

# DRAMATHERAPY IN SRI LANKA



Ravindra Ranasinha

Dramatherapy  
in  
Sri Lanka



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in  
Sri Lanka

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## DEDICATION

o my father and mother,  
Who discarded imagined boundaries,  
Opened the path for me,  
To tread towards theatre, And  
Return as a HEALER.



## FOREWORD

Children are natural dramatherapists. They intuitively know it is time to play when they feel disturbed. They act out what disturbs them. Toys become symbolic representations to sort out what happened, to manipulate outcome and meaning until it feels better. Trauma is resolved by smashing block towers, beating a tree with a badminton racket, and beheading Barbie dolls. A story emerges, once the child is gripped by. Fascination inspires exploration and new understanding.

Long ago, when my parents would have an argument, my younger brother would stage a one-actor gun battle, which I, the eldest sister, watched from the kitchen window. He took a very well-grounded stance, raised and aimed an invisible gun, and shot his invisible target. Running to the location of his target, he took a stance of the wounded one, clutching his chest, throwing back his head, and collapsing upon the grass. Just before the final death throes, he lifted an imaginary rifle and returned fire, before dying. Immediately, he leapt up and ran to his original position, just in time to receive the bullet that killed him there also.

I, of course, in the arrogance of elder sisterhood, assumed my brother was completely crazy. Later I came to reflect on how he resolved the eternity of parental disputes by terminating both sides. These deaths gave him control over a situation that was frightening and otherwise uncontrollable by a young boy in an authoritarian household. He removed the reason for fear. Everyone lay dead.

Somewhere along the developmental trajectory, play becomes ritualised. Subject to rules and parameters, the child plays with far less spontaneity and interpretive flexibility. If the older child feels disturbed, and pushes the boundary of these rules and parameters, accusations of unfairness and labels of 'cheater' are the humiliating consequence. In the interest of social peace and approval, the child learns to follow rules, stay within consensual parameters, and eventually forgets how to play. In doing so, the child sacrifices intuitive recovery resources.

The maturing individual finds self-protection in sophisticated defence mechanisms, upon which is built a particular edifice of neurosis. The adult pretends to play, of course, but the play is actually work. It requires special costumes, expensive equipment, increasingly rigid rules. The adult works toward mastery in golf, yoga, sex, cycling, swimming, paint-ball, weight-lifting, cricket, and aerobics. Performance and costume are critiqued, and equipment is constantly upgraded. Rules must not be broken. Play is rigidified. Spontaneity is trained out of us, and there is no place for symbolic resolution.

Neurosis grows and disturbs us and others with whom we interact. When it becomes unbearable, counselling or therapy is eventually included in the weekly schedule. The Psychoanalyst considers our dreams, a playground of symbolic representation we had carelessly not thought to curtail. The Hypnotherapist entices the conscious mind to step aside for a moment, while the imagination is once again activated as a playground for the exploration and active manipulation of symbolic material. The Cognitive Behaviourist gets us to examine the assumptions and rules that have rigidified our behaviour and supported our distortions, to free ourselves to play with fewer irrational restraints.

Psychology offers a way back to access the intuitive dramatherapist caged inside the child's self. In that sense, dramatherapy is the core tool of any healthy individual who effectively escapes trauma loops and distortion. It is a natural heritage.

Sri Lanka is a tropical island paradise, where trauma and distortions are ubiquitous, stemming from a long history of successive colonisation, war, and natural disasters. Everyone has sustained damage, some more than others, but all significantly so. Yet, collectivist notions of social duty and the necessity for personal constraint place a tremendous burden on the developing individual. Play becomes ritualised at a tender age. Spontaneity is banished from home and classroom, occupation and sport. The key to recovery is choked to death.

Counselling is unusually directive, legitimising personal constraint. Therapy is alien. Psychiatrists prescribe profoundly constraining medications for patients, often on the basis of an uncle's telephone call or a mother's appeal, too often without seeing the patient at all! The youth suicide rate distinguishes paradise; self-harm is widespread; and adults drink pesticide to escape even small indignities.

The absence of freedom to play is keenly felt. Dramatherapy is urgently needed. The need is not limited to this tiny island, but extends around the planet. Globalisation is felt most acutely in neo-colonialist societies, but has resulted in serious distortions worldwide. Trauma and disaster is everywhere, and self-expression takes a backseat to modern definitions of maturity and political correctness, business rituals and marketing agenda. The required performance is centred around commercial development, and not focused on personal development.

Psychology offers an array of tools to support sagging coping mechanisms, but the tools of dramatherapy represent the full restoration of play to the recovery process. Invoking the allied spirits of art, music, movement, role-play, mask-identification, symbolic prop manipulation, and ancient, stories of archetypes, with which we are hard-wired, dramatherapy offers opportunity for speaking what otherwise cannot be spoken, examining an event or memory from multiple angles, playing with symbols, adjusting one's perspective of context, and re-scripting for recovery. With dramatherapy, one can safely

manipulate distance, protecting what must be protected, while advancing toward resolution.

Dramatherapy is brief therapy. It condenses potential years of therapeutic self-reflection into moments of sequential clarity. It works with ancestral memory, past lifetime memory, and repressed memory as effectively as it processes the trauma of a single event or a cluster of sensory and emotional memory. Like a child's natural inclination to play, dramatherapy is a key resource for recovery.

In Sri Lanka, many people hesitate to see a psychologist or psychiatrist, for fear of social stigma that may limit options for future success. Dramatherapy is a more natural and palatable psychotherapeutic approach, drawing upon early childhood proclivities for symbolic play and less constrained self expression. It restores the tools of recovery to everyone. It finds appreciation in Sri Lanka, where it has correspondence with ancient healing traditions and performance rituals. It is increasingly appreciated in the West, where expressive therapies are fast gaining in popularity and use among psychotherapists, graduate programmes, and clients who seek less distortion, increasing clarity, and a stronger sense of personal freedom.

Ravi's book opens up the promise of freedom, self expression, symbolic re-scripting, new assumptions and perspective, thus recovery for the people of Sri Lanka. It restores play to its rightful place in the psychotherapeutic repertoire. It is less threatening, being based in something familiar. It positions itself in a Sri Lankan Asian context. As a gift to the world, Ravi's book carefully and artfully constructs the socio-historical, philosophical, and psychological scholarly context which inspires dramatherapy, broadening its methodology beyond theatrical and artistic parameters.

He grounds it in Psychoanalytic tradition by detailing the aetiology of neurosis and the power of symbolic representation. He grounds it in Social Psychology's tradition of Role Theory and Symbolic Interactionism by showing how self-as-object, in social performance, is reconstructed. He grounds it in Humanistic tradition by demonstrating, through case studies, the powerful internal compass that intuitively guides development and natural recovery from distortion, particularly with an audience of a therapeutically responsible other, who will hold in high esteem the individual, throughout the process. He grounds it in Cognitive Behavioural tradition by demonstrating how self-expression with self controlled distancing can lead to the re-scripting of underlying assumptions and context interpretation, resulting in new behaviour. Dramatherapy is grounded in Existential Therapy because it addresses the inevitable despair that results from the neuroses inflicted by cultural parameters, development, and life experience, especially traumatic confrontations with the reality and ultimate, apparent meaninglessness of our own existence and mortality.

Dramatherapy is also Transpersonal Psychology, in that it addresses spiritual wounding and distortions of the soul. Recovery involves self-realization, the activation of *moksha* (in Hindu Psychology). Dramatherapy is Buddhist Psychology in that it relieves suffering by examining and redefining attachments to assumptions, expectations, illusory contextual meaning, and distorting obstructions that block or slow development. Dramatherapy is holistic, interdisciplinary, and eclectic.

This is a book on both theory and practice. It is a book of science and spirituality. It is a book that unites psychology with philosophy, theatre and psychotherapy, treatment ethics and art, body with psyche, once again as in ancient times. It does this meticulously, making thorough use of scientific, philosophical, theatrical, and spiritual literature. This book is an inspired symphony of human understanding and hope, a light in the darkness of trauma and neurotic distortion.

As a cross-cultural psychologist and professor, I stand in admiration of this pivotal and integrative work. As a trauma survivor, I can confirm the context and thesis of this book absolutely. As a psychotherapist, I am grateful and inspired. As a photographer, poet, musician, and quilt-maker, I applaud the power of self expression. As an experienced parent, I witness and embrace the miracle of play, daily.

There are other books on dramatherapy (albeit not in this country), but this is the magnificent contribution from Sri Lanka. In my well-educated and cross-culturally fluent opinion, this is not merely *a* book on dramatherapy, but it is *the* book on dramatherapy. It is a scholarly treasure, a Lankan gemstone of clarity and vibrant light.

—Janet LeValley  
Colombo, Sri Lanka  
May 2013

## PREFACE

*'The year you were born marks only your entry into the world.  
Other years where you prove your worth, they are the ones worth celebrating.'*

—Jarod Kintz

Dramatherapy is still in its infancy, in the Sri Lankan context. The tsunami and the civil conflict that engulfed the island made it to emerge, and now has gained momentum as a valid expressive art therapy. I am of the view that this book on the subject will add invaluable to its theoretical and practical growth in the island.

My theatre study, as given in chapters 1 & 2, was the window that gave me a view to the therapy on stage.

In 1980's, Marxist and post-modern forums in Colombo influenced young artists to identify and work against all types of repressive structures. The very first novel I adapted to the Sinhala stage, Ken Kesey's *One Flew over the Cuckoo's Nest* (1987), and the subsequent work in theatre as politics for the past twenty-five years were a result of such influence.

Further study showed me that within the power structure lies the key to undo the fetters. Redemption is possible only if the dramaturge strives to identify this vital source to cure. This mysterious element is popularly found in fairy tales, which enables the characters to live happily ever after. In the East, Rama's rescue mission was accomplished on the revelation of this key by Vibheeshana to overpower Ravana. Similarly, every individual has the strength to challenge the already established frames/structures; the key to adjust the weak areas, especially the thoughts. Such adjustment will re-locate and re-position the individual to achieve the ultimate therapeutic goal. The process in achieving goals and related benefits are given in Chapter 3.

During the peace accord period in Sri Lanka (2002), on invitation, I visited Trincomalee to apply dramatherapy for children under severe trauma. That was my initial attempt to practice dramatherapy in the local scene. Uncertainties prevailed, as I was locked in my learning. I had to unlearn in many cases to accommodate concepts and beliefs found among the Tamils. New approaches were sought to fit their cultural conditions. Since then I have been travelling round the country for dramatherapy sessions and workshops, basically learning from people, to make the therapeutic practice more feasible and culturally acceptable. Chapter 4 is a result of this understanding I made of the cultural being in this land.

Further, I learnt that in most cases clinical descriptions go against the expectations of people. They brand them, cause negativity, and jeopardize all respect for the human being. My humanist approach goes beyond DSM IV listings to make the individual validate as a respectable being. (refer Chapter 5).

Humanist approach aims at seeing man with love and compassion, professed by our age old religions. Unfortunately our modern knowledge systems have compelled us to be ignorant of same. Compassion is the first magnet in promoting inclusion—a desire for justice and tolerance of difference. This is a call for responsibility and ethics.

Chapters 6, 7 & 8 will guide the therapist through a number of therapeutic interventions and tools to make use of in his practice.

Let me now take space to say thank you to all those children and adults who shared their experiences with me, challenging the power structures to re-position themselves. It is no exaggeration to say that they gave me new perspectives to life.

I thank Dr. Janet LeValley, former academic dean of the Colombo Institute of Research and Psychology, for encouraging me to finish this book. She is an expert on cross cultural psychology, under whose supervision this book comes out. Her mentoring and guidance brought the content of the book to be in this fine quality. Her immense knowledge in East-West psychology and psychotherapy needs admiration. Undeniably, her foreword has enhanced the strength of this book.

This special thank you is to Ms. Niloufer Pieris and to the Nelung Dance Academy for the invaluable collaboration made to have this book published. Niloufer's collaboration in my theatre work during the recent past has been a great encouragement. I appreciate her support towards gifted Sri Lankan talent in all the Arts. Her vision statement 'Success comes by grasping at it, and not by just waiting for it' (Pramahansa Yogananda) makes us to think seriously in fulfilling the purpose of our life.

I am deeply indebted to Prof. Sally Bailey (MFA, MSW, RDT/BCT), Director, Drama Therapy Programme & Graduate Studies in Theatre, Kansas State University, United States, who permitted me to make use of all her priceless writings on dramatherapy. Her remarkable knowledge on the subject has helped me incalculably, not only in the writing of this book, but also in my dramatherapy practice. Whether quoted or unquoted, her influence is immeasurably felt in writing this book.

My special thanks should go to Ms. Liana Lowenstein, MSW, RSW, CPT-S, from Toronto, Canada, who is an internationally acclaimed child and play therapist for permitting me to have her material on Therapeutic Interventions to be included in this book.

Also my special thanks go to Dr. John Casson, dramatherapist and psychodrama psychotherapist from the UK for granting permission to publish his note on Sculpting which is a result of his untiring research work.

The poem 'Chasing His Ego' was published with the kind permission of Mrs. Erika Dias. Erika and her husband, Prof. Hiran Dias, are my good friends. They extended their support from the time I started writing this book. I adore them so much for they are kind and compassionate beings, whose hearts are always to make the humanity happy.

Ms. Malathi Fernando helped me in this research, looking for the right books for reference. Her personal effort needs a big thank you.

My eldest son Theekshana provided this book with a meaningful cover page. His creative energy is highly appreciated.

My thanks also to Ven. S. Upatissa for typesetting and layout, and for his occasional editorial comments. Without his help and advice this book might never have been completed.

I render my deepest gratitude to all those authors, mentioned or otherwise, whose researches and writings have invaluable helped me to develop this text. I appreciate them for they have written before me, and if not for their great work, mine would be just zero. History is the base and I strongly believe so. You have been pillars to raise my thoughts to a level unpredictable. Let me take my bow quoting Confucius: 'I have finally finished my greatest work and I am proud to say that not a single idea in it is mine.'

I owe special thanks to my Nagalingam friends whose continuous support and encouragement made my effort a reality.

My family needs special mention here, as they tolerated my silence for many months and also gave me the time and space I needed to complete this book. Without their appreciation of my work, this writing would have been a mere dream. THANK YOU!

Finally, it is my opinion that this book will see its value in the hands of those involved in Expressive Therapies, Dramatists, Parents, Counsellors, Educationists, Psychotherapists and Psychiatrists.

—Ravindra Ranasinha  
Moratuwa, Sri Lanka  
May 2013



## INTRODUCTION

*'An artist has got to have some liking for human beings.'*

—Bertolt Brecht

The term 'Dramatherapy' may seem new to Sri Lankans, but it has been in practice from the time tsunami hit the island and throughout the thirty-year period of civil strife. It was applied in this country with lots of fun and entertainment by the foreign experts to relieve the traumatized. Dramatherapy thus found space, to have its strength experienced by those who underwent severe psychological turmoil. Even though the immediacy for therapeutic activity was felt at the crisis situation, and the trauma being addressed, consistency in the application could not be maintained as the foreign aide workers had to return to their lands after a short while.

Consequently, medical practitioners in the North and South who were working with tsunami and war victims, took dramatherapy as a clinical practice. Although they attempted to make it an alternative to the existing practices, they found it challenging, and that led to its discontinuation. The obvious reasons are their lack of expertise in drama and/or failure to see harmony between medical practice and dramatherapy.

The dramatherapist needs to be familiar with the existing theatre in Sri Lanka to make his practice effective. In general, laughter dominates our theatre. The village ritualistic performances have the intrinsic quality of making the whole community laugh. The masks and puns that grip the rituals cause laughter to ease the villager of his mental distress. Similarly, the modern formal theatre makes human folly and weaknesses targets of laughter. It accomplishes its therapeutic tasks by making the spectator to laugh at his own flaws. The spectator finds it relaxing to see drama purifying him while being part of an audience. This strong bond between man and drama has functioned as a healing force throughout the history of Sri Lanka.

Today, drama has become part of school education. Its strengths are recognized and accepted to assist children in many ways. To make learning a productive process, I have found drama to be a strong tool in the classroom. Children love to listen to stories, act out and dialogue, which keeps them engaged in the lesson. Any lesson could be made interesting and lively utilising

drama, if the teacher has the capacity to do so. It is a good teacher's quality to make the lesson interesting, and to keep the classroom fully occupied, to create lasting memories in child's mind.

Serious drama in Sri Lanka, too, has played the role in taking up significant discussions. It has made the spectator sensitive towards social, political, and cultural issues, effecting changes intellectually and emotionally. This potency of Sinhala and Tamil theatres is a force that creates social discourse targeting change of conditions. The political implications, especially in theatre, always make people think alternatively, and supports their decision making process. Apart from the proscenium arch theatre, street theatre and forum theatre practices, too, have contributed immensely to this participatory role of the spectator. In this manner, theatre in Sri Lanka engages in a therapeutic programme, bringing people together to confront issues and discourse for resolutions.

The term 'drama' is derived from the Greek word *dran*<sup>1</sup> (to act). The 'action' is to make the spectator see what happens in life. According to the *Natya-shastra*,<sup>2</sup> drama is the imitation or representation of the conditions or situations (*avasthanukrti*) in which the personages who form the subject of treatment are placed from time to time, by means of gesture, speech, costume, and expression. One version of the definition adds, that the situations must be such as to produce pleasure or pain, in other words, they must be tinged with emotion.<sup>3</sup> Hence, the prime purpose of drama is to address the emotions of the individual.

Imagine you are in the theatre watching *Othello*. Right before you, Othello the Moor goes into a passionate outburst as a result of the death of his innocent wife at his hands. Stricken with remorse and anguish, he cries out:

Whip me, ye devils, from the possessions of this heavenly sight! Blow me about in winds! Roast me in Sulphur! Wash me in steep down gulfs of liquid fire! O Desdemon! Dead, Desdemon, dead! O! O! O!<sup>4</sup>

These anguished words, which come forth from an agonised soul in the aftermath of a misguided deed that cannot be redeemed, plunge into your mind and wring your heart. This, Bharatha refers to in his *Rasa-Sutra*, as *rasa nispathi*. It is

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1. Kennedy, X.J.(1983) p. 812.

2. Written during the period 300 B.C. by Bharathamuni and later developed in the hands of other Sanskrit dramatists, is considered to be a detailed account on Sanskrit dramatic arts.

3. Keith, B. A. (1992) p. 296.

4. Shakespeare, *Othello*, Act V. Scene II. pp. 280–285.

the realization of the emotion conveyed by the artist, in the minds of the readers.

Take away these instinctive dispositions with their powerful impulses, and the organism would become incapable of activity of any kind. It would lie inert and motionless like a wonderful clockwork, whose main spring had been removed, or a steam engine whose fires have gone out. These emotional impulses are the mental forces that maintain and shape all the life of individuals and societies. In them, we are confronted with the central mystery of life and mind and will.<sup>1</sup>

For an art to reach its culmination, which takes place in the mind of the *sahrdaya*,<sup>2</sup> the heart and mind of the sahrdaya should stay attuned to the innate feelings and emotions represented in the work of art, by the artist. A sahrdaya, who possesses a latent Vasana,<sup>3</sup> is only capable of taking in the basic emotions represented in the work of art. It is this Vasana which binds the listener to the artist, whether in the field of drama, music or painting. Thus, I conclude that for art to reach its final emotions, it should coincide with the Vasanas of the spectators.

This bond between the creation and the individual, as discussed in Sanskrit dramatic art, is the *shuddering experience* seen also by Aristotle, which finally builds wisdom in the minds of the spectator, allowing them to discard unpleasant thoughts, actions, and experiences, for their well-being.

In his *Poetics* Aristotle says the function of tragedy is to induce catharsis—a release of deep feelings (specifically pity and fear)—to purge the senses and the souls of the spectators.<sup>4</sup> Cathartic feelings are experienced empathically by the characters in the play. They share that theatrical/cathartic experience with the audience, magnifying the release of such feelings and allowing for an adjustment in the community's attitude as a whole. According to Aristotle, drama's purpose is not primarily for education or entertainment, but to release harmful emotions which eventually lead to harmony and healing in the community.<sup>5</sup>

Humans seek and enjoy dramatic activities that help them to symbolically relive their own painful emotional experiences, and thereby achieve relief or

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1. Mc Dougall, W. (1928) p. 38.

2. One of the same heart: a responsive spectator

3. *Vasanas* are the conglomerate results of subconscious impressions (*samskaras*) created through experience. Samskaras, experiential impressions, combine in the subconscious to form vasanas, which thereafter contribute to mental fluctuations.

4. Aristotle (1996) P.10

5. Boal (2000).

resolution. Further, crying about Romeo and Juliet is nothing more than reawakening feelings of loss in the viewers' lives and reliving unfinished personal experiences. Hence, drama provides safe 'distancing'<sup>1</sup> from people's own experience. When personal distress is reawakened in a socially appropriate environment, such as theatre, emotional experiences are not too overwhelming, because people are under the impression that they cry on seeing the fate of the character in the play, but not of theirs. This indicates that drama becomes a strong therapeutic tool in helping the individual to distance the issue at hand and view it in a metaphoric way.

While speaking on psychodrama,<sup>2</sup> Moreno states, 'the acid test of whether a dramatic work is therapeutic or not depends upon whether or not it is capable of producing catharsis in special types of audiences, or whether it is capable of warming up each member of the audience to a better understanding of himself, or a better integration of the culture in which he holds membership'.<sup>3</sup> Further, with regard to the actor's emotional purgation by way of recreating past experiences is explained thus:

In playing yourself, you see yourself in your own mirror on the stage, exposed as you are to the entire audience. It is this mirror of you which provokes the deepest laughter in others and in yourself, because you see your own world of past sufferings dissolved into imaginary events. 'To be' is suddenly not painful and sharp, but comical and amusing. All your sorrows of the past, outbursts of anger, your desires, your joys, your ecstasies, your victories, your triumphs, have become *emptied* of sorrow, anger, desire, joy, ecstasy, victory, triumph, that is, emptied of all *raison d'être*. You can say to yourself now: Was I ever that fellow?<sup>4</sup>

Bertolt Brecht, the great twentieth century German playwright and director, considered catharsis as a tool for a greater social change. Brecht used absence of consistent action to provoke a feeling of emptiness, build tension, and lead the audience to catharsis, which would make the audience undertake social and political action in order to escape from that feeling of emotional emptiness inside.<sup>5</sup>

Similarly, modern forms of mass entertainment can trigger enormous cathartic experiences. For example, movies such as *Passion of the Christ* directed

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1. See also "Tools For Distancing" on page 144.

2. See also "Psychodrama" on page 134.

3. Moreno, J.L. (1946) p. 385.

4. *ibid.* p. 24.

5. Szczeklik, A. (2005).

by Mel Gibson, attracted greater audiences and became the socially acceptable way for collective crying. Another example is horror movies, which evoke intense emotions of fear. Collective forms of emotional re-experiencing and discharge in social, cultural, spiritual, or athletic events are highly popular, attracting large audiences, providing relief, and increasing group cohesiveness and solidarity.

The therapeutic effort of theatre reached its peak with the scientific and psychological experiments conducted by Constantin Stanislavski (1863–1938), the Russian theatre director. He did not directly work on the actor's catharsis, but used psychological tools to make the actor's portrayal of the character more real. It should be noted that the dramatic process was not an object of scientific study at the beginning of the 20<sup>th</sup> century. Psychology was then still in its infancy; therefore, Stanislavski had to rely on the analysis of his own day-to-day activity. He sought corroboration of his findings, where possible, in whatever relevant scientific studies that were available at the time. He would then attempt to draw general conclusions. He adopted two strategies: first, close observation of himself, his colleagues, and major foreign and Russian artists in rehearsal and performance; second, study of contemporary psychology.

His findings suggested that acting was no longer *imitation*<sup>1</sup> but a process. It was no longer a question of purely external control, of technique, of skilfully reproducing a facsimile of experience; but rather creating and conveying an inner life, a sense of *being*, fresh each time. For him, drama was nothing but *making the imaginary world real* on stage. Towards this goal, with his limited knowledge on psychology, he utilised the tool of 'emotional memory' which is re-lived on stage by the actor, even though such memory does not correspond with the incident on stage. This *re-living* did not provide a therapeutic language for Stanislavski but a technique to build a make-believe world on stage.

However, with the later developments made by Stanislavski in his actor training, we could derive an impartial understanding of how his *'Magic IF'* theory could be extracted and utilised as a strong empathic tool to support the dramatherapist. Recent scientific research has further strengthened Stanislavski's relationship to dramatherapy and experts in the field of psychology have made use of such knowledge in their healing programmes. This bond between drama and therapy has helped to assist the client to feel safe in his voyage to perceive the *reality*. Therefore, undeniably, Stanislavski has not only made a substantial contribution towards a psychological base for actor training but also for dramatherapy, which is to be treated as a progression in the field of psychology.

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1. Aristotle considered acting as imitation.

Throughout the history of Sri Lanka, ritualistic practices have been programmes of purification discharging of everything harmful from one's mind and heart to make the individual normal or 'pure'. The rituals imply that man has the tendency to engage in prohibited actions or sins and until now, such programme has the functionality of helping the man to return to his previous status—the status before the violation of generally accepted rules and norms. According to Renée Emunah,<sup>1</sup> director of the dramatherapy programme at the California Institute of Integral Studies, 'the merger between art and healing dates back at least 20,000 years to the dramatic healing rituals of shamanistic cultures.' Ritualistic civilisations dating back to ancient times utilised shamans as conduits to bring messages of healing back from the spirit world. Such messages were often expressed through dance, music, chanting, and theatrical performance.<sup>2</sup>

In Sri Lanka, Buddhists, Hindus, Christians, and Muslims have their rituals building a strong plurality in the Sri Lankan cultural life and are sometimes seen getting merged to fortify the healing process. Such diverse practices help the man to undergo purification with the help of water, blood, fire, change of clothes and sacrifice. These rituals are mostly conducted to heal the person from the devastating effect of guilt, shame, and fear.

Further, the rituals help people process collective stresses such as death, separation, or major life changing events—rites of passage, weddings, etc. In these ceremonies of mourning, funeral rites, and curing rituals, we find the inclusion of cathartic activities, such as crying, weeping, drumming, or ecstatic dance.<sup>3</sup> This kind of catharsis, for Sigmund Freud's mentor Josef Breuer, meant cleansing and the psychoanalytic community embraced this as '*reliving emotional trauma to relieve emotional suffering.*'<sup>4</sup>

It was Gautama Buddha, 2600 years ago, who proclaimed that '*thought is the basis of all emotions*<sup>5</sup> 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.*' The Buddhist teaching has strongly and consistently been supporting the local communities in Sri Lanka to understand this truth to ensure the mental and physical well being of the person.

For an effective practice of dramatherapy, the culture traits and complexes need sincere attention. Culture is the total material, mental, and spiritual life of

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1. Emunah, R. (1997) pp. 108-134.

2. Landy, R. J. (2010) p. 9.

3. Szczeklik, A. (2005).

4. Barlow & Durand (2009) p. 157.

5. Wickramasinghe, Martin (1981) p. 15.

a community. All implements people use-beliefs, traditions and values found in religion, language, ceremonies, rites, superstitions, arts and crafts-are to create their ways of life. They invariably support the therapist to plan and structure his sessions with much flexibility and confidence.

Finally, therapy is not new to the Sri Lankan minds, since the teachings of Buddhism have conditioned the people to identify conflicts, resolve mindfully and attain peace. The mentally disturbed would be always supported by the subconscious to find paths towards normalcy, a positive aspect of the Sri Lankan.

## 2

### MAKING SENSE OF DRAMATHERAPY

*'All this talk about the Method, the Method! WHAT method?  
I thought each of us had our OWN method!'*

—Lawrence Olivier

The Sinhala theatre came to experience acting as a scientific and a psychological process with the introduction of the Stanislavskian 'Method'<sup>1</sup> by Solomon Fonseka<sup>2</sup> in late 1970s. In psychological terms, Fonseka's approach was the early Stanislavskian experiment on *emotional memory*. In his actor training programme, Fonseka put more emphasis on *re-living the past memories* and the *emotional enactment* of such experiences. This was an effort to transform the *real* into the *dramatic*. In other words, the actor needs to delve deep into the past memories that would correspond with the experience of the character on stage and become *one* with it—a trance state under which character portrayal was to be executed.

The achievement of the above objective was incomprehensible for the student, as he envisaged difficulty in bridging the gap between his experience and that of the character, as the actor is not the character. There was apparent dissonance between actor's emotional experiences and that of the character's. Since they lacked necessary skills to have a control over their own feelings and alter them when portraying a character, they only engaged in 'surface acting', or only changed their actions.

Hence, during Fonseka's actor training programmes, students showed emotional fatigue as they created a dissonance between their actions and their actual feelings. This caused negative moods and brought increased emotional exhaustion. Such negative mood led to fear, anxiety, feelings of shame, and sleep deprivation. These harmful psychological effects arose as a result of student becoming disturbed by or trapped in his own unpleasant emotions and memories. Therefore, to demand one to re-live his emotional memories can be a self-destructive process as it can drive him further into despair over his life experience. It clearly destroys the person's individuality and his personality,

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1. Method is not a term used by Stanislavski, but was coined by Lee Strasberg in the U.S. to make use of the techniques Stanislavski experimented in the USSR.

2. Dr. Solomon Fonseka received his theatre education from Charles University, Prague, Czechoslovakia.

which is, of course, a process that Stanislavski himself experimented initially but abandoned and opposed later with his studies on The System.<sup>1</sup>

In his initial experiments Stanislavski recognised the unconscious nature of the creative moment that the actor would take up to be someone else on stage. Stanislavski had no psychological understanding, as at that time psychology was still in its infancy. The only literature available was what he had read by Ribot,<sup>2</sup> from whom he extracted the theories of sense memory and emotional recall. Freud and Ivan Pavlov also inspired him. Freud's theories resonated with Stanislavski as he attempted to develop intuitive actors, open to the dynamics of the unconscious. Stanislavski believed that an actor's job was to behave on stage as if the dramatic moment was real. The reality of the moment was expressed emotionally, linking the past of the actor to the present of the character.<sup>3</sup>



**Stanislavski as Othello (1896)<sup>4</sup>**

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1. Stanislavski (1924) pp. 29-30, 33, 59.

2. e.g., *Problemes de Psychologie Affective* and *Essai sur le Passions*.

3. Landy (2008) p. 102

4. Photo credit: [http://en.wikipedia.org/wiki/File:Stanislavski\\_as\\_Othello\\_1896.jpg](http://en.wikipedia.org/wiki/File:Stanislavski_as_Othello_1896.jpg). Retrieved 21 April 2013.

In Ribot, Stanislavski found the key to unlock the actor's unconscious. Ribot expounds that the nervous system bears the traces of all previous experiences. They are recorded in the mind, although not always available. An immediate stimulus—a touch, a sound, a smell—can trigger the memory. It is possible to recreate past events and relive past emotions vividly. In addition, similar experiences also tend to merge. The memory of a particular incident can evoke memories of similar incidents and similar feelings. Experiences of love, hate, envy, or fear come together and are distilled, so that an individual can experience an overwhelming emotion apparently unrelated to any particular event in life.

This non-relatedness of one's emotional experience to the situation in the drama often seems to disrupt the actor's psyche. Hence, the previous emotional experiences, be they joyful or traumatic, occur as spontaneous outbursts of laughter or tears. Also such emotional experience can lead to other memories and create new situations that were never imagined; and these new moments can become harmful to the individual as they damage his intra-psychoic conditions. As Stanislavski says, emotional memory of past experiences can trigger new moments in a person, and if such mental projection is uncontrolled, can result in distortions in the mental and behavioural realms.

Uncovering suppressed or unresolved raw emotions causes emotional fatigue. The actor needs to know whether he should use resolved or unresolved emotions, since when these are summoned for acting, they can cause loss of sleep and other effects. Sleep deprivation alone can lead to impaired function, causing the individual to experience acute episodes of psychosis. These episodes can lead to more lasting psychological damage resulting in greater emotional instability. Those actors with high stress and trauma due to deep penetration into their emotions could develop Dissociative Identity Disorder (DID)<sup>1</sup> as well as other disorders that can develop over a period of time. Finally, the actor becomes the subject of an imaginary world he himself had created and had no control of.<sup>2</sup> This is exactly what we as therapists experience

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1. In 1994, the *Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Ed.* (DSM-IV) published by the American Psychiatric Association, replaced the designation of multiple personality disorder with DID. Even though the label changed, the symptoms remain the same. This psychiatric disorder is characterised by having at least one 'alter' personality that controls behaviour. The 'alters' are said to occur spontaneously and involuntarily, and function more or less independently of each other. The unity of consciousness, by which we identify ourselves, is said to be absent in an altered state of mind, which is also experienced in demonic possessions (see also pages 30ff and 42ff).

2. This debate with Dr. Solomon Fonseka continued throughout his actor training programme.

with clients who unconsciously engage in creative moments that plunge them into immense amount of anxiety and personality disorders.

Moving further, we can say that the emphasis made by Stanislavski on affective memories bears a strong resemblance to Freud's theories, although there is no evidence to suggest that Stanislavski had read any of Freud's works that were translated into Russian by 1910. Freud's examinations of dreams led him to classify the differences between what he termed the unconscious and conscious regions of the mind. Freud perceived that the unconscious intrusion into conscious thinking accounts for many normal and pathological mental events. His extensive study and elaboration of these ideas explained the mechanisms not only of the psychoneuroses and psychoses but also of slips of the tongue, joking, artistic creation, political institutions, and religions. Influenced by the ambiguity of the term 'unconscious' and its many conflicting uses, Freud proposed a new structural account of the mind which has certainly made for a clarification of many issues. His new theoretical superstructure was called 'metapsychology':<sup>1</sup>

the uncoordinated instinctual trends were called the 'id',  
the organised realistic part the 'ego',  
and the critical and moralising function the 'superego'.

Stanislavski's experiments on acting resemble these Freudian concepts.

The instinctual tendency of a person that relates to primitive desire and instant gratification is what Freud names as *id* which is analogous to Stanislavski's *subtext*. In acting terms, subtext is the true meaning behind the dialogue of a play. It is the raw thought that is going through a character's mind as he speaks. When an actor understands the subtext of the character's dialogue, he knows and perhaps experiences the character's true thoughts and feelings.

