



DRAMATHERAPY IN SRI LANKA: Reflections of a practitioner

Ravindra Ranasinha PhD

Research Centre for Dramatherapy, Colombo, Sri Lanka.

Mobile No. +9471 983 9507

Email: ravindraranasinha@gmail.com

Key words:

Sri Lanka

culture

healing ceremonies

dramatherapy

religious beliefs

Buddhism

Buddhist stories

folklore

ABSTRACT

Dramatherapy is not a novel concept to Sri Lanka. From time immemorial, diverse communities in this country have made use of traditional healing ceremonies, as therapeutic practices. They engaged the people, through rituals, symbolic interactions, play, drama, and stories. In Sri Lanka, folklore, too, is a strong tool in containing the grief and trauma of our people. Our modern dramatherapy practice receives guidance from these rich sources. This study about the dramatherapy practice in Sri Lanka is based on my reflections. The qualitative data collection tools were my journal entries and field notes. The data is presented as vignettes, and reflective analysis has been used to delineate my dramatherapy practice. Dramatherapy, as the vignettes show, utilizes storytelling, role play, and improvisation, as its tools. I have used religious beliefs, religious texts, symbols, archetypes, and folklore, to usher a cultural framework for the modern dramatherapy practice. In Sri Lanka, dramatherapy becomes a culturally responsive practice.

INTRODUCTION

In Sri Lanka, I utilize the spiritual teachings in Buddhism, Zen, Tao, and a wide variety of signs, symbols, and concepts pertaining to folk religious, or traditional belief systems, and folklore, to implement dramatherapy. Those aspects of our culture aim in curing the inner wounds of the client through restoration of balance and harmony in body, mind, and spirit.

Gauthama Buddha proclaimed that thought is the basis of all emotions, and “purging of all desires, lust, ideas, beliefs, views, and concepts from the heart and mind of the contemplator is the basis of being relieved of the temptations in this phenomenal world” (Wickramasinghe, 1981:15). The Buddhist teaching has strongly and consistently been supporting the Sri Lankan community to understand this truth in *abhidhamma*, to ensure the psychological, and the physiological wellbeing of the person. In the larger context, freedom from suffering, or the state of *nirvana* is considered the ultimate state. “No matter what are the perceived causes of the problem, be it organic, emotional, or social, the suffering is viewed as a state of mind, a subjective experience” (Dalal 2011:27).

In this traditional society, problems are dealt with by solutions “deeply entrenched in folk wisdom and sound theories of mind” (p. 22). The plethora of Buddhist and Hindu religious concepts such as *karma*, *vasana*, re-birth, *moksha*, and *nirvana* support man in his recovery process (Ranasinha, 2013). They build personal resilience in man. It is, therefore, important for the dramatherapist to make an understanding of how the Sri Lankan thinks and feels, to plan the therapy.

Ritualistic theatre, Buddhism, and Ayurveda

Ritualistic theatres of Sri Lanka are among the

oldest extant performances with an unbroken history (Ranasinha, 2013). Legend traces their beginnings to pre-Buddhist times. A vast pantheon of gods and demons inhabit the still vital world of Sinhala folk belief.

The primary purpose of the ritualistic theatre is to propitiate the gods and the demons, so that they will confer their blessings, or heal the afflicted (Sarachchandra, 1966). The ritualistic performances are conducted for the welfare of a whole community, the village being the primary unit, or to an individual. The first is generally addressed to gods and are given annually (customarily at harvest time) or when the community is threatened by epidemics of certain infectious diseases thought to have links with the spirit world, whereas the second category of ritual is to relieve a person from demonic possession or evil planetary influence.

Kohomba Kankariya, *Gam Maduwa*, *Devol Maduwa* are some of the major communal theatres, performed during several days as a thanksgiving, a forgiving, or a post-harvest celebration. They are also rites of ‘healing’, performed to restore the sense of communities, to alleviate social tensions, and to ensure the well-being and prosperity of the land and its people. Such communal events are a fine ritual for the healing of the mind (ibid).

