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# An exploration of drama therapy in addressing transgenerational trauma in post-war contexts

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**2020**
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# *An Exploration of Drama Therapy in Addressing Transgenerational Trauma in Post-war Contexts.*

**A Dissertation submitted as part of**

**The Master of Arts in the field of Drama Therapy**

In The University of the Witwatersrand,

Johannesburg, South Africa

***By Elizabeth Murphy***

***1794777***

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**Abstract**

The term intergenerational trauma or transgenerational trauma is a term that academics and practitioners in the fields of psychology and neuroscience are becoming more familiar with. For the purpose of this research report I will use the term transgenerational trauma to allow for consistency throughout. As a globe we are constantly being exposed to traumas every day, but also, we are living with traumas of the past that have been carried across generations. Using the creative arts such as drama therapy experts can begin to address trauma as well as (also) transgenerational trauma. The employment of a broad range of specific, scientific backed interventions to aid in the healing process of trauma will be a key part of this research. There is an understanding of the significance of effective interventions in the area of transgenerational trauma by experts such as Stephen Porges (1994). In this research paper, I will explore these experts' opinions and research and will explore how useful these interventions may prove to be for helping those exposed to trauma and those carrying transgenerational trauma. As generations are carrying traumas from the past there is a greater need to break the cycle of trauma and to work with individuals and communities to break that cycle. For countries like Northern Ireland, South Africa, Rwanda and Australia who are living with unresolved traumas of the past it is evidently imperative to have interventions in place. The developments in research by the likes of Stephen Porges (1994) over the last 20 years on how trauma affects both the brain and the body highlights the need for more interventions that not only focus on healing the mind but also the body.

***Keywords: Drama therapy, trauma, transgenerational trauma, post-war contexts, conflict***

## Definition of Transgenerational Trauma

Transgenerational trauma is the experiencing or witnessing of an event that is passed down through generations. The impact of transgenerational trauma reaches beyond the individual, impacting the whole country, for example South Africa. It is also felt in-communities like those living in a post conflict country such as Northern Ireland. This trauma is present across generations; it is a collective trauma within society. Over the last 20 years, research from Stephen Porges has shown that trauma has caused neurobiological changes in the brain. Through the use of psychodrama, drama therapy and other action methods of change, the beginnings of the healing process can be set in motion. Furthermore the allowing of the integration of body, mind and spirit as per Peter A.Levine (1997) and Van der Kolk (2014) has become an important and accepted aspect of psychological treatment.

## Research Aims and Questions

This research report gives a brief overview of current research on transgenerational trauma, an understanding of the importance of interventions and how there are various “clinical methods for understanding and transforming the impact of historical trauma, and reinventing the self in the clinical process” (Apprey, 1999, p.132).

### Research Aim

This research aims to look at how drama therapy techniques and methods can be used in addressing transgenerational trauma in a post-war context. It also aims to explore other interventions being used in addressing trauma and transgenerational trauma.

### Primary Research Questions

1. In what ways is drama therapy being used as an intervention in addressing transgenerational trauma in post-war contexts?
2. Why is drama therapy in post-war conflict areas a useful therapeutic approach to addressing trauma?

## Introduction

The following research-based literature review has been inspired by my encounters while growing up in Northern Ireland to my moving and living in a post-conflict country (South Africa.)  These two countries experienced two different conflicts, one racial and one religious. South Africa and Northern Ireland are two of the many countries living in a post conflict era. This research will explore the various techniques and methods used in drama therapy to address trauma and transgenerational trauma across different cultural contexts, such as the religious divides in the North of Ireland and racial segregation in the African ccontinent. The consequences of conflict across continents such as Europe, Africa and America have resulted in trauma and the silencing of its people.

## Chapter 1

### 1.1 Trauma, Transgenerational Trauma and Post-War Contexts

Globally, we are currently living in a society that is constantly experiencing trauma at different levels as a result of sexual abuse, physical abuse, emotional abuse, illness, domestic violence, community violence and historical trauma. These have a long-lasting impact on an individual's physical and mental well-being. Traumas affect not only the mind of the individual, but also the body and the individual's whole spiritual well-being as researcher Van der Kolk (2015) has noted. Trauma can leave a silencing that has an enduring impact on a person's physical and mental well-being. It is important not to separate the mind from the body and to see the importance of how they are connected: "Trauma is about loss of connection- to ourselves, to our bodies, to our families, to others, and to the world around us" (Levine, 2012, p.25). Today, we are living in an era where it has been a quarter of a century since the genocides in Rwanda and Bosnia, the troubles in Northern Ireland and apartheid in South Africa. Despite the time that has passed, there is still a massive need to increase resilience amongst individuals and communities across the world who have experienced trauma and who are living in areas of conflict and post conflict. The conflict of the past still lingers today, with society constantly being reminded of the past therefore it is a time when there is an increased need for different approaches to therapy and interventions that can help promote peace building in countries that are living in a post-war context.

Drama therapy is an example of a form of therapy that can not only offer a sense of community, but which can also be used to help with creating an environment for peace as it is not only used with individuals but also with groups. With an increase in the number of traumas happening every day across the world, it is important to address the social and psychological impact they have on an individual's well-being. Furthermore, it is critical for therapists and health professionals to become trauma informed and to have available a wide range of interventions that will help support and

meet the needs of individuals. This will ultimately enable individuals living in conflict and post conflict societies to receive the appropriate compassion and care that they deserve. Dr Karen Treisman, Clinical Psychologist, states the importance of having trauma-informed organisations:

> Trauma-informed, infused, & responsive organisational transformation is a way of being, it's a lens, it's a feeling, it's the organisation's personality, it's a spirit, it's energy, it's the soul, it's in the very culture and fabric of an organisation. (Treisman, 2018, p.14).

The transmission of traumas from 'The Holocaust' (1939-45) in Germany, 'The Bosnian War' ( 1990s) in Bosnia, 'The Troubles' (1967-) in Northern Ireland, 'The Genocide' (1994) in Rwanda, 'Apartheid' (1948-1994) in South Africa are examples of countries which are currently living with the trauma of post-war and conflict. This trauma has been passed down through generations; this notion of transgenerational trauma was initially explored by Danieli (1998). Society is constantly reminded of this history and as Sajnani states:

> Humanity has long known that these horrific experiences can lead victims to effectively withdraw in consciousness from their bodies, anesthetizing themselves from severe physical and emotional pain. (Sajnani & Johnson, 2014, p.106).

In the context of South Africa we see that individuals are living with constant traumas such as rape, sexual abuse, violence, crime, road traffic accidents as well as the transgenerational trauma of the past. For this reason, there is a high need for interventions to be in place to support individuals and groups in dealing with the traumas that present themselves at this significant time. The trauma which has been experienced has been passed down through generations and it is evident to see that the current literature on transgenerational trauma manifests this; as Wilson (2007) noted being aware of 'intergenerational processes' and the 'mechanisms' in which trauma is transmitted should allow for interventions that can help to illuminate the transmission to future generations. Furthermore, Bombay (2014) agrees with Wilson when she

states that transgenerational trauma can be passed from significant life altering events such as when an individual has been exposed to severe segregation or abuse. Bombay in particular references the role trauma plays in ‘first nations peoples’. She discusses in her literature the importance of identifying the specific ‘mechanisms’ by which the trauma may enfold future generations. It may then be possible to intervene at an earlier stage in the following generation to halt the process. (Bombay, Matheson and Anismn 2013).

Dr Yael Danieli also discussedd the idea of transgenerational trauma in the context of the holocaust, when she looked at the idea of the link with ‘human history’ and how trauma can manifest itself in different forms such as, “word, writing, body language and even in silence” (Danieli, 1998, p.2). Her extensive psychotherapeutic work on the subject of transgenerational trauma that focuses on the ‘Holocaust’ is essential for understanding the impact trauma has on multiple generations. At present various societies globally are experiencing traumas and are haunted by past events. These past traumas have been held on to for years and have resulted in pain, a pain that is carried down through generations and manifests in life events. As, Wilson, Bombay and Danieli have found; the current traumas that are happening within societies could have the potential to be passed down to future generations if interventions aren’t used or supported. By using creative arts therapies such as drama therapy as well as other interventions, and by working alongside other disciplinary teams we can address and work towards healing and transformation.

In terms of a legacy of trauma and the possible future cycle of trauma linked behaviour in individuals, Wolynn suggests that: “The traumas we inherit or experience firsthand can not only create a legacy of distress, but also forge a legacy of strength and resilience that can be felt for generations to come” (Wolynn, 2016, p.24). It is imperative then that there are interventions that allow for individuals and groups to build strength and resilience as legacies of the past can impact their ability to do this. For example, the study from Queen’s University in Belfast suggests that:

> The transgenerational impact of the Troubles in Northern Ireland is increasingly an area of concern for many researchers and clinicians, with some estimating that potentially 60% of the adult population with mental health problems directly linked to the Troubles, have not received support (Ferry et al., 2013).

The adults who have experienced the trauma have an increasingly high possibility of passing the trauma on to younger generations. Siobhan O' Neill is a professor at the University of Ulster's School of Psychology and, with her peers, she noted that when researching the impact of conflict in Northern Ireland there is a direct link between suicidal behaviour and having had experienced a traumatic event, including those related to conflict (O' Neill cited in Mosaicscience, 2016, npn).

In researching the impact of the troubles on society today, O'Neill discovered, in a survey that was carried out by The World Mental Health Survey, that Northern Ireland had the highest rate of post-traumatic stress disorder (PTSD) (McKee (2016) in Mosaicscience, 2016, npn). The works of Wilson (2007), McKee (2016) and O'Neill (2014) increased my understanding of transgenerational trauma and how trauma can be passed on to the next generation by the individuals who had experienced that trauma. Their work also stresses the importance of early interventions to help those who are carrying traumas of the past and to alter the process of transgenerational trauma. These interventions may even help to combat areas such as the high suicide rate and mental health problems in the generation who may not have even had first-hand experience of a specific trauma from either the 'Holocaust' or 'Post conflict Northern Ireland'.

### 1.2 Evidence of Transgenerational Trauma in the Aboriginal Culture.

There has been extensive research across disciplines on the transmission of trauma across generations and its ability to be carried through in 2$^{nd}$ and 3rd generations. Evidence of trauma that is passed from one generation to another was first explored by the likes of Danieli (1998) who looked at stories of survivors of the Holocaust and their families. However, research and interventions that address transgenerational trauma has

since developed internationally with the need for therapeutic interventions to address historic trauma across communities in countries such as the United States, Canada, New Zealand and Australia that have many Indigenous communities. Wesley-Esquimaux and Smolewski state:

> For Aboriginal people, there was never enough time in between various traumas to prevent the recall of traumatic memories still residing in their collective memory. With no access to resources to reformulate their culture and identity, the trauma became layered and cumulative, thus, affecting successive generations (Wesley-Esquimaux and Smolewski, 2004, p.4).

The effects of unresolved trauma on Aboriginal people, has been described by the Aboriginal Healing Foundation.

> When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as “normal”, when we are children, we pass on to our own children (Wesley-Esquimaux, Smolewski, 2004, p.2).

In Western Australia’s northernmost region there has been an increase in suicides amongst indigenous youth that have been linked to the effects of intergenerational trauma and poverty *(The Guardian Australia*, 21st March 2019). This is quite alarming as it endorses a similar rise in suicides in the North of Ireland which Mc Kee (2016) discusses in her research. There is a marked increase in the acknowledgement of the importance of the need for interventions that allow young people to reconnect with their culture and family. In a recent article by *The Guardian Australia (*21st March 2019) it estimates that 2018 was the worst year on record for Indigenous youth suicides, stating that eight aboriginal children had taken their lives and that two of them were 12 year old girls.

As this is a small study, it is not possible to explore whether there are similar links to all intergenerational traumas in other countries. Intergenerational trauma is not just connected to being exposed to war or conflict; it can also come from a cultural cleansing or colonisation. This research will focus mainly on post-war and conflict settings, however, it is worth noting that in Africa, Europe, America and indeed, Northern Ireland,

there have been cultures and identities which have been damaged by colonisation, cultural cleansing, conflict and wars.

### 1.3 Trauma and interventions

Following on from the ideals and importance of early identification of a possible intergenerational trauma, there is the need to address the way that this continued trauma flows onto the next generation. One of the possible ways that this can be done is through talk therapy under the guise of stories.

It is important to be able to share stories, especially the untold stories, which have perhaps been forgotten. But, there is a much greater need to have interventions that involve talk therapy in order to begin to combat the unreleased trauma. We need interventions that allow us to express ourselves with more than words. Another form of communicating traumatic experiences in the past has been explored by play therapist and trauma expert, Paris Goodyear-Brown, in her Ted talk (2018) '*Trauma and play therapy - holding hard stories'.* The medium of play and the re-enacting of prior trauma in young children allows for the intervention of the story to be expanded out into all age ranges. It is quite apparent that the act of story sharing is something which can benefit all trauma sufferers, it is also not just limited to vocal communication. Play allows children, especially, those who may struggle to find the words to communicate their feelings. Brown (2018) shares her practice of working with children who have had experiences of various traumas in their life. She says: *"*The ways in which we invite children to show us and tell us have to honour those ways in which we store trauma" (Goodyear-Brown, 2018).

In terms of how the body stores and reacts to trauma, Van der Kolk (2003) has done intense research on how trauma is stored in the body and mind. Talking therapy and storytelling begins to address the inert trauma within the brain, but the chemical stores within the brain would still need a lot of help to address any intergenerational experience. The autonomic nervous system reacts and causes a number of bodily responses; the brain stores the trauma in the right hemisphere. The right hemisphere of the brain,

according to Brown (2018), is used more by children than the left hemisphere. Der Kolk (2003) also argues that:

> In trauma treatment it is not the verbal account of the event that is important, but the non-verbal memory of the fragmented sensory and emotional elements of the traumatic experience. (Talwar, 2007, p.23).

In other words, talking or oral communication only is not enough, when using storytelling in relation to stored trauma. Trauma is also, chemically stored in the brain and this is not something that talk therapy alone will address.

Further to Van der Kolk, (2013) Minulescu (2016) looked at the impact on the next generation who continue to hold the trauma of their parents or grandparents and may not even be aware that it is within them. Minulescu (2016) appears to suggest that the stored trauma within the brain manifests itself in the human psyche and enfolds on to the individual's mental health. It is imperative to understand that trauma may not be experienced by the individual but the psyche of an individual has the ability to carry the trauma and that is what has an impact on the individual. Minulescu states:

> The psyche can be the carrier of parental psychic heritage as the dramas in previous generations affect the mental health and the way the second and third generation react to life events. The offspring are carrying an epigenetic change as the same but more empowering anxiety is active in their lives. (Minulescu, 2016, p.1114).

Trauma is not just carried in the psyche but also in the body. An intervention that has been studied and which appears to help relieve physical and emotional trauma is the method know as mindfulness. Baum explains that the trauma can "be brought out consciously and with mindfulness - ideally through a psychotherapeutic process, particularly one that acknowledges the role of the body in carrying trauma"(Baum, 2013, p. 40).

If we can understand the transmission of trauma and the importance of interventions that address trauma and transgenerational trauma we can

work with ending the cycle of the transmission of trauma across generations and allow for healing. Brown (2018), Van der Kolk (2013) and Minulescu (2016) agree that an important element in understanding trauma and understanding the intergenerational trauma, is being able to understand the nervous system and the role it plays.

### 1.4 The Polyvagal Theory: The integration of brain and body communication.

In recent years many therapists have been integrating Stephen Porges (1994) Polyvagal theory into their clinical work; “Polyvagal Theory was generated as an expansive brain-body model that emphasized the bidirectional communication between the brain and the body.” (Porges and Dana, 2018, p.45)**.** It allows us to see the function of the autonomic nervous system. It “provides a physiological and psychological understanding of how and why clients move through a continued cycle of mobilization, disconnection, and engagement” (Dana, 2018, p.7)**.** Depending on your autonomic state, everything changes in your body. “Through the lens of Polyvagal Theory, we see the role of the autonomic nervous system as it shapes clients’ experiences of safety and affects their ability for connection” (Dana, 2018, p.8)**.** A common response to trauma is to freeze, not to run. It is this freeze response that allows the trauma to sit within the body. The role of the vagus nerve is to connect the brain to the most important organ systems in the body and it is the nerve that is important in the bodily responses to trauma and the understanding of post traumatic stress disorder (PTSD). Feelings such as, anxiety, panic and depression can present themselves when a trauma is experienced. The vagus nerve is associated with the parasympathetic nervous system which controls our heart rate, digestion and respiration all are linked to the anxiety responses in an individual’s responses to danger. The Polyvagal theory allows us to understand the importance of connecting the brain and the body in order to fully address inert trauma whether it’s from a personal experience or an intergenerational response. It is not enough to just use stories and talk therapy, that is only scratching the surface of the body and mind’s response to the complex nature of held trauma and our natural

bodily responses to perceived danger. There needs to be an extension of the intervention of talk in order to fully remove and recognize the impact of traumatic experiences in the next generation.

## Chapter 2: Trauma; diagnosis and current interventions

### 2.1 PTSD: diagnosis and the need for consequential intervention support

There are many other interventions used when addressing trauma and transgenerational trauma. Current interventions for working with individuals include counselling and psychotherapeutic interventions, for example, cognitive behavioural therapy, talk therapy and psychosocial interventions. These interventions impact in how the individual or group deals with trauma allowing them to explore ways to cope. The interventions that dominate the field of trauma are focused on early identification methods. The various interventions in place mainly come under the medical model. Individuals who have lived through various traumas are more common to present with symptoms of Post Traumatic Stress Disorder (PTSD). Post Traumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault (APA, 2013).

The DSM-5 has listed PTSD under Trauma- and Stressor- related disorders. Previously it was identified under anxiety disorders. The diagnostic criteria identifies the trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual 1. directly experiences the traumatic event; 2. witnesses the traumatic event in person; 3. learns that the traumatic event occurred to a close family member or close friend, with the actual or threatened death being either violent or accidental; or 4. experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work related). Parekh, (2017)

DSM pays attention to the behavioural symptoms that accompany PTSD and proposes four distinct diagnostic clusters. They are described as re-experiencing, avoidance, negative cognitions and moods, and arousal (Steve Andreas PTSD Training, 2013). The DSM 5 also includes two subtypes: PTSD in children younger than 6 years and PTSD with prominent dissociative symptoms.

There are four main causal frames for PTSD. The first being called the *moral perspective*, that states that life is difficult and all of us are subject to stress and even violence, but only a minority of people break down (Sajnani & Johnson, 2014). As human beings we cope and manage situations differently. When exposed to different challenges we can have a tendency to break down or we may be seen as weak if we don't cope with that challenge. However, more recently there is more emphasis being put on the concept of resilience and as Agaibi and Wilson ( 2005) state:

> To understand the plasticity of behaviour in response to traumatic life events, it is necessary to recognize the multidimensional nature of traumatic experiences. Traumas are not equal in their impact to the psyche and vary greatly in their stressor dimensions (Agaibi & Wilson, 2005, p.214).

Therefore, the interventions must match the needs of the individual's response to the trauma or transgenerational trauma and must help them to manage and cope with the stressors associated with it. The psychosocial factors of building resilience associated with everyday stress and PTSD include vigorous coping styles such as physical exercise, a positive outlook and social support (Haglund *et al.*, 2007). A second explanation is that PTSD is rooted in some *physical process.* An example of this includes the Veterans of the Persian Gulf War who camped in deserts for months prior to the invasion and who later developed *Persian Gulf syndrome* which was believed to be caused by some toxin in the desert. From the 1990s PTSD was seen as being a brain disease and treatments involved medication and invasive brain methods. The third is that PTSD is caused by *acts of violence and social oppression* (Sajnani and Johnson, 2014). Current research is developing and there is more

focus on the neuroscience and resilience building approaches to PTSD. Stephen Porges' (1994) Polyvagel theory is important in understanding how the brain and body react to traumatic events, thus allowing therapists to have a better understanding of their clients. It links "the evolution of the neural regulation of the heart to affective experience, emotion, emotional expression, facial gestures, vocal communication and social behaviour that is responsive to the behaviour of others" (Porges, 2011, p.16). The fourth perception is that PTSD is caused by *the psychological impact of the state of fear*. Due to the association of certain stimuli with the fear and pain of the original trauma, the person learns a distorted view of the present world that leads to the symptoms of PTSD (Sajnani and Johnson, 2014).

From the research surrounding trauma and its impact on individuals, especially the long lasting impact that perhaps only begins to show later in life and especially the trauma that has been carried across generations we are now seeing a bigger need for interventions that create awareness around the behavioural impact trauma can have on a person and their families. The field of mental health is starting to recognize the influence of trauma. As much as this brings challenges to mental health professionals it also suggests the importance for other interventions to be in place to support individuals and groups who are dealing with the effects of the trauma. It puts emphasis on the importance of looking at the root causes of behavioural patterns and mental health illnesses that may be a result of the traumas experienced.

### 2.2 Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy is used as an intervention in addressing Post Traumatic Stress Disorder (PTSD). The treatment approach

> "incorporates psychoeducation, coping skills training via behavioural interventions such as emotional expression and relaxation, and cognitive interventions such as coping self-talk and problem-solving" (Feather and Ronan, 2010, p.12).

This advance in trauma treatment helps clients to work through coping mechanisms and gives them the ability to be able to find ways of solving problems. It involves confronting your emotions and anxieties. For some clients CBT can be challenging as they may not have the words or be able to speak of the trauma and what they are feeling; which links to what Van der Kolk stated in his research. Levine argues, “The ‘talking cure’ for trauma survivors should give way to the unspoken voice of the silent, but strikingly powerful, bodily expressions as they surface to ‘sound off’ on behalf of the wisdom of the deeper self” (Levine, 2012, p.45). Cognitive Behavioural Therapy dominates the field of literature associated with the treatment of trauma. CBT focuses on behaviour and thought patterns. Drama therapy integrates concepts of cognitive behavioural therapy. CBT as a therapeutic tool helps people to become conscious of their thinking and every thought experienced, thus:

> Becoming conscious of every thought, feeling, physical sensation, picture and belief is at the heart of cognitive behavioural change and therefore an invaluable addition to drama therapy. (Bergman, 2009, p.335)

Trauma-focused Cognitive Behavioural Therapy (TF-CBT). This approach is mainly used with children who have experienced trauma due to physical, sexual or mental abuse. Trauma informed cognitive behavioural therapy:

> provides structure for the use of cognitive-behavioural principles in the context of two paramount developmental considerations: the role of the caregiver and the developing nature of a child’s emotion regulation and coping capabilities (de Arellano et al., 2014 p,592).

Overtime, TF-CBT has been adapted to treat various symptoms connected with traumas such as war, community violence, natural disasters, violence and other events that have caused traumatic loss. Although the behavioural approach to this therapy plays a part in the ability to problem solve, I believe there is also a space to work with other therapies such as drama therapy to allow for a more expressive approach to addressing trauma and transgenerational trauma.

Cognitive Behavioural Therapy is the most common form of therapy used in the treatment of PTSD. It is a well established form of therapy that has empirical evidence to show its impact. It is widely used for treating trauma. Research is constantly developing especially in the field of drama therapy and its use for the treatment of PTSD. It is evident that more research is needed in the field of drama therapy as it continues to develop. However drama therapy can build on those models used within CBT as the evidence is there to show the effectiveness of its approach to treating PTSD but there is also a need for other effective treatments for PTSD. Drama therapy can make use of a deeper approach for the healing of PTSD, allowing clients to build on a new narrative and to develop coping mechanisms to help with the healing process. Drama therapy allows for a shift and brings in a more holistic approach to the treatment of PTSD.

Furthermore, the DSM 5 criteria has recognised a need for a more holistic approach in their criteria of diagnosis of PTSD, it is not just about anxiety and fear, it can result in other factors that have an impact on larger communities.

Research has shown that people with mental illness have worse outcomes in health as well as socially and economically. (Kessler et al, 1995) states; Individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental disorder (e.g. depressive, bipolar, anxiety or substance use disorders).

When an individual has PTSD there are functional consequences that are embedded into a community especially when a community is carrying collective trauma and the PTSD is a result of those traumas. The diagnostic criteria for PTSD includes learning that the traumatic event occurred to a close family member or close friend and experiencing repeated or extreme exposure to aversive details of the traumatic event(s). For communities who have experienced conflict and war, the stories are embedded through the narrative within a community. Furthermore this results in various behaviours, drug and alcohol abuse

and crimes as well as the ability to pose risk to oneself and others around them.

## Chapter three: Drama therapy and trauma, including transgenerational trauma

Drama therapy has the potential to be used in the treatment of trauma. (Sajnani & Johnson, 2014). Drama therapy uses various techniques and methods that address trauma and transgenerational trauma:

> "Drama therapy of all types is based on a set of values and perspectives on the human condition. These include the importance of intimacy in interpersonal relations, embodiment, physicality, imagination and transcendent experience, and depth of emotional expression." (Sajnani, 2014, p. xv).

These values demonstrate the impact and potential that drama therapy can have in addressing transgenerational trauma and moreover; "they present coherent and innovative aspects of drama therapy and its application to trauma treatment in a rigorous way" (Sajnani, 2014, p. xv). There are various techniques and methods used within drama therapy sessions with individuals and groups. I have chosen not to focus on all of these as I feel this paper is just the beginning of more extensive research into the role drama therapy can play in addressing trauma. I will discuss further in Chapter 4 a current drama therapy method 'healing the wounds of history' that is currently being used to address trauma as it speaks specifically to addressing transgenerational trauma.

### 3.1 Emunah's Five Phase Model and Drama Therapy

Another approach in Drama Therapy is Emunah's Five Phase model, it is described as being "both a way of facilitating an intentional drama therapy process" but also it can be a useful method of "understanding the clients' leads and identifying their cues" (Johnson, 2009, p.37). This is one technique used within drama therapy that can allow the clients to work through steps to healing. The phases include 1. dramatic play 2. scenework 3. role play 4. culminating enactment 5. dramatic ritual. Phase one allows for the grounding within the therapeutic space and for the client to build a therapeutic relationship with the therapist. Emunah

(1994) states, “By observing and participating in the client’s dramatic play, the therapist gains a deeper understanding of underlying issues and themes” (Emunah, 1994, p.36). Phase two, scenework, engages the use of role play other than those reflecting one’s own life. “This allows for greater role distance and less immediate self disclosure” (Johnson, 2009, p.41). Phase three, role play, is the stage in which the client moves from dramatizing the imaginary to the actual real life. Through the drama medium clients can look at and work through situations in their own life. A key element to the third phase is the notion of drama as rehearsal for life (Johnson, 2009, p.42).

Through the use of drama the clients can explore different roles in a safe and contained environment. When working with clients, the use of dramatic role play, allows clients to feel empowered. This can allow for a shift in behaviours and create ways of coping with triggered situations. In group therapy, the use of role play can be very significant in the healing process and in the understanding of the other person. Phase four, culminating enactment, is marked by the shift from concrete, present day issues to more core issues in your own life. The past comes closer to the surface, and unconscious material becomes more accessible (Gersie, 1996, p.35). Phase five, dramatic ritual, forms the closure of the therapy with a client or group of clients. Gersie (1996) states, “closure provides an arena for reviewing what has transpired, recognizing the steps that have been taken, and making the transition from the drama therapy sessions to ones outside reality” (Gersie, 1996, p.38). The five phases are stepping stones for the client in the healing process of trauma and addressing transgenerational trauma and it is one method used within drama therapy that can be adapted to various social and cultural settings. It is, “the expansion of one’s self, role repertoire, freedom and possibility, along with an awareness of limitation, underlie this approach to drama therapy (Johnson, 2009, p.38).

### 3.1.1 Self-revelatory Performance as an Intervention

Drama therapy places its roots in theatre and performance. One technique used to work with individuals who have experienced trauma is Self-revelatory performance:

> "Self-revelatory performance is a form of drama therapy and theatre in which a performer fashions an original theatrical piece based on current unresolved real-life issues, with an aim toward healing or psychologically grappling with this material" (Emunah, 1994, p.93).

Self-Revelatory Performance (also known as self-rev) can be used as a therapeutic technique in addressing trauma and transgenerational trauma. It has the ability to give individuals and society, as a whole, a sense of empowerment over their own narratives. As Emunah states, "there is no undoing nor fixing, and possibly not even any clear resolution, but there can well be a discovery of how to live with, learn from and construct out of our experience" (Morris, 2018). Self-Revelatory Performance can be used both in the therapeutic space but also beyond it. It is a form of theatre and has the ability to heal and connect communities, allowing for connection and a greater sense of community which, in turn, can bring about healing from the collective trauma that is being experienced across the globe. It can be adapted and used within various cultural and social spaces.

In a therapeutic space clients work through a process that involves using their body as a way of expression, for clients who have experienced trauma, there may not be words for them to express what is happening deep inside them thus words don't convey what has happened or what has been experienced. In the therapeutic space "speaking about the unspeakable is the essence of therapeutic work" (McCarthy, 2007, p.31). In using Self-Revelatory Performance clients will ‘work through' their personal material. ‘Working through' is a term used by Emunah (2015) as part of the self-rev process. Self-Revelatory Performance focuses on the individual (the performer) and the director (the drama therapist) helps the client to ‘work through' the material throughout the process.

In drama therapy and in self-rev performance, the focus is less on rehashing what happened and more on understanding lingering repercussions and actively finding ways to deepen levels of healing from trauma (Sajnani & Johnson, 2014). Allowing an individual space where they don't have to talk about the trauma or re-live that trauma is significant in the healing process and also prevents individuals from the potential of being re-traumatized. It is an approach that allows for a more expressive way of sharing and healing. Through the use of Self-Revelatory Performance, individuals are able to share their individual narratives. It is a method used in drama therapy that allows clients to work through their narrative with safety and containment to avoid re-traumatisation. It utilises a combination of theatre and drama therapy. Emunah (2015) argues that,

> The contention that Self-Rev is both a form of drama therapy - offering healing and transformation, and a unique genre of theatre - with elements that lend themselves toward compelling and poignant performance - is explicated (Emunah, 2015, p.71).

The technique of Self-Revelatory Performance involves storytelling and the bringing of stories from the unconscious to the conscious. As human beings storytelling is one of the basic ways of communication. It has the ability to heal both the teller and the listener. The use of story within drama therapy is important in addressing transgenerational trauma. Using story is one technique that can be combined with other methods in drama therapy. Thompson (2005) states that "story creation and story narration are vital parts of creative work within communities in crisis" (Thompson, 2005, p. 5). From this idea we can bring story creation and story narration into a drama therapy space, allowing clients to work through their stories as individuals but also as a group. What is possible is uncovering and discovering within oneself new crevices of both despair and hope, suffering and compassion, understanding and resiliency (Sajnani & Johnson, 2014).

### 3.1.2 Collective Trauma and Self- Revelatory Performance

The collective trauma experienced is a phenomenon where the trans-generational transmission has a negative impact and can be felt for many

years, decades and centuries after the original events have taken place. Collective trauma is a "blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community" (Romero-Jódar, 2017, p. 75). Therefore it is imperative to have interventions to support the process of healing collective trauma. When a group experiences historical trauma, they lose "coherent myths about having transcended adversity and lack the identity necessary to serve as a guide to structure responses to current challenges" (McFarlane & Van der Kolk, 1998; citied in Sajnani, 2014, p.104).

For groups experiencing transgenerational trauma, allowing space for them to identify with the traumas and hurt that they may be carrying can allow for healing both for the individual and the group. It can go beyond the therapeutic space to assist and enable individuals and groups to cope within a society where traumas linked to the past can continue to disturb and interrupt everyday living.

Drama therapy can be seen as a holistic approach in healing trauma however it not only addresses the emotions associated with trauma and intergenerational trauma it integrates the social part of healing. When addressing intergenerational trauma in a post-war context it is the social elements of group drama therapy that can allow for healing and building resilience. The experiential aspect of drama therapy is what can bring groups experiencing conflict together.

### 3.1.3 The Steps to the Deliverance of Self-Revelatory Performance

Self-Revelatory Performance begins with the individual's story, assisting them to create a brief performance or play that reflects aspects of their lives. The drama therapist works with the client in developing this, using various therapeutic techniques such as Renee Emunah's (2005) Five Phase Model, representing "a developmental course of treatment, in which the therapeutic journey is paced and progressive, offering a sense of unfolding" (Johnson & Emunah, 2009, p. 37).

The five phases include: 1. Dramatic play: games and improvisation to generate spontaneity and strengthen the therapeutic relationship. 2.

Scenework: development of role and character in short scenes. 3. Role play: shifting from the imaginary to the real, creating a space where real life can be explored and experimented with. 4. Culminating Enactment: elaborations and deeper exploration of themes that have emerged during preceding phases. 5. Dramatic Ritual: assimilating and integrating the process, reviewing the treatment. The Self-Revelatory Performance forms part of phase four. During this phase deep unconscious material emerges including childhood memories, traumatic incidents, etc. Culminating Enactment scenes include elaborations and deep explorations of psychological themes that have emerged and become prominent during previous stages. Catharsis is associated with this phase as emotions and repressed content can be revealed, and that which was once private and part of the inner world can be witnessed. It is towards the end of this phase that the Self-Revelatory Performance happens, and can be witnessed by an audience of the client's choosing (Emunah, 1994). McFarlane echoes the significance of a model such as this when she says, "Finding the story of the self creates a landscape, and to bear witness is to discover an unexplored territory, a place within a person's world that has not been seen before" (McFarlane, 2017).

There are various methods of 'working through' and these are important for the client who is in the process of creating their Self-Revelatory Performance. They include: 1. Embodying parts of the self. This is an opportunity to identify parts of the self and those parts can become discrete characters in the performance. 2. Taking on the roles of others. The performer may take on the roles of others in relation to the theme in their narrative that is being performed. This is manifested through various attitudes that may be associated with the transmission of transgenerational trauma. 3. Trying something new. As part of the performance the performer/client may try something new to break old behavioural patterns; closing and opening chapters, preparing for imminent change, integrating dramatic healing ritual, (the use of symbols or objects that can act as metaphors for the client); confronting a perpetrator, integrating an internal nurturing figure and commenting on the

process in the here-and-now (acknowledging feelings in the moment, feelings that are being expressed in the body). Emunah states:

> The working through aspects to self-revs leaves performers with a sense of mastery and a new state of mind/heart, rather than with the unsettled raw vulnerability that could come from disclosure only. (Emunah, 2015, p. 78).

This is particularly imperative when working with severe trauma and multiple or intergenerational traumas. When a story is shared there can be an inclination to want to keep on telling and in turn, it turns into unravelling more so than revealing and this can have a negative impact on the client. The audience has the ability to listen to the client's story, furthermore "an audience may on a subtle level feel burdened by the performer's issues and burdens. However, when the performer is reaching for self-awareness and healing, the audience is enlivened and moved." (Emunah, 2015, p. 78). As Self-rev can be used in and out of the therapy space, it can be used in group therapy and the audience can sometimes be the other clients in the group. When using Self-revelatory in group therapy, especially with individuals who have experienced trauma or carry intergenerational trauma, it is important for the therapist to be conscious of triggers for others in the group. Furthermore it can also bring healing to be able to witness a Self-rev within a group space.

### 3.1.4 The Advantages of using Self-Revelatory Performance as a therapeutic Intervention.

Drama therapy is a creative therapy that works with the mind and the body. It allows the clients to express themselves in a creative and contained way:

> "The essence of drama therapy is uncovering and integrating dormant aspects of ourselves, enlarging our conception of who we are, and finding our intrinsic connection with others" (Emunah, 1994, p. 302).

Using Self-Revelatory Performance in a therapeutic setting, the drama therapist not only listens to the client's story but helps them discover how to work with their story. Some degree of healing takes place when the

client is empathetically listened to and witnessed in the therapeutic process. Emunah (2015) argues that:

> "Perhaps more substantive healing takes place when one does not stop with the telling and hearing, but rather tackles the material from the inside out, or in some cases, from the outside in" (Emunah, 2015, p. 74).

The client works through their story. ‘Working through' "means that there is a conscious effort to contend with the material, dive into it, untangle the issues and better comprehend their origins and implications. It means psychological self-examination as well as ownership of our own interplay with the forces that shaped us" (Emunah, 2015, p. 74). Moving through "can mean letting go, taking hold of, coming to terms with, confronting, embracing, shifting, admitting, committing, forgiving, inviting, renewing, revolting, revisiting, recreating" (Emunah, 2015, p. 74). This presents the individuals with an opportunity to face difficulties that they may never have previously had the opportunity to do, or the courage to do, thus giving them a sense of empowerment over their own narratives.

> "Creating a self-rev is not meant to replace being a client in drama therapy or other forms of psychotherapy, but it is a medium that often accelerates self-discovery, expands perspective, catalyzes change, deepens healing, and ritualizes transformative moments" (Emunah, Raucher, 2014, p.95).

Self-revelatory performance can be used in drama therapy with clients who have no background of theatre or performance. It is a powerful technique that can be brought into the therapeutic space with a client who is being worked with over a number of weeks or months. Drama therapy is a client-centred therapy and self-revelatory and allows the client to have control over what they may take into the therapeutic space. Through the process of self-revelatory performance, it can arouse a lot of emotions that may never have come to the surface and it is within the therapeutic space that the client is held by the therapist in a safe environment.

### 3.1.5 Self-Revelatory Performance and storytelling.

The use of a story is a powerful method that can open a window to our imagination and our unconscious world. We not only share stories but we are witnesses to other people's stories and we use our voices and our bodies to communicate our own stories. As humans, we hold onto stories but also let them go, to try to make sense of our world. The stories we carry are not always our own stories but the stories of others, for example, the generations that came before us, including our own ancestors. Using the method of Self-Revelatory Performance, we can tap into the unconscious. Emunah (1994) states:

> "We don't really know our story until we tell it, they say, and it is through the telling that we begin to perceive our previously unconscious mythology and to take an active part in the shaping of our story from here on" (Emunah, 1994, p. 235).

In a Self-Revelatory Performance the focus in on the individual's story however, "the personal must translate into the universal, the experience of the particular actor must elucidate the broader human experience" (Emunah, 1994, p. 292). It is for this reason that Self-Revelatory Performance has the potential to address transgenerational trauma not only for the individual but also for the collective. The use of creative arts techniques used in Self-Revelatory Performance gives an individual the opportunity to ‘work through' their story and the theatrical part of performing it to an audience has the potential to open up an unconscious narrative that the audience may be holding onto. Self-Revelatory Performance has the ability to support clients in addressing transgenerational trauma. It has the ability to allow clients to channel their wounds as well as deepening their humanity.

> "Self-revs integrate (and are informed by) cultural, social, political, racial, and gender contexts, but the primary focus is on raising psychological awareness-with-in the performer and the audience-and on healing wounds addressed in the piece" (Sajnani & Johnson, 2014, p. 94).

Self-rev focuses on the individual, however, through tapping into their story and working through it could possibly open a healing space, not just for the individual but for those who are witness. "Drama therapy involves not only personal healing but collective transformation" (Emunah, 1994, p. 302).

It allows the untold narratives to come to the surface and the wounds that are carried to be healed. Various drama therapy methods work using the concept of a story. A story is an influential means used within a therapeutic space. "Stories are windows that we step through. Portals into our stories can include words, images, other people's stories, sounds, smells, and movement cues" (Blatner & Wiener, 2007, p. 255). In using Self-Revelatory Performance it allows clients to step into those portals through the use of the mind and the body, giving the client/performer the opportunity to express themselves. The Self-Revelatory Performance is witnessed by an audience and, as Emunah explains,

> It is not the disclosures, but rather the healing strands, that tend to be the most poignant and riveting moments for the audience, and where the universality of the capacity for human resilience is illustrated (Emunah, 2015, p. 78).

### 3.2 Drama Therapy and The Body

Drama therapy has the ability to give voice to the traumatised body; "Dramatization allows any experience to exist by giving it a place in time, thus making it present. Drama is, in fact, about making something present" (Cole, 1975 cited in Pendzik, 1988, p.83). For persons who have experienced trauma and are living with traumas of the past, through drama therapy, they are able to bring those feelings, thoughts, fears and pain to the surface to be explored, allowing the body to speak. Drama therapy is a creative, expressive approach that works with both body and mind, both a physiological and psychological approach to healing trauma and intergenerational trauma. Jones argues:

> Drama therapy is not a psychotherapy group or behavioural therapy programme which has some dramatic activity added to it. The drama

> does not serve the therapy. The drama process contains the therapy. (Jones, 1996, p.4).

Trauma's impact on the body is extraordinary and it is through the different drama therapy techniques that individuals are able to have an embodied approach to healing. Peter A.Levine argues:

> "Trauma is not, will not and can never be fully healed until we also address the essential role played by the body. We must understand how the body is affected by trauma and it's central position in healing its aftermath" (A.Levine, 1997, p.3).

When working with clients who have experienced trauma it is common in therapy for a client to experience triggers or flashbacks and therefore it is important to bring the client back to the here and now and to ground them in the space. The body's association with trauma is as important as it remembers, and as it continues to remember it is significant that the body becomes part of the healing process.

### 3.3 Drama Therapy and Aesthetic Distancing

Drama therapy is a creative, expressive arts therapy that involves experiential work that is much more than just talking; it allows for movement, and it can take the form of action, improvisation, role-playing, role reversal and storytelling and be used as a means of healing and transformation. When working with clients who have experienced trauma this approach is important as when we just talk about what is going on it can become overwhelming and sometimes it is difficult to talk about it as there may not be any words to express the feelings. Sometimes when we talk we don't touch the emotions however, using an experiential approach in therapy allows for what we as drama therapists call aesthetic distancing, which is the balance between thinking and feeling. Robert Landy states "At aesthetic distance one retains the role of the over distanced, cognitive observer and the role of the under distanced, affective actor" (Landy, 1994, p.114). When a person is over distanced they are removed from their emotions and when under-distanced can be too close to their emotions.

The experiential benefits of therapy allow for safety; the use of projective techniques allows individuals to externalise their feelings into dramas and also onto objects and characters created in stories. When working experientially it allows the body to come free and research, from the likes of Van der Kolk (2003) has identified that trauma is carried in the body so it is fundamental that therapy approaches work with the body in the healing process. The use of experiential techniques allows individuals to go deeper and can bring the unconscious to the conscious.

Feelings which are externalised allow for a different perception to take place. In the therapeutic space, there is a building of trust that takes place between therapist and client, this trust allows an individual or group to become vulnerable. Allowing oneself to become vulnerable also allows for transformation and healing. Moreover, it allows for individuals to become connected. When a person has experienced trauma there is a loss of connection to both the self, the mind, and body and to others. The therapy space gives individuals the freedom and safety to become vulnerable. For individuals who have experienced trauma allowing themselves to become vulnerable is not easy. Drama therapy uses a client-centred approach that allows the client to work at their pace. It is by being vulnerable in a space that individuals can rebuild that connection especially the connection with oneself.  It uses an embodied approach that is rooted in aspects of theatre. Throughout history action methods have been known for their ability to heal.

### 3.4 Drama Therapy and Ritual

These historical roots can be linked with Drama therapy and shamanism. The use of ritual in both drama therapy and shamanism has the ability to heal. The use of ritual performance is what holds the space and gives depth to the healing process.

Although drama therapists have not done extensive research into the link between shamanism and drama therapy there are techniques used in drama therapy that can relate to healing through shamanism and ritual is one of them. Firstly, in shamanism the individual enters the ritual

performance space with the shaman, in drama therapy the individual enters the ritual performance space with the drama therapist. Secondly, in shamanism there is entry into the realm of spirits (powerful images of demons/spirits) and in drama therapy it is entry into the ‘imaginal realm’ (powerful archetypal images). Thirdly, performative elements are put into effect by the shaman, and fourthly, in shamanism, through ritual performance the recipient is helped to master the spirits/spiritual state. Through ritual performance they are helped to master psychological states. Lastly, in shamanism the ritual performance space is discontinued and, in drama therapy, the space is closed (Johnson, Emunah, 2009). The links with shamanism with the use of ritual to bring about healing are significant in a creative expressive approach to addressing trauma and intergenerational trauma, as these healing rituals have evolved in human experience over the last 30,000 years.

An important aspect of drama therapy is the use of ritual within the therapeutic space. Rituals are practised amongst communities around the world. Ritual is understood as "one of the most forceful ways by which humans communally engage the dynamics of life in order to engender transformation" (Nielssen, 2011, p. 8). Drama therapists can adapt and use the various rituals that meet the needs of the individual or group of clients they are working with. In the context of working with trauma and transgenerational trauma the use of ritual can bring a sense of connection and containment into the therapeutic space. It can help clients to cope with everyday triggers and feelings associated with past and present traumas. When countries experience war and conflict there can be a sense of disconnection and loss, a disconnection to culture and traditions. This can be seen within the post-war and conflict societies across the world. It is this loss of cultural traditions and values due to conflict and war that can have an impact and influence the mental and physical well being of society. Therefore it is important to have interventions that can adapt and give presence to cultural traditions and values. Evans states:

> A ritual is a journey of the heart which should lead us into an inner realm of the psyche - ‘the ground of our being' - and if we perform

> such rituals with passion and devotion they will enhance our desire and strengthen our capacity to live (Roose-Evans, 1996, p. 106).

Ritual has the power to transform and to bring about healing both within the therapeutic space as well as outside of it. The use of ritual within drama therapy is empowering as "ritual theatre celebrates the fabric of our lives, the victories, the struggles and transforms the ordinaries of our daily existence into real and heartfelt theatre" (Schrader, 2012, p. 24). As human beings, the gap between us is not separation but connection. As therapists when we work with clients it is important to allow them to have a safe space that, in turn, will allow them to discover what is going on for them; to be able to have and hold that container allows the client to explore and go deeper if they need to. By participating in ritual theatre and drama therapy "we are experiencing a unique entity, that is both theatrical and also draws us to contemplate our deeper nature (Schrader, 2012, p. 16).

### 3.5 Psychodrama and Sociodrama uses within Drama Therapy

In addressing trauma and transgenerational trauma drama therapists have adapted the use of Psychodrama and Sociodrama methods into their work alongside other techniques. Psychodrama and Sociodrama was developed by Moreno (2000) who had immense interest in social change.

One approach to addressing transgenerational trauma is sociodrama which is defined as “an experiential group-as-a-whole procedure for social exploration and intergroup conflict transformation” (Kellermann, 2007, p.15). Sociodrama has the ability to work with groups that have experienced conflict and,

> ...the collective aspects of the roles we play. Because it does this, sociodrama can help a group to explore cultural roles and how they feel about them. (Leveton, 2010, p.17).

The group aspect is what is evidentially important in adapting elements of sociodrama to address transgenerational trauma in a therapeutic space. Every sociodrama session has three components; the warm up, the enactment, and the sharing. At the beginning of the therapy session

clients are brought into the space and the emphasis is put on focusing on the here and now. The enactment is characterized by the action of sociodrama. The director readies participants to play their roles by interviewing them, in role. During the process of sharing the director asks the enactors what they were feeling in the role and/or what they learned from playing the role (Johnson, 2009, p.431). The director, being the therapist, helps clients to be aware of those feelings that emerge by acting out different roles. This method can be particularly used with groups who are experiencing conflict. The use of role is important also the ability to be able to express different roles. It allows clients to see other perspectives and gives an understanding of another persons situation. Sociodrama, when used as a method within the therapeutic space has three goals. These include: “catharisis, insight and role training. One or all three of these goals may be achieved through the enactment and/or sharing” (Johnson, 2009, p.433).

When working with clients who have experienced intergenerational trauma the therapist may wish to work directly with one client within the group, if they approach with strong feelings and emotions. This is when the therapist uses the techniques of psychodrama. Leveton states:

> In psychodrama, the traumatized person enacts his own story. That is not to say that he/she re-enacts the traumatic events. Instead, scenes of hope and coping are enacted to build spontaneity and creativity (Leveton, 2010, p.18).

Both sociodrama and psychodrama use various techniques when working with clients. These include ‘role reversal’. This is the idea that we can play out roles, and put ourselves in another person’s shoes. We do this in our heads by asking another person to feel what I am feeling but never do that in a physical capacity:

> When enactors reverse roles, they see the world from the perspective of the other person. They can develop empathy and understanding by seeing themselves as others see them (Johnson, 2009, p.435).

The enactor is the client who is working through what has emerged for them in that moment. Other techniques include 'the double'. "The double expresses the unexpressed thoughts and feelings of an enactor" (Johnson Read David, 2009, p.436). The double is assigned to an enactor and offers support to the client who is enacting a specific feeling or problem. Sculpting is another technique and it gives the client an opportunity to take control of how the situation is playing out. The client is able to sculpt for other members of the group how he or she feels the scene should be played out. It allows for the physical representation. The mirror technique can be "used to show enactors how they look and sound to others" (Johnson, 2009, p.438). Mirroring allows for witnessing to take place and allows for the body to speak.

The above are just some of the techniques used within a sociodrama session. They allow not only the voice but also the body to speak. A Levine (2012) argues, "therapeutic approaches that neglect the body, focusing mainly on thoughts (top down processing) will consequently be limited" (A.Levine, 2012, p.45). For a client who has experienced trauma and who may feel like they have lost control, or who is experiencing difficult sensations or emotions it is key for the therapist to help them deal with this. In "addressing a clients 'bodyspeak' first and then, gradually, enlisting his or her emotion, perception and cognition is not merely valuable, it's essential" (A.Levine, 2012, p.45). In addressing transgenerational trauma sociodrama can "facilitate the exploration of socio-political and moral issues that face us as members of the human community" (Johnson, 2009, p.444). The use of role play and dramatisation means allowing for a stepping stone in the healing process of trauma and transgenerational trauma. Jones states:

> In dramatherapy this physicalised knowing and being within a dramatic representation of a problem or issues makes a crucial difference to the verbal recounting or description of a client's material (Jones, 2007, p27).

This idea relates to the discussion from A.Levine (2012) and the role of the body in trauma healing.

### 3.6 The Use of Developmental Transformations in Drama Therapy

Another approach used in drama therapy that can work and which can be used with clients in addressing transgenerational trauma is Developmental Transformations. In, *Current Approaches in Drama Therapy* (2009), Johnson introduces the DvT approach as: “a form of drama psychotherapy that is based on an understanding of the process and dynamics of free play.” It is an embodied approach that enables the client to work through traumatic moments through the use of play. Johnson (Sajnani, 2014, p.90) states that:

> The methods of DvT (playspace, developmental transformations cycle, variolation, and therapist as playobject) target key areas of vulnerability in the traumatized client, and can be utilized to relatively quickly decrease symptoms, improve the capacity for intimate relationships, and differentiate past and present.

Using this method within a therapeutic space requires the drama therapist to be specifically trained in using DvT. Likewise the therapist needs to be aware of their own conflicts and beliefs as situations may arise within the play space. The method of play has the capacity to provoke the feelings which the client may be feeling inside. The therapist has to be aware of each stage of play as it can be significant in understanding what is going on for the client. Even though:

> DvT is not at base a trauma-centred approach, its aims are consistent with those of trauma treatment: to aid the client in desensitizing themselves to fear-based schemas that are distorting their lives (Sajnani Nisha, 2014, p.72).

Developmental transformations can work alongside other treatments of trauma. Play is particularly important for children who have experienced traumatic events, this thought was echoed in 2018 by Brown in her TED talk. However, this method can be used with both children and adults. Gil (2017) states: “posttraumatic play can be seen as gradual exposure, or systematic desensitization; this type of behaviour therapy has been shown effective in helping clients over come phobias and other anxiety disorders” (Gil, 2017, p.4). Play is the key element in this intervention: “the goal is for the client to be able to play with the unplayable, for it is the unplayable that

blocks our way to the source" (Johnson, 2009, p. 94). Using developmental transformations allows the individual to gradually open up and to use the power of play to explore and identify what they are dealing with in the here and now.

Throughout the play, different roles are explored and the "intimate play can be immeasurably helpful in increasing a person's tolerance of interpersonal encounters, openness to intimacy, and lowering fearfulness of others" (Johnson, 2009, p.95). Developmental transformations has proven to be highly effective when working with clients with PTSD as the play space allows for enactments and re-enactments to take place. Pumla Gobodo-Madikizela states:

> Repetition of real events from the past is, perhaps, a cathartic way of putting into action the struggle to find language to express the frustrations, helplessness, disempowerment, and humiliation suffered by those who have faced extremely traumatic events in their lives, especially human-induced trauma such as mass political violence (Gobodo-Madikizela, 2008).

Upon reflection, it would appear that various strands of drama therapy such as sociodrama, psychodrama, self revelatory performance and the five phase model allow for a broad range of interventions in terms of supporting and helping to heal the body and emotional wounds of trauma and transgenerational trauma. Drama therapy builds upon the work of scholars who have explored and understood the complexities of trauma, and its transgenerational aspects and its being more complex than just needing a form of talking therapy. Healing involves all aspects of health; physical, mental, emotional, social, and spiritual in the human experience. Healing means "to make sound or whole, and stems from the root haelan, the condition or state of being *hal*, whole. *Hal* is also the root of holy, defined as spiritually pure." (Webster's New Collegiate Dictionary, 1979) If we are to heal we need to bring in the whole person, spirit, body, mind and soul. It allows individuals to explore the relationship with themselves giving a much richer and spiritual process to the healing. The Greek origin of the word 'therapeutic' is to attend, to treat medically. The definition of therapeutic is 'having a beneficial effect on the body or mind' (Merriam-

Webster,n.d). Using drama therapy to heal intergenerational trauma involves a more spiritual approach that works on the body as a whole. Cassell argues that medicine has no model of what it means to be whole as a person (Cassell, 1991). To allow for healing of transgenerational trauma we need to explore more traditional approaches and perhaps go beyond the western medical model.

## Chapter four

### 4.1 The work of Armand Volkas in addressing transgenerational trauma by using his intervention method 'Healing the Wounds of History'.

The fact that drama therapy can address transgenerational trauma is evident in the work of Armand Volkas where he addresses the wounds of history by using drama therapy techniques and models. He works through five main theories and principles. The five main theories and principles, are outlined by Volkas himself, in 'Healing the Wounds of History' 1'Collective trauma is a psychological state that is carried out in our psyches. This evolves into a collective narrative.' 2.'Transgenerational transmission of trauma is a real phenomenon. It is rarely addressed and given from parent to child as a burden of unexpressed grief.' 3.'Historical trauma has potential to impact negatively on cultural, national identity, and self esteem.' 4. 'Healing the wounds of history acknowledges and seeks to confront the potential perpetrator in all of us and [helps us to] see that under certain circumstances all have the capacity to enact in a dehumanizing and cruel manner.' 5. 'There can be no permanent political solutions to intercultural conflict. The greater needs, emotions, and motives of an individual human being must be taken into consideration' (Volkas, 2009, p.146).

The therapeutic space allows for witnessing to happen. Witnessing is understood as a process central to both Drama Therapy and various cultures and societies around the world. Volkas (2009) has worked with groups that are in conflict with one another as well as working with

cultures who have experienced collective trauma. Volkas (2009) suggests:

> that the ability to work in a multicultural dialogue is perhaps the most appropriate way to create empathy towards the other, in cases of an extreme corrupt history, together (Volkas, 2009, p. 150).

Volkas' work involves a social activism approach to addressing transgenerational trauma. His approach of working with groups in conflict is pivotal in being able to take steps towards healing and helping to foster resilience in the aftermath of conflict and violence. We live in a world of hatred and division where we look for the difference rather than the similarities in what connects us. 'Healing the wounds of History' (HWH) is an opportunity for groups to see connections and to give expression and voice to the unconscious thoughts and feelings of individuals; allowing for somewhat of forgiveness and understanding towards the other to develop.

Entering the space and being present with another person is the first step that can evoke healing and compassion for oneself and another. For 2nd and 3rd generations who are carrying legacies of the past and are unable to speak about the history of their ancestors, using Volkas' approach may: "allow the constrained and unexpressed emotional energy to begin to untangle" (Sajnani, Johnson, 2014, p.66). This approach has already been used in many countries where conflict has existed or continues to exist. It is: "By bringing emotional pioneers of each side together in an intense, arts-based encounter, in which honest dialogue and heartfelt expression of deep emotions occur, HWH enters challenging but important territory" (Sajnani, Johnson, 2014, p.66).

In 2003 Volkas delivered a speech to the 'National Association for Drama Therapy' in New Mexico, speaking of what his work in historical trauma involves, he explained:

> "It is about how trauma is passed from Generation to Generation. It is about exploring what happens when the personal and collective come together - when one person's story becomes the story of an entire people. It is about grief and mourning. It is about building bridges between cultures. It is about cultural and national identity

> and self-esteem, for we all have a need to feel positive about the "tribe" to which we belong" (Raven-The Institute of Cultural Studies, 2003).

The keynote speech by Volkas summaries the importance of speaking and knowing our histories, for countries living in a post conflict era, the 'Healing the wounds of History' approach can be a stepping stone into bringing about transformation. Until we address and deal with the traumas of the past we cannot move on. As noted by scholars already mentioned in this research, we not only carry the pain in our thoughts but in our bodies as well and it is when we allow what is in our deep unconscious to surface, that we can begin to work on individual and group healing.

Volkas has used this approach for over 20 years and has worked with many groups across the globe. Through his experience he has identified six humane circumstances that allow for the process to take place. The first circumstance is breaking the taboo against speaking to each other. In doing so this allows for the engagement of honest dialogue. The second phase involves humanizing each other through telling our stories. The listening to other's stories allows us to hear each other's pain. Volkas (2014) states: "their feelings of empathy and friendship become more powerful than the historical imperative to hate one another" (Armand Volkas, 2014, p.47). The third phase is exploring and owning the potential perpetrator in all of us. Volkas believes, "in order to reconcile, people need to acknowledge that under extreme circumstances, we all have the capacity for cruelty" (Armand Volkas, 2014, p.47). The fourth phase is moving deeply into grief. Grieving together and giving each other permission to grieve is essential. The fifth phase moves towards creating integration through performances and rituals of remembrance (Armand Volkas, 2014, p.47). It is through the art form that "public presentations serve to extend the healing effects of the reconciliation into society by touching the lives and consciousness of others who did not participate in the workshops"( Armand Volkas, 2014, npn.). The final phase of this process extends the learning achieved in the workshop by sending it out into the world. HWH is founded on the premise that historical trauma

needs to be worked through in a personal way in order to be truly understood and reintegrated into a life-affirming sense of self (Armand Volkas, 2014).

Volkas's approach to healing historical trauma has the power to transform communities but most importantly it begins with the individual and transforms to the greater community. HWH has been used across the world and has demonstrated that as human beings we have more commonalities than we do differences. Thus it is the discovery of our commonalities that will allow for transformation and a move towards the healing of historical trauma. Volkas states, "embracing the legacy allows the constrained and unexpressed emotional energy to begin to untangle" (Armand Volkas, 2014, p.47).

## Chapter five

### 5.1 Applied Theatre and other Arts Interventions

An additional intervention which could be explored as a support in a drama therapist's repertoire is the area of 'Applied Theatre'. Nicholson (2014) suggests that applied theatre "is primarily concerned with developing new possibilities for everyday living rather than separating theatre-going from other aspects of life" (Nicholson, 2014, p.4). '*Über(w)unden: Art in Troubled Times'* explores 'Applied Theatre' work done by various writers, visual artists, theatre practitioners, musicians, filmmakers, choreographers and photographers who are engaging with trauma globally (Heidenreich-Seleme and O'Toole, 2012). The various interventions used in their research into 'Applied Theatre' demonstrates the importance of creative arts in engaging with trauma in post war contexts. "*Über(w)unden*, has a double meaning in German. As a noun, *Über wunden* means 'about wounds', whereas, as a verb, *Über(w)unden* translates as 'to overcome' or 'to heal'." In artistic work dealing with trauma there is an opportunity for it to do both, "they may directly engage with the wounds of conflict and trauma, but they may also underline societal changes and upheavals as catalysts for new beginnings" (Heidenreich-Seleme, 2012, p.17).

The different art forms allow us to express ourselves in a way that words alone cannot do. For the artist doing the work, and for the audience and people witnessing the work, there is an element of connectedness, an ability to see, a sense of hope. Dealing with trauma caused by conflict and war can result in long lasting effects. The verbal approach to coping and dealing with these traumas may reach the point of a dead end, there are no more words; hence the need for the various drama therapy interventions. Therefore “artistic interventions offer the possibility of yielding new insights and perspectives, largely because they work in different ways and formats in addressing the unspoken” (Heidenreich-Seleme, O'Toole, 2012, p.17).

The use of theatre has the capacity to uplift and to bring about change when we are able to witness or be part of a performance. It shifts something within us, within our unconsciousness. From Greek times to present day, theatre has been used as a therapeutic tool, it has brought communities together. Applied theatre is used within a social, educational and community context. Applied theatre brings something new, a new means of creating change. Shaughnessy (2012) states: “Practitioners of applied theatre and performance care about and/or care for the communities they are working with; the work is often politically or pedagogically motivated; it has conscience, integrity and commitment” (Shaughnessy, 2012, p.14).

### 5.2 Applied Theatre interventions in the Post War context

James Thompson’s work ‘Digging up stories’ (2005), explained that his response to theatre and performance projects, “in a situation of war and in communities affected by oppression and conflict” (Thompson, 2005). This piece of work by Thompson focuses on communities in Sri Lanka who had experienced twenty years of civil conflict and who were then struck by a natural disaster, a Tsunami. It demonstrates the power of story and how we can use story in addressing transgenerational trauma in a post conflict country. The use of story within drama therapy is important in addressing transgenerational trauma. Story is one technique that can be combined

with other methods in drama therapy. Thompson states: ‘story creation and story narration are vital parts of creative work within communities in crisis' (Thompson, 2005). From this idea we can bring story creation and story narration into a drama therapy space, allowing clients to work through their stories as individuals but also as a group. The idea of story and talk therapy is linked to the initial workings at the beginning of this research piece. The threads of story telling and the re-enactment of personal experience and traumas run throughout the academic research into the field of drama therapy as a practice. Its importance is without a doubt paramount.

### 5.3 Alternative Arts Therapies

As well as ‘Applied Theatre’ practices, the use of Art therapy, Music therapy and Play therapy, all of which are under the bracket of creative arts therapies, are also used in addressing trauma. The use of Art and Play as a way of expression has the capacity to release various senses within us that can allow for the healing of trauma. Malchiodi (2005) suggests: “while words are generally used to tell personal stories, expressive therapies are used to tap the senses as a source of stories and memories” (Malchiodi, 2005, p.9). The creative arts allow us to use the body as a way of expression. However Rothschild (2000) argues: “Touching the body and working with the body are not, and need not be, synonymous when it comes to psychotherapy or for that matter, body-psychotherapy” (Rothschild, 2000, p.14). This is particularly important when working with clients who have experienced trauma, as the use of touch could re-traumatize a client. Creative arts therapies are used to help minimise the psycho-social effects of coping and living with trauma or transgenerational trauma.

Art therapy is additionally an alternate therapy used by therapists across health care settings, especially with young people in paediatric hospital settings. Art therapy “provides a sense of mastery over troubling events inherent to medical intervention, particularly when ameliorating psychological trauma associated with loss of control” (Malchiodi, 2013).

Art therapy; “involves the use of different art media through which a client can express and work through the issues, problems and concerns” (Caroline Case, 2006, p.3).

Like drama therapy the use of the arts medium, allows for distancing to take place and this is particularly important when working with clients who have experienced trauma. Art therapist Cathy Malchiodi suggests the five components to Trauma- informed Art therapy and Trauma-Informed Expressive Arts Therapy. These 1. use a "neurosequential approach" via expressive arts therapies to stabilize the body's responses; 2. Identify the body's reactions to stressful events and memories through trauma-informed evaluation and sensory-based activities using expressive arts; 3. Respond to the body's reactions to traumatic events through somatic and sensory approaches to self-regulation; 4. reinforce a sense of safety through reconnection with positive attachment and self-soothing 5. build strengths by using the arts to normalize and enhance resilience (Malchiodi, 2012, npn).

This approach has similarities to the approaches and phases in drama therapy; it is evident to see the core overlaps in the arts therapy world and how they all correlate with each other, depending on the client’s needs. Another art form used in addressing trauma is music therapy. Like art and drama therapy, music therapy has been used to work with individuals who have experienced trauma. The therapist actively listens to the client. Edwards (2016) states: “This sensitive listening includes attention to the somatic experiences, or sensations in the body, of the therapist and to other thoughts and impressions that arise” (Edwards, 2016, p.5). Like drama therapy, music therapy works with artistic tools to show the expressions of the mind and body.

## 6. Conclusion: Reflections on drama therapy approaches in addressing transgenerational trauma

This paper acknowledges that there is a lot of research covering trauma and intergenerational trauma and its affects on individuals and groups. This research has looked at some aspects of how drama therapy can be used to address this material. However, I am aware that this research could be developed further, using the specific techniques mentioned within this research with different groups and individuals. Drama therapy is a growing field and the work is continuing to be developed. Drama therapy has the ability to help open doors for clients to work through and to play out the responses and challenges that may arise for them. There is an understanding that healing can take place when we bring the unconscious to the surface. We cannot, alone, just speak of the wounds that sit inside us. The use of embodied experiences allows for the trauma that we carry in our bodies to be released.

Through researching the complex nature of trauma and intergenerational trauma, it is apparent that, thanks to the work of Van Der Kolk, and Peter A. Levine we are able to ascertain that trauma is not simply resolved through talk therapy alone, although this is a useful strategy. Because of work by Stephen Porges we now know that trauma lies dormant in individuals and in a certain part of the brain as well as the body. This trauma appears to be triggered even in future generations who may not have been exposed directly to war or conflict or, even in the case of Aboriginal Australia, colonisation. The interventions which have been studied and expanded, thanks to this complex understanding, will allow future practitioners to target clients earlier and help them through various mediums of therapy. Some of the most pivotal interventions appear to be self revelatory performance, sociodrama, psychodrama, and the five phase model. A dominant figure in the field with a unique aspect and understanding was Volkas who looked in depth at what it means to help to heal through drama. There were however, some other forms of creative arts therapies that also have a place in the treatment of trauma and

intergenerational trauma. Of real significance are Play and Art, especially with minors who may struggle with communicating their feelings. Most pivotal of all, was the real strength in human communication gained through story telling which every academic saw as significant and truly at the heart of the beginning of healing in drama therapy.

### 6.1 Principles and Recommendations for future Practice

Moving forward, the principles for effective future practice in dealing with clients who have encountered trauma in the post war or conflict era or even through a transgenerational means, should have, at its heart, an understanding of the great need for therapeutic practice to target the mind and body. The following principles would include the need for a neurological understanding of the workings of the brain and the contained trauma. An effective practitioner should really have an appropriate understanding of the inert held trauma in an individual before proceeding with specific interventions. A final recommendation for future practice would be that the intervention for a chosen individual or a group should be carefully selected. The group or collective means of therapy should allow for more empathy and understanding of the other ‘side’ to develop and should create the means for individuals, including those of a future generation, to open up and release the trauma and wounds. Drama therapy is an emerging treatment modality that continues to be researched as a therapeutic intervention.

## References


American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Arlington, VA: American Psychiatric Association.

Aboriginal Healing Foundation (1999). Aboriginal Healing Foundation Program Handbook, 2nd Edition. Ottawa: Aboriginal Healing Foundation.

Agaibi, C. and Wilson, J. (2005). Trauma, PTSD, and Resilience. *Trauma, Violence, & Abuse*, [online] 6(3), pp.195-216. Available at: <https://journals.sagepub.com/doi/abs/10.1177/1524838005277438> (Accessed 7 February 2019).

Allam, L. (2019). 'Indigenous Suicide: 35 dead in three months, including three 12-year-old children', *The Guardian Australia,* 21st March. Available *at:* https://www.theguardian.com/australia-news/2019/mar/22/indigenous-suicide-35-dead-in-three-months-including-three-12-year-old-children (Accessed: 29 March 2019).

American Psychiatric Association (2013). *Posttraumatic Stress Disorder*. Available at https://www.aging.pa.gov/publications/policy-procedure-manual/Documents/PTSD Fact Sheet.pdf (Accessed 15 March 2019).

Andreas, S. (2013). *Steve Andreas PTSD Training*, *Steve Andreas*. Available at: https://steveandreasptsdtraining.com/membership-home/introduction/ (Accessed: 15 January 2019).

Apprey, M. (1990). Reinventing the Self in the Face of Received Transgenerational Hatred in the African American Community. *Journal of Applied Psychoanalytic Studies*, 1(2), pp.131-143.

*Australian Associated Press*.(2019). 'Trauma and poverty behind suicide of 13 Indigenous youth, inquest finds', *The Guardian Australia,* 7th February. Available at: https://www.theguardian.com/australia-news/2019/feb/07/intergenerational-trauma-and-poverty-behind-spate-of-young-indigenous-suicides (Accessed: 9 February 2019).

Babette, R. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. 1st edn. New York: W.W.Norton & Company.

Baum, R. (2013). Transgenerational trauma and repetition in the body: The groove of the wound. *Body, Movement and Dance in Psychotherapy*, [online] 8(1), pp.34-42. Available at: <https://www.tandfonline.com/doi/full/10.1080/17432979.2013.748976> (Accessed 8 January 2019).

Bergman, J. (2009). *'The Bergman Drama Therapy Approach: Creating Therapeutic Communities in Prisons'*, in *Current Approaches in Drama Therapy*. 2nd edn. Springfield: Charles C Thomas, pp. 330-354.

Blatner, A., & Wiener, D. (Eds). (2007). *Interactive and improvisational drama: varieties of applied theater and performance.* Lincoln, NE: iUniverse.

Bombay, A., Matheson, K. and Anisman, H. ( 2013). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), pp.320-338.

Brown, P.G, *Trauma & Play: Holding Hard Stories.* March 2018. TedX, Nashville. (Accessed: 10 January 2019).

Case Caroline, T. D. (2006). *The Hand book of Art Therapy*. 2nd edn. Hove: Routledge.

Cassell, E.J. (1991). *The Nature of Suffering and the Goals of Medicine.* New York. NY: Oxford University Press.

Christine M. Werk, Xinjie Cui, S. T. (2013) 'Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews', *First Peoples Child & Family Review*, 8(1), pp. 1-175.

Dana, D. (2018). *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation*. London: W W Norton and Company.

Danieli, Y. (1998) *International Handbook of Multigenerational Legacies of Trauma*. 1st edn. New York: Springer Science & Business Media.

de Arellano, M., Lyman, D., Jobe-Shields, L., George, P., Dougherty, R., Daniels, A., Ghose, S., Huang, L. and Delphin-Rittmon, M. (2014). Trauma-Focused Cognitive-Behavioral Therapy for Children and Adolescents: Assessing the Evidence. *Psychiatric Services*, (online) 65(5), pp.591-602. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4396183/> (Accessed 5 January 2019).

Edwards, J. (2016). *The Oxford Handbook of Music Therapy*. 1st edn. New York: Oxford University Press.

Emunah, R. (1994). *Acting for Real: Drama Therapy Process, Technique, And Performance*. 1st edn. New York: Brunner-Routledge.

Emunah, R. (2005). *Drama therapy and adolescent resistance.* In A.M. Weber & C.Haen, (Eds), *Clinical applications of drama therapy in child and adolescent treatment.* New York:Brunner-Routledge.

Emunah, R. (2015). 'Self-revelatory performance: A form of drama therapy and theatre', *Drama Therapy Review,* 1 (1), pp. 71-85. DOI: https://doi.org/10.1386/dtr.1.1.71_1

Feather, J. and Ronan, K. (2010). *Cognitive Behavioural Therapy for Child Trauma and Abuse*. London: Jessica Kingsley Publishers.

Ferry, F., Bunting, B., Murphy, S., O'Neill, S., Stein, D. and Koenen, K., (2013). Traumatic events and their relative PTSD burden in Northern Ireland: a consideration of the impact of the 'Troubles'. *Social Psychiatry and Psychiatric Epidemiology*, 49(3), pp.435-446.

Gersie, A. (1996). *Drama Approaches to Brief Therapy*. 1st edn. London: Jessica Kingsley.

Gil, E. (2017). *Posttraumatic Play in Children: What Clinicians Need to Know*. 1st edn. New York: The Guilford Press.

Haglund, M., Cooper, N., Southwick, S. and Charney, D. (2007). 6 keys to resilience for PTSD and everyday stress: teach patients protective attitudes and behaviours. *Current Psychiatry*, [online] 6(4), pp.23-30. Available at: <https://www.mdedge.com/psychiatry/article/62626/6-keys-resilience-ptsd-and-everyday-stress> (Accessed 9 February 2019).

Heidenreich-Seleme, L. and O'Toole, S., 2012. *Über(W)Unden*. Auckland Park: Jacana Media.

Jacana, B. L. (2012). *Culture and Conflict Explored in uber(W)unden: Art in Troubled Times*, *SundayTimes*. Available at: http://jacana.bookslive.co.za/blog/2012/09/17/culture-and-conflict-explored-in-uberwunden-art-in-troubled-times/ (Accessed: 15 January 2019).

Jódar, A.R. (2017). *The Trauma Graphic Novel.* New York: Routledge.

Jones, P. (1996). Drama as Therapy: Theatre as Living. London: Routledge.

Johnson, D. R. (2009). 'Developmental Transformations: Towards the Body as Presence', in *Current Approaches in Drama Therapy*. 2nd edn. Springfield: Charles C. Thomas, pp. 89-116.

Johnson, D.R., Emunah, R. (2009a). *Current Approaches in Drama Therapy*. 2nd edn. Springfield: Charles C Thomas.

Johnson, David, R., Emunah, R. (2009b). 'Sociodrama', in *Current Approaches in Drama Therapy*. 2nd edn. Springfield: Charles C Thomas.

Jones, P. (2007). *Drama as Therapy. Theory, Practice and Research*. London: Routledge.

Kellermann, P. F. (2007). *Sociodrama and Collective Trauma*. London: Jessica Kingsley.

Kessler, R.C., Sonnega, A., Bromet, E., et al. (1995). 'Posttraumatic stress disorder'. *National Comorbidity Survey. Archives of General Psychiatry.* 52. 1048-1060.

Leveton, E. (2010). *Healing Collective Trauma Using Sociodrama and Drama Therapy*. New York: Springer.

Levine, P. A. (1997). *Walking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*, North Atlantic Books, Berkeley.

Levine, P. A. (2012). *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body*. Louisville: Sounds True.

Levine, P. A. (2012.) *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, North Atlantic Books, Berkeley.

Lien Heidenreich-Seleme, O. Toole Sean. (2012). *Über(w)unden: Art in Troubled Times*. 1st edn. Johannesburg: Jacana Media.

Madikizela, P. G. (2008). 'Trauma , forgiveness and the witnessing dance : making public spaces intimate', *Journal of Analytical Psychology*, 53(2), pp. 169-188.

Malchiodi, C. A. (2005). *Expressive Therapies*. 1st edn. New York: The Guilford Press.

Malchiodi, C. A. (2012) .*Trauma-Informed Expressive Arts Therapy; Tapping the arts' powers as trauma intervention*, *Psychology Today*. Available at: https://www.psychologytoday.com/us/blog/arts-and-health/201203/trauma-informed-expressive-arts-therapy (Accessed: 5 January 2019).

Malchiodi, C. A. (2013). *Art Therapy and Health Care*. 1st edn. New York: The Guilford Press.

McCarthy, D. (2007). *If you* turned into a monster: *Transformation through play: A body-centred approach to play therapy.* Philadelphia: Jessica Kingsley.

McFarlane, A. (2017). 'Storytelling, Suffering, and Silence: The Landscape of Trauma in Afganistan and Nepal', *Medical Humanities,* 4th July. Available at: https://blogs.bmj.com/medical-humanities/2017/07/04/storytelling-suffering-and-silence-the-landscape-of-trauma-in-afghanistan-and-nepal/ (Accessed: 10 February 2019)

Merriam-Webster. *Therapeutic.* In Merriam-Webster.com dictionary.

Minulescu, M. (2016). Approaching Trans-generational Trauma in Analytical Psychotherapy. *Procedia - Social and Behavioral Sciences*, [online] 217, pp.1112-1117. Available at: <https://www.sciencedirect.com/science/article/pii/S187704281600149X> [Accessed 7 January 2019].

Moreno, Z. T., Blomkvist, L.D., Rutzel, T. (2000) *Psychodrama: Surplus Reality and The Art of Healing.* London: Routledge

Morris, N. (2018). *Dramatherapy for Boderline Personality Disorder: Empowering and Nurturing People through Creativity.* Oxon: Routledge.

Mosaicscience (2016). *Suicide of the Ceasefire Babies*, *Mosaicscience*. Available at: https://mosaicscience.com/story/conflict-suicide-northern-ireland/ (Accessed: 10 April 2019).

Nicholson, H. (2014). *Applied Drama: The Gift of Theatre*. 2nd edn. New York: Palgrave Macmillan.

Nielssen, H. (2011). *Ritual Imagination: A study of Tromba Possession among the Betsimisaraka in Eastern Madagascar.* Netherlands: Brill.

Parekh, R. (2017). *What is Posttraumatic Stress Disorder*. Available at: https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd (Accessed: 18 March 2019).

Pendzik, S. (1988). 'Drama therapy as a form of modern shamanism.', *The Journal of Transpersonal Psychology,* 20 (1), pp.81-91.

Porges, S., (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-*

*Regulation (Norton Series on Interpersonal Neurobiology)*. New York: W. W. Norton & Company.

Porges, S. and Dana, D. (2018). *Clinical Applications of the Polyvagal Theory*. London: W W Norton and Company.

Rothschild, B. (2000) *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.* New York: Norton.

Sajnani, N., Johnson, D. R. (2014). *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*. 1st edn. Springfield: Charles C Thomas.

Schrader, C. (2012). *Ritual Theatre: The Power of Dramatic Ritual in Personal Development Groups and Clinical Practice.* London: Jessica Kingsley.

Shaughnessy, N. (2012). *Applying Performance: Live Art, Socially Engaged Theatre and Affective Practice*. 1st edn. New York: Palgrave Macmillan.

Studies, R.-T. I. of C. (2003). *Armand Volkas Keynote Speech , 2003*, *Raven- Institute of Cultural Studies*. Available at: http://english.raven.edu.pl/armand-volkas-keynote-speech/ (Accessed: 16 January 2019).

Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, [online] 34(1), pp.22-35. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0197455606000864> [Accessed 10 January 2019].

Treisman, K. (2018). *Becoming a more culturally adversity, and trauma-informed, infused, and responsive organisation.* Available at: https://www.wcmt.org.uk/sites/default/files/report-documents/Treisman%20K%202018%20Final.pdf (Accessed: 10 January 2019)

Volkas, A. (2014). *'Drama Therapy in the Repair of Collective Trauma', in*

*Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*. Springfield: Charles C Thomas.

Webster's New Collegiate Dictionary. (1979) Springfield, Mass: G & C Company.

Wesley-Esquimaux, C. and Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Ottawa: Aboriginal Healing Foundation. (Available at: http://www.ahf.ca/downloads/historic-trauma.pdf.) (Accessed: 5 January 2019).

Wilson, J.P., Tang, C.S.K. (2007). *Cross-Cultural Assessment of Psychological Trauma and PTSD. International and Cultural Psychology*. 1st edn. New York: Springer Science & Business Media.

Wilson, J.P, Drozdek, B. (2007). *Voices of Trauma: Treating Psychological Trauma Across Cultures.* New York: Springer.

Wolynn, M. (2016). *It didn't Start With You: How Inherited Family Trauma Shapes Who We Are and How to End The Cycle*. New York: Viking.