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Becoming Oneself: A Call To Action
Drama Therapy with Female Adolescents

Kathryn Boyd

A Research Paper in

the

Department

of

Art Education and Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

For the Degree of Master of Arts

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ABSTRACT

Becoming Oneself: A Call To Action
Drama Therapy with Female Adolescents

Kathryn Boyd

This research paper involves a reflection, exploration, and presentation of my dramatherapy work with female adolescents. The work is divided into three parts. Part one details personal beliefs and ideologies that have influenced my approach to drama therapy. These include my ideas about hope, respect, and power dynamics; aspects of social constructionist theory (particularly the notion that all realities are socially constructed); and principles of narrative therapy (namely prioritizing girls' knowledge, sequencing life-stories, and externalizing problems). Part one also examines theories and beliefs about adolescent development. The core developmental tasks of adolescence are discussed in relation to gender. Female identity development is addressed in terms of connection, attachment, and relationship. These concepts are then explored in relation to other aspects of female development relevant during adolescence including intimacy, loss, and authenticity. Part two involves the presentation of six clinical vignettes, which connect issues related to female identity development with drama therapy techniques. Role-play (in various forms) is discussed as an effective means of exploring identity, externalizing aspects of self, and storying experience. Part three integrates theory and practice. Connections between feminist thought, narrative therapy and drama therapy are made, and a body of professional drama therapy work with adolescents is discussed. In addition, my own methods of practicing dramatherapy are outlined.

Author's Note

I would like to thank my thesis supervisors Stephen Snow and Christine Novy, and acknowledge their role in the creation of this paper. They patiently helped me shape my thoughts, pointed out connections between all of the "pieces", and encouraged clarification of the central ideas. Their insights, suggestions, and support have been invaluable, and much appreciated.

Christine was my clinical supervisor, and many of the ideas presented and discussed within this paper, particularly in part two, germinated in our supervision sessions.

Within the text, I have chosen to use two different written forms of the term drama therapy. In the field of dramatherapy, both forms are acceptable. The term can be written as one word, or separated into two words. European practitioners tend to call themselves dramatherapists, using one word, while American practitioners tend to call themselves drama therapists, using two terms. Professors and practitioners, from both cultures, have influenced my development as a drama therapist. I have chosen to use both forms in this paper in an effort to embrace the diversity within the field, which I believe is captured, subtly, in the different spellings of the term.

Cry Ophelia

You've been working hard. . .
Tryin' to draw the line between who you are
And who you invent
But if you throw a stone
Something's gonna shatter somewhere
We're all so fragile
We're all so scared

You say you wanna learn how to live your life
without tears
But we've been trying to do that for thousands of years
So go on and cry Ophelia
It's the only thing to do sometimes
You know I'm crying too
Right there with you
It's alright Ophelia
Everybody cries.

Cohen, A., & Tonio K. (1998). Cry Ophelia. [Recorded by Adam Cohen]. On *Adam Cohen* [CD].
Los Angeles, California: Columbia Records, Polygram International Publishing.

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Peering through a kaleidoscope, I pause. The object of my attention does not meet with my expectations. It is amplified, multiplied, magnified. Cautiously, I twist the instrument in my hands a little to the left. Effortlessly the image shifts, offering up a new perspective. Now it is fragmented and disjointed. Curiously, I turn the kaleidoscope round and round. The object I am perceiving transforms before my very eyes. Over and over again. Each turn uniquely accenting the object, every movement revealing its own emphasis. Dizzy with possibilities, again I pause. The view from this kaleidoscope is much more complex, more consuming than I had anticipated; but it is rich and compelling. I am stirred.