Bali is a rite dedicated to a variety of gods and demons. Images created using media of clay, cloths, and flowers for rituals and prayers is common for Bali ritual in Sri Lanka (Liyanage, 1996, p. 216). Both Buddhist and post-Indian Hinduism have used Bali to make offerings to a wide array of supernatural beings (Kariyawasam, 1986: 13).

Thovil is a highly dramatic and excitingly theatrical folk ritual. The demon world forms the territory of *Thovil*. The demons are seen as adversaries ever ready to cause harm to men, not as beings capable of beneficence. Thus, apart from

propitiation (which is common to all ritual theatres), exorcism also occurs in *Thovil*. It is not uncommon for patients to go into states of trance during the course of a performance: at such times, the patient is said to be possessed by the demon responsible for the ailment. These characteristics, implying direct and unmediated encounters with the demons, sometimes turn *Thovil* into an enormously exciting theatrical experience (Sarachandra, 1966).

Daha Ata Sanniya is a ritual that is performed to drive out 18 types of diseases from the body. The origin of this *Shanthi Karma* (blessing) took place in the times of our ancient kings. The fact that it has been used as a curative method for mental ailments is clear. The exorcist generally believes that the appearance of ghosts (seeing fearful figures), hearing terrifying sounds, getting a foul smell continuously, affected by a greedy on-looker, touching sensation of a fearful ghost would cause deadly ailments (Obeyesekere, 1969).

The Buddha has preached in *Roga Sutta* that every human being will be subjected to a mental ailment. They are also subjected to five carnal desires, that is *pancha – kama viz.* Visual objects: *Rupa* (sight), *Sabda* (sounds), *Ganda* (smell), *Rasa* (tastes), and *Sparsha* (touch). These sicknesses can be very easily understood when compared with the details given in the *Girimananda sutta*. According to the Buddhist philosophy, the main cause for innumerable mental ailments is the unlimited desire of the senses and the body. When such mental diseases spread, body ailments, too, will occur.

The Ayurveda medical system recognizes that many sicknesses are caused by arousing of the three ills of the human body – (*thun dos*). This situation can be further analyzed as the blindness of the mind, caused by the strong love, or attachment towards an extremely lovable thing, or a person. According to Buddhist doctrine, this can be termed as blind love

which can easily be overcome or suppressed by deep and patient thinking.

Kana Sanniya, which is one of the 18 *sanni* rituals, gives the truth and value of real love as against blind love. When it is being performed, the exorcist (*Yakadura*) brings to the stage through his dance a visually impaired demon. It is presented in the presence of the patient suffering from visual impairment. How can this visually impaired patient see this demon and derive relief, mentally, or otherwise? Therefore, according to the original creation what *Kana Sanniya* does is not curing a visually impaired, but providing relief to a person who is mentally blind due to excessive greed for visual objectives (*Rupa Thanha*).

Similarly, other illnesses also can be referred to as thus: Sicknesses connected with hearing (ear) as *Sotha Roga (Bihiri Sanniya)*, illnesses associated with smell (nose) as *Ghana Roga (Slesma Sanniya)*, illnesses associated with taste (tongue) as *Givha Roga (Golu Sanniya)*, and illnesses associated with touch (body) as *Kaya Roga (Kola Sanniya)*. These rituals, to this date, have touched the soul of every community in this country, comforting and healing them, unconditionally (Ranasinha, 2013:27-53).

Grief, Trauma, and Culture

It is evident in a country where people believe in *devathas* (demi-gods), and other supernatural beings that come to help them, their expression of grief is contained in the cultural layer. The psychological reactions to death, disability, and material losses differ from one culture to another. Every culture has its own way of dealing with mourning and grief. There is a vivid connection between trauma and culture (Walter, 2010), and therefore, intervention, treatment, and healing becomes part of man's life cycle.

My studies show that people in this island do not wish to talk lengthily about their distressing experiences, and they consider it as a weakness, which brings shame, socially (Ranasinha, 2013). When a death occurs, this matter emerges very strongly. Never in Sri Lanka could one find people talking bad about their dead ones. They respect the dead and commemorate them. It is only the good is remembered, and wish good life after death (Dissanayaka, 1998:15).