Freud's *superego* refers to the part of a person's psyche that upholds society's morals and values, and prevents the person from acting in a socially inappropriate way. In simple terms, the superego is the conscience. This is related to Stanislavski's *superobjective*, which refers to a character's overriding goal from beginning to end of the play. Every action and word that comes from the character is motivated by this goal. By deciding a character's superobjective, an actor can set a context for everything the character says and does throughout the play.

The *ego* (Latin 'I—the conscious mind), is the dynamic tensions and interactions between the undisciplined urges of the *id* and the overriding restraint of the *superego*. It has the task of reconciling their conflicting demands with the requirements of external reality. It is in this sense that the mind is to be under-

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1. Freud (1985) pp. 20–21.

stood as a dynamic energy system. All objects of consciousness reside in the ego; the contents of the id belong permanently to the unconscious mind, while the superego is both a conscious and an unconscious screening mechanism which seeks to limit the blind pleasure-seeking drives of the id by the imposition of restrictive rules.

Freud used the technique of free association that asked the patients to report on any thoughts or memories that springs to their minds. This is similar to Stanislavski's emotion memory, which asks actors to recall memories and feel the emotions linked to them.

Elaborating on emotional memory, Moreno states,

'Freud, too, tried to make his patient more spontaneous, just as *Stanislavski tried to make his actors more spontaneous in the acting of conserved roles*.<sup>1</sup>

Like Stanislavski, Freud tried to evoke the actual experience of the subject, but also he preferred intensive experiences of the past to the moment—for a different application precisely for the treatment of mental disturbances. Although working in a different domain, Freud and Stanislavski are counterparts.<sup>2</sup>

Both Freud and Stanislavski encountered problems with some of these techniques. Freud found that some memories simply cannot be recalled easily (are repressed), and that this is the mind's way of protecting the individual from harmful or distressing memories. Likewise, Stanislavski found the technique of emotion memory too distressing for his actors, because of the harmful memories and emotions that surfaced in the end. He later rejected this method in favour of what is known as the Method of Physical Action.<sup>3</sup>

According to Stanislavski the great actors had the capacity for *belief*, to inhabit the universe created by the stage.

All ... scenery, props, make-up, costumes, the public nature of the creative moment—it's all lies. I know that, but what have they to do with me? Things are not important.... But ... *if* everything around me on stage *were* true....<sup>4</sup>

It is to the same extent, an individual may believe in a fantasy he himself has created. This is same as a child believing in the real existence of its doll.<sup>5</sup>

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1. Emphasis mine.

2. Moreno, J. L. (1946) p. 39.

3. Benedetti (1998).

4. *Collected Works of Stanislavski* (1951–1964) Vol. 1, p. 304.

5. Stanislavski, *My Life in Art*. p. 466.

Construction of such a mimetic context is, as Stanislavski noted, far more common in children than adults. When his stand-in character, Tortsov, first introduces the possibility of a mimetic context, he tells a story of a child actor. The little girl, he tells his students, is required to hold a baby. The correct prop isn't available, so she is given a piece of wood. Once she is told that the piece of wood is her 'baby,' she mentally contextualises it as such, and treats it no different to she would a flesh and blood child. Similarly, truthful acting arises from the actor's capacity to transform the conventions of theatrical lies into an artistic reality through his own ability to make-believe. The sense of truth lies in the actor's imagination, childlike simplicity, openness, and sensitivity:<sup>1</sup> All these qualities, taken together, I shall call the *feeling of truth*.<sup>2</sup>

Every individual has this drama in his imagination and makes it so real that he starts believing it as if it really happens to him. It is a film created in the mind. He finds no way out as he enjoys being in his own imagination. When his creativity is overwhelming, it can lead to anxiety, depression, and suicide.

Stanislavski's further experiments on his 'System' demonstrated that the ordinary reality of a man's life can achieve a transformation through the 'Magic IF', where the actor builds an 'imaginative or dramatic world' similar to ordinary reality. This is often a visible factor among most psychologically disturbed people. The patient can take any imaginative incident as real, and act as if he were faced with a real situation, until therapy can support the person to differentiate worlds. We have all experienced this in theatres, in classrooms and even in performances. The concept of dramatic reality, for example, explains why Harrison Ford is able to become Indiana Jones. He does not stop being himself when he plays this character. Instead, the property of dramatic reality, placed within the ordinary world, allows him to be both himself and his character simultaneously.

Gautama Buddha precisely elaborated that man has immense psychological power to assimilate with any thought condition and be a subject of such thoughts, projecting himself through a multitude of phenomena around him. The fact that man is engaged in projection-making, as Jung says is an *undeniable reality*. He further states that anyone who insists on denying it becomes identical with it, which is not only dubious in itself but a positive danger to the well-being of the individual.<sup>3</sup>

Stanislavski's discovery of the relationship between emotional memories and

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1. Benedetti. (1982) pp. 33–34.

2. Stanislavski, C. (1956) p. 467.

3. Jung, C.G. (1958) p. 23.

the actor's ability to simulating a character has helped many educators and psychotherapists to see the connection between role playing and the emotional mind. Stanislavski's intuitive utilization of the imagination (the brain's natural ability to create imagery and metaphor), the unconscious (as a gateway to connecting with emotions), and given circumstances (embodying the actor in the physical and psychological details of the character at that moment) interlock with research that has been done on neurology and brain processes in the recent past.

In terms of dramatherapy, the dramatic reality is a realm of as if—a fantastic and hypothetical world inside the ordinary world. Therefore, drama allows the individual to experience the distance between the quotidian life and the dramatic reality, between the what-is and the what-if-it-were.<sup>1</sup>

Imitating or identifying with another can be understood through the Mirror Neuron System Theory. It was in 1990's that mirror neurons were discovered by a team of neuroscientists in Parma, Italy, who were mapping individual neurons in the motor cortex of monkeys to see which neuron connected to which muscles/movements.<sup>2</sup> In this experiment it was found that neurons in part of the inferior parietal cortex of monkeys are active during a movement and while a monkey watches another monkey do the same movement.<sup>3</sup> Brain-scan studies have demonstrated similar neurons in humans. These neurons, called mirror neurons, presumably enable the observer to understand and identify with the movements of another individual. They respond when a monkey watches another monkey or a human watches another human. They do not respond when a monkey watches a human do something or when a human watches a robot. Evidently, therefore, their response reflects identification of the viewer with the actor; "The actor is like me, doing something I might do."<sup>4</sup>

The electromagnetic power of this acting is the hidden truth of our ability to simulate. Initially Stanislavski thought that this was emotional radiation which he acquired by reading Hindu literature. He kept describing this inner communication as *ray emission and ray absorption*, as though the inner feelings and desires emitted rays that were issued through the eyes and the body, which poured in a stream over the other people. He emphasised correctly that in his use of the five senses the actor must, if he listens, both listen and hear; if he smells, he must inhale; if he looks, he must look and see, not just glance at an object.

But Stanislavski was unable to describe his methods of mastering this

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1. Pendzik, S. (2006) pp. 271–280.

2. Iacoboni and others (2005) p. 79.

3. Cisek (2004). pp. 993–996.

4. Fogassi and others (2005) pp. 662–667.

process<sup>1</sup> by making appropriate suggestions. As Goleman explains, ‘When a person smiles, mirror neurons are activated in the premotor cortex of whoever sees the smile; just as when a person cries, mirror neurons are activated in whoever sees or hears the crying.’<sup>2</sup> Ramachandran & Oberman further elaborate that certain neurons that typically trigger in response to pain (in the anterior cingulate) also triggered when the person saw someone else in pain.<sup>3</sup> Moving further, Rizzolatti and others say that what happens is, a mirror neuron sets off in response to seeing someone else perform an action. This setting off not only indicates what the other person is doing but provides information about the characteristics of the action, since the neuron’s response to watching an action is the same as the neuron’s response to actually performing the action. This means that one function of the mirror neurons might therefore be to help understand another person’s actions and react appropriately to them.<sup>4</sup>

Further, the origins of our empathetic responses, social behaviours and understanding, and imitative learning are also theorised by mirror neuron activity.<sup>5</sup> Vittorio Gallese, discussing the empathic connection we make with others states, that it is a direct form of *experiential understanding of others*.<sup>6</sup> Gallese uses the ‘Magic IF’ of Stanislavski very often to explain the ‘as IF’ experience that mirror neurons provide. Our brain is virtually engaged in the mirroring process trying to follow another person’s feelings, thoughts or actions. Therapists call this as ‘putting ourselves into the other person’s shoes’. Neuroscientist Antonio Damasio has explained the as if world as the process involving ‘the generation of a somatosensory image’ that evokes both emotional and bodily responses.<sup>7</sup>

By putting ourselves into the other person’s shoes, the healing intention of the therapist becomes successful. The therapist needs to build confidence in the client for the tools he utilizes in the process. The empathic guidance of the therapist supports the enlightenment of the client through the integration of the diverse therapeutic interventions that are designed, especially, to explore and facilitate non-verbal communication. Such integration of therapeutic approaches provide the clients with more holistic mediums of expression.<sup>8</sup>

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1. Strasberg, Lee (1987) pp. 60–61.
  2. Goleman (2006).
  3. Ramachandran & Oberman. (2006) p. 65.
  4. Rizzolatti and others. (2000) pp. 539–552.
  5. Goleman (2006).
  6. Gallese (2005) p. 1.
  7. Damasio (1994).
  8. Capuzzi & Gross (2007) p. 412.

Greater expression enhances client's ability to use internal resources and develop one's sense of power.<sup>1</sup> The therapeutic process allows the client to receive insights and explore emotions in a special place in real, and imaginary time, within a social encounter.<sup>2</sup>

The theoretical basis for dramatherapy is described by Landy as having roots in several disciplines: anthropology, psychology and psychotherapy, sociology, and theatre.<sup>3</sup> Many have written of the particular structures by which dramatherapy causes healing. Jones describes the basic processes of dramatherapy as being dramatic projection and transformation.<sup>4</sup> The Institute of Dramatherapy describes how it reinforces artistic, therapeutic, and learning processes. The dramatherapy process shifts from everyday reality into dramatic reality and includes both 'ritual and risk'. The dramatic processes go a long way in defining what dramatherapy is and how it works. As the Institute goes on to say, dramatherapy may be applied in psychological and social models, but it is unique in its capacity to enter the mythic and the ritual, and therefore metaphysical.<sup>5</sup> Other therapies may claim links to the metaphysical, but this is still an important part of the uniqueness of dramatherapy.

Healing is a positive change that the client needs to acquire through the dramatic structures provided to him by the therapist. Diverse structures have been experimented in the theatre that anticipated healing of hearts, minds, and bodies. Sue Jennings points out that dramatherapy can contribute to establishing secure dramatic structures within which change and transformation are possible.<sup>6</sup>

Bertolt Brecht used his epic theatre as a 'critical eye' to depict the inhuman treatment prevalent in the Capitalist *establishment*. He showed that a change of thinking is possible only when the society *alienates* itself from the governing structures and views it in all its complexities. In the Epic theatre, the distancing (alienation effect) created metaphors that enabled the audience to understand what has happened to them, and then to work on alternatives in order to find their '*real selves*'. Until the real self is explored, the people are mere slaves of a system that has made them insensitive to themselves. It is through action that people generate new states of mind, experiment with new behaviours, reinforce new brain connections, make new social connections, and obtain a new under-

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1. Hogan (2001).
  2. Meldrum (1994) pp 12–27.
  3. Landy (1986) p. 63.
  4. Jones (1996) p. 7.
  5. Jennings (1994) p. 211.
  6. *ibid.* pp. 4–5.

standing of themselves and others.

The concern of the epic theatre is ... eminently practical. Human behaviour is shown as alterable; man himself as dependent on certain political and economic factors and at the same time as capable of altering them.<sup>1</sup>

Benjamin explains,

Epic theatre... incessantly derives a lively and productive consciousness from the fact that it is theatre. This consciousness enables to treat elements of reality as though it were setting up an experiment, with the 'conditions' at the end of the experiment, not at the beginning. Thus they are not brought closer to the spectator but *distanced* from him. When he recognizes them as real conditions it is not, as in naturalistic theatre, with complacency, but with astonishment.<sup>2</sup>

The dramatic expression brought by Brecht as well as others (Eve Ensler's 'Verbatim Theatre' and Augusto Boal's 'Theatre of the Oppressed') helped to promote discussion, provoked socio-cultural traditions, and made the stage available for neglected or marginalised groups of individuals and ideas. Drama-therapy has made use of all these resources, utilising them therapeutically in every aspect of psychological and behavioural disorders, and especially, on the social contexts of xenophobia, racism, or homophobia.<sup>3</sup> This indicates the strength of drama as a strong tool for catharsis and healing.

The dramatic processes illustrate the methods of dramatherapy, which offer a clearer view of what a typical dramatherapy session would be like. Jennings's methods include movement, voice, dance, theatre games, role-play, improvisation, text-work, puppets and masks—all skills from theatre.<sup>4</sup> This emphasis on theatrical processes is typical of Jennings's approach. Jones is more general when he describes a typical session. Each session usually begins with a warm-up phase which develops into an active exploration of the clients' problem areas, followed by a closure. The main process involves the client engaging with a problematic area through dramatic form and working with the group and/or therapist. Closure often takes the form of discussion and reflection on the work undertaken within the setting.<sup>5</sup>

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1. Brecht (1935) p. 86.

2. Benjamin (1998) p. 4.

3. Sajjani (2009) p. 461.

4. Jennings (1998) p. 12.

5. Jones (1996) p. 7.

The aim in conducting dramatherapy is to facilitate these three main areas viz. exploring, healing or alleviating/removing, and improving/increasing. A client may begin by exploring issues, but may also explore emotions, reactions, possibilities and new perspectives. Meldrum speaks of the aim for clients to receive insights and *explore emotions*.<sup>1</sup> Dramatherapy offers space to explore new ideas, and long-held views, and to gain new understanding. There is a major aim that clients will experience healing through their own self-help or through the group process. Healing and relief may be experienced through revealing previously untold distress or more actively confronting past issues and attitudes and effecting change.

Dramatherapy could thus be explained as a healing process that includes the use of action techniques—particularly role-play, drama games, improvisation, puppetry, masks, and theatrical performance in the service of behaviour change and personal growth. Depending on the situation and the needs of the clients involved, dramatherapy can focus purely on discovery through process drama (role-play, creative drama, improvisation, etc.) or can lead to rehearsal and the creation of a formal product (performance). Either way, dramatherapy harnesses the most basic human developmental learning strategies; imitation and dramatic play, and the use of metaphor for framing and understanding concepts. Hence drama—watched or participated in—is embodied, three-dimensional, sensory experience which encompasses listening, speaking, seeing, moving, thinking, feeling, inventing, and replaying.

Dramatherapy is underpinned by Carl Jung's psychological explanation of the *unconscious*. Jung believed that it was through creativity that we can begin to explore the unconscious. He argued that the purpose of therapy was to develop the innate and instinctive creativity of each patient. As Jung discovered, confronting one's unconscious can be frightening. It takes great courage and determination.

There are far more people who are afraid of the unconscious than one would expect. They are even afraid of their own shadow, and when it comes to the *anima* and *animus*,<sup>2</sup> this fear turns into panic, for the

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1. Meldrum (1994) p. 19.

2. 'The two primary anthropomorphic archetypes of the unconscious mind, as opposed to both the theriomorphic and inferior-function of the shadow archetypes, as well as the abstract symbol sets that formulate the archetype of the Self. The *anima* and *animus* are described by Jung as elements of his theory of the collective unconscious, a domain of the unconscious that transcends the personal psyche. In the unconscious of the male, this archetype finds expression as a feminine inner personality: *anima*; equivalently, in the unconscious of the female it is expressed as a masculine inner personality: *animus*.'—Jung, C. G. (1988) pp. 417, 423.

syzygy<sup>1</sup> does indeed represent the psychic contents that erupt into consciousness in a psychosis (most clearly of all in the paranoid forms of schizophrenia). The overcoming of this fear is often a moral achievement of unusual magnitude, and yet it is not the only condition that must be fulfilled on the way to a real experience of the self.<sup>2</sup>

With the provision of a safe space and the creation of a trusting relationship, dramatherapy can also be a positive experience which can result in enlightenment, growth, and insight.

Much modern activity is focused on mind-orientated tasks such as planning, worrying, or remembering, which often leaves one feeling disconnected from one's body. Carl Jung described this sense of splitting as the 'mind-body dualism' and believed that in order to achieve a sense of completeness within the 'Self', we must strive towards reconnecting body and mind. This sense of splitting can be particularly acute for people with physical disabilities or mobility impairments. In the hope of getting clients to explore this reconnection, and gain access to unconscious processes that may be the cause of emotional unrest, dramatherapy makes them to work with movement.

Carl Jung's Analytical Psychology provides ample support for dramatherapy approaches as given below:

1. As the psyche<sup>3</sup> is a self-regulating system (like the body), it strives to maintain a balance between opposing qualities whilst also seeking its own development and wholeness. Dramatherapy works with this concept in that it speaks well to the person within each individual rather than focusing only on pathology.
2. Jung's theory of the Self<sup>4</sup> is also important as he believed that it comprises the whole of the psyche, including all its potential. It is the organising genius behind the personality and it seeks wholeness, the search being a process Jung called individuation.<sup>5</sup> The purpose of the search being to develop to the fullest potential. Though rooted in biology, the Self is more

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1. The combination of the anima and animus is known as the *syzygy*, or the divine couple. The syzygy represents completion, unification and wholeness.

2. Jung (1958) p. 32.

3. According to Jung, the psyche is divided into three major parts:

- The ego. This is the conscious mind.
- The personal unconscious. This includes forgotten or suppressed memories from our own personal lives.
- The collective unconscious. This is shared by all people. It is the collective memory of human thought and experience, from ancient to modern times. This includes the basic human instincts and the archetypes.

far reaching. It accesses an infinitely wide range of experience, indeed to the very depths of which all human beings are capable. Dramatherapy sessions can be viewed as conversations with the Self.

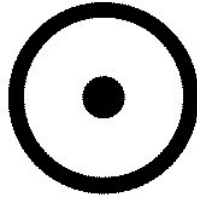
3. Jung believed there are inherited modes of functioning within each of us which predispose us to approach life and experience it in certain ways. These he called archetypes. There are archetypal figures, such as mother, father, child, and archetypal images, such as caves and forests, and archetypal events, such as birth and death. These find their expression within the psyche most obviously in dreams and are outwardly expressed in myths and behaviour. Only these images are capable of being known, the archetypes themselves are deeply unconscious. Dramatherapy works with the archetypes, especially when myths are used.
4. According to Jung, in order to become more conscious, one had to be able to bear conflict, for life is full of opposites, both externally and within the psyche. If the conflict between opposites can be borne, then out of this something new and creative can grow—a symbol which honours both sides of the conflict and which offers new ways of being—a symbol emerging from the unconscious rather than the conscious.
5. In his view, Jung believed that the symbol is not something that can be fully explained or rationalised, but it contains the qualities of both the unconscious and the conscious worlds. Symbols are the agents of change and transformation which bring about psychological development and lead to wholeness. Dramatherapy uses symbols, the language of the psyche, engage in a conversation with the inner world gently, at a pace the psyche can cope with, and integrate these symbols into everyday life.
6. Jung also believed that the whole of an individual's experience should be respected and included, and this included the 'shadow' aspects as well as spiritual longings and experiences. Dramatherapy also honours the whole

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4. The Self is the centre of the total personality, which includes consciousness, the unconscious, and the ego. The Self is both the whole and the centre. While the ego is a self-contained little circle off the centre contained within the whole, the Self can be understood as the greater circle. For Jung, Self is an archetype that represents the unification of the unconsciousness and consciousness of an individual. The creation of the self occurs through a process known as individuation, in which the various aspects of personality are integrated. Jung often represented the self as a circle, square or mandala.

5. Individuation is the transformational process of integrating the conscious with the personal and collective unconscious. It brings up the true personality of a person, making him an individual. Individuation generally has a profound healing effect on the person. (Jung [1962] p. 433.)

of the individual, inviting people to do as much or as little as they feel able, and value all input from the individual.



Jung considers that the dot inside the circle is the best expression of the self and the outer circle is the representation of the manifested world.

### **Benefit of Dramatherapy**

Dramatherapy is effective because it provides clients with ample opportunities to rehearse and replay skills until the skill is learned and integrated into behaviour. Through drama, this rehearsal is done in an enjoyable way and clients are positively engaged in the repetition as the connections and/or mirror neurons are strengthened. More practice of dramatic activities helps stronger connections between the neurons in the brain and a stronger representation of that specific memory, be it of a fact, skill, behavioural response, understanding or some other kind of learning.

During the recent past many important discoveries have been made about the brain and especially on the plasticity of the brain; its ability to grow, change, and re-wire itself.<sup>1</sup> The brain changes through use (or lack thereof); just as muscles change through exercise (or lack of exercise). Neuroscientists looking at the arts and the brain have discovered that the arts motivate children because they create conditions in which attention can be sustained over longer periods of time, compared with children involved in activities not found to be motivating.<sup>2</sup> Such knowledge and skills sustained throughout could be practised, learned, and remembered for future use. I have observed that no child pays attention to any lesson if it bores him, despite the 'good' teaching method employed by the teacher. Arts, especially drama, provides additional benefit for the participants since they receive feedback in the process of enacting a scene from the other actors and from the audience, as well as afterwards when the

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1. Blakemore & Frith (2005).  
2. Posner and others (2008) pp. 1–10.

group discusses the scene and/or when they replay the scene with corrections.<sup>1</sup>

The importance of learning needs attention as it becomes more apt to 'take' if it is only associated with an emotional component, preferably a pleasant one, which arouses the attention.<sup>2</sup> As witnessed at many times learning is shut down by distress because cortisol (hydrocortisone), a hormone is created when we experience anxiety or trauma, which interferes with memory formation in the hippocampus, a part of the brain that is primarily involved in memory creation.<sup>3</sup> Therefore, teaching amounts to a therapeutic process that helps the children to make a new understanding on what they learn. One should not forget that life is learning and the client's active experiencing of dramatherapy allows clients to try out a new self which becomes an alternative reality to their current perception of their situation.<sup>4</sup> Therefore the dramatic expression creates an intrapsychic and interpersonal change in clients.<sup>5</sup>

Noar suggested five benefits to the use of expressive drama in therapeutic settings.<sup>6</sup>

1. Clients experience stratification and fulfilment of the use of their body in dramatic action and play.
2. Within settings such as the therapeutic theatre, clients may be liberated of emotional stressors, anxiety, fear, pain, erotic feeling and so on.
3. Clients gradually improve their ability to experience holistically through imagination, play, and expression.
4. Dramatic play in therapy promotes processing themes, such as trust, openness, loneliness, assertiveness, control, dependency and rejection.
5. Dramatherapy creates and promotes relationships through the exploration of clients' inner-world and hidden areas of their personality.

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1. Jensen & Dabney (2000); Posner et al. (2008).

2. *ibid*; Levitin (2006).

3. Zull (2002).

4. Emunah (1999) pp. 99–123.

5. Petitti (1992) pp. 40–45.

6. Noar (1999). pp. 223–235.

# 3

## CONDUCTING DRAMATHERAPY SESSIONS

by

Sally Bailey<sup>1</sup>

*Hold the mirror up to nature'*

—William Shakespeare

A typical dramatherapy session begins with a 'check-in' in which clients share how they are currently feeling. This provides important information to the dramatherapist about how to lead the group that day, what issues are ready to be worked on, and what resistances will need to be worked past to get the group to function openly and smoothly. Next, the 'warm-up' gets everyone focused on each other and on being in the here and now. A warm-up also loosens muscles that may be used in activities later in the session so no one gets hurt and prepares imaginations so everyone is ready to work together creatively and safely. Each session usually has at least one major dramatherapy activity that is participated in and then discussed by the group. Those who have taken on a role need to 'de-role' afterwards in order to reconnect with themselves. The group ends with a closure activity: a game, a ritual, a review of the session, or a song.

Renée Emunah (1994) has identified five phases through which most dramatherapy groups progress. Her Five Phase Model parallels established wisdom from group dynamics on how successful groups form and grow. The first phase is Dramatic Play where the group gets to know each other and the therapist through playing together to develop trust, group cohesion, and basic relationship skills. Then they move on to the Scenework phase where they continue playing, but begin focusing on developing a lot of the dramatic skills they will need as they continue in treatment. All humans develop basic dramatic skills at the ages of 3–5, a time when they naturally begin learning about the world around them through imitation and dramatic play. As they grow older and begin school, children are encouraged to develop their abstract reasoning skills and use them to the exclusion of hands-on forms of learning. However, drama

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1. Bailey, S. (2009).

is like riding a bike. You never forget how to do it. The Dramatic Play and Scene work Stages allow clients to get back in touch with those skills and feel competent and confident using them again.

Phase Three focuses on Role Play, exploring issues through fictional means. Perhaps the group acts out a generic family conflict or a familiar character from a fairy tale or legend that goes through a crisis or challenge shared by group members. When the group is ready, they can move on to Phase Four: Culminating Enactments, where personal issues are acted out directly through psychodrama or autobiographical performance.

The final phase is Dramatic Ritual, which usually involves closure to the work of the group. This might be the sharing of a public performance that has been created by the group or the sharing of a private ritual within the group or an evaluation session where clients can review what they've learned, how they've changed, and where they can say goodbye and thanks to the people in the group who have helped them and to whom they have become close.

Not every dramatherapy group works its way through all five phases. Some groups aren't together long enough to develop the skills and trust to reach the Culminating Enactment phase. This is especially true in this day of limited reimbursement by health insurance for mental health services.

Age and developmental level makes a difference, too. Children often get the full benefit of emotional healing through play and fictional work alone, so there's no need to move on to some of the later stages. Some adult groups dealing with severe trauma or anger or who are extremely immature may not work through their trust issues enough to move on to Phase Four. That doesn't mean that they have failed as a drama group; it means they needed more time to heal at one particular emotional developmental level, perhaps because their wounds in that area were very deep.

While dramatherapy techniques may differ from therapist to therapist or from session to session, there are concepts which are common to all forms. The first is using metaphor through action. Behaviours, problems, and emotions can be represented metaphorically, allowing for symbolic understanding. A certain set of behaviours can be looked at as a role, such as the role of mother, victim, student, or hero. These roles can be played out in a dramatic situation, leading to a greater understanding of the role as helpful or harmful, safe or dangerous. An emotion can be represented with a metaphorical image: anger displayed as a volcano, an exploding bomb, or a smouldering fire. These images can be dramatized, allowing the client more insight into the qualities of the emotion and how it functions positively or negatively in his/her life.

Concrete embodiment allows the abstract to become concrete through the

client's body. We all experience life first through our senses and our bodies, and only later, at older ages, through language and abstract thoughts. Acting out an idea or an experience allows it to become more real so it can be dealt with in fact rather than in the abstract, through feeling rather than only through thought, in the moment rather than through past or future projection. Embodiment allows clients to experience or re-experience in order to learn, to practice new behaviours, or to experiment with how to change old behaviours. This is particularly important for clients who are kinaesthetic or visual learners (estimated to be at least two thirds of the population).

Distancing<sup>1</sup> allows the therapist to change the degree to which the role being played is like you [the client] symbolically or like you actually. Children intuitively use distancing to protect themselves from shame and guilt in play by acting out characters similar to them, but not them. Pretending to be Gretel, abandoned in the forest by her mother and father, allows a child to explore her feelings of being punished or emotionally abandoned by her parents or a significant adult in her life.

Playing a role quite different from oneself often feels more comfortable than playing oneself directly. In some cases an experience is too close to us for us to see our part in it. We need to take a step back (metaphorically speaking) and see the experience in a wider context: to see the forest in order to see the tree.

Sometimes a situation is too emotional or intense for a client to encounter in therapy without becoming overwhelmed emotionally. More distance, through fictionalizing a situation, using a metaphor to represent the problem, or using a technique like puppets, removes the situation a step from flesh and blood reality and can help a client work on the issues without falling apart. On the other hand, some clients create so much intellectual distance from an issue that

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1. Distancing is a vital technique in dramatherapy. It is twofold: over-distancing and under-distancing. Over-distancing technique is for a metaphoric elaboration of what the client could visualize of himself here and now. This way the client will not relate overtly to his own life. It is a process to bring the issue to the open. The process supports the client to empower himself gradually by reaching to the issue, remembering of how the past made him to be in this current position. Storytelling, puppets, objects, masks, sculpting, and many other projective tools are utilized for over-distancing. Under-distancing takes place when the client is ready to envisage his issue directly. Role-reversal, verbatim theatre and narradrama are some techniques to help the client to challenge his current conditions. The client will relive the past event and re-experience it through role play, improvisation, group action and sculpting. This becomes direct dealing with the client's issue. The over-distancing would gradually be passed and the client will take an under-distanced position to relocate himself as the subject in his story.

See also "Tools For Distancing" on page 144.

they can't get in touch with their feelings. They need less fiction and more emotional involvement to be able to face the issue honestly and directly.

Certain dramatherapy techniques tend to create more distance and others tend to create less distance. For example, psychodrama, which deals directly with the personal, nonfiction history of the client, is less distanced. Puppets, theatre games, and improvising fictional characters are more distanced. Some techniques can go either way, depending on how they are used. The performance of an autobiographical or self-revelatory play is less distanced than performance of a play about fictional characters. Role play can be very close to oneself or distanced, depending on the role being portrayed. (A note here: as every actor knows, the emotions in any role can feel very real while the role is being portrayed!)

Dramatic Projection is akin to concrete embodiment and employs metaphor. It is the ability to take an idea or an emotion that is within the client and project it outside to be shown or acted out in the dramatherapy session. A client's difficulty asking for help (an internal problem) can be dramatized in a scene with other members of the group, with puppets, or through masks, so the problem becomes an external problem which can be seen, played with, and shared by the therapist and the group.

The creation of Transitional Space is an important component in many therapeutic and learning environments, but it is essential in dramatherapy. Transitional space is the imaginary world that is created when we play or imagine together in a safe, trusting situation. It is a timeless space in which anything we can imagine can exist: dragons can be vanquished, castles can be built, raging rivers can be crossed, and acceptance and love can be experienced. Transitional space is the place where change and healing can happen because it is potential space, a magic play space, Stanislavsky's 'Magic If.' It is created jointly by the therapist and the clients playing together and believing in the possible: that anything can happen.

*Incorporating the other Arts.* Dramatherapists use music, movement, song, dance, poetry, writing, drawing, sculpture, mask making, puppetry, and other arts with their dramatherapy activities. Just as the theatre is a crossroads where all the arts come together, dramatherapy allows all the arts to meet and work together, too. Starting with writing and then enacting the story or poem or beginning with drawing and then embodying the art through movement, body sculpting, or drama is a natural way to progress. This is one reason dramatherapists are required to have training in the other creative arts therapies and why many dramatherapists have credentials in one of the other arts therapy modalities.

## 4

### MYTHIC PERFORMANCE

*Man, know thyself.'*

—Socrates

Dramatherapy makes recognition of personalistic systems prevalent among diverse communities in Sri Lanka. They are the strongly held beliefs that programme man's life, without which man feels a void in himself. For the dramatherapist, belief systems and rites supply ample structures and tools to support the mentally disturbed. Further, they have the capacity to buffer any traumatic moment. In the therapeutic process, the strength of man's belief systems can be exploited to realise the healing. Therefore, in this chapter we will discuss the beliefs pertaining to transcendental, animate and inanimate worlds, traditional healing systems, Buddhist philosophy, personal mythology, and the vitality of recognising and accepting personalistic systems as valid cultural defence mechanisms.

The strength of the traditional beliefs, rites, and values are imbibed in the minds of the people for many thousands of years, and upheld to date, despite tumultuous modifications witnessed in socio-economic and politico-cultural arenas. *Any attempt made by the dramatherapist to work with Sri Lankan minds, will have to seriously view these complexities.* Making a genuine understanding on Sri Lankan culture, and relate such sensitivity towards therapeutic practice, ensures positive results.

In psychological, physiological and social integration spheres, traditional healing practices in Sri Lanka receive prominence. For long years, these practices have bestowed man with a broad view to understand sickness and its causal nexus. Despite the popularity Western medicine enjoys today, man's faith in personalistic systems continues to be strong and firm. Many Western medical practitioners, too, have unconsciously contributed towards this state of affairs. They fail in educating the patient and relatives sufficiently and satisfactorily of the prognosis. The profile on side effects, too, has given some undesirable outcomes of Western-oriented treatments. As per my investigations, the dissatisfied and distressed patient and relatives seek relief in personalistic systems. Further, the traditional healer's ability to communicate the prognosis in a language that is culturally valued and comprehended, has kept beliefs, traditions

and values thrive.

The ethnic Sinhala Buddhist and Tamil Hindu communities in Sri Lanka have their occultism and animistic practices. Gods, demigods, angels, spirits, and demons reign over their minds. It was during *yaksba* (devil) and *naga* (cobra) tribal times that most rites originated. Early Indian migrants brought Hinduism and related spiritual practices to the island. The plethora of Hindu and Buddhist spiritual practices has made a tremendous impact on Christians and Muslims, too.

Buddhism has invariably held hands with Hinduism to enshrine common spiritual concepts such as *karma* (good and bad deeds), *vasana* (past life experiences, mental imprints, propensities and habits), *samsara* (existence conditioned through mental imprints), rebirth and life after death. These concepts aim towards altering man's thoughts to liberate him of all mundane entrapments.

Indisputably, the multi-ethnic structure in Sri Lanka has contributed towards a well established psychiatric system that is referred to as ethno-psychiatry, cross-cultural psychiatry or trans-cultural psychiatry.

Beliefs in natural forces have long controlled man's mental and physical well-being. Some see the spirit world as benevolent or malevolent forces; the behaviour of birds, animals, reptiles, trees, and plants, can be beneficial or harmful; planets, stones, and metal portend the future or give protection from danger. Thus the transcendental, animate and inanimate worlds have a perpetual impact on Sri Lankan life.

Let us examine the influence that animate and inanimate worlds have on Sri Lankans.