This paper represents an attempt to reflect upon, explore, and present my dramatherapy work with female adolescents. The central question addressed within this research paper is: *Can drama therapy be an effective intervention for adolescent girls struggling with the developmental tasks of separation-individuation and the establishment of a stable sense of identity?* I initiated the creation of this research paper with specific assumptions about my subject of inquiry. However, as I began the process of researching, writing, and thinking about female adolescent development and drama therapy, I soon discovered many of my experiences did not fit with much of the literature I was reading concerning adolescent development; consequently my beliefs were challenged. Throughout this process, I often felt as though I was viewing all the components of this subject through the lens of a kaleidoscope, which transformed perceptions, altered assumptions and ideas, filtered words, and ultimately influenced the entire process. This kaleidoscope seems to have been constructed from a variety of persuasive materials including the metal of my culture, the mirror of my personal life

experiences and training, and the plastic of borrowed theory and ideology.

This research paper is shaped by three factors common to all of the clients included in the work. First and foremost, this paper is about six girls and some of the stories which make-up their lives; therefore, the research is rooted in feminism, specifically, in feminist approaches to psychology. Secondly, this paper is about adolescent girls; therefore, I will address issues relevant to this particular time in girls' lives. I will discuss select developmental theories of adolescence and reflect upon the ways in which these aspects of adolescence were explored within the dramatherapy sessions. Finally, the interactions between these girls and myself all took place within the context of drama therapy; therefore, I will offer details about the techniques and approaches used within sessions.

The paper is divided into three distinct parts. The first section entails a discussion of personal influences, relevant theory, and pertinent ideologies. Essentially, part one provides a context for the presentation, discussion, and understanding of part two. The second part involves ideas in action. The discussion is based on clinical material evolving out of my drama therapy work with six adolescent girls. For the most part, this deliberation reflects *my* understanding and interpretation of our drama therapy experience. The casework explores and illustrates the issues outlined earlier. Most of the work was carried out on an individual basis, although some of the discussion involves material and experiences from a group. The clients are introduced and the drama therapy techniques employed within sessions are explained. The third section integrates theory and practice. It involves a synthesis of all the material presented in the paper, and

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includes the presentation of a body of professional drama therapy work with adolescents

in an effort to broaden the discussion.

PART I

Situating Research Guidelines and Personal Influences

> *We shall not cease from exploration*
> *And the end of all our exploring*
> *Will be to arrive where we started*
> *And know the place for the first time.*
> (Eliot, 1944, Little Gidding, V, *Four Quartets,* p. 48).

This paper is informed by some of the values of the heuristic research paradigm.

While not closely following standard heuristic methodology, I, as researcher, have

engaged reflexively with this work, examining personal influences and experiences. I

have incorporated a heuristic influence within this case study, primarily, because I feel it

is respectful of the delicate, elusive, and intensely personal therapeutic process. Douglass

and Moustakas (1985) explain heuristic research is guided by a "search for the discovery

of meaning and essence in significant human experience. It requires a subjective process

of reflecting, exploring, sifting, and elucidating the nature of the phenomenon under

investigation. It's ultimate purpose is to cast light on a focused problem, question, or

theme" (p. 40). Within this paradigm, the emphasis is on personal reflection and the

creation and clarification of meaning of experience, both in terms of "self in relation to

self and self in relation to others" (p. 40). Heuristic research is concerned with meanings,

essences, quality, and experience (Douglass & Moustakas, 1985). More important, a

heuristic model encourages connectedness and relationship (Douglass & Moustakas,

1985) both of which are key concepts in this work, as they are essential for the

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development of female adolescents.

Guided by the heuristic form, I will begin by offering the reader a perspective on where I am situated in relation to this work by discussing a few factors that influence and guide me as a developing dramatherapist. My aim is to provide the reader with a brief impression of my role within this work; a description of myself as a player in the cast of characters the reader will soon come to meet. I am striving for transparency and clarity. I have chosen to "situate" or categorize these personal influences according to my training, my culture, and my experience. The influences or beliefs I will discuss have shaped the ways in which I approach the work. They include: my thoughts about hope and respect; my comprehension of social constructionist theory and select principles which inform its ideology; my understanding of some of the ideas and techniques involved in narrative therapy; my awareness of power dynamics within relationships; my own experiences of being an adolescent.