It is in fact, the religion-related beliefs and rituals that play a major role in the Sri Lankan culture to help people cope with their trauma. Culture consist of traditions, values, customs, folklore, rituals, and artifacts that help to make meaning of physical world, and it is transmitted primarily through language and everyday interactions (Seligman et al., 2016). It is “the sum total of learned behaviour patterns which are characteristic of the members of a society or a community” (Wickramasinghe, 1981:48). These cultural factors frequently play as trauma buffers, and help the victims to come to terms with psychological suffering. The essential point about the concept of culture is that culture constructs our reality. It is the template that guides our perceptions.

Cultural factors and psychological trauma have a close association between them. Psychological trauma is a very complex and a damaging factor to the human psyche. It is a unique individual experience, and the individual’s interpretation is mostly based on his subjective experience (Andermann, 2002).

The impact of trauma and trauma recovery sometimes depend on cultural factors. Therefore, the victims of trauma should be treated in a culturally appropriate manner. It is, therefore, necessary for us to consider a trauma within a culture, because it is the cultural context that shapes the life experiences, including the ones that are considered traumatic. No culture is immune to the pain and suffering caused by

catastrophic or life-threatening events, but there are important cultural differences in how these events are interpreted and dealt with (Dutton, 1998).

I strongly believe that psychological wounds of war are in essence moral and spiritual wounds. Therefore, dramatherapy works best, if it picks up the spiritual themes, in culturally appropriate ways. Dramatherapy approaches can integrate soldiers and civilians/ Sinhalese and Tamils/ Tamils and Muslims/ Buddhists and Hindus/ Buddhists and Christians/ Hindus and Muslims in order to bridge whatever gaps that has been created by the conflict. Hence, the relationship between trauma and culture is an important one, because traumatic experiences are part of the life cycle, and typically demand a response from culture in terms of interventions, and healing (Sremac & Ganzevoort, 2018).

METHODOLOGY

This is a qualitative study. The qualitative data is presented as vignettes, in order to show my dramatherapy practice. The four vignettes I present will delineate how I conduct therapy sessions: my approach towards clients; the tools I utilize to conduct the therapy; and finally how I make the exit.

Data Collection

The data was gathered through my field notes, and journal entries.

Data Analysis

Reflective analysis was utilized in this study (Schön, 1983). Reflective Analysis must be “genuinely reflective” (i.e., it must present a genuine attempt to analyse and evaluate past experiences), evidence-based (i.e., avoid groundless claims and seek to draw conclusions from available evidence) and comprehensive in its coverage. The main objective

was to engage in a critical discussion of the ways in which I sought to develop and improve a culturally responsive dramatherapy practice.

RESULTS AND ANALYSIS

Vignette no. 1. In Trincomallee, a group of 10 orphans came to work with me. They were in despair, and according to the priest who managed the orphanage, some of these children cry in the night, do bedwetting, keep silent the whole day, and sometimes fight violently. It was the fear, hopelessness, anger, and loneliness that had disturbed them, because they have experienced the ruthlessness of war.

I worked for two months with these children using stories, muppets, sculpting, role-playing and improvisation. To begin with, role-play/improvisation was used to assess their conditions. A positive aspect of role-play/dramatic improvisation is the culturally sensitive possibilities of this tool (Forrester, 2000:242). Stories helped in over-distancing children from their diverse emotional issues, and that was also to manage their risk in getting re-traumatized. Stories encouraged communication, and social interaction. Also, they were able to generate laughter. I believe humour and laughter as “universal medicines” (Roy, 2009:3), especially, with these children who were experiencing Post-Traumatic Stress Disorder (PTSD).

Building stories and making puppets from the already known folk tales helped the children engage with their creativity, flexibility, and spontaneity. The children showed empathy with the characters they created. They discussed about what they felt in relation to the characters. In this over-distancing process (Landy, 1983), they were helped to ventilate their emotions, and ‘unburden’ the weight they were carrying. The discussions explored deeply into their

inner feelings, and helped them to articulate their thoughts, anxieties and tensions.

