiment, poetry, narrative, and body mapping. The details of this intervention will be elaborated upon in Chapter Four, as literature regarding the theory behind these methods has been explored. The use of some of these mediums in previous research studies has also been outlined. The research has aimed to explore the role of creative mediums as a container for the process of connecting to shame. It has provided aesthetic distance to the topic in order to allow participants the freedom to explore and express without becoming over-stimulated or overwhelmed by the topic. In this way, the research aimed to assess whether the creative space can welcome and hold the vulnerability that comes with exploring shame attached to body dissatisfaction. Through the various drama therapeutic techniques, this research explored the externalisation of shame and the dramatic projective tool therein, as a distancing tool for its exploration.

The chosen research methodology to explore the above-mentioned aim is a case study drawn from a short-term Drama Therapeutic intervention with a group of four women, in Johannesburg South Africa. Case studies are well suited for exploring certain phenomena, such

as psychological disturbances. Therefore, the methodology was specifically chosen for this research topic (Weiten, 2001). The sessions have been explored in Chapter Four and Chapter Five in terms of their therapeutic structure and chosen Drama Therapeutic mediums. The data produced and collected in each session has been analysed and presented thematically as insight into the process. The theoretical framework for this research consisted of approaches to therapeutic creative exploration and expression, used in Drama Therapy, and the person-centred approach in Phenomenology. The primary contribution of phenomenology to this framework is the emphasis that is placed on the individual and their view of self, behaviour, and existence (Rogers, 1961).

In Chapter Two, I will first discuss relevant literature and previously conducted research that relate to the study on body dissatisfaction and shame. I will then outline the method by which this research was conducted; namely, the use and intention of Drama Therapeutic processes and techniques. This will be followed by a detailing of the intervention process, analysis of data collected and a discussion of the results. Lastly, the paper will look at future implications of the relationship between body dissatisfaction, shame and Drama Therapy processes. The scope of this research report has covered body dissatisfaction and shame in a group of women who have not been previously treated for a disorder related to the topic. Therefore, it does not cover a pathological approach to the topic; namely, eating disorders or body dysmorphic disorders.

CHAPTER TWO: BODY DISSATISFACTION

2.1 Body Dissatisfaction

Body Dissatisfaction can be understood as the "negative evaluation of one's own body" (Almeida, Ferreira, Fortes, Meireles, & Neves, 2015: 372). Differences in body image manifest in two ways; perceptual body image which is the way in which women see their bodies, and attitudinal body image, which is the way in which women feel about their bodies (Charlton, Goedecke, Lambert, Levitt, Mciza, Meltzer, Puoane, & Steyn, 2005). Body dissatisfaction has become so prevalent among women that Rodin, Silberstein, and Striegel-Moore (1984) coined the term 'normative discontent' to describe women's experience of body dissatisfaction. It would seem that a shift in the media and society has placed an individual's worthiness on their physical appearance, emphasising a particular body size and shape as being beautiful or healthy. As mentioned in Chapter One, this notion has been termed the "thin-ideal" (Almeida, Ferreira, Fortes, Meireles, & Neves, 2015: 372) and refers to the idyllic representation of what women should look like according to the media. Owing to the pressure of trying to conform to the thin-ideal and a particular experience of body dissatisfaction, women may encounter particular irregularities in their attitudes towards food (Carrobles, Gandrillas & Sepulveda, 2008).

"Body dissatisfaction is a risk factor for eating disorder behaviours, depression, and low self-esteem" (Brownley, Bulik, Gagne, Hofmeier, Holle, Runfola & Trace, 2013: 52). The tripartite model, developed by Markey (2004), presents various personal and sociocultural features that are directly and indirectly related to disordered eating in females; namely, "thin-ideal internalisation, social comparison, mood, personality traits (neuroticism), and body dissatisfaction" (Almeida, Ferreira, Fortes, Meireles, & Neves, 2015: 372). It has been suggested that social reinforcements, such as "criticism regarding weight, encouragement to diet and family modelling of disordered eating behaviours" (Ajete & Fortesa, 2014: 315) encourages and disseminates the thin-ideal body image, which results in body dissatisfaction (Stice, 2001). Moreover, it has been found that overtly positive feedback about appearance can lead to adverse consequences just as much as negative comments about appearance (Calogero, Herbozo & Thompson, 2009).

Research by Carrobles, Gandrillas and Sepulveda (2008) found that female university students displayed health-threatening behaviours, such as "dieting, use of laxatives, [and] vomit induction" (Elena, 2015: 142). Further research showed a significant difference in gender, revealing that the prevalence of individuals with increased risk of developing an eating disorder

was 20.8% in women, and 14.9% in men (Carrobles, Gandrillas & Sepulveda, 2008). While the gap between genders seems quite distinct, research has shifted in recent years to reveal an increased prevalence of eating disorder presentation among men. A study was conducted on a university campus in America with 2,822 students and found that 3.6% of males had positive screens for eating disorders. The statistics revealed the female-to-male ratio was 3-to-1 (Eisenburg, Kirz, Nicklett, & Roeder, 2011). In more recent research conducted in South Africa, a study looking at body-image satisfaction and self-esteem among adolescents found that more than a third of the male participants who were categorised as underweight were found to be at a high risk of developing an eating disorder (Gitau, 2014). The significance of eating disorders among men is apparent; however, this research has targeted the female experience as rates of disordered eating among South African women remain high. An understanding of the nature and extent of body dissatisfaction across a woman's lifespan could positively impact the development of age-appropriate interventions for women. These could have the potential to work toward the treatment or prevention of depression, low self-esteem or even eating disorders (Brownley, Bulik, Gagne, Hofmeier, Holle, Runfola & Trace, 2013).

2.2 Body Dissatisfaction in a South African Context

Much of the research on body dissatisfaction and eating disorders within the South African context engages with the westernised phenomenon of ideal images of beauty. It also emphasises the presumed African rejection of the thin-ideal (Lachenicht, Le Grange, Wassenaar & Winship, 2000). The result is that body image dissatisfaction has been conceptualised as Western phenomena, and that white woman are assumed to be more focused on their body shape and size than black women (Lachenicht, Le Grange, Wassenaar & Winship, 2000). That said, two predominant research studies on body perception in adolescents and young adults across all ethnic groups in South Africa were published by Hollands and Szabo (1997) and Le Grange et al. (1998). These revealed that body dissatisfaction and eating disorder pathology was as common among black females as it was for white females. In fact, South African black female students generally scored significantly higher on measures of body shape dissatisfaction (Lachenicht, Le Grange, Wassenaar & Winship, 2000). Findings also revealed that black South African females scored significantly higher than their white counterparts on the Eating Disorder Inventory (EDI); drive for thinness, perfectionism, and maturity fears subscales (Lachenicht, Le Grange, Wassenaar & Winship, 2000). "This may indicate high levels of concern about body shape that is reinforced by ideals about perfectionism and concerns about expectations others may have of them" (Lachenicht, Le Grange, Wassenaar & Winship, 2000: 231). It was the high

drive for thinness that challenged the notion that black women, in general, valued a greater degree of curviness in body shape (Lachenicht, Le Grange, Wassenaar & Winship, 2000). In the same studies, white South African females scored significantly higher than both black and Asian women on body dissatisfaction (Lachenicht, Le Grange, Wassenaar & Winship, 2000). These findings may in part be attributable to the role of the white western media in emphasising thinness as a desirable standard for beauty (Lachenicht, Le Grange, Wassenaar & Winship, 2000).

While the westernised standard of beauty and the influence of the media has shaped much of the research in the past, current research in South Africa has also made a significant shift. Obesity has become a growing issue in South Africa, and therefore research has begun to assess body dissatisfaction in relation to culture, ethnicity and family, and how those various factors influence obesity in women. These studies have been conducted in order to strengthen intervention programmes aimed at combating health-related issues related to obesity. Obesity is becoming a global health problem; specifically, in countries undergoing epidemiological shifts such as South Africa, with more than 56% of urban women being categorised as obese or overweight (Charlton, Goedecke, Lambert, Levitt, Mciza, Meltzer, Puoane & Steyn, 2005). International research suggested that ethnic differences in obesity prevalence may be partly owing to differences in body image and body size dissatisfaction between groups (Goedecke, Lambert & Mchiza, 2011). The complex and intertwined dynamic of culture versus the broader society in which one lives has seemed to be a significant factor in the research around body dissatisfaction among South African women, specifically black women. There has appeared to be a rapid change in perceptions surrounding body weight among black women in rural South Africa, as a study conducted by Fourie et al., (2005) revealed high levels of body dissatisfaction and disordered eating attitudes among this particular population group. Fourie et al., (2005) uncovered the conflict between cultural expectations among black women in the Western Cape and their desire to obtain beauty standards of other cultures; namely, the westernised thin-ideal.

> While in a black culture, especially in the older generation, a woman is admired if she has some padding over the hips, women who are exposed to media images, which portray thin women as attractive, become confused. They tend to want to be both. On the one hand, they want to be what they are supposed to be according to their own cultural values, on the other hand they want to conform to values of other cultures (Fourie, Oelefse, Puoane, Rosling, Shapiro, & Tshaka, 2005: 14).

Fourie et al. (2005) found that only 22.1% of South African women of all races perceived themselves as being overweight, when in fact 56.6% of the women interviewed were categorised as overweight and obese (Goedecke, Lambert and Mchiza, 2011). Similar results have been observed in urban South African black adolescent girls, in that they were less dissatisfied with their bodies and were less likely to desire a smaller body size than other groups interviewed (Goedecke, Lambert and Mchiza, 2001).

Goedecke et al. (2011) conducted research with mothers and their preadolescent daughters around the familial influence on body dissatisfaction. The aim of the research was to uncover the extent to which family and ethnicity impact body image perceptions of South African mothers and daughters (Goedecke, Lambert & Mchiza, 2011). "The mother-daughter relationship has been shown to influence body image, with mothers unintentionally modelling both positive and negative body image to their daughters" (Goedecke, Lambert & Mchiza, 2011: 433). The results of the research reflected that mothers and daughters from black families portrayed an overall greater tolerance toward body size than other groups in the study (Goedecke, Lambert & Mchiza, 2011). However, research conducted by Charlton et al. (2005: 509) demonstrated that urbanisation plays an important role in body perception as South African female university students from urban backgrounds were found to have "greater body size dissatisfaction and were more likely to have attempted weight reduction compared with those from rural backgrounds".

Another dimension to the research being conducted, in South Africa around body dissatisfaction, is the role of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) within communities. Matoti-Mvalo (2006) reported that beliefs around having a larger body as a positive sign of wealth and prosperity are now further exacerbated by the notion that being thin may be equated with being infected with HIV. The fear of the stigma attached to HIV and AIDS seems to be a motivating factor in certain communities within South Africa, to maintain an overweight or obese body size:

> In South Africa, a larger body size has many positive connotations in black rural communities and in some groups of urban black women, as a bigger body size is associated with affluence, health, attractiveness and happiness, as well as being taken as an indication that someone is not HIV-positive (Charlton et al., 2005: 510).

It would seem that the research being conducted in South Africa around the theme of body image and body dissatisfaction is not only complex but at times contradictory. Ultimately, the experience of body dissatisfaction is subjective. That said, it would seem that the effects are the same. Dissatisfaction with one's body, many times translates as shame related to the self. The literature indicated an experience of unworthiness or imperfection in a sense. The literature around body dissatisfaction, particularly in a South African context, has therefore contributed toward the shaping of the intervention and understanding of the research, by pointing out the dynamic and subjective nature of the topic. This research has aimed to look at body dissatisfaction in relation to the experience of shame. It has not attempted to specify an experience of weight or size, but rather the expansive and all-inclusive term body dissatisfaction. It has been set up in a way that allowed for women to decide for themselves where their body-dissatisfaction and experience of shame is situated.

Research suggested that body dissatisfaction is prevalent among male populations as well (Primus, 2014). While this is an important feature of the topic universally, this research paper set out to explore the female experience. This is not to say that males are not subjected to experiences of shame attached to body dissatisfaction, or intended to undermine their particular experiences. This research intentionally located the topic among females in South Africa, owing to my particular interest as a researcher-therapist, and as a South African female. The following chapter will explore literature and research conducted around the experience and nature of shame. It will also explore shame related to this particular topic of body dissatisfaction.

CHAPTER THREE: SHAME

3.1 Shame

In the last ten years, there has been a rapid growth in research around the topic of shame. This mainly involved investigating the influence of shame on early development, social relationships and psychopathology (Gilbert & Miles, 2002). Shame falls into the category of self-conscious emotions, along with embarrassment, pride and guilt (Gilbert & Miles, 2002). These emotions are higher-order emotions and are thought to be further up the evolutionary chain than primary emotions. They are specific to human beings and not animals (Gilbert & Miles, 2002). Self-conscious emotions are thought to develop later than primary emotions and are considered dependent on various competencies that unfold in childhood; namely, recognising the self as an object for others, inferring ideas about other people's thinking, an awareness of the possibilities of approvals and disapprovals, and the capability of undertaking roles and understanding social rules (Gilbert & Miles, 2002). It is thought to be the blend of these competencies with basic emotions that give rise to the formation of self-conscious emotions (Gilbert & Miles, 2002). "Thus, a threat to the self as a social agent (e.g., shame) can recruit negative primary emotions (e.g., anxiety, anger, disgust) and reduce positive emotions in various ways" (Gilbert & Miles, 2002: 4).

Similarly, Brown (2012), explained that when we try to numb our shame, we lose the capability to connect to feelings of worthiness, love, and belonging. It is important to note that Brown (2012), in her writings, did not appear to be suggesting an eradication of shame, as that would be considered a type of numbing in itself. Instead, the research has encouraged us to find ways of accessing our shame (Brown, 2012). Shame has the potential to impact our well-being, and as Brown (2012) suggested, we cannot become wholly integrated people if we are unable to access our vulnerability and, in doing so, our shame. This research aligns with this very notion by aiming to find ways in which individuals can access and explore their shame.

If the objective is to access shame, then it would seem that the origins and development of an individual's shame would form an essential feature of the process. As explored in the previous chapter, the experience of body dissatisfaction is subjective, and in many ways, the nature of subjectivity is applicable to shame as well. Tangney (1995) placed emphasis on self-relevant meanings given to an experience, and not necessarily the type of experience itself, as giving way to the occurrence of shame. This is a clear indication of the subjectivity of the topic, as it is the personal meaning attached to an experience that provokes shame, not necessarily the

experience itself. Gilbert and Miles (2002) listed five different components of shame's interaction with the self; namely, a social or cognitive component, an internal self-evaluative component, an emotional component, a behavioural component, and lastly a physiological component (Gilbert & Miles, 2002: 5-6). Brown (2012) discussed that it is a breakdown in our ability to connect to our emotions and to other people that serves as a primary cause of dissatisfaction and shame. Brown (2012: 1) went on to say that the "unnamed thing that unravels connection is shame".

According to Wilson (2002), shame is a strong feeling of being distinctly and hopelessly different and lesser than other individuals. Through her own experiences with shame, as well as through many years as a family therapist, Wilson came to the understanding that when an individual experiences shame, they experience feelings of isolation and alienation from others (Wilson, 2002). "Shame symptoms include beliefs, emotions and behaviours that display the underlying pain that comes from seeing ourselves as eternally separated from others" (Wilson, 2002: 22). Later in this chapter, the connection between shame and body dissatisfaction is explored; however, it is worthwhile noting that as Wilson has mentioned, shame provokes people to feel inherently different and in many ways lesser than others. Body dissatisfaction stems from a place of being dissatisfied with the self, in comparison or in relation to a desired image of self.

The difference between shame and guilt is a prominent discussion in shame literature. While shame makes one feel different from others, the behaviours that follow the experience of shame provoke guilt. Tanaś (2016) conducted a research study in Polish schools assessing the effects of supportive school environments on the student's experiences of shame. He too referred to shame and guilt as self-conscious emotions, and discussed how both are related to self-reflection and self-evaluation. However, both have distinct differences in the focus of the emotion. Tanaś postulated that shame's primary focus is on the self, whereas guilt places emphasis on a behaviour (Tanaś, 2016). "Guilt leads to amendment, shame leads to 'hiding', guilt is related to other-focused empathy, shame turns focus on the 'bad' self" (Tanaś, 2016: 1). With reference to Tanaś's (2016) theory that shame is linked to the notion of self, it would seem that identity then plays an imperative role in the experience of shame. Kaufman (1980: 34), a doctor of clinical psychology and researcher in the field of shame, explained:

> Identity is that internal regulator which evolves out of experience, organises the various beliefs, images, and attitudes which guide us day-to-day, and carries forward the goals, hopes and visions to which we aspire. Identity integrates experience while at the same time mediating how we choose to behave, both internally with ourselves (inner reality) and interpersonally with others (outer reality).

In Erikson's (1950) psychosocial theory of development, one particular stage in infancy was termed Shame and Doubt versus Autonomy. This stage takes place between 18 months and three years (Erikson, 1950). Erikson believed that around the age of 15–16 months, the infant's egotism is particularly vulnerable to deflation. It is at this time that shame can be utilised by the infant's parents to support the child's growing awareness of their own limitations while enabling growth. This is facilitated through exploration of their environment and trying out a sense of autonomy (Erikson, 1950). Much like Kaufman's (1980) understanding of shame and identity, Erikson's theory supported the idea that shame plays an important role in the formation of our identities. It regulates aspects of our inner and outer reality.

Gammage and Shaw (2011) also concurred with Erikson's understanding of shame's influence, acknowledging that while shame can have detrimental effects on our experiences, it also plays a functional role in our growth and serves as a reminder of the limitations that arise from being human (Gammage & Shaw, 2011). Gammage and Shaw's (2011) findings revealed that shame has the potential to influence the shape of our identity and change the makeup of our personality. According to Gammage and Shaw (2011), shame can impact an individual's experience of life. Some individuals may spend a lifetime trying to find ways of filling the emptiness they are experiencing inside, caused by a negative experience of shame (Gammage & Shaw, 2011). Relating this back to Brown's (2012) notion of accessing shame, it would seem that shame is an important aspect of self that can become detrimental only through its numbing and rejection.

Novin and Rieffe (2015) conducted research on the validity of shame and guilt questionnaires for children. Through their research, they discovered that shame is produced by an individual's negative evaluation of the self (Novin & Rieffe, 2015). "It involves the realisation that one is not what one wanted to be (unwanted identity) and fear for the evaluations of this unwanted self by important others" (Novin & Rieffe, 2015: 56). According to their findings, the negative experience of shame is linked to feelings of worthlessness and powerlessness which can

stimulate withdrawal (Novin & Rieffe, 2015). The experience of shame can have a far-reaching impact. Psychologists Friel and Friel (1987), within their Iceberg Theory of Relationships, locate toxic shame as being more harmful than the fear of abandonment. Shame is broad and far-reaching. Therefore, this research has aimed to locate shame within a particular experience or context, namely body dissatisfaction.

3.2 Shame and Body Dissatisfaction

While literature surrounding generalised shame is growing, there has been a paucity of research regarding shame linked explicitly to the body (Gilbert & Miles, 2002). This research paper aimed to explore the connection between body dissatisfaction and shame. Similarly, Gilbert and Miles (2002) aimed to align literature around body image and shame. They explained that the topic of shame is too vast and all-encompassing; thus, by focusing on one specific aspect of shame, their research could benefit both clinicians and researchers alike (Gilbert & Miles, 2002). As discussed in the previous chapter, body dissatisfaction can have long-lasting psychological and physical health effects. Gilbert and Miles (2002) concurred with this, primarily when understood in the context of shame: "when people experience their physical bodies as in some way unattractive, undesirable and a source of 'shamed self' they are at risk of psychological distress or disorders" (Gilbert & Miles, 2002: 4). They perceived body shame as being related to negative experiences of both appearance and function (Gilbert & Miles, 2002). This is an important feature of their research, as unlike previous studies, the focus is not drawn to the westernised thin-ideal or media influence of body-image. Instead, their research aimed to encompass the broad nature of the topic and subjectivity therewithin. Gilbert and Miles's (2002) paper has offered a substantial base of literature from which to work, as they have aimed to locate shame within the experience of body-image, in a way that does not limit the subjectivity of that experience.

By focusing specifically on body shame, one can begin to distinguish between internal and external shame, stigma and humiliation, and view body shame as existing within a social and cultural context (Gilbert & Miles, 2002). The biopsychosocial model has identified two types of shame: internal and external (Gilbert, 2002). External shame is associated with how individuals feel about others' perceptions of them. This refers to how they may be viewed socially (Gilbert, 2002; Mikulincer & Shaver, 2005). This can be interconnected with any standard of beauty, similar to the thin-ideal, which individuals with body dissatisfaction may internalise as a benchmark for belonging and acceptance. Internal shame is related to negative

emotions and self-assessment, which are linked to one's imaginary audiences created from personal experiences with others (Robins & Tracy, 2004). If the particular standard of beauty is not achieved or met, then the individual may experience feelings of worthlessness and engage in unhealthy activities to achieve connection and worth.

The question is then posed as to why it is important to human beings to appear attractive to others (Gilbert & Miles, 2002)? It is believed in part to stem from the notion that throughout history, those who were deemed attractive had better access to certain resources such as support, allies, wealth and sexual partners, than those who were not (Gilbert & Miles, 2002). In today's times, much of the aforementioned statement is the same. "In a study of nearly 300 Dutch advertising agencies, economists found that firms with better-looking executives had higher revenues" (Spector, 2013: 1). Similarly, according to a study in Finland, it is believed that beautiful people have an advantage in politics, as the research found that both male and female political candidates who were more attractive than their opposition, were more successful in their campaigns (Spector, 2013). Social media has also opened up a platform for mass body shaming[2] and a culture of instant and desired affirmation (Meeuf, 2017). Both of which may fuel the experience of rejection and shame, of not belonging to or living up to societal standards of beauty, and the worthiness and advantages that are attached to that standard.

Gilbert and Miles (2002) believed that self-conscious emotions are often reactions to threats of different natures and Retzinger and Scheff (2000) saw the specific threat that elicits shame as being an attack or disruption to social bonds. Gilbert (2002) referred to shame as an affective-defence response to the threat or actuality of experiencing social rejection and devaluation, owing to an individual feeling unattractive socially. This extends to the experience of feeling unattractive physically to other people. Therefore, it would seem that shame is born out of threat, which makes it difficult to access owing to the fear, hurt and isolation associated with the experience. Owing to this very nature of the experience of shame and body dissatisfaction, this research located the need to utilise mediums that could aid in the accessing and exploration of these experiences in a therapeutic process. The following chapter will provide insight into the use of Drama Therapy toward this end and the chosen methods therein.

[2] "The action or practice of humiliating someone by making mocking or critical comments about their body shape or size" (Oxford Dictionary, 2017: 1).

CHAPTER FOUR: METHOD AND INTENTION

4.1 Drama Therapy

Drama Therapy is an active and experiential approach that utilises creative and artistic means for exploration, insight and healing (North American Drama Therapy Association, 2016)[3]. Within a South African context, the Health Professions Council of South Africa (HPCSA) has the following scope of practice for the Arts Therapies as a whole:

> The profession of Arts Therapy refer to the therapeutic use of the mediums of drama, movement, art and music to facilitate change in the individual and in their ability to relate to others within multi-cultural and diverse social contexts. The aim of the arts therapies is the intentional and systemic use of the arts to achieve the therapeutic goal of symptom relief, emotional, cognitive and physical integration and personal growth (HPCSA, 2017: 1)

The distinct nature of Drama Therapy is its use of drama and theatre mediums. Drama (and theatre), in this sense, is the utilisation of various dramatic elements toward a therapeutic means. These elements can include but are not limited to, role, voice, movement, story, puppetry and enactments (NADTA, 2016). This is a projective way of working and allows for a play state to be entered in which clients can explore various elements of themselves through the aforementioned drama mediums (NADTA, 2016). Drama Therapy is a mode of expression that promotes personal growth, mental, physical and spiritual wellbeing (Emunah, Johnson & Lewis, 2009). It is not a process conducted in isolation but rather involves a system of witnessing and being witnessed. Sessions are conducted in a group or in a one-on-one between the therapist and client, which enhances the treatment process by validation and recognition (NADTA, 2016). Drama Therapy is aligned with the modalities of Psychotherapy and Counselling (Emunah, Johnson & Lewis, 2009). The expressive space allows for subconscious material to emerge in a non-threatening and unobtrusive manner. This is made possible through an expressive form of communication which is not limited to the verbal, an aspect that distinguishes Drama Therapy from ‘talk therapy’ (NADTA, 2016). Malchiodi (2005: 9) explains:

[3] The abbreviation NADTA will be used from here on out.

> Expressive therapies add a unique dimension to psychotherapy and counselling because they have several specific characteristics not always found in strictly verbal therapies, including, but not limited to, (1) self- expression, (2) active participation, (3) imagination, and (4) mind-body connections. The role of the Drama Therapist is not to interpret a client's 'work'; drawings, movement, poems, or play, but rather to facilitate the journey for the client in making meaning for themselves. Expressive therapies are used to tap the senses as a source of stories and memories.

In this way, Drama Therapy allows for memories to emerge that may not have been encoded verbally, and those that may not be consciously accessible by the client. Rothschild (2000) believed that "memories in particular have been reported to emerge through touch, imagery, or carefully guided body movements" (Malchiodi, 2005: 6). Therefore, Drama Therapy embodies the intentional use of drama mediums employed to enable an explorative and therapeutic journey for a client. The impetus of this therapeutic journey is to allow for personal growth, problem-solving, mental wellness, and the emotional and physical integration of the individual into their world.

4.2 Drama Therapy with Shame and Body Dissatisfaction

According to Johnson (1990), the role of the creative arts therapist is to call upon, model and guide creativity and self-expression. In her work with addiction, she explored the creative means of Drama Therapy as tools to dealing with shame (Johnson, 1990). "Our patients stand, paralysed, at the door of their shame, afraid of what dragons will emerge if they dare to open it" (Johnson, 1990: 307). She referred to one role of the drama therapist as being the creative-shaman-therapist, that possesses the required tools for their liberation from the imprisonment that shame causes (Johnson, 1990). The tools she referred to are creative mediums within Drama Therapy: poetry, drawings, enactments, embodiments. These tools provide the needed aesthetic distance to tackle shame; "we write a poem, we draw a picture, we act in a play, and we come a little closer to understanding ourselves, to forgiving ourselves, to healing ourselves" (Johnson, 1990: 307). The essential message that the shaman-therapist communicates is that "all healing is within the patient, and the role of the healer is to remind or teach the patient this truth" (Johnson, 1990: 300). Johnson believed that this form of inner-healing has the potential to transform shame, and because of our role as the shaman-therapist, we are especially suited to assist in the journey of this healing process (Johnson, 1990).

Arts therapists engage clients in modalities that are ideal to aid them in the journey of self-discovery, owing to their natural progression toward self-expression (Johnson, 1990). Johnson (1990) commented on this healing journey, comprising of two parts, which she terms the 'false self' and the 'true self'. The false self is explained as being associated with experiences of disconnect, such as body dissatisfaction and other harmful behaviours (Johnson, 1990). The true self is related to elements of love and acceptance. Johnson (1990) believed that by welcoming acceptance and love into the process, the negative aspects of one's experiences could begin to heal. "The Self is the wisest part of us, and is at peace with itself, the mind, others and the universe" (Whitfield, 1984; Johnson, 1990: 300). Johnson's (1990) understanding of the journey toward healing is similar to the discussion raised around Brown's (2012) notion of acceptance and the experience of belonging as being inherently linked to our handling of shame. Both agreed that the route to healing our shame is through an acknowledgement or acceptance of it, which will allow us access to love and belonging. Or as Johnson (1990) terms it, our true self.