- People believe that if a crow flies through a house, it is a sign that an inhabitant of the house will have to leave it soon. The cawing of a crow from the rooftop is the harbinger of good news; and the arrival of visitors is portended by the cawing of a crow in the front of the house, or by a cat washing itself on the doorstep. The *kirala*<sup>1</sup> is supposed to call devils to a house by its cry and is looked upon with great dread. The clicking noise of a gecko when about to begin any work is to be regarded as an emphatic 'Don't do that!'
- The strong relationship man has with the King cobra, makes the Sri Lankan life more humble. Cobra is supposed to have descended from *Nagaloka* (world of cobras) and is revered by the Hindu. Buddhists revere cobra for providing shelter to Lord Buddha. Hence, killing or hurting a cobra can bring bad luck. Cobras are supposed to be incarnations of the dead, and now guarding hidden

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1. The black-winged stilt, an aquatic bird often found in paddy fields.

treasures, Bo-trees and Buddhist temples. If a cobra makes the home of a Sinhalese its dwelling, it is supposed to be a dead relative who is desirous of protecting the present inmates, reborn in this state. In Sri Lanka there is a mythology that if someone kills a cobra, the cobra's mate will find the person and kill him and so the fear reigns and the snake becomes venerated.

- *Kadupul*<sup>1</sup> is the legendary flower of the Celestial Nagas. It is believed that when these flowers bloom, the Nagas come down from their celestial abodes, to offer them to the Buddha on the Holy Mountain Sri Pada (Adam's Peak). The strange fragrance, of the midnight miracle, and the fact that flowers bloom in the season when people flock to Sri Pada, seem to add authenticity to this belief.
- The tamarind tree is considered the dwelling of the chief of the devils. If the tree is situated near a cemetery, people will not walk alone passing it. Always the person is accompanied by another to ensure safety.
- The fear that a very great calamity is certain to overtake the neighbourhood is generally felt through the unaccountable smell of burnt flesh or the howling of dogs at night. It becomes a sign that the evil spirits are not far away. If this is repeated for several nights in succession, together with cat concerts and the hooting of owls then the fear becomes aggravated, and people feel compelled to seek the help of an exorcist.
- Planetary deification has become crucial in man's life to ensure prosperity. The influence of the Sun and Moon as cosmic forces have made them to be called *Soorya Dinyaraja* (Sun God) and *Chandra Dinyaraja* (Moon God) of which fixation makes a sound interpretation of life on earth. The moon's positioning has always been considered important, by the Buddhists and Hindus, at the birth of a child, to decide whether the child is going to thrive or face a degraded level. The Buddhists and Hindus worship the Sun and the Moon along with other seven planetary deities as the general belief is that 'good and evil come through the influence of those planets and the planetary effects can be averted or modified by invoking and appeasing those deities in many ritualistic ways.'<sup>2</sup> It is believed that worshipping the *navagrahas* (nine planets)<sup>3</sup> would benefit people live a trouble-free life.

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1. Kadupul / Cactaceae family. (Botanical name of this plant is *Epiphyllum oxypetalum*; also called the Dutchman's Pipe or Night Blooming Cereus)

2. Fernando (2000) p. 227.

3. Sun: health, knowledge, strengthening of soul; Mars: wealth, victory; Mercury: education, knowledge; Jupiter: respect, wealth; Venus: beauty, joy, eloquence; Saturn: happiness, activeness; Ragu: free from fear of enemies, success and Kethu: wisdom, liberation, blessed with children.

- Gemstones are considered useful for man's health, longevity, name, fame, prosperity and all fortunes. Wearing the correct gem stone as prescribed by the astrologer is believed to be a help in achieving success. There are nine gem stones that are treated as crucial in man's life, since they help to eradicate negative influences of planets. The characteristic colour of the gem stone that corresponds with the respective planet brings mysterious results, according to astrology. Even at times of illnesses, people tend to wear a gem stone. Thus the gem stones act as shields, and guard against all types of evil.

Influence of the transcendental world is witnessed through spirit possession, apparitions, angelic/demonic service and disservice. These influences are transferred as sicknesses that man experiences psychologically and physically. They are treated through numerous healing rituals of the Buddhists and Hindus. Among those rituals, *sanni yakuma*<sup>1</sup> and *thovi*<sup>2</sup> are noteworthy.

The healers become diversified due to many therapeutic techniques they employ. Spirit possession is dealt by a special spiritual healer called *kapuma* (exorcist) who is in direct contact with the spirit world and assumes the responsibility in causing cure through his spiritual connection. The practice of a *vederala* (native physician) is similar to Western psychiatry in diagnostics and treatment. He is a specialist in symptomatic treatment who knows the appropriate herbs, food restrictions and treatment such as massage and poultices. *Kattadirala* (charmer) sees patients affected by supernatural agents like evil spirits, black magic and divine anger. His treatment method includes communication with spirits; incantation; preparing talismans; examining horoscopes and *mantra* recitation (holy words in meditation). Since Sri Lankans depend a lot on planetary influence, *daiwangaya* (astrologer) bears a crucial role in man's life. He casts and reads horoscopes, determines of auspicious and inauspicious times and advises people of appropriate remedies available with other traditional healers. This conglomerate of traditional healers has long-standing and diverse healing practices stemming from the aetiologies that are logically recognised.

One can see *devalas* (sacred places for traditional healing) all over the island, flocked by the masses, irrespective of educational, ethnic, religious backgrounds, seeking cure, especially, for mental illness. Most extraordinary factor is that these devalas are filled with large numbers of females who bring all their burdens to unravel before gods and demons. Many of these women suffer from depression, dysthymic disorder, generalised anxiety disorder, and epilepsy. Their social relationships are sources of tension that traditional healers aim at,

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1. Also known as *Daba Ata Sanniya*. See page 43.

2. See page 34.

in order to apply the therapy.

Let me cite a *thovilaya* (exorcism) that I attended, which aimed at bringing a good relationship between husband and wife. The husband was of the view that the bad relationship both of them experienced was a result of an external force—the influence of demons. Hence, the therapy was conducted.

In reality, the wife ran away with a young man and returned in few weeks to her husband's house. The husband thought that the woman left him due to demonic influence. The reality behind her elopement was that her husband was a drunkard behaving in a callous way towards her, ignoring her sexual needs. The opportunity to gratify her needs was met by eloping with a lad; once the need was met, she returned. In the *thovilaya*, this story was left untouched and undisclosed, instead the *external force* that took her away—the demon—became the target. This malefic force was gathered to an ash gourd which was cut in two with a sword by the exorcist, eliminating the force completely and healing the woman. It is not only the woman but the man, and the entire community surrounding the family received the therapy. It is noteworthy to mention the change man had. He abstained from alcohol and became a caring husband to his wife.

On seeing this, it struck me that folk rituals mediate in man's life to create good social relationships. It removes all blame and guilt. It was evident that this man had two options to deal with his matter; either to resort to mild and merciful folk beliefs, or to hand this matter over to his lawyers. He opted for the first, which is the focus of *thought*—a 'slow-down' to go beyond imagined boundaries. It made him to avoid the most demonic Modernity in moving for a law suit that would have made a worse scenario of his life and brand his wife as overly obsessed with sex, which would have constricted the perspective of the person. He balanced his thoughts in a praiseworthy manner, utilising the mildest forms available in our culture—the ritual—to preserve the family life: an expansion of perspective. This indicates that the Sri Lankan mind does not incline to disparage another's life and to break up the family unit. The positivity of the rite is that it contains this dual role of slowing-down and the expansion of perspective, supporting a shift from the small cocoon of the ego towards inner bliss.

The above instance indicates that the patients, relatives, and traditional healers conceptualise the issue or illness in a concrete way as an external force which has intruded into man's life. Offenders could be either inanimate objects or harmful spirits. Inanimate objects such as a person's hair or bits of finger nails are charmed (*suniyam*)<sup>1</sup> and secretly given with food, which not only cause illness, but they are the illness. Thus, the healing procedure consists of removal

of the offending substance from the sufferer's body.

Spirits are subtle bodies that enter into a person and cause illness. Continuous yawning, lethargy, crying, screaming, running amok, collapsing with froth in mouth, seizures, and eating human faeces are results of spirit possession. The patient's illness is *transferred* to the external force to effect the treatment. In these cases harmful spirit (*pretha*)<sup>1</sup> needs to be lured from the sufferer's body. The rite includes cutting of an ash gourd that is kept on the patient's body, or as the need arises, on kapuwa's body. It is cut in two, to remove the sickness, and to relieve the patient of the spirit possession. The kapuwa will ask the spirit to give a sign when leaving the body, which is normally a hoot or breaking a branch of a nearby tree. The patient is considered cured when relieved of the spirit that caused insanity and episodic hysteria.

In spirit possession, 'who' possessed and 'why' are primary questions for the patient and his/her family. Logically, spiritual healers, look at personalistic systems, with multiple levels of causation in order to determine the treatment. The possessed individual's uninhibited, odd or aggressive behaviour tell the healer of the appropriate ritual for therapy.

The process of discovering the cause of illness at times of possession, and curing the patient is done through a trance experienced by kapuwa. My observation is that with drum beat and the burning of incense, the healer initially goes into a trance, possessed by a friendly *bhuta* (very often a subtle body of a close relative who is helping the healer in his profession). Healer acts as the medium for the bhuta. His behaviour changes as he becomes possessed and appears to be under the control of a greater force than his own will. A dramatic manifestation noticed is, the change in the quality of his voice.

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1. According to Gooneratne (1998 pp. 71–72), *codivina* or *sooniya* is the name given to evils of whatever kind inflicted by the agency of charms. There are said to be 84,000 of these, of every malignity, of which more or less contribute to bring to an untimely death the man affected by their influence, though that event may be deferred for many years. Some Sooniya charms have the effect of filling a house or garden with so many demons, that the owner finds it difficult to pass even a single night in the house, but if he take heart to do so, it is most probable that he and his family will fall sick, one after another, as if attacked by some contagious disease. Whatever may be the nature of the disease brought on a man by Sooniya charms, that disease always resists every attempt to cure it by medicine, and invariably results in the death of the man....no power on earth below or in the sky above can save him, unless he resort to the very art, which in the hands of his enemies has injured him so much. Generally, if a man often gets sick, especially from rheumatic attacks, and if he frequently feels thirst accompanied by an unusual degree of heat in the blood, especially about the region of the chest, he will attribute it to Sooniya charms.

1. *Prethas* are believed to be the dead, who carry evil thoughts to take revenge and cause harm to the living.

In the trance state, the healer can speak intelligibly to the client and diagnose the ailment. He can communicate with the spirit that has taken possession of the patient and demand to show itself. Such demand makes the client to have rapid and unrhythmic breath. Rapid cries occur with body convulsion and goes into a weird dance. What he says will be incomprehensible, and at times may utter warnings.

The dialogue between the two spirits discloses who possessed the patient and why it wanted to do so. Normally, there is an established hierarchy of spirits, and if the healer's spirit is more powerful, it can order the other to leave the body of the patient. However, if the latter is more powerful, then the healer's bhuta will have to plead, asking the other to lay its conditions to release the patient. A *billa* (animal sacrifice, very often it is a fowl) or a ritual feast is what usually patient's spirit asks for, in order to move out from patient's body. With the release, the patient falls into a fit, foam at the mouth and pass into unconsciousness. The healer returns to normal with the help of his assistants who provide him with saffron water to wipe the face.

Common treatment modes among all spiritual healers are *mantra*, *yantra*, *kem*, *bali*, and *thovil*.

- A *mantra* is a certain type of verse, a combination of sounds that together create a nucleus of spiritual energy. According to the Upanishads, ancient writings from India, mantras have their origin in the eternal substrate of the creation. The words, the sounds, the rhythm and timing of the recitation are important in causing a change in the lives.
- *Yantras* are specific symbols or designs which have been empowered by a sacred person through a mantra or pirith chanting (sermons of Lord Buddha). It can have the form of a drawing, an idol, or inscriptions on a thin sheet of copper or palm leaf.
- The practice of *kem* is widespread in rural Sri Lanka. It is a kind of practice, technique or custom that is followed in order to obtain some favourable effect. This may include relief from a specific illness, damage or problem. The effectiveness of a kem can be nullified if the person is exposed to an impurity caused by eating certain foods, especially meat. Attending a funeral or women's coming of age may cause impurities. A kem for a non-stop crying child is to hang a board at the head of the bed or front door of the house with the words '*balagiri ada nove beta*' which means a request to the demon who may have cast an evil eye on the child 'not to come today, but tomorrow'. The demon is then said to go away daily after reading the notice, without entering the house to make the child ill. Thus the demon is

believed to be kept away from troubling the child, until the latter is weaned and grown up.<sup>1</sup>

- *Bali* is a healing performance concerned with individual sickness or misfortune. Chant and incantation receive greater emphasis in this ritual. When a man passes through adverse times and things go awry in business or life, or is afflicted with an infirmity that baffles normal medical treatment, the remedy is to propitiate the concerned *graha* (planet), or the whole group of the nine grahas, the *Nava Graha Bali*. At a Bali ceremony propitiatory oblation of rice, grain and other roasted foods are presented to deities, spirits and demons in the expectation of receiving in return certain benefits. The offerings are made by the officiant in the presence of one or more Bali images temporarily moulded with clay for the purpose. These are sometimes as tall as three metres, and mounted in upright position before the commencement of the ceremony. On one side, a live cock is tied to a Bali image. The oil lamps are lit throughout the whole night. Flares are set up by burning resin powder or torches. Dancing and chanting, drumming and jingling of bells continue unabated until the end of the ceremony which sometimes lasts for two or three days. Frenzied dancing in the finale of the dance, climaxes with the accelerated steps of the dancer and his falling in a trance flat on the ground. His assistant advances and places an ash gourd on his chest, which he cuts in two with one stroke of the knife. Possessed by the very spirit, the dancer rises and runs amok pulling down the several gadgets set up for the rituals. When the ceremonies finally end, the departure of the evil spirit is often indicated by the sign of a crashing of a branch of a tree nearby. The *aturaya* (the patient), now leaves wearily, yet confident that the ritual has done him good.<sup>2</sup>
- *Thovil* is an exceptionally interesting curative and therapeutic performance. It is a territory for demons to make their possessed healed. Apart from propitiation (which is common to all ritual theatres), exorcism occur in Thovil. In many instances, the demons are impersonated by masked dancers. 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. In this ritual, patient's syndrome is translated into the shape and form of otherworldly creatures that are brought under control by the kapuwa. The

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1. Fernando (2000) p. 124.

2. *ibid.* pp. 376–377.

performers confront them and accordingly, the demons are obliged to accept the offerings and depart.

The most intense moment in a Thovil performance is reached when the patient becomes violently possessed, and assumes the persona of the demon. At such times, the 'patient demon' is closely questioned, and forced to pledge that he will remove his evil influence and go away.

Man's manifold issues are a result of his thoughts. He is not only in constant struggle with his own thoughts but also with others. This unresolved mentality of the Sri Lankan can be sensed through the type of questions frequently asked at dramatherapy sessions and workshops: Why man is in a struggle with himself? Why does man lose his mental strength? Why isn't there any strength in man to regain himself? How can spirit world have an influence over man? Why does man bear different energy levels within him? Why does the medical system brand man? Why can't man keep his balance?

The complicated nature of these questions reflects the complex state a dramatherapy session would take in the Sri Lankan context. *The subtleties of Sri Lankan life need to be grasped to answer these questions.*

To commence, we characterise Sri Lankan society as one overburdened with anxiety. This state of psyche is due to the strong relationships it has nurtured from generation to generation. The family builds close links among parents, children, siblings, cousins, uncles, aunts and in-laws to interact with each other. Therefore, ongoing communication and consultation among members of the family creates a strong sense of security, but along with it anxiety prevails, for fear that some danger would be encountered by any member of the family.

Any crisis situation, whether man-made or natural, brings psychological disturbance as the Sri Lankans are wholeheartedly concerned of their nearest and dearest. The mental disturbance pervades into every nerve of the Sri Lankan social fabric and causes somatic, emotional, cognitive and behavioural difficulties.

The fear-psychosis of the Sri Lankan emerges in different contexts:

- Troubled moments (*dosha*) such as high fever, a crop failure, theft or a natural disaster are blamed on divine punishment for some moral transgression. This leads to emotions of shame or guilt, and call for prayer or penitence as treatment.
- If planetary positioning is bad (*nava graba dosha*) then people think that their downfall is imminent. To remedy the situation they worship tree-deities and especially, hang banners on Bo trees<sup>1</sup> for mitigating or avoiding the malefic effects of planets.

- The *Bahirawas* (spirits that are neither Gods nor demons) are believed to live underground or within air space, and are able to appropriate part of the wealth of the people and cause loss to their livelihood. Therefore, offerings to Bahirawa are made (*Bahirawa puja*) to prevent ill befalling those who occupy that land.
- *Rabukalaya* is an evil period of the day (inauspicious) that many try to avoid for the fear that nothing good can be accomplished during this time. Therefore people avoid leaving their houses, commencing a business or making wedding arrangements during this inauspicious time.
- The strong fear of sickness and death, especially caused by evil forces, is a great concern of the Sri Lankan and taboos are strictly followed to avoid calamity. In Sri Lanka, one could hear the term *kili* often used in connection with these taboos. This word signifies ritually forbidden, not allowed, polluted, unclean and hence to be segregated and avoided. The sanction comes into strict force through fear for the individual, family or society.
- ‘Evil eye’ and the ‘evil mouth’ are considered destructive. Protecting crops, children, and wealth from evil looks and words is arduous for most people. Such beliefs, feelings and actions are thought to form the person’s mind over which he or she has lost control.

The above is indicative of the obsessive state of the Sri Lankan mind. The fear ensues when strong *attachment* is experienced. It becomes one of the causes of many mental problems.

Gautama Buddha, in his radical teaching, pitilessly deconstructs<sup>1</sup> the psychic abnormality resulting from attachment. As he explained, all modes of consciousness are responses to sensory stimuli, and these responses are conditioned by predetermining factors from past volition. For example, where one person sees an object and is attracted to it, another may be repelled by the same object; the cause is to be found in mental biases set up in the past. All reactions, furthermore, are conditioned by a universal misapprehension of the real nature of the object. Therefore, misunderstanding takes the form of collective delusion (*myth building*); it constructs the world of sensory apperceptions and values out of the abstract world of forces which is the authenticity of physics.

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1. The Bo tree (*figus religiosa*) is considered sacred, since Siddhartha attained Buddhahood under it. Therefore, people construct temples and make offerings alongside Bo trees.

1. Eliminating repressive thought structures, past life volitions and mental imprints from mind.

Where there is in reality nothing but processes and events, an ever-changing flux of energies, the mind construes a world of things and personalities. In this world, human consciousness moves selectively, clinging to this, rejecting that, according to personal preferences of habit and prior self-conditioning. The consciousness-dominating factor, known to Buddhism as *avijja* (nescience), *moha* (delusion) or *vipallasa* (misapprehension), is essentially a condition of mental disorder, an hallucinatory state. The Pali axiom *sabbe puthujjana ummat-taka* ('all worldlings are deranged'), indicates that the whole purpose of Buddhism is to apply mental therapy to a condition which is accepted as the norm, is in truth nothing but a state of universal delusion.

Buddhist ethico-psychology asserts that the measure of immoral behaviour is simply the degree to which it is dominated by craving and the delusion of selfhood. This gives an absolute standard and an unchanging point of reference. It is when the ego-assertive instinct overrides conventional inhibitions that behaviour becomes immoral and therefore unacceptable. It is when the over-sensitive ego fears contact with reality that it retreats into a fantasy of its own devising. The confused individual creates his own private world of myth with its core in his own ego, and around this his delusions of grandeur of persecution or of anxiety revolve. Anxiety then passes imperceptibly into psychosis.

The ordinary man also, impelled by ego-assertiveness and the desire for self-gratification, is continually in danger of slipping across the undefined border between normal and abnormal behaviour. He is held in check only by the inhibitions imposed by training. The attainment of complete mental health requires the gradual shedding of the delusions centred in the ego, and it begins with the analytical understanding that the ego itself is a delusion.

The first of the fetters<sup>1</sup> to be cast away is *sakkaya-ditthi*, the illusion of an enduring ego-principle. This could be done only with an effort, beginning with and sustained by the exercise of will. There must first of all be the desire to put an end to suffering. That desire must be properly canalised into *Samma-pradhana*, the Four Great Exertions. These consist of the effort to prevent the arising of new unwholesome states; eliminate existing unwholesome states of mind; to develop new wholesome states; and to maintain them when they have arisen. The unwholesome states of mind are products of mental sickness that derive from the ego and its repressed desires.

The following poem gives briefly the function of man's ego.

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1. In Buddhism, fetters are the ten mental factors that bind one to rebirth.

## CHASING HIS EGO

see him chasing his ego  
 ceaselessly  
 calling for re-confirmation in  
 the limelight daily restless,  
 tortured mind grumbling of  
 sickness, ailments a pathetic  
 distorted image  
 of mankind in nature  
 yet, labelled 'successful'  
 'doing well' by society  
 which is the speed trap  
 setting momentum to  
 chasing his ego and  
 hastening his end  
 so quickly, so swiftly.

—erika dias (1991)  
*Poems On Liberty*

According to Buddhism, therapy is possible for repressed desires, through attenuation and sublimation. Visualising the passions as fire, Buddhism seeks to extinguish them by withholding the fuel. For example, sensuality is reduced in stages by contemplation of the displeasing aspects of the body, so that there comes a turning away from the sources of physical passion. Attraction is replaced by repulsion, and this finally gives way to a state of calm indifference. Each impure state of mind is counteracted by its opposite.<sup>1</sup>

Every man has a balance. A balance between dual realities—material and spiritual. It is the force to keep the man centred towards himself. This centric power makes man to be almighty; he is the decision-maker of his path. Therefore, man and his centric power are inseparable as heat from fire. Just as we cannot have fire, as 'thing in itself', after removing all the heat from it, nor can heat have any existence, if the fire element is removed from it, so too man is a power inherent in the centre. Fire is heat, in other words, heat is fire.

Progression of humanity depended on this centric power. All inventions were the creative energies flowed from this centre. During the dark ages of man's history, this vital energy was ignored. Under the veil of darkness, many creative people got persecuted and eliminated from this earth.

Those creative people, who survived the extremities of ignorance, have left

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1. Nimalasuriya, A. (1980) pp. 29–35.

us with creations that marvel many generations. Creativity is the conscious involvement to fulfil the purpose of life. There is no deviation from this purpose, and even if we deviate, we are still compelled to return unconsciously towards the gravity of this centre. One may call this gravity: Brahman, Self, Soul, Atman, Universal Consciousness, Cosmic Energy or God.

The unquestionable adherence to the centre evades the inquiring mind. Adam and Eve were safe until they were devoid of any inquiry, balancing them, in harmony with the centric vital energy, of which William Blake (1757–1827) adored:

Man has no Body distinct from the Soul  
 for that called Body is a portion of Soul  
 discerned by the five Senses,  
 the chief inlets of Soul in this age.  
 Energy is the only life and is from the Body;  
 and reason is the bound or outward  
 circumference of energy.  
 Energy is eternal delight.<sup>1</sup>

Subsequently, Adam and Eve lost balance. They lost affinity with universal consciousness. The rites were performed to exploit the tree of knowledge. Action of inquisitiveness paved way for deviation, disintegration, discomfiture and dependency. Intellection and materialism became the norm of man's life. The mysterious energy of man split and the here and now became blurred for him. He now resorts not on the centre, but on the pleasure principle, emanating from five senses. This gave way for many disturbances, mental and physical.

Buddha's teaching was that life is suffering (*dukkha*). He taught that the material world, thoughts, emotions, and ideas are all transitory and do not express or contain any eternal truths. All beings repeatedly experience pain and loss as they pass through innumerable lives, never able to emerge from a conditioned existence (*samsara*) created through their own consciousness. It is the suffering caused due to the attachment to the world and the products of one's own consciousness. This attachment, or craving for existence, causes beings to create mental views of the world and believe they are correct, to form relationships with other beings, to struggle and desire.

Hence, the moment sensorial organism of man starts creating quick photographic images of others and himself, causes a complete distortion of reality. It is a sensorial manipulation of emotions and thoughts. This makes the mind go

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1. Blake (1793).

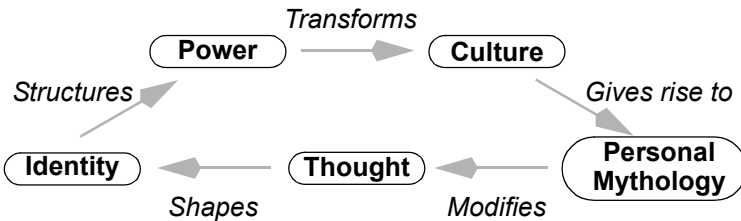
‘wild’ and constitutes ‘traffic of life’!

Thoughts are resultants of our inherent and innate tendencies or inclinations which the Hindus call *vasanas*. They are our experiences in many lives, and have left a strong imprint: *samsara*. Identifying keys to modify *vasanas* makes the mind ‘dispassionate’. It compels us to stop splitting and exteriorising, and become established in the centre. If management of thought imprint does not occur, then mind can drag man into a quagmire, making redemption difficult.

Gautama Buddha vividly maps the illusory function of mind. It shows the path to redemption and freedom from sensual entrapments for one’s mental and physical wellbeing. Even though this rich teaching hovers over us, to make ourselves enlightened; many have taken it for granted, in their perpetual struggle to erect and maintain an individualistic image of themselves. Of course, they feel proud of being Buddhist. This ‘clouded mind’ becomes the source of all mental drain, which causes detriment to man, his environment, and the people around him.

Let us now consider man’s personal mythology. Man’s imagined identity or *imagined boundaries* which is the mythic assumption of himself, revolves around employment, religion, caste, beliefs, gender, marriage, social status, education, colour and ethnicity. Imagined identity makes man to interpret himself and others; an unavoidable thought verdict, which is projective. It is a power play that gives rise to injustice in this world.

Furthermore, the power play makes man to perform multiple characters at different settings. He becomes versatile in exhibiting diverse faces in his power relationship, to enjoy the best position; always an exploited state, demoralising and depriving others. Such splits raise conflicts that can end in law courts or mental hospitals.



Under these circumstances man is in a trance, journeying to secure himself by having projective visions. His is a mythic performance of unbelievable power. His imagined world is larger than himself; living in it causes him to lose balance

or makes its weight fall on others causing them to be mentally and physically imbalanced. This imbalance causes the modern power project in psychology (DSM-IV)<sup>1</sup> to come into play, branding the victim. Man's mythic performance then equips the society with repressive tools such as ignominious attitudes and mortifying language to immediately exploit the situation to ostracise the person as a psychotic. One can now see the amplified and the dire image of the current mythic being whose ruthless discourse is ready to hand over a victim for psychiatric testing through drugs, therapy and even electroshock.

This personal mythology continuously works towards modifying thought. Hence, thought becomes the root cause of man's dominant mythico-cultural 'power project'. Hence, all experiences of present man should be considered a corollary of this dominant discourse.

In terms of developmental psychology, the individual is influenced by multiple surrounding factors that *idealise* himself. His idealisation weaves a web around him, from which cycle a new set of norms, patterns, beliefs, attitudes, values, and traditions generate. A new discursive world emerges with this multiplicity, which is considered absolute and super-real (the omnipotent).

Further, this super-real facet has the ability to discipline a society, an authority it commands over individuals and communities. The many taboos, norms and patterns which arise out of it as disciplining tools suppress the freedom, especially, the freedom of thought—which is the basis for all alternatives. Thus, a search for alternatives becomes a conflict within one's own thought-world.

Apart from this intra-conflict, man enters into inter-conflict, as well. Thus, conflict becomes an integral part of human existence. Conflict can simply be identified as emerging when a particular wish or impulse cannot be readily realised in a harmonious relationship with one's super ego and the external reality, including the people in it. When challenged with such a conflict, the individual brings into play certain mental defence mechanisms (religion, folk

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1. *The Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Ed.* (DSM-IV), published by the American Psychiatric Association, provides a common language and standard criteria for the classification of mental disorders. The DSM is used in the United States and to various degrees around the world. It is used or relied upon by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, and policy makers. The current version is the DSM-IV-TR (fourth edition, text revision). The current DSM is organised into a five-part axial system. The first axis incorporates clinical disorders. The second axis covers personality disorders and intellectual disabilities. The remaining axes cover medical, psychosocial, environmental, and childhood factors functionally necessary to provide diagnostic criteria for health care assessments.

beliefs and traditions) genetically determined and unconsciously operating to reduce the anxiety and the guilt, and permit partial gratification of the wish.<sup>1</sup>

Personal mythology drags man via conflicts into the dark pit of worldliness. To clamber out, fear has to raise its head. It reminds man of where he really needs to be, or to save himself from his problems here and now. This compels man to seek his available defence mechanisms; the forgotten energies in the centre.

Our discussion now turns to the ethno-cultural defence mechanisms available in the Sri Lankan context to salvage the disintegrated man.

As Varma states, there are a number of defences which are culturally determined mechanisms of allaying anxiety. These are available in a ready-made form for all members of the society to utilise in appropriate situations. Cultural defence has been defined as; 'Psychological defence mechanism, genetically determined and unconsciously operative, which allays anxiety and enables partial gratification and where the mechanism is provided in the form of institutions, customs, traditions, rituals, sanctions, prohibitions, folkways and symbols; and is available for the use of all members of the society in appropriate situations'.<sup>2</sup>

The dramatherapist needs to look at these mechanisms carefully, for they are resourceful. They provide clues towards the thought pattern of the individual and the possible therapeutic structures. In the therapeutic process, such structures become familiar and make the client feel more comfortable in strengthening his confidence towards the tools, process, and the therapist.

Some of the traditional healing practises are described below to make it easy for the reader to comprehend the ethno-psychiatry available in Sri Lanka.

### **Buddhistic Healing Practice**

When a man is sick or under demonic possession, a woman is in her last stages of pregnancy, a new enterprise is to be commenced, or dwellers are ready to occupy a newly-built house, *pirith* (protection) chanting is done by the Buddhist monks. Pirith are discourses of the Buddha which are believed to invoke blessings or summon to protective deities. Pirith is recited vigorously and in chorus causing a vibration that radiates loving kindness towards all beings and wards off all evil influences. It is believed that the echo of pirith chanting gets connected with the thought-waves of the sick person and that science works to heal the listener. After the pirith chanting, a *pirith noola* (a protective thread) is

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1. Varma & Gupta (2008) p. 60.  
2. *ibid.*

ted round the wrist of the person to expel the evil forces that have made him to fall ill. While tying the thread, the monks intone the following verse:

By the power of all Buddhas,  
Paccekabuddhas, and Arahants  
I bind this protection to you always.

The widespread notion is that pirith is capable of warding off hostile influence from evil spirits and preventing disease and misfortune.<sup>1</sup>

### Ritualistic Performances of the Sinhalese and Tamils

The ritualistic performances are for the welfare of a whole community or to an individual. In the communal theatre, gods are addressed annually (customarily at harvest time). Healing theatres such as *gam madu*, *devol madu*, *puna madu*, *kobomba kankari* and *sokari* of the Sinhalese, and the many rituals of the Tamils are to worship goddess Pattini (Sinhala variant of Kannaki celebrated in the Tamil classic *Shilappadikaram*), a powerful deity who helps farmers to cushion the shock of a bad harvest and receive the promise of a bumper harvest in the next season.

There are rituals to relieve an individual of demonic possession, or evil planetary influence. Both Sinhala and Tamil communities are obsessed with the thought of demons and gods, and have a lasting fear towards the spirit world. They propitiate the gods and the demons,<sup>2</sup> since they have their particular spheres of influence, to impinge, in various ways, on the affairs of men.

These ritualistic performances of the Sri Lankan contain the decisive elements of drama and theatre, improvisation and impersonation, speech and spectacle, pageant and procession, trance and ecstasy, chant and music, song and dance, trickery and magic, mime and mimesis, faith and fiction, farce and comedy, burlesque and bawdy, passion and purity, myth and make-believe, play and ballad, fantasy and truth, solidarity and social collectivity. Hence, 'the ritual has a dual aspect, human and divine.'<sup>3</sup>

*Daba Ata Sanniya* (mask dance of eighteen demonic illnesses) takes prominence among the rituals. It is related to eighteen sicknesses and portrayed through devil masks. This art must be understood 'as a distinctive type of symbolism. It is developed from the symbolic pregnancy of expression, but the direct and immediate formation of the expressive functioning of consciousness is achieved through the mythic symbol.'<sup>4</sup>

1. Fernando (2000) p. 37.
2. Sarachchandra (1966) p. 25.
3. Jung (1958) p. 197.

The prime target of the ritual being the thought, its defilement is always 'devilised', so that the process of purification involves the rite of exorcism, an action of trance, dance, song and act, to replace the person.

These eighteen *sanni* (sicknesses) have been created and brought down with direct relation to the six sense organs, viz, eye, ear, nose, tongue, body and mind. As a result of mental illnesses caused by never ending unlimited desires of the five sense organs, external sicknesses may occur and by curing mental sicknesses, external sicknesses is also cured.

The Buddha has preached in Roga Sutta that every human being is subject to mental ailments. They are also subjected to *pancha-kama* (the five carnal desires) that arise from *rupa* (sights, or forms), *abda* (sounds), *ganda* (odours), *rasa* (tastes) and *sparsha* (touch).

There is an appropriate Jataka story, called *Asathamantha Jataka* that can be cited as an appropriate example to confirm the blindness of love, arising from the five senses.

A teacher, leading a very peaceful and pious life, was teaching his students and also looking after his aged mother, who was one hundred and twenty years old. Among his students, there was one pupil who was also attending to the needs of his teacher's mother, while doing his studies.

For a long time, carnal desire takes place in the mother's mind, as a result of the touch of the youth's body, the fresh smell of his body, praising made by the youth, and the tasty food given by him. This ended in a disastrous manner. The old mother had taken action to kill her son, the teacher, to make room for her to live with the young pupil, according to her liking.

She has acted in this manner as she had suffered from *sabdonmada* (sound insanity), *ghandonmadaya* (smell insanity), *rasonmada* (taste) and *kamonmadaya* (carnal insanity), collectively, due to the aforesaid mental sickness.

This situation can be further analysed as the blindness of the mind, caused by the strong love or attachment towards an extremely lovable thing or 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* gives the truth and value of real love as opposed to blind love.

When *kana sanniya* is being performed, the exorcist (*yakadura*) brings to the

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4. Cassirer (1979) p. 31.

stage through his dance a visually impaired demon. It is presented before the patient suffering from visual impairment. How can this visually impaired patient see this demon and derive relief, mentally or otherwise? According to the ritual, what kana sanniya does is not curing visual impairment, but providing relief to a person who is mentally blind, due to excessive greed for visual objectives (*rupa thanba*).