Role play/character improvisation made the children to take diverse roles, and refreshed their memories. As Bandura says (1982), “People serve as authors of not only their past experiences, but of their memory of them as well” (137). The activity helped them to delve into their unconscious, to view their relationship with those characters that are no more with them. This prepared a space within the group to discuss their experiences, about being in the war zone, and their feelings of being orphaned.

During the role play time, the children impersonated as the lost ones, and spoke in a manner that the lost ones would have done. Such role playing enabled them to meet their lost parents, siblings, and relatives. One child played the role of the father, and was talking of the good life he enjoys in *moksha* or the heaven. Every child projected their feelings in this manner, and this cultural belief among Hindu children was a feeling of comfort for them. It helped the children to move away from their feelings of loneliness and anxiety.

They were in a dramatic reality, interacting with the lost ones, but knowing very well that it was an *act*. According to Pendzik, dramatic reality is “a tangible entrance into an imaginary realm, engaging in make-believe play, in *as if* behavior” (2006). The dramatic reality did not disturb their memories. Make-believe play generated a happy atmosphere for the child, and that made their grief to disappear. This subtle grounding helped them to emerge from their trauma.

The debriefing sessions helped them to talk about how they felt being in the *dramatized* family. The sense of family was transferred to the dramatherapy group they were in at that time, and the group was seen as a supportive system. It generated a sense of

having a social network with the norms of reciprocity and trustworthiness (Putnam, 2000:18-19).

These discussions helped them to sense that they are not alone anymore, and always there was someone to talk and play. As this work progressed, according to the priest, the children have stopped fighting, bedwetting, screaming and crying. The children were showing a very positive change in their lives. It was a sense of supportiveness from the peers that finally went into changing their life.

The dramatherapist implemented therapeutic measures through dramatic improvisation, role play, muppets, theatre games, puppets, storytelling, and clowning to support, especially the young ones, in order to get away from the fear psychosis they were undergoing. Laughter, hope, enjoyment, entertainment, encouragement, and feeling good about oneself was the basis of these drama therapeutic activities, to normalize the mental condition of the child.

It was group therapy that worked effectively, as the child felt more secure and comfortable, when he/she stays with the peers. The peers were a strong support network for these orphans, who struggled to overcome their hopelessness, isolation, and agony. It was my responsibility as the clinician to make sure the assessment and intervention tools used were “culturally competent” (Dana, 1996). This is to say that the culture of the individual was carefully considered in order to detect culture specific tools for the dramatherapy practice.

Vignette no. 2. I worked in Kalutara with a group of children aged 6 – 12 years, who were affected by Tsunami. The initial ‘check in’ made it possible to understand the issues faced by the 15 children in the group. There were a few, who did not talk much, as the gravity of the trauma was too much for them. The discussion revealed that some children were angry with the sea, some had a fear

for water, some were unhappy that their parents were in distress and despair, and some have lost courage to face the situation. I decided that storytelling would help the children in ‘over-distancing’ their experience. Making use of a story helps the children with comfort, encouragement, and inspiration (Bruner, 2002). Intentionally or not, a wide range of stories are adopted to serve the purpose of treating psychological trauma from time immemorial (Davis, 1999).

The story I selected was a Chinese folk tale called *The Little Horse*. The children showed a liking towards the animals in that story, as they were the metaphors to improve their imagination. As I observed, these metaphors helped the children to move away from any traumatic situation. Even those children who found it difficult, initially, to be with the group, made gradual improvements in adjusting themselves to engage in the process of storytelling. Perrow (2008) emphasised that the use of metaphor is a vital ingredient in therapeutic story making. Metaphors are an essential part of the story journey and help create an imaginative connection between the child and the therapist.

Through the story of *The Little Horse*, the children found the qualities of courage, intelligence, sense of caring, victory, adventure, and feeling proud of the success in winning set goals. It is interesting to note that some children took the role of the river. They imagined a calm and smoothly flowing river. This is in contrast to the rough Tide that attacked them. The children had the instinct of acting against their fear for water. The fear for water was visible in most of the children, and when they heard the sound of water, it was enough to make them panic. In order to build confidence and face the reality, the removal of fear by enacting the role of water was a necessity, and it was a strong cathartic move taken by the child. As one child stated, “*I feel relieved after this drama*”.