Within my drama therapy work, I believe it is very important to positively focus interactions with people by emphasizing strengths and abilities, not weaknesses. This belief evolved largely through my use of a Creative-Expressive Model of drama therapy (Jennings 1990; Cattanach, 1992), during my training. Within this model, the focus is on helping people discover their own creative potential in drama, thus building self-esteem. I believe we, as people, are more willing to be open and explore other ways of being when we feel good about ourselves, or when we feel someone believes in us and finds value in us even if we do not always recognize it in ourselves. In my experience, when the aim is to explore possibilities rather than limitations the process is imbued with a

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sense of hopefulness and potential. I believe it is essential to provide and create an atmosphere of hope, and this sense of hope needs to be an ever-present thread weaving consistently within the therapeutic process. I am aware the word *hope* has many connotations and associations. In an effort to be clear, I will attempt to "unpack" this word a little, and ground my meaning in practise and action.

In my own life, hope has played a significant role. I believe hope is ultimately about perspective and maintaining a positive outlook. In my childhood hope was closely tied to a religious faith. I grew up in the culture of the United Church of Canada (a Protestant faith) and was taught that all people are to be valued, as we all have gifts to share. I learned that maintaining a religious faith entailed hope for a better future for our world, our fellow human beings, and for ourselves. Conversely, hope involved faith and a desire for life events to unfold meaningfully. In my life, hope has provided a way of avoiding depression and despair, and also a means of overcoming personal limitations. Hope has always presented an alternative.

In my work with clients, hope has meant many things. I believe hope exists in two tenses; it can involve both the future and the present. In relation to the future, hope is about possibilities. In relation to the present, hope is about desire, need, and potential. Developing an atmosphere of hope has involved creating a positive, open, affirming therapeutic space. This "space" is created out of attitudes: both my attitudes toward the process and the clients, and the clients' attitudes toward the process and me, as the therapist. I have felt it is important to value each client as I value myself: as a whole, unique person, full of potential. I have discovered in order to truly value and accept

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someone, I need to be in an authentic relationship with her. I need to be present, and willing to explore and point out alternatives. To possess a spirit of hopefulness is to be aware of these alternatives, of other ways of being, and to believe in the possibility of change and growth. Being seen, heard, and understood allows us to feel connected to our fellow human beings, and connection to others counteracts feelings of isolation and loneliness. Hope is nurtured in these relationships of acknowledgement and recognition.

My ideas about hope are closely linked to my beliefs about respect. Respect became an essential element, for me, in my work with these girls. My drama therapy internship occurred at an urban Canadian hospital for children and youth, and my perspective evolved as a result of the location in which I practised. I discovered, due to the nature of the environment, the people I worked with were often talked about or discussed in pathologizing ways. Labels and medical and psychiatric terminology were in common usage at the hospital. Although these labels and terms served to categorize the girls I worked with, allowing them to receive the appropriate services within the hospital, for all intents and purposes, the labels did not mean a great deal to me. When I engaged in a therapeutic relationship with these clients, I faced the person, not the label, and we had to negotiate our evolving relationship as people. Nurturing an atmosphere of respect instigated a shift in my way of thinking. I began learning to avoid making "normalizing judgements" (White & Epston, 1990) and to move away from dominant discourses when they did not prove helpful.

As I struggled to find ways in which I could engage in a respectful therapeutic relationship with these girls, I became increasingly influenced by some of the basic tenets

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or beliefs within the ideology of social constructionism. A fundamental assertion of this system of thought is all realities are socially constructed. Its main premise is:

> the beliefs, values, institutions, customs, labels, laws, divisions of labor, and the like that make up our social realities are constructed by the members of a culture as they interact with one another from generation to generation and day to day. That is, societies construct the 'lenses' through which their members interpret the world. (Freedman & Combs, 1996, p. 16).