Research-based interventions were conducted by Gammage and Shaw (2011) around the use of Drama Therapy to explore shame. Their intervention took place in 2009 and consisted of three workshops for 34 participants who were mental health practitioners and teachers. The research project was titled *The Drama of Shame* (Gammage & Shaw, 2011). The aim of their intervention was to explore shame using creative expression (Gammage & Shaw, 2011), specifically exploring the mediums of play, drama and movement. The workshops were aimed at exploring ways that the participants could work with their own clients' experiences of toxic shame (Gammage & Shaw, 2011).

> Shame that sits in the shadows, un-thought about, unattended to but undeniably present infecting every encounter. When shame becomes more toxic in its experience, how do we name it, especially when there is so often shame in naming shame? How do we begin to repair from this experience? (Gammage & Shaw, 2011: 131).

The group-based intervention was built on the foundation that both trauma and healing come from our experiences with others (Gammage & Shaw, 2011). The research emphasised the role Drama Therapy plays (Gammage & Shaw, 2011). Drama Therapy can offer a medium that encourages "safety, containment, affect regulation, interpersonal skill building, problem-

solving and trauma processing through such structures as metaphor, narrative, character engagement, text and role play" (Gammage & Shaw, 2011: 132). They believed that Drama Therapy could be useful in working with the ways in which shame has been encoded non-verbally; "visual, auditory, kinaesthetic, visceral and affective modalities" (Gammage & Shaw, 2011: 132).

The sessions explored the use of an adaptation of Boal's (1992) mirroring exercise, sculpting, and the story of The Snow Queen (Gammage & Shaw, 2011). Drama Therapy enables the therapist to accompany the client on a journey, stand beside them without judgement and witness the strides that they take: "it allows the shedding and trying on of new skins, or the remembering of old ones which have lain forgotten" (Gammage & Shaw, 2011: 132). Feedback from the intervention revealed that several participants felt stronger after engaging with the subject matter of shame through Drama Therapy techniques and reported wanting to do more work surrounding this topic. "Friel and Friel (2006 cited in Whitfield 2006) stated that shame is closely connected to fear; perhaps in engaging with shame the result is that we no longer feel a victim in relation to its presence" (Gammage & Shaw, 2011: 134). This relates to literature discussed in Chapter Three regarding shame emerging from the experience of a threat related to the self. It would seem that through Gammage & Shaw's (2011) intervention, the Drama Therapeutic mediums used allowed the participants a means of overcoming the fear attached to their shame and a sense of the acceptance that Johnson (1990) described.

Eicher and Kaslow (1988) explored a multi-disciplinary approach to treating negative body image in individuals with eating disorders. They referred to the treatment as Body Image Therapy, combining creative arts with verbal psychotherapy (Eicher & Kaslow, 1988). The premise of the work was founded on the notion that body and mind are connected, and in order for healing to occur, both aspects need to be acknowledged (Eicher & Kaslow, 1988). The intervention explored verbal and non-verbal means of expressing (Eicher & Kaslow, 1988). Thematic areas that were explored in the intervention included sensory awareness, mirroring, balancing, moderate exercise, projective artwork, and family body image (Eicher & Kaslow, 1988). "The treatment focuses on developing trusting relationships, developing a more positive - sense of self, and an increased capacity for self-expression" (Eicher & Kaslow, 1988: 186).
Haist (2000) conducted an eight-week Drama Therapy workshop in Canada, to explore the role of Drama Therapy in treating negative body image. The research aimed to assess the drama-therapeutic tools that were employed in the intervention; namely, movement and embodiment,

creative writing, enactments, story, and exploring metaphor and symbols through games and projective artwork (Haist, 2000). The group consisted of six participants and took place once a week for two hours (Haist, 2000). Feedback from participants showed that the pre-test, discursive reflections, projective artwork, confidence boosting games, and movement exercises were the most impactful techniques (Haist, 2000). Participants also reflected that the most significant value of the group was "being able to talk to others and express feelings, fears and concerns in a safe, understanding environment" (Haist, 2000: 59).

This research aimed to expand on this notion of the potentials of Drama Therapy in offering containment, interpersonal connections and self-growth in the context of exploring shame and body dissatisfaction. A difference in this research to the aforementioned studies offered by Gammage and Shaw (2011), Eicher and Kaslow (1988), and Haist (2000), is the focus on shame attached to body dissatisfaction in a population of women, in early adulthood, who have not necessarily experienced an eating disorder, and who are not selected for being mental health practitioners. The research has also utilised different drama therapeutic techniques for aesthetic distance.

These previous studies have offered insight that has enhanced this research journey as they have reflected and depicted an encounter with healing shame, as well as the unique potential of the creative arts in this endeavour. In many ways, the interventions conducted in these studies have also aligned the literature around shame and body dissatisfaction with the practice of the Creative Arts Therapies. This particular research journey has therefore been shaped by the understanding that shame requires exploration in order to access healing. Drama Therapy has the potential to offer containment of that exploration as well as a unique engagement with shame, through Drama Therapeutic mediums that incorporate aesthetic distance.

4.3 Methods

4.3.1 Research Methodology

This research is situated within a qualitative research methodology, utilising a case study design. Qualitative research can provide complex, textual descriptions of individual's experiences with the given research topic (Guest, Mack, MacQueen, Namey & Woodsong, 2005). "It provides information about the human side of an issue- that is, the often-contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals" (Guest, Mack,

MacQueen, Namey & Woodsong, 2005: 1). Qualitative methods are also valuable in identifying intangible factors, such as body dissatisfaction and shame, or more broadly; emotions, gender roles, and culture (Guest, Mack, MacQueen, Namey & Woodsong, 2005). Case studies are in-depth investigations of subjects within a particular environment, performing particular tasks, toward a particular conclusion (Weiten, 2001). A case study design may use direct interviewing, direct observations, as well as other data collection methods (Weiten, 2001). Case Studies are particularly well suited for exploring certain phenomena, such as psychological disturbances (Weiten, 2001). They can also provide persuasive, real-life illustrations that reinforce a hypothesis or theory (Weiten, 2001).

The sampling method used was snowball sampling. A white-boarding video[4] was made, briefly detailing the nature of the research. The video was then shared to many different platforms on social media. Viewers who were interested in participating were asked to email the given address for further information. A limitation of this particular method of sampling is the accessibility to social media. The population group was therefore limited to those who could access the internet and social media. Alternative sampling methods will be explored in Chapter Seven, which will conclude the paper and provide recommendations for future research. The inclusion criteria for this research were as follows: women between the ages of eighteen and forty, living in Johannesburg, who identify with experiences of shame attached to body dissatisfaction.

4.3.2 Drama Therapeutic Methodology

The intervention consisted of eight sessions, each with a duration of one hour. The Drama Therapeutic techniques that were utilised in the intervention included journey mapping and body mapping, Robert Landy's (1994) Role Method, poetry, and Gestalt Therapy exercises. These techniques are relevant in their creation of an aesthetic distance, allowing individuals a creative and symbolic means of approaching a vulnerability enhancing topic. The work within Drama Therapy is participant lead and therefore requires a degree of flexibility. In many ways,

[4] Whiteboard animation is a form of creative storytelling. This is a process in which the artist draws pictures onto a whiteboard to create the narrative, and records the duration of their artwork to make a video (Courtney, 2013). Note to the reader: Please see the given USB accompanied with this research report, for a copy of the sampling whiteboard video.

this type of therapeutic structure is similar to the interpersonal approach in counselling and therapy. “The therapist’s goal in the interpersonal process approach is to encourage the client’s lead while still participating actively in shaping the course of treatment” (McClure & Teyber, 2011: 166). Owing to this, the structure of the intervention shifted according to the needs of the participants.

Journey mapping was used as a tool for tracing one’s experiences of shame attached to body dissatisfaction. “You would follow a map in order to undertake a journey, to be (in Richard Schechner’s terms) transported from one place to another” (Nicholson, 2014: 44). Narrative or journey mapping allows for a process of exploring significant memories and details about one’s life (Nicholson, 2014). The method of mapping emerges out of Narrative Therapy which involves the re-authoring or re-storying of client’s memories and experiences (Morgan, 2000). “We give meanings to our experiences constantly as we live our lives. A narrative is like a thread that weaves the events together, forming a story” (Morgan, 2000: 4).

The use of narrative or journey mapping presents an opportunity to recall significant moments and creatively represent them in the here and now (Nicholson, 2014). This method was selected for the purpose of this intervention to allow the participants to explore experiences around shame and body dissatisfaction while presenting them as external to the self. “There is always a context in which the stories of our lives are formed. This context contributes to the interpretations and meanings that we give to events” (Morgan, 2000: 5). Therefore, the method invited the participants to locate a story in the context of their experience of shame and body dissatisfaction. Narrative mapping allows for aesthetic distance as the individual uses objects and material to represent these various elements of the story. This allows for metaphor and abstraction to occur, protecting the individual from direct exposure or confrontation of a specific memory. The method also creates the opportunity for a birds-eye view of an experience, and the space to discover further aspects of that encounter. The story is not only represented in the space, but the participants are asked to consider alternate endings, the role of characters in their story, to locate themselves in the story, and then to add something to represent themselves now after the event of the story. This form of alternate storying serves an important purpose in the process as we begin to “bring forth and thicken stories that do not support or sustain problems” (Combs & Freedman, 1996: 16).

Within a Drama Therapeutic context, the use of Narrative Therapy techniques introduces a mixed methodology which has been termed Narradrama (Dunne, 2009). "By encouraging creativity as well as imagination and role-playing, Drama Therapy helps participants re-examine or redefine their self-descriptions and internal-narratives. Drama Therapy leads to new insights through artistic expression and expansion on roles" (Dunne, 2009: 176). Narradrama combines the intentions of both Narrative Therapy and Drama Therapy, finding many commonalities between their methods. "In both Narrative Therapy and Drama Therapy, it is important to discover, reveal and challenge restraints. Individual, family and cultural restraints sometimes limit personal potential and growth" (Dunne, 2009: 177). While the method used in this intervention is not strictly considered Narradrama, it locates itself in the intersection between the two therapies and offers the participants a therapeutic engagement of their stories.

Role method, developed by Robert Landy (1994) as a practical exploration of his Role Theory, explores the playing out of different roles by therapist and client in order to discover or recover the most functional role system for the client. Role Theory is based on the assumption that "the human personality is a system of interrelated roles which provide a sense of order and purpose" (Landy, 1994: 102). Landy's (1994) fundamental theory is that emotional wellbeing depends upon the individual's ability to manage the complex and often contradictory roles. Role Method is the practical application of Role Theory and allows individuals the chance to explore various roles, discovering the unique traits and mannerisms of specific roles in order to understand and accept them into their role repertoire (Landy, 1994). A person's role repertoire or role system refers to the number of roles available to them at any given moment (Landy, 1994). Therefore, the therapy works toward strengthening or repairing the individual's role system. The notion of the self in Landy's theory was drawn from social psychological theories of the self which acknowledge that "there are all sorts of different selves answering to all sorts of different social reactions" (Mead, 1934: 142). This is aligned with Landy's understanding of role as "multifaceted, derived in part from the social world, and essential in building the human personality" (Landy, 1993: 21).

Knowles had a similar view of the self, as being socially influenced toward our identities. "Certain interactions will lead us to label ourselves as male or female, mother or daughter, clerk or customer, and will lead us to learn sets of behaviours associated with these and complementary labels" (Knowles, 1982: 6). Burke understood this view of human action and interaction as being best described and investigated in terms of drama (Jones, 1996). In this

light, Peter Berger, Hugh Duncan and Erving Goffman developed the idea of understanding the self and identity through drama:

> Drama is used as a way of understanding the self. Individuals are termed as actors in everyday life and the way people relate to each other is described dramatistically; that is, in drama terms. For example, people in life are said to play different roles, they use props to portray and arrive at their identity. The self is arrived at through interaction with other 'actors' (Jones,1996: 63).

According to Landy (1994), there are three domains related to our roles; namely, role recipients, role takers and role players. Role recipients refer to our inherent traits and abilities, role takers are in reference to our social interactions, and lastly, role players look at the fusion of the roles we receive and those we choose to play out. Role Method consists of seven steps: Invocation of the Role, The Naming of the Role, The Playing Out/Working Through of the Role, Exploring Alternate Qualities in Subroles, Reflecting Upon the Role Play, Reflecting Upon the Fictional Role to Everyday Life, and Integrating Roles to Create a Functional Role System. "Both the client and the therapist take on and play out roles in order to help the client discover and/or recover the most functional role system" (Landy, 1993: 47). This research aimed to utilise this medium as a way of accessing shame as a part of the self that plays out in different ways, as well as presenting shame as a character in order to explore the different aspects and components of that character. The use of role within a Drama Therapeutic context is to allow the participants to look at, examine and rework the roles they hold (Jones, 1996).

The idea to utilise Role Method as a means of exploring shame, within this study, was inspired by work done in a documentary by David Alvarado, and a Drama Therapist by the name of Carol Dietrich (Alvarado, 2011). The video reveals Dietrich's use of masks with her clients to create a character that represents the face of their eating disorder (Alvarado, 2011). Through an embodiment of the character, by both the client and the therapist, the client is able to confront their eating disorder as something/someone external to themselves (Alvarado, 2011). This enables them to hear what the voice of their eating disorder sounds like inside their heads (Alvarado, 2011). Similarly, this research aimed to utilise embodiment to externalise shame; to allow participants the opportunity to engage their shame as external to the self. In turn, this enabled a deeper sense of understanding, reflecting and reworking experiences of shame.

Johnson (1990), in her work with shame in addiction, explored the use of poetry as a means of exploration and expression. She uncovered that poetry is a tool that allows individuals to both listen and create poetry in a shared experience, both of which are important acts of self-healing (Johnson, 1990). Poetry Therapy is the use of the written word, although it may be read aloud, to bring healing and personal growth (Carroll, 2005). Poetry provides the means of talking about our experiences. "My job as a poetry therapist is to use poetry and voice to help people get access to the wisdom they already have but cannot experience because they cannot find the words in ordinary language" (Carroll, 2005: 162). Poetic devices, particularly metaphor, give the writer the freedom to be specific and concrete or as abstract as desired. Carl Jung (1964) in his book, *Man and His Symbols* (completed and translated by Henderson, Jacobi, Jaffe and von Franz, 1964), specifically discussed the use of spoken and written word, and the metaphor therewithin, as being essential aspects of discovering the complexities of the self.

> Man uses the spoken or written word to express the meaning of what he wants to convey. His language is full of symbols, but he also employs signs and images that are not strictly descriptive. Thus, a word or image is symbolic when it implies something more than its obvious and immediate meaning. As the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason. Because there are innumerable things beyond the range of human understanding, we constantly use symbolic terms to represent concepts that we cannot define or fully comprehend (Henderson, Jacobi, Jaffe and von Franz, 1964: 3-4).

As Jung explored, the use of poetry allows participants to discover hidden aspects of themselves and their experiences. This uncovering of hidden conflicts is a principal aim of Drama Therapy (Andersen-Warren & Grainger, 2000). Poetry therapy shares the same principle, working intently with metaphor to convey and discover aspects of the self. In Poetry therapy, three significant domains are utilised. The receptive-prescriptive uses pre-existing poetry or literature to elicit responses (Blank, 2016). This is also a common device within Drama Therapy, as the therapist and client use relevant text to explore common experiences or themes (Andersen-Warren & Grainger, 2000). The expressive-creative gives a client or group the chance to write, whether it's poetry or letters (Blank, 2016). A third usage is the symbolic-ceremonial, which is connected to the power of ritual or symbols (Blank, 2016). Poetry has the ability to utilise metaphor, rhythm, rhyme and freedom of expression in a way that other forms of writing might not offer. The process of writing is a therapeutic tool that helps individuals solidify their

thoughts and feelings in a concrete and graspable way. Drama Therapy utilises metaphor and symbol toward healing, and their relationship to this healing process is based on fundamental sources, particularly those of drama and ritual (Mann, 2011). Both Poetry Therapy and Drama Therapy's principles of healing are aligned around the cathartic and explorative potentials of metaphor and symbol.

A further exploration of the two mediums was found in the connection between Role Method and Poetry Therapy. Both methods are concerned with expression. My own personal journey through PAR led me to this intersection, where I found the predominant mediums of expression were embodiment and poetry while exploring the role of shame. The idea is that the use of the aesthetic distancing in poetry through metaphor, and the characterisation in Role Method, allows the individual to express without concern of exposure or direct vulnerability. This aspect becomes essential, as the need for strong aesthetic distance is the foundation upon which, not only my research is based, but arguably Drama Therapy too. The aim of the research has been to externalise shame as something outside of the self in an attempt to explore and reintegrate it. These models were incorporated into the intervention owing to their distinct use of aesthetic distance and the exploration and reintegration of role (Landy, 1994).

Another method that was selected was the Two Chair exercise, which is a Gestalt Therapy technique. Gestalt Therapy refers to a form of Psychotherapy that stems from the Gestalt school of thought. It was established by Fritz and Laura Perls in the late 1940's and is guided by the Relational Theory Principle which holds the notion that every individual is a whole; mind, body and soul. It posits that individuals are best understood in relation to their current situation and context as he or she experiences it (Nevis, 2000). "Gestalt Therapists believe their approach is uniquely capable of responding to the difficulties and challenges of living, both in its ability to relieve us of some measure of misery and by showing the way to some of the best we can achieve" (Nevis, 2000: 13).

There are three primary sources that contribute to Gestalt Therapy, namely; Psychoanalysis, Humanistic, Holistic, Phenomenological and Existential writings, and lastly Gestalt Psychology (Nevis, 2000). Psychoanalysis contributed the principles concerned with inner life and the introduction to transference and countertransference as ways of characterising experiences in the psychotherapeutic moment (Nevis, 2000). The Humanistic, Holistic, Phenomenological and

Existential writings contributed the emphasis on personal experience and everyday life (Nevis, 2000). Lastly, Gestalt Psychology offered the interaction and process, experimental observations and conclusions, and the insistence that a psychology about humans must include human experience (Nevis, 2000). The concept of the self and the image of the person is an essential feature of Gestalt Therapy (Mann, 2011). The notion of 'self' is viewed as an ever-changing process, that is continuously adjusting in relation to the environment we are in (Mann, 2011). While we have a character that is made up of beliefs and ways of relating to the world that will remain relatively fixed, the person and the environment are "one constellation of independent factors and any behaviour emitted is embedded in this context" (Mann, 2011: 180). Psychological Health within the Gestalt Therapy context relies on an individual's ability to focus on the present moment with reference to their past experiences, which then informs future expectations, plans and actions (Mann, 2011). The present is not fixed in and of itself but is impacted by the past and the future. "Healthy relating is the ability to move along an awareness continuum in relation to our environment, health being our capacity for creative adjustment to new situations" (Mann, 2011: 182). When we encounter difference, it is in the interplay at the contact boundary between the environment and the individual, and this is precisely where growth can occur (Mann, 2011). In order for this to become a possibility, we need sufficient support for the self and our environment. Thus, healthy functioning occurs when we are acclimated to our current environment, within the immediate here and now, so that we can adjust our contact and integrate any difference encountered (Mann, 2011).

In the interest of increasing awareness and addressing unfinished business, Gestalt therapists often ask the client to create dialogue. The focus of this dialogue may centre around parts of the self, with the therapist, or with another individual in the client's life. The dialogue may occur between polarities within the client's personality, in which case techniques such as The Empty Chair and The Two Chair may become useful. The Empty Chair is a method used for intervening on unfinished business, whereas The Two Chair is utilised for healing splits within the self (Murdock, 2013). The Two Chair was used in this research intervention as a means of enabling participants to enter into a dialogue with their shame as a character, external from themselves. Shame is ultimately a polarity within the individual, and the exercise presented a space to engage that part of the self in order to facilitate communication, understanding and ideally, healing.

Both Landy's understanding of the self and Gestalt Therapy's definition of self, observe the constant changes that occur in the self; in terms of the different roles we hold when placed in different scenarios. The connection between Gestalt Therapy and Drama Therapy, or more specifically Psychodrama, is unique. "In the 1960s, there was a brief academic coexistence between Moreno and Perls, since the founder of Gestalt Therapy participated in some Psychodrama sessions run by Moreno" (Vieira & Vandenberghe, 2015: 2). It is believed that from his encounter with Psychodrama, Perls was inspired to utilise experimental approaches, creating the empty chair technique and adopting the use of role play with clients (Blatner, 1996). Psychodrama and Gestalt share the premise that people come to know themselves best through direct experience (Polytechnic NSC, 2014). In a paper by Martin Dominik Polinek (2016), he proposed an intersectional approach between Gestalt Therapy and Drama Therapy, terming it Gestaltdrama. This is the amalgamation of Gestalt Therapy with Drama Therapy, Theatrotherapy and Fairytale Therapy. He proposed that this alignment of therapies results in a "specific psychotherapeutic approach whose versatility and holistic conception makes it suitable not only for psychotherapy but also for self-development of people" (Polinek, 2016: 12).

This research selected these distinct methods owing to their capacity to invoke and hold the externalisation of shame, aesthetic distance and individual expression. The intervention was structured utilising these methods in order to engage participants in a healing journey, by incorporating their bodies into the therapy. Each method engaged the body as a means of expression. As the topic of the research was centred around the experience of one's body, the intention of the research was to engage the body in the therapeutic process. Each method was selected to allow for this to happen while offering an aesthetic distance framed by the direct principles of Drama Therapy, to hold the vulnerability that the topic provokes. Creative expression, exploration, and aesthetic distance have served as a grounding from which this study was conducted. These elements are inherent to the value of the methodology chosen. Promoting self-discovery and healing on many levels has been the essential purpose of this research, which speaks to the intrinsic nature of Drama Therapy.

4.4 Ethics

This research study aimed to maintain and ensure that the participants' rights were adhered to at all times. Participants were informed that participation in this study was on a voluntary basis and no consequences would befall them if they chose, at any time, not to participate.

Confidentiality and privacy of participants were adhered to at all times. While anonymity could not be provided, participants of this research were guaranteed confidentiality. Each participant was provided with a pseudonym; namely, Participant A and Participant B. All information and data collected about the participants have only been used for research purposes. Participants were offered the right not to answer personal and sensitive questions if they did not wish to. Participants were informed of the purpose of the study, being a prerequisite to fulfilling my Master's degree requirements in Drama Therapy. Before participating in the research, the participants were asked to sign a consent form detailing the nature of the interventions and subsequent research. The consent form also detailed the use of audio recording for any reflections and feedback in the space[5]. It specified that the audio footage would be transcribed and only used for the purpose of this research. The consent form also specified the collection of other data collected in the space for use in this research[6].

It is important to acknowledge the dual role I undertook in the intervention, as both therapist and researcher. Dual roles, when not managed appropriately, can result in unethical practice (Etchegary et al., 2009). When engaging in the dual role of therapist-researcher, it is necessary to remain conscious of the strengths and limitations of the intervention in both a clinical and research setting, and ensure that the research produced is guided by ethical standards (Kewley, 2006). These standards included taking reasonable care to avoid including any data that went beyond the agreed upon scope of the intervention and remaining aware of my ethical responsibility as a therapist. This entailed taking the necessary steps to ensure that the relationship with the participants in the capacity of the researcher was formed in a way that abates the chance of therapeutic misconception. In the instance of data being collected within a therapeutic setting and utilised for research purposes, the ethical goal is to respect and protect the privacy of participants. "Individuals who participate in research entrust researchers with personal information and at times assume significant personal risk" (Kewley, 2006: 18), and therefore in this dual role, I have aimed to remain conscious of the privileged relationship between the therapist-researcher and the client-participant. I also aimed to uphold the responsibilities and ethical practices inherent in both roles.

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[5] Within this research report, the term 'space' will be used to describe the environment created by myself and the participants, within which the therapeutic process took place.

[6] Please see Appendix D for a copy of the Participant Information Form, Consent Form and Ethics Clearance Certificate

CHAPTER FIVE: NARRATIVE DESCRIPTION OF THE INTERVENTION

This chapter serves as a detailed narrative description, outlining the eight-week intervention. The purpose of this chapter is to provide the reader with some insight into the process as it took place. This chapter has been framed using the Peter Hawkins and Robin Shohet's model of reflective practice (Hawkins & Shohet, 2012). The model provides seven steps in the reflective process; namely: the practitioner's system, interventions, relationship with client, own experience, the parallel process, self-reflections, and the wider context (Hawkins & Shohet, 2012).

The first step, the practitioner's system, refers to the situation. More specifically, it embodies the problem that the practitioner is trying to assist with, and how that problem presents. It is in this phase that the practitioner keeps the attention on the agenda of the work (Hawkins & Shohet, 2012). Secondly, the practitioner's interventions refer to the type of intervention that has been made, the rationale, as well as possible alternative interventions that could have been used (Hawkins & Shohet, 2012). The third step, the relationship between the practitioner and client, focuses on the dynamic between them; on both conscious and unconscious levels (Hawkins & Shohet, 2012). Fourthly is the practitioner's own experience, which allows for an opportunity for self-awareness. Fifthly is the parallel process which involves the practitioner, the supervisor and the client, and focuses on the dynamic that occurs through these three folds in supervision (Hawkins & Shohet, 2012). The sixth step is the practitioner's own self-reflection, which provides an added dimension to the gathering of data and offers an avenue for a deeper understanding of the client and their relationship. Lastly, is the broader context which gives consideration to the ethical, contractual, social and cultural aspects of the work (Hawkins & Shohet, 2012). These steps are a valuable guideline when it comes to reporting on an intervention and will be utilised, where applicable, in this chapter (Hawkins & Shohet, 2012).

The intervention began with four participants, however, from session three onward only two participants were present. One of the participants made contact to inform me that she did not feel she was in the right space to be undertaking this therapeutic journey and would prefer to attend Eating Disorder Anonymous group meetings which took place at the same time as our session. The second participant was unable to continue attending sessions owing to transport and scheduling difficulties. This served as a partial limitation to the research, as the intervention could no longer be considered as applicable to group intervention. While it was disrupting in some regards, it also appeared beneficial in terms of the therapeutic bond that was formed

between the two remaining participants. Interestingly, the two participants that remained in the intervention seemed to develop a strong bond from session one. Both participants reflected in their journals about the other, in sessions one and two, before the other members had left the group. Participant B felt that Participant A was in the intervention for a similar reason to her and it made her feel less alone in anticipating the upcoming therapeutic journey. Participant A shared that Participant B gave her courage to share her own story and be present in the space. The following narrative description will detail the sessions as they took place from my perspective, as the researcher-therapist[7]. It will include the description of the other two participants in the sessions before they left the intervention.

5.1 Session One: Introduction

The group began with a discussion of the research and concerns around confidentiality. It was discussed that there would be a great deal of embarrassment if people external from the space knew why they were coming to the sessions. It seemed to me that already in this beginning moment, the presence of shame was very predominant. One member, in particular, spoke about the difficulty of arriving at the session because of her fear of confronting not only the topic but other people in the space. She was concerned about the excruciating pain and embarrassment she would experience if identified. There was consolation in the fact that the group did not know each other and did not live in the same areas. What I observed is that the group felt comforted by the unfamiliarity of the others in the space, and as the session progressed, found further comfort in knowing that they were all in the group for similar reasons. The dual process of familiarity of topic and unfamiliarity of people seemed to ease the group into the space. I observed this particularly in the game of "The Sun Shines". This game was chosen as an introductory game owing to its potential to ignite group cohesion. The group forms a circle of chairs with one chair missing. One person, therefore, stands in the middle of the circle. That individual will begin by saying "the sun shines on anyone who…", the sentence is completed with a statement that is true of both the person saying it, as well as someone else in the space.