This freedom is the purging of negative emotions of fear, hopelessness, loneliness, despair, and isolation. According to Landy (1993: 26), when people take on and play out roles based in the events that make up their lives, they create new narratives about themselves through taking on a role, which provides an understanding and gives significance to their existence. In playing a role and telling a story the client in drama therapy enters the creative, fictional reality for the purpose of observing or reflecting upon the everyday reality (Landy, 1993: 99).

Finally, the creation of the drama was a wonderful cathartic process for the child. Once the enactment was over, debriefing became an important part of the therapy, when all children started discussing about what they felt. Debriefing is vital to know what the child felt of the character he/she portrayed, and what effect it had on the child. The discussion started just after a good applause to help the child to de-role. De-rolling helps the child to come back to real self, and make an understanding between the imaginary and the real worlds. The discussion helped the children to make their own statements of experience.

The following are some of the statements made by the children:

- *“I enjoyed playing the role of the mother. My mother is crying. She feels sad. I want to see mother smiling.”*
- *“I am angry with the sea. That is why I wanted to become the little horse. Little horse crossed the river without any fear.”*
- *“I forgot everything when playing.”*
- *“I wanted to be very courageous. So I selected to be the little horse”.*
- *“I want to help children in my age, so I wanted to be in the chorus and sing encouraging words”.*

- *“I am not angry with water even though that destroyed our house. I love water and I became the river joyfully flowing”.*

These statements show us that they were in an inner struggle to get rid of negativity, and they have the love to imagine, impersonate, and imitate, in the real time, as well as in imaginary time. The distancing process was vital in such action, to help the child to change the inner conditions.

The third phase of the therapy was to show the children that Tsunami is a natural phenomenon, and that man has to face the situation by taking necessary safety measures. It was an effort to make the children aware of the real conditions. Children learnt by discussion that compassion towards nature is an important aspect of human life. Children made the understanding that Tsunami is a cause of man's destruction of nature. Children came out with the idea that they should enact as trees and show that nature should be protected.

The roles of trees, bees, butterflies, deer, elephants, and fish were taken by the children, and they created a positive thought about protecting wild life. The whole enactment was for fifteen minutes, and the children discussed how they felt after the act. The children had notions of social responsibility that was amazingly articulated at the discussion. The therapist suggested Gandhi's idea of *‘Be the change that you wish to see in the world’*, which the children liked very much, and then they made the following suggestions:

- Should plant more coconut trees along the coastal belt.
- Should protect the coral reefs.
- Should save the natural forests.
- Should protect the sea mammals.

At the end, the children were more confident of their social involvement, and wanted to have an exhibition about protecting the natural environment.

The last phase of the therapy programme was to exhibit posters, make human sculpts, and portray scenes from nature. It was an awareness programme on man's responsibility in protecting nature.

This dramatherapy intervention showed that dealing with emotions, at a primary level, helps the child to identify with their intrapersonal skills. Such awareness supports the child in strengthening secure social relationships, and enhancing their support network. The last phase, which was the climax of the programme, was cathartic, emotionally, cognitively, and spiritually.

Vignette no. 3. A teacher in a rural village was obsessed with the idea that someone would enter her house to rob, and in the nights she would walk to the door, to check whether it is locked. The client had this obsession as a result of fear of losing her jewelry that her husband had bought for her. In order to approach this case, I made use of *Illisa Jathaka* (a story from a previous life of Buddha). As she was a Buddhist, it was safe to touch on a religion-related text, and also, to transfer her fears over to the characters in that text.

Illisa Jathaka was a story about a tremendously rich royal treasurer, who lived in a town called *Sakkara* near the city of *Rajagaha*. He had been so tight-fisted that he never gave away even the tiniest drop of oil you could pick up with a blade of grass. Worse than that, he wouldn't even use that minuscule amount for his own satisfaction. His vast wealth was actually of no use to him, to his family, or to the deserving people of the land.

First, the dramatherapist started to read the story to the client. As this Buddhist lady had a strong religious learning, she was quick in grasping the message. However, discussing about the story she said, "But how can one just give up so easily? Buddha told to do so, but..." This reluctance was visible in her. It took several sessions for her to change the pattern of her thoughts, and then her behavior.