The Hindu rituals call forth a myriad of gods, demigods, and evil spirits into the healing arena. Many a god and devil, those which bring sickness and sorrow upon the people, enter into the *kattadis* (exorcist), in an ecstatic dance. One can observe that when the sick person is in a state of trance, the respective gods enter into him. Thiruchandran in her latest book reveals her first hand experience at the Batticaloa Kannaki Amman Temple as follows:

I saw that the possessed women had completely abandoned themselves, their bodies twisting and turning, heads nodding up and down, eyes either closed or widely open, arms stretched out and wagging in the air. They speak in high tones, sometimes shrieking as though to emphasise some special message, unintelligible to the listener. The woman's self and soul are both submerged in the process. When watching women in trance, one is struck by the importance of sound: tinkling bells, drumming and accompanying music, chanting and singing.<sup>1</sup>

It is seen in Kali temples that more than men, women enter into a trance<sup>2</sup> and the rituals are conducted to relieve them of burdens they carry. The burdens are kept unravelled until the sick person speaks with the priest in her trance.

It is not only in the temples but also domestically certain rituals are performed invoking gods and goddesses to cure a seriously ill member of the house who encounters untold misery and sorrow. Thiruchandran states that 'women's rituals both at the temple and in the home are intricately connected to female sexuality and the need to control and regulate it under societal norms and cultural expectations, recognising the importance of the biological aspect related to the bodies of women. The rituals reinforce and perpetuate patriarchal cultural values and patterns of social organisation as static and unchanging

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1. Thiruchandran (2012) p. 103.

2. Thiruchandran views this phenomenon through gender politics and explains (*ibid.*) that the women in trance are 'to a great extent victims of external influences, both verbal and non-verbal. There is a sense of anxiety and restlessness, and the women's bodily movements reflect their mental instability and imbalance.

realities.’<sup>1</sup> This also tells of the vitality of female deities taking a central role in the lives of women.

Thiruchandran’s explanation highlights the fact that propitiation of these goddesses is a result of immense psychological disturbance that the women undergo, especially the women in the North and East who have experienced political murder, arbitrary arrests, disappearances, dislocation and deprivation. It is *suffering* that is reflected through their religious practice. They even go to the extent of fire walking and piercing cheeks with metal (*alabu paichchal*). Cassirer states that ‘we cannot dissolve this bond [between] mythical and religious’<sup>2</sup> as they become merged historically, causing archetypes from the transcendental realm to intervene in healing and re-positioning the individual.

### **Astrology as a Defence Mechanism**

Sri Lankans often consult astrologers before embarking on any major undertaking in their personal, educational, occupational or professional life. The astrologer makes an attempt to read the future of people in the stars. When hope and fear are perhaps the most general and deepest human emotions, the astrologer’s role becomes really vital. He becomes the healer, in many aspects of the Sri Lankan life.

The astrologer defines the rites and customs to follow, making the minds healed ‘at a time of crossing’. For, in the view of our ancestors, a crossing is when one is ‘neither here nor there’. At that moment, one is in a state of transition and this makes one’s status ‘ambiguous’. Anxiety takes the grip of the moment and controls the minds until the astrologer intervenes with his profound knowledge on stars, religion and magic to take care of the ambiguous state.

The astrologer predicts good and bad times that are decisive in one’s life. At the birth of a child, astrologer determines whether the child is going to pass through a good time or bad time and whether the child would bring luck or calamity to the family. Further, he provides suitable letters in the alphabet to name the child. There are moments that if a Sinhala family begets three girls consecutively, then the astrologer says to give the last baby girl to another family to adopt, as it is bad for the father to have the third baby girl in the family. There is so much damage this practice has caused in the minds of the girls when they grow up and learn of their real parents, which eventually leads to hatred.

A child’s literacy depends on an auspicious hour that the astrologer recommends and a child is not allowed to begin reading at his own will and fancy. He

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1. *ibid.* p. 92.

2. Cassirer (1979) p. 86.

or she is initiated into the alphabet by his or her elders, accompanied by some religious ritual. It is an event in the child's life that will be remembered with nostalgia. When a child reaches its third or fourth year, parents consult an astrologer to determine the auspicious hour to initiate the child into the alphabet.

Cultural 'crossing' in the Sinhala life implies insecurity and therefore ritual danger. When a girl attains puberty, it is considered a 'crossing' and therefore a period that a girl needs protection in a cultural or ritualistic sense. When parents, mother in particular, comes to hear of the physical change of the girl, the astrologer is immediately consulted for two purposes; to determine the auspicious day and hour to give her first bath, and, to cast her horoscope. The seclusion of the girl at puberty is meant to achieve two objectives; First to safeguard her from the sight of males and secondly to protect her from the evil eye of spirits. People believe that a girl or woman, left alone in a secluded place will be 'possessed' by evil spirits. In Christian homes the same practice could be seen and they make her accompanied by a *giraya* (nut cracker), some piece of iron or a rosary, items which are said to be dreaded by demons.<sup>1</sup>

The time of first bath is fixed by the astrologer who fixes an opportune moment and foretells the type of marriage she is likely to contract in the future. The water is poured by an elderly woman, with a fresh pot in the early hours of the morning so that no unworthy person may set eyes on her. The pot is broken at the end of the ablutions. Having anointed her body and put on fresh clothing and new ornaments, she steps out of her seclusion. The first act is to salute her elders in the traditional style, prostrating before them.<sup>2</sup>

The elaborate ceremony that transforms a man and a woman to become husband and wife is another important 'crossing' in Sinhala culture. First, the couple step on the *poruwa*<sup>3</sup> at an auspicious moment specified by the astrologer. Getting off the poruwa is also done at a precise moment determined by the astrologer. One of the most important rites of the poruwa is the tying of the little fingers of the right hands of the couple with a fine thread and the lay-priest pours water from a golden pitcher into their hands. Water is brought into the scene not only because it is a symbol of fertility but also because it is a symbol of transfer.

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1. Fernando (2000) p. 101.

2. *ibid.* p. 139.

3. A platform with floral decorations and other symbols of prosperity.

## **Dreams**

Dreams are of great import as they govern both the thought and behaviour patterns. In Sri Lanka, the belief in seeing the dead interprets as receiving some message (good or bad). A friend of mine mentioned that she saw a funeral procession and also the pyre being lit. She was extremely worried that she would die before her husband. But then again she appeased herself by resorting to the astrologer who said that she will live for a longer period and she assumed that she would not die at an early date. Another lady told that whenever she sees her dead mother that something good happens. It is not only the dead, but snakes, floods, earthquakes, accidents and space excursions are seen in dreams for which people attribute good and bad qualities. Dreams are the uncertainty of all moral valuation, the bewildering interplay of good and evil, and the remorseless concatenation of guilt, suffering, and redemption. Freud (1900) saw dreams as symbolic expressions of unconscious wishes that have been carefully disguised by an internal 'censor'.

## **Death as a Cultural Buffer**

Death as a strong ritual is experienced by the Sri Lankans by wailing in grief and pain, recalling the virtues of the dead person. The wailing becomes collective when others, too, join the chorus and the death turns into a socially valuable cathartic event. The sorrow and grief binds people together and a supportive collective is formed to face the conditions. Never in Sri Lanka can one find people talking ill about their dead ones. They respect the dead and commemorate them; the good quality is remembered and wish them good life after death. It is also the custom among the Sinhalese to refer to the death of a beloved person, using euphemism. Thus, instead of saying that someone died, they say that someone 'was lost' or 'underwent a calamity'. Direct reference to death is avoided for another reason, for the fear that such an utterance would cause disaster, due to the magical link between death and the sounds that refer to it. Funerary rites, like all other rites of passage, ensure the safe passage of the dead, from this world to the next. The period during which the corpse lies in the house is from a folkloristic point of view, one of ambiguity, because at that time, the dead person is neither here nor there; not here because he is dead, not there because his corpse is still here. This ambiguity has given rise to a whole complex of rites—religious and cultural—that make life safe for both the living, and the dead.

### Hell as a Karmic Result

Man's immoral behaviour is always stressed in Buddhist religiosity as leading to *apaya*, which Christians call hell. Torture is contained in the idea of hell and makes reference to the deeds of man—the *karma*—that would be decisive at time of death. 'Sin', 'hell' and 'torture' are combined in this story to compel abstention from committing a deed that would harm any form of life. Buddhists and Hindus have taken this thought very seriously and are governed by an eternal fear. The gravity of any sin committed, as believed, could be eased through engaging in good deeds. For the Christian, the sinful being is purified through the ritual of baptism. It brings a strong sense of revival to the new born child who is given into the hands of God for protection. The role of Confession in the Catholic Church has the same underlying assumption, and it is similar to the concept of cathartic treatment introduced by Freud and Breuer, since confession involves the recall, revealing, and release of forbidden thoughts, actions, and repressed emotions.

### Valued Life After Death

The Buddhist and the Hindu hope for better life after death. Many attempt in altering habit patterns and propensities of past lives to end the samsaric journey. It is evident that some have attained *bodhisatta* level, a liberated individual, who would be born as an enlightened being. They are considered angels in Christianity and devas in Hinduism. In the rituals we see them appear in people's direct experience and become helpers. They should be treated as those who have concluded their birth-rebirth cycle. They do not have any karmic obligations. They, in their subtle bodies come to serve man.

On the other hand, those who craved and had immoral behaviour on earth are considered born as pretha and cause ill to those living. They are not in any way angelic in character, and carry the task of possessing the living whom they consider as their bait. Such possessed are treated in many rituals discussed earlier. 'There is now neurophysiological evidence that people, when possessed, go into an altered state of consciousness, as revealed by brainwave data ... when possession occurs, the brainwaves suddenly jump in frequency to the unusually high beta range of over forty hertz.'<sup>1</sup>

Thus, reality of quantum memories emerges as subtle bodies and act independently in serving or disserving man. They act through man and live through man. They are omnipresent. This may be a weird idea to the modern mind, but even the West has now come to accept this concept.

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1. Goswami & Goswami (1997) p. 100.

In Sri Lanka, it is believed that evil spirits could take the form of a black cat or a black dog which you may encounter while walking or driving. They suddenly cross the road or enter a house only when a lonely woman or small children are there. People consider Mahasona<sup>1</sup> as a dangerous evil spirit that could destroy lives of one's household. People also say that when passing a cemetery this black dog always come towards the person enlarging it and that there is no escape. Mohini is another apparition, especially men fear. She sucks blood causing death and therefore, men fear to pass lonely places in the midnight. It is in the same thought that women are told not to stay alone or fry anything outside during dusk, because the devil's eye (*kalu kumara dishtiya*) fall on women and they will be possessed.

Thus beliefs, traditions, and rites become the common background and the common basis of our human world.<sup>2</sup> Rites act in correlation with the mythic world of man. It is in fact the counterpart of myth, and always a social phenomenon. It is not an expression of thoughts or ideas; it is a group of thoughts, expressing some fundamental collective feelings and desires. Hence, 'social passions, from the lowest to the highest notes, appear and burst forth in the creation of myth.'<sup>3</sup> Further, rites position man on the basis of *power relations*. It brings man's identity and characteristics into consideration and such relations of power are exercised over bodies, multiplicities, movements, desires, passions, and forces.<sup>4</sup>

Rites manifest the agentic position taken by the gods and demons. They, with their super-real powers, assist man, who is the source of all fear, to make a comfortable transference of his sickness to the external force. Hence, gods and demons are magnified to unexpected heights, from whom all mercy is expected. Our discussion quite amply showed how these super-real powers receive or possess influence over humans. Current research on life after death, and the latest developments in quantum physics, has brought ample and acceptable explanation to this effect.<sup>5</sup>

The vitality of the act of transfer resides in the most ethical fact of refraining from imposing chastisement against one's self or another, for the cause of any calamity. The blame is vested on the unseen; visible through masks or idols

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1. It is claimed that Mahasona uses a black dog as the vehicle. When its influence is felt, people see the apparition of a black dog and faint off; some have the hand print on the body where the apparition struck.
  2. Cassirer (1979) p. 87.
  3. *ibid.* pp. 237–238.
  4. Foucault, M. (1980).
  5. Goswami & Goswami. (1997).

made of wood, iron, silver or gold—characters of omnipower, metaphors functioning at a distant region. First, the distance provides the initial comfort in abdicating the person from the guilt feeling, in having to bear the blame for the ill deed. Second, the metaphor supplies a difference; a different story to what had really happened, submerging the exposition of the real story. In both ways the individual is relieved and healed. This dual value of the rite is creatively exploited by man to change his inner conditions. Thus mythic performance becomes a safe sphere for the man to remember his lost aspects of life. The conscious inclination towards adjustment of his thoughts is engendered, and the rite touches the conscience (centre) of the person.

Man's effort to get rid of his *vasanas* and transcend mental agitations to see the Divinity in himself, is exposed through rites. Why man engages in meditation, yoga, *bajan* (devotional songs), and prayers could be understood in this light. All these tools focus thought energy towards *samadhi* (one-pointedness of mind; becoming equal with one's self). The plethora of rites prevalent in Sri Lanka is self-explanatory of the detailed, timeless and patient act of man in experiencing an unbound joy, in identifying with the *universal consciousness*. As Sankara says, 'Whoever gets joy, gets it from touching Brahman,' a statement to indicate that the magnet lies within and not elsewhere. Mythic performance is this unbelievable magnetic play.

Moreover, Jungian collective unconscious is predisposed throughout these rituals. This collective unconscious makes all to react to certain stimuli in the same way, which is responsible for our intuitive understanding of primitive myths, art forms, and symbols as universal archetypes of existence. As Jung says, an archetype is a primitive symbolic representation of a particular experience or object. Each one is associated with an instinctive tendency to feel and think about that object or experience it in a special way. We, in Sri Lanka exercised our archetypes throughout history and in mythology: the Sun God, Hero, Mother Earth, which are typical of what Jung has postulated.<sup>1</sup>

Since ritual drama possesses a vital communal and collective base, the individual distress is brought into the public domain, through the performance and the viewer's vitality in the healing, by sharing responsibility for the curative and therapeutic procedures. In order to make this strange fact more intelligible to the reader, it must be pointed out that just as the human body shows a common anatomy, over and above all racial differences, so too, the psyche possesses a common substratum, transcending all differences in culture and consciousness.

This substratum is the collective unconscious. This unconscious psyche is

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1. Zimbardo (1975) p. 398.

common to all mankind. It does not consist merely of contents, capable of becoming conscious, but of latent dispositions toward identical reactions. The fact of the collective unconscious is simply the psychic expression of the identity of brain-structure, irrespective of all racial differences. This explains the analogy, even identity, between various mythic motifs and symbols, and the possibility of human understanding, in general.<sup>1</sup>

One may, in the present high-tech world, try to view myths from an objective point of view and fail to realise the depth of it. Understanding of his nature and nature around him was accomplished by the primitive man by engaging in mythic rites that in return made him to be a mysterious being. The world of myth is not a world of natural powers that may be reduced to certain causal laws but a *discursive world*—a world of actions, rules, taboos, prayers, invocations and interactions. This is without any doubt a sort of objectification; but it is an objectification of a special direction and tendency.

What is vital to note here is that in the mythological discourse man objectifies his own deepest emotions; he looks at them as if they had an outward existence. But this new objectivity is throughout bound up within the limits of personality. However, man tries to exteriorise and realise his mythical thought. All sorts of affectations—fear, sorrow, anguish, excitement, joy, orgasm, exultation—have, so to speak, a shape and a face of their own. In this respect we could define myth as a physiognomic interpretation. Everything in mythical thought assumes a special physiognomy. Man lives in the multiplicity and diversity of these physiognomic characters and he is constantly influenced and impressed by them as we witnessed in all the beliefs and rites elaborated in this note and elsewhere. The things that surround him are not dead-objects; they are filled and impregnated with emotions. They are benign or malignant, friendly or dreadful, familiar or uncanny, which inspire confidence or awe or terror. By this we can easily explain what seems to be one of the fundamental features of mythical thought. If this thought is bound to any definite rule, it is not a rule that may be compared with the commonly accepted rules of nature and of scientific thought.<sup>2</sup>

Unquestionably, we need to join this rhythm to experience the mystery. By being outside that reality, no definition is possible. For we are mysterious: only an atheist can understand other atheists, a scientist other scientists, a *sanyasi* other *sanyasis*. Every performance is beyond definition.

For the past two thousand six hundred years of Sri Lankan history, this

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1. Jung (1958) pp. 308–309.

2. Cassirer (1979) p. 172.

mythic performance has kept the local communities moving in awe and has also sustained them as a strong and caring 'healer'.

Finally, in their own socio-cognitive contexts, Sri Lankans have their rites, beliefs, and values which are seen as obviously correct, and are constantly reinforced by traditional and customary social practices and expectations, making their mythic performance to thrive. Positively, these cultural practices are a strong defence mechanism to help the individual to return to normality. It is vivid that most educated people today do not try to explain epilepsy, brain damage, genetic disorders, neurochemical imbalances, feverish hallucinations, or troublesome behaviour by appealing to the idea of trance or demonic possession.

Anthropologists and psychologists may see these elaborate set of social rites and behaviours in Sri Lanka as consequences of *altered state of consciousness*. As per our understanding the mythic being cannot be explained through psychiatric terms. He is a construct of a complex process. Under these circumstances, any attempt to deal with mental issues requires delicate understanding of the prevalent cultural discourse, to challenge the already established structures in the client's mind and to re-position him diffusing the complications. Ignoring the culture can jeopardise the whole therapeutic effort. Therefore, it is obvious, that in the Sri Lankan context, structured dramatherapy should be garbed with a culturally attenuated practice to make decisive confrontations causing clients to become change agents of their own stories.

# 5

## DRAMATHERAPY PRACTICE

*'If ever my life can be of any use to you, come and claim it.'*

—Anton Chekhov

Dramatherapy practice in Sri Lanka, as explained in Chapter 4, requires a subtle approach. The cultural conditioning of the local makes him to view his problems beyond clinical findings. It is a demand to be humane towards any mental or physical disability. To limit the sickness to the periphery of DSM-IV becomes an unjust act in the Sri Lankan context. The therapist risks himself if he does so. For the therapist to be trapped in the text of the diagnosis not only oppresses the client (by giving him a label), but also destroys the therapist's humanity (by encouraging him to think of the client as a label instead of a human being—"The gall bladder in room 14"). It negates all possibilities for the client to emerge as a source of power; rather, it turns him to be an object of the therapist, therapy, drugs, and other possible power structures.

Many conventional therapy 'realities' such as the classification of disorders contained in the DSM-IV are no longer seen as actual states of being, but as historically situated ways of talking which have constitutive effects in the way clients and therapists are positioned in terms of identities, obligations and entitlements.<sup>1</sup>

Therefore, our anti-method resists definition. It looks for how a problem is produced the way it is, rather than wanting to pin it down and say 'this is what it really is.'<sup>2</sup> When dramatherapists look at the text of a diagnosis ticket, they look for ways in which their knowledge is restricted in the appreciation and interaction with the patient and his problem. It is all about the role of power<sup>3</sup> in defining problems. This leads us to explore the way in which our own understanding of problems is located within such discourse, and reflect on how we make and may remake our lives through moral-political projects which are embedded in a sense of justice<sup>4</sup> rather than given psychiatric diagnoses.

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1. Lowe, R. (1999) p. 76.

2. Derrida, J. (1983).

3. Foucault, M. (1980).

4. Derrida, J. (1994).

In Sri Lanka, our reading is done differently. It re-defines the roles of the client and the therapist beyond set power structures. Furthermore, it views our multi-ethnic society via its historicity (beliefs, traditions and values). Whatever a client brings with him for therapy inevitably contains the aspects of historicity and power play within a community. What is signified of him tells of the role adopted by him within these structures. It informs of his capacity or incapacity to deal with the existing politico-cultural conditions. Therapist needs to make a subtle reading of this complex human existence to understand and empathize with him.

I have cited here a few of my experiences, depicting the humanist perspective in the application of dramatherapy. This may help the reader to see a profile of my practice. They, too, will highlight the numerous difficulties I encountered with my clients.

My curiosity and interest in the client help the empathic involvement, and the progression in his exploration. Foucault suggests that curiosity,

...evokes concern; it evokes the care one takes for what exists and would exist; a readiness to find strange and singular what surrounds us; a certain relentlessness to break up for familiarities and to regard otherwise the same things; a fervour to grasp what is happening and what passes; a casualness in regard to the traditional hierarchies of the important and the essential.<sup>1</sup>

Hence, the open-minded dramatherapist thinks and notices differently. It is not only he who benefits from this, but clients, too, become curious about their own lives, knowledge, experiences, beliefs, choices, and options. This leads on from a reassessment of themselves and their previous understandings to wonderings and speculations about future possibilities for themselves.<sup>2</sup>

Let me draw attention to the non-verbal communication in dramatherapy. Many people are prone to be silent about their issues, and this *interiorising* is common in Sri Lankans, who bottle up their emotions and avoid verbal expression. The support and guidance of the dramatherapist help the client to open up, understand and embrace his issues. The dramatherapist has the ability to listen, read, and act on the client's silence. It brings colours, music, art, miniature figures and any object of interest that guide the client to emerge from his trauma and to have settled emotions before he could directly look at the eyes of the therapist.

As a practitioner, I have avoided entering into conversation as an expert on

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1. Foucault (1989) p. 198.

2. Drewery & McKenzie (1999) p. 148.

the client's issue; neither has become a non-directive counsellor. I have tried to be an interested (and possibly expert) co-enquirer. In this way I have tried to develop the attitude of respectful curiosity in order to ask the kind of questions that can help the client to 'undo (the problem) from within by drawing attention to elements of it that are susceptible to change.'<sup>1</sup>

I do not see any concern for a dramatherapist to compete for ideal answers. There is no one truth. Nor does he need to compete in getting things right. The client should not feel that the therapist is trying to undermine his deeply held personal beliefs, or that the therapist is trying to *convert* him to the therapist's way of thinking.

The whole effort of the therapist aims at:

1. Re-positioning the client as the agent or active subject, and
2. Noticing mutually self-contradictory understandings which have lain dormant, unnoticed, or taken for granted in the client's own understanding of the world.

This therapeutic intervention produces moments of personal struggle, uncertainty, decision-making, and eventually, new understanding. These manifest as changes in feeling and behaviour. In no way does this intervention judge the client or imply how wrong he is. Also, the therapy is neither a magical nor technical intervention. It uses language (silence, pauses, words, actions, smiles and tears) which highlights that we create our own worlds. It is an ongoing collaborative process looking for many meanings of the person's life. Hence, the dramatherapist helps the individual to be autonomous in tracing the appropriate alternatives to place himself as the actor and agent of his own life.

To make the reader grasp the dramatherapy practice better, and to follow the cases given, the phases of a dramatherapy session (as discussed in Chapter 3) are outlined below.

### Phases of Dramatherapy Practice

| Phase       | Activity   |
|-------------|--|
| 1. Check-in | Clients get to know each other and share how they currently feel.  |
| 2. Warm-up  | Free movement, ice-breakers, and theatre games to relieve the client of any blocks. Prepares imagination to work together creatively and safely. |

1. Davies, B. (1991) p. 42–53.

### Phases of Dramatherapy Practice (cont.)

| Phase  | Activity   |
|--|--|
| 3. Over-distancing<br>( <i>client is not ready to view the issue</i> )     | Exploring issues through metaphoric and fictional means. Techniques such as storytelling, sculpting, puppets, muppets, various objects and improvisation are utilised.   |
| 4. Under-distancing ( <i>when client is ready to challenge the issue</i> ) | Role play and verbatim theatre. Psychodrama helps the client to face the issue.  |
| 5. Debriefing & de-roling  | Discussion with client on how he feels and what he thinks of the effectiveness of metaphors and role-playing. Further targets are set for the next session. It is important for the client to de-role in order to return to real self and to grasp the difference between the imaginary and the real worlds. |

#### A. POST-TRAUMATIC STRESS DISORDER

PTSD is a cluster of psychological symptoms that can follow a psychologically distressing event.<sup>1</sup> Jayatunge (2004) states that the essential features of PTSD reaction are hyper-arousal, re-experiencing of aspects of the stressful events and avoidance of reminders.

Whilst there are some common symptoms between PTSD and other forms of stress, such as physiological arousal and problems with memory and concentration; the major difference is that in PTSD the sufferer has experienced an incident which is outside the normal life pattern. In the initial stages, following the event there is a normal reaction to the abnormal experience—PTSD develops at a later stage, usually after approximately one month.<sup>2</sup>

The essential feature of PTSD is *severe anxiety* (a state of constant alarm and arousal) that develops after experiencing a traumatic event such as rape, natural disaster, war, learning about a violent or unexpected death of a family member, or even being a witness or bystander to violent incidents.

1. Jayatunge (2004) p. 01.

2. Winn (1994) p. 03.

Severe stress is something that destroys the equilibrium of the inner schemata of the self and the world. Serious traumatic events shatter a person's idea of reality. Such overwhelming events cannot be immediately accepted or integrated in conscious awareness due to the risk of psychological breakdown. As such the details of the events are denied or repressed to penetrate deep into the unconscious where they leave an imprint. They have to be slowly assimilated and the inner models of the world that have sustained the person must now be changed to accord with the new situation. Such revisions take time. The new information must be processed, interpreted and integrated.<sup>1</sup>

Researchers have found that learning, memory, and emotion all play a key role in PTSD.<sup>2</sup> Particularly, research suggests that the hippocampus, the amygdala, and the prefrontal cortex are involved in the impairment of explicit memory, alterations in emotional memory, and decrease in working memory.<sup>3</sup> Upon experiencing a traumatic event, a memory is consolidated, or stored, and usually is associated with a negative emotion resulting from the trauma. In PTSD patients, that traumatic memory can be re-activated by external triggers. Ultimately, following re-activation, the traumatic memory is re-consolidated. From this, it appears that possible treatment options for PTSD should focus on memory extinction, as well as improvement of emotional and working memory.

Research highlights memory extinction as a possible form of treatment for PTSD.<sup>4</sup> Extinction does not mean the loss of a memory, rather, it refers to 'a new second memory [that] is formed without destroying the old one but rather suppressing its expression'.<sup>5</sup> In other words, PTSD treatment involves changing an initially negative emotional memory into a positive new one.<sup>6</sup> With this in mind, Högberg and others<sup>7</sup> created a therapeutic model for PTSD based on the idea that positive emotions, those that arise from rewarding experiences, enhance memory extinction. The model aims to decrease the intensity of flashbacks as well as increase the patient's detachment from the traumatic memory.

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1. Somasundaram (1998) p. 166.

2. Brohawn and others (2010) *Biol Psychiatry*. 68:1023–1030.; Van der Kolk, B. (2006). *Annals New York Academy of Sciences*. 1071: 277–293.

3. Elzinga and Bremner (2002) *Journal of Affective Disorders* 70: 1–17.

4. Myers and Davis (2007) *Mol. Psychiatry*. 12:120–150; Sotres-Bayon and others (2004) *Lear. Mem.* 11: 525–535.

5. Tronel and Alberini (2007) *Biological Psychiatry* 62(1):33–39; Yehuda and LeDoux (2007) *Neuron*. 56:4.

6. Nader and others (2000) *Nature*. 406: 722–726.

7. Högberg and others (2011).

The authors argue that treatment should address the tripartite complex of episodic memory. This complex includes ‘perception, reaction, and motor impulse’.<sup>1</sup> The authors also suggest that the complex can be explored through play, which by extension, is applicable to dramatic expression.

The Högberg model, which places emphasis on the use of imagination, resembles models used in dramatherapy. David Read Jensen’s Developmental Transformations method (DvT) addresses the three aspects of emotion and episodic memory in the tripartite complex.<sup>2</sup> DvT uses free play and improvisation to explore past memories.<sup>3</sup> As Johnson puts it, ‘similar to meditative practice, [the individual] is asked to allow thoughts and feelings to arise, to contemplate them, and then to let them go as others arise’.<sup>4</sup> The use of the body is also vital for Johnson’s therapeutic model, for improvisation enables the individual to react to inner emotions through dramatic movement. Therefore, declarative and non-declarative memories are explored with distance, given that dramatherapy is an indirect approach that does not require the narration of the traumatic event. PTSD patients have difficulty directly narrating their traumatic experiences. For these reasons, there is evidence to suggest that, in comparison to traditional therapy, dramatherapy is more beneficial.

Similarly, Theatre of the Oppressed (Forum Theatre) is suitable for PTSD patients because it attempts to overcome their difficulty in accessing declarative memories. Boal believed that the effectiveness of Theatre of the Oppressed was associated with neuroplasticity and that the ability to change the brain through drama was based on aesthetic communication.<sup>5</sup> This aesthetic communication uses dramatic action to access memories. Research suggests that the experience of traumatic memories is pre-verbal, which makes verbalisation difficult.<sup>6</sup> Theatre of the Oppressed, as with other dramatherapy approaches, allows individuals to overcome that obstacle through nonverbal symbolism. This way, dramatic communication replaces verbal communication. The duality of ordinary and dramatic realities enables the individual to turn the sensory experience of their memory into a dramatically expressed metaphor. Despite its reference to the ordinary world, this metaphor is created in the dramatic world. It is a reality within another reality. Here, the dramatherapy setting serves as a laboratory. Imagine that the memory is held in a specific part of the brain, so that the

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1. *ibid.*

2. *ibid.*

3. Johnson and Emunah (2009) p. 89.

4. *ibid.* p. 90.

5. Boal (2000).

6. Harris (2009). 36(2):94–104.

physical representation of that section serves as the metaphor of that memory. The individual can place this section of brain tissue on a glass slide. Then, the slide is observed and analysed under the microscope. Although the metaphor is still part of the individual; it has become distant, emotionally detached and seen through a different lens. Similarly, through dramatic expression, those who suffer from PTSD may become emotionally detached from their traumatic memory.<sup>1</sup>

Evidence suggests that PTSD is associated with neural systems involved in emotion, cognition, and memory. Moreover, researchers propose that alternative, non-narrative therapies constitute a viable alternative to traditional verbal therapy.<sup>2</sup> In fact, dramatherapists use drama-based, non-narrative techniques to work with those suffering from PTSD. However, the fields of neuroscience and dramatherapy appear to be reluctant to merge, as neuroscience deals with memory extinction and dramatherapy deals with the imagination of the client.

Both neuroscience and dramatherapy have developed methods to place emotion, memory, and cognition at the basis of PTSD treatment. In neuroscience, research suggests that ‘memory extinction’ may be one of the steps towards PTSD treatment. As a result, treatment should highlight the rehabilitation of those functions because inhibition and emotional responses have a negative impact on patients with PTSD. In dramatherapy models, dramatic expression enables the individual to explore behaviour, emotion, and memory through imagination. Moreover, playfulness within the dramatic reality uses cognition and movement to promote positive emotions and creates new memories. This is to say that dramatherapy may have the ability to become the stage for a potential PTSD treatment. In addition, a long-term evaluation should take place in dramatherapy research to assess whether memory extinction, or impairment of memory re-consolidation, is possible through drama.

In the end, although dramatherapy may not be suitable for all individuals suffering from PTSD, it can help many. In cases 1 & 2 below storytelling was useful during the process of normalisation, as it facilitates the use of a metaphorical structure. The metaphoric nature of the story allows the reader or listener to maintain an emotional distance from the traumatic event while absorbing the metaphors as they apply to their situation. They may identify with a particular character, event or emotion, and it is common for different aspects of the story to resonate at different times.<sup>3</sup> As part of the normalisation

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1. Batista, L. (2012).
  2. Precin (2011). 38(1):77–81.
  3. Winn (1994) p. 17.

process, the sharing of stories with children or adults is another way of saying 'it's okay, you're okay'. The impact of 'The Little Horse' and other folk tales were indicative of the successful mode employed, in causing the change.

### **Kalutara: Fifteen post-Tsunami Children Aged 6–12**

Among the fifteen children, there were a few who were silent because the gravity of the trauma was too much for them. The check-in further 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 others had lost courage to face the situation. I felt that storytelling would help to bring the attention of the child that would also help in 'distancing' the experience. The story selected was a Chinese folk tale, 'The Little Horse'.

In this story, the mother horse requests the little horse to take a bag of wheat to the mill, but the little horse thinks that he would not be able to cross the stream, that he would drown. His friends resolved his doubts; they assured him that it is not deep, and since the little horse is not a small animal, he could cross to the other side safely. The little horse crosses the stream with the encouragement he received and was able to go to the miller and return home safely with the flour.

As children love to listen to stories, their attention was so strong they immediately empathised with the characters. The children were then instructed to act out the story. They selected their favourite character to enact the scenes. Children have the innate quality of getting attached to animals and objects which means that they have a strong imaginary power to move away from any traumatic situation immediately. Even those children who initially found it difficult to be with a group, made gradual improvements in adjusting themselves to engage in the process of storytelling. 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. The image of the calm river flowing smoothly was created, in contrast to the roughness of the Wave that attacked them. The children had the instinct of acting against their fear they had for water. The fear for water was seen 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 strong cathartic move taken by the children.

As one child stated, 'I feel freed after this drama.' This freedom is the purging of negative emotions of fear, hopelessness, lack of courage, loneliness, despair and isolation.

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 what they felt. The discussion started just after a good applause to help the child to de-role. 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 her 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 of 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 flowing joyfully.'

These statements show of how children manage their mental states to face the outside world. Imagination, impersonation and imitation gave them an opportunity to pass into an imaginary time and return to the real time. Intra-psychic changes occur with this time movement. Once a week the children swayed between the imaginary and the real. Each session was limited to two hours. It was a time for the children to act, talk, sing, move, dance and interact. Removal of tension was visible and the children moved to a relaxed state. They started to share their thoughts on seeing water, being in water, being supportive and building courage. It was indicative of their readiness to be more expressive of their real life experience.

Children expressed their thoughts that a tsunami is a natural phenomenon and that people have to face the situation by taking necessary safety measures. They understood that they lost their dear ones for unavoidable reasons and that they needed to accept the situation. The discussions turned how people can take care of the natural environment in order to prepare for or stop such situations. Stories were read to the children on how a tsunami affected Lanka in the past. The story of Viharamaha Devi<sup>1</sup> over 2200 years ago, during the reigns of Kings Kelanitissa and Kawantissa in second century BCE, tells how the Indian Ocean overflowed.