The notion that realities are not irreversible "objective truths," that they are really concepts, of sorts, forged through interaction and are indeed shaped and influenced by a multitude of social, cultural, and political factors, seemed important to me. In my work with clients, this belief was helpful as we began negotiating our evolving therapeutic relationships, and as the girls attempted to make sense of their life stories. Freedman and Combs (1996) explain how their use of social constructionism, as a guiding metaphor for their work, influenced their clinical practice. They also apply the metaphor of narrative therapy to their clinical work, stating both of these metaphors help them "see how the stories that circulate in society constitute our lives and those of the people we work with" (p. 16).

I was first introduced to narrative therapy through the writing of Michael White and David Epston. In *Narrative Means to Therapeutic Ends*, White and Epston (1990) discuss the ways in which people make meaning out of their lives. The authors explain people must arrange their experiences of events across time in a fashion that allows them to construct a coherent account of both themselves and their environment.

> Specific experiences of events of the past and present, and those that are predicted to occur in the future, must be connected in a lineal sequence to develop this account. This account can be referred to as a story or self-narrative. The success of this storying of experience provides persons with a sense of continuity and meaning in their lives, and

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this is relied upon for the ordering of daily lives and for the interpretation of further experiences. (p. 10).

People ascribe meaning to their lives, perceptions, and relationships by storying experiences. Through the interactive performance of these stories with others, people can actively shape their lives, perceptions and relationships (White & Epston, 1990). White and Epston point out this process of "storying" experience is dependent upon language, and argue acceptable meanings for life stories are deeply embedded within the dominant discourses of any given society or culture.

The stories we tell about ourselves shape who we are. When working with people's life stories, the idea of interpretation becomes paramount. Interpretation is related to the processes involved in making sense out of the world. White and Epston (1990) suggest statements postulating meaning are interpretative: "these statements are the outcome of an inquiry that is determined by our maps or analogies or, as Goffman (1974) puts it, 'our interpretive frameworks'" (p. 5). Interpretation is related to individual perceptions and understanding; as "we cannot know objective reality, all knowing involves the act of interpretation" (White & Epston, 1990, p. 2). This emphasis on interpretation was significant for me. As a training drama therapist, I often felt it was my duty to be next to omniscient. While I recognized this was impossible, still I struggled with a belief it was my responsibility to have all of the answers. The idea of socially constructed realities variously interpreted by each individual profoundly influenced my approach to therapy. I no longer needed to know all the answers, in fact, it was not my place to assume to know what was best for another individual. This was not

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my role. This knowledge provided me with a great sense of relief, and allowed me to truly become partners with the people I worked with. Together, we worked towards understanding and making sense of their life stories. Within this perspective, the client is the expert on her own life, and she makes her own interpretations about her experiences. In this partnership, I can offer my point-of-view and help develop an awareness of alternatives, but my interpretation, or understanding, is my own, and significant only as such.

Narrative therapy is a process in which people experience choice, rather than "settled certainties," about the realities they inhabit (Freedman and Combs, 1996). Narrative therapists aim to externalize problems, so people can be removed from their difficulties. Problems are viewed as separate entities, which operate or impact on people's lives. White and Epston (1990) define externalizing as an "approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem" (p. 38). The process provides people with some "space" so they can view their problems from the outside. This perspective allows people to discover choices and exert control in their lives, and enabled me to separate the girls I was working with from the labels they were assigned.

White and Epston (1990) suggest a goal of therapy is to generate new meanings and open up new possibilities. The therapist asks questions in order to help the client bring forth stories that do not support or sustain problems. White and Epston (1990) state

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an acceptable outcome of therapy would be the generation of *alternative stories* which enable people to "perform new meanings, bringing with them desired possibilities-new meanings that persons will experience as more helpful, satisfying, and open-ended" (p. 15). The act of creating and bringing-forth new meanings fits with my beliefs about hope. In addition, narrative therapy seems to work from a position of respect for the client, as the client and therapist are partners in questioning and understanding the roots of the problem and the many factors contributing to the life of the problem. Through the process of questioning, alternative stories are discovered and generated, offering a shift away from the dominant, often problem-saturated, discourse (White & Epston, 1990). This shift helps provide a new perspective from which both the client and the therapist can view the problem.