The intervention employed role playing. The client took the role of the miserly royal treasurer. She compared her role with that of the protagonist in the story. She tried other roles, such as the wife of the miser, two children, a servant, and a neighbour. She listened to what they said. When empty chair and role reversal was utilized with this client, she took the role of the Buddha. She used Buddha's words from the text, arranged the lines, as if they were spoken by Buddha, and she did listen to the content of those words.

Deconstruction of ego is a necessary prerequisite for this undertaking. We come from a tradition that doesn't uncover or strengthen the ego; we train to be free of its grasp on us. It is undoubtedly a thoroughly subjective, inner, contextual study, and no one method binds it. The actual action or forms of practice are easily made and unmade.

The above cultural understanding turns dramatherapy into "one of the disciplines of contemplation by which peace [can be] established in the soul" (Wells, 1963, in Tarlekar 1975/1991, p. 53). The use of art forms for healing was entrenched in the view of the aesthetic as the vehicle for the psycho-spiritual. In fact, the capacity of art forms to engage and energize made them central in all endeavours; they are inseparable from the cultural design of Sri Lankan life. Their transformational potential was recognized and played out, like folk stories changing meanings and values, depending on the "context-sensitive designs that embed a seeming variety of modes and materials" (Ramanujan 1999, p. 42). The subjective, the individual, is at the centre of this process, woven within an overarching theme of journey to the other shore of existence.

Dramatherapy intervention was a process for spiritual purification, alleviating the client's fears. The client finally realized that she had to practice a different role, the role of a renunciator, giving away

all what she had. I, as the dramatherapist, portrayed many roles, receiving alms from her, and helping her to strengthen her thoughts on renunciation. I had to receive her gold, thank her for giving such valuable alms, and wish her good health in this present life and life after death. This role playing enabled the client to rehearse meaningful living. “It liberates me to think that I don’t own anything,” she said. She felt happy and contented. Giving alms is considered a great meritorious act that makes the person feel happy. In fact, she was concerned about her life after death, which is a vital religious notion in this Buddhist country.

My client progressed to the extent of empathizing with the protagonist (*Illisa*) in the Jathaka story. She saw how *Illisa* transformed, after listening to the Buddha. In the story, *Illisa* became diligent in charity and performed many good work. He even attained rebirth in heaven, which is the sole intention of my client, too.

Finally, in the therapy process, my client started to write her own story by giving completely a different set of characteristics to herself, where she would give all her wealth to the poor, and feel happy in helping somebody. She continued the process of writing stories and poems, until she completely got rid of her obsession, and made life easy. She became a very charitable person who would willingly help others and engage herself more in meditation, and social work. This study clearly shows that the change in my client’s behaviour was a result of her religious beliefs.

Vignette no. 4. Women in this traditional society, lack freedom, and are in a depressed state. As many women said, they have to get permission from their husbands, to go out with friends, or engage in their leisure time activities. Some said that they willingly gave up meeting friends, or engaging in leisure

activities, in order to care for the husband. After the marriage, women are in a cultural project of “making sense of the path one should take in the world” (Sharma, 2014).

Since the women are fully engaged willingly, or unwillingly, in household chores, as the culture in Sri Lanka expects a woman to care for her family, most women experience silent depression. Some women in Sri Lanka, as I have noted, express their depression, as physical pain. They express their distress as tiredness, inability to work, headaches or lower back pain. This is a somatisation of the psychological distress.

Today, some *modern* women in the country, especially, the upper middle class women, who enjoy senior executive level positions in the corporate sector, have thrust their way in creating their own freedom. However, most of the women are still restricted to the kitchen, and the world does not hear their screams, cries, protests, and murmurs. This culture defines a woman as one that has to care for her husband and children. She is adored as the cultural guarantor for the society’s continuity, but she lacks her freedom.

I worked with individual women, and groups of women, who experience depression, either in a mild or moderate level. When they came for therapy, I engaged them in auto-narratives, mono-drama, and role playing, which helped them in releasing their worries. These processes were aimed at facilitating the clients’ ability to tell personal stories, solve problems, set goals and gain insight into personal behaviours (Nebe, 2016).