However, the story of Viharamaha Devi is thus: King Kelanitissa who was

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1. Brohier (1935) p. 62.

angered over a love affair between his wife and his brother, executed a Buddhist monk. The Devas of the sea and the guardian deities of Sri Lanka were angered by this rash act and the sea began to encroach rapidly upon the west coast of the country.

Kelaniya, which was then seven *gammas* (45 km) away from the sea, was reduced to less than six. To appease the Devas of the sea, King Kelanitissa's daughter, Princess Devi, was placed in a boat and launched into the ocean as a sacrifice. The floods then subsided. According to the Mahawamsa, King Kavantissa married Viharamaha Devi who became the mother for Dutugemunu.

In the under-distancing process, children acted out the tsunami and girls took turns to be the Princess who was given to the sea as a sacrifice. This supported a shift in thought, since children had the presupposition that being good to others makes one's life secured, as reflected through the character of Viharamaha Devi. This entails the Buddhist concept of karma; good and bad deeds that ultimately decide one's course of life. After the enactment of Viharamaha Devi's scene, this spiritual thought was taken up for discussion. According to the children, those who survived the tsunami were the ones who had not committed any bad deed. They were pleased to feel as good persons. This cultural thinking helped the children to let go of the trauma to a great extent.

Further discussion helped children to understand that man's cruelty towards nature contributed towards tsunami. 'Preservation of nature' was one of the topics taken up in the under-distancing phase. Children wanted to enact as trees, bees, butterflies, deer, elephants, and fish to show how nature could be protected. They created a positive perception about protecting wild life. The whole enactment lasted for fifteen minutes, after which the children articulated on social responsibility. I proposed Gandhi's idea of 'You be the change first'. The children responded to it with the following:

- 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 of the discussion, the children were more confident of their social involvement and wanted to move towards having an exhibition on protecting natural environment. The last phase of the therapy programme was to exhibit

posters, human sculptures<sup>1</sup> and enactment of scenes about saving the natural environment.

### **Trincomalee: Ten War Orphans**

The priest who conducted the orphanage reported that some of these children would cry at night and wet their beds; others were silent the whole day, and sometimes fought violently. I worked for two months with these children using stories, muppets,<sup>2</sup> role playing and sculpting. They were disturbed by fear, hopelessness, anger, and loneliness because of the war.

Initially, to avoid re-traumatisation, I used story-telling. Folk stories were used to generate laughter. Laughter is a strong method of healing. This story-telling happened for a whole week. In the same way, another whole week was spent making muppets to enact the folk stories. Children empathised with the characters and expressed how they felt of them. In this manner they were helped to put out their emotions which relieved them unconsciously of the burdens they were carrying. The discussions explored deeply into their inner feelings and helped them to articulate their thoughts.

For two weeks I worked with them using under-distancing techniques to view their problem in a closer manner. The children discussed their experience with war and the feeling of not having parents or relations. Role playing made them to enact as a deceased parent or a sibling. The relationships they had with the deceased ones were acted out. They spoke good of them and believed that the dead enjoy a good life in heaven. These beliefs function as trauma buffers.

The debriefing sessions helped them to think aloud of how they felt being in the new family. They saw the new community as a supportive structure. The activities and discussions helped them to see new friends whose emotional support came as a great strength to cope with the current situation. They understood that they were no longer alone and that someone was always available to talk to and play with. The priest reported that, as this work progressed, the children had stopped fighting, bed-wetting, screaming and crying.

### **B. TRAPPED AT HOME**

Most women who came to receive therapy were found to be under severe stress for not being able to go out or have freedom at home. They were completely engaged, willingly or unwillingly, in household chores as traditional culture in

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1. See Chapter 8 "Sculpting" on page 123.

2. See "Tools For Distancing" on page 144.

Sri Lanka expects a woman to care for her family. Therefore, housewives consistently report of depression.

The woman feels that she is not a person in her own right, merely a mother and housewife who has no status because the needs of others are more important than her own. Some 'modern' families have got away with this idea and a certain freedom is experienced by the women. Especially, the upper middle class women in the country 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 incarcerated in the kitchen and suffer internally which comes out as screams, cries, protest, silence or murmuring.

I worked with a group of women under such stress who received dramatherapy for relaxation. They told their stories through role playing, spectograms,<sup>1</sup> sculpting, reading poetry, writing reflective letters and by using photographic images. It became clear that housework is directly opposed to self-actualisation and personal growth because it provides no feedback about the self, no possibility of advancement, no intellectual challenge and, invariably, no recognition by others of the labour involved. It is not surprising that, as a group, housewives show symptoms of stress and depression.

Further, marriage involves cultural and personal expectations. These include the assumptions that the women have to play the roles of the mother, wife, host and so on. Friends and social life is shared. Some women who attended the therapy sessions showed that they became agoraphobic as a result of marriage. This reflects the inhibitions for the woman to socialise. Thus the women are affected by not having been encouraged to be independent or to master their environment. They generally experience low self-esteem relating to their low status in marriage and society as a whole.

There is cultural conditioning that makes women helpless, powerless, and dependent, which finally thrusts them to neurosis, depression, anxiety and phobias. While it is true that there is nothing inherent in the role of housewife or mother that necessarily predisposes a woman to illness of any kind, nevertheless, it is the way she enacts the role, and the conditions under which she assumes it. This raises the question of choice, which governs not only the roles as such, but the way they are interpreted. Individuals may freely choose marriage without necessarily committing themselves to all its stereotypical features. Problems tend to arise when people interpret a role too rigidly, especially where they see the role in question as enforced or obligatory, and neither comfortable nor rewarding.

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1. A tableau of objects such as dolls, photographs, figurines, etc., arranged by the subject to represent himself in a social environment. See the Index for more references.

The debilitating effects of sex role can be alleviated through flexibility in their interpretation. Those women who achieve this are healthier, more adaptable and better adjusted than those whose behaviour is firmly rooted in feminine stereotypes.

Through projective tools and narratives, the women better understood their current condition and learned how to change it. For some it was still difficult to move because of rigidity of thinking or hatred towards others in the family. Flexibility of the individual becomes a vital part for adjustment; lack of it becomes a block for any progression.

Some were quite positive in realising the role of stereotyped thoughts and actions. For them, mother/wife roles meant to shoulder family responsibilities with an open perspective. They began to negotiate with their husbands on sharing responsibilities. This brought in enjoyment, renewal of life, and a feeling of contentment. The improvised acts at the therapy session had been tried out by some women who commented that while washing clothes they improvised acting in a drama which made them to feel happy in accomplishing the work. One woman commented that cooking tasty food and imagining that the family is going to enjoy her meals became her dream that was provoked through dramatherapy. Even the relationship with husband and children became very healthy and comfortable for many of them because the sharing and caring or being supportive to the 'significant other' is a duty on stage. It is this alternative thinking that finally brought the stress out of these women.

### **C. MILD PERSONALITY DISORDERS**

#### **A Woman's Fear of Being Robbed**

A teacher from a village visited me complaining that she spends sleepless nights due to a persistent worry. She was obsessed with the idea that someone would enter her house to rob. When she was a child her father had a habit of checking every nook and corner of the house before going to sleep. The father's fear continued in his daughter who in a more aggravated manner had started checking window latches and door locks in the nights. She never told anyone about this out of embarrassment.

Initially, she found it difficult to explain her situation. Upon questioning she said that her jewellery is precious for her and that losing them would be like committing suicide. Her mother had given her the jewellery at the time of her puberty and at her wedding. Moreover, there was some jewellery that she had received from her husband. She became obsessed with the idea of protecting this treasure and always feared robbery.

I found this situation quite challenging since the thought of losing jewellery was strongly ingrained in her mind. The check-in phase permitted me to identify her as a strong Buddhist. She was a good conversationalist and fluent in her writing. I decided that it would be ideal to start with a narrative discourse, and that the narration should touch her faith. I chose to relate the Illisa Jataka story to her. This Jataka contains a character who was worth eighty crores of gold and was always in fear of losing his property. Fear was a result of the meanness that lay buried in his unconscious mind. Such meanness was the barricade that stopped the character to feel free. There was no redemption. It took nearly three sessions for my client to understand that her restlessness was similar to what the character in the story experienced. It was not my duty to confront her, but to let her see the ultimate result faced by the character in order to foresee what would come of her if she continued with the same control. This made her to realise that she does not need calamity in her life.

Surprisingly, the 'block' my client had, though appearing negative, produced positive effects in her life. At times the therapist maybe unaware at which point the shift would work for the client to make an escape from the issue. The moment was a readiness shown by the client to position herself as the actor to change the conditions. The shift occurred right at the moment the metaphor struck the thoughts of the client.

The cultural constructs, whether they are Jataka tales or any other, inherently carry a key to undo issues. Therapist needs to be conscious of this intrinsic capacity of his therapeutic tools. By taking absolute advantage of this key, the client was helped to re-position herself. It made her to take control of the situation.

My client used writing as a method to form her personality with a different set of characteristics. Her narration depicted words that meant sharing, giving up and letting go. Words effected a strong transformation in her. Her story featured a 'renunciator'.

She further clarified her position through art. Her pictures showed how she would give all her wealth to the poor, thereby feeling happy. Over several sessions, she discussed the relief gained through the process of writing stories and engaging in art. Finally, she completely let go of her obsession. The change in her behaviour was surprising. She became more charitable and was willing to help others. She also turned to meditation and retreats.

Renowned Sri Lankan psychiatrist D.V.J. Harischandra, has also utilised psychodrama and explored issues faced by his clients by taking many Jataka stories.<sup>1</sup> An element of conflict resolution is the theme of many Jataka tales.

Harischandra says that many Jataka stories present individuals who develop

strange ideas and urges which border upon obsessions and compulsions.<sup>1</sup> This disorder is defined as a state in which the outstanding symptom is a feeling of subjective compulsion which must be resisted to carry out some action, to dwell on an idea or recall an experience, or ruminate on an abstract topic. The word obsession or obsessive refers to the idea or the thought. The word compulsion or compulsive refers to the urge which when carried out leads to a compulsive act.

Harischandra further states that the patient with obsessive-compulsive disorder 'realises that the compulsive act which has to be carried out as demanded by the obsessive idea is socially embarrassing, difficult, irrational, absurd, dangerous, aggressive or violent. Therefore the patient feels a strong need to resist the urge, is filled with shame about the symptom and may often hide its existence from others.'<sup>2</sup> This is exactly the way my client felt, the time she came for therapy.

### **A Narcissistic Child**

I met a child whose personality had been identified as narcissistic. She demanded that she be left to bring her story books, read and enact them in the class room. She had high self esteem, possibly due to her cultural upbringing.

Narcissistic personality disorder is characterised by egotistical preoccupation with self, personal preferences, aspirations, needs, success, and how one is perceived by others. In negativity, they move towards cutting off from others and become emotionally isolated. Someone with narcissistic personality disorder wants to be the centre of attention in any group of people, and feels uncomfortable when they are not. While often lively, interesting and sometimes dramatic, they look for personal adequacy, power, prestige and vanity. Others become things to be used by an extreme narcissist. This usually starts with a significant emotional wound or a series of them culminating in a major trauma of separation/attachment. A major attachment dysfunction is visible in them. An extreme narcissist is someone frozen in childhood.

After the check-in she was given the sandtray to construct her situation. She made it a point to keep herself on a higher elevation looking at others. Subsequent discussion revealed that she wanted to be of help to others, and that she cares for them. The conflict in the classroom was that other children thought that she wants prominence and did not want anybody else to come to the front.

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1. Harischandra (1998).  
1. *ibid.* 45–46.  
2. *ibid.*

In the second phase of the therapy she went into making a spectogram, a projective tool that enabled her to show how the children in her class have positioned themselves against her. She took plastic animal figures such as cats, elephants, cockerels, dogs, cows and tigers and positioned them in separate places as cliques. A tiny cat figure, which she called herself, was positioned away from other animals, staying alone. There were two fairy figures right at the back of the spectogram through which she symbolised the two helpless teachers. They never bothered to help her when conflicts arose in the class. Instead, reported her to the principal as the culprit for many issues.

Subsequently, she sculpted another image of how she wanted the class to socialise with her. She depicted her wish to be surrounded by friends. She placed a tiny cat in the middle of other animal figures. Her need was vivid. At the debriefing, she revealed that when others took her as a trouble she felt uncomfortable and that made her disturb the class. So she fought to get the attention of her classmates.

Her wish to be friends with everyone was conveyed to the class. Frowns and groans of others emerged immediately. Since the move has to be taken by the child herself, her next stage was to bring the class to act in a play. She wrote the script from a story selected from one of her books and presented it to the class. This time no frowns and groans but an applause confirming positive reaction. The play was rehearsed with immense enthusiasm. Equal opportunity was given to every child to act and the girl avoided demanding prominence in the play, which demonstrated a huge shift in her outlook. The rehearsal time was observed by me to see the collaboration they made in bringing the play on stage.

The play turned the whole classroom to a strong support network. Each child focused in bringing out the play colourfully, through dialogues, costumes and make-up. They immediately felt the creative space and time to make planning better. Their talents were recognised and appreciated. Classroom management is all about the space for recognition, appreciation, integration, validation and empowerment.

## **D. CHILDREN WITH DEVELOPMENTAL DISABILITIES**

### **Down syndrome (DS)**

Down syndrome is a type of developmental disability caused by a chromosomal abnormality. It occurs as a result of having three copies of the 21<sup>st</sup> chromosome, instead of the usual two. It causes substantial physical and behavioural abnormalities, including life-long cognitive dysfunction that can range from

mild to severe. It further deteriorates as individuals with Down syndrome grow older.

*Katunayake: Ten Down Syndrome Children Aged 10–15*

I performed twenty-four dramathrapy sessions for the residents of a home for DS children. The director, a Christian priest, was concerned how to integrate them into a normal school classroom. The parents had no idea how to support their children's education, and were oppressed by the social stigma of Downs. The therapy aimed at removing the hindrances those children and parents faced.

The weekly therapeutic intervention targeted eye-hand coordination, laterality, speed, reaction timing, equilibrium and visual motor control. The sessions encompassed sensorial, cognitive, and motor skills development.

**Sensorial development:** rolling pivot prone, on elbows, all fours, standing, walking in unusual patterns and on different surfaces, running, hopping, jumping on twister spots, catching, throwing, etc.

Quadruped position: playing boat-in-the-ocean can facilitate balance and equilibrium reactions. Therapist says, 'You are a boat in the ocean, and I am the hurricane. You should try not to fall down.' The therapist then pushes the child very slowly a couple of times in order to disrupt the child's balance.<sup>1</sup>

Movement activities: using bean bag, ball playing, rolling, crawling, relays, follow the leader, rhythm bands etc. will help the individual to develop balance, rhythm, and movement.

**Cognitive development:** Individualised speech therapy targets specific speech errors, increases speech intelligibility, and in some cases encourages advanced language and literacy. Augmentative and alternative communication (AAC) methods, such as pointing, body language, objects or graphics were often used to aid communication. Social activities, outings, and various sports and art activities, too, are of great help.

Speech intelligibility needs to be one of the primary goals with these children. Exercises that help to strengthen the range of motion for the lip, tongue, and jaw are important to adequate oral-motor development and possible improvement of phonic or speech production later on. In addition, lip stretching exercises, proper chewing, introducing a variety of food textures, and proper breathing techniques are also important for improving oral-motor function.

Down syndrome children engage in imaginative play and use appropriate

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1. Kramer and Hinojosa (2007).

conversational rules, such as taking turns, asking questions, and making repairs, that go far beyond their expected expressive language level.<sup>1</sup>

Acquiring the skills to communicate requires an integration of sensory development, cognitive abilities, and motor skills. It is welcoming that communication is not tied down to speech alone, because even if a child is not able to convey his needs through speech, he can develop other ways of doing so. Sign language and pictures are two great ways of helping the child learn to talk to the therapist.

**Motor skills development:** activities which require the movement of hands and large muscle groups such as for throwing and catching, and activities which require little muscle movement such as drawing pictures and drawing lines help to develop ocular control.

Activities for bipedal positions: running, jumping, skipping, hopping, using playground equipment (swings, barrels, slide, climbing bars), ball-playing, musical games help the individual to become more active.

Net hammock and ball activities can help to improve gross motor accommodation and praxis.

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Six months of work showed the following progress:

- They were able to plan their daily routine
- They were able to bathe without the help of an adult
- They could sit and have meals independently
- Sensory integration was satisfactory
- Their social activities, such as participating in the Mass, Sunday school activities, outdoor sports, and social gatherings became enhanced.
- Creative involvement through art, dance, drama and singing was evident.

The above assessments were on self-care, leisure time activity, oral expressions, physical movement, cultural performance, spiritual involvement and social interaction.

Our emphasis was made on parental involvement in guiding and supporting the child to further his skills. Adult support can change social stigma, create new perspectives and validate human life as a unique experience.

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1. Baron-Cohen and others (1992).

*A Worst-case Scenario on Sexuality and Down Syndrome*

A Down syndrome youth who wanted to get married was given a life-size doll by a non-professional 'helper therapist' and parents. He was supposed to sleep with it. The adults considered that the Down syndrome youth was over-sexed and that he could not have any sexual relationship. The ignorance of the helper and adults at home disregarded the sexual needs of the youth. They were unaware that the Down syndrome children too have sexual needs, and that sexual desire is natural. Their attitude reflected society's mistaken view of DS sexuality.

This particular youth closed himself up in his room hugging the doll, day and night, which illustrates humiliation of a human being forced to live with a non-organic object to satisfy sexual desires. It was revealed that the youth did not want to come out from the room. Subsequently, the mother had secretly removed the doll and burnt it. As a result the youth suffered mental depression.

Consulting a counsellor or an experienced psychotherapist would have educated the adults about the reality of this whole scenario. In Sri Lanka, sex education is a taboo. Hence, youth are negatively impacted by the societal taboo.

This is a clear call to parents and guardians to be conscious of the need to avoid wrong decisions hastily made—and their inevitable consequences. Special-needs children require special attention and care. These skills can only be learned from consulting professionals.

Children and young people, regardless of disability, should be entitled to sex and relationships education which

- enables them to make responsible and well-informed decisions
- helps them to develop the necessary skills and understanding to live confident, happy and healthy lives, with as greater degree of independence as possible
- fosters acceptance of diversity and values marriage and stability, loving relationships as the building blocks of community and society
- prevents and removes prejudice and fosters respect for self and others

*Why is sex and relationships education (SRE) particularly important for DS people of all ages?*

- They are less likely to learn effectively from indirect sources
- They may be at a greater risk of developing low self esteem and SRE may be helpful in raising this.
- Opportunities to learn from social situations may be more limited

- Risk of abuse and exploitation is greater for people with intellectual disabilities than their typically developing peers

Research has shown that there are no essential differences in the changes that occur in normal and mentally retarded children during adolescence. This is a period of accelerated and intense physical growth accompanied by profound changes in bodily metabolism. There are wide individual variations in the timing and degree of these changes, but the order in which they occur is relatively consistent in both sexes.

Down syndrome adolescent has the same sexual urges as normal children, unless the type of retardation is connected with a glandular condition. Careful training and development of satisfying occupational and social activities help the individual to control and redirect sexual impulses into useful channels which they may not be able to find for themselves.

Masturbation is quite usual at certain ages and it should not be regarded as horrifying, neither should it be ignored nor encouraged. The Down syndrome individual should be helped to understand that this is not done publicly. Young children usually masturbate more often than adults mainly because they are going through the stage of development in which they are curious about the physiology of their bodies and about feelings which they experience. As the Down syndrome individual is a slow developer, he may go through the stage of masturbation at adolescence, or even later. It is not an act that requires punishment since it may only aggravate and confuse him. He probably will not understand that he is doing something that is embarrassing to the others. It is vital that adults encourage him to engage in useful recreational and occupational activities.

The extent to which an individual manages various problems of early adolescence depends on the degree of retardation, his personality and the guidance he receives during this period. The individual always requires direction and supervision to a certain extent. The adult requires training and guidance to understand the Down syndrome individual better, so that he will help to fulfil the individual's needs and develop his abilities. What the individual will be able to do when he reaches adolescence depends upon his personality, abilities, likes and dislikes and the extent of his mental and/or physical handicap. If he is in a community with people of his own age and ability, it gives him the opportunity to be more independent while still being supervised.

*Myths and Controversies*

A number of myths abound regarding people with Down syndrome and sexuality:

- The holy innocent—Some cultures and religions regard people with Down syndrome as ‘holy innocents’, they are not sexual beings and do not require any education in such matters
- The eternal child—Some people believe that children with Down syndrome remain child-like forever and as such are asexual
- Over-sexed—Some believe that people with learning disabilities are over-sexed; that they have increased sexual energy and desire and therefore may be unable to control themselves
- Fertility—Some people believe that men with Down syndrome are infertile and that women with Down syndrome have an increased risk of conceiving infants with genetic abnormalities

These myths are socially constructed by people without Down syndrome and may serve a number of functions, e.g. the latter is likely to have been constructed at a time when most people with intellectual disabilities lived in single-sex institutions with little or no stimulation of any kind; it could be used to legitimise sexual abuse by staff and/or sterilisation as a means of social control.

**Twenty Children with Autism Spectrum Disorder**

Twenty children with autism spectrum disorder (ASD) received dramatherapy. Their socio-emotional and sensory integration issues were my concern.

The initial exercises were with pictures since ASD individuals are visual thinkers; they needed pictures first to translate them into words. Action came next, reinforcing their communicative abilities. They mimed of what they saw in the picture. Picture to action, and then to word was a process that made them feel accepted and comfortable in the group.

Not all ASD individuals were visual thinkers. Some were hands-on learners whom we call kinaesthetic. They sculpted with clay, plastic figures, and building blocks. Human sculpting was possible with them.

There were others who loved listening to stories. We tried stories and songs that carried the visual, auditory and kinaesthetic components, so that group involvement was ensured. They were made to listen to the therapist and echo the lines, which strengthened their communicative ability. Those who were keen on listening questioned the therapist about what happens next to the respective

characters in the story. Sometimes they filled up the story with their thoughts.

The group enjoyed acting. They were given scarves and hats to wear. The caps were decorated with coloured strips of cloth. The therapist then led them to act a scene.

While conducting dramathery, we avoided introducing too many objects; a simple clear area helped them to keep their focus. The ASD individuals need to be in control of the amount and type of stimulation they receive.

They are hyper-sensitive to sights, sounds, smells, and touch. Loud or sudden noises can be painful. Certain smells are very offensive.<sup>1</sup> The therapist needs to stop sensory overload and move for a *mono-channel* approach. In short, he needs to simplify his presentations and use one mode of delivery at a time. He must speak or demonstrate or show a diagram, but avoid doing all three at the same time.

ASD children require fixed routines. It is ideal to welcome them at the beginning of the session with the same song, dance, clap, or other activity every day. A favourite game can be played at this time, so that they come to know that a session begins with a game. They like to sit in the same location in the circle every session. The arrangement of the location or physical space, the audience and the performance area, activities of the session, must be devoid of drastic changes. The session should end with a closing ritual or activity. For example, this time can be used to review what was accomplished and to plan for the next session.

ASD children performed a concert in which they turned into different characters by wearing colourful costumes. Scarves, props, and other objects helped them to enhance the meaning in their action. It became a ritual for them to be on stage and to experience the beauty of being another. It surprised me to see how they made their own creations out of what was given to them.

On many occasions I experienced how the ASD conceives us, the 'neuro-typical', as very strange beings. What we think, how we think, and the way we relate to each other does not make any sense to the ASD child. This was echoed to me by a child in the following manner.

How do you know what I think? Be like me and see. You are trying to teach me. Why? I don't want to learn. What are you teaching? Why do they punish me? Why do they want me to do what they do? I am different. Do you know I am a free being? I don't care what others think. Why do others run behind me? Why do they fear that I will do

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1. Grandin and Scariano (1986).

something wrong? I hate when others think like that. What do I do for others to catch me and say that I hurt or disturbed someone? It is hard to be like this with this constant fear. I don't want anyone to be behind me. Let me be free.

This individual perfectly interpreted the madness of the 'neuro-typical'. When working with these children I always wondered why adults cannot sense this subtle reality.

When working with ASD children in the garden, they communicated what they saw and touched. Their verbal expressions became clear in such an environment, especially when flowers and trees were around them. I saw their quick reaction to nature. It was a clear communication between them and Nature. They quickly identified the chirping of a bird, croaking of a frog, or the sound of a cricket. Verbalising such sounds became a game for the ASD child, and enhanced their bodily movements to imitate the insect, animal, or bird. The situation became totally under his control where he used his imagination to build the character. He appeared to be very proud of the position of power and control he had over his thoughts, emotions, actions, and space.

If no theme was apparent, then a scenario was suggested such as a trip to the jungle, or a walk along the beach. In that way activities became verbal and non-verbal, encouraging those who did not want to speak, but only to mime. There had been instances where I had to give running commentary on a scene in action for the ASD children who did not speak, so that they could act out words they heard from me. I gave much emphasis to the beginning and ending of each activity, session, and the group as a whole. Each session closed with a review of what they did on that day.

The therapist who works with ASD children must understand the subtle language they speak. The inner voice of the individual needs to be listened to and response should be very empathic and compassionate. 'What is the car you have?' A smiling ASD child inquired me every day. He expected me to have a car and even though I do not have any car, I answered 'I have a Jaguar.' The child was happy and his eyes glittered. We reached an agreement—a meeting of minds. We were no longer alone.

## **E. SEVERE PSYCHOSIS**

### **Catatonia**

This is a state of *neurogenic motor immobility*, and *behavioural abnormality* manifested by stupor. DSM-IV associates this with psychiatric conditions such as schizophrenia (catatonic type), bipolar disorder, post-traumatic stress disorder,

depression and other mental disorders, as well as drug abuse or overdose (or both). This can also be seen in many medical disorders including infections (such as encephalitis), autoimmune disorders, focal neurologic lesions (including strokes), metabolic disturbances and abrupt or overly rapid benzodiazepine withdrawal.

### **A child in stillness and silence**

New understanding arrived with this child who was in stupor all the time. He maintained complete immobility and silence.

While working on the theatre adaptation of Ken Kesey's novel *One Flew over the Cuckoo's Nest*, I came across Chief Bromden, the Red Indian who is in a stupor. This character brought to light that his stupor is a result of his effort to make an escape from the real world, which he refers to 'as being lost in a fog'. The main character of the story, McMurphy brings him back to himself, and teaches him how to be strong. Bromden stops pretending to be deaf and mute and starts talking; he even fights alongside McMurphy. Thus, McMurphy creates conditions to get Bromden activated.

This theatrical experience suggested to me that catatonia can be dealt by a dramatherapist. Nevertheless, my little knowledge in bringing dramatherapy to a catatonic patient compelled me to do more research. Apparently there is a dearth of dramatherapy literature in this context. I had to turn towards those stories related by psychiatrists, who recommend studying the client's history in order to develop an effective treatment plan. In the local arena, I found a Jataka story,<sup>1</sup> but it reduces the therapist to zero, since the character in question defies all therapy.

### **The Story of Prince Themiya**

The infant Crown prince Themiya in Mugapakkha Jathakaya, firmly resolves not to respond to any external stimulus, not to talk and not to move, for sixteen long years. Elaborate tests carried out to ascertain whether the Crown prince is really deaf, dumb or paralysed reminds one of the Schema suggested by Kirby for examination of non-cooperative and stuporous patients.<sup>2</sup> Most of the observations are done by wet-nurses. They observe that the royal infant does not cry for milk even when kept fasting. At the age of one year he shows no interest in sweetmeats and fruits. Even at four years, he does not show any desire for food. A series of tests from the fifth year up to the sixteenth show

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1. Harischandra (1998) p. 54.

2. Mayer, Eliot, & Martin (1969) pp. 46, 47, 373, 400, 693.

that his emotional responsiveness is nil. The prince does not show any feeling of fear when the house is set on fire, when elephants approach him, when cobras crawl on him, or when a swordsman threatens to decapitate him. The last test in this Jataka Story is the equivalent of the test, in Kirby's Schema, to find the reaction to the sudden approach of the threat to stick a pin in the eye.<sup>1</sup> Prince Themiya does not show any signs of joy when he is forced to watch beautiful dances. Tests carried out to elicit any response to visual stimuli such as toys, auditory stimuli such as conch-blasts and drum-beating, gustatory stimuli such as milk, olfactory stimuli such as the stench of excreta and tactile stimuli such as caresses of dames—all drew a blank.

As stated, this story provides no new perspective to the therapist. Hence, the only alternative left was to tread along the psychoanalytical path and make my discoveries. Time, alongside patience, becomes primary in this kind of a case.

I commenced application of behaviour therapy to enable the child to move his limbs and walk steadily. Then I got him to express single words like 'hello', 'fine', and 'thank you'. What the child did initially was an utterance. I noticed that he was in an uncomfortable state when saliva gets collected in the mouth. At times I joked. I asked him whether he fears that his tongue would fall down when he opens his mouth. For that he smiled. Exercises were done to move the jaws. When he opened the mouth I asked him to make sure that saliva goes in and does not fall out. He did this rehearsing with sounds. Finally, it helped the child to listen to his own sound which is magical. I was amazed to hear the words coming out from him.

I rewarded this child with a smile and a complimentary statement like 'wonderful' or 'great', when he uttered words, so that he gets encouraged to communicate with me. Continued efforts made him to read sentences with four to five words. He advanced himself to read small passages. Once he gained confidence in reading small passages, my next strategy was to make him read story books with big letters. His cognitive ability was checked by asking questions related to the story. He was able to respond successfully. With regard to his articulation, I still found issues as the words uttered were not impregnated with meaning, albeit, it built confidence in me. It was worth an effort to get this child talking; talking of himself and his history—the target of my learning. This whole effort took nearly four months: two hour sessions twice a week.

There was no proper record to say that from birth he was in stupor. According to his mother, it all started at the age of four. Now the child is fifteen years old and for the past eleven years he has been in this experience. I was

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1. Harischandra (1998) p. 54.

wondering whether the child had experienced a severe trauma. Unfortunately, the mother failed to provide any clue to that effect.

I asked him directly.

‘Were you like this from your small days?’

‘Yes.’

‘Weren’t you moving at all?’

‘Yes.’

‘Did you try to stop walking?’

‘Yes.’

‘What made you stop walking?’

He smiled.

‘Weren’t you walking and talking when you started schooling?’

‘Yes.’

These answers really puzzled me. My thoughts told me that either at home or at school, he would have had a scary incident that disturbed him.

At another session:

‘Did anyone scare you?’

His head movement implied ‘no’.

I was at a loss. Was he trying to play a game with me? Have I become trapped anywhere?

I went back to Chief Bromden. He has a clear thought connection to his past and is reluctant to reveal same due to fear – a fear to undergo punishment (psychiatric punishment!). What about this child’s power of recollection?

I wondered whether sexual abuse can cause catatonia. Psychiatric data revealed of such possibilities. There was no possibility for me to do such an investigation.

In the meantime, I read an interview given by the renowned American psychiatrist Dr. Theodore Lidz regarding schizophrenia.<sup>1</sup> He made this revelation:

Another thing that we recently discovered ... is the surprising frequency with which catatonic episodes happen when the parents are about to break up, and we use this kind of knowledge in making tentative approaches.

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1. Boyers & Orril (1975) p. 125.

Dr. Lidz' was another suggestion. I must admit that I have never seen or interacted with this child's father. It was the mother who brought the child to me. She does drop the child and arrives on time to pick him. She did not spare time to talk with the therapist. Avoidance on her part was observed.

In a casual way I spoke with the child about his parents. He smiled and showed reluctance to speak about them. It took four to five days for him to open up. I asked him how his parents are, whether they are keeping okay, where they work, about their hobbies, how they treat him, whom he loves very much, what they bring to him when returning from work, what presents he received from them, whether he likes to sit with them and have dinner, with whom he sleeps, whether he shares the bedroom or the bed with his parents and so on. He answered many of these questions.

At one point he showed his power of recollecting the past incidents. He recounted fights between the mother and father.

'Mother hit the father.'

'Where is your father now?'

'Don't know.'

'Is he at home?'

'He went away.'

'Did he return home at any time?'

'No.'

I noticed tears in his eyes. I could read what was going on in that mind. Helplessness, loneliness and fear had crushed this child. The being has made his existence through this suffering!

I deduced that when a very young person experiences a traumatic incident, due to fear and/or shame, he may act as if he had not seen or heard anything of it. It can be an effort to keep the incident closed from the real world. Further, in relation to this case, the continuation of the stupor, may be an effort to avoid what he perceived as the cruelty of his mother (fear to go through the same 'cruelty' experienced by the father) or he projects mother as a wicked woman, whereas she may not really be so.

Since the child is under the care of his mother, the traumatic experience, feeling of fear and the projection of a wicked mother, would have made him to 'be in the fog!' I should say that both the mother and child are victims of certain circumstances.

The above turned to be my learning. This child is not another Prince Themiya. He can be helped to locate himself. Therefore, utilising exercises, movements, games, speech practice, improvisation and role playing, I prepared

concrete activities to give necessary scaffolding.<sup>1</sup>

At the time of writing this note, the child was receiving individual therapy, too, to develop projection of sound and mirroring of physical movement. Even though it is too early for me to comment on his development, clear targets have been set for his betterment.

## **F. CHILDREN WITH DOMESTIC PROBLEMS**

Dramatherapy was put into practice with children who had difficulties in paying attention to the classroom work. They were selected from different classes from grade six to grade eleven. There were twelve of them who were helpless and jittery, and reported problems at home.

The domestic issues had made them feel uneasy or apprehensive in anticipation of a threatening situation (real or imagined). Their stories about parents included verbal and physical violence, alcoholism, divorce, and ignoring and belittling the child. Some thought of either attacking a parent or committing suicide.

Reducing their anxiety level was the primary objective in the dramatherapy sessions. I employed theatre games, rhythmic movement, improvisation, and dance to help them ease their inner turmoil.

It was impossible to approach their issues till they showed signs of contentment with the theatrical tools. Once they started to look forward for the opportunity to be on stage every day, I commenced the sessions with a discussion. I asked them of how they felt that morning coming to school, what moods they brought with them and what stories they would like to share with others. It was an opportunity for them put forth their moods, issues, and experiences.