I believe adolescents benefit from the opportunity to explore possibilities and potential. Adolescents are ripe with unrealised potentials, and I feel acknowledging and opening up these potentials is an important part of therapeutic work with this population, or group of people. Developing an understanding of the role of interpretation can also be important for adolescents, as they are often greatly influenced by the interpretations of people within their peer groups. As an adolescent, I benefited greatly from the chance to experience new ways of being, and from the understanding I could make many different choices. I was very active in a variety of extra-curricular activities during my high school years, including: playing on sporting teams, playing flute in the band, and being a member of an Amnesty International club. My participation in these activities allowed me to explore some of my potential and to expand my repertoire of roles and skills. As I

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struggled to mold my identity, I often attempted to become the type of person I thought

other people would like. I was deeply influenced by other people's perceptions, as well

as my own interpretations of the perceptions of others. Learning to value my own

opinions and make choices based on my beliefs helped me to see the alternatives more

clearly, and also distance myself from the desires and interpretations of others.

In *The Social Construction of Preferred Realities*, Freedman and Combs (1996)

discuss how their work shifted as they began to take on social constructionist ideas, and

as a result, how their work began to exist in the moment, "in process." "At its best,

letting go of our role as pilots steering toward a specific goal encouraged humility and

moment-by-moment collaboration about whether therapy was moving in a satisfactory

direction. At its worst, it invited a sense of helpless, aimless "co-drifting" (p. 8). As I

began working as a drama therapist with these adolescents, I struggled to develop the

courage and the patience required for participation in moment-by-moment collaboration,

and the ability to tolerate my own sense of being lost within the process. Out of

necessity, our process quickly evolved into "here-and-now" work, in the moment. I feel

this was related to the developmental stage of adolescence, which involves a great deal of

here-and-now thinking.

Freedman and Combs (1996) also emphasize the importance of language within

the post-modern perspective. These authors assert shared language constructs reality, and

argue language is a vital factor in relation to change in psychotherapy, as change

"whether it be change of belief, relationship, feeling, or self-concept, involves a change

in language" (p. 29). In my work, I tried to be sensitive to the ways in which I used

language, particularly in relation to vocabulary and dialogue.

Through the work of White and Epston (1990), I have become conscious of the presence and role of power dynamics within all relationships, particularly those that are therapeutic in nature. I attempt to maintain an awareness of power dynamics in my work, and I try to negotiate these forces by establishing authentic relationships with clients.

As I began the drama therapy work with the girls presented here, I was continuing on my own journey of development as a dramatherapist. My work at the hospital was arranged in order to fulfil requirements for my second-year practicum. I was eager to begin work and exuberant about the possibilities for creative arts therapies, yet this enthusiasm was tempered with my own feelings of insecurity and self-doubt. I was experimenting with different methods and techniques and often struggling to determine what would best serve the needs of the clients. The context for our relationship was new to both the clients and myself.

In addition to my feelings about taking on a new role as a drama therapy intern, my work was influenced by my own experiences of having been a female adolescent. For the most part, my adolescent years were exciting and filled with growth and change. I learned some difficult lessons, and experienced my share of emotional turmoil as I struggled to come to terms with the realities of the world, and my own potential within it. I distinctly remember times when I felt as though I was living a double life: one with my parents and family, and one with my peers. It seemed as though I wore different masks to meet the needs of whomever I was with. At times I felt as though I was fraudulent, a fake. In retrospect, I believe I was grappling with ways of integrating parental

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expectations, personal expectations, and peer expectations. My generation belonged to a different belief system and social world than my parents' generation, and part of me belonged to both worlds. I was trying to sort out what parts of these seemingly disparate worlds I wanted to keep, and what parts I wanted to reject. Despite these challenges, and periods of deep insecurity, throughout my adolescence ultimately I believed I could do and accomplish whatever I put my mind to, and could become the person I wanted to be. For the most part, I did not feel limited by my gender. This belief is best situated within my culture, which is perhaps quite privileged. I am a middle-class, Caucasian female, fourth or fifth generation Canadian. I was raised on a dairy farm in rural Eastern Ontario. I grew up surrounded by female role models. All of these women, including my mother and paternal grandmother were creative, effective, intelligent, independent women.