The women used symbols, made spectrograms, and sculpted to give voice to their untold agony. The women used photographic images to build scripts about how they are treated at home. Some women used empty chair, and role reversal, to speak to their significant other, and to listen to the other, respectively.

There were those who spoke to a weird mask of their selection, treating the mask as the significant other. They screamed at the mask, vented out their anger, and some tore the mask, giving physical expression to their suffering. René Emunah concluded that drama therapy asks us to discover and incorporate undeveloped parts of ourselves, stretch our idea of who we are, and experience our intrinsic connection with others (1994: 302).

Some women listened to their narration, to understand their role as the mother, or wife, to keep the family moving. Such listening made them to identify with their responsibility within the family. They depended on the archetype of the Great Mother (Jung, 1959:9), as strength, to renew their life, and engage in household chores, which they commented as 'very enjoyable'. The data from auto-narratives presents the individual's "understanding and beliefs about the world" (Forrester, 2000:241).

In such instances, therapy turned into a mindfulness process, and as some women commented: "Washing clothes is like acting in a drama. When you enjoy the performance, you don't feel tired." Such improvised activities brought them a sense of happiness. One woman improvised cooking tasty food, and imagined her family enjoying the meals. It brought her happiness, and amazingly it became her dream to improve her situation.

Therapy sessions with women showed that marriage causes an identity crisis in them. Not knowing the role they need to play, within a complex traditional culture, drifts women into depression. Dramatherapy is a source in helping them to develop an identity, through narratives, role play, and archetypes.

Limitations

In this paper, I present only four vignettes, covering the aspects of trauma, obsession, and depression.

Also, I limit myself in explaining some of the cultural patterns of our people. In Sri Lanka, culture is a phenomenon that encompasses diverse practices, and this paper does not relate to that totality. This has implications to conduct further study on other resources available in the country, to make dramatherapy a fruitful practice.

CONCLUSION

Religious beliefs, rituals, and stories are potential remedial tools for a client, within the dramatherapy framework. These resources provide metaphors, symbols, and archetypes to make sense of the psychological and spiritual behaviour of a person, or a community. Culturally, these aspects assist in managing one's trauma, develop self-identity, maintain social interaction, and explore one's inner resources. Role play, storytelling, and dramatic improvisation as dramatherapy tools encompass the above cultural aspects, to engage the client actively in the recovery process. Culturally responsive dramatherapy practice empowers the client to experience an inner transformation within a creative, and a non-judgmental space. It helps the client to redefine his/her position by rehearsing new roles, and structuring novel situations. Within the dramatherapy framework, culture enables the client to construct new meaning to life, and expedites the healing.

REFERENCE

- Andermann, L. F. (2002). Cultural Aspects of Trauma. *CPA Bulletin*.
- Bandura, A. (1981). In search of pure uni-directional determinants. *Behavior Therapy*, 12, 30–40.
- Bruner, J. (2002). *Making stories: law, literature, life*. Cambridge, MA: Harvard University press.
- Dalal, A. (2011) 'Folk wisdom and traditional healing practices: Some lessons for modern psychotherapies', in Cornelisson, M., Misra G. and Verma, S. (eds), *Foundations of Indian Psychology: Practical applications* (vol. 2), pp. 21–35. New Delhi: Pearson.
- Dana, R. H. (1996). Culturally competent assessment practice in the United States. *Journal of Personality Assessment*, 66(3), 472–487.
- Davis, N. (1999). *Once upon a Time: Therapeutic Stories to Heal Abused Children*. Psychological Associates.
- Dissanayaka, J.B., (1998). *Understanding the Sinhalese*. Maradana: S. Godage & Brothers.
- Dutton, M. A. (1998). Cultural Issues in Trauma Treatment. *Centering-Newsletter of the Centre: Posttraumatic Stress Disorders Programme*, Vol.3 No. 2.
- Emunah, R. (1994). *Acting for Real*. New York: Brunner/Mazel.
- Forrester, A. M. (2000). Role-Playing and Dramatic Improvisation as an Assessment Tool. *The Arts in Psychotherapy*, Vol. 27, No. 4, pp. 235–243.
- Graham, H. (1993) *The Magic Shop*, Samuel Weiser, York Beach, Maine, USA.
- Jung, C.G. (1959). *Four Archetypes, Mother/Rebirth/Spirit/Trickster*, Bollingen Series, Princeton University Press.
- Kariyawasam, T. (1986). *Bali Yaga Piliwela* (Order of the Bali ritual). Colombo: Samayawardana Press.
- Landy, R. (1993). *Persona and performance—The meaning of role in drama, therapy and everyday life*. New York: Guilford
- Landy, R.J. (1986). *Drama therapy: Concepts and practices*. Charles C. Thomas Publisher.
- Landy, R. J. (1983). The Use of Distancing in Dramatherapy. *The Arts in Psychotherapy*, 10(3):175-185.
- Liyanage, S. (1996). *Jana Vidya Sabdhakoshaya* (Taxonomy of folk-science). Colombo 10: Godage & Sons.
- Milner, P. & Kelly, B. (2009). Community participation and inclusion: People with disabilities defining their place. *Disability & Society*, 24(1), 47–62.
- Nebe, W. (2016). Redefinition, restoration, resilience. *Routledge International Handbook of Dramatherapy*. Routledge.
- Obeyesekere, G. (1969). 'The Sanni Demons: Collective Representations of Disease in Ceylon', *Comparative Studies in History and Society* II:2 (April 1969): 174-216.
- Pendzik, S. (2006). On dramatic reality and its therapeutic function in drama therapy. *Arts in Psychotherapy*, 33, 271-280.
- Perrow, S. (2008). *Healing Stories for Challenging Behaviour*. Hawthorn Press
- Putnam, R. D. (2000). *Bowling alone: the collapse and revival of American Community*. New York, Simon & Schuster.
- Ranasinha, R. (2013). *Dramatherapy in Sri Lanka*. Author publication.
- Ryan, B., Scapens, R. W., Theobald, M. (2002). *Research Method & Methodology in Finance & Accounting*, 2nd edition, Thomson, London, UK.
- Roy, J. (2009). *Clowning Within Drama Therapy Group Sessions: A Case Study of a Unique Recovery Journey in a Psychiatric Hospital*. (Master's Thesis, Concordia University, Canada.)
- Ramanujan, A. (1999) 'Is there an Indian way of thinking? An informal essay', in Dharwadker, V. (ed.), *The Collected Essays of A. K. Ramanujan*, pp. 34–52. New Delhi: Oxford University Press.
- Sarachchandra, E. (1966). *The Folk Drama of Ceylon*. Department of Cultural Affairs, Government press, Colombo.
- Schön, D (1983). *The reflective practitioner: how professionals think in action*. New York: Basic Books.
- Seligman, R., Choudhury, S., & Kirmayer, L. J. (2016). Locating culture in the brain and in the world: From social categories to the ecology of mind. In J. Chiao, S.-C. Li, R. Seligman, & R. Turner (Eds.), *The Oxford Handbook of Cultural Neuroscience* (pp. 3–20). Oxford, UK: Oxford University Press.
- Sharma, S. (2014). Self, Identity, & Culture. In S. Menon et al. (eds.), *Interdisciplinary Perspectives on Consciousness and the Self*, DOI 10.1007/978-81-322-1587-5__10,
- Sremac, S. & Ganzevoort, R. R. (2018). Trauma and lived religion: Embodiment and emplotment. In *Trauma and Lived Religion: Transcending the Ordinary*. Eds. Ganzevoort, R.R & Sremac, S (Palgrave Macmillan), 1-11.
- Tarlekar, G. (1975/1991). *Studies in the Nāṭya Śāstra*. Delhi: Motilal Banarsidass.
- Tesch, R. (1990). *Qualitative Research: Analysis Types and Software Tools*. The Falmer Press, London, UK.
- Walter, T. (2010). Grief and culture: a checklist. *Bereavement Care*, 29 (2). pp. 5-9.
- Wickramasinghe, Martin, 1981, Buddhism and Culture, pg. 15.