We sculpted what they verbally expressed. They could be a sad feeling, angry moment, a conflict between parents or may be hunger. The child was allowed to watch others sculpt or role play his experience. Discussions with the children supported them to have new perspectives towards their issues. The alternatives

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1. This kind of learning is often a combination of classical conditioning, operant conditioning, and cognitive-social learning. This is especially evident when an individual acquires new skills under the supervision of a teacher. Scaffolding (Wood, Bruner, & Ross, 1976. pp. 89–100) is like the temporary platform on which construction workers stand, a cognitive scaffold provides temporary assistance while a learner acquires new skills. During this type of cognitive scaffolding a more experienced person adjusts the amount of guidance to fit the student's current performance level. In most cases, scaffolding also combines shaping and modelling, where the teacher selectively reinforces success of the student and models more difficult parts of the task (Huffmann, 2004. p. 229). This guided technique helps the client to feel independent in his way of working.

were always acted out. The child was made to see the reality. A change in them came about only with a clear understanding they made of their situation.

These children saw difficulty in changing the adults at home. Instead, the child made a change to accept the peer as a strong source of inspiration to continue with his education. The peer network enabled them to share their issues and find solutions. Peer proposals helped to make plans for active learning in the classroom. Acceptance, rejection and feasibility of all proposals were discussed, acted and understood by the children. That built trust among them. A gradual change in classroom atmosphere was experienced. Once the children had a full control over their situation, the therapist and the children together set educational targets. The whole process took six weeks.

### **G. CHILDREN IN DESPAIR**

Children in despair tend to hurt others very often and become aggressive. I had an opportunity to walk into a class where most of the children were in conflict. Many of them disliked the other for some reason and the teacher found it difficult to control the situation. She too had been hated by them. When I was called in I had no idea as to what I should do but the situation compelled me to think of a way that I could touch these souls. I asked the teacher to provide me some blank white sheets which I then tore into strips. I gave the strips to them according to the number of their family members. Then I asked them to take pastels or colour pencils and colour both sides of the strip of paper. I asked them to colour thinking about each member of the family. Once the children finished colouring, I got all of them to sit on the floor in a circle and make whatever design they liked with the strips of paper they had in their hands. The children made different designs and almost every child kept one strip of paper away from the others. Some papers were crumpled, crushed and curled.

I commenced the discussion with each child after setting ground rules for complete confidentiality. Then they started telling their stories giving explanation to what they meant by their design. The common statements made by them were that their parents were away from them, either abroad or working in a distant area so that they do not see them and have no communication. One child exclaimed, 'The servant is not bothered whether I eat or not. She watches television and goes to sleep!'

They basically had anger against their parents and it is this anger that made most of them look disturbed. Children who had crumpled, crushed, or curled characters considered themselves either being abandoned or being hurt. They disliked such members in the family and surprisingly it was the mother who was hated and disliked for her nagging and interfering. One child straight away

expressed her anger by stating, 'She's psychotic!' The innocence of these children had been gravely abused by the parents. Without treatment, such children can become a danger to themselves or to society. They are prone to drug abuse, prostitution, or crime.

When I went through the writing books of these children, it was evident that they have issues in writing, especially in composing a proper sentence. It is the lack of concentration or focus due to the unhappy affairs they experience at home. They do not want to write anything sensible or put out their thoughts. It is mostly scribbling that is seen in their books. Unfinished homework is a common trait in these children.

Once the session was over, everyone felt a sense of relief, as they had put out their hidden and suppressed thought. Next, they were asked to change the form of their design to what they wish their family should be. A happy family was, all they wanted. They organized the strips of paper to depict shapes of houses, circles, and squares, indicating a wish to be with the whole family. This sculpting exercise through strips of paper vividly reflected the needs of the children.

This sudden creation of mine in constructing metaphors through strips of paper showed that the over-distancing helped them to be more comfortable with their emotions and thoughts. The next phase of this exercise was to create a spectogram using miniature plastic figures.

During the second phase, the discussion commenced with the question 'What type of class do you need?' The children explained that they needed a very happy class. Their expectation was then shown through the spectogram they created by means of miniature plastic figures. The reality was created first and then the expected class community was created showing everyone in harmony with each other, supporting the class teacher with the necessary attentiveness. Once this act was over, debriefing was done to make sure what they really wanted to see in the classroom, and all agreed unanimously that the class needs joy and peace. The children themselves agreed to behave themselves and support the teacher to cause the expected results of the school.

However, there was one child who showed dissension in this connection, engrossed in despair, requiring more time, space and compassion for a change.

## **H. RECONCILIATION**

The three-decade long war devastated the Sri Lankan heart and mind. People were hurt. The age old brotherhood was shattered. Doubt, shame, guilt and fear emerged devastatingly. This traumatic experience still rules over scarred minds.

Dramathery plays its role to reinforce unity among diverse communities. The parallels and differences in songs, games and stories are used for the therapeutic process.

Post-conflict reconciliation through dramathery occurs in two ways. First, a victim of war may find it easier to express pain—including remorse—through this mild expressive art. Secondly, dramatic elements are immense resources that bring about collaboration between individuals belonging to different communities. These elements lead to regaining each other's trust and respect, understanding each other's differences, learning about what is common among them, valuing what is unique in each other's cultural heritage, and at last recognising each other's interdependence.

Tamil theatre workers use their traditional theatres in the post-war context. Myths, epics, folk songs, religious songs, storytelling, dancing and a host of other native elements have been brought about by them. They meet the people in their streets, junctions, markets, fields and palmyra and coconut groves. Audience participation and discussion of issues is promoted to make the community a vital agent in planning life. The lost traditions and values are revived and performed for everyone's consolation. They reveal the hard truth of accepting the reality in hand and to be courageous enough to face the 'here and now'.

With regard to the value of rituals in the minds of Tamils, Daya Somasundaram says: 'They can be a source of strength, support and meaning. Particularly, funeral ceremonies can be very powerful ways to help in grieving and finding comfort after a loss. When they are not held according to tradition due to various reasons in a war situation they can lead to pathological grief. Thus communities should be encouraged to hold traditional rituals and arrangements should be made for this.'<sup>1</sup>

Somasundaram further explains the value in enabling the artistic expression of emotions and trauma since they can be cathartic for individuals and the community as a whole.<sup>2</sup> Drama is a powerful social method to create awareness and express collective emotions.<sup>3</sup> Kulanthai Shanmugalingam<sup>4</sup> and Sithambranathan of the Jaffna University produced a play called *Annai Itta Thee* which was a sociodrama on the psychological effects of war. The roles were played by

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1. Somasundaram (1998) p. 302.

2. *ibid.*

3. *ibid.*

4. I met Kulanthai Shanmugalingam in 2002, during the time the Peace Accord was in force. He is an active theatre worker in Jaffna. At the height of war, I came to know about his work, through my friends who associated him. For me, Kulanthai is a daring theatre personality.

medical students. The drama went a long way in creating awareness about trauma among the public and helped traumatised individuals to ventilate their emotions or seek treatment.<sup>1</sup>

Children and women need special attention in the post-war context. They are incapable in expressing their thoughts or emotions verbally, due to the grave traumatic experiences they have undergone. Structured play activity was available in many of the refugee camps in the North and East to support them. Such structured therapy builds friendship and peer relationships, providing an opportunity for the individual to bring out the creative impulses. It helps to build family unity and encourages positive interactions in traumatised families.<sup>2</sup>

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The above is an experiential anecdote of the therapist. It vividly depicts of a practice that focused on interpersonal relations: It presumes goodwill—a faith in the capacity of humans to engage in conversation about what is good and worth doing, and to struggle for agreements about our purposes. It does not presume that we could all possibly agree, but it takes limited successes in small collaborative action as signs of life—of moral being. It is both simple and complex.<sup>3</sup>

Of course our effort is very small. But there is a lot more work to be done investigating into verbal and non-verbal application of therapeutic tools to make dramatherapy more meaningful in the Sri Lankan context.

Dramatherapy takes its cue from psychiatric or psychological systems, be they behaviourist, cognitive, or psychoanalytic. It also looks beyond the descriptions of pathology or psychiatric diagnoses that have heretofore worked as repressive tools.

My role is to develop a discourse within the therapy which is cast in the terms of the client's own frameworks, but which extends and challenges everyday understandings where appropriate.

Hence, dramatherapy amounts to be a kind of systematic research project, loosely cohering around three phases or objectives. First, it is an intentional and ongoing exploration of the discursive world of clients. Second, it challenges and deconstructs the stories in which they are so positioned that they cannot get a purchase on the problem. Third, it enables them to construct alternative stories which empower them act on their own behalf.

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1. Somasundaram (1998) p. 302.

2. *ibid.*

3. Drewery, W., & McKenzie, W. (1999) p. 148.

# 6

## THERAPEUTIC INTERVENTIONS

by

Liana Lowenstein

*'From each according to his abilities, to each according to his needs.'*

—Karl Marx

### A. CLAY SCULPTURE

Treatment Modality: Individual

#### Goals

- Establish a positive and open therapeutic environment
- Verbally identify and express feelings
- Identify themes to be explored in later sessions
- Increase self-awareness

#### Materials

- Coloured clay or playdough
- Paper
- Pencil or pen

#### Description

Ask the child to build a sculpture that tells something about who the child is, what he/she likes, or something the child wants you to know about him/her. It is often helpful for the practitioner to make his/her own sculpture at the same time. It does not matter if it is realistic or abstract. The colours chosen represent emotions, but do not inform the child of this until the end.

Once the sculpture is complete, ask the questions below, and write down the child's answers. Write the answers in a poetic format. The child does not yet know he/she is creating a poem so the language he/she chooses should be honoured but can be embellished by using poetic license.

- What do you want to call this (title)?

- Ask what feeling each colour represents and make each answer another line of the poem.
- Regardless of whether it is a person or thing, ask what it would say to its/his/her mother, father, siblings, grandparents, best friend (or anyone else in its life). Reinforce that whatever it has to say is okay because this sculpture can say what it feels without having to worry about other people's reactions or feelings.
- What is the sculpture's favourite food?
- What/who does it like and not like? Why?
- What does it want the world to know about it?
- Repeat title at the bottom of the poem.)

Any other relevant questions that come to mind are okay to ask. Write the title at the top and repeat it at the bottom. Be creative in how the poem is visually created and only tell the child he/she has written a poem at the end of the exercise. The child will be surprised and excited that a poem was created. Read the poem back to the child and watch the delight when he/she realizes he/she has written a unique and special piece of work. The child can keep the sculpture that inspired the poem.

This exercise can be repeated in future sessions to evaluate change and progress.

### **Discussion**

Many children, especially during the initial stages of therapy, do not want to or do not know how to express their inner feelings. As well, they need time to establish a therapeutic rapport and the accompanying trust that will allow them to directly speak about their feelings. This projective exercise places the feelings onto an external object and allows children to express their feelings through that object. This creates a safe way to tell the practitioner some of the key themes that will be present in sessions. The sculpture acts as a concrete representation of children's inner feelings and allows them to utilise the creative arts as a forum for expression while also having a three-dimensional, tangible representation of their therapeutic experience.

## **B. MIRRORING ACTIVITY**

Treatment Modality: Individual, Family

### **Goals**

- Increase attunement between two or more individuals
- Improve self-control
- Improve ability to follow directions from someone else

### **Description**

Explain the activity as follows:

‘I want you to stand in front of me just right there (pointing to a spot about two feet in front of the practitioner). You are going to be my mirror. Everything I do you will try to copy, but the trick is to copy me at exactly the same time that I am doing it, so you are my mirror. I will go slowly so you have a chance to think about where I will be moving so we can do it exactly at the same time. We can’t touch each other. I will lead first and then you will take a turn leading. Ready? Here we go!’

### **Discussion<sup>1</sup>**

This activity is an amazingly effective one for bringing two or more individuals (if working with a family) into attunement with each other. The participants have to be fully attentive, engaged, and sensitive to each other. It also motivates the individuals to be co-operative with each other. The practitioner needs to correct the movements of the leading person if she/he is going too fast, because then the follower will only be able to imitate (be a few seconds later in copying the movements) rather than truly mirror what the leader is doing.

If the leader starts to move into difficult positions with her/his hands or body, then the practitioner may suggest, ‘Just keep it simple’, so the follower has an easier time to truly mirror the action. The practitioner may suggest that the leader just move the hands at first.

This is an effective activity for increasing the attunement between parent and child, between siblings or peers, and has also been used in marital therapy.

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1. See also “Mirroring” on page 139.

**C. OUR FAMILY HAS A WHOLE WORLD TO PLAY WITH**

Treatment Modality: Family

**Goals**

- Involve the family members in a communal, non-therapist directed activity
- Stimulate each family member's unique creativity, receptivity, and innate wisdom
- Stimulate each family member's capacity and interest to help the family grow into wellness
- Remove the focus on the identified patient

**Materials**

- Sandtray, minimum size of 20" x 24" x 3" to 5" deep, filled halfway with 60-mesh play sand
- Comprehensive collection of miniature toys, natural objects, and symbols that depict the complexities and diversity of human life experiences. These images may be stored on shelves or in individual baskets.<sup>1</sup>
- Pitcher of water
- Large candle
- Matches
- Digital camera

**Advance Preparation**

Place the sandtray with the sand on the surface of a low table in the centre of the room, close to the miniatures.

Have two to six chairs of the appropriate height nearby.

**Description**

Introduce the use of sandtray-worldplay as a means of allowing the family to have a communal (that is, a joint) play experience. On one hand, joint family sandtray play invites everyone to show up and bring their freely chosen, uniquely individual contribution into the world in the sand. Everyone's play characters are welcomed. On the other hand, joint family sandtray play invites everyone to dynamically receive the unique contributions of the other members of the family. Instead of ignoring or boxing off play characters contributed by the others, everyone is encouraged to get to know them and to actually interact and play with them. This supports the unfolding story of the family's play

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1. De Domenico (2005).

world. The family is given the opportunity to relate in a natural, dynamic, interactive way in present time.

Often there is no time and place for families to play: some families get stuck in blaming one another or simply demanding a ‘change.’ Families are relational, living entities that grow and develop when they actively engage in spontaneous relational activities. During this therapeutic hour, it is important to recognize, nurture, and care for the family.

*Directives to the Family at the Beginning of the Building Cycle*

‘I invite all of you to build a family world in this tray of sand: the sand may be moved, you can see the blue surface on the bottom. You may use water to mould the sand in any way you like. Here are small toys, natural objects, and images of all sorts that each one of you may use to make the family world the way you want it to be for today. When making your family world in the sandtray, each one of you chooses what/whom to bring into the world. Choose whatever ‘calls you,’ whether you like it or not. There is no need to know what anything means: focus on playing together. Each mountain, lake, car, animal, tree, monster, magician, and so on that you bring and place into the family world is a gift to the family world. The family world always belongs to everyone. Everyone shares equally. Everyone can play with all of the characters in the world: so you can arrange and rearrange everything as many times as you like. And yes, you can take characters out of the world any time you want to. In fact, do place the characters where you think they belong. You may talk to one another while playing or you may play in the silence. Find the way you want to play today. As all of you play together, your world will change from moment to moment until everyone has the sense that the family world is the way it needs to be for today.’

*Directives at the Completion of the Building Cycle*

‘Now that the family world has come to be, silently look at the world together and remember the way this world came to be.

‘Let us take turns: each one of you may share the way you experience the story of what happened and what is happening in today’s family world. We will first listen to everyone. Then you can share and discuss your experiences, your ideas and your feelings about the world with one another.’

*Directives at the End of Playtime and Sharing Time*

‘Before we leave this family world, I invite each one of you to explore what today’s family world and your own inner wisdom tell you about what your

family needs at this time. What does this play tell us about our goals for family play therapy?’

### *Closing the Session*

As the therapist photographs the world, he/she may acknowledge the different aspects of the world that brought the family world/ story to life. Repeating the teachings that each member of the family noted, the therapist then lights a candle next to the world. Everyone is encouraged to look once more at the family world and its teachings. The family is instructed to congratulate one another and to honour the validity of each person’s experience. The lit candle invites everyone to honour the sacred/awesome aspects of the family’s world.

### **Discussion**

The free and spontaneous sandtray-worldplay family session sets the tone for the course of Dynamic Expressive Family Play Therapy. The family is acknowledged as an intelligent, creative, sensitive, action-oriented being. Therapeutic play in the sandtray stimulates the family’s innate capacities to meet their collective needs for survival, nurturing, harmony, health, joy, and so on. Capacities to problem-solve and receptivity to professional counselling may significantly increase as the family explores many different possibilities of change and transformation in their communal play.

It is recommended that a non-directed Sandtray-Worldplay approach be used initially with families so that the family is bonded to their own creative problem-solving potential. This type of play session may be used at any time during the course of treatment and during the termination phases. As the family becomes more adept at playing together, each member of the family may take turns in playing with the whole family world while the others are watching. No characters are removed, no characters are added: the family plays with the existing family world! This is a wonderful way of discovering the infinite possibilities inherent in any given circumstance.

During the family session, it is helpful for the therapist to be as non-directive as possible and to support everyone’s creative expression. There is no need to expect a certain type of world. Focus, hold, and encourage the process of playing with the possibilities. Let the family engage in their own self-assessment. Let them get to know one another. Let them get a sense of what they are seeking and what they have to work with.

Discourage and do not reflect any blaming or judgmental statements or personal references—for example, ‘You always make such a mess.’ Instead, redirect the speaker to the world and what the characters in the world are doing,

saying, feeling, and so on. Remind each member that if they want the characters doing something else, they are free to let that happen.

The therapist may ask other questions of the family at the end of the session:

1. Today, your family came and played together. This is a great accomplishment. I wonder what it was like for each one of you to be together and to play together as a family?
2. Did you notice how each one of you brought special contributions to your family world today? Please reflect on what each of you contributed. You can help one another remember.
3. When you played together today, each one of you had an opportunity to receive the contributions from other members. Some gifts come as welcome surprises, some are difficult to receive, and some we find irritating and upsetting. Can you reflect and share how you received the play from the others?

Observe the world, the family at play and the evolving interaction, and notice and support manifestations of their

- spontaneous, experimental play—the spirit of playfulness and differentiation
- ability to receive and play with others' play
- curiosity, interrelatedness, joining
- expressions of respect, affection, trust
- ability to receive another's story
- suffering and caring

When being with the family world, notice

- those beings who have the capacity to go on a 'heroic quest' so that the characters in the world can meet their needs more effectively
- the presence of wisdom keepers, helpers, and learning opportunities
- the appearance of obstacles, destructive forces, and agents of change
- Notice your own countertransference strivings by the way you are moved by the session
- the degree to which you can support each family member's play
- your need to change the world, the play, or the family's story

#### *Special Considerations and Modifications*

When the family finds it too difficult to create one world together either because someone is 'too weak' to show up or because others are 'too blaming,'

authoritarian or angry, then consider offering each member of the family their own personal sandtray. There, each one can create a world that no one else may touch or play with. Using this play process, everyone shares their own individual world with the members of the family. Family members learn to develop curiosity and empathic responsiveness to each other's experiences. Individual worlds created within family sessions give clues as to how the family can best support the individual strivings and needs of each family member.<sup>1</sup>

**Note:** It is helpful when the play therapist has received Sandtray-Worldplay training experience and has participated in individual, family, and group Sandtray-Worldplay processes.

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1. Further instructions: De Domenico (2005).

## **D. ALL TANGLED UP**

Treatment Modality: Individual, Family

### **Goals**

- Identify and verbalise feelings of anxiety or worry
- Identify coping strategies that target a decrease in frequency and intensity of anxiety reactions
- Decrease the frequency, intensity, and number of worries experienced by the client

### **Materials**

- Ball of yarn
- Scissors
- Paper
- Markers
- Finger puppets of bugs

### **Description**

Begin by telling the client, 'Everyone has worries and sometimes we have so many worries that they get all tangled up inside. It's getting hard to tell one from the other. We just go around feeling worried and anxious without even knowing why. Today we are going to untangle those worries. Let's start by pulling out one thread at a time and naming it.' The practitioner then gives an example of one big worry and one small worry. For example, the practitioner might say, 'I get a little worried when we're out of milk, but I know we can go to the store and get some more.' Then pull some yarn out from the tangled ball. Deliberately pull more yarn than is needed to represent this worry. Then say, 'I worry this much about it' and hold up the length of yarn. Then say, 'Actually, I don't worry quite that much about the milk, so I'm going to make it this long' and shorten the piece of yarn by a foot. Help the client to untangle at least five or six worries. Some will be small and some may seem like miles of yarn. As the child cuts each piece of yarn (the length reflecting the intensity of the worry), write the worry in magic marker on a small piece of paper and tape it on the yarn (this helps delineate one worry thread from another). Then tell the client that you are going to tie the worries up all around the room until they look like a spider web. Tie one end of the yarn to the door handle and the other to the top of a bookshelf. Let the client choose where some of the yarn lengths get tied. However, they should cross each other across the space so that the threads end up looking like a spider web.

It can be helpful to invite the parent/caregiver in to look at the web to see the child's worries. If a parent is invited into the session to witness the web, have the client verbalise each of the worries out loud.

Then talk about ways to cut the worries down, so that the client will not continue to get caught in their web. Strategies for dealing with anxiety are then discussed. These may include stress inoculation strategies such as deep breathing exercises, progressive muscle tension/relaxation exercises or the use of positive imagery, and thought stopping, thought replacement techniques. As the client verbalizes each strategy, he/she uses the scissors to cut down one thread of the web, until the web has disappeared.

**Discussion**

Emotions such as anxiety are hard to articulate, even in adulthood. Our youngest clients are aided in their ability to wrestle with this intense yet nebulous emotion by externalising it and manipulating in kinaesthetically in the form of the yarn. Parents are often startled by the intricacy of the three-dimensional web that presents itself at the end of the work, but almost always the realisation that their child is dealing with this complexity of worry renews their compassion and patience for the child. At the end of the session, the child takes home cut up pieces of the web. The child's job is to give a piece of yarn to the parent whenever the child is feeling anxious. The yarn serves as a non-verbal signal that the child is in distress and needs some parental intervention.

## **E. CLAY APPLES**

Treatment Modality: Individual

### **Goals**

- Increase identification and expression of five different feeling states
- Improve skills for dealing with the expression of emotions in others and validating them
- Improve understanding that people may react with different emotions in the same situation
- Implement appropriate strategies for expressing emotions

### **Materials**

- Five different colours of clay
- Five different animal puppets, for example, a dog, wolf, rabbit, bird, and bear
- Paper plates with a picture of each of the puppet animals on them
- Crayons

### **Description**

Discuss the following basic emotions with the child: happy, sad, scared, angry, and surprised. Give examples for each of these emotions. Emphasise the fact that other people also experience these emotions. Provide the child with five different colours of clay and ask him/her to pick a colour for each emotion. The therapist should then ask the child to sculpt five clay apples with each colour.

Explain that a story will be read in which the characters will display different emotions. Provide the child with the animal paper plates. Ask him/her to pick a clay apple and put it on the correct plate each time a character in the story experiences a specific emotion. The clay apple must be the colour that the child has picked for a specific emotion: for example, a green apple when the bear is sad, if green was picked for sadness, or a red apple when the wolf is angry, if red was picked for anger.

The practitioner can tell any story in which the five emotions are displayed at least three times. It is important to take note that although the characters in the story will act out a specific emotion, such as anger or fear, the emotion is not labelled by the practitioner. The child will therefore have the opportunity to label the different emotions through observing the verbal and non-verbal behaviour of the puppets.

After completion of the story, the child can explain why he/she has picked

specific colour apples for specific emotions. Questions can then be asked on how he/she could respond to each character in the story, as well as what could be said to make them feel better, if applicable. If a child tells a specific character that his emotion is wrong, or that he should feel differently, the practitioner can discuss a more appropriate response and explain that emotions are never wrong, although they can be managed in a more positive way.

**Discussion**

Empathy is the basis of all social skills. Children with emotional problems often have trouble identifying emotions in themselves. They also do not have the skills to respond appropriately to emotions in others. Through this activity, children's awareness of emotions in others is enhanced. They also learn how to make use of verbal as well as non-verbal clues in identifying emotions in others.

Children with a low emotional intelligence may have difficulty labelling emotions. These children will first need more simple activities in identifying emotions and acquiring an emotional feelings vocabulary before engaging in this activity. The practitioner must therefore consider the child's level of self-awareness before this activity.

## **F. DREAM-ENACTING WITH A FAMILY**

Treatment Modality: Family

### **Goals**

- Help family members be empathic and attuned with the child who directs this activity
- Increase family members ability to follow the lead of the child who directs this activity
- Increase the child's ability to vocally tell family members what he/she wants from them

### **Materials**

- Yarn or masking tape
- Dramatic play materials such as scarves, swords, objects that make sounds, including musical instruments, and playhouses (optional)
- Craft supplies to make masks, costumes, and scenery (optional)

### **Advance Preparation**

Place yarn or masking tape around a large area where the dream reenactment will take place.

### **Description**

**Note:** This activity requires at least 90 minutes and can be completed in one long session or over two sessions.

Explain to the family that our dreams involve an experience in which we can solve problems more easily, express who we are from the heart, and do anything we want to do, even if it is very scary or different than what we would normally do. Then ask the child to direct a play about a dream that he/she has had, and let the child know that he/she can change the dream if they want to. If the child agrees, the parents and other members of the family are instructed that the child is the director and that they are to follow the child's directions and pretty much do, say, and feel whatever the child directs them to do. The Steps of the activity are as follows:

1. The child identifies the title of his/her dream then describes two or three feelings that he/she had in the dream and who and what (things) were noticed in the dream. He/she then describes the dream as if it were happening 'right now' while the therapist transcribes the telling.
2. The family is instructed not to ask questions, interpret, or say anything while the child is telling the dream, when he/she has finished, or at any

time afterward.

3. The child will then decide who will play whom in the dream; this includes choosing someone to play him/herself since he/she will be the director and not one of the actors, as well as choosing individuals to play the objects or things that might be important.
4. The necessary props and the room will be prepared, including placing a yarn or masking tape around the space where the dream reenactment will take place.
5. The child will direct everyone to do, say, and feel what he/she wants them to do in each part of the dream that is reenacted (usually children's dreams are short enough to do the entire dream, but sometimes choosing one or two parts is sufficient). The dream may be enacted once, twice, or even three times until the child is satisfied with how it is done.
6. The child can change the dream's ending to a more preferable one if he/she wants to do that.
7. Family members are instructed to do, say, and feel exactly what the child directs them to do without any questions.

After the dream reenactment is completed, the family comes outside the dream space and the process is discussed. The following questions can guide the discussion:

*(To the child/director):*

1. What was this like for you?
2. What did you like best?
3. Was there anything you did not like or wish was different?
4. What are some of the feelings that you had while directing the enactment?

*(To the family members/actors):*

1. What was this like for you?
2. What did you like best?
3. Was there anything you did not like or wish was different?
4. What are some of the feelings that you had while playing the characters or objects in the enactment?

Ensure that the family does not discuss or interpret the dream itself.

### **Discussion**

Dreaming holds certain characteristics that allow creativity, authenticity, and emotionally charged issues to enter into our consciousness. Children, particu-

larly those who are younger, experience dreams that are frightening more often than other groups, and dreams are a reliable source for discovering what is in their minds and hearts. This activity is designed for families where the parents are experiencing challenges empathising and feeling attuned with their child. For a short period of time, and with the therapist present, a little of what lies deep in the heart of the child can be explored. The parents not only discover more about what lies within the child's heart but also experience what it is like to be there, dwell there, and what feelings their child may be experiencing.

For the child, it is an opportunity to direct his/her parents as they embody and experience some of what lies inside of him/her. It also gives the child a chance to reenact a dream that might be scary or frustrating. As a director/observer, the child gets to see something of what lies inside of him/her from the outside (i.e., outside looking in), and this may help him/her to gain mastery and control over the material as well.

Dreams are highly personal and this activity should only be used when the therapist is confident that the parents and family members will hold this dream in confidence and respect how very personal and tender the material may be to the child. If the child has sustained a trauma and is dreaming about it, caution and discernment should be used, though the activity is not absolutely contraindicated because of this possibility.

Therapists who engage families in this activity are best prepared when they have engaged in some dreamwork of their own and have referred to the ethical guidelines of the International Association for the Study of Dreams. This exercise is not for the purpose of interpreting or analysing dreams and, in fact, this should be avoided during this activity.

This activity rests comfortably within the landscape of experiential family therapy, as informed by Satir and Baldwin.<sup>1</sup> It is also consistent with the theory and practices of filial family therapy. Experiential family therapy seeks to promote awareness and self-expression and unlock deeper levels of connection and communication between family members. These deep levels of communication, accompanied by the freedom to be oneself and openly relate to others, are considered to be the foundations of well-being. Filial family therapy engages parents in the role of treatment providers by using non-directive play therapy principles. It has been found to effectively reduce symptoms in children and increase parents' empathy with what their children are feeling.

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1. Satir & Baldwin (1983).

**G. FAMILY ORCHESTRA**

Treatment Modality: Family

**Goals**

- Increase non-verbal communication among family members
- Increase parent attunement
- Identify aspects of parent sensitivity and responsiveness to children's emotional needs/states

**Materials**

- Toy drum or percussion instrument (hand drum or tambourine)
- Eight index cards
- One die

**Advance Preparation**

Each index card should have the word 'change' written on the front and a simple picture that shows the type of body percussion on the back of the card. Under the picture, the type of body percussion should be identified with words (see list below). The following eight forms of body percussion are used initially. More types can be included to add variety or increase the level of challenge.

Card #1: 'Hand Clapping'

Card #2: 'Foot Stomping'

Card #3: 'Hand rubbing'

Card #4: 'Cheek Popping'

Card #5: 'Tongue Clicking'

Card #6: 'Toe Tapping'

Card #7: 'Shoulder Pats'

Card #8: 'Whoop Whoop' (making sounds like an owl)

**Description**

Prepare the parent to lead this activity by reviewing the family instructions (see below). The therapist should first demonstrate the eight types of body percussion and ask the parent to consider how he/she might animate or vary each type of body percussion to meet the developmental capacities of their children. (For families with very young children, consider using only four types of body percussion.) Emphasise that the parent may choose to extend or shorten rhythms, increase or decrease the volume or loudness, and speed up or slow down a rhythm to keep everyone involved.

Ask the parent to read aloud the following family instructions:

‘We are first going to learn to make special sounds with different parts of our body. After we practise these sounds, we will learn to make short pieces of music that go along with the beat of this drum. To become a family orchestra, we need to copy the rhythm or beat played on the drum. The person with the drum is the leader or the conductor; whoever has the drum gets to start a new beat or rhythm and the rest of us have to follow along closely.’

*Step #1:* ‘Let’s look at the types of percussion sounds we get to make with our mouths or bodies. Everyone take a card and we will go around and demonstrate what kind of sound the card asks us to make.’

*Step #2:* ‘Now we are going to place all the cards back in the middle and mix them up.’

*Step #3:* ‘I am now going to pass around the drum, and everyone can have a short turn making a rhythm on the drum. I am going to start. I want you to notice if I am drumming loud or softly. Also notice if I am drumming slow, medium, or fast.’

*Step #4:* ‘Ok now that we have practised, we will start to play together so we become an orchestra with different body percussion sounds. We will roll the dice, and whoever has the highest number gets to be the conductor or leader and will begin with one rhythm on the drum. The person sitting to the right of the leader gets to pick up a ‘change card’ from the middle and copy the rhythm with the type of body percussion that is shown on the card. Once they match the rhythm, they turn to the person on their right and pass the rhythm on to the next person. When the rhythm is passed to you please keep playing it until it goes all the way back to the leader. Everyone stops playing when the rhythm or beat returns to the leader.’

*Step #5:* ‘We had a chance to go around once. Now, we will pass the drum to the next person on the right of the first leader. That person gets to start a new beat or rhythm and pass it on to the person on their right. That person needs to pick up a new change card, and copy the new rhythm. The rest of us will have to copy the leader’s beat or rhythm with the new body percussion sound.’

This sequence continues until all family members have a chance to be the conductor.

*Step #6:* 'For the final round, we are going to mix up all of the change cards in the middle. One person will begin with a new drum beat and when it gets passed your way you pick one change card and match the rhythm with the body percussion sound for your card. Each person will pick a different card as we go around. Let's see what kind of orchestra sound we get now.'

After the final round, facilitate discussion by asking the following questions:

1. What was the most fun part about the family orchestra?
2. What was it like to be the leader or conductor?
3. What change card did you like the best? Why?
4. If you could make a family beat or rhythm that represents your family, what would it sound like?
5. If you could add another instrument, which one would you pick?
6. Who would be good at playing this instrument in your family orchestra?
7. When in your daily family life might you need to speed up or slow down your pace or rhythm?
8. How can you tell if others are in sync with you?

### **Discussion**

This activity amplifies attunement behaviours as the parent, as well as other family members, must mirror and replay the actions of each other. It offers a rich opportunity to examine parent sensitivity and attunement, because the parent may need to support certain children or modify certain rhythms so that each child has an opportunity to participate meaningfully.

The process questions at the end of the orchestra game are designed to facilitate discussion among family members and provide a means for the parent to recognise individual contributions. The therapist also has an opportunity to comment on the ability of the family to play together. The therapist, in observing and tracking the process, should be prepared to comment on how family members watched, followed, or supported each other during the activity.

The therapist needs to be prepared to amplify or expand upon feelings and highlight for the parent ways in which the family's interactions communicate needs for recognition, comfort, safety, support, or reassurance.

## H. FEEL GOOD FILE

Treatment Modality: Individual, Group, Family

### Goals

- Increase self-awareness
- Practise mindfully paying attention to self
- Promote positive self-talk through verbalisations of positive self-qualities
- Improve self-esteem by identifying and expressing positive qualities about oneself

### Materials

- Manila file folder
- Markers
- Craft supplies such as glitter, scrapbooking papers, glue, stickers (optional)
- Paper
- Pen or pencil

### Description

Introduce the intervention by stating, ‘This will be a simple but effective activity to combat negative thinking and to create a storage place for positive, loving words to challenge those negative thoughts you have about yourself.’

Have the client write his/her name followed by Feel Good File on the manila file folder, for example: ‘Lisa’s Feel Good File.’ If desired, the client can use the craft supplies to create a positive and uplifting design on the front of the manila file folder.