I wrote a poem when I was fifteen, which I include here because I believe it represents part of my personal struggle to come to terms with my identity as an adolescent. The poem is entitled: *Mirrors*.

Reflections in a mirror are the images of truth.
And the truth hurts.
Mirrors make all the blurred visions clear.
Deep in the dimensions of the mirror,
Lies the key to understanding the being, which it beholds.
The face-is magical and full of mystery.
Mirrors solve the mystery.
The mouth-forms and releases the thoughts and enigmas of the mind.
The mirror lets you see the lips that unleash these thoughts.
Most importantly, the mirror lets you see deeply into the 'windows to the soul'-the eyes.
Those powerful, piercing eyes, which by the power of silence, say so much.
By looking in a mirror you are forced to see to the very depths of your heart and soul.
You find yourself staring into your entire being
And you boldly see the person behind the face.
The good and bad, the mighty and the evil.
And unless you choose to relieve yourself of the world.
You have to accept the reality of what you see and deal with it.
Are images in mirrors really the epiphany of reality.
Or merely an illusion?

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Ten years later, this poem represents for me an attempt to understand the differences

between inner and outer realities, between body and soul, as well as an attempt to

perceive myself clearly and accept my perceptions.

ADOLESCENCE

Development

> It happened that green and crazy summer when Frankie was twelve years old. This was the summer when for a long time she had not been a member. She belonged to no club and was a member of nothing in the world. Frankie had become an unjoined person who hung around in doorways, and she was afraid. ... This was the summer when Frankie was sick and tired of being Frankie. She hated herself, and had become a loafer and a big no-good who hung around the summer kitchen: dirty and greedy and mean and sad. ... It was the year when Frankie thought about the world. ... Sad and terrible happenings had never made Frankie cry, but this season many things made Frankie suddenly wish to cry. ... She was afraid of these things that suddenly made her wonder who she was, and what she was going to be in the world, and why she was standing at that minute, seeing a light, or listening, or staring up into the sky: alone. ... And she was too big to sleep with her father anymore. ... She would do anything that suddenly occurred to her-but whatever she did was always wrong, and not at all what she had wanted. ... and Frankie did not play with anybody anymore. (McCullers, 1946, pp. 1-23).

In her novel, *The Member of the Wedding*, Carson McCullers presents a young

girl at the threshold of adolescence. As Frankie struggles with the realization she is not a

child anymore, she desperately tries to figure out who in fact she is, who she is becoming.

McCullers eloquently captures the confusion, intensity of emotion, and ambivalence

often associated with the transition from childhood to adulthood.

Adolescence is a time of growth and change. Broadly, adolescence can be

conceived of as the social and personal experience of the biological process of puberty

(Pipher, 1994). Elliott and Feldman (1990) state:

> some of the most complex transitions of life occur during adolescence, as the body changes from a child's to an adult's, relationships with others take on new meanings and levels of intricacy, and individuals become increasingly independent. For most, adolescence is, or at least should be, a time of expanding horizons and self-discovery as skills are acquired for establishing adult roles. (p. 1).

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Helene Deutsch (1944) describes adolescence as a period of life "between two worlds" (p. 113). She states: "Of these two worlds one belongs to the future, that is, adulthood, the other to the past, that is, childhood; the present is a time of struggle to bring these two life periods into harmony with each other" (p. 115). Reconciling these two life periods is not always an easy task, and it necessarily involves an element of loss. McCullers (1946) expresses this loss through Frankie, who mourns the loss of her childhood self. Deutsch (1944) claims: "the emotional vacuum between a world that is disappearing and another that has not yet come into being is filled by the emotions now turned toward the own ego" (p. 95).