The game began with observations that the group could see (hair, jewellery, clothing, etc.), and each member of the group had multiple turns to be in the middle and observe something they possessed that someone else in the space did too. The game progressed to include aspects that could not be seen (hobbies, family members, experiences). While the game began with surface

[7] Please see Appendix C for a copy of my research journal notes after each session.

level categories, it soon progressed to substantial offerings around loss, emotions and confessions around body dissatisfaction. My role in this game was to support the progression of the game and the offerings from each participant. While I participated in the game, the move toward the vulnerable was offered by the members of the group. This particular exercise felt like a critical moment, as the group allowed themselves to access their vulnerability and have the other members of the group, including myself, support them in their sharing. It would seem that the game had served its purpose of allowing the group to bring aspects of themselves and find commonality or likeness with other members.

Following the game, the group were presented with quotes about beginnings from Alida Gersie's (1990) *Storymaking in Education and Therapy*[8]. They were each invited to choose a quote that appealed to them. The quote was to serve as a representation of the self in this beginning journey. To deepen this representation, they were instructed to draw a picture that would depict their understanding of their quote. In an attempt to form further group cohesion, the group were asked to negotiate and combine their images into one large image, as well as combine their quotes to form one poem. The group created a scale upward with their images; beginning with vulnerability, moving up toward choices and decision making, through to the ups and downs of a beginning (the order and chaos) and ending in growth which they termed the ultimate goal of a beginning. The group reflected that the image and poem spoke to them in terms of their experiences with weight and body dissatisfaction. One member reflected on the process of dieting and how the poem represents the constant flux in the experience. Another member discussed the poem in relation to the topic of body dissatisfaction*: "it is constantly moving and changing without really going anywhere"* (Participant C, 16/05/2017). The group agreed that the poem would serve as a version of a contract for the space, as a reminder of the process and their coming together as a group. It served as an acknowledgement of the group's starting point and a representation of the individual within a collective.

My overall experience of this session was that the group, although anxious about approaching the topic and entering the space, allowed themselves the opportunity to experience openness and vulnerability with one another. They located moments for themselves to introduce the topic of shame and body dissatisfaction when the exercises allowed it. In terms of group dynamics, it appeared to me that each individual asserted authority in different areas while maintaining an

[8] See Appendix B for the quotes chosen by the participants

amicable and respectful stance to other members. One member, in particular, seemed to be more outspoken than the rest and asserted authority over other group members more frequently. In terms of my role in the space, this session evoked the role of witness (Johnson, 1992). According to Johnson (1992), the therapist in the role of witness/mirror observes the group in their activity and thereafter offers feedback or feelings that arose from witnessing the work: "The concepts of empathy, projective identification, and evoked counter-transference, and kinesthetic counter-transference are used to describe this phenomenon" (Johnson, 1992: 114). The session was aimed at creating cohesion between myself and the group members, as well as between the group members themselves. The empathy and responsiveness of the role of witness seemed to allow for the beginning stages of a relationship to develop between us.

5.2 Session Two: Narrative Mapping

This session engaged the group in narrative mapping as a means of externalising a memory or story, in order to enhance and explore its meaning (Nicholson, 2014). Finding a space in the room in which to work, the participants utilised various objects and cloth to create their narrative map. The map was framed around a memory, or a time period that they journeyed through and would like to share with the group. It was made clear that the narrative could include the experience of shame and body dissatisfaction, or not. I asked a series of questions throughout, to be considered while they were constructing their maps. These questions included, *Where are you in your journey map? What were the obstacles in this journey? Did you have a helper? How or where does your map end? Were you happy with this ending or can you imagine a preferred outcome to the ending? If you were to give this map a title, what would it be?* After the participants constructed their maps, each participant was given the opportunity to present their map to the rest of the group, sharing as little or as much as they wanted to. Themes that emerged through their maps included: memory, loss, growth, vulnerability, othering, shame, and overcoming. Bringing this exercise to an end, the group were asked to mindfully deconstruct their journey map, returning the various objects back to the table, and de-roling the relevant objects that represented themselves and others. De-roling is the returning from the dramatic world into real-life and ensuring that any objects or characterisations are consciously acknowledged and concluded (Jones, 1991). On completion of the map, I invited the group to reflect through a writing task, in which they would write a letter to themselves. This was utilised as a means of reflecting on the experience and setting an intention for themselves moving forward in the group. They placed the letter in their journals to be read at the end of the eight-week process.

The group seemed engaged by the use of projective mapping and took it upon themselves to offer their connection to the topic of shame and body dissatisfaction, through their chosen memories. Participant A expressed her experience of shame as feeling othered, wondering why you are different from everyone else, and feeling alone in the experience. Participant B shared about a deeply painful experience of body dissatisfaction and being vulnerable in front of someone else, as well as having that person help her and stick by her. Lastly, Participant C shared a particular experience, that for her seemed to be the cause of her "bad eating habits" and dissatisfaction with her body. I felt the group was very supportive of each other and listened with care to each person's sharing. They each took on the role of witness as other members shared (Johnson, 1992). There was a hesitation by members in the group to vocalise their stories and explain their maps to the others. That being said, in reflection, they seemed willing to divulge parts of themselves that might otherwise seem uncomfortable to share about. Participant B shared that she suffers from Major Depression (MD), Participant C shared that she has battled an alcohol addiction and Participant A referred to herself as having a depressive personality. My role in this session, while maintaining that of witness, was the side-coach (Johnson, 1992). Influenced by the work of Viola Spolin (1963), the position of the therapist as side-coach is outside the activity, contributing to the setting up of the activity and offering a voice from the outside; questioning, suggesting, or modelling (Johnson, 1992).

5.3 Session Three: Role Method

For the remainder of the intervention, only two participants attended the sessions. The session was focused on engaging them in Role Method. A series of warm-up games were initiated at the beginning of this session as a means of introducing the body into the space. It also served to allow participants to engage with action and performance. Following this, the participants were asked to walk around the space as I initiated a body scan; drawing focus to and observing different areas of the body. The participants were engaged in enrolment exercises, first changing their walk to represent different characters, and then utilising hats as a means of creating and enroling as a character. The exercise allowed them to try on two different characters, to get the feel of developing and playing with role. The third enrolment was more focused and invited them to consider if shame were a character, who would that character be.

This process follows the first three steps in Landy's (1993) Role Method, namely the invocation, naming and playing out of a role. The first step, the invocation of role, looks at the

therapist assisting the client in drawing out a role from their role system that needs expression and examination. Landy (1993) believed that if the client has worked spontaneously without preconceived notions of who the character will be, then the role has emerged from their unconscious. The second step of naming the role helps the client to solidify the chosen role further and move away from their daily reality, into the fictional realm of the play space. Thirdly, is the playing out or working through of the role, which usually presents itself in the form of monologues or storytelling. The client can be asked to present in front of the group or alongside the group. "Working through occurs in role and is most successful when clients are able to fully accept the fictional reality of the drama" (Landy, 1993: 49).

The participants chose two distinct characters, both of whom were male. Participant B's character was a robust gym goer who was concerned with muscle mass, protein shakes and exercise. Participant A's character was shy and soft-spoken, with a depressive personality. Both characters interacted with each other in a series of different scenes taking place at a bus stop, an interview, and as old friends at a restaurant. Most of the conversations that took place in the scenes were confrontational, as they described the things they didn't like about the other person: *"you should be hitting the gym, look at you", "You think you look good because you gym, but you don't, your muscles are ugly"*. This was demonstrative of the way the participants positioned shame; as the attacking and confrontational voice that says, 'you aren't good enough'. What was interesting to see was how the characters turned against each other as opposed to on themselves. It was also interesting to see two opposing views of shame as a character; one being loud and obnoxious and the other quiet and introverted.

The participants were taken through a de-roling process, which engaged them both mentally and physically. They were asked to say goodbye to the character and verbalise their own name into the space, followed by a physical shaking off of the character and returning to their own bodies. The session ended with a reflection on the process and a check out by the participants.

5.4 Session Four: Role Method and Poetry Therapy

The session focused on further exploring Role Method and the characterisation of shame, through poetry. A piece of paper was placed in the middle of the room with the word "shame" written on it. The participants were asked to fill the piece of paper with as many words and phrases as they could that related to this word shame. Some of the words included rejection, judgment, love, sadness, and isolation. Utilising these words, the participants were asked to

adjust their walk according to the word being called out. Once they had embodied three or four different words, they once again selected a hat to characterise shame. They were told that they did not have to choose the same character as in the last session, but they could if they wanted to. Both participants chose different hats and characters. Finding a space in the room, the participants in character were given paper and pens and told that their character had been invited to a poetry sharing and had been asked to speak. They were invited to write the spoken word that their character would deliver at the poetry evening, a poem about how they see the world and themselves. They were given time to write their poems, and while they were busy, I set up a poetry sharing space. I also enroled as the poetry MC and utilised the role in coordinating and enriching the play space. The participants both took to the 'stage' and shared the poems they had penned.

My experience of this session was that it had a playful feel to it, but also a weightiness. I think this was because of the presence of shame in the room, very literally. The contradiction of the space, being both playful and heavy, was an interesting dynamic to be present in. It can be explained justly by Jones' (1996) life-drama connection. Jones explains that a life-drama connection can occur when a real-life experience is played out in the dramatic space, or when dramatic content in many ways relates to real-life (Jones, 1996). This connection can remain unconscious for the client, but at times the client is able to reflect on the connection as they are made aware of it. The participants in their reflection spoke back to their experience of this life-drama connection. They noted that their characters' poems spoke back to their real-lives in many ways, but they were able to leave much of what was said in the play space as being a part of their characters. I believe this to be the power of the medium. It has the potential to enlighten participants and create an exploration of experiences as weighted by shame, but at the same time allows them a safety to pace that exploration. My role during the session, and specifically during the poetry sharing, was that of guide: "The therapist as guide is allowed a greater degree of centrality in the imagery of the drama. In this case, the group or client uses the therapist as a projective medium through which the drama itself can develop" (Johnson, 1992: 115). The guide, therefore, places herself in the story amidst the play-space and journeys along with the group in the imaginary realm (Johnson, 1992).

The medium of poetry was used in conjunction with Role Method as a means of enhancing expression and exploration. "Poetry Therapy (PT) involves the intentional use of poetry and other literature to assist people with therapeutic and personal growth goals" (Alschuler, 2006:

253). The primary purpose of stage three in Role Method is to allow the client to explore and express the chosen role in the play space (Landy, 1996), and the purpose of Poetry Therapy is to allow the client a means of expression (Alschuler, 2006). It is an art form that promotes a freedom of expression. In this session, I believe it gave the participants a platform to link their thoughts, feelings and perceptions with the physical representation of shame. It provoked them to speak from Shame's perspective and understand how Shame sees the world. One particular insight that this session produced was the participants' engagement with shame, specifically the broad and general scope with which they were viewing the topic. The next session was therefore aimed at introducing the self, and connecting shame with body dissatisfaction.

5.5 Session Five: Body Mapping

This session was focused on body mapping. We began with a body scan while seated, mindfully checking in with the different areas of the body. We continued into a guided meditation as a means of creating a mindful safe space for the session. The participants were asked to imagine themselves walking along a pathway that leads to a door, and behind the door is a room that allows them the feeling of comfort, safety and security.

The participants were provided with two large sheets of white cardboard. They were given the option to have their own body traced on the paper, or if they felt uncomfortable with that to draw an outline of a body. The option was given in case the participants felt too vulnerable allowing someone to trace their body onto a piece of paper. Both participants requested to have their own body traced. Participant B was concerned that her hips were too large and would not fit on the piece of paper, but when she lay down, she saw there was more than enough space. The participants seemed very sensitive and supportive of each other as they approached tracing each other's bodies with much care. The instruction was to fill their body maps, using paint, in a way that represents them. They were given 20 minutes in which to do this, after which the participants were asked to select three different coloured stones from a box to represent memories, vulnerability and shame respectively. They were asked to spend some time deciding where on the map to place the various stones, considering areas on the body that are specific to these three aspects. They were asked to share as little or as much about their map as they felt comfortable with.

The choice of body mapping was as a means to connect the exploration of shame, with their own personal experiences of their bodies. "The body-mapping process was intended to be

therapeutic, creating a space to explore issues which were difficult to discuss and witness experiences which were obscured or hidden" (Boydell, de Jager, Ludlow & Tewson, 2016: 1). In the previous session, in which we embodied shame as a character, I was given the impression that the participants were exploring shame in a universal way. Therefore, this session aimed to create the connection and bring the personal experience in, specifically related to the body. I feel the method helped to create a way of projecting experiences externally from the self and solidifying them on paper. It allowed for the participants to view themselves and their experiences outside of themselves and engage actively in memories of shame and reflect on areas of vulnerability. It also quite literally allowed the participants to look at their bodies and "dress" them, or fill them with images, colours and shapes that mean something to them. They were given the opportunity to choose how they wanted to represent themselves on their maps, and I sensed this served as empowerment. "In cases where the phenomenon in question is associated with stigma in the community, body-mapping facilitates participants reclaiming or creating a preferred view of the body, thus bringing into question negative assumptions inherent in dominant narratives or ways of seeing" (Boydell, de Jager, Ludlow & Tewson, 2016: 1).

Participant B was more open to sharing her map with the rest of us, explaining her most vulnerable experiences of shame in an in-depth manner. I found that while Participant A did not share as much information around each experience, she still allowed herself to be vulnerable in the space and gave us an opening to view her map and her experiences. I was interested to see that the participants did not primarily place their shame in the same place as their vulnerability. As mentioned previously, Brown (2012) discussed how shame and vulnerability are connected. While shame may elicit vulnerability, the participants did not connect them as being one and the same in their body maps. The stones were used in order to assist the participants in locating these aspects on their map, but not in a way indicative of permanence. The stones could be removed afterwards, the same way experiences of shame may shift and transform. They do not necessarily remain fixed. There is also a sense of empowerment in being able to locate, share and then remove.

5.6 Session Six: Role Method and Two Chair

This session aimed to conjoin the experience of body mapping with that of Role Method. The focus of the session was to have the participants develop a character of shame that is specific to their particular experiences of shame, as discovered in the previous session utilising their body maps. The session also aimed to employ the Two Chair exercise as providing a platform

for the individual to address and converse with their shame. “This technique is particularly useful in helping clients to express and externalise internal dialogues concerning conflicts since it offers the client an opportunity to dialogue with a significant other or part of self about a significant concern or problem” (Meier, 2010: 24). As explored in Chapter Four, the connection between Gestalt and Drama Therapy serves as a platform for discovery and expression of different areas of the self. This is particularly true in focusing on the techniques of Role Method and the Two Chair exercise.

The participants were asked to consider a memory of shame that they had represented on their body map in the previous session. They were asked to consider if this version of shame were to be represented as a character, who would that character be. They were invited to use hats to represent this character. One participant chose not to use a hat. Once they had engaged with who this character is, by walking around the space and enrolling, they were invited to set up a space in the room with two chairs facing each other. They took cloth and created a circle around their space as a physical means of demarcating a safe space. Out of the two chairs they had placed in their circle, they identified one as being for their character, and the other as belonging to them. While in this space, they were going to have the opportunity to have a conversation with this character they had created. It was to be a dialogical space between themselves and the character, and even if it were done in a whisper, it had to be vocalised.

Both participants entered their spaces and after a few minutes of hesitation began to converse with the empty chair across from them. I witnessed Participant A speak more in her character’s chair, and less in the chair that was allocated for herself. Participant B spoke more in the chair set aside for herself than she did in her character. At one point, it appeared that Participant B became distressed and stepped out of her circle. She was breathing quite heavily and had her back facing the circle. At this point I intervened and asked her to move around the space, bringing her attention to her breath and her own body. I tried to focus her attention on the here and now. At this point Participant A asked if she too could step out and joined Participant B. Both participants engaged in a mindful check-in of their bodies in the space and slowed their breathing down. They were asked to come into the middle of the room and de-role out of the character they were playing. I invited both participants to sit in a circle in the middle of the room, away from their sectioned off circles, as we gently engaged in a conversation around their experience.

Participant A expressed her shame as a grade 7 version of herself, in which a group of friends were bullying her. Her shame presented as very angry. She explained that shame was angry by how hurt she was, that she was called disgusting, that she was mistreated, and she didn't really understand why. She found it very difficult to confront shame. She expressed that while sitting in the chair, there were many things she wanted to say to shame, but it was very difficult. She felt as if shame was bullying her, saying, *"aren't you going to say anything? Why aren't you saying anything?"*. Outside of the exercise, she expressed to myself and the other Participant the things she had wanted to say to shame. I asked her to return to her circle and say these things, to shame. In this way, I felt my role in the space was that of the director (Johnson, 1996). Johnson describes the director as being, "the manager of the playspace, and serves to protect it and facilitate transitions within it" (Johnson, 1996: 115). She told shame, this younger version of herself, that it was time to let go and that she could not stay angry forever. That these people are insignificant in her life and that they won't impact her forever. While she managed to say the things she wanted to, it was a very difficult experience. She expressed that she is not a confrontational person and therefore struggled in this regard.

Participant B expressed that her version of shame was not an external person, but rather a direct version of herself. She found this difficult. She expressed that it was a similar time period to Participant A, which was around the age of 13/14. She explained that the version of shame she was facing was situated at a time in her life when she was diagnosed with most of her chronic illnesses. She expressed that her version of shame was evil; lacking any empathy. Therefore, it was challenging to talk to this version of shame as there was no real emotion. She expressed that she did not want to be there, talking to shame. Eventually, she told shame to go away, and shame left the seat. She said that she did not give shame the opportunity or the space to speak back.

Both participants appeared to find this exercise a difficult experience. At the end of the session, both participants acknowledged that they had identified with the story of the other and that they understood what the other was going through. After the reflection, the participants were invited to deconstruct their space mindfully and were taken through a series of de-roling exercises. My primary response to this session was admiration for the participants. They managed to reach a difficult apex in the therapeutic work and allowed themselves the space to move through it, articulating their experience honestly. I had taken myself through a similar process in my PAR project last year and encountered a similar experience. It would seem that the difficulty that lay

in confronting their shame was in part owing to a lack of ever doing so previously. There was a fear around what shame had to say, and even more so, what their own responses were going to be.

This session highlighted, for me, the need for Landy's counterrole (Landy, 1994). "Roles adhere to their counterparts, called counterroles, creating dyads that are dynamic in nature, flowing toward and anyway from each other as the situation demands" (Landy, 2008: 104). If the self, struggled to address shame, then perhaps someone else could, some part of the self that was made to sit opposite shame. While confronting shame was not the ultimate intention of this research, the exploration of shame had led us to this point. By exploring shame, we emerged to address shame. I think the counterrole was the most appropriate progression of the intervention. It also fit into the aim of beginning a closing with the participants; it would begin to build them up, as opposed to entering more deeply into the work. I believed this next step would offer a containment for the participants and invite them to find inner strength and protective factors for the self.

5.7 Session Seven: Counterrole

The session began with a check in using objects. The objects were placed in the middle of the circle, and the participants were asked to select two objects that were in some way different from one another. They were then asked to check in by saying their name and explaining the objects that they chose. Once they had said how their objects were different, they were then asked to consider how their objects were the same. "Counterroles are not simple opposites, as villain is to hero, but can also represent a quality that one perceives as existing on the other side of the role" (Landy, 2008: 104).

Using hats for characterisation, they were asked to think very specifically about the character of shame that they brought into the space the week before. They were tasked to consider if they were to create a character that sat on the other side of this character, in many ways the opposite to this character, what would that character be like. They were told that their character had been invited to speak at a spoken word event, and their poem was to be a memoir of the self and their view on the world. While both participants took their time writing their poems, I proceeded to set up a section of the room as the poetry event. I once again enroled myself as the MC of the evening. I introduced the evening and welcomed both guests. Each participant got the opportunity to share their poems. They were engaged in character in a reflection around their

poems. Participant B chose the role of acceptance, while Participant A played the role of confidence. “Any role can have many counterroles, and although this dynamic has a universal quality, as we see in the polarity of beauty and beast, it also has a subjective quality” (Landy, 2008: 104).

Exiting the play space, both participants were told to mindfully thank the character for what they offered them in the space, to acknowledge that the character is always accessible to them, and to visualise a place within themselves to place this character before de-roling. We then gathered in a seated circle to have a verbal reflection of the experience. It was encouraging to see both participants draw upon inner strengths and acknowledge their capability for confidence and acceptance. It was also interesting to see the different responses to countering shame. On the one hand, the role of confidence speaks to the assurance of self and identity; it is a form of acceptance in its own right, an acceptance of self. On the other hand, the kind of acceptance that Participant B embodied links to Brene Brown’s (2012) notion of ‘wholehearted’. Wholehearted, in this way, refers to those who love unconditionally and connect to feelings of worth and belonging. Both responses felt powerful and necessary. It was encouraging to watch the participants build themselves back up and return to a light-hearted play-space that seemed lacking in the previous session. It left me feeling curious about the conversation that could take place between these counterroles and shame. If I were to repeat this intervention, I would aim it toward not only discovering the role of shame, but also the discovery of the counterrole. I would then make it focal to the intervention for these counterroles to dialogue. I believe this might be where a substantial part of the healing is located. I believe this method specifically offers the client a chance to discover aspects of themselves that they might struggle to connect to in everyday situations. It allows them to rethink who they are and imagine parts of themselves that they long for. It provides them with the space to come to know parts of themselves in a very tangible and empirical way. They begin to access a shift in the self that cannot always be placed into words or understood cognitively. This is the process of Individuation, which aims to synthesise unconscious and conscious processes;

> It leads a person to experience his or her own individual uniqueness together with the recognition that there are forces both within and without him that transcend his personal and conscious understanding (Gordon, 1978: 149)

5.8 Session Eight: Closing

This was the final session of the intervention and utilised memory boxing as a means of reflecting and concluding. The participants were invited to take a white box from the table along with various art supplies and to find a space in the room to sit. They were told that they were going to be creating memory boxes for themselves to represent the journey they went on through this intervention process. They were asked to consider where they started, the expectations they may have had for the process, and the way they perceived shame in the beginning. They were asked to find a way of representing moments that they found important for themselves in the process; difficult moments, things that stood out for them and those things which they would like their memory box to hold. Lastly, they were asked to find something that represents shame for them, now. If they did not want to put that shame in the box, they did not have to, but they had to have something to represent it. They were given time to construct this memory box. Once both participants had finished making their boxes, we gathered in a circle in the middle of the room, and each person had a chance to share aspects of their box. Both participants chose to place their depiction of shame in their boxes, as a part of their journey. Participant A depicted shame as a balloon filled with air, that had smiley faces on it. She reflected on her current awareness of her shame and how her object reflected that presence and visibility. Participant B created a bow from black and gold ribbon to represent her perception of shame and reflected back to her poem she created in session four. The bow was representative of the part in her poem where she discussed her brokenness caused by shame, and being put back together by filling the cracks with gold.

Both participants filled their boxes with objects that seemed to represent strength and areas of growth, as well as objects to represent pain and the difficulty of the experience. They seemed very proud of their boxes and excited to take the boxes home with them. They detailed their journey from start to finish, and it appeared that they located themselves firmly in the experiences they were representing in the box. In this reflection, I found that my own experience of utilising this work to sift through shame in my PAR project has in many ways been solidified through this intervention. There have been many moments in which I found similarity in process, experience, expression and understanding of shame. Specifically, the linking of shame to age, the changing of gender, the fear of confronting, the passive voice and realisation that shame cannot be silenced, as in doing so, it expands.

CHAPTER SIX: ANALYSIS

At the start of this research, there were two primary research intentions that were set. Both of these intentions related to the effectiveness of the chosen methods. The first intention was the externalisation of shame attached to body dissatisfaction as a means of exploring the topic. The second intention was to encourage participants toward positive body perception; the integration of self-growth, insight, and emotional, mental and spiritual healing. Specific data and moments from the intervention will now be analysed according to these set intentions.

6.1 Personification and Projection of Shame

Primarily looking at the use of Role Method, the intervention set out to investigate whether the use of the medium could aid participants in a journey of exploring and understanding shame attached to body dissatisfaction, through its externalisation. Role method was introduced in the third session of the intervention and continued through sessions four, six and seven. Sessions three, six and seven will be analysed with reference to the data collected as well as previously explored literature around shame, body dissatisfaction and drama therapeutic methodology.

Session Three

In session three both participants created their first concept of shame. Participant B's character was a male by the name of Jaco, who could be described as a gym goer. Jaco's primary concern was appearance, muscle mass and protein shakes. In reflection, she shared some insight that she gathered about her character of shame: *"for me, my character was not someone who felt ashamed but what I think shame is"* (Participant B, 6/06/2017). Participant B's character appeared very judgemental of the other participant's character, criticising the character's physical appearance. Her understanding of shame seemed to be driven by a particular perception of social rules around exercise and body image. As previously explored, Gilbert and Miles (2002) listed social rules as being an influencer of the development of shame. They perceived this to be linked to the notion that those who are deemed attractive by society are more likely to have access to greater resources and opportunities (Gilbert & Miles, 2002). The medium itself allowed her the space to explore the topic of shame and body dissatisfaction within the safety of the other, specifically a male character. Jones (1996), in his Nine Core Principles, discussed the advantages for the client when they engage in this kind of impersonation. He stated that utilising impersonation can "enable the client to experience what it is like to be another, or to be themselves playing another" (Jones, 1996: 109). This can bring about a greater understanding or empathy. Her version of shame made an effort to differentiate

and isolate the other character as being different and lesser than her own character. As seen in the literature, Wilson (2002) attributed this experience of isolation, the perception of being different and lesser than others, as the primary experience of shame. It appeared that Participant B, through her character, voiced this aspect of shame; projecting it out into the play-space and directing it at the other character.

Participant A's character was a male by the name of Dude, who was introverted with a depressive personality. She described him as not caring about anything. Novin and Rieffe (2015) discussed the negative experience of shame as inciting withdrawal in individuals. While both characters criticised the appearance of the other, Participant A's character remained withdrawn from the conversations. This character chose only to respond to Participant B's character, rather than promote or engage in further dialogue. Participant A reflected on her character as being a part of herself: *"I think embodying my shame was more like, I've felt this way before"* (Participant A, 06/07/2017). Her recognition of herself in this character situates itself in what Jones (1996) referred to as the Life-Drama connection. "The reflection time offered the opportunity for clients to make spontaneous connections between the scenario and their lives" (Jones, 1996: 61).

Jones reflected on the distance that the mediums utilised in Drama Therapy can hold. He believed that an exercise can elicit two responses; either the client will experience empathy toward the character, relating on a real-life level to the experience, or the client will experience distance: "The form of dramatic material and structure used can encourage a particular kind of response. Some exercises and approaches can encourage the development of empathy, others clearly encourage distancing" (Jones, 1996: 105). This exercise seemed to elicit both responses, for each participant respectively. An important aspect of the method is the de-roling of the character. Participant A acknowledged this as being a significant part of her experience with the method: *"I liked the embodiment of being something else and then taking it off and being like 'ok, I'm finished now. I'm me again'"* (Participant A, 06/07/2017). This seems to be an important reflection, as the method is not only the creation of a character but the careful and thorough returning to the self thereafter. "De-roling – the leaving a role – is as important to the effectiveness of role work as enrolement and even the role play itself" (Jones, 2007: 216). This may assist the client in creating connections, or alternatively, hold the aesthetic distance that the medium provides.