Next, have the client write ten of his/her positive qualities on a piece of paper. Have the client place this in the file.

Then have the client make a list of three people who he/she can approach and ask to write a letter of affirmation that includes a list of five positive things about him/her. Provide examples of potential people if the client needs assistance, such as parents, siblings, friends, teachers, and extended family. Assign this task as homework to bring to the next session. If the session permits, this task could be completed as a family therapy activity where the client could invite family members to make this list during the session.

As the letters of affirmation are collected, they should be placed in the Feel Good File. Also, prior to the next session, the client should put into his/her file the letters, cards, and e-mails received from others that are complimentary in any way. The client could also think back to past conversations or recall times when people recognised his/her talents and assets or expressed appreciation

for him/ her and then write those experiences on paper and place them in the file.

The practitioner should introduce the concept of mindfulness by reviewing the contents of the file with the client mindfully. Mindfulness involves consciously bringing awareness to the here-and-now experience with openness, curiosity, and flexibility. Zinn defines mindfulness as ‘paying attention in a particular way: on purpose, in the present moment, and non-judgmentally’.

The practitioner should remind the client to be mindful of how he/she feels, what his/her thoughts are and if he/she experiences any physical sensations while looking at or reading the contents of her/his file. If the client becomes aware of any negative thought, feeling, or sensation have the client acknowledge it and then release it. The practitioner can encourage the client to do this by imagining the thought floating away on a cloud. More specifically, the practitioner could have the client imagine that his/her thoughts are like clouds in the sky and he/she can see them floating above. As the client continues to breathe deeply, he/she visualizes the negative thoughts slowly floating away until the sky is completely clear. As the thoughts float away, the client should feel his/her mind becoming more and more blank as the thoughts drift away.

Encourage the client to look through his/her Feel Good File at least once a week and/or when he/she becomes aware that negative self-talk is occurring. When the client looks at the file and challenges the negative thoughts, he/she can practise the mindfulness technique of acknowledging and releasing.

The client can also be encouraged to become a ‘Feel Good Hoarder’ and to add additional positives to his/her folder.

## **Discussion**

This activity provides clients with the opportunity to identify and focus on their strengths. Some clients may be resistant to identifying their strengths or having other people do so. The practitioner may need to provide some examples or use props to facilitate the exercise, such as Magnificent Cards.<sup>1</sup>

This technique is particularly powerful because the practitioner can introduce the concepts of noticing negative thoughts through mindfulness and challenging them (by showing evidence to the contrary). The practitioner can encourage the client to ‘pay attention in a particular way, on purpose, in the present moment, and non-judgmentally release them’.<sup>2</sup>

The practitioner could also use the cognitive-behavioural therapy technique of ‘thought stopping’ instead of mindfulness if this is a technique he/she is

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1. Available at [www.magnificentcreations.com](http://www.magnificentcreations.com)

2. [www.actmindfully.com.au/mindfulness](http://www.actmindfully.com.au/mindfulness)

more familiar with.

## **I. FEELINGS HIDE AND SEEK**

Treatment Modality: Individual, Family

### **Goals**

- Provide a safe environment for clients to verbalise and discuss their feelings
- Increase open communication regarding various emotional states
- Strengthen family relationships through direct communication

### **Materials**

- Index cards with various feelings written on them
- Tape
- Prizes such as stickers or small individually wrapped candies (optional)

### **Advance Preparation**

Prior to the session, write various feeling words on index cards such as happy, sad, angry, scared, jealous, guilty, brave, excited, etc. For durability, cards can be printed on card stock and laminated. If prizes or candies are being included in the game, then a smiley face can be drawn on several of the cards.

Using tape, the index cards are hidden around the room at varying levels of difficulty. For younger clients, the cards will be hidden in obvious places. For older clients, the cards can be hidden in more secretive places.

### **Description**

This technique is a therapeutic version of the popular childhood game hide-and-seek. However, instead of people hiding, the therapist has hidden cards with various feeling words on them.

The therapist explains that in many situations, people ignore their feelings and keep them hidden instead of dealing with them. Even though this may seem effective, hidden feelings still exist and continue to bother the person until the feelings are brought out into the open and addressed.

In this game, feelings start out hidden and, through the course of hide-and-seek, are found and discussed. During the intervention, players take turns finding the hidden feeling cards and processing a time they experienced the feeling written on the card.

If the optional cards with smiley face are used, players who find one of these cards discuss a feeling of their choice and then receive a prize such as a sticker

or a small candy.

At the end of the game, process the activity by asking the following questions:

1. What was the easiest feeling to discuss?
2. What was the hardest feeling to discuss?
3. Is it better to hide or talk about your feelings and why?
4. Who is the easiest person in the family for you to talk to about your feelings and why?
5. Who is the hardest person for you to talk to about your feelings and why?
6. How do you think your family can make communication about feelings better or easier?
7. What did you learn from this game?

### **Discussion**

This intervention targets communication by providing an opportunity for the clients to directly identify, communicate, and process their emotions. Some clients lack the language to communicate about emotions. This activity helps build and expand the client's emotional vocabulary and fosters an environment conducive to healthy emotional expression. For clients who avoid discussing distressing emotions, this technique can facilitate emotional expression of hidden feelings.

As feelings are chosen for the intervention, the therapist can prescriptively select emotions according to the client's presenting problem, issues, or treatment goals. The emotions identified and processed can be common emotions to support communication around feelings in general or geared toward a specific topic such as divorce, death, or abuse.

As stated in the 'Description' section, cards with a smiley face can be hidden along with the feeling cards. Players who find one of these cards select a treat, sticker, or other small prize and discuss a feeling of their choice. Although this is an optional element, the prospect of winning something during the course of the activity may lower defences and incorporates an additional component of playfulness to the technique.

Throughout the activity, normalise and validate the emotions discussed by the clients. As an additional component, coping skills to manage emotional distress can be identified and discussed.

## **J. FEELINGS RING TOSS**

Treatment Modality: Individual, Group, Family

### **Goals**

- Increase feelings vocabulary
- Increase the ability to identify and express four feelings

### **Materials**

- Four plastic bottles (soda bottles are preferred as water bottles are often made from recycled plastic and are not as durable)
- Rice, sand, or beans
- Clear packaging tape
- Two each of four different feeling faces (page 109)
- Four rings (made from two yards of clear tubing or four paper plates)
- Glue sticks
- Coloured paper
- Markers or crayons
- Scissors

### **Advance Preparation**

Rinse and dry bottles and remove labels. Use a funnel to pour rice, sand, or beans into the bottles, adding just enough to weight the bottoms so they will not tip. Place the lid on the bottle and secure it with tape so clients cannot open and empty the contents.

The feeling faces (Happy, Sad, Mad, and Scared) can be copied onto coloured paper or coloured with markers or crayons. Cut out the feeling faces. Tape two feeling faces to each bottle.

The rings can be made from clear piping purchased from a hardware store. Cut the piping into 18-inch lengths and connect the ends with clear packaging tape. Paper plates with the centre cut out could also serve as rings.

### **Description**

The game is played by setting the bottles in an open area and placing a length of tape several feet away. While standing on the taped line, the client takes the four rings, one at a time, and tries to toss them around the bottles. When the client gets a ring around a bottle, he/she calls out the name of the feeling face on that bottle. That feeling is then processed and discussed. For example, the practitioner can say, 'Share a time when you had that feeling?' 'What would make a kid feel scared?' 'Show me what your face looks like when you're feeling mad.'

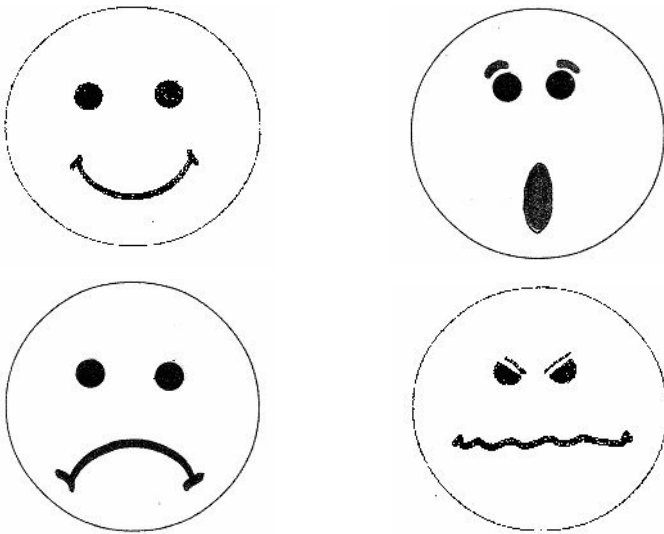
**Discussion**

Identifying and discussing feelings can be difficult for some children. This game is a fun and non-threatening way for practitioners to engage a child who may be resistant to discussing emotions.

If the practitioner observes a child avoiding ringing a specific bottle, the practitioner can explore whether or not that feeling might be disturbing to the child.

This game can be tailored to fit specific presenting problems. For example, 'What is something that makes you sad about your parents getting a divorce?'

This game can be used in group or family therapy with players taking turns identifying the feeling faces on the bottles.

**Feelings Ring Toss**

Feeling Faces

## **K. LAND OF NO RULES**

Treatment Modality: Family

### **Goals**

Assess dynamics and interactions within the family, particularly rules, roles, and hierarchy

- Establish and enforce appropriate rules within the family
- Encourage parents to increase their understanding of their children's worldviews
- Increase family members' ability to communicate their needs

### **Materials**

- Every Family Is a Kingdom questionnaire (page 112)
- Paper
- Pencils
- Markers
- Camera

### **Additional Materials for the Sandtray Version**

- Sandtray half-filled with sand
- Variety of miniature objects or figurines representing different categories such as people (various ages, races, abilities, and occupations), animals (pets, farm, and wild), vehicles, plants and things from nature (rocks and shells), furniture/household objects, buildings and fantasy figures. Make sure there is a King and Queen figurine.

### **Description**

**Note:** Note: This activity requires at least two sessions.

Complete the Every Family Is a Kingdom Questionnaire with the family. If the sandtray version is being used, the family can respond to the questions verbally, as well as illustrate their responses by creating a picture in the sand using the miniatures provided.

In the following session, divide the family into two dyads. (The children should be teamed up with the parent whose relationship can benefit from one-to-one time. The dyad portion of the activity also ensures that quiet children have the opportunity to express their feelings and views. If there is only one parent, then have the whole family work together rather than dividing the family.)

The family is asked to imagine a Land of No Rules. Each dyad is instructed

to draw a picture together (or create a scene in the sandtray) that illustrates their Land of No Rules. Each dyad can decide how, what, when, and where the Land of No Rules operates. This picture can be a positive description of how the Land of No Rules is viewed or it can be a negative description. This is up to each small group of family members. Next, each dyad creates a story about their Land of No Rules. The parent in each dyad is asked to write down the story that is created. This is especially important for dyads where children have difficulty honouring the authority of their parents. (The therapist needs to be clear about this small group leadership role when explaining the directions.) Then the dyads come together to share their pictures and stories.

If the small groups do not bring up the negative possibilities of what happens in places where there are no rules, the therapist can ask questions such as:

1. What is it like in this Land of No Rules?
2. How safe do the children and adults feel if everyone around them does whatever they want?
3. What happens when nobody is in charge?
4. What problems arise when there are no rules?
5. How do parents feel when they may not know where their children are or what they are doing?

A discussion should follow about what the general rules need to be so that all the citizens in this land benefit equally. The family can create a new story or end their former stories with this new unifying information.

The final part of this session is when the family identifies the rules that are appropriate in their home. One of the parents can list these rules on a sheet of paper.

The family is then invited to create a new drawing (or picture in the sand) illustrating The Land of Important Rules. That is, this drawing illustrates the rules that need to be in place at home for the safety and well-being of all family members and describes who sets and enforces them, the consequences when rules are broken, and so on.

Take a photograph of the mural or the sandtray for the family (as well as for the clinical record).

### **Discussion**

This activity is appropriate with a family who is struggling with rules and roles. It is also helpful for a family for whom one of the treatment goals is to support a healthy parent-child relationship, particularly when there may be ongoing conflict between the parent/child dyad.

Through storytelling and drawing (or sandtray), family members gain a better understanding of each other's views of the family, the rules and need for structure, and individual feelings of safety. Often, these approaches provide a way to externalise this discussion in a way that provides more clarity to the entire family about individual family members' views and experiences. As Harvey contends, 'A basic assumption is that families have the creative ability to address their conflicts in a naturalistic manner and that they can and do use play in their ongoing day-to-day life to both problem solve and resolve their basic emotional conflicts.'<sup>1</sup>

When using the sandtray as a method of expression, De Domenico suggests that one method a therapist can use is to 'assign a topic, an experience or an interaction to be worked on during the session.'<sup>2</sup>

The dyad portion of the activity can enhance the parent-child relationship. Additionally, the dyad experience provides a venue for the quiet child to voice his/her ideas that are then repeated when the activity is presented to the larger group. Problem-solving and communication among family members is also enhanced through this activity. Combs and Freedman<sup>3</sup> write, 'We interact with family members one at a time, inviting the others present to serve as an audience,' which, they argue, 'makes family relationships more visible' by helping members 'hear instead of defend.' That said, 'family functioning cannot be fully understood by simply understanding each of the individual family members or subgroups'.<sup>4</sup> Hence, it is important that the whole family comes together to create the alternative Land of Important Rules as an ending to this experience.

### **Every Family is a Kingdom Questionnaire**

Each family is like a Kingdom. Answer the following questions about the Kingdom in which you currently live.

1. Who are the citizens of this Kingdom?
2. Who are the King and/or Queen of this Kingdom? (This individual usually makes the final decisions about matters of importance. This individual also creates plans in advance to address the future needs of the citizens.) How do you know that this individual is the King or the Queen?
3. What are the laws of the land? How does this Kingdom maintain the laws of the land?

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1. Harvey (2008) pp. 86–101.

2. De Domenico (2005).

3. Combs & Freedman (1998) pp. 405–408.

4. Miller and others (2000) p. 168.

4. What are the consequences or punishments imposed when citizens break the law?
5. Who helps to make sure that all the citizens have shelter, food, clothes, ways to play, and so on? Is there always enough food for all citizens? What happens in the Kingdom if some citizens do not want to share food with other citizens?
6. Are there any dangers in this Kingdom? If so, what are the dangers? Are the citizens protected from this danger and, if yes, how are they protected- do they protect themselves or are there others who are in charge of protecting the citizens?
7. How do citizens contribute to making this Kingdom a happy and safe place to live? Who shares their gifts willingly with other citizens? Who helps to keep the peace? Is there a troublemaker in the Kingdom? Is there a joker in the Kingdom? What other roles do citizens take on?
8. What three words best describe this Kingdom?

## **L. MAGIC CARPET RIDE**

Treatment Modality: Group

### **Goals**

- Increase socially appropriate behaviour with peers
- Participate in peer group activities in a cooperative manner

### **Materials**

- Small carpet or towel large enough for all group members to sit on
- Stickers
- Crayons
- Large piece of paper
- Puzzle
- Jar of bubbles
- Plastic tea set
- Juice and cookies

### **Description**

The group leader enthusiastically tells the children they are going on a magic carpet ride! The leader states that this is a very special journey, and that they will be making four stops. Tell the children that at each stop, there is a task they need to complete. Once the task is completed, they will get a sticker.

Everyone in the group sits on the carpet before setting off on their journey. (The leader should be theatrical and make various comments to help the children make believe they are truly going on a magic carpet ride!)

At the first stop, 'The Land of Sharing,' the children must colour a picture, using the crayons and paper provided. The children must share the crayons, making sure that each group member gets to use each of the crayons for their picture. Once the task is completed, the leader gives each child a sticker. The group then piles onto the magic carpet, and they set off again.

The second stop is 'The Land of Waiting Your Turn.' Here, the leader passes the bubbles around the group and each child has a turn to blow bubbles. Once all the children have demonstrated the ability to wait their turn for the bubbles, they get another sticker.

The group sits on the carpet again, and they set off for the third stop, 'The Land of Working Together.' Here the group must work cooperatively to put the puzzle together. If the group is not working cooperatively, the leader takes the puzzle apart, and has them start over again. The leader can offer suggestions to facilitate group cooperation. Once the puzzle is completed, the leader gives

each child another sticker.

The group then travels to the final destination, ‘The Land of Being Polite.’ The group has a tea party using the plastic tea set, juice, and cookies. The leader tells the children they must politely say, ‘Hello, how are you?’ ‘Please pass the cookies,’ and ‘Thank you for the tea.’ Once the tea party is over, the leader gives each child their last sticker, and the group makes its return journey.

Once the children are ‘home,’ the group discusses what was learned at each stop on the magic carpet ride.

### **Discussion**

This activity uses imaginative play to help young children strengthen their interpersonal skills. Children will enjoy the magic carpet ride and the journey to the various ‘lands.’ Awarding stickers for appropriate social interaction reinforces their positive behaviour. The practitioner can make this activity more appealing by incorporating props, costumes, and music for the magic carpet ride.

**M. YOU'RE A STAR**

Treatment Modality: Individual, Group

**Goals**

- Improve self-esteem by increasing awareness of loved ones, caregivers, and helpers
- Provide a method of coping with future emotional issues

**Materials**

- Large piece of paper, preferably cardstock
- Markers
- Glue

**Description**

Write the child's name in large letters in the centre of the page using the child's favourite colour. (Older children can do the writing themselves.) Draw a star around the child's name. Ask the child to name all the people who care about her/ him. As the child names the people he/she knows, write those names all over the page. The goal is to fill the page with many, many names.

Some younger children need hints to help them identify people's names to write on the page. Also, make sure the practitioner's name is on the page somewhere.

Once this is done, let the child know that she/he is a star! Suggest to the child or the parent that the picture be kept in a safe place, laminated or framed and hung up in the child's room. This way, whenever the child is feeling sad, lonely, or scared, she/he can look at the picture and be reminded of all those who care about her/him, providing the child a way to cope with the feeling.

This activity may be modified for a group format. In this case, group members could write their names on each other's pictures.

Process this activity by asking the following questions:

1. Tell me about the people you included in your picture.
2. Who do you feel closest to?
3. How do people show they care about you?
4. What are some ways you can ask for help?

**Discussion**

This quick, simple activity is one way to let children who may be facing difficult times or experiencing low self-esteem know they are not alone. More than likely

there are several people in their lives that care about them and who they can call on for help.

Because the practitioner's name is added to the page, this activity is only appropriate after a therapeutic relationship is well established.

## SANDPLAY AND SANDTRAY

*'The debt we owe to the play of the imagination is incalculable.'*

—Carl Jung

Sand was a powerful tool for educating and healing the Sri Lankan prior to the establishment of missionary schools in Sri Lanka (before 1815). The education of the Sinhala community had always been with the temple. The task of the Buddhist priest was to teach how to write using the sandy area of the temple, and especially, using the *weli poruwa* (sandtray). With the appearance of the missionaries on this land, and their influence over the local inhabitants, the temple gradually retreated from its task in providing literacy to the Lankan, and thus with it disappeared the powerful tool *weli poruwa*.

Both Buddhists and Hindus used sand in teaching the children. On the auspicious day of *Thai Poozam* or *Vijayathasami*, a three year old Hindu child is taken either to the priest at a *konil* (Hindu temple) or to a learned elder, who then guides the child to write the alphabet on sand or rice. This is still practised today.

In general, the villager communicated his thoughts and emotions by writing and drawing in sand. It was a strong expressive mode for him, and turned to be a healing tool. Sand gave the villager ample freedom to play with and make his mind free of worries.

Sand is also important in strengthening bonds between individuals and communities. Friends got together to play, write, make patterns, and draw on sand. They made sand castles and played with the *binakunda* (mole cricket), an enjoyable pastime for the rural folk in this land who had not lost touch of being with nature. It is for this reason that the Sinhalese say *'Api weli keliye indan yabaluno'* (we were buddies from the time we started sandplay).

Apart from learning, healing and playing, security was also a concern of the villager in former times. Every evening he kept his sandy garden clean, so that, the intruding animal would leave its paw prints in the night. That helped the villager to design his security strategies, both for his and community safety.

Sand signalled the animal that trod upon it, and brought the rhythm of action for hunter's game. Paw prints helped the villager to decide on the type of animal and the direction it went, so that pursuance would be easy, and hunger is

appeased through a communal ritual.

Also at times of uncertainty, villagers used to go out to the garden and start ruminating while unconsciously drawing circles or lines on sand either with his fingers or the big toe. Many villagers still have the habit of drawing in this manner while thinking about a problem. I personally felt that the texture and softness of sand helps soothe the agonised mind. I am sure sand speaks to the senses of the person so strongly that it helps the person to slow down before arriving at his conclusions.

Children and adults engaging in building sand castles, tunnels, caves, and many other structures at the beach, tell of a story. This demonstrates how metaphor brings the untold stories to the surface. Even though there is no verbal expression involved in sand play, the nonverbal expression that emerges helps the sandplayer to understand his inner thoughts.

Children have always delighted in playing in sand, through their imagination. They love to bury themselves in sand, leaving their face clear for breathing which suggests that the child has the primitive drive to seek pleasure and avoid the pain that may be experienced at time of death. Even though there is no real perception of reality, the child tries to satisfy his need, covering himself under sand in protection. A clear functioning of id can be seen in this act, since it does not let the underlying thoughts to surface in a raw manner but let them emerge metaphorically for the child to enjoy an experience that lies at a distance.

In the Sri Lankan context, the *ekel* broom<sup>1</sup> and sand has a strong relationship. The village children and adults use the *ekel* broom to draw patterns in the sandy garden for the purposes of enjoyment and focus of mind. This was—and still is—a vital dynamic meditational practice seen in temples, too. Thus, sand has immensely contributed towards the settled mind as well for the development of imaginary powers. This is a complete therapeutic practice the village had, even though it was not structured or guided by a therapist.

I believe that therapeutic acceleration occurs because two processes are taking place simultaneously. The first is the analytical interpretation of concrete daily life events, as well as unconscious material such as dreams, fantasies and active imagination, in a thrust towards increased consciousness. The second, is the making of sand pictures—a deliberate

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1. The traditional *ekel* broom of the Sri Lankan is produced from the thin, smooth, flexible, *ekel* (*iratuma*) of coconut palm fronds. The leaves or fronds of the palm tree crown the top of the tree. *Ekel* is the leaf stalk (midrib) of the leaflets that are found attached to the spine (rachis) of palm fronds. To make the *ekel* broom, green fronds from the coconut palm are harvested or the mature fronds that have fallen off are used. These fronds are stripped to their spines by using a knife.

regression into the preconscious, pre-verbal matriarchal level of the psyche—the level of the personality where the wounds of inadequate mothering can be soothed and healed; not by talking, but by regression to infancy.<sup>1</sup>

Rural villagers often continuously squeeze, knead, or sift sand when they are anxious, frustrated, or tensed up. This self-therapeutic activity is visible even in the sandtray when people come and engage in squeezing sand without uttering a word with the motive of trying to cope with a situation. It is easier to communicate with a person who vents negative emotions through sand, as the sand helps him arrive at a conscious understanding of his problem.

According to the Hindu customs, *kolam* (a type of sand design), is drawn using white rice flour. The Hindu spirit of sharing is shown by allowing crows, squirrels and ants to feed on flour used in the kolam.

The kolam, which is a free hand drawing and a traditional form of art, is believed to produce positive cosmic energies that promote the well-being of those who dwell in the house. It is further interpreted in the modern context as a sign of welcoming all who visit the house and to bring in tranquillity in the minds of the occupants. The white kolam surrounded by red lines, separates the auspicious, pure, protected, and safe world of the home from the inauspicious, impure, unprotected, and dangerous world outside. Culturally, this prepares the Hindu to accept the vicissitudes of life.

Purpose of kolams is not merely decorative. Its drawing has several social, spiritual and symbolic meanings attached to it. Those who practise this believe that drawing of a kolam purifies the entrance space and this in turn invites *Laxmi*, the goddess of wealth, to enter the house. This they believe would give the inmates all wealth and prosperity.

Sandplay is an activity in which the person brings his unconscious thoughts and emotions to the fore, thereby finding strength to face the challenges before him. In sandtray, too, this process helps free play, and the individual has the freedom to make use of sand and other miniature plastic figures he could find, to express himself with much distance from his issue. It is this metaphoric sculpture that helps the individual to make a conscious understanding of the issue at hand. I believe that sandplay, separately or as an inclusion in sandtray, plays a major role in the healing of the mind and heart of a person.

Clients can use small figures in the sandtray to give formal realisation to their internal worlds. The figures represent a cross-section of all inanimate and

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1. Weinrib (2005) p. 50.

animate beings which they encounter in the external world, as well as in the inner imaginative world—trees, plants, stones, marbles, dolls, wild and domesticated animals, men and women pursuing various activities, soldiers, fairytale figures, religious figures, houses, bridges, ships, vehicles, etc., can all be used in the sandplay.

Sandtray is a powerful psychotherapeutic intervention that can be used with children, teens, and adults individually as well as in a group.

Currently, there are two schools of sandtray therapy; a continuation of the sandplay approach as developed by Dora Kalff, and Sandtray-Worldplay as created by Dr. De Domenico. Although these two methods differ in respect to theoretical assumptions, both schools are experience focused, both honour the natural process of the unconscious, and both are non-interpretative.<sup>1</sup>

Dora Kalff, the prominent Sand therapist's explanation of the expectations in the sandplay is as follows:

The client is given the possibility, by means of figures and the arrangement of the sand in the area bounded by the sandbox, to set up a world corresponding to his or her inner state. In this manner, through free, creative play, the unconscious processes and a pictorial world comparable to the dream experience are made visible in a three-dimensional form. Through a series of images that take shape in this way, the process of individuation described by C. G. Jung is stimulated and brought to fruition.

The process that analytical psychology strives to bring about, and which Jung designated as the process of individuation, can be understood as the process of becoming conscious of human wholeness. This wholeness is an attitude that goes beyond mutually exclusive opposites and strives for an integration of these opposites. It is the structure of wholeness, which begins at birth—the fundamental aspect of the human being and which Jung refers to as the Self.<sup>2</sup>

Michigan sandtray therapist Millie Ericson states, "The sandtray process is a wonderful tool for opening up that centre within us. With this approach, one has a small tray filled with sand and a wide selection of miniatures with which one builds a world in the sand. From that world emerges, story and experience

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1. Kwasniewski (2002) p. 70.

2. Kalff (1991).

which helps to enlighten our life and path'. This intervention is therefore appropriate to use as part of a supervisory relationship, which enables the therapist to develop an alternate or more in-depth view of a clinical concern.

The sandtray supports a client-centred approach. The scene built in sand has the advantage of being free of censoring by the patient since the therapist is viewing it along with the patient when being made. Moreover, there's a permanent and an accurate record of it. Taking a picture of the sandtray, which is a routine procedure, makes an unchangeable record which the client and therapist can refer to at any time.

The aim is to help the client, even in the early stages of therapy to take full responsibility for his journey. The therapist relates to the client, supports and midwifes this journey. The primary learning reinforced is, that the source of wisdom and healing lies within the client's self: the self directs the play, the self implants wisdom and reality into the play; the self informs the way the client experiences his/her own play.<sup>1</sup>

Dr. De Domenico teaches students that psyche interprets worlds only when it is ready. Therefore, a Sandtray/Worldplay therapist agrees, that only the builder can translate what the world means to him, as the same symbols can cause a different experience for others.

Diagnosticians or therapists may use one or more sandtrays as a diagnostic tool. For some therapists, even one tray helps them gain a better understanding of their patient's problems.

Some analysts use sand scenes and their own reaction to them in the transference/counter-transference analysis.

In this manner, sandplay and sandtray have independent as well as integrated supportive functions to assist the clients in therapy.

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1. De Domenico (2002).

# 8

## SCULPTING

by

John Casson

*'I saw the angel in the marble and carved until I set him free.'*

—Michelangelo

Sculpting is placing objects or people into a symbolic arrangement with the aim of clarifying intra-psychic, interpersonal elements, or issues and for creative purposes.

### **Origins:**

#### *Shamanism*

Since the dawn of human history shamans and healers used symbolic arrangements of objects: pebbles, shells, bones to diagnose and treat illness.

#### *Theatre*

Theatre developed out of shamanism, ritual, story telling and play. Sometimes actors stood still, presenting tableaux in medieval religious dramas and the secular masques of the 17<sup>th</sup> century, which were still arrangements of figures representing a moment in the story (that could still be seen in the passion play at Oberammergau). In Shakespeare's *Two Gentlemen of Verona*, Act 2, Scene 3, Launce, a servant, speaks of the scene when he left home and uses objects to tell the story.

#### *Play*

Children sometimes make arrangements of toys, dolls, objects, symbolising in their play, life experiences and feelings. Slade called this 'projected play'.<sup>1</sup>

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1. Slade (1980) (1<sup>st</sup> edition 1954).

*Dramatherapy and Psychodrama*

Moreno created 'sociograms'<sup>1</sup> which were diagrams on paper illustrating socio-metric tests: the relationships between people and/or parts of the self. Moreno then dramatised these with people playing the roles and termed this an action sociogram,<sup>2</sup> and he did not use the term sculpting. Leon Fine and Barbara Seabourne developed sculpting in the 1960s. Seabourne's 1963 paper is titled 'The Action Sociogram'. Blatner used the term 'sculpture' and described the method as exploring the protagonist's view of significant relationships in their 'social atom'.<sup>3</sup> It is however Sue Jennings who gives the most comprehensive exposition of the method.<sup>4</sup> She developed the method by changing the scale of the sculpt from micro—sculpt (in the palm of the hand, perhaps with Guatemala worry dolls); mini-sculpt (with toys such as plastic animals, which she called a spectogram); life-size sculpt (with chairs or people); larger than life sculpt and epic sculpt (see below).

**A. THE METHOD****Sculpting With Objects**

Clients may use chairs, cushions, stones, buttons, toy animals, items from nature (such as leaves, pine cones, bones etc.), miniature figures such as Guatemala worry dolls, Russian *babushka* dolls, doll house furniture and small symbolic objects. Such sculpting may best be done within a defined area, such as on a piece of paper. For example:

*Button Sculpting*

1. Choose (at least) seven buttons and make a pattern: a free sculpt.
2. Arrange the buttons as if they were people in your life; issues in your life; parts of yourself; your voices: a thematic sculpt.

First make the pattern without speaking. Then decide whether to change or add anything. Then speak of what the arrangement shows you (to the therapist or a partner in a group). It may be best to start with a free sculpt as this will bring out issues the client might not consciously have been aware of: a thematic sculpt may be more appropriate when the client is already talking about her family or parts of self.

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1. Moreno (1993, first published 1934).  
 2. Blatner (1973); Blatner & Blatner (1988) p. 139.  
 3. Blatner (1973) p. 46.  
 4. Jennings (1986) pp. 143–161; Jennings (1990).

*Chairs*

Empty chairs can be arranged to represent people, feelings or parts of the self in the present, past or future. Alternately the group dynamics can be so explored, for example, 'If this chair is the most anxious and the chair at the other end of this line is the most confident, where on this line would you place yourself?'<sup>1</sup>

Steinberg & Garcia term such a continuum a 'spectogram'.<sup>2</sup>

**Embodied Sculpture**

With this the method shifts into physically embodying feelings: the sculptor is showing through their own body posture, gesture, shape, a feeling or attitude. Group members show, in their own body, how they feel: finding a shape that expresses their state: this can be either in the here and now or expressive of a particular time in their life or in a particular relationship. The whole group might then take on that posture and speak out how it feels, or alternatively the group work in pairs.<sup>3</sup>

**Pair Sculpts**

In pairs one person (without speaking) sculpts their partner as if they were clay: moulding their body to represent a feeling; the partner holds the posture. The sculptor then speaks to the feeling: 'You are...You emerge/d when I am/was...'. The person sculpted as the feeling may then reply, report how they feel and a dialogue develop. The still sculpture may then begin to move and when the sculptor role reverses with the sculpted figure and subsequently return to the audience role.

If the person being sculpted does not want to be touched/physically manipulated, the sculptor can instruct them verbally.

**The Individual Sculpt in a Group**

One person arranges members of the group as parts of himself: in effect exploring their intra-psychic roles. Alternatively they might show the group a still photograph that was taken at some significant time of their life or could have been taken. After viewing the still photograph and talking to the people represented, the photo can then 'come to life' and interact with the person who created it. An individual may sculpt members of the group as their family,

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1. Jennings (1986) pp. 150–151.
  2. Steinberg & Garcia (1990) pp. 115–116.
  3. Andersen-Warren & Grainger (2000) pp. 68, 82–3.

exploring the closeness, distance, the dynamics of the family and their place in it, in the past, present or future. Once placed and given a script, the sculpt can come to life.<sup>1</sup> Group sculpts may be for the sake of an individual or be group focused.

### **Sociodramatic Sculpting**

Sculpting may be used in team building. An individual member, or the team as a whole, will sculpt the social system that they want to explore. For example, a team might wish to sculpt all the stakeholders with whom they interact and who influence their day-to-day working. The process of deciding what object represents what organisation and where the object should be placed will often play an important role in the process.

#### *The Family Photo*

The group arranges itself as if they were members of a family: what roles do they choose and where (in the centre/on the edge) do they place themselves? Alternatively one member of the group can sculpt the group as if they were a (fictional) family.

#### *Metaphoric Sculpts*

The whole group explores a metaphor: such as the group as a body (what part of the body does each member choose to play?), as a ship, as a landscape, a farm or a zoo: often the therapist can choose the metaphor from those that emerge during the life of the group.

Or: 'Our group room is a swimming pool, which occupies most of the floor space. There are deep and shallow ends, a springboard, and an area to sit in with tables and chairs and sun umbrellas. Position yourselves in this scene to represent how you see yourselves in relation to the whole group.'<sup>2</sup>

#### *The Individual Sculpt of the Group*

One member of the group arranges the members of the group into a sculpt of how they personally perceive the group. They do this nonverbally at first, arranging each person in a pose: showing them how to sit/stand, where to look etc. They then go round the group and give each person a statement (doubling the person they have sculpted in this position). The members of the group then repeat these statements (in effect being a mirror for the protagonist). They can

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1. Feasey (2001) p. 109.  
2. Jennings (1986) p. 145.

then add to or change the statement according to their own view and shift their position to how they see their own place in the group. Alternatively another person can show their sculpt/perception of group relations/structure by sculpting the group again.