Adolescence has been characterized as a stage in its own right, distinct from childhood or adulthood, and children enter adolescence fully equipped with their biological and psychological predispositions as well as their past experiences (Elliott & Feldman, 1990). Yet, Douvan and Adelson (1966) assert adolescence is a period with little independent reality, which derives its meaning from its connection to adulthood, its "thrust to the future" (p. 341). Thus, the stage of adolescence is linked with a forward momentum, a drive to the future.

Interpretations of adolescence abound. Adolescence, as a stage of life, or a period of development, is culturally defined. These definitions are dependent upon the dominant factors influencing society at any given time. Depictions of adolescence vary through the ages and across cultures. Adolescence has been conceived as: the beginning of adulthood, the end of childhood, a unique transitional stage in its own right, a time of

independence, a time of dependence, a time to participate in traditional rites-of-passage, a time of angst and rebellion, and a time to suffer through raging hormones and the embarrassing presence of acne. As social values change, so do the definitions of adolescence. As the social consciousness broadens, new factors become significant. Concepts used to explain adolescent development thirty years ago may no longer be meaningful, as culture and society are dynamic entities. In the western world, for many years the "dominant discourse" (White & Epston, 1990) concerning adolescent identity development seems to have been grounded in the psychoanalytic tradition. However, with the continued advance of modern technology, and a greater understanding of cognitive functioning, the dominant discourse slowly seems to be shifting, becoming more inclusive.

Within all developmental processes, there exist critical points of transition, which hold possibilities for growth and change. These transitions "represent windows of opportunity to check, correct and influence healthy development" (Tipper, 1997, p. 10). Adolescence is one of these critical points of transition.

Adolescence, as a period of development, has been divided into three phases: the early, the middle and the late stages (Elliott & Feldman, 1990). All three phases of the adolescent years involve fundamental growth in a variety of areas; however, the core developmental tasks of adolescence are:

> becoming emotionally and behaviorally autonomous, dealing with emerging sexuality, acquiring interpersonal skills for dealing with members of the opposite sex and preparing for mate selection, acquiring education and other experiences needed for adult work roles, and resolving issues of identity and values. (Elliott & Feldman, 1990, p.12).

During adolescence, modes of thinking evolve in many important ways, and as a result, influence growth in multiple domains. Keating (1990) asserts cognitive changes are closely linked to other developmental dynamics, and that these influential links are extremely difficult to distinguish, in fact, are "perhaps impossible to unravel" (p. 56). Keating urges:

> Cognitive development is deeply embedded in the adolescent's view of the self, of relationships to others, and of the society and the world. Basic psychodynamic and family issues of separation and individuation are reflected as well as in the adolescent's increasing breadth of vision and decreasing sense of certainty. New and powerful emotions challenge the adolescent's emerging rationality and search for principles, but it is on those same developing cognitive skills that the adolescent must rely to make sense of unexpectedly complex feelings. (p. 89).

Adolescent thinking differs from that of children and adults in three distinct ways: essential processing capacity, knowledge base, and cognitive self-regulation (Keating, 1990). Cognitive changes in adolescent thinking which may influence other domains, particularly the development of identity, involve transitions in one's abilities to: think through hypotheses; think ahead; think about possibilities; think about thoughts; and think beyond old limits (Keating, 1980). The ability to think through hypotheses involves recognition of the distinction between reality and imagination or possibility, as well as the presence of both abstract and concrete mental representations. The ability to think ahead is an important tool for problem solving, and involves multidimensional thinking in that one must be able to anticipate consequences of decisions. The ability to think about possibilities is an extension of the adolescent preoccupation with here-and-now thinking, in that one must consider options that are not immediately present. This involves the ability to generate options, and to examine a situation from a variety of

perspectives. The ability to think about thoughts, or metacognition, is marked by an increase in introspection, or self-reflection, and involves an awareness of and knowledge about cognitive activity itself. The ability to think beyond old limits involves the broadening of one's mental horizons. Adolescents begin to think about topics they have never before considered, with much emotion and increased cognitive capacity (Keating, 1990; 1980).