In reflection, both participants acknowledged the difference in their depiction and characterisation of shame. They recognised and identified, to some degree, with both their own version of shame and that depicted by the other. This was enlightening, as the participants became aware in this session of the many possibilities of shame. Landy (1994) discussed the multiple prospects of a role, and that no single role will ever be interpreted the same. A potential of the play space is engaging with what or who this role is. This is not always a conscious decision; often it emerges organically. Landy (1994) believed that the more spontaneously the role emerges, the more innate it is. With reference to literature surrounding shame, Tangney (1995) reviewed shame as being subjective to the meaning given to the experience, by the individual. The participants having characterised vastly different versions of shame, has been understood within this context. They also identified that their own depicted version of shame is not fixed and may change based on their particular consideration and exploration.

Session Six

Session six introduced the Two Chair exercise alongside Role Method as a means for the participants to engage and communicate with their own externalised version of shame. Participant A expressed her shame as a grade 7 version of herself in which a group of friends were bullying her. Her shame presented as very angry. As reviewed in the previous chapter on shame, Gilbert and Miles (2002) discussed the awareness of approvals and disapprovals as playing an important role in the development of shame. When the individual becomes aware that they may be socially accepted or rejected, shame emerges almost as a result of that realisation (Gilbert & Miles, 2002). Participant A reflected on this as she identified a version of shame that seemed to emerge from an experience of social rejection by peers. Retzinger and Scheff (2000) also mentioned that shame emerges as a threat to social bonds. Participant A reflected on the difficulty of confronting shame as herself. She expressed that she is not a confrontational person and experienced fear for the shame sitting opposite her. This appeared to relate to this notion of shame emerging as a threat (Retzinger & Scheff, 2000). Likewise, in the intervention conducted by Gammage and Shaw (2011), it was found that shame is closely linked to fear. Participant A gave the impression of having encountered that fear during the exercise and became withdrawn, unable to speak to shame. Gammage and Shaw (2011), as well as Brown (2012), believed that engaging shame is the only way to overcome the fear associated with it. Rainer Maria Rilke (1984: 92) expressed this thought: “Perhaps everything that frightens us is, in its deepest essence, something helpless that wants our love”.

Participant B expressed that her version of shame for this session was not an external person, but rather a direct version of herself. She found this most difficult as she was engaging a version of herself and not an external character. She described her version of shame as evil and lacking any empathy. Gilbert (2002) discussed shame as being an affective-defence response to social rejection and devaluation. Participant B chose a version of shame that presented at a time when she was diagnosed with most of her medical conditions and when certain surgeries left her scarred. Her shame emerged out of the anticipated threat of being devalued and rejected based on her altered appearance and bodily function. This situates itself within Robins and Tracy's (2004) notion of internal shame; being the negative emotions and self-assessment linked to imaginary audiences, and created from previous personal experiences with people. Participant B spent a longer period of time speaking to shame as herself, and purposefully denied her character of shame the space to talk. Tanaś (2016) explained that shame leads to hiding, and when we experience our shame, as seen by Participant B, we tend to want to hide that shame away as to minimise further hurt by it.

The exercise appeared to prompt regression work for both participants, as they were both confronting a 13/14-year-old version of themselves. "The usual aim of age-regression is to enable patients to re-experience or re-evaluate in imagination an event or events in the past which in some way relate to the presenting problems and their solutions" (Gibson & Heap, 1991: 80). It is important to note that while this was not the intention of the exercise, this unfolding made sense insofar as shame is a part of the self, even when it is being externalised. "The client could gain insight into themselves through personal issues and through the combination of the enactments, connections to their own life, their own reflections and the interpretations of the therapist or group members" (Jones, 1996: 61). The distance inherent to this exercise allowed participants to engage with their shame and former selves.

What became most evident in this session was the difficulty that both participants experienced in conversing with shame, as the self. As previously quoted from Johnson's (1990: 307) work with shame, "Our patients stand paralysed at the door of their shame, afraid of what dragons will emerge if they dare to open it". It seems that the task of stepping in and out of role was challenging. This brought the intervention to Landy's counterrole. The contradiction in roles creates, what Landy (2011) termed, the ambivalent space. The ambivalence is at the core of Role Method, as the role's counterpart creates a paradox in which the individual finds themselves exploring contradictory roles. "Furthermore, the optimal state of balance is

achieved as the client is able to integrate a problematic role with its counterrole" (Landy, Luck, Conner & McMullian, 2003: 152). The Two Chair exercise can be provocative at the best of times, as it works to heal splits within the self (Murdock, 2013). It has been deduced that the medium of characterisation is a useful tool in creating the distance needed to externalise shame. Landy discussed the potential of working with role, reflecting that "the healing potential of role is to be found as it positions the role-taker and role-player within the dramatic paradox of 'me' and 'not me'" (Landy, 2011: 7). However, a challenge of combining Role Method with an exercise like the Two Chair exercise appears to be the stepping in and out of role to acknowledge the spilt from the place of the self. This is not to say that the methods cannot be combined and that the individual cannot engage with shame from the self. Perhaps what was required was an extended journey into this dynamic, with the counterrole being developed before such an interaction can occur. However, it has become clear from the data collected that the introduction of the counterrole can offer a different approach to engaging with the split in self, from the place of enactment and characterisation. This is seen to offer aesthetic distance and a balanced integration of roles.

Session Seven

Session Seven was aimed at introducing, embodying and exploring the counterrole to shame. Participant B chose a female character by the name of Jillian, whom she described as representing acceptance. Participant A created a male character by the name of John, who for her, represented confidence. Both participants, in some way, chose a trait that linked to the idea of acceptance. Participant B expressed that form of acceptance as being a part of the self with a capacity to extend acceptance toward others, and Participants A expressed that acceptance as being one of a complete version of self. This connected directly to Brown's (2012) understanding of approaching shame. Brown termed individuals who have successfully engaged and integrated their shame as whole-hearted people. She described these people as being unconditionally accepting of their vulnerability and therefore their shame, which allows them access to feelings of acceptance and worthiness. While the participants were not taken back into the Two Chair exercise, as it did not feel appropriate at this late stage of the intervention, they were asked to visualise the character they created in this session. The visualisation involved their characters talking to shame, and reflecting on what they think that experience would be like. Participant B expressed that the experience would have been a lot easier for her and that it would have in some way moved or affected her shame if her character

Jillian were to have been present. Participant A concurred that the experience of confronting shame would have been much easier if she approached shame as her character of John.

In her journal, Participant A commented that she was equally wary of the confidence binary as she was of shame. *"...I am equally afraid of confidence as I am shame"* (Participant A, 18/07/2017). It would seem that neither extreme sat comfortably with her, which lends itself to the notion of the Guide (Landy, 1993). Landy (1993) spoke about the role of the Guide, which helps to negotiate this bridge between contradictory roles. The objective is to locate and maintain balance. Landy (1993: 67) reflected on the Guide by stating, "this part of the personality, a transitional figure that stands between contradictory tendencies and leads one on a journey towards awareness". The integration of both roles is the ultimate objective, as within that integration the individual can locate balance (Landy, 1993).

I believed this to have been a pivotal moment in the intervention. The therapeutic outcomes from the development of this counterrole will be discussed later in this chapter when considering the move toward healing for the participants. From the point of view of externalising and exploring shame, the development of the counterrole allowed for the participants to play out two sides of the split. The initial attempt to confront shame as the self appeared to lack the benefits of the medium of Role Method. While it may be possible to have this engagement in the therapeutic work, it became apparent that further layering of the work was required prior to the self-versus-shame interaction. The counterrole allowed for the work to slowly develop and build up to such an engagement, creating understanding for both sides of the split before attempting to pair and repair them. The influence of the counterrole on the participants in this intervention is evidence of the value of the non-confrontational nature of the medium. "The dramatic metaphor creates distance from the actual real-life identity of the problem. The distance may enable the client to relate differently to the problem by creating a new perspective" (Jones, 1996: 243).

6.2 Positive Body Perception, Self-Growth, Insight, and Emotional, Mental and Spiritual Healing

The intervention was a therapeutic undertaking, and therefore one of the primary intentions was to assess the intervention regarding its healing potential for the participants. This section will look at the data and specific moments in the intervention in terms of the participants' experience

of positive body perception, self-growth, insight; as well as emotional, mental and spiritual healing.

Both participants seemed to set goals for themselves entering the intervention. Participant B wrote in her journal about being dissatisfied with some of the conversation in the first session and made her intentions for being in the intervention clear:

> *I'm here to accept that no matter what body I have, I am worthy of being loved and adored. I'm looking to get my confidence and happiness back- not my waistline!* (Participant B, 09/05/2017).

Participant A found a quote about Drama Therapy which mentioned helping one set goals. She went on to comment: *"What are my goals? To learn about my body issues. To let go of issues that cause self-hate and low self-esteem"* (Participant A, 09/05/2017). Both goals fit within this research intention of gaining insight, self-growth and healing. The data gathered from the intervention seems to indicate that in many ways both participants' goals were met.

Session Two

In Session two, a sense of healing was gained from finding comradery through the participants witnessing each other and sharing. Part of Narrative Therapy is its ability to aid clients in viewing their stories from a new or different perspective, which allows further insight into the experience. "In Dramatherapy, both aspects of audience- witnessing others and the opportunity to witness oneself- are of equal importance" (Jones, 2006: 110). Jones went on to explain the importance and usage of witnessing within a Drama Therapy space, and highlighted the primary contributions: "as support, as confronter, as guide, as companion, as a pool for individuals to take part in enactment" (Jones, 2006: 112). He also explained that the role of witnessing is significant in terms of establishing and identifying group dynamics (Jones, 2006). Participant B reflected in her journal about the narrative mapping experience:

> *Today I shared a very personal story with the group, and I'm really glad I did. I received a lot of compassion and understanding from the others* (Participant B, 22/06/2017).

Participant A also mentioned, in reflection, that having Participant B share her story gave her encouragement to share her own. This seemed to have a double effect; as Participant A found

encouragement to share, and Participant B found support in having shared. Participant A reflected in her journal about the cathartic experience of gaining insight into a story that seemed misplaced, and sharing it:

> *So even though it was hard, it was good to hear that even though I sometimes laugh about it, it wasn't as good of an experience as I thought or not necessarily thought but I just see it differently now than I did before. After telling my story I felt freed of it. We all have things that change us and build us* (Participant A, 16/05/2017).

In the review of Gammage and Shaw's (2011) intervention, it was pointed out that the group-based intervention was constructed from the principle that both trauma and healing comes from our experiences with others. Haist (2000) also discussed the value of a group when approaching this area of work, as it allows the individual to express and be heard by others in a space that offers safety and understanding.

Session Four

Participant B spoke about the experience of embodying this version of shame, as aiding her in gaining insight, as well as becoming more empathetic to people in her life and their experience of shame. She reflected on a shift in emotion that happened to her in the space as she came to this realisation of what other people in her life are going through. This session seemed to have shifted her toward a place of acceptance and understanding of her role in her family/friend dynamic, within the current situation of their shame.

> *I think I feel a bit more refreshed, a bit more energised, to go back into my personal space with the people that I know and deal with my shame and their shame together. Now that I feel like I've worked through it in the space, I feel like I can add fresh air to those relationships* (Participant B, 15/07/2017).

Jones (1996) reviewed this aspect of the work as being beneficial toward the client's perception of the problem. He believed that stepping into another's shoes can provide a well-rounded and differential view of what the client is facing. This diverse point-of-view could offer clarity and perspective moving forward (Jones, 1996).

Participant B expressed that perhaps by opening up to these people in her life, about her own shame, they may feel willing to do the same with her. Together, they could discover paths toward healing. She reflected on the healing potential that this communication with loved ones in her life could bring. This form of healing through peers falls within a Social Psychology framework. Milardo and Surra (1991) distinguished between two types of social support; namely, interactive social networks and psychological networks. Interactive social networks refer to frequent face-to-face interactions, whereas psychological networks refer to people that the individual feels close to and believe to be significant. Social support offers an individual three levels of support; emotional, appraisal, and instrumental. Emotional support has been described as "expressions of esteem and reassurance of worth" (Milardo & Surra, 1991: 40). Appraisal support refers to guidance and advice, and lastly, instrumental support refers to resources that can be offered such as money. It would seem that Participant B identified the potential to call upon her psychological networks for both emotional and appraisal support, as she invited them into the journey that she had undertaken in this intervention. She recognised a space in which she could find healing of her own shame with those in her life, ensuring for herself that this journey she is assuming, is not in isolation. This is already a move toward healing shame as the very nature of shame promotes isolation; as previously explored through literature from Novin and Rieffe (2015), Tangney (1995), Gilbert and Miles (2002), and Wilson (2002).

Session Five

Session Five was challenging for the participants as it asked them to bring together their connections of shame and body dissatisfaction. It opened them up to their own vulnerability. Kunst (2016: 1) discussed that the aim of psychoanalysis is to access the vulnerable part of the self, that is concealed behind and shielded by the invincible part of self. She explained this omnipotent self as being concerned with "our value in achievement rather than love; in control, rather than community; and in conquering fear rather than being present to it" (Kunst, 2016: 1). In this regard, it is the vulnerable part of the self that requires attention, care, guidance and love which requires a stepping aside of the invincible self (Kunst, 2016).

The filling of the map can be a cathartic experience, and both participants reflected on the use of painting to fill their map as a form of holding for them. "Body-mapping facilitates participants reclaiming or creating a preferred view of the body, thus bringing into question negative assumptions inherent in dominant narratives or ways of seeing" (Boydelll, De Jager,

Ludlow & Tewson, 2016: 1). Sharing their maps unfolded as a challenging part of the session, as both participants reflected on the unease and sense of vulnerability that they felt in sharing. Within a drama-therapeutic context, Jones (1996: 104) explained that there are two modes of witnessing; "retroactive spectator and the present inner spectator". Both are important toward the healing process. Retroactive spectator refers to the reflection outside of the dramatic activity, that is witnessed by the group and the therapist; while the present inner spectator refers to the witnessing of self that occurs by the client, during the dramatic activity (Jones, 1996). Within their journals, the participants reflected on their experience of being in the dramatic activity, actively creating their body maps; which relates to their present inner spectator in the session. The sharing of the maps with the group speaks to Jones' (1996) notion of the retroactive spectator. This dual witnessing process allowed the participants insight into their existing relationship with shame and body dissatisfaction, as well as the universality of shame and body dissatisfaction.

Participant B chose to be openly vulnerable with the group, within this session. She had a moment of insight while sharing her body map with us, in which she spoke about how her issues with her body have always been a point of vulnerability that she did not want to share with others. She understood that most of her fear of being rejected, judged or ridiculed was her own insecurity deciding how other people would respond to her, and not actually how people view her. It would appear through this that she was touching on this idea of exposing shame. The belief evoked speaks to the notion that if we shared these parts of ourselves with others, we would not be seen as worthy of love and belonging. Shame keeps these parts of self silent and isolated (Brown, 2012).

Session Six

Session six served as a very challenging experience for the participants, as they attempted to confront their shame. As previously mentioned, the session took the participants into age-regression work in which they confronted younger versions of themselves. While this was not the intention of the session, it seemed to offer Participant A a platform for healing previous hurts. Participant A wrote in her journal about the session:

> *Even though I hated the experience of the chairs I really felt free because after I finally handled the situation, I finally felt as though I was able to let go and wow, what a*

> *spectacular thing it was. My story of pain has turned into a story of reconciliation* (Participant A, 11/07/2017).

At first, Participant A felt unable to engage shame; however, after stepping back into the circle after the reflection, she was able to tell this version of her shame that it was time to let go of the pain that these people had caused her. It appeared as if she was able to take the exercise and use it in a way to return to her previous experience of shame, and speak to her inner child to find a means of healing that pain. The Two Chair exercise had been noted as being a successful intervention for exploring self-criticism (Greenberg & Thoma, 2015). This connects to the experience of shame, and specifically to Participant A's experience of shame in this scenario. The client, when experiencing self-criticism, often labels themself. In this instance, Participant A recalled a memory where she had been labelled disgusting. "Using a chair exercise to evoke and transform the maladaptive emotion schemes in an emotionally alive way can be quite a powerful experience" (Greenberg & Thoma, 2015: 248)

Session Seven

As previously outlined, session seven felt like a turning point in the intervention. The healing potential of this session appeared to be the apex of the intervention, as the participants were able to find an inner resource that could assist them in engaging shame. The session offered them insight into their counterrole and that inner-strength, as well as the nature of their shame and the way in which to engage it.

Participant B reflected on her new insight to shame, being free of terror and pity and requiring acceptance, forgiveness and love. This relates to what Brown (2012) spoke about in her work on vulnerability and shame. She discussed the 'wholehearted'; individuals who experience love and belonging owing to their willingness to be vulnerable and open to their shame (Brown, 2012). Participant B seemed to have engaged this level of openness through her character Jillian, who imbued a great level of acceptance. In her journal, she further reflected on this experience by connecting to the idea of feeling worthiness under every circumstance:

> *It's ok to break, just don't stay broken- it just does more harm. And when you've picked up the pieces of yourself, or your life, you're not less valuable or beautiful. In fact, sometimes there's something deserving of awe and admiration* (Participant B, 18/07/2017).

Participant A found a sense of healing from the session in her playing out of a role that she felt she did not usually possess in everyday life- confidence. It seemed that she too engaged this sense of worthiness and belonging (Brown, 2012). She discovered an inner resource that emerged in the session, and one that she would be able to utilise in everyday life. Smyth (2010) looked at core processes that are utilised in the process and evaluation of drama therapeutic interventions. Two particular core processes are related to Landy's (1993) understanding of role repertoire; namely, expansion and transformation. Expansion refers to the broadening and integrating of roles into an individual's repertoire, which bolsters social and psychological benefits (Smyth, 2010). Secondly, transformation refers to the management and resolution of conflict by the client (Smyth, 2010). With regard to these two processes, it would seem that Participant A through her transformation of character and new approach to shame, had begun a journey of integrating and expanding her role repertoire. This means that outside of the play-space, proceeding her life-drama connection, she will have access to resources and insights that were developed within the play-space. Eisendrath and Hall (1991) discussed the psychological container in this sense as being an internal well which holds aspects of one's personality. The therapeutic process works toward strengthening and expanding the container, in order for the client to store psychological advancements that develop within the therapeutic space.

In the session, they were asked to visualise a place within themselves to store this character; an inner resource. Participant A reflected in the session on the experience of mentally storing this character somewhere that she could reach in the future. It seemed she was able to recognise her ability to foster this experience in her everyday life and call upon this inner strength when she feels it necessary. In her journal, she also linked this experience of confidence to experiencing happiness, but acknowledged a fear for remaining solely within the realm of this confident self. This speaks to Landy's (1993) notion of two polar roles with the guide in the middle. Neither extreme should exist in its entirety, but rather a swift move along the spectrum. "The guide is essentially a transitional figure, providing context, motivation, and clarity for the role and counterrole to negotiate with one another" (Frydman, 2016: 43). This motion and engagement between the two roles bring forth Brown's (2012) understanding of the whole-hearted.

Session Eight

An important aspect of session eight was having the participants represent their current perception of shame at the end of the intervention. Participant B made a bow out of black

ribbon, with gold streaks on it. She had modified her understanding of shame based on her character of Jillian; her counterrole that she uncovered in the previous session. Jillian's poem spoke about the imagery of broken pieces of shame being put together by gold. Participant A used a balloon that is covered in smiley faces and spoke about how the balloon is still full and present, just like shame. However, the outside is covered in smiles because she had found a new understanding and relationship with the idea of shame. It would seem that for Participant A, the outcome of understanding shame is ultimately an acceptance of its presence.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

A limitation of a case study, and therefore of this research, is that the clinical samples typically seen in case study research may not be representative of the general population (Weiten, 2001). Therefore, the outcomes of this research cannot be inferred to a larger population. While the research initially began with four participants, the majority of the intervention was conducted with only two of those participants. The research should, therefore, be understood within the particular paradigm of this research-intervention. That said, the data retrieved from this intervention made interesting correlations to previous research and literature on the topic. Though these correlations have been discussed throughout Chapter Six, there are additional observations that are worthwhile noting for future research.

Gilbert and Miles (2002) discussed the nature of appearance in body dissatisfaction, as well as in function. This was discussed in Chapter Three as being an important feature of the research, as too often literature emphasises aesthetics over function, and negates the subjectivity of the topic. The participants themselves were the ones to bring awareness to this, as they spoke at length about their bodies' capabilities, or lack thereof, as being central to their experience of shame. This feels like an important feature moving forward, as the research can become limiting if the understanding of body dissatisfaction is restricted to the realm of aesthetic appearance. Not only does it limit the potential literature that may emerge from the research, but also the degree of therapeutic healing for the participants.

Regarding the emergence of shame, both participants seemed to report their initial encounters of shame emerging from an external experience. This supports the theory of internal and external shame discussed by Gilbert (2002), Mikulincer and Shaver (2005), and Robins and Tracy (2004), as seen in Chapter Three. They believed external shame to be associated with social perception. Both Participant B and Participant A located events in their past, in which they were socially rejected by peers for their appearance. These moments of external shame seemed to initiate and develop their internal shame. According to the theory, internal shame is related to negative emotions and self-assessment, which are linked to one's imaginary audiences created from personal experiences with others (Robins & Tracy, 2004). One's internal shame may limit their ability to form social bonds owing to the fear associated with previous social rejection and isolation. This also connects to Brown's (2012) belief that shame unravels our ability to connect to others. Gilbert and Miles (2002) expand on this with the notion that self-conscious emotions are reactions to threats of different natures and Retzinger and

Scheff (2000) see the specific threat that elicits shame as being an attack or disruption to social bonds. I believe it is worthwhile noting that even though both participants have experienced painful encounters with shame, their ability to form lasting relationships with others does not seem to have been impaired. Both participants are in long-standing partnerships with significant others and report having stable and supportive friendships that have motivated them along this therapeutic journey. Thus, while the threat that elicits shame may be related to the disruption of social bonds, it does not necessarily indicate that lasting bonds cannot be formed, even in the presence of internal and external shame.

While this intervention consisted of eight-sessions, a recommendation for future work conducted in this area would be to consider a more extended intervention period. This will aid in making the intervention process more gradual and can assist the participants in deepening their exploration. The need for a longer intervention was made evident during the exploration of the Two Chair exercise (Murdock, 2013). The participants seemed to require a more gradual progression leading up to their engagement of shame as the self. While the intervention, as it stands, led to dynamic therapeutic moments, the need for more sessions to create gradual transitions in the work remained evident. Another recommendation for future research around this topic would be to consider modifying the sampling method. The nature of the topic of shame makes approaching research participants, to some degree, challenging. The sampling process seems to require a level of anonymity. Owing to the silencing nature of shame, the use of word of mouth or approaching participants in person do not feel like appropriate methods. The shortcomings of using online platforms are that not everyone has access to the internet or social media. Because of this, the use of posters and flyers around community centres, universities, and various notice boards could assist the broadening of the sampling process.

The Drama Therapeutic methods selected for this intervention were aimed at externalising and exploring shame through the containment of the aesthetic distance offered by the mediums. The intervention seemed successful in its undertaking as the participants engaged with the chosen mediums to explore and gather understanding around aspects of their shame, finding elements of catharsis in the process. Role work can be an in-depth and expansive medium that offers insight into the individual's role system and structure of self (Landy, 1994). This was apparent in the intervention as the participants embodied characters, representative of their experience of shame. These characters allowed them insight and reflection on aspects of themselves and

their experiences. The multiplicity of shame was made clear by the participants through these various characterisations of shame in the intervention.

By utilising Role Method over a more extended intervention, the therapy could begin to access various versions of shame and locate varying counterroles (Landy, 1994). The counterrole in this intervention seemed to serve as a protective factor to the participants (Landy, 1994). After session seven in the intervention, the participants reflected on the counterrole as being a new-found inner resource that could help them address shame in their lives (Landy, 1994). Therefore, the counterrole assists the individual in understanding their perceptions of shame and finding avenues to begin healing the damage caused by that shame (Landy, 1994). If shame is understood based on particular experiences and time-frames, then it would seem that shame cannot be dealt with in a broad, over-arching way. Each version of shame would then require specific engagement to uncover ways in which to heal it. Once again, this was made evident during the intervention, through the participants' various characterisations of shame, each originating from a different age and circumstance. These moments and memories were uncovered through the use of body mapping (Boydell, de Jager, Ludlow & Tewson, 2016). The body map allowed the participants a space to locate these moments and find ways to represent them. Moving forward, this system of mapping could serve as a form of blueprint in a longer intervention, in that the map could support the development of multiple characterisations and thus explorations of an individual's shame.

Drama Therapy has proved a useful medium toward the healing of shame, offering a platform for therapeutic expression and exploration, through a unique container that offers the aesthetic distance inherent in the methods. Therefore, I believe this makes it a distinctive mode of therapy in the treatment of shame attached to body dissatisfaction.

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APPENDIX A



Practice as Research

Critical Reflexive Essay

Lindy Kremer

565568

Lecturer: Ms Nondumiso Msimanga

Due Date: 21 June 2016

PLAGIARISM DECLARATION

1. I know that plagiarism is wrong. Plagiarism is to use another's work to pretend that it is one's own.
2. I have used author date convention for citation and referencing. Each significant contribution to and quotation in this essay from the work or works of other people has been acknowledged through citation and reference.
3. This essay is my own.
4. I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own.
5. I have done the word processing and formatting of this assignment myself, I understand that the correct formatting is part of the mark for this assignment and that it is therefore wrong for another person to do it for me.

This research was borne out of a devastating loss of a friend of mine to substance abuse. I began with the question; "how long can an individual survive with hidden scars that carry a perceived truth too heavy for one person to hold?". At first I could not determine what this "truth" was. I acknowledged that I hold an element of this "perceived truth", and as I looked around I noticed that many people in my life, hold it as well. I was trying to understand what people carry. It was only after I watched a Ted Talk by Brene Brown around vulnerability that I understood that this perceived truth, was shame. "This unnamed thing that unravelled connection is shame" (Brown, 2012). Brown explains that when we try to numb our shame we lose the capability to connect to feelings of worthiness, love, and belonging (Brown, 2012). I began to think about the many moments of shame that I have experienced in my own life and I became curious; how much of this shame has inhibited me? How has it effected me? How does it continue to effect me? What does my shame look like? And, how can I explore and transform this shame?

Brene Brown in her Ted Talk speaks about vulnerability being the core of shame and fear but that without accessing our vulnerability we give up on joy, creativity, belonging, and love (Brown, 2010). Vulnerability and shame are inherently linked because of the emotional exposure that vulnerability brings. Being vulnerable means exposing our shame, coming with all that we are to meet the world. Shame lives in silence, afraid of that exposure. So it is only through accessing our vulnerability that we draw shame out of silence, and in doing so, access our whole selves. But in the same breath, if we refuse to expose our shame, we cannot access our vulnerability…we cannot be "wholehearted" (Brown, 2010).

Over the past four months I have engaged in an auto-ethnographic narrative inquiry with the aim of exploring various ways of utilising artistic and creative mediums to expose shame. I engaged with various mediums through this exploration but the most notable are; narrative mapping, body mapping, poetry, mask work, embodiment and videography. Part of this exploration has been investigating if these mediums can catch and hold my own falling into vulnerability. Through this research I have tried to access a sense of pride for my own vulnerability, and thus empathy for my shame. My research question therefore became: How can we find an acceptance for the Shame that lives inside us, and in doing establish wellness and an integration of the self?

Through a series of exercises in which I physically explored the movement of falling, I came to this idea of vulnerability as being inherent in the falling. Through the exercises I noted that the falling itself was scary but the landing was comforting. Something catches us when we fall, it is not physically possible to remain falling without landing. So what is it that catches us? And how can the knowledge of that lessen the fear of the fall? This became an essential part of the research as a descent into vulnerability is daunting and exposing one's shame to others even more so. Therefore the medium with which I was working became imperative in terms of its distancing effects.

The following are the methods and mediums that were used throughout the PAR process and the impact that they had on the research journey. The methods and mediums will be spoken about in chronological order as they were experienced during the process, as apposed to by category of method.

Poetry was a medium that I found very accessible for this research. I believe the medium of poetry is useful because of it's holding of creative expression and emotional content. The first poem that I wrote about the matter of shame was titled *A Being Named Shame*.

A Being Named Shame

Shame was a being who walked the earth
Her heavy head hanging low since birth.
She was waiting for the day to look up at the sky
But downtrodden she walked as each day went by.
Until one day a human came along in different shoes
And told Shame that she had a right to choose.
So Shame traded with the human for just a day
Walking gleefully in the sun's warming ray.
The day slipped by and was almost done
As the world rotated and said goodbye to the sun
And when the human came and called Shame's name,
An echo resounded but no one came.
The human then went to buy new shoes
Because now it was *she* who had the right to choose.

This poem spoke to me about the potential end of this PAR process. The poem tells a story of how shame and a human meet. The human gives shame space to experience life and when they return, shame is gone. The human then gets to choose what they want for themselves. This poem heightened the notion of transforming shame which was a driving force in the

beginning stages of the research. This poem triggered a thought process; what needed to be done to give shame the space it needed…what would serve as shoes for shame?

This prompted the idea that I had to seek shame out in order to offer it space. I began first to look at existing shame inventories that aid individuals in locating shame in their lives. One particular inventory stood out for me owing to its questions and subsequent rating system that required one to rate the degree of shame experienced in each memory. Helen Nicholson in her book Applied Drama: The gift of Theatre speaks about the use of maps. "You would follow a map in order to undertake a journey, to be (in Richard Schechner's terms) transported from one place to another" (Nicholson 2014:44). I therefore decided in order to complete this shame inventory whilst implementing a creative distancing tool, I would engage with narrative mapping. The questions in the inventory elicited memories which were represented in a creative manner on large piece of paper. Each memory/question was given a date and age at which that memory occurred. The inventory calls for the user to rate the experience from 0-4; 0: no shame, 1: slight shame, 2: moderate shame, 3: considerable shame, and 4: extreme shame (Rizvi 2009:445). Once I had created my narrative map I began to rate each entry based on the experience of recalling that particular memory and the feelings it elicited. An interesting observation that emerged through this process was the safety I experienced through using symbolism and metaphor. The use of symbolic imagery on my map allowed distance that encouraged my exploration of these shame filled memories. Once I had rated each experience I took those that were rated with a 3 or 4 and complied a timeline of the relevant events.

My Narrative Timeline
2001: "Leave her alone"
2003: "Run fat girl"
2004: "That's the difference between us"
2005: "Order some fish"
2007-2014: "You're disgusting"
2008: "First kiss"
2008-2009: "This is okay"
2009: "The Whole thing"
2010: "Rejected"
"This isn't a good idea"
2010-2012: "I'm going to miss you"
2013: "America"

At the time, I only selected the memories that were rated by a 3 or 4 because I perceived them to be more imperative than those of a lesser rating. I therefore set out to find a way in which to explore these instances where shame appeared to live in my memory.

In preparation for my a DSM seminar as part of my Drama Therapy training I began to research the use of Drama Therapy with clients with eating disorders. What emerged from this research was the use of masks as a tool for therapeutic healing. "Mask work can be extremely powerful and can often be quite transformational. Masks can be used to explore two sides of the same issue, or hidden or unexpressed feelings and qualities, and roles" (Gallo-Lopez,2005 :85). In a documentary by David Alvarado, a Drama Therapist by the name of Carol Dietrich reveals her use of masks with her clients (Alvarado, 2011). The client creates a mask that represents the face of their eating disorder. Through an embodiment of the character, both by the client and the therapist, the client is able to confront their eating disorder as something/someone external to themselves. This enables them to hear what that voice sounds like inside their heads. This inspired me; was this not what I was trying to do with my shame?

I began a process of creating a mask. I used plaster of Parys and moulded my face. While researching shame I came across a journal article which referred to, what they termed, self-conscious emotions (Tracy, Robins, and Tangney, 2007). While this article was very interesting and would later contribute largely to the understanding of my research, what stood out most initially was what they wrote about the physical appearance of shame. "Self-conscious emotions do not have discrete, universally recognised facial expressions" (Tracy, Robins, and Tangney, 2007: 6). Owing to this, I found it intriguing to begin an exploration of the *face* of shame. If shame cannot be universally recognised through a distinctive feature, then in what ways is it recognisable? The process of creating the mask was mesmerising. I found myself having to make decisions about the size of plaster to cut, the angle at which to place it, and deciding which areas required more layers. I wanted the mask to come out perfect in shape and texture, but it did not. It was soft, floppy, falling apart and felt like bandages[1]. This outcome was surprisingly more appealing to me. I used a stapler to try hold the parts together and found meaning in this process as my experience of shame is that it unravels us. Looking at the mask I found it very representative of my understanding of shame.

[1] See Appendix A (Mask #1)

"The creation of a second skin, as it were, means that the [individual] can present a part of themselves through the mask. The presence of the mask creates a sense that this is not really themselves, but rather the mask that is speaking or moving. This enables the [individual] to project into the mask feelings or ways of behaving specifically to do with the part of them which is highlighted by the personality of the mask" (Jones, 2007:152). Through the experience with the first mask I found this statement to be true. There is a safety in knowing that the mask does not present as me. It allows me to change my voice and my mannerisms into someone that is not me, and in doing so I have been able to say things that might otherwise elicit more shame. The first words shame spoke came out in a monologue as I stood staring at myself, in the mask, in the mirror.

> *"Hi. My name's Shame. I would love to tell you the story of my birth, but I'll save that for another time. People sometimes call my name they say things like "ag shame" but they're not actually talking to me. No, no one ever talks to me, or looks at me, or touches me. They're scared I'll hurt them, and sometimes I DO! I live in a place called silence. You'd like it there, it's very quiet. She doesn't notice me there. But sometimes I crawl up and out of her eyes and whisper things like "pull at your top, move your shirt, people can see your tummy…eeeeeew". And she listens!! And then just like that, poof, I'm gone and she doesn't even notice I was there. But I'm always there. It doesn't bother me that she doesn't notice me, in fact it's better. It means one day I could grow real big, just like happiness, and then…I'll always be around".*

The above monologue is a product of wearing the mask and exploring what the mask wanted to say, what Shame wanted to say. I found that I didn't need to do much of anything to allow these words to emerge. Shame spoke as fluidly as any aspect of myself. It was easy to access these words because Shame is a constant voice in my head. The difference is, this time I gave her the space to be heard. "You cannot be free of your self-shaming until you knowingly choose to adopt a purposeful, temporary self-focus" (Wilson, 2002:84). I continued to wear the mask, discovering the different ways that this newly found Shame presented herself. This method has allowed me to hear for myself what Shame sounds like in my head. "We look within for the same reason we look back, to provide a context for change" (Wilson, 2002:84).

From the very beginning of the research journey I began filming my thoughts and reflections as a means of journaling. When I was engaging with this first mask I decided that I wanted to film the creating process. I therefore recorded the entire process which took an hour and a half. We were planning to conduct a presentation for the DFL community to introduce our research initiatives. In preparation for this presentation I reset the video to play at 20X the speed and the three-minute video was used. While the video was playing I sat on a chair in

front of the screen and enrolled as Shame with my mask. The aforementioned monologue was then presented alongside the video. In reflection after the presentation, many significant things emerged. The audience was invited to give feedback on the presentations they witnessed and no one spoke back to mine. While many presentations were not mentioned, there was something significant for me about my presentation going unacknowledged.

Firstly, I felt extremely hurt by this and there was an embarrassment that I had opened myself up to the vulnerability of revealing my shame and it went unacknowledged. "When you experience shame, you feel isolated and alienated from others. It is as if you're standing alone on one side of a broken bridge while everyone else in the world stares at you from the other side" (Wilson, 2002: 23). My first instinct was *'maybe you just weren't very good'*, and so I saw shame rear her ugly head inside me. "What underpinned this shame of 'I'm not '_____' enough' is excruciating vulnerability" (Brown, 2010). An individual's ability to experience self-conscious emotions, such as shame and pride, is reliant on their ability to form self-representations and to consciously self reflect (Tracy, Robins, and Tangney, 2007). These two aspects begin the process of self-evaluation, determining one's value within a given time and place (Tracy, Robins, and Tangney, 2007). It was ironic, Shame said the more she goes unnoticed the bigger she can grow, and when no one acknowledged my presentation, a shameful thought entered my mind. My value was therefore linked to the self-reflection triggered by the lack of acknowledgement from the audience, which resulted in feelings of shame. So perhaps the moment to investigate is the self-reflection. How could I begin to reflect about my self in a way that does not elicit shame? How does one begin to establish positive regard for oneself? Secondly, I began to wonder if the presence of my own shame evoked the shame in others and therefore the silence that followed was indicative of the nature of shame. People are scared to talk about their own shame because they ultimately fear disappointing others, or being defined by an experience that is only a very small representation of who they actually are (Brown, 2010).

I began to feel that the use of the mask altered the way people viewed me and what I was saying. This safeguarded me from feeling scrutinised. I wanted to continue exploring ways in which the mask functions. I therefore began creating different kinds of masks and looking into how they impacted Shame as a character. I also considered Shame's narrative; I had located

her in my experiences and so surely those experiences were essential to her voice? I began the process of exploring my narrative timeline of Shame, recalling the stories as both myself and in role as Shame. I was trying to track the different ways these stories are presented. How do I speak about my experience of shame, and in turn how does Shame speak back to its own experiences? I therefore recorded myself narrating and recounting these stories and simultaneously explored Shame listening to and telling the stories. Through this I began to gain, not only a better understanding of the use of distancing tools such as masks, but also a deeper acknowledgment of 'who' my shame is. Brown puts it best; "you're imperfect, and you're wired for struggle but you are deserving of love and belonging" (Brown, 2010). What emerged from this retelling of stories was the realisation that Shame is not the enemy, on the contrary shame is a vital part of our survival (Tracy, Robins, and Tangney, 2007) and it is the direct link to our vulnerability which allows us to connect to humanity and the world. But shame that goes unrecognised, avoided or numbed can be the bullet in our barrel, a means of self-destruction.

In another presentation to my PAR class I explored this recent process of pairing shame with stories from my narrative timeline. The mask used was a new mask that I had created; a half mask[2]. Owing to the exposure of my mouth in this mask, I did not feel assured to speak and therefore found myself resorting to physicality. I presented Shame in movement alongside a video recording of one of my stories. She both lived within the movement, and a part of her died within the movement. I'm not sure if this was partly because of the half mask, the missing piece of Shame, or if it was due to the story that was being told. The story itself inherently is different because it has a saving grace that removed one of Shame's fingers from around my throat. The defining moment in this story was a friend who acknowledged my Shame and chose to love me anyway, chose to accept me. This is evidence of a journey of working through our shame to make room for forgiveness (Martincekova, 2015). Acknowledgment was the defining feature in this moment, which seemed to pave the way to forgiveness.

The feedback I received after the presentation was useful. One person in my class told me that at one point in time she looked at my chair where I had been sitting before the presentation, as if to see what I was doing, but I was not there because I was on 'stage' wearing my mask.

[2] **See Appendix A (Mask #2)**

Another told me that even though they could see my face on the computer screen, and my body behind the mask, they were wondering "where is Lindy?". This feedback further fortified my security in the mediums I was exploring. Part of the fear of revealing shame is peoples perceptions of you afterwards. I believe this is was why the lack of response in my previous presentation was so impactful, I experienced fear of their perception of me. "The experience of shame is directly about the self" (Rizvi, 2010:437), but if people could not find me in what they were watching, then I could not experience further shame because my 'self' was hidden.

I then attended a performance at Wits University's Human Rights and Social Justice Programme entitled *When the Poetry Hits the Fan.* This was an improvised poetry performance in which the performers engaged with various improvised writing exercises. The one exercise required the audience to write a word on a piece of paper and throw it onto stage. Picking up four pieces of paper each, the poets were required to write a poem incorporating those four words. I myself did not contribute a word. When poet, Bobby Gordon, read his poem for the audience I got goose-bumps and felt my stomach begin to churn. His poem spoke directly to this *thing* that I'm trying to explore. It spoke directly to me. It felt as if every word being spoken was the universe screaming out to me. "Each of us shapes the experiences we share with other humans through an identity theme, its variations and its unique history. Hence each of us experience these events in our own personal way" (Holland, 2011:284). The poem explores nudity (vulnerability) and shame, expectations and acceptance.

Laid bare and beaming
Nudity is loud, and when I wear it
Proud, it shows all every freckle
My body speckled with shame and
The weight of gender expectations
I let out a scream they can hear in Scandinavia
It is me finally loving myself
And not waiting until after dark
It's letting the sun be my spark and
Letting the naked now make me naked
Now and take off the shroud of being worried
(Gordon, 2016)

This poem speaks to me because of the paradox. Being vulnerable and proud of that vulnerability speaks back to Brene Brown's notion of the wholehearted; "they believed that what made them vulnerable made them beautiful" (Brown, 2010). I had such a deep connection to this poem and it spoke to my own experience of shame, therefore how could I

begin to write in a way that could impact others in a similar way? This poem became a spring board, moving me forward toward my second poem about Shame, titled *The Birth of Shame*.

The Birth of Shame

It's like putting on a pair of glasses that are not your own,
You look at the world around you, blurred, you're alone.
You both see and don't, that the world is instantly changed
And a thought emerges in your mind, slightly deranged.
You are different to the others, they see you and they laugh
And that sound seems to crack your soul right in half.
You realise that you won't always be loved, by yourself or them,
And your body is no longer what you thought, no longer a gem.
You are simply ordinary, if that, and nothing more
This is the first time that She made you sore.
She was born on that day, all covered in reeling distaste and guck
And from that moment you'd never have the luxury of not giving a fuck;
About the way your hair frizzes from side to side,
Or the rolls on your stomach that you'll try to hide
Or the way your rounded hips sit ever so wide,
And the times you weren't accepted so you cried.
The times when you've felt wanted and so you abide
The times you've felt scared but went along anyway for the ride
The infinite times you've looked in the mirror and sighed
Because with Her birth on that day, a part of you died.
That part was reborn in Her, deformed and lame,
And such is the tale of the birthing of Shame.

This poem was both easy and difficult to write. While the words emerged without resistance they brought with them a heart wrenching acknowledgment of Shame's impact on my life. It took me back to my first experience of shame and her subsequent residue throughout my life. This poem represented for me the painful scattering of Shame's crumbs over my memory.

I experienced something similar when I engaged with a body mapping process for one of my colleague's own PAR processes. While this was apart of her PAR journey, the activity spoke directly to my own. It was interesting how the outline of my body immediately provoked shameful memories intertwined with my body. The following was written in reflection of my body map.

> *I look down at this image of my body and I think, "wow, you actually don't look so fat on this piece of paper". Shame, sorry to disappoint you. It's interesting how easily the memories came. The more I focused on different areas of my body, the more I was reminded of how many stories my body holds; the time I was mocked for my frizzy hair, the pain I got in my stomach the first time someone broke my heart, the waistband of my ballet skirt that seemed to fit tighter on me than on the others. How many times my body has been hurt, or how many times it's thrived. I was reminded of the strength it holds and the challenges it has had to endure. There were some very painful memories that arose, those that have stayed buried under my skin and in my bones for many years. The times*

I've stared in the mirror at this body, disappointed by what is staring back. The times it has failed me. But also, the times that I have failed it.

I continued to create new masks, four masks in total, and learned many things about the character of Shame through those masks. I created a full mask that covered my eyes and mouth leaving only my nostrils exposed for air[3]. In this mask Shame is silent. She cannot speak or see, and she does not want me to speak. She finds ways to hurt me when I do. She is confused by the world and relies on her instinct to respond to it's cues. Another new mask that I created was also a half mask but that ran vertically, exposing one half of my face[4]. I wanted to explore the empty chair, as an exercise, being able to talk to my shame and have my shame talk back to me. At first I started just doing the empty chair, because the chair in and of itself is a symbol for that character/person. But I realised it wasn't enough for me, I wanted to be able to really identify as my shame and as myself. So I created the split mask, and every time I turned from side to side, I was Shame, and then myself. And I moved back and forth. Through this mask I discovered that Shame holds a half of the self. She is clear and articulate about her presence. She wants to dialogue, wants to find a compromise. She experiences sadness around her identity and wants desperately to be something different, something loved and cherished like happiness. With this mask, I discovered that I could hear myself more than the others. I was rational, trying to reason with myself. I was still Shame, but I was just a more mature version of her. Returning to the two masks that I created in the beginning; the first portrays Shame as a child. She knows not what she is and is confused by the world and her presence in it. She knows that she can hurt and recognises that it's inherently who she is, but she does not know why. She deflects through humour and shows no remorse for the pain caused. This speaks back to my defence mechanism of deflecting to humour when I experience shame. I believe this mask manifested because that defence mechanism, that playing to humour. The second mask, the original half mask, presents Shame as being confused by the acknowledgment and love from another person. She experiences a piece of herself being ripped away. She tries to remember what it felt like to be whole but finds gaps where she no longer holds control. What I experienced in this mask was wanting to feel more than wanting to move. I found myself wanting to feel where the gap was, the divide between where the mask begins and ends.

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[3] **See Appendix A (Mask #3)**
[4] **See Appendix A (Mask #4)**

While looking through the book Current Approaches in Drama Therapy, I came across a chapter titled *Omega Transpersonal Approach to Drama Therapy* by Saphira Barbara Linden. The chapter explores the principles of the Omega approach to Drama Therapy and as I began to read these 11 principles I realised that the processes and experiences I have had through the PAR journey are directly linked to some of these principles. The techniques of this approach also include mask work and videography, both of which have formed the basis of my exploration. This theory has helped me to make sense of my PAR journey, my practice running concurrently with theory. Even though the journey was not set within this particular framework.

2. Shifting the Identity from a limited sense of self to the essential self

In the Omega approach this means shifting the client away from a limited sense of self to an identification with the "essential self, higher self, authentic core self, or soul" (Linden, 2009:213). I feel that through this process I am beginning to attain a larger concept of my identity. I have begun to realise that I have multiple narratives that run through my veins and filter into my memories. Through the telling of stories as both myself and through shame, I realise that none of these experiences are one sided. That I, am not one sided. Shame has been present throughout these memories and yet her side of the experience has never actually been explored, only hidden. I cannot say with certainty that I'm accessing a fuller, more complete *me* through giving Shame a voice, but I will say it has made me more aware of her voice in my head and has transformed these memories into complex and multi-dimensional accounts of my experiences. "We do not deny human experience, an in fact help people honour these experiences" (Linden, 2009:213).

3. Embodying the Therapeutic Issues

"By using action methods that embody the emotional issues through movement and enactment, clients are able to recall memories through feedback from the body and senses" (Linden, 2009:214). From the beginning of this process Shame was physical. I've embodied her in order to experience who she is, and in turn, I have received different perspectives to memories that thread through my life's narrative.

5. Embracing Love While Holding All Emotions as Sacred

"All emotions- even fear, anger, rage and frustration- have love as their base and can be used as guides back to our essential selves" (Linden, 2009:214). I would add shame to that list. By acknowledging all our emotions, that we possess at any given time, we give honour to all the facets of our emotional selves. This bring us to a place of authenticity where we can begin to connect to our true selves and others. My journey has been a process of giving honour to Shame, in all that she is.

7. Fostering an Experience of Interconnectedness and unity

"Much of the work of healing concerns entering the consciousness of those with whom we are in conflict and working toward embracing their emotional experiences and point of view" (Linden, 2009:215). I have created Shame as a distinct character who lives within me. Through this process I have begun to explore Shame's perspective on life, how she sees the world.

In preparation for the final presentation of my PAR I had to decide what to show the panel. The presentation/performance would have to represent my entire process and journey

through PAR. This was a daunting task because I did not know how to bring them into the experience. I began with another poem titled *What Do You See?*

What Do You See?
I sit and wonder how I can begin to share
This journey that's part therapy and part nightmare.
I wonder if you'll understand, if it will be clear?
I wonder if my courage can override my fear?
I sit and wonder many things, about much I am not sure.
But one thing is certain, things are different from what they were.
You see I've travelled on a journey through my undiluted past
Trying to find those moments in which the pain has surely last.
I've tried to keep myself safe when digging up my shame,
Tried to remain hidden when she called out my name.
So I wonder as you sit here today, what it is you'll see.
If you'll be able to listen to the stories and still find me?
I wonder if listening to my shame will inevitably hurt you?
A reminder that you have a shame to carry too.
I am afraid, of that one thing I'm sure.
There really is no guarantee what might occur.
But I put my hope in the process that I have travelled upon
And by following my own footpath I know I can't go wrong.
So I invite you to witness the unravelling of Shame;
The efforts I have taken to try and make her tame.

I decided to begin with a collage of all my mask making videos. I then proceeded to embody each mask and reveal a distinct characteristic or experience of that mask. I wanted to present the masks and videography alongside each other. This is significant not only because it portrays some of my literal process (being in role as Shame and listening to myself tell stories over video), but because the actual process ran concurrently in this manner; mask and videography. I began with the full mask and played one of the video recorded stories from my narrative map. The full mask explored movement through use of the pillow. The pillow was meant to be symbolic of the self and the way in which shame inflicts pain through the telling of a particularly shameful memory. In this mask I held onto the pillow for comfort but also punched and squished the pillow into submission of where I wanted it to be. This was an attempt to allow the panel to observe the experience internally of listening to this specific memory. The memory tells of an experience of sexual harassment which I experienced at age eighteen. After the recording of the story I included one of the reflection videos which described the experience of telling the story itself; I had a psycho-somatic response to telling the story as my stomach became sore and my palms became sweaty.

I then took the full mask off and swapped over to the "child" mask of Shame. In this mask I performed the original monologue mentioned previously and added a small recollection of Shame's memory of being born; "I remember it was cold and I could hear them shouting *run fat girl run*, and I laughed. It was funny. But every time I laughed she cried out in pain…I'm not sure why". I continued on to the half mask, that did not speak but sat and listened to the video of a story that was different to the rest. This was the story in which Shame was acknowledged by another and as I sat with this mask on I felt my way around the edges of the mask, acknowledging the missing half. Lastly I put on the vertical half mask and engaged in the exercise of the empty chair. This was not a rehearsed dialogue that took place between myself and Shame, but rather a spur of the moment encounter. The most essential aspects of this dialogue was Shame's question of "if I leave, what will I become? Or more importantly, who will you become?", and my confession that "I don't know". I ended the presentation by engaging, and inviting the audience to join, in a deroling process. This exercise is connected to Laban's effort actions and counts from 10 down to 1; you begin feeling heavy and as the numbers regress your body becomes lighter and lighter.

Afterwards I engaged in dialogue with the panel around the process and the research[5]. It was a very enlightening discussion as many new ideas were brought to the fore. The essential points from the feedback that I feel impact my research both now and moving forward are around the application of this process as a model for therapy. At the time of engagement with the panel I could not answer how I could imagine this process being implemented, and as the days have passed since then I have been mulling it over in my mind, a constant thought process of how it could be introduced and contained for a client group. While I still do not have a definitive answer I can definitely acknowledge that a major part of my own process that was missing and could serve as an important feature in extending the work is to further explore the dual process of my own narratives and those of Shame. It was mentioned that this element was missing, that Shame was requiring her own narrative timeline as this would provide a deeper understanding of her presence and responses in different periods. Hypothetically if I were imagining forward to a process with a group I would engage them in two narrative maps; one for their experience of Shame, and a second that has Shame reflect on it's own

[5] See Appendix B for feedback transcription

experiences. I would slowly introduce masks by beginning with paper masks that can be dressed/decorated. It was mentioned that the use of Plaster of Parys can be intimidating and unwelcoming and I acknowledge that it is a particularly difficult craft to work with. I would, in later sessions, introduce difference materials such as clay or plastic and even the Plaster of Parys and allow the client to choose which material they would want to work with. They would be instructed to concentrate on one memory from Shame's narrative map and create the face of Shame in the moment/experience. We would then explore the embodiment of that aspect of Shame and explore what the client feels is needed for this mode of Shame. This would be repeated for different memories and the client will be able to decide which memories they want to explore and how they wish to do that; what type of mask, how they perform in that mask, etc.

When we began this PAR journey our lecturer posed a question to us; What is the character of your country? This was aimed at guiding our explorative process as we journeyed into our topics. The theme of shame is currently deeply routed in the fabric of South African society. It is presenting itself in the performance of race, class and politics. Shame is also evident in our society through looking at the increased statistics in substance abuse and other mental disorders (2OceansRecoveryHouse, 2015:1) which, according to Rizvi, is often a result of unprocessed and destructive forms of shame (Rizvi, 2010:438). But in looking at the term "country" more symbolically, I believe that my country is that of my body and my mind, both of which hold the remnants of the ghost of shameful memories passed. Every person carries shame with them, it is as natural to humankind as the air in which we breathe. The way in which we present and perform our shame, that is where we differ. So the character of this country, the country that I have been exploring is Shame. The PAR process has allowed me to gain access to this character and learn the intricacies of what it holds. It has allowed me to transform the emotion of shame into something so tangible and real, and in doing so has allowed me the opportunity to embark upon a therapeutic transformation. I have noticed that through this journey I have gained the ability to hear Shame in my head, not allowing it to filter through as just another thought. By catching my shameful thoughts and acknowledging them as shame I believe I am closer to relinquishing myself from the pain that shame holds. It was also through this process that I was able to realise a major shift in this research. Shame does not, and in my opinion probably cannot, be transformed. Rather my research intention is to

now translate shame, giving her space and allowing her to be understood. While I began this process wanting to eliminate shame, I emerge at the end wiser, knowing that the real goal is to learn to live with shame. After all shame has played a vital role in our evolutionary survival (Tracy, Robins, and Tangney, 2007). I believe that in order to find a balanced living with shame we need to try remove the pain that surrounds shame, which begins with an acknowledgment and exploration of what that is.

In moving forward with this research I recognise that while a psychological view of shame is imperative to the work, a broader stance around shame's presence and impact in society and culture needs to be factored in. A limitation of the current approach I have implemented is lacking the enriched nature of how shame performs in different environments and the potential triggers of shame. This is where I currently sit with my research journey and while the PAR leg of the process has been accomplished, the journey itself has yet to end... in fact I feel it is only just beginning.

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Appendix A

Mask #1



Mask #2



Mask #3



Mask #4



Appendix B

PAR FEEDBACK TRANSCRIPTION

-Why did you invite us into your deroling process?

- Good practice

-So the good practice, if we can emanate from this autoethnographic exploration, is how do you extract this into a method of practice?

- Mask work and eating disorders
- Catch my thoughts (Shame speaking)
- Taking something inside you and making it external (something that is so inherently apart of you can become something external to you)

-If you had to literally apply the elements of this into a practice, how would you go about it? Would you for instance have masks set up? Would you make masks? What would you do?

- I would have individuals make their own masks (it's very important and essential in the therapeutic journey)
- You make the mask what you need it to be
- I wouldn't jump straight in. It took me awhile to make my masks
- Journey/narrative map (start with that)
- Work with videography
- Omega Model: mask and videography (distancing tools)
- Try and find a way for a client to tell their stories in whatever means they feel comfortable with…whether it's the use of masks, embodiment or the videography or both.

-So how many masks were here today?

- There were 4
- 5, 6, 7, 8….

-Are there any other masks in your presentation that you can identify, other than the four?

- There was the performer
- There was me, the very many masks of me

-There was one very clear mask in the video that was quite obvious. Can you identify it?

- I don't know

-You wore your glasses in the one video and not in the other. Why was that?

- I don't think there was a clear reason for it.

-Because there was quite a difference. Especially because you were quite emotional in the second one and I was wondering whether that was used for effect, that the masks holds.

- I think it's very interesting. I mean, with my glasses on I look very different. Usually I only take my glasses off when I'm going to lie down, or when I'm going to sleep, or when I'm reading.

-There's also a very interesting reflective character that spoke with the glasses on, so when the glasses came off there was a very big emotional difference.

-With Glasses you are suggesting, whether or not, intelligence, distance, authority, and then much more vulnerability without. So I just thought if you were dealing with that then there was something…

- No, I think that was something I missed. But it's very interesting

-I'm interested in how these masks came to be and how you might structure that in your method. How did these manifest?

- Second mask was the first one I made. I wanted it to be perfect…it crumbled.
- Put it on and worked with it, realised it was exactly what I wanted it to be
- It did not have a character when I made it: only once I began working with it
- Mirror…fluid. It was me, but it wasn't me, but it was me.
- Little girl. She couldn't understand exactly what everything was, or who she was
- Everything to her was funny. This mask manifested because my defence mechanism to feelings of shame is humour. I play to humour. And she was that, she is humorous "I hurt, haha".
- The black mask was the second mask that I made
- I wanted to play around with what happens if I remove some of the mask, what if it isn't a full mask, what if it's just half a mask. How much more access do I have to speaking? Because it's quite difficult to speak in that first mask. I found that with the second mask, even though it's a half mask, I put it on and I didn't want to speak. There was too much of me revealed in that mask, the words that were coming out, were coming out of me and not the mask (because my mouth was revealed). So I began exploring more with this mask around movement and embodiment. It came to the hands. It didn't want to move as much as it wanted to feel. It wanted to feel where this gap was, what was this divide between where the mask begins and ends.
- The blue mask was my third mask. I wanted to go into the empty chair, being able to talk to my shame and have my shame talk back to me. At first I started just doing the empty chair, because the chair in and of itself is a symbol for that character/person. But I realised it wasn't enough for me, I wanted to be able to really identify as my shame and as myself. So I created the split mask, and every time I turned from side to side, I was Shame, and then myself. And I moved back and forth. And that mask, I can hear myself more than the others. I could really hear myself, it was me speaking to me. I was rational. I was trying to reason with myself. I was still Shame, I was just a more mature version of shame.

-On Method, what you've just described, potentially doing this with people…if you could talk development and stages of this kind of creation, having described what you've just said, what would those ways in be if you were working with people?

- It's so hard. I've been thinking about this. Because in the beginning I wanted to work with people, I think I was quite afraid, because this has been the hardest thing I think I've done in my whole life. And that's juts me. And now I'm asking other people to do it. So, I think one of the questions I posed to myself every time was "who is this going to be?" , "who is this?", and without having to say "this is…", I let it manifest. So while I understand your question, I don't think I actually have an answer

-Sure. And I'm asking you at this stage, and thinking hypothetically with the imagination…lets imagine these are people here to do this work, who have been pulled by the shame element. And there's something about your speaking about the distinct stages of the making, there's something about you speaking about a particular question that got you started, that I think if you dug a little bit more at what these questions might be, in structuring a method, you might have your planned material.

-In terms of the mask itself, because as a device it's very distinct, and also comes with its own methods, and processes…is there a possible way that you have discovered of using the different types of masks, that could then become a process that you can use to work with in being able to really address you own shame. Because there are different types of masks here, and they all come with their own specifications in mask work So is there a possible way that you are discovering, through using the mask, and the processes themselves that can be a way to address, that you can really get into?

- A part of me wants to say yes, that I've realised what different shapes of masks, what different masks can do. But, a part of me also says no because it was a very personal experience. So while I put on one mask…and that's the thing about masks, and Jones said it as well, you put on a mask and the person will put into that mask what they need to. So while I put on a half mask and I say, "I don't want to talk in this mask", someone else might put it on and feel that it is easier and better to speak in that mask. So I do think that each mask has given me something, and I realise the difference in the masks and how each plays out differently, but I'm unsure if that extends to everyone or if it's a personal experience of how the mask is shaped.

-I'm just curious why, in terms of the process of the mask, the mache' itself, because eit's like a bandage, why one isn't working with found objects? Clay mask? Paper masks? There are a variety of masks, so you're looking a particular form of masking, there's a particular style, genre, it resonated in a particular way. And for me the cushion is a mask…so there's another mask that we haven't spoken about. Why did the cushion not become the mask? There's something about the exploration of…there might be a real resistance to working with paper mache'. I don't like working with it, the powdering element and the bandages, it's messy. You might have someone who is rooted in so much resistance to the making, that takes time…what do you do? What do you do when someone says "I'm not going to touch that". Because I have to get through that in order to get this. So you're asking someone a lot, to go into a making of something in order to find something…what could be the alternative?

-Also just in terms of that, the mache' mask does become the face. Whereas when you mould clay, you follow the mask because the mask becomes directed by the hands. So this has very specific…

- So I did do a process in Critical Reflexive Praxis where I brought in blank, cut out paper masks and everyone was invited to dress/decorate their mask, to create them themselves. I wouldn't just jump in, I wouldn't expect that of people. This was very hard, it was very difficult, you sit there, it's dripping down your arms, you have to cut each piece it takes long, it takes over an hour to make. You then have to sit with this thing on your face and let it set, and you can't move, you can't smile, you can't blink…you sit, deadpan.

-It's incredibly painful process and you're asking someone to sit still

-I think it's quite telling of your process and why you say it was such a personal process, and why you say you were drawn to the bandage. So look at that if that is something you haven't looked at. But what I'm hearing from Meyer is that as a way forward, if you're going to be looking at this, looking at different ways of entering this with different types of materials. Think about how to structure the process, where each mask is a process itself. How to get into that. Are these different versions of one?

- Yes.

-Is this the one that you've written about in your framing doc and the one you've introduced us to today?

- Yes

-This Shame, is a she?

- Yes

-Is Shame a she because you are a she?

- No

-So I'm interested in the complexity of this shame. I wondered what Shame's body map/journey map/narrative map might look like. So Shame has different faces, does Shame have different embodiments? Different shades? Is there room for shame's feelings? And I wondered, so you were born, but what's happened now? What's Shame's being and complexity?

- So there was a lot, and I wanted to show so much. I haven't yet jumped into that. I have begun the process of finding how does shame move, what does she look like, not just look like but what she really looks like, how does she perform herself, and how is she different to me? Where do I stop and she begins? And trying to navigate that. I found it difficult, and at times almost impossible...I thought, what am I actually doing here, and I would sit in front of you guys today and be like "I don't know what I've done or what I'm doing". And that's the problem with this, it's bene very ethereal, I've been trying to grasp the ungraspable. And I'm working on that. I did a boy map, but that was of me and not of shame.

-I'm imagining Shame as a being. I am visualising embodiments. Shame has had a life development journey as well. So the same way you gave periods of your own experiences of that, I was wondering where was Shame? How was Shame manifest in those years? So if you were stuck, maybe Shame was silent because something was happening in "your" life? That's where Shame ended and you began. That's where Shame rested and you were most active. There's something so interesting.

-You actually sort of asked that question somewhere in the process. "Is it possible to leave you" and you knew the answer to that before you began but you tried anyway... There's a desire to be almost empathetic toward Shame, to be able to see it and understand it. There's something very strong there.

-I felt that for happiness potentially, there's life in that.

-There's a very interesting, strong...

-"What would you become?...I don't know".

-What is the difference between shame and stigma?

- Shame is thinking there's a defect with the self. It's self-oriented. Everything about you is wrong, and you perceive yourself as bad. So as I was saying earlier when I catch myself in thoughts "maybe you just weren't good enough". Stigma from my understanding is the way other perceive you, what other people place on you. It's about the other, there can't be stigma without the other. Shame is about the self. I think stigma feeds into shame, but shame is predominantly the self. You can be in your bedroom, all alone, no one else is around, and you can look at yourself in the mirror and realise I feel ashamed of... Not because someone is telling me something about myself, but because I am viewing myself. I feel embarrassed if someone notices something about me, or stigmatised because I suffer from depression and there's a stigma around that.

-Do you think there are degrees to shame?

- I do. And when I did my narrative map I used an existing shame inventory which had ratings from 0-4, and I rated each experience of shame and how I had perceived it to have impacted me, how extreme I felt that was.

-So if we're in a room with participants, how are you going to quantify people's degrees of shame? And how would you mediate someone who has a shame of 10, to someone who has a shame of 1? If that could be volatile, competitiveness, how would you mediate that kind of experience?

- It's a hard question. First of all everyone rates their own shame. I can't understand your shame of an extreme 4, it will be very different to my shame of an extreme 4. In no way, just because they're both 4's, are they relatable. They're not, they could be vastly different in the way that we experience them. I don't know if the rating matters. I'm wondering if it matters. Because if you are choosing a moment of shame and you're realising that this moment is sticky, there's something about it, then that's your choice, that's your moment. If you choose to give it a 4, then that's your choice, and I choose to give mine a 3, once again that's my choice. I wonder if it matters how I rate it. If it impacted you then it impacted you, no matter the rating. That's why when Ndu was giving me feedback on my framing doc she pointed out that I wasn't focusing on the in between stories with lower ratings and questioned why. And my response was "what does she mean, those stories aren't essential", but the thing is, they are…because I put them down, on a map. They impacted me enough to put them down. I chose not to look at them because there was just too much. But the rating doesn't really matter I don't think because they still had an impact on me. So I understand your question I guess I'm just wondering if the rating really matters

-I want you to think about how you deroled and if that could be pulled into you process. How to you end roles and using that kind of inventory of 1-4, how do you make that accessible to someone, and go into the process understanding maybe that this mask is your 1, and that mask is your 4, and how do you engage with those different levels. And then how do you derole with that kind of inventory, of lessening and releasing those things. Rather than, and it's a useful deroling technique, but how does it work as part of your process. The things that you are doing are all working together, in terms of the same operations and systems. Working epidemiologically, it really does make more sense.

-My question is on the content of your narrative; is Shame strong or vulnerable?

- Shame is strong in vulnerability. Brene Brwon, who has been holding everything that I've been doing, she'd done all her research on this, and she talks about how Shame lives in vulnerability. You can't access shame without being vulnerable, and you can't be vulnerable without experiencing shame. So Shame, I think is a very strong character, I don't even want to use the word character. Shame is strong, shame infiltrates your mind without you even realising its there, shame is hard to get rid of, you don't just smack it away and it's like "cheers, bye". So shame is strong but lives in a place that can only be accessed through vulnerability. The meeting ground is vulnerability.

-So was the content driven by the doing, the method, or your preconceptions of shame, and the history of shame in your life? What was the driving force? By doing, I am talking about the mask method…was it driven more by that or by your preconceptions and ideas of shame?

- No, it was driven very much by the doing. As I spoke about that first mask that I made, I had no idea what I was going to say in that mask, I didn't even know if I was going to speak. And once I had that mask on, I began to speak things that I literally never thought I would even say. I don't know where those words came from, I didn't know where the little girl came from. It just happened, and I didn't think about that before it happened. So I don't think it was my preconceived idea of what shame is. Because shame to me is not a little girl, even now I struggle to think about shame as this little girl. Shame is heavy and hard. In my head I think, it's interesting that you point it out, shame is a girl to me, it's a she. But previously shame was a he, until I explored within myself.

-It feels weird to talk about shame as character and you spoke about shame being there. So shame was previously a he, now shame's a she, maybe shame's gender is fluid. You don't want to root shame in any kind of thing, except you speak about shame in a very particular way and now you speak about shame coming (cant hear)

-I know that it's useful to place metaphor and character onto emotion but when you start to place gender onto the emotion it starts to counter the potential of the exploration. And I wonder whether, and I don't know how derivative, moments that start to personify emotions…I start to think of that Pixar movie (Inside Out). So you said you identify completely, is there a connection there?

-It would be useful to consider when shame transformed from a he to a she? Why shame was a he, gendered male previously in your understandings. And what has the discovery been now with the shift of shame being gendered feminine.

- I think, and it's just clicked, a lot of the moments I've been exploring, a lot of these memories are very much orientated around my body, and my sexuality, and therefore shame is a she and I think that because I haven't had the capacity to go even further and find other stories, because there are many, shame is interwoven throughout my life, but the one's I have picked up are the one's that have effected me and my body and the way I present myself. Therefore shame is a she. But I hear what you're saying and I think that if I explored further and maybe in different memories shame is a he. Shame is gender neutral. And I've been trying not to pinpoint "this is shame" because it isn't. Shame is fluid, shame changes. One minute shame is this little voice and the next moment shame is punching you in the stomach and you don't want to get up. And creating this character of shame helps me to see shame, because otherwise shame is just a voice in my head that sometimes I catch and sometimes I don't. So by viewing shame, by putting her as this character…and it's funny that you mentioned inside Out because I watched that movie just as I was starting to create this…and watching that movie puts things into perspective about how things work in your head. You get to view things, actually see them (and they become more tangible).

-Maybe the reason I ask that question is because in the poem that you gave us over here you say "come and witness the unravelling of shame, the efforts that I've to taken to try and make her tame". Is she being made tame because she's strong and monstrous, but I'll see elements of vulnerability…

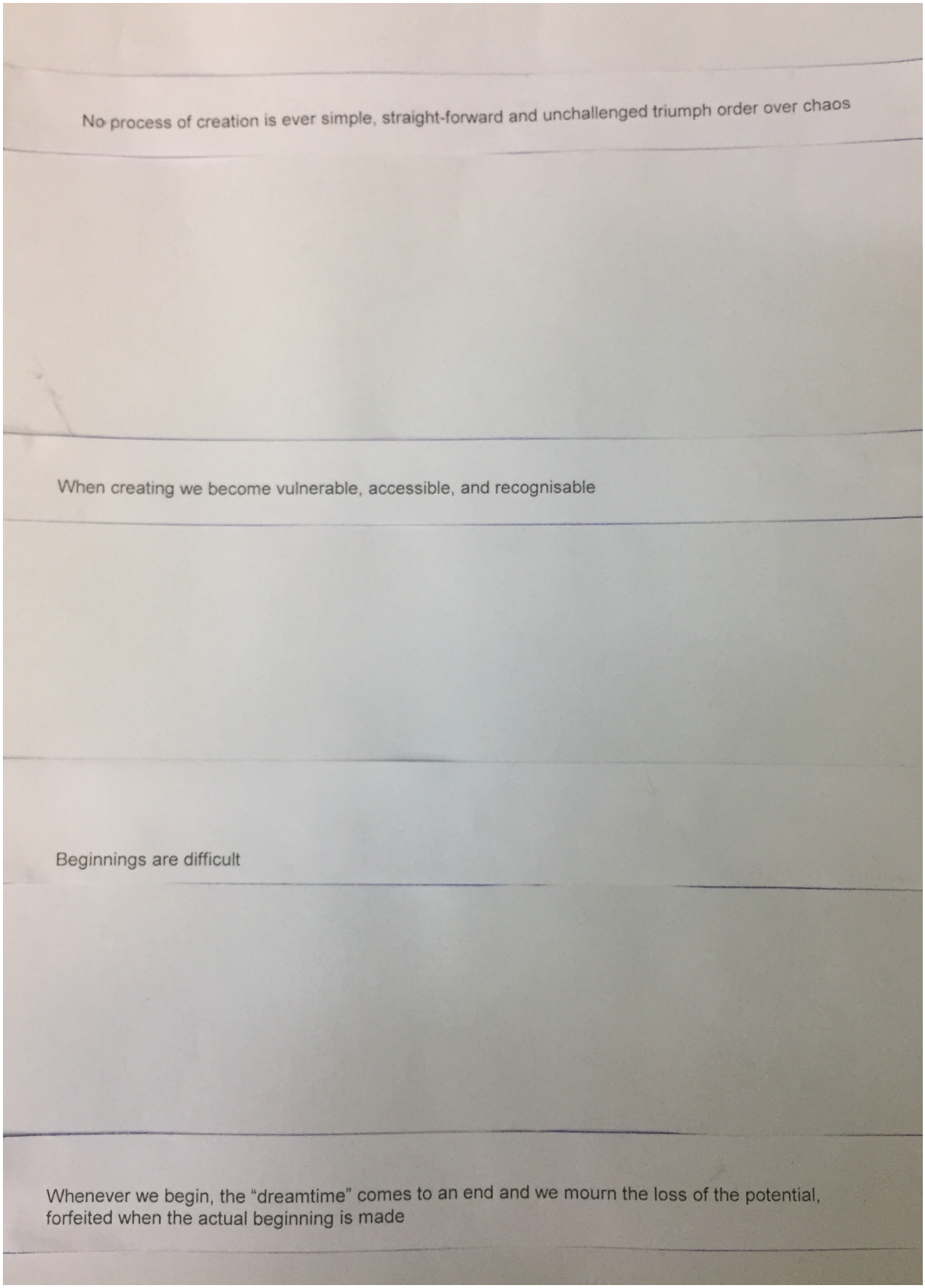
- So I think also what I meant by that was very much what I said now. I'm trying to place her so that I can see her. By taming her I'm trying to reel her in, I'm trying to understand what she is.

-Consider it, because I'm wondering if you really want to tame shame and how you'd do that.
-You say something at the end about maybe giving her room is loving her enough…maybe it's not about transforming shame, maybe it's about translating.

- Because what I also realised and this happened near the end of the process is that I'm not actually trying to get rid of shame, that's not possible. I've also noticed that shame serves a very useful purpose in my life. It helps me to filter things and do certain things…but what I am trying to do is remove the pain that surrounds shame. How do you take away the hurt around that so that you can begin to appreciate what shame is.

-That's what I was trying to ask your earlier…how is shame also useful. So that you are giving her a whole life, it means you're not able to just throw her away.
-It's not a question that she needs to answer but I'm left sitting with the questions; "well are you done now, and if not then what's next?"

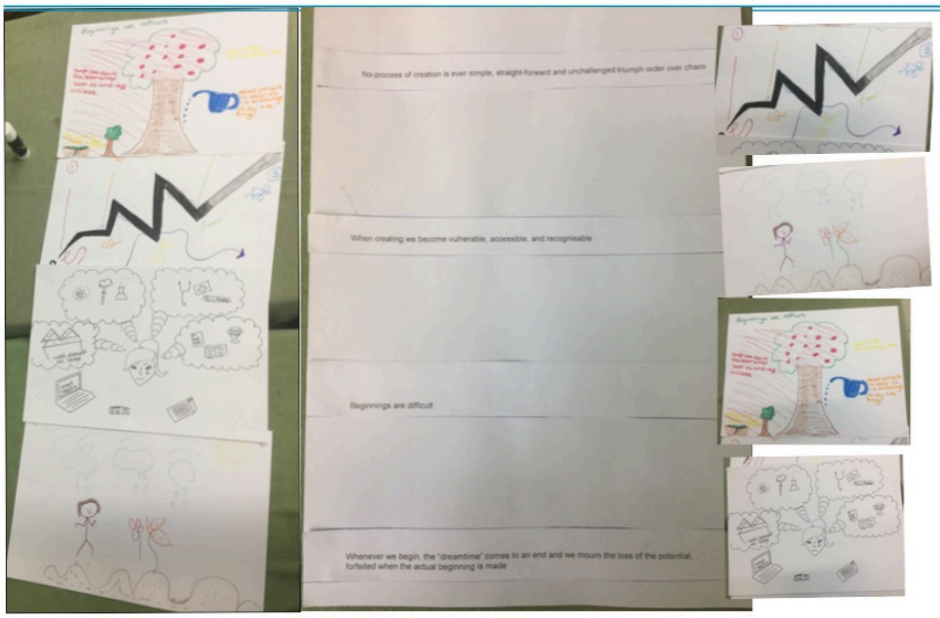
APPENDIX B


No process of creation is ever simple, straight-forward and unchallenged triumph order over chaos
When creating we become vulnerable, accessible, and recognisable
Beginnings are difficult
Whenever we begin, the "dreamtime" comes to an end and we mourn the loss of the potential, forfeited when the actual beginning is made

Session One

An Introduction

09 May 2017



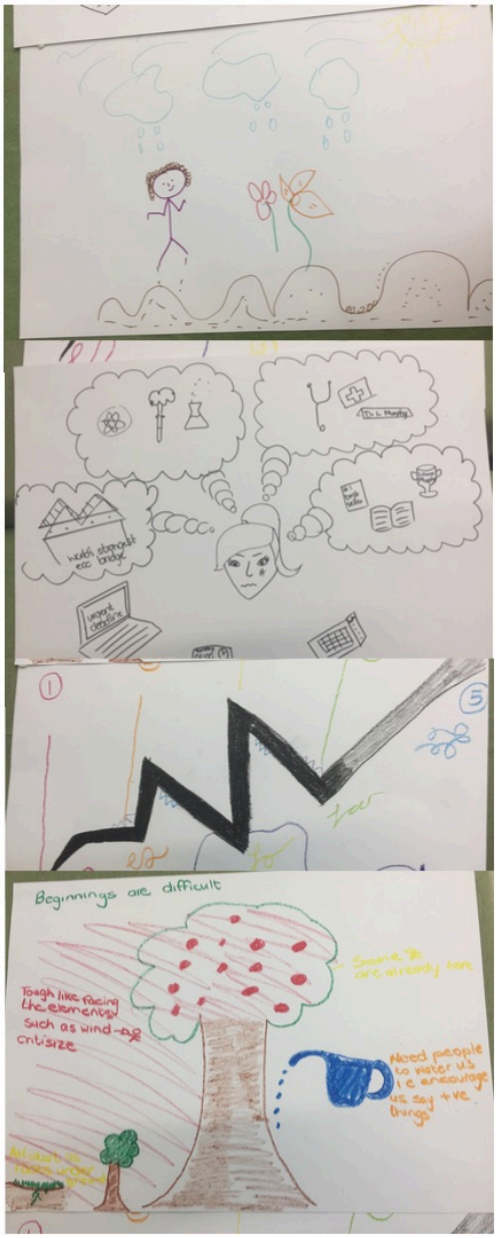
The group began with a discussion of the research and concerns around confidentiality. They were all in agreement that if they bumped into each other outside of the space they wouldn't discuss where they knew each other from. It was discussed that there would be a great deal of embarrassment (and the word that seemed unnamed- shame) if others knew why they were coming to these sessions. It seemed to me that already in this beginning moment the presence of shame was very predominant. One member in particular spoke about the difficulty of getting to the session because of her fear of confronting not only the topic but other people in the space. She was concerned that someone in the space would recognise her and that it would cause excruciating pain and embarrassment for her. There was a consolation in the fact that the group do not know each other and don't live in the same areas. Therefore they would not necessarily be bumping into each other in the shops or in the streets. What I observed is that the group felt comforted by the unfamiliarity of the others in the space, and as the session progressed, found further comfort in knowing that they are all in the group for similar reasons. The dual process of familiarity of topic and unfamiliarity of people seemed to ease the group, and myself, into the space. I observed this particularly in the game of "The Sun Shines". The game began with things the group could see (hair, jewellery, clothing,

etc), and each member of the group had multiple turns to be in the middle and observe something they possessed that someone else in the space did too. It appeared that they began to enjoy the game as it evoked giggling and affirmation of what was being said. The game then progressed to include the things that could not be seen (hobbies, family members, experiences). While this started with very surface level categories, it soon progressed to substantial offerings around loss, emotions and confessions around body dissatisfaction. This move toward the vulnerable was offered by the members in the group and I felt my role in the space at that time was to hold and support their contributions by moving myself when I felt appropriate. It felt like a very important moment as the group allowed themselves to access their vulnerability and have the other members of the group support them in their sharing. When I felt it was appropriate I brought the game to an end by waiting for my own turn in the middle. I felt the game had served its purpose of allowing the group to bring aspects of themselves and find commonality and likeness with the other members. It seemed to be a productive way of allowing a space for connections and group cohesion to occur.

Following the game I brought quotes about beginnings from Gersie's reading and laid them out on the floor in the middle of the circle. The group were invited to move around and read all the quotes. Once everyone had read the quotes they were instructed to choose one quote that stood out to them the most, for whatever reason. These were the quotes that were selected;

- *Whenever we begin, the "dreamtime" comes to an end and we mourn the loss of the potential, forfeited when the actual beginning is made*
- *When creating we become vulnerable, accessible, and recognisable*
- *No process of creation is ever simple, straight-forward and unchallenged triumph order over chaos*
- *Beginnings are difficult*

I observed that the members of the group immediately went for specific quotes and none of them required time to reread any of the papers in front of them. They were then invited to find their own space in the room and settle down with their quote and a piece of A3 paper. They were asked to find a way to represent what this quote means to them, either by drawing, or writing, or both. They were given crayons and kokies and time to create their images. It was emphasised that they don't have to be perfect works of art but whatever feels right for them as it was their representation. The group was then called back together and each member was given an opportunity to share as little or as much about their drawing as they wanted. They read their quote and spoke back to the image they had created.



"When creating we become vulnerable, accessible, and recognisable"

This group member spoke back to the vulnerability that escorts beginnings. She reflected on how open and exposed you make yourself when you start something new. She reflected on being in the space and how this new beginning was no different and that the experience of starting with this group and with the topic opened herself up to be seen, by others and by herself. (Participant D)

"Whenever we begin, the "dreamtime" comes to an end and we mourn the loss of the potential, forfeited when the actual beginning is made"

This group membered shared about the disappointment that sometimes accompanies beginnings and how reality doesn't always meet the expectations we create about the journey we intend to embark on. She reflected on having to make choices and decisions in order to start something new, something that one feels is important to them. (Participant B)

"No process of creation is ever simple, straight-forward and unchallenged triumph order over chaos"

This group member spoke about the up's and down's of beginnings. She explained that just as a chart shows the highs and lows of something, so too can it explain the process of beginnings. She reflected that the chart can show both the order of the experience as well as the chaos, and both are important for the process. (Participant A)

"Beginnings are difficult"

This group member reflected on the difficulty of beginnings by comparing the process to the growth of a tree. She explained that we all start somewhere, just like the seed. And sometimes the elements don't work in our favour. The wind makes it difficult to grow but with support from water and other helping factors, growth is possible. She also reflected that we can be at any of these three phases at any point in time. (Participant C)

The group were then given the opportunity to negotiate amongst themselves about how to combine their images to create one big image. Bringing the individual parts together to represent the groups collective beginning. The group created a scale upward, beginning with vulnerability, moving up toward choices and decision making, through to the up's and down's of a beginning (the order and chaos) and ending in growth, which they termed the ultimate goal of a beginning.

They were also then asked to take their quotes and decide on an order to place the quotes in, in order to make one paragraph or poem:

Whenever we begin, the "dreamtime" comes to an end and we mourn the loss of the potential, forfeited when the actual beginning is made
Beginnings are difficult
When creating we become vulnerable, accessible, and recognisable
No process of creation is ever simple, straight-forward and unchallenged triumph order over chaos

The group also decided to make their paragraph or poem move in the same direction as their images, upward. The beginning line of the poem started at the bottom and the end line of the poem was at the top of the page, and so the poem looked like this:

4.No process of creation is ever simple, straight-forward and unchallenged triumph order over chaos
3.When creating we become vulnerable, accessible, and recognisable
2.Beginnings are difficult
1.Whenever we begin, the "dreamtime" comes to an end and we mourn the loss of the potential, forfeited when the actual beginning is made

The group appeared very satisfied with the coming together of their poem and acknowledged that it spoke to them in terms of their experiences with weight and body dissatisfaction. One member reflected on the process of dieting. She reflected that the poem, for her, represents the constant flux in the experience. She discussed that the topic of body dissatisfaction is constantly moving and changing, without really going anywhere. They asked for a copy of the poem so they could each take it home with them. As a group we agreed that the poem would serve as sort of a contract for the space, as a reminder of the process and their coming together as a group. I feel it will be beneficial to utilise this poem as a ritual for opening and closing sessions as it is a reminder of the difficulty of the journey, as well as the process of growth experienced within that journey. It is an acknowledgement of the groups starting point and a representation of the individual within a collective.

My overall experience of this session was that the group, although anxious about approaching the topic and entering the space, allowed themselves the opportunity to experience openness and vulnerability with one another. They confronted the topic in moments when the exercises may have

felt too general. I got the sense that they wanted to acknowledge that they were in the space for a specific reason and that their time would therefore be best spent confronting that topic/reason. In terms of group dynamics it appeared to me that each individual asserted authority in different areas while maintaining an amiable and respectful stance to other members. One member in particular seemed to be more outspoken than the rest and asserted authority over other group members more frequently.

In terms of my role in the space, I felt a sense of confidence and calmness in the space that I've experienced only few times before (in a therapist role). I tried to make it open and explicit to the group that I am holding a dual role in the space; that of therapist and researcher. I felt primarily in this session that my role was to hold the space in a way that felt contained, structured and safe. The session was aimed at building a relationship between myself and group members as well as between the group members themselves. I felt present and responsive to the group and the space.

Session 2

Journey Mapping

16 May 2017



This session consisted of 3 of the group members, one member was unable to attend as she was feeling unwell. The session began with a check-in using different images. The participants were asked to choose one image from a selection of images, that in some way represented them. All three of the members spoke back to 'the mask', the idea that each of them appears a certain way to the outside world, but their experience on the inside is contradictory.



Participant A chose this image and related it to a drama mask or the Phantom of the Opera mask. She discussed how it appears to look happy, or a certain way on the outside and so no one can see what is actually happening underneath. She spoke about feeling this way in life, that she is often seen as humorous and jovial but often, she isn't feeling that ways.

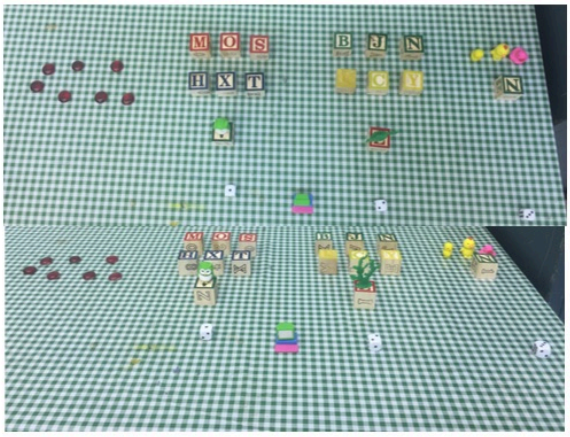


Participant C chose this image and spoke back to it being the representation of her inner self. She too spoke about being seen as a humorous person. She mentioned being asked numerous times, why she doesn't do stand up comedy. But on the inside, it often feels like she's screaming, just like the lady in the picture.



Participant B chose this image and explained that often it feels like the world around her is multi-colour. She can see the colours and notice that they are right there in front of her, but there is this umbrella over her head stops her from experiencing the colours. And so she is separated from them. Participant A had also commented that she wanted the same image but chose another one instead.

The group were then invited to find a space in the room to sit where they felt comfortable. Set up on one of the tables in the room was different objects, scarves and cloth. The group were invited to think about a memory, or a time period, that they have journeyed through and would like to share with the group. They were told that their choice could be about their experience of the topic of body dissatisfaction and shame, or not. They were invited to share whatever journey they would like to. They were asked to go to the table and select the objects or scarves they would need to build their journey map. They were also told that while they were constructing the map, I would ask a series of questions throughout that they would have to answer/represent in their map. These questions included; Where are you in your journey map? What were the obstacles in this journey? Did you have a helper? How or where does your map end? Were you happy with this ending or can you imagine a preferred outcome to the ending? If you were to give this map a title, what would it be?



Participant A titled her journey map "Shame Has No Boundaries". The dice in the image were placed on 1, 2, and 3, this was to represent the first three Grades in school. In the first grade, where her journey began, the blocks represented everyone else in the class but she was the owl placed on the block right in front of the class. She reflected on how she used to be a confident and outgoing child but for some reason the teacher placed her at a desk right in the front of the class and it made her feel different and separate from all the other kids in the class. She

started to become quieter and more reserved. This remained the same in Grade 2 as she still did not fit in with the rest of her class. By Grade 3 it felt as if she wasn't there. Her preferred ending would have been to be apart of everyone else, to look and feel the same as them. That was represented by the red stones to the left of the map.

Participant C titled her journey map "Paw Patrol". She explained that she is the type of person who likes to save people, especially those who really need saving. She explained that she went through a period of time where she dated a man that was addicted to substances and that she herself developed an alcohol addiction. She spoke about feeling worthless and therefore turned to food to make herself feel better, but it only made it worse. She spoke about having 3 friends from her youth that stuck by her and helped her through it and about her husband who showed her what she really deserves in life. She finished her journey map with a bigger version of the doll she started with, to represent her growth and strength from that period of time up until now. She acknowledged that while she still struggles with many of the same feelings, especially those around eating and her weight, she is much stronger and healthier than she was back then.





Participant B titles her journey map "The Climb". She told of an event that took place a few years ago when she went away with her boyfriend for the first time. Her boyfriend (represented by the dog on the windowsill) wanted to go down to this mountainous hill to the water and so she went along with it but she was secretly concerned. She spoke about having a problem with the muscles in her legs as they are very weak, and explained that it is made worse by her weight. The walk down was fine, but the walk up was when it became problematic. She explained that halfway through the climb her body felt like jelly (represented by the ghost in the middle) and she felt like she was going to pass out. She explained how embarrassed she was because she really liked this boy and was worried that he would judge her for her inability. The story ended with him walking back down the hill to her and helping her the rest of the way up, taking it very slowly with her and reassuring her that it was ok. She said he was her helper in this story and it made her feel a bit better about the whole experience.

The group were then asked to mindfully deconstruct their journey map, returning the various objects back to the table, and if any of the object represented them or someone else in their life, just to acknowledge that the object once returned to the table was no longer a representation of that. They were told to return back to the spaces that they had worked in and were given a piece of paper and a pen. They were invited to write themselves a letter with an intention to set for themselves moving forward in the group. They then agreed that the letter will be put into their journals and saved for them to read at the end of the 8-week process. After they had finished their letters we moved back into a circle in the middle and engaged in a short reflection.

Reflection Transcription

Me: I'm going to ask you to think about the process we just did, and maybe someone would like to reflect on the experience, what it was like creating a journey map, thinking back to a time or a memory

Participant A: To be honest I was nervous to share, and when participant B shared her story about times that were painful or hard for us, didn't make me feel like I had to share mine but it gave me a bit of bravery. Because I mean, it sounds and seems a bit useless now because my memory was from such a long time ago but it was something that was hard for me to share and I mean now a lot of people know that I sat in front, but I never spoke about how it impacted me or what kind of impact it had on me. So even though it was hard, it was good to hear that even though I sometimes laugh about it, it wasn't as good of an experience as I thought or not necessarily thought but I just see it differently now than I did before. So thank you participant B.

Participant C: I'm glad I could speak about how it made me feel, like being in that situation. Like always feeling like I had to rescue all these people and I'm glad that I put it behind me. But I felt like doing that [the journey map] was a better way than me saying it, and depicting it rather than sitting in therapy and trying to get across what you're trying to say. Like maybe you didn't have all the toys we wanted or whatever the case was, but what you had we had to make do with and I really enjoyed writing about it after because it just helped put things into perspective of where you are now and where you want to be.

Me: So imagining forward a bit?

Participant C: Ya. Like we have 6 sessions left to see a change within ourselves.

Me: When you created this map in front of you, did it look different to how it was in your head or did both images meet up in the same place?

Participant C: No they managed to meet up but it was like…I'm not a person who uses concrete object, I would have found it easier to draw, not that I'm a brilliant artists I would have drawn stick figures, but it would have been easier to put it across. So it was a very different experience having to use concert objects.

Participant B: It was a new experience for me sharing my story. So in my life, I share quite a bit about my health problems, you kind of have to, theres no way around it. But I just act like it's nothing and that I'm ok with it and don't feel humiliated about my weight and how it further impacts my health…and I'm also a very proud person so it was very difficult for me to admit that I needed someone there to tell me that it was ok, and that I need someones help. And it's been a process, so this is going beyond the story. It's been a process of accepting that I can't be an island and that no one is an island, and sometimes we have to reach out to other people to give us a bit of a push, but we are also there to help others as well. It was different for me, there are very few people that I tell my emotions to.

Me: Thank you for sharing with us. I know these experiences of trying to share moments in our lives with other people can be difficult. Moments and journeys that stick with us for one reason or another and I'd like to acknowledge how brave you all were in this session trying to pinpoint a moment in your life, physically recreate that in the space and then share it with others, so I'd like to acknowledge that bravery and thank you for bringing something of yourself here tonight and sharing so openly and honestly. Thank you also for inspiring and supporting each other throughout the process tonight. And I'm aware that we are missing one group member that didn't go through the process with us this evening and it might be strange for her to return next week having missed this step. So just to be aware that she was not here with us tonight but that she will be returning hopefully next week and rejoining our process together.

My Reflection

I was surprised by how easily the group took to the task of journey mapping. They seemed engaged by the objects and it seemed that a memory/time period came easily to mind. I was initially concerned that the task was not rooted firmly enough in the overall research topic but the group took it upon themselves to bring as much of their connection to the topic as they felt comfortable with at the time. Participant A managed to express her experience of othering and standing out from a group, the experience of shame, wondering why you are different from everyone else and why you feel alone in the experience. Participant B shared about a deeply painful experience of being vulnerable in front of someone else and having that someone help her and stick by her. And lastly Participant C who shared of her experience that for her seemed to be the cause of her "bad eating habits" and dissatisfaction with her body. I felt the group was very supportive of each other and listened with care to each persons sharing. They seemed willing to divulge

parts of themselves that might otherwise seem awkward to share about. Participant B shared that she suffers from Major Depression (MD), Participant C shared that she has battled an alcohol addiction and Participant A referred to herself as having a depressive personality. I was surprised by their openness and honesty around these matters as this was only the second meeting these women had together. That said, it made me experience a sense of confidence in the building of group cohesion.

Session 3

Role Method

6 June 2017

This session began with a check in with two of the participants, saying their name, followed by a sound and action to indicate how they were feeling. We then proceeded into a warm-up game of "What are you doing" in which each person has a chance to perform an action and the person standing next to them will ask "what are you doing" to which they respond with a description of anything other than the movement they are performing. The person who asked the question then takes on the action of what the person said. And so the game goes. This game was used as a way to introduce the body into the space and allow the participants to play around with action and performance. Following this, the group was then asked to walk around the space as I initiated a body scan; asking the participants to focus on their feet as they were walking, to notice their knees, their hips, shoulders, arms, hands, and their head. Just paying attention to the way their body walks, the way the ground feels beneath their feet and what part of their body leads them first as they walk. I then instructed them to consider how their walk might change with the following things I was going to call out; an elderly person, someone who has just won a million Rand, sadness, anger, and shame. They were then invited to come to the table in the room where a variety of hats were set up. They were asked to look at the hats and choose one that they felt drawn to. Once each participant had chosen a hat they were instructed to walk around the space with the hat on and see how their walk changed according to the hat. They were asked to consider, if this hat belonged to a character of some sort, how would that character walk, what would their name be and what would their voice sound like. They were then invited to greet another person in the space as this character. They were asked to consider one thing this character would want other people to know about them. Once everyone had had a chance to interact with each other as this character they were asked to return to the table, take off the hat, and say goodbye to the character they had created. Choosing a different hat the exercise was repeated again. Lastly, they were asked to choose one more hat with the idea of Shame in mind, if shame were a character.

The participants chose two distinct characters. Both character were male. Participant B's character was a robust gymer who was concerned with muscle mass, protein shakes and gymming. Participant A's character was shy and soft spoken with a depressive personality. Both characters interacted with each other in a series of different scenes taking place at a bus stop, an interview, and at a restaurant as old friends. Most of the conversations that took place in the scenes were confrontational as they described the things they didn't like about the other person; "you should be hitting the gym, look at

you", "You think you look good because you gym, but you don't your muscles are ugly". I think this in and of itself was quite representative of their position with shame, the attacking and confrontational voice that says "you aren't good enough". What was interesting to see was how the characters turned against each other as opposed to on themselves. It was also interesting to see two opposing views of shame as a character; one being loud and obnoxious and the other quiet and introverted.

The participants were then taken through a thorough de-roling as they were asked to walk around the space, still in their character of shame. They were asked to begin saying goodbye to this character of shame, either out loud or in their heads, and to make their way to the table where they removed the hat, placing it on the table and saying "I was (with the name of their character) and now I am (with their own name)". They were then asked to walk around the space, and shaking off different areas of their bodies as if there was snow that had landed on them. Then, returning to their natural walk I repeated a body scan, having them check in with different areas of their body as they walked. We then proceeded to play Pass the Energy as an imaginary ball of energy was passed between us that changed shape, size and weight as it was passed and caught. We then sat down to reflect on the process (transcription to follow) and afterward to end the session we checked out with our name and a sound and action to describe how we were feeling, as well as a pulse that was passed between us.

Reflection Transcription

Me: Just to end off our session with a discussion about your experience of tonights session, perhaps how it's left you feeling or thinking

Participant B: For me it was less emotionally taxing than our other sessions I think because we weren't really revealing a lot of ourselves, I mean I'm sure indirectly we were but we were taking on these personas so if something was at fault with that we were doing it wasn't us, it was this other person that was in our head.

Participant A: It could be a little more subconscious though

Participant B: Probably ya.

Participant A: Because who you pick could be someone you know or have seen before

Participant B: Well I think especially with the shame, it's a very personal thing…what do you at this point in your life think as something or someone shameful.

Me: How about you Participant T, how was your experience of it?

Participant A: I liked using the hat as a form of embodiment, like a whole persona grows and the walk, and I feel like feelings can be associated with that. And I do agree, it is less taxing because it feels like it comes naturally, because if you walk like them and talk like them, you feel them. Which is nice. I was kind of interested by how we each depict shame, because like my shame is not necessarily quiet but my shame felt like the opposite of Lauren's shame. Which is nice because we could all be interpreting shame differently, and is interesting because you'd assume that we'd all think it's the same but maybe for me shame is embarrassment and for Participant L it's something different.

Me: So these two different characters coming together in one scene to talk to each other, what was that experience like?

Participant B: At some point I was a little bit thrown, because I had decided on my character of shame and then to see Participant T's character, sometimes I identified more with her character and then I suddenly remembered wait, I'm this character of shame and what would this character of shame say?

Me: So sometimes it feels like there are different levels or versions of one single character?

Participant A: I found my character to be like, like in drama terms or improv terms I know you're supposed to be like asking questions and my character is cold so it was quite difficult because it felt like I kept ending everything and I didn't want your [Participant L] character not to say anything. So I kept thinking, how can I asked a question to keep this going.

Participant B: I felt like you did it very well. Like I think I kind of understood what your shame character was about so I didn't feel like you needed to ask questions. It worked really well.

Participant A: I actually really enjoyed it. I liked the embodiment of being something else and then taking it off and being like 'ok, I'm finished now'. It's easy to be like crazy or silly or brave and then being like 'just kidding, I'm me again'

Me: Great. Is there anything more you'd like to add before we close the discussion, final thoughts about the session?

Participant B: I think I feel more tired than when I arrived here, like for me my character was not someone who felt ashamed but what I think shame is and to try and act that way when in my head I'm like 'agh this is an awful person', kind of drains you.

Me: And quiet literally putting yourself in their shoes or in our case their hat, can take a lot out of you

Participant B: Ya, and just having to say awful things.

Participant A: I actually felt differently, I think I'm embodying my shame was more like, I've felt this way before like maybe I've been exposed to being like very cutoff-ish, so it feels more like when I'm feeling ashamed, maybe that is how I would act. So I feel like I identified with my shame but my shame was also not who I am.

Participant B: They're conflicting in some way

Session 4

Role Method and Poetry Therapy

15 June 2017

The session began with the participants checking in with their name, followed by a sound and an action with how they were feeling in that moment. A piece of paper was then placed in the middle of the room with the word "shame" written on it. The participants were asked to fill the piece of paper with as many words and phrases that they could come up with that, for them, related to this word shame. These words included; rejection, judgment, love, sadness, isolation, etc. Once they were done, the participants were invited to walk around the space and check in with their own bodies, acknowledging their presence in the space. I then instructed them that I would call out words from the piece of paper and when I do they must adjust their walk to embody that word (i.e what does isolation look like?). Once they had embodied three or four different words they were invited to the table with various hats on and were asked again to consider the word shame, and if this word were a character, someone to embody, what hat would this character wear. They didn't have to choose the same character as last session but if they wanted to bring that character back into the space, they could. Both participants chose different hats to last session and began walking around the space. They were asked some prompting questions such as; what is this characters name? how does this character walk? what kind of personality does this character have? They were invited to greet someone else in the space when they cross paths and introduce themselves. They were then instructed to find a space in the room to sit down as their character and were given a piece of paper and a pen. They were told that their character had been invited to a poetry sharing and had been asked to speak. They were invited to write the spoken word that their character would deliver at the poetry evening, a poem about how they see the world, and themselves. They were given some time to write their poems and while they were busy, I set up a poetry sharing space, using different chairs from the ones we usually sit on and putting a cushion on the sharing chair. I then chose myself a hat and in-roled as the poetry MC. They were told that when they were finished with their poem to enter the middle of the room and take a seat. My character, Ms Laura welcomed them and introduced the evening and the two speakers to an "imaginary" audience. The participants were then invited one at a time to come up to share their poems.

Participant A's character was a female by the name of Darla. She was introverted and quiet-spoken. Her poem was about a darkness, loneliness and sadness that lives inside. She did not want to speak or engage and said the whole poem looking down at her page. She hid her face beneath her hat.

Participant B's character was also reserved but less so than Participant A. Her character's name was Peter. The poem took on the voice of shame for many. The poem listed different shameful experiences that people might encounter. The poem was more generalised as her character of shame spoke about the different times in people lives that he emerges.

After the poverty sharing, I took the participants through a de-roling process and invited them to acknowledge what the character offered them in the space, and acknowledging that saying goodbye to this character now does not mean that they cannot call the character back into the space another time.

Recorded Reflection

Me: Tell me, how was that experience?

Participant A: It was relieving. I don't feel that my characters feelings, or the poem that I wrote are necessarily my own feelings or my own pain, but I feel like I could relate and it felt nice when my character was releasing her pain, that I was releasing some of mine. It was almost like living vicariously through my character.

Me: And did that feel good to you? Was it hard at all?

Participant A: It was difficult at first because I think my character, because I built my character, was reluctant and didn't want to and then my character felt good so I think it kind of resonates, like maybe I'm reluctant and it feels good to let it go. Shaking it off felt really good as well, it was like "ok, I'm done with you now".

Participant B: For me it was a bit different. I think, like, it wasn't something that I've been through but it's something that's been on my mind a lot because some people that I really care about had that kind of experience of feeling that kind of shame, and because I'm so close to them its kind of consuming my thoughts the whole time, and to put it to paper actually really made me feel better because lately I've just been journalling about my own shame, and how I feel, and I think to recognise that someone else's shame has also been affecting me is really revealing for me. And I feel like I could now…it's hard to explain, so like in these relationships, its been difficulty on me because its felt like a burden on me, and on my mind, but now that I feel like I've worked through it in the space, I feel like I can add fresh air to those relationships. And taking on that character made me understand more…because i don't think I can really ever truly understand someone else shame, but I think I can be a bit more empathetic now.

Me: What is the experience like of knowing that there are other people who have these shames as well?

Participant B: It's a weird feeling, especially because it's something that I wouldn't feel shameful about. It's something that I would feel proud about. So at first it's a bit confusing

and you want to say to them, "but look you have this where I don't, and I have this to be shameful of. so I don't understand your shame". And you cant treat people like that, because their shame is just as valid as yours. You cant dictate to them what will make them feel shame. Also, it's a very weird experience because sometimes you can feel like, your emotional needs are being neglected because the current focus might be on their shame, and especially because I'm going through this process, I feel like I might need more room to talk about myself and how I feel about myself, and how others feel about me, but them going through their own internal process also requires their space and their time from me. So I think its about finding equilibrium.

Me: And sitting now, as yourself, and looking back on the session, what do you think about the character you created?

Participant A: I feel kind of like, I understand how [Participant B's] character is someone she knows, mine was more like, someone I think, if I don't handle my shame I could be maybe. So I think mine was more personal in the fact that it was more about me, whereas her's was more personal in the fact that it was about sharing an experience with someone. So sitting as me, it feels nice, I think. I'm more appreciative maybe.

Me: How do you think we 'handle' our shame?

Participant A: I think its quite…the way everyone handles shame is different, but I think my shame is more in the closet or like swept under the rug, so like "there's no shame here". So bringing it up its like "oh…it's here. surprise!". So I think its nice to access it, to sometimes be like, it's ok because other people feel it too, and maybe they don't feel it the same way, or don't have the same thing that they are shameful about, but we all have it. So it's kind of nice to her, even if it's different, if Lauren has shame, its ok, its not my shame but its understandable.

Participant B: For me sitting here as myself, I don't know, it feels a bit weird. I feel like I've gone through a bit of an emotional change over the past couple of minutes, just by getting some more insight into whats been on my mind lately. But I think I feel a bit more refreshed, a bit more energised, to go back into my personal space with the people that I know and deal with my shame and their shame together. It was also a little bit emotionally draining, but I think it was good, I think it was a good experience and I feel at ease now.

Me: So this emotional shift that you've just experienced, can you tell me a little bit more about that?

Participant B: So, particularly on my way here when I was stuck in traffic, my mind tends to drift. And I was just thinking about this person in my life and how I could help them and I was like, I cant help them, I don't know what to do, I don't know how to deal with their emotions, their emotions are so big. And like, I don't understand what they're going

through, I haven't been through stuff like that. I don't know how to speak to them about it, I don't have an opening to enter this conversation. And by putting myself in their shoes and taking on this kind of character, I feel like, I now have an opening, I feel like I can somewhat relate and the realisation that shame is shame…they feel shameful about that, I feel shameful about something else, and that perhaps the way to get to them is to talk about myself as well and open up to them and show them that shame is a normal thing, its not what should happen but it happens and there are ways to deal with it.

Me: What was the experience like, of sitting and writing?

Participant A: I think it was easier to write it down than it was to read. I don't know why but it felt like, when I was writing it, it didn't feel as personal as it was when I was reading it. When I read it I was like "oh, ok, take it slow, no one is looking at you…just go". I was very self conscious of what I had written in that minute…and I was nervous about y writing, about how I could relate to it, where as, when writing it, I din't even realise it had the impact that it did, when I read it. So I think it was quite, I found it quite difficult to read it, but writing it was like "oh, this feeling and that feeling" and the saying it was like "oh god. Now I have to admit that I have this feeling". So I found writing it pretty simple, but speaking what you write not so simple.

Me: Do you think its speaking to people that are listening, or merely voicing those words out loud that is difficult?

Participant A: A little bit of both. I think voicing it was also the realisation that, hey, I feel these things, and maybe it feels a bit weird to say it out loud. Or read it. And also the fact that there is someone listening, its like, I've just come to the realisation that maybe I feel this way, and now I've just come to this realisation and I'm sharing it. Which I found slightly overwhelming to be honest. Which is why I felt so relived, one of the reasons, to take my character off and to shake it off, I was like, "that's done now".

Participant B: For me, the more emotional part was the actual writing, because when I had to think about how my character was feeling, suddenly there were all these feelings that I didn't know I was feeling, and they kind of rose to the surface…but they weren't my feelings, they were this person's feelings. And it kind of took me back a bit, that I could feel all these feelings that weren't mine. And to picture all theses things happening to me, that didn't happen to me. But it felt really good, once I recognised those feelings and that I actually was feeling them, the writing part was easy. And I think because i had gone through that little, tiny process there, of recognising that I can feel these feelings as this character, then the reading was, basically nothing, it wasn't very emotional for me. I think the emotional part was actually recognising those feelings.

After the discussion we did a focusing exercise where we came into a circle and focused on one spot on the ground and popcorned numbers between us, counting up till 10. If two of us said the same number at the same time we would have to begin again. After this we

sent round a pulse by squeezing the persona hand next to you, changing it's direction, until eventually bringing it to a close.

Personal Reflection

My experience of this session was that it had a playful feel to it, but also a weightiness. I think this was because of the presence of shame in the room, very literally. The contradiction of the space, being both playful and heavy was an interesting dynamic to be present in. It was explained quite well in the participants reflections in that there was a sense that these things that were being said by characters existed in a world separate from reality, and while a life-drama connection could be made and the participants recognised the connection between the characters, their poems and their real lives, it could also be shaken off and left in the space as something apart of a playful world. I think this is the power of the medium. It has the potential to enlighten participants and create an exploration and awareness of experiences as weighted as shame, but at the same time allows them a safety to pace that exploration. It also offers the means of embodiment which in my opinion goes far beyond talking about the subject matter. What I have witnessed is that the embodiment process offers the participants a means of understanding this idea of shame, and specifically their shame, on many levels. By embodying shame you are engaging a physical knowledge that provokes a cognitive understanding. And even if that cognitive understanding is not direct or conscious, it seems to create a shift in the participant and allows them to reflect upon the experience over the course of a week, until the next session in which they begin to make links to previous experiences. The medium of poetry also provides an interesting dynamic as it would seem that it allows the character a means of expression, more so than in dialogue between characters. It is an artistic form that promotes a freedom of expression and almost baring of one's soul. In this session I believe it gave the participants a platform to allow their characters to form properly, linking their thoughts, feelings and perceptions with the physical representation of shame. In short, I believe it got Shame talking. It provoked them to speak from Shame's perspective and understand how Shame sees the world. One thing I noticed in this session which will affect the next session is the participants engagement with the subject of shame. The participants seem to be approaching shame in a very generalised manner, not linking shame to the self too much, and definitely not linking shame to their experience of body dissatisfaction. I believe the next session should work toward making the connections and opening up a contained space for them to explore their shame.

Session 5

Body Mapping

22 June 2017

This session was focused on body mapping. After a verbal check in with a name and sound and action to describe how they were feeling, the session then began with a mindful check-in of the body as I asked the participants to close their eyes and begin to notice the different parts of their body; feet on the floor, ankles, knees, the chair beneath them, their back, shoulders, head and parts of their face. They were told not to adjust anything but just to notice. Once a body scan was done, we continued into a guided meditation of sorts as the participants were asked to imagine themselves walking along a pathway, and this pathway leads to a door, they are asked to open the door and step inside. They are instructed that the room in which they are standing is a safe space, one that allows them a feeling of comfort, safety and security. They are then told whenever they are ready to open their eyes. I asked them to try hold a piece of that room while they worked today, and to try imagine the same qualities of that space into this space for the remainder of the session.