#### *Liquid sculpts*

A moving, living pattern: in which people move as they feel, thus changing the pattern. 'Allow yourself to move around the group, seeing what it feels like to get closer and then more distant from other people.' This liquid sculpt can then be frozen at a particular moment to explore how close/distant people are and what this means.

#### *Epic or Fictional Sculpts*

Sculpts can be of entirely imaginary figures.

'Fiction is where the unconscious asserts itself.'

—Martin Amis (*Desert Island Discs* 3.1.97).

A client may explore their cultural atom, arranging objects or people to represent important figures from history, myth, philosophy, popular culture and then dialogue with them. Jennings has used sculpting to explore characters in *King Lear* in a forensic setting.<sup>1</sup>

## **B. CLINICAL EXAMPLES**

Stella was fearful of returning to work after a period of depression and stress. The fear was overwhelming and she did not know what it was. I invited her to sculpt her fears: to make an action sociogram using chairs to identify the various component fears that made up her overwhelming anxiety. She named a series of chairs after various people and aspects of her work situation. I asked her who was behind these figures: whom did they remind her of in her past? Behind each present figure she placed another chair symbolising another person of whom the present one reminded her. She worked to confront each of these in turn and separate past from present. She was thus able to put things into perspective and reduce the fear of the present by realising that, whereas in the past she had been a powerless child overwhelmed by fear, now she was a professional woman and had more potential power to set limits and protect herself.

In chapter 3 of *Human Inquiry in Action*, Peter Hawkins writes of his use of

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1. Jennings (1992) pp. 11, 14.

the method with a woman called Janet.

A woman, in her early twenties, whom I will call Janet, was working on how, in her relationship to her boyfriend and adult peers, she seemed to react in one of two ways. Either she would be very childlike and dependent, or very rigid and emotionally cut off and judgmental... I asked her to use her spontaneous creativity to sculpt two members of the group as if they were clay, to use her hands and not her words to get them into the position that it felt accurately echoed her feeling of being in that role... When that sculpt was finished I asked Janet to become each of the parts portrayed—taking up the positions she had sculpted and giving expression to that part of her.... Janet, having become both the parts, was able then to dialogue between the two sub-personalities, role reversing from one to the other. I asked Janet to step out of her drama and watch while two group members ... played out the scene she had created. In the external world she had experienced herself or her 'I' as the victim of this process, but here in the therapeutic theatre it was her creative 'I' that was directing the drama and was now able to stand back and become witness to it.<sup>1</sup>

### **Why Is Sculpting Effective?**

Sculpting combines pattern making, spatial awareness, symbolism, nonverbal expression and embodiment, in the service of the therapeutic process. As such it evokes the subdominant right brain with its emotional knowledge and then processes this into verbal expression and understanding, thus bringing the left brain (with its analytic abilities) into relationship and play. The dynamics of the group and the psychological needs of the members or any individual are revealed through this method more effectively than by talk alone.<sup>2</sup>

### **Conclusion**

Common to all sculpting are the following processes:

1. to start nonverbally and create/explore a pattern in space,
2. to offer the option to change the pattern;
3. only then verbalise.

The sculpt gives the person sculpting the opportunity to:

- to create a pattern

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1. Reason (1988) pp. 71–72.  
 2. Casson (1998).

- to step back and observe
- to change the arrangement
- to speak to and interact with the sculpt
- to consider what is missing
- to have power and be in control.

After a sculpt has been made a useful question is, 'What would you like to change, add or take away?' The sculpt can then become a source of drama, can be dramatised by the client giving voice to different parts of the sculpt or other members of the group taking the roles. A useful question to ask different elements in a sculpt is, 'What do you want?'

Sculpting therefore provides a flexible structure for story telling, exploration, expression and working through issues. It can be used in individual work and groups. It can be miniature (whereby the client experiences themselves as being in total control) or on a human or even epic scale. Sculpting enables engagement and provides safe distance: the person can review the sculpt, stepping back, and engage their observer ego. Sculpting can be revealing, empowering and fun.

## 9

### CONCLUSION

*Be ashamed to die until you have won some victory for humanity.'*

—Horace Mann

Dramatherapy is yet to receive recognition in the country. Its need is widely felt by institutions such as Sunera Foundation that caters to large numbers of individuals with developmental disabilities. Sunera trainers take dramatherapy to the furthest corners in the country, and have made its impact felt by our rural communities. Their activities are further strengthened with the ongoing training programme conducted by this author. The training equips them with necessary theoretical and practical understanding in the application of dramatherapy. Admirably, Sunera trainers contribute towards making dramatherapy a strong expressive art therapy.

One may be surprised to learn of the high number of individuals in this country who have some disability or disorder. The roles played by genes, natural environment, toxins, pharmaceuticals and societal issues contribute largely to this effect. As a rapidly developing country, Sri Lanka has envisaged many social, political, cultural, and economic complexities that influence man. They make a drastic impact on man's equanimity. The high frequency in meeting people who have lost their coping mechanisms indicates this current situation. It further reflects the extent to which man is dissatisfied and discontented.

As a consequence, struggles erupt in every sphere, whether they are related to age, gender, and ethnicity, occupational, educational, cultural or communal. Those who have lost their psychic centre bring issues for therapy. This is what our experience is. They need to be helped to identify alternatives to lead a satisfying life. Therefore, drama, the tool in our hand, is utilised to implement the therapy.

It leads man to act out his experiences and unearth meanings that were suppressed for reasons beyond his control. He views them, reflects and makes decisions for adjustments. It is, in a way, a process of conducting a self-evaluation. Further, the purification Aristotle saw was nothing but this empowerment.

In the West, dramatherapy is a subject taught and learnt academically. Different disciplines, namely, psychology, anthropology, sociology and drama, have been merged to interpret man's mental and behavioural states. DSM-IV

adds pathological definitions to make dramatherapy a clinical practice. Hence, in the West, legality comes in providing a licence and necessary insurance coverage to safeguard both the therapist and the patient.

In terms of the above, dramatherapy in Sri Lanka is still in its cradle. However, our practice has shown that in this island, we could go beyond clinical texts, which come as a help but very often represses the client. The multicultural setting in the island and the cosmivision of the people open multiple paths to seek various dimensions towards healing.<sup>1</sup> Our ongoing dramatherapy practice is to see a harmony between theory and cultural practices.

Further, dramatherapy was successful in settings where verbal communication was possible. We also had clients who were non-verbal. These different experiences compel the therapist to look for the most appropriate structures to realise the therapy. It is his expertise and the sensitivity towards his client that will point toward the best therapeutic approach.

At this juncture, societal responsibility towards those who have developmental disabilities needs emphasis. Social stigma has become a hurting experience for the differently-abled individual as well as his care-givers. It marginalises them as a community. In Sri Lanka, especially, in the rural sector, lack of education to cope with children with developmental disabilities makes both the child and the care-giver, sufferers of many challenging circumstances. At times their stories bring deep concern over the pathetic conditions that thrust an individual to become a victim of an ignorant world. The support networks have a responsibility to implement education of care-givers to help the individual to enhance his cognitive, sensorial and kinaesthetic abilities. This will eradicate most issues faced by the differently-abled individuals in this land.

Finally, our humanist approach in the application of dramatherapy is to ensure the well-being of the individual and his community. It inquires into the plurality surrounding the individual. It is not a discursive practice consisting of mere technicalities or institutional methodologies. It is a transformative learning done with people for themselves. Hence, dramatherapy is eclectic towards its growth in the effort to find valid elements in all doctrines and theories. It combines them into a harmonious whole, through the selection and orderly combination of compatible features from diverse sources, (sometimes even from incompatible theories and systems) in its theoretical and practical configuration.

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1. Cosmovision: Sri Lankans often consider that life is not only influenced by the material but also by the spirit world. Thus cosmivision includes belief systems and puts emphasis on the mysteries that shape every aspect of life.



## APPENDIX

### A. PLAYBACK THEATRE

Playback Theatre is a relatively new form of improvised theatre, developed by Jonathan Fox in the U.S. in the early 1970s. It brings together many social and artistic forms in an innovative way. Playback draws heavily from the ancestral community or tribal rituals<sup>1</sup> and from Moreno's psychodrama<sup>2</sup> processes. In Playback, an audience is invited to witness a group of actors with a conductor and a musician; listen to moments or stories from the audience's lives and spontaneously improvise them, or 'play them back', using various playback techniques, with the intention of capturing the essence, both physically and emotionally, of the story that has been shared.

The ritual<sup>3</sup> aspect of playback provides the container for the process; each moment or story played back follows a definite framework with a beginning, middle and an end. There is an organic rhythm to the process that provides an aspect of safety and familiarity, both to the audience and to the performers. Playback is a unique form of theatre that not only touches the audience, but appeals to them for their involvement. In essence, playback cannot be without an audience. It has all the elements of the storytelling tradition that has been an integrative part of our communities for centuries. There are no rules as to what stories can or cannot be told. No matter how exciting, trivial, joyful or sad, each story is welcomed and honoured by the playback group.

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1. Dramatic rites and rituals were ways in which communities confronted fears, symbolized hopes, celebrated joys, prepared for real-life events, and achieved a sense of control and empowerment. Rites and rituals were also a unifying force, connecting individuals to the group - as well as to nature, God, and the spirit world, and instilling a sense of harmony within the community.
  2. Founded by J. L. Moreno, psychodrama was the first recognised discipline to use drama therapeutically. Using role play and enactment within the group process, clients are helped to explore their own selves and how they interact in the world around them. Unlike dramatherapy, psychodrama is considered to be a model of group psychotherapy. Similar to playback theatre, the ritual involved in the psychodramatic process aids to contain and keep the participants 'safe'. Psychodrama's focus is in the present, similar to Gestalt therapy. Gestalt therapy is based on a holistic view of the individual relating to his or her environment. As with all organisms, human beings are not self-sufficient; they engage with their surroundings in order to live and grow. Gestalt recognizes that power is in the present experience, the here and now.
  3. In Playback Theatre, ritual means the repeated structures in space and time that provide stability and familiarity, within which can be contained the unpredictable. Ritual also helps to summon the heightened perception of experience that can transform life into theatre. (Salas, Jo [1993]).

The playback actors sitting on boxes or chairs move towards the spectator, telling stories and enacting happenings from daily life. For some, telling a story in Playback brings catharsis, or simply affirmation; for others, telling a story publicly is an important step towards connection. It is also to build bridges, and a way to strengthen or celebrate bonds that may have already been there.

Rules pertaining to the Playback Theatre can be adapted to fit into the dramatherapy process. For example, connection between life and drama is evident in playback in that all moments and stories shared are based on the actor's actual experience. Forum theatre<sup>1</sup> techniques can be part of the playback theatre, helping to replay stories and to change the protagonist to react or deal with the situation. It is essential for the therapeutic process to have the stories heard and the corresponding feelings witnessed; playback provides this opportunity for the players and the spectators.

People tell myths and tales as a way of making sense of their world. Stories pass from one generation to the next, bearing witness to the sequencing of knowledge, providing the distilled wisdom of each age for those to come. Groups of people gather around a camp-fire and listen as the storyteller shares tales which instruct, heal, entertain and mystify. The listeners and the storyteller participate in an experience which connects them to their family, tribe and nation, through past and present, towards the future.<sup>2</sup>

Playback's healing efficacy comes from a number of elements. First, people need to tell their stories, which is a basic human imperative.

From the telling of our stories comes our sense of identity, our place in the world, and our compass of the world itself. In the fragmented existence that many of us experience, where there may be little continuity of people and place, where life moves too fast for us to listen carefully to one another, where many people are searching for meaning that seems more than ever elusive; Playback Theatre offers a non-judgmental forum for the sharing of personal stories.<sup>3</sup>

## **B. PSYCHODRAMA**

Psychodrama, an action method created by Dr. J. L. Moreno in the decades following the 1920s, is now recognised internationally as a form of psychotherapy. Moreno defined psychodrama as 'The science which explores the truth by dramatic methods. It deals with interpersonal relations and private worlds.'<sup>4</sup>

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1. Boal (1995).
  2. Gersie & King (1990).
  3. Salas (1993).

In the public gardens of Vienna in 1920s, he observed that children displayed deeper and more intense feeling and understanding when they played a story rather than when they simply listened to it or read it. He became aware of the great therapeutic potential of drama.<sup>1</sup> At Stegreiftheater (Theatre of Spontaneity) in Vienna, he experimented further with play techniques and role training methods and developed the action therapy which he christened 'Psychodrama'.

In psychodrama, a group of people meet and enact dramatic scenes of emotional significance, as directed by the therapist. Moreno described five elements in psychodrama, viz. the director, the protagonist, the auxiliary egos, the audience and the stage. The director is the therapist. The protagonist is the group member for whose benefit the scene is selected. Usually the patients referred for psychodrama take turns as being the protagonist. The auxiliary egos are the other participants acting various roles in the drama, including doctors, occupational therapists, psychologist, nurses, labourers, medical students, volunteers, patients and relatives. Six to twelve others from the same categories form the audience<sup>2</sup>. Technique is the servant of the process: first and foremost comes the safe, supportive environment of a therapeutic relationship, the opportunity to talk, express how one feels and explore what one needs.

A typical session of psychodrama is made up of three phases, viz., warming-up, enactment, and feedback.

**Warm-up:** The first phase of the group occurs when drama and other creative activities are used to enhance participants' spontaneity. In this phase, one member of the group is chosen to become the protagonist whose story is explored or who wishes to work on some difficulty.

**Enactment:** The group enacts scenes from the past, present and future of the protagonist; under the direction of the therapist and according to the protagonist's perception of the events. Therapeutic goals are catharsis, action insight, and intra-psycho and inter-personal change.

**Sharing:** Group members share with the protagonist what they recognise from their own lives in the drama.

Psychodrama offers the patient an opportunity to explore things that trouble him and with the help of others he can review scenes from his life and express how he feels. Psychodrama can also be fun, empower the client and help him to gain confidence in relationships. Psychodrama is usually a group

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4. Moreno (1993) p.53.

1. Davies (1976). pp. 129. 201 - 206.

2. *ibid.*

therapy. However, this method can be used in individual therapy, too. It is both a directive and a nondirective method of treating.<sup>1</sup> It is nondirective in the sense that acting and expression of emotion are spontaneous. It is directive in the sense that the director plans the overall therapy situation and structures it. In fact, the director, instead of the patient, can select scenes. Although Moreno considered the director as a dramaturgist, the director and the protagonist can be partners. Although the director is active, the protagonist reserves the right to change the theme, or to incorporate any significant event from his own past into the theme. This role playing is feasible with cultural adaptations which I experienced with my clients using Jataka stories and folk tales.

The techniques of acting which Moreno invented were many. As Harischandra explains,<sup>2</sup> depending on the patient's symptoms, scenes from Jataka stories can be effectively acted using Moreno's classical techniques which are listed below.

- Role playing
- Role reversal
- Double
- Multiple double
- Mirroring
- Modelling
- Substitute role
- Symbolic distance
- Empty chairman
- Therapeutic soliloquy
- Improvisation
- Spontaneous improvisation
- Self - presentation
- Self - realisation
- Future projection
- Hallucinatory psychodrama
- Psychodramatic shock
- Family psychodrama
- Hypnodrama

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1. Harischandra (1998). p. 152.

2. Harischandra has experimented with psychodramatic techniques extensively where Jataka stories have been utilized since they are culturally familiar to the clients and 'enables a self-conscious protagonist to project some of his weaknesses onto the character from the Jataka story'.

- Dream presentation.<sup>1</sup>

As seen by Kedem-Tahar and Kellermann,<sup>2</sup> Jennings's comparison of psychodrama and dramatherapy<sup>3</sup> along two continuous lines depicting both of them in terms of more or less therapeutic depth and symbolic distance, seems still to be largely valid.<sup>4</sup> Putting both approaches on the same continuum, we would add that dramatherapy, as it is practised today, is oriented specifically towards creative-expressive learning of roles; whereas psychodrama is oriented more towards experiential learning, including specific working through emotional, cognitive, interpersonal, behavioural and nonspecific issues. Some of the other differences are presented in the comparative overview below.

Because of the explicit focus on distancing and the frequent use of metaphors, dramatherapy stays more on the surface of material (which does not necessarily mean that it is more superficial) and makes it safer for the client, than the psychodramatic approach of deep penetration into the soul. Blatner and Blatner correctly pointed out that 'in some settings the "psycho" or the "drama" has unpleasant or misleading connotations'<sup>5</sup> and 'dramatherapy complements psychodrama for those who are not ready to directly address the emotionally loaded issues in their real lives.'<sup>6</sup> Thus, although dramatherapy may be perceived as more stimulating, entertaining and 'fun' in some educational settings, psychodrama is not so easily accepted in such settings because of the personal self-disclosure required.

As many dramatherapists use psychodramatic techniques as a follow-up when indicated and many psychodramatists use dramatherapy techniques as a warm-up, the question of which approach is a part of the other becomes meaningless. Moreover, 'group-centred' psychodrama, an approach that is more or less similar to dramatherapy, has been used for years with people who are unsuitable or unmotivated to participate in protagonist-centred psychodrama. Finally, there are few dramatherapy methods that were not experimentally used within the Moreno Institute under a variety of such names as 'bibliodrama', 'axiodrama', or spontaneity training.

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1. Harischandra (1998). p. 154.

2. Kedem-Tahar and Kellermann (1996). pp. 27-36.

3. Jennings (1973).

4. Davies (1975).

5. Blatner & Blatner (1988). p. 7.

6. Emunah (1994). p. vii.

### Comparative Overview of Psychodrama and Dramatherapy

|                            | Psychodrama                                   | Dramatherapy                       |
|----------------------------|---|------------------------------------|
| <b>Definition</b>          | Group psychotherapy                           | Expressive art therapy             |
|                            | Psyche (aim)                                  | Drama (aim)                        |
|                            | Drama (means)                                 | Psyche (means)                     |
| <b>Theory</b>              | J.L. Moreno and others                        | No one 'founder'<br>Theatre theory |
|                            | Spontaneity-creativity                        | Anthropology and ritual            |
|                            | Role; sociometry,                             | Role and play therapy              |
|                            | Social psychology,<br>Object relations theory | Expression                         |
|                            | Behavioural learning                          | Jungian psychology                 |
| <b>Aims</b>                | Therapeutic                                   | Aesthetic                          |
|                            | Self-awareness                                | Expression                         |
|                            | Involvement                                   | Distance                           |
| <b>Therapeutic Factors</b> | Catharsis                                     | Play                               |
|                            | Tele  | Improvisation                      |
|                            | Action-insight                                | Distancing                         |
|                            | As-if   | Rituals                            |
|                            | Magic   | Group work                         |
| <b>Practice</b>            | Clear structure                               | Unclear structure                  |
|                            | Imagination and reality                       | Imagination, myth                  |
|                            | Cognitive<br>Integration                      | No processing                      |
|                            | Focus on individual                           | Focus on group                     |
|                            | Specific techniques                           | No specific techniques             |
| <b>Target population</b>   | Conflicts                                     | Developmental deficiencies,        |
|                            | Life crises                                   | Handicapped,                       |
|                            | Psychological minded                          | Retarded                           |
| <b>Therapist functions</b> | Analyst, producer,                            | Dramaturge, teacher,               |
|                            | Therapist,                                    | Artist, shaman                     |
|                            | Group leader                                  |                                    |

Prominent dramatherapists such as Landy recognise that psychodrama provided dramatherapists with both a theoretical source and a series of

techniques.<sup>1</sup> ‘That psychodrama has been a fundamental part of the work of most dramatherapists goes without saying.’<sup>2</sup> Thus, both methods may be viewed as different branches of one and the same tree; both developed from the works of Moreno, ‘The grandfather of all action therapies’.<sup>3</sup>

### C. MIRRORING

One reason we humans are so good at understanding others may lie in the parietal and premotor cortex of the brain, two regions which receive a lot of information from the rest of the brain and have the connections to influence our actions.

These regions are remarkable because they contain mirror neurons. These cause bodily actions that mimic those of others. This could account for yawning or smiling when someone else yawns or smiles.

Therefore, mirroring is an exercise that supports individuals with autism, learning disability, and mental retardation, to activate their cognitive abilities and help in the co-ordination of mind and body. This function will fire the neurons in order to enhance social imitation. As we know, cognitive processes such as imitative learning, ‘mind-reading’ and empathy is possible only if inferior frontal gyrus (IFG) and the inferior parietal lobule (IPL) are activated. Imitation or observation of behaviours occurs only with this activation. The mirror neuron system (MNS) which consists of a network of brain areas helps empathy processes to understanding others. Disruption of social communication is a result of the dysfunction of mirror neurons.

#### Basic Mirrors

Everyone takes a partner. (If there is an odd number, the teacher pairs with someone). Partners stand facing each other, about three feet apart. One is the leader, the other, the mirror. Moving only from the waist up, the leader begins to make simple gestures or movements. The mirror duplicates the leader’s movements exactly—just as a mirror would. (Some students have trouble with the right-left shift. If the leader raises his right hand, the mirror should raise his left, just as the figure in a real mirror would.)

Most students will want to make this harder than they should. The goal is to mirror the partner perfectly. Coach the students to use smooth, continuous movements, because abrupt movements almost always catch the mirror lagging.

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1. Landy (1994).
  2. Emunah (1994). p. 19.
  3. Johnson (1991). pp. 1–5

It is necessary they look into each other's eyes, rather than at their hands, because this facilitates more precise communication.

It is the leader's job, as much as the mirror's to see that the exercise works. The leader does not try to trick his partner-on the contrary, he works very hard not to trick him. It is the leader's responsibility to perform movements that the mirror can follow precisely. Remind the leaders that they should be looking right at their partners, because their partners must look at them, and therefore the only way the mirror illusion can be perfect is if the leader also looks at the partner. (If the leader looks away, and the mirror duplicates this movement, the mirror can no longer see the leader to mirror him.)

Once all the students focus well on mirroring, let them switch roles a few times. At first, every time they switch leaders they'll have to start all over, but they should reach the point where they can switch leaders in mid-stream, without interrupting the smooth flow of movement. If the group is older and advanced enough, see if they can switch leaders without being communicated ahead of time. (When the mirror feels it is time to take over, he simply takes over, and the original leader is sensitive enough to perceive it and becomes the mirror.)

Eventually this exercise can grow to involve the whole body, and even movement in space (locomotion), but be wary of beginning this too soon as it might be too difficult. Take pleasure in doing detailed but simple mirroring to experience their full value.

### **Mirrors!**

This is my principle control device with my students. When the children mirror, I clap as a signal for them to freeze and be silent. You could also use a musical instrument, whistle, or switching off the lights. In Drama class you really need such a device, because you are frequently setting the students involuntarily process all at once, and you need a way to bring everyone back to reality on the stage when I call out 'Mirrors', everyone has to drop all what they were doing and become mirrors of the teacher. The fact is that mirrors do not talk, but move just like the person looking in the mirror. This is an extremely effective control device because it takes real concentration to mirror accurately, so the students not only stop, but stay stopped.

### **Circle Mirror**

This is in fact only a way of practising for the game, 'Who Began?' The class stands in a circle, about an arms length apart. (The easiest way to make such a circle is to join hands, extend the circle out as far as it would stretch, and then

drop arms.) The leader performs simple arm movements, and everyone in the circle mirrors. There may be a problem for the participants to identify left/right arms. Those opposite the leader in the circle will instinctively reverse them, like a mirror, but those next to or nearly next to the leader in the circle will want to do the same-side movements. Those half way in between will be confused and the action might get disrupted. This is a good way of working with a class whose members are having difficulty focusing in pairs.

### **Who Began?**

This is a game I have seen under a number of different names. It is a natural outgrowth of the Circle Mirror, and can be used as a motivational tool for getting students to take mirrors more seriously.

Begin with a circle just like in Circle Mirror. Practice making very smooth, rhythmic movements. The best kind of movements for this game is the ones that repeat in rhythm, and gradually change. (A true pattern won't work—it is essential that changes happen.) Once the group is good at this kind of movement, someone is chosen to be 'it'. That person then leaves the room or turns his back, and the teacher chooses someone in the circle to be the leader. The leader begins to move, and the rest of the class has to mirror. 'It' is invited back into the circle, and must try to guess who the leader is. The more perfect the mirroring, the more difficult this will be, until, theoretically, it becomes impossible. Usually 'it' is given three guesses before declaring it a draw. A new 'it' is chosen and the game is repeated. As the game is played, the leader has to vary the movement, or make it more smooth, or whatever, but always addressing him as 'leader', but never looking at him.

There are some basic strategies that make the game harder for 'it' to win:

- The participants should avoid looking at the leader. At first this seems like a contradiction, but the students eventually realise that as long as some people, probably the ones opposite the leader in the circle, are looking at the leader, the rest can look at those people. Usually the best way is for everyone to 'mirror' someone opposite them in the circle. This means 'it' cannot pick the leader by following everyone's eyes.
- The leader should keep his gaze on one particular person. The leader is the only person in the circle who is not compelled to look at someone else. If he allows his eyes to wander, 'it' can easily pick him out this way.
- Avoid making any sound. Any movement that creates a sound will give the leader away, since he will probably be slightly ahead of the others.

### **Mirror Canon**

This can be very beautiful when it works. It can also be used as a tie-in with a music curriculum, because the canon form is very important in music.

Everyone stands in a circle. Everyone turns to the left (or right, as long as everyone turns the same way) so that they are looking at the back of the next person. One person is chosen to be the leader, and begins to make simple movements. (The leader must be careful not to bring his arms fully in front of him.) The person behind the leader mirrors him, but with a delay of about a second. The third person mirrors the second, again with a one-second delay, and so on around the circle. Eventually the leader will see his own movements recreated in the person in front of him—but delayed by many seconds. The effect for someone standing in the middle of the circle is of a wave of movement making its way around the circle. For the leader, the reward is seeing that movement come back to him.

It is recommended that the teacher does not participate in this exercise, but rather watch closely to make sure it is working. All it takes is one student not paying attention to put a stop to the wave, and you need to be there to see the flow is not disturbed. You also might like to pull a few students out of the group at a time and let them watch from inside the circle.

**Variation 1:** Once the canon works in the circle, you can spread the people about the room randomly. Each person must remember who he is mirroring, and make sure he can see that person, but other than that they can be anywhere in the room. This is much more difficult, because there is usually at least one person closer than the one we are supposed to be mirroring, and we have to concentrate on the person we are supposed to mirror while ignoring the others. But when it works, the students feel a great sense of accomplishment.

**Variation 2:** For advanced students. Find an actual musical canon—something simple—and listen to it a few times. Two-part is probably best. Work in pairs. The leader improvises movements in time with the music (the first part of the canon). The partner mirrors the movements in time with the second voice of the canon, so that music and movement work together.

### **Movement Telephone**

This is a game in which children sit in a circle and whisper a message from person to person. By the time the message gets back to its original source, it has invariably changed, usually with humorous results.

Students stand in a straight line, facing the wall. The teacher stands at the back of the line and taps the last person on the shoulder. That person turns

around to face the teacher. The teacher performs a very simple series of hand movements. Only the last person in line can see this, because the rest of the class is facing the other way. Then that person taps the next person in line, and passes the movement on. Eventually the movement series makes its way to the front of the line. Then the teacher shows the whole class what the original movement looked like, and everyone marvels at how much it had changed.

### **Fun House Mirrors**

Everyone has seen those mirrors in fun houses that make you look taller or shorter, etc. They are the metaphor behind the following mirroring variations:

#### **Magnifying Mirrors**

Work in pairs. The leader tries to keep his movements small, but the mirror makes all the movements bigger. This is lots of fun, and calls for imagination, because it is not always obvious how to make a movement 'bigger'.

#### **Shrinking Mirrors**

Like 'Magnifying Mirrors', but in reverse.

#### **Opposite, or Video Mirrors**

The mirror does not reverse left and right. This allows for some very interesting effects, because unlike regular mirrors, it allows the partners to enter each other's space. In regular mirrors the partners can touch, but can go no further because the point of contact becomes the imaginary glass of the mirror. But in Opposite Mirrors the partners can even move around each other and change places.

#### **Emotion Mirrors**

This can be done in pairs, or with the whole class mirroring the teacher. In unison, the leader and the mirror(s) voice some familiar speech. (This could be something like the lyrics to a familiar song, or it could even be reciting the alphabet or counting.) The leader tries to change his emotional effect frequently during the speech, and the mirror(s) try to imitate the leader's emotions exactly. No attempt is made to mirror the leader's physical changes-the point is to mirror his emotions. This is a great acting exercise for veteran and amateur actors.

### **Enlarging or Shrinking Emotion Mirrors**

Mirror the emotions of the leader, but make them bigger (If the leader is mildly put out, the mirror is furious.) or smaller.

### **Use Emotion Mirrors in a Scene**

This is an interesting exercise to try with a cast who is having trouble getting connected to a script. Run through a scene, but with all the actors mirroring one actor's emotions. Then try it again, mirroring a different actor. Interesting discoveries here.

## **D. TOOLS FOR DISTANCING<sup>1</sup>**

Dramatherapy, with roots in the creative process, deals with hypothetical situations and fantasy and uses projective techniques. By projecting feelings, attitudes and difficulties through masks, puppetry, life size dolls, objects, cartoons, video, art and fabrics, participants invite their creativity to come forth while achieving distance from their trauma. This distance creates a safe, nurturing place where individuals trust and begin to express their spontaneity in thoughts, feelings and ideas. A safe environment and an empathetic dramatherapist, invite the participants to grow, explore problems, and learn more about themselves.

### **Art**

Participants respond to their creations as reflections of their own development, abilities, personality, interests, concerns, and conflicts. Art offers a way of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self esteem. Art may be used in any part of the dramatherapy session-as a warm-up, main activity, or closure.

### **Cartooning**

Cartooning distances the participant from the material and provides a creative tool for activating the imagination. In cartooning, the dramatherapist uses existing cartoon characters, strips, or single frames and encourages participants to create their own.

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1. <http://www.dramatherapyinstitutela.com/techniquesmain.htm>

**Fabrics**

Various colours, textures, and shapes of fabric and scarves assist the participant in establishing roles, creating a scene, showing a conflict, and expressing emotions. The sensory aspects of fabrics (i.e. rough, silky, soft) invite the participant to express and explore feelings.

**Life Size Dolls**

Life-size dolls open up a whole creative world of possibilities. Dolls may be cast as family members, significant others, narrator, teacher, child or important characters in stories. A life size doll can also represent: an externalised problem (e.g. anger), an inner voice to reposition the person or an auxiliary character retelling of a personal history.

**Masks**

Through using a mask, the participant learns more about oneself, and reveals feelings, emotions and perceptions previously unexpressed. The participant experiences the world with a new freedom and creativity. The mask transforms the person into a persona, as it helps the individual to explore aspects of the self and functions as a double of the person.

**Objects**

Objects (sea shells, pebbles, buttons, etc.) open up possibilities for roles, stories, conflicts and significant moments to come forth. These objects may be placed in sand, on a flat surface, structure of different levels or in an arrangement of fabrics. Participants show a preferred scene, present world, preferred world, future scene or special place. Objects provide a range of possibilities to assist persons to take on roles and tell stories while working in a safe environment.

**Puppets**

Puppets engage all age groups. They introduce values and problem-solving skills, spark new ideas, establish communication, and ease emotional problems. The puppet distances the participant and allows hidden emotions and feelings to be expressed. It invites the creative release of energies and expressive abilities, while functioning as a projective device allowing the participant to reveal hidden emotions and conflicts. In short, puppets promote communication and expression of feelings.

**Video**

The use of video in dramatherapy has become popular. Research shows that video ‘confrontation’ helps participants to see how others see them, as well as helping them to evaluate the effect of their behaviour on others. Research also shows that participants come to deeper insights about themselves sooner. In the hands of a trained dramatherapist, video and drama interventions serve to help a person realise goals of behaviour change, insight, catharsis and enhanced self esteem.

**Ritual**

Rituals provide a way to stabilise changes (i.e. new life direction), clarify important values, make transitions, signify important decisions and make public these important landmarks.

**Storytelling and Dramatisation**

Developing stories and/or using meaningful written stories helps persons activate their creative energies as well as examine alternative solutions to problems. Stories shape persons’ lives and offer a sense of coherence, continuity and purpose. We grow as persons, as we live through and perform our stories. Acting out a story assists the participant to understand what is happening from the prospective of the role which invites sensitivity and understanding.

**Life Scripts**

Creating an autobiographical script offers participants an opportunity for integration and synthesis of important life experiences. It provides a significant advantage for review and documentation of a therapeutic and self-evolving process and gives the opportunity to break out of old patterns and explore new ones. The life-script presentation may be centred in ritual, dance or multi media/puppets, and represent any of the dramatic forms, viz. Greek theatre, Brecht, stand-up comedy, living newspaper, ritual, mime vignette or any other creative theatrical style.

**Narrative drama**

It is any form of drama (i.e. story, life script, sculpture, scene) explored from a narrative perspective, allowing the person to change a relationship to a problem by exploring alternative directions and unique outcomes (times when persons manage not to be controlled by their problems). Dramatherapy and narrative processes open space for alternative meanings and possibilities. The gains in

awareness and self knowledge come through experiencing oneself in an empowering way against the problem.

**Externalisation**

Externalisation is a dramatherapy technique which separates the person from the problem. This frees persons from problem-saturated fixed descriptions of their lives and offers other choices. It also invites persons to identify and develop a new relationship with the problem, and in the process create new unique descriptions of themselves and their relationships.

**Dramatherapy Games**

Games combine analytical thinking about problems with emotional expressive activity, and thus provide a dynamic model for individual and group work. The game moves a group gently into action and breaks down group inhibitions allowing individuals to trust and feel comfortable. The game structure combined with dramatherapy allows a person to; develop interaction and sense of group play, create trust and bond in a group, provide a safe place to experiment, experience spontaneity, encourage emotional growth, establish more comfortable feelings, safely express thoughts and feelings, develop problem solving skills, learn experimentally, focus attention, provide a structure for therapy goals to be met and gain insight.

**Phototherapy and Dramatherapy**

Phototherapy uses photography or photographic materials under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change. In integrating photo therapy and dramatherapy, the dramatherapist aims to accomplish the following goals: (1) evocation of emotional states; (2) elicitation of verbal response or confrontation; (3) modelling and or mastery of a skill; (4) facilitation of socialisation and (5) creativity and expression.

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