Harter (1990b) declares: "Defining who one is in relation to multiple others, determining what one will become, and discovering which of one's many selves is the 'true self' are the normative developmental tasks of this period" (p. 383). Erik Erikson (1968) views the development of identity as the single most important task of adolescence, stating: "not until adolescence does the individual develop the prerequisites in physiological growth, mental maturation, and social responsibility to experience and pass through the crisis of identity. We may, in fact, speak of the identity crisis as the psychosocial aspect of adolescing" (p. 91). Harter (1990b) states further, identity development, as a key task of adolescence, requires teenagers to integrate multiple self-concepts into a "unified, consistent theory of self" (p. 357).

Peter Blos (1979) declares adolescence involves a "second individuation process." He asserts the tasks of adolescence involve: "the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world" (p. 142). He suggests individuation reflects changes resulting out of disengagement from internalized infantile objects. Much of the investigation concerning adolescent identity development has occurred within the psychoanalytic

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tradition. This tradition, beginning with Freud's perspective on development (Gilligan, 1982) espouses the growth of separation, individuation and autonomy during adolescence.

> Identity formation (or ego identity) refers to the work of the ego in integrating aspects of self into a coherent whole. Aspects of the self that have become individuated and autonomous must be incorporated into identity. Therefore, there is an interdependent sequence of: individuation/autonomy/identity formation. (Josselson, 1980, p. 192).

Josselson (1980) suggests the adolescent response to increasing individuation and autonomy involves a great deal of ambivalence and anxiety. The realization of the meaning of psychological detachment often leads to an increased desire to "restore harmony" and re-establish connection.

There is, however, another version of what constitutes adolescence, identity development, separation, and individuation. There exists another story; an alternative discourse (White & Epston, 1990). My version of this story commences with the work of Carol Gilligan. Gilligan has studied identity and moral development in females. In *Mapping the Moral Domain*, (1988a) she explains her study entailed "listening to the ways in which people speak about themselves and about conflicts and choices they face" (p. viii). During Gilligan's encounters with women, she heard "conceptions of self and morality that implied a different way of thinking about relationships, one that often had set women apart from the mainstream of Western thought because of its central premise that self and others were connected and interdependent" (1988a, p. x).

Females have been excluded from direct study, yet the theories of developmental psychology, based on the male population, have been generalized and deemed applicable

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to both sexes (Douvan & Adelson, 1980). However, females have not fit neatly into the categories imposed upon them, and this failure to comply has been attributed to developmental failure on the part of girls. The problem has not been the theory, but rather the female subjects (Gilligan, 1982). Marcia (1980) urges people to carefully consider the role of society in shaping and influencing identity when studying this aspect of development. He cautions: "So long as society maintains different expectations according to different genital configurations, one must evaluate identity development with respect to the individual's unique style of coming to terms with those expectations" (p. 179).

According to a report released by The Canadian Institute of Child Health (Tipper, 1997) entitled: *The Canadian Girl-Child: Determinants of the health and well-being of girls and young women*, feminist researchers have produced a body of knowledge which suggests gender is a "critical determinant of health" (p. 7). This body of knowledge maintains:

> the way in which a woman experiences her health is directly related to her gendered identity as "female" in a world which, generally, privileges male over female, white over non-white, rich over poor, heterosexual over lesbian and able-bodied over disable-bodied. In other words. inequities in health can be directly correlated with larger systemic and societal issues of gender based oppression. (p. 7).

One's sexual identity inevitably informs the development of one's self-identity (Tipper 1997). Within the last twenty years, female psychologists have taken to examining development from a different perspective. Gilligan (1988c) clearly delineates these two unique viewpoints:

> Psychological development