The participants were then given two large sheets of white cardboard. They were also given tape and asked to combine the two sheet to make one long piece of paper. They were given the option to trace their own body on the paper or if they felt uncomfortable with that to draw an outline of a body. The option was given in case the participants felt too vulnerable allowing someone to trace their body onto a piece of paper. But both participants requested to have their body traced and asked the other participant to trace them. Participant B was concerned that her hips were too large and wouldn't fit on the piece of paper, but when she lay down she saw there was more than enough space. The participants seemed very sensitive and supportive as each other as they approached tracing each others bodies with much care. Once both participants had their outline on the piece of paper they found a space in the room in which to work. They were instructed to get paint and brushes from the table and return to their space. The instruction was to fill their body map in a way that represented them; how they see themselves, from head to toe. They were given 20 minutes in which to do this. While they were painting, soft instrumental music was played in the background. Once the twenty minutes was up the participants were asked to select three different coloured stones from a box to represent three different things, namely; memories, vulnerability and shame. They were then asked to return to their body map and spend some time deciding where on the map to place the various stones, considering areas on the body that are specific to these three aspects. Once they were done placing their stones they were asked to share as little or as much about their map that they felt comfortable with. I emphasised that they should only explore with

us the things they felt comfortable with but also informed them that if I felt it necessary I might ask a question or two.



Participant A:
Red stones are vulnerability, black are memories and white are shame. I chose the white stones for shame because they are see-through and shame has different forms, so that was why. So my picture is abstract, as always. The colours at the top (by the head) represent thought pattern, the flowers in the middle represent good actions and they're also kind of making a cage around my heart, that's like, it can destroy it but it can also protect it. The black shoulders are like weights, weighing down. The butterflies are like metaphors for like stomach butterflies, but also for like, being free. And then, two legs are different, so the one leg represents all the hard feelings that you feel inside and the other leg is like the opposite, but like, it's smaller because the dark thoughts are often more present than the lighter thoughts. So yes, that's my map basically.

Me: Would you like to talk back to where you've placed your stones?

Some of it is fine (to talk about). The red stones that are vulnerability, are there because I get walked over a lot. Because I give my heart to everyone, so like, its vulnerable. Because like, I just want to help, but then I never get anything in return, and sometimes that causes stress, that's why it's kind of connected the shoulder that weighs down more. And then I've put shame by all the dark sides to the painting, not to any of the light sides because the light represents good and I equate shame with bad. And then the memories are just, kind of funny, the black one at the top is the literal in your head, the black one by the heart is feelings, like memories that you feel but don't have a passion for, the black one between the flowers is things that I've done while growing up, those by the butterflies are good memories I have while feeling free, and then good memories and bad memories on either leg.

(The red circle on the image is to indicate where the red stones were places, that indicate vulnerability. The white circles are to indicate where the see-through stones were places to

indicate shame, and the black circles are to indicate where the black stones were placed which mark memories).



Participant B:
So, I took mine quite literally. I just kind of put my whole life story on my body, because a lot of it does revolve around my body. So the black stones are memories, the light-blue stones are vulnerability and the rocks are the shame. So we can start with the memories maybe. So there are a few black stones here by my armpit, quite literally…so the first memory was, having a flesh eating bacteria disease there, which I was nine-years old when it started, it left awful scaring, and that was a bad memory, but I also have a good memory there because when it healed and I was much older I got a tattoo over the scar that I feel really empowered me, and made me feel more confident about wearing things without sleeves. I just like people weren't staring as much, and if they were, they were staring for good reasons then. The other memories, again here by my thighs, it was various memories, also, flesh eating bacteria that go infected, the surgeries that I had to go through when they cut 15cm by 20cm piece of my flesh out of my leg to try get rid of the disease. Of not being able to go to school because of that. And then feeling like I could never be intimate with someone because I had this hideous scar, so near to a place that should be special, and beautiful, and I should feel confident about. So yes, having that scar in such an intimate place, also not being able to wear a swimming costume without shorts, and even though I was in an all girls school, I didn't want to wear the swimming costume for gym because people would stare and it was really ugly. But then, on the other leg where the other memory stone is, something which happened to the other leg, but I wanted to show both sides of it…so the scar eventually healed, and where the huge indent in my leg eventually filled up. But I still felt like I could never give my virginity to someone without being confident, because I felt like it was just so ugly and it happened to me when I was 16 so, it was a very vulnerable stage for men my sexuality. So what I did is, I saved up and I got a giant tattoo to cover it, that was a garter. And I feel like that empowered me

again, sexually it made me feel like I was a woman again. I think those are all the memory stones. And then, the vulnerability, there is one (stone) by my head because I feel like thats where I'm more vulnerable. I think I'm my own worst enemy and sometimes I feel like I need to shut myself out. A vulnerability by the broken heart, not by like a boyfriend or anything like that, its just people who were supposed to be there for me, especially growing up, who weren't there. And then vulnerability by my groin because I was a virgin for very long and I felt very vulnerable because of all these surgeries that I had in that area, and also because i was sexually abused as a child. So that made me feel very vulnerable. And then there is one lower down on my leg, and that's a physical vulnerability because I do have muscle weakness in my legs, I'm also knock-kneed and various things. And I feel like that leaves me open to ridicule and, I don't know, judgement, and I think a lot of that is actually from myself and not other people. And then the rocks are the shame. So it's just how things are going to get better and better. Even though it started in shame. Shame is also by the broken heart, you feel like its your fault that people don't care for you and you feel like theres something wrong with you. An it's not the case. There's also a shame rock next to a needle, and that's because people always judge me for being on so many different medications. They say like, for depression you should just snap out of it and a lot of the time they don't realise that most of my meds are not for depression, they're for other serious illnesses. And then there's a shame rock there, because of me being sexually abused when I was a kid, and also because when I went to Varisty everyone made me feel ashamed because I was a virgin, when I actually had just never had a boyfriend, I'd never been in love, and I tried to feel like that wasn't something to be ashamed of. Shame also by my inner thighs where I had that infection and I was ashamed to show my legs and when I got the tattoo I felt better, where people were thinking I should be ashamed of myself for degrading my body like that, when I felt I was just improving it and getting my confidence back. And then of course shame throughout my legs because they're fucked. Sorry for my language.

Participant A: What does that writing say?

It says "yesterflow" so that's the tattoo I have on the scar here, and its a word that means a lot to me because it's something that I aspire to be and something that the women in my family, the strong women have always referred to themselves as , in some way, and that's what I aspire to be. That's my story. Questions?

Personal Reflection

I found this session to be difficult in some regards as I felt the need to hold the space even more so than in previous sessions. I was aware that I was asking the participants to access and present their vulnerability and in some ways I was concerned because it was the first time we were entering a very direct and personal space together. That said however I felt that both participants were ready to enter this space and that the previous sessions had built them up to explore deeper into their own experiences. The choice of body mapping was as a means to connect the exploration of shame, with their own personal experiences of their bodies. In the previous session in which we embodied shame as character, I was given the impression that the participants were exploring shame in a very general way. Therefore this session aimed to create the connection and bring the personal experience in, specifically related to the body. I feel the method helped to create a way of projecting experiences externally from the self, and solidifying them on paper. It allowed for the participants to view themselves and their experiences outside of themselves and engage actively in memories of shame and reflect on areas of vulnerability. It also quite literally allowed the participants to look at their bodies and "dress" them, or fill them with images, colours and shapes that mean something to them. They got to choose how they wanted to represent themselves on their maps, and I sensed an empowerment in that. Participant B was much more open to sharing her map with the rest of us, explaining her most vulnerable experiences of shame quite in-depth. I found that while Participant A didn't share as much around each experience she still allowed herself to be vulnerable in the space and gave us an opening to view her map and her experiences. I was interested to see that the participants primarily didn't place their shame in the same place as their vulnerability. Bene Brown discusses how shame and vulnerability are connected. She suggests that we cannot become wholly integrated people who experience love, worthiness and belonging, if we are unable to access our vulnerability and, in doing so, our shame. The participants however have not seem to have made a connection between their areas of vulnerability and their memories of shame.

Session Six: Two Chair Embodiment

The session began with the participants checking in with a sound and action to represent the emotion they were feeling. They were then invited to walk around the space and the enrolment process began. They were asked to consider how their walk would adjust with every emotion that was called out, i.e. anger, sadness, happiness. They were then asked to consider a memory of shame that they represented on their body map in the previous session. They were invited over to the table on which there were various hats. They were asked to consider, if this version of shame were to be represented as a character, which hat would the character choose. Participant B selected a hat, however Participant A said she'd prefer not to use a hat because there wasn't one that suited the character. They were asked to walk around the space, adjusting their walk to this character's walk, considering what the character's voice sounds like, and what their name is. They were then invited to bring two chairs into the space and place them opposite each other. They were also asked to take cloth from the pile in the room and create a circle around the chairs, consciously encircling the space as a safe space in the room. Separating the space from the rest of the room. They were invited to select one of the chairs for their character to sit in, and the other for themselves. They were told that when they felt ready, to consciously step inside the circle and take a seat that they would like to begin in. They were told that while in their space, they were going to have the opportunity to have a conversation with this character they had created. It was to be a dialogical space between themselves and the character, and even if it was done in a whisper, it had to be vocalised. Both participants entered their spaces and after a few minutes of hesitation began to converse with the empty chair across from them. I witnessed participant A speak more in her characters chair, and less so in the chair that was allocated for herself. Whereas participant B seemed to speak more in the chair set aside for herself, than she did in her character. At one point, it seemed that Participant B became distressed and stepped out of her circle. She was breathing quite heavily and had her back facing the circle. At this point I intervened and asked her to move around the space, bringing her attention to her breath and her own body. I tried to focus her attention on the here and now, asking her to mindfully acknowledge her feet on the floor as she walked, and to focus on the slow in and out of her breath. At this point participant A asked if she too could step out and join participant B. Both participants engaged in a mindful check in of their bodies in the space and slowed their breathing down. They were asked to come into the middle of the room and say, "I was playing" with the name of their character, followed by "I am" with their own name. I invited both participants to sit in a circle in the middle of the room, away from their sectioned off circles. I gently engaged them in a conversation around their experience.

Participant A expressed her shame as a grade 7 version of herself in which a group of friends were bullying her. She described how every day the group would have to wear their hair in a different hairstyle and the one who failed to do so, had to go sit with her at lunch, that was their punishment. And she found out about this as one of the girls

told her one day, explaining how the group found her disgusting and that because of that, their punishment was to spend time with her. Her shame presented as very angry. She explained that shame was angry by how hurt she was, that she was called disgusting, that she was treated so badly, and she didn't really understand why. She found it very difficult to confront shame, and relayed that sitting in the chair there were many things she wanted to say to shame, but shame was so angry that trying to confront Her, was very difficult. No words actually came and shame just kept bullying her, saying "aren't you going to say anything? Why aren't you saying anything?" It was a very difficult experience for her. Once she began reflecting and speaking in the group about the things she wanted to say to shame, I asked her to return to her circle and say the things she had just said to us, the things she wanted to say to shame. She managed to say the things she wanted to, but she said it was still very difficult as she is not a confrontational person. She told shame, this younger version of herself, that it was time to let go and that she could not stay angry forever, that these people are insignificant in her life and that they won't impact her forever.

Participant B expressed that her version of shame was not an external person, someone separate to her, but rather a direct version of herself. She found this most difficult. She explained that the version of shame she was facing was situated at a time in her life when she was diagnosed with most of her chronic illnesses, she said it was a similar time to participant A, which was around the age of 13/14. She expressed that her version of shame was evil, this version of shame lacked any empathy and therefore it was very difficult to talk to this version of shame, as there was no real emotion. She expressed that she didn't want to be there, she did not want to be talking to shame. And eventually she told shame that shame must go away, she doesn't want to talk to her anymore. And shame left the seat. She said that she didn't give shame the opportunity or the space to speak back.

It seemed that both participants found it a very difficult experience. Very hard to confront and very painful. At the end of the session both participants acknowledged that they identified with the others story, and that they understood what the other was going through. After the reflection, the participants were invited to mindfully deconstruct their space. The participants were first asked to shake off different areas of their bodies, patting down their arms and legs, shaking hands, feet and head. We then played an energy game in which an imaginary energy ball is passed through the circle, and the catcher decides on the size, shape and weight of the ball, as they catch and pass it to someone else. The participants were then invited to find a spot in the room together, and were invited to ask the other for something that they needed, such as a hug, a back rub, to be sung to, to speak and be listened to, etc. They were each given time to ask for something and receive that from the other person, before swapping over. We then came together as a group and holding hands, a pulse was sent around.

Personal Reflection

My primary response to this session was admiration for the participants. They manage to reach the crux of the work, the very difficult apex, and although it was painful they allowed themselves the space to work through it and to articulate their experience so honestly. I understood in a sense their experience, as I took myself through a similar process in my PAR project last year. So, I encountered a feeling response to their reflection on the session as I encountered a similar experience. I felt that they found it

difficult to confront their shame because they had never received a space to do so previously. It seemed that they were scared of what shame had to say, and scared of their own responses. I believe the space required a specific degree of containment and I worked toward offering the participants a thorough de-roling and entry in the here and now. I also felt it was necessary to encourage them to practice self-care when they left the space, encouraging them to do something enjoyable for themselves; a hot bath, cup of tea, watch a movie, read a book, etc. After some reflecting I've come to realise that the next step moving forward is to engage them in Landy's counter role. I believe I underestimated the experience of confronting shame as yourself. If the self, struggled to confront shame, then perhaps someone else could, some part of the self that was made to sit opposite shame. I think this is the most appropriate progression of the intervention. It also fits into the aim of beginning a closing with the participants as it will begin to build them up, as opposed to entering more deeply into the work. I believe this will offer a containment for the participants and invite them to find inner strength and protective factors for themselves.

Session 7: Counter Role and Poetry Therapy

The session began with a check in using objects. The objects were placed in the middle of the circle and the participants were asked to select two objects that are, in some way, different from one another. They were then asked to check in by saying their name and explaining the objects that they chose. Once they had said how their objects were different, they were then asked to consider how their objects were the same. We went back around the circle and they shared the way in which they had found similarities between their objects. We then played an embodied game of opposites, in which each person got a chance to embody an action. The person next to them would then ask them, what they were doing. The person had to tell the person what they were doing, after which the person asking had to embody the opposite of that thing. i.e. I'm cleaning the room, after which the second person would embody dirtying the room. After a few rounds of the game, the participants were invited to walk around the space. They were told to embody the opposite of what I called out, and were told that there was no right or wrong but rather their own perception and interpretation of the opposite. I called out various words such as, poor, angry, old, etc. I eventually called out shame. They were then invited to walk over to the table and thinking very specifically about the character of shame that they brought into the space the week before, to choose a hat that would be worn by a character that, in many ways, is the opposite to shame. Once they had chosen a hat, they were invited to walk around the space and begin to embody this character, focusing on the way in which this character walks, the sound of the characters voice, what kind of personality the character has, what the character's name is, and how they may see the world. They were then invited to find a place in the room to sit, and were given a piece of paper and a pen. They were told that their character had been invited to speak at a spoken word evening, and their poem was to be a memoir of the self and their view on the world. While both participants took their time writing their poems, I proceeded to set up a section of the room as the poetry event, with chairs and scarves. They were invited to come take a seat when they had completed their poem. I also enrolled myself as the MC of the evening. I introduced the evening and welcomed both guests. Each participant got the opportunity to go up to the "stage" and share their poems with the audience. They were then asked a few questions in character around how they came up with the poem and what the essence of the poem is about. Both characters were thanked and asked to walk around the space once more, still in their character. They were told to mindfully thank the character for what they offered them in the space, to acknowledge that although we would be saying goodbye to this character for now, the character is always accessible again, and to visualise a place within themselves that they are placing this character. We then de-roled as the participants were asked to return the hats, saying "I was…I am…" and to begin to walk around the space once more as themselves, paying attention to their walk, their breath and the sounds they could hear in the room, shaking whatever body part needed a shake. We then gathered in a seated circle to have a verbal reflection of the experience.

Recorded Reflection

Me: What was that experience like for you?

Participant B: Great, compared to last week.

Participant A: It was fun.

Me: Tell me a bit more…

Participant A: I found it really uplifting. Like when we had to shake off this opposite to shame, I kind of felt myself not shaking it off fully. It was lingering. Especially after you said to visualise the place that we could store it, that you can call upon this person again. And I kind of found myself walking a bit more confidently knowing that this other person is a part of me and that I can just call on them whenever I need to.

Me: So, this other person that you want to keep around, what is it about them that makes you want to keep them around?

Participant B: I mean, there could have been so many opposites to the shame I found last week, but I think this would be my favourite opposite. This person doesn't judge, doesn't get angry if you lash out at them when you're feeling angry. This person just loves, respects and appreciated everyone.

Me: And if you could give this person an emotion as a name, the same way we titled Shame, what would that name be? What's the essence of this character?

Participant B: Acceptance. I think it takes a big person to accept themselves before they can accept others, and this person really does.

Participant A: So, my character was based on confidence. Because I actually also thought of acceptance, like someone who just is. But I was like, no, acceptance is the opposite of rejection. For me, so I'm not saying yours is wrong. It just felt like, for me, when I thought about what the opposite of shame was, it felt like someone who has no remorse or regret for the actions. Like, I'm sure we all know that one girl who does everything and it just is, what it is. And it just felt for me, like there's no shame. So, for me it was someone who is confident. And it's not like my personality to be overly confident, or obnoxious, however my character had a…they walked proud. And I really like that. It gave me the feeling of confidence, because I actually always look at the floor when I walk. So, it felt like, even though it was just walking, it felt empowering. So, it was like, oh, I can be confident, because I'm not generally. So that was quite nice. And I also like, not as dramatic as my character, but sometimes loving yourself is ok and saying I can do this well is okay. It's not obnoxious. My character was obviously just the extreme. But it was nice to feel that way, and also when you said put it in a box, visualise it within yourself, I was thinking that maybe when I do stuff I could bring this out, and like oh I can, I'm doing good, keep going.

Me: Thinking a bit about last week, sitting in the chair facing shame. I'd like you to just think for a moment if this character was sitting in the seat opposite shame, would the content of the conversation and the way the interaction went have been different?

Participant B: Very different. I think it would have been a lot easier to communicate with shame because I had real difficulty. I was almost scared of shame. But just this acceptance and realising that it's not something to be scared of. It's not something to pity either, I don't think. It's just something to accept. And I think it's something that just needs love. And I think that's what this character, Gillian would have done. Is just, given shame a huge hug.

Me: And how do you think shame would have responded to that?

Participant B: I think shame would have had a breakdown. I don't think shame would have been able to deal with it. I don't think shame has felt love in a long time.

Participant A: I think it was hard for me to talk to my shame because I had a lack of confidence in the situation. So, I think it would have been different if someone who was overly confident confronted shame.

Me: Like this character, John?

Participant A: Someone who has…if someone has no fear for what shame thinks, does shame exist?

Me: It's a good question. Do you think John could have gone face to face with shame?

Participant B: Yes, and been like "meh".

Me: And how do you think your shame would have responded to that?

Participant A: gob-smacked. Shame can't hurt you unless you let shame hurt you. So, if you don't care for shame…obviously you'll always care for shame, but if you didn't, it can't do anything to you.

Participant B: It feels like shame is a bully, the minute you confront it, it goes away.

Participant A: Imagine if, when people are awful to you, you were just like "whatever", they'd be like, what am I doing?

Me: So, what is truly amazing about ourselves, is that within us we hold all these different selves. All these different strengths, we hold them within us. Just as you've stored Gillian and John somewhere within you, somewhere within reach, they exist. Sometimes we need to find them, and call upon them, really bring them out within us, not to say that it's easy, but it's doable. And my hope for the both of you is that you'll be able to locate John and Gillian, acceptance and confidence, when you need them. Find them as solid pieces of yourself, and integrate them into your experiences.

To check out after the reflection the participants were asked to think about two physical images, one that represents shame and the other to represent what they brought into the space tonight; confidence and acceptance. They were instructed that they would physically embody each image, beginning with the image of shame, and then the image of the thing they created in the session today. They were invited to transition from the one to the other, shame to the opposite, and while holding their last image, to say their name.

Personal Reflection

I felt very confident about this session. It was encouraging to see both participants draw upon inner strengths and acknowledge their capability for confidence and acceptance. It was also interesting for me to see the different responses to countering shame. On the one hand, the role of confidence speaks to assurance of self and identity, it is a form of acceptance in its own right, an acceptance of self. And the kind of acceptance that participant B was speaking about reminded me of Brene Brown's 'wholehearted', those who love unconditionally and connect to feelings of worth and belonging. Both responses for me felt powerful and necessary. It was heart-warming to watch the participants build themselves back up and return to a light-hearted play that seemed lacking in the previous session. It also left me feeling curious about the conversation that could take place between these counter roles and I feel wishful that we had more time in the intervention. If I were to repeat this intervention I would aim it toward not only discovering the role of shame, but the discovery of the counter role too. I would then make it focal to the intervention for these counter roles to dialogue. I believe this might be where a big part of the healing is. I believe this method specifically offers the client a chance to listen to the voices within and discover aspects of themselves that they might struggle to connect to in everyday situations. It allows them to rethink who they are and imagine parts of themselves that the long for. It provides them the space to come to know parts of themselves in a very tangible and empirical way. They begin to access a shift in the self that can't always be placed into words or understood cognitively, but is rather processed on a physical level first before attaching interconnected meaning.

Session 8: Memory Boxes

This was the final session of the intervention. We began the session with a check in using emoji water balls. Each person was asked to pick a ball with a face that represented how they were feeling. They then said their name, slammed the ball to the ground (it sticks to the ground) and explained the emoji that they chose. They were then asked to choose a ball to represent an important moment for them in the previous sessions. Both participants chose last week's session where they discovered their counter role to shame. They were invited to choose another ball to represent a difficult moment in the sessions for them. Both participants chose the two-chair session, where they confronted shame. The participants were then invited to take a white box from the table along with various art supplies and to find a space in the room to sit. I explained to them that they were going to be creating memory boxes for themselves to represent the journey they went on through this intervention process. They were asked to consider where they started, the expectations they may have had for the process, and the way they perceived shame in the beginning. They were asked to find a way of representing moments that they found important in the process, difficult moments, things that stood out for them and those things which they would like their memory box to hold. Lastly, they were asked to find something that represents shame for them, now. They were told that if they didn't want to put that shame in the box they didn't have to, but they must have something to represent it. They were given time to construct this memory box.

Once both participants had finished making their boxes, we gathered in a circle in the middle and each person had a chance to share aspects of their box. Both participants filled their box with what seemed to be an equal share of light; moments of strength and growth, as well as those things to represent moments of pain and difficulty. Participant A depicted shame as a balloon filled with air, that had smiley faces on it. She reflected on her current awareness of her shame and how her object reflected that presence and visibility. Participant B created a bow from black and gold ribbon to represent her perception of shame and reflected back to her poem she created in session four. The bow was representative of the part in her poem where she discussed her brokenness caused by shame, and being put back together by filling the cracks with gold. They seemed very proud of their boxes and excited to take the boxes home with them. They detailed their journey from start to finish and it seemed to me that they located themselves quite firmly in the experiences they were representing in the box.

Personal Reflection

I found this a very difficult session in that I felt quite emotional having to say goodbye to the participants, as well as the recognition that this was marking the end of our process together. I realised in this session just how important this process has been for me, not only as a researcher or a therapist, but as a person and a woman. These women taught me many things over the past 8 sessions. Lessons on love, courage, strength and perseverance. I was deeply touched by their willingness to be honest, open and vulnerable in the sessions. I was moved by their drive to want more for

themselves and their lives. To not be stuck in unhappiness or ease. I watched them over eight weeks, persevere through such immense self-growth, and show up every week, even if the previous session had left them raw and vulnerable. I feel as if this process healed a part of myself, as I journeyed with these women. It also enlightened me about the type of work that I would like to pursue as a training Drama Therapist. I also found that my own experience of utilising this work to sift through shame in my PAR has in many ways been solidified through this experience. There have been many moments in which I found similarity in process, experience, expression and understanding of shame. Specifically, the linking of shame to age, the changing of gender, the fear to confront, the passive voice and realisation that shame cannot be silenced, as in doing so it grows.

Participant A



Participant B



APPENDIX D

Dear potential participant,

I would like to thank you for your interest in this research effort. My Name is Lindy Kremer, I am a Drama for Life student at the University of the Witwatersrand currently completing my Masters in Drama Therapy. I am conducting research for a Master's thesis entitled; *Utilising Drama Therapeutic Techniques to Explore and Externalise Shame Attached to Body Dissatisfaction with a Group of Women*. The research paper will be assessed by my research supervisor, Mrs Tamara Gordon Roberts, as well as by an external examiner.

By choosing to participate in this research effort you will be consenting to an eight session programme, each session holding a duration of one hour, exploring shame and body dissatisfaction through Drama Therapy. The programme will include the use of mediums such as embodiment, play and drama. Each session will take place once a week, and the duration of this session will be one hour. You are not obligated to attend all eight sessions, however it is recommended to follow the programme through to its end. If at any point during a session you feel uncomfortable, and want to stop, it is not mandatory to continue participating. If you require additional emotional support during the process, a referral list of psychologists and counsellors has been attached for your convenience.

Any information gathered during this intervention will be critically analysed by myself and overseen by my supervisor. Any and all information obtained will be maintained in the utmost of confidence and use of this information will only be applicable with your consent. All data collected will be used toward the completion of my Masters research report in the field of Drama Therapy. The data will help to inform the validity of my research topic. The name of the facility in which the research is taking place will not be mentioned. If you feel you require a pseudonym, one will be provided for you, and only myself and the other group members will be aware of your identity.

If you have any queries or concerns, please do not hesitate to contact either myself or my research supervisor.

Lindy Kremer
kremerlindy@gmail.com
+27 844010260

Tamara Gordon Robert
Tamara.Gordon-Roberts@wits.ac.za
+27 826028528

Dear Participant,

For the purpose of ethical consideration, formal consent must be obtained from you, to participate in this MA research report, entitled; Utilising Drama Therapeutic Techniques to Explore and Externalise Shame Attached to Body Dissatisfaction with a Group of Women.

With the intention of data collection, I will be audio recording reflection and feedback segments of the sessions. I will also be photographing and critically analysing various creative materials that are produced in the space. These may include narrative maps, drawings, poetry and journal entries. The only people who will have access to the original materials produced and audio recordings are myself and my research supervisor Mrs Tamara Gordon-Roberts. The audio recordings will be transcribed, and only the transcriptions will be utilised. Other data will be critically analysed for the final research report. I will do my utmost to ensure the confidentiality of your identities. Should you wish to keep your identity unknown in the research report, then a pseudonym will be provided for you. Please provide the following information regarding your consent for this research;

Please tick a box indicating your preference for use of identity:

☐ I want to remain anonymous I ☐ would like to keep my own identity

Please tick to indicate consent in terms of data collection:

☐ I consent to the audio recording, photographing of materials and collection of written journal work

☐ I do not consent to the audio recording, photographing of materials and collection of written journal work

I, _____ have read and understand the terms of this research (as provided in the Participant Information Form) and agree to participate in this research. I understand the terms and conditions for the use of all data collected. I give full permission to Lindy Kremer, for the recording of my responses, photography of my materials produced in the sessions, and the collection of my written journal work, pertaining to the research.

Participant Signature: _____ Date: _____

If you have any queries or concerns, please do not hesitate to contact either myself or my research supervisor.

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UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
Lindy Kremer

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: WSOA161203**
PROJECT	Utilising Drama Therapeutic Techniques to Externalise and Explore Shame attached to Body Dissatisfaction in a Group of Women
INVESTIGATORS	Lindy Kremer
DEPARTMENT	Wits School of Arts
DATE CONSIDERED	08.11.2016
DECISION OF THE COMMITTEE	Approved

Unless otherwise specified this ethical clearance is valid for 2 years and may be renewed upon application

DATE 06.12.2016 **CHAIRPERSON** .....
(Dr. Tanja Sakota)

cc: Supervisor: Ms Tamara Gordon-Roberts

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

.....
Signature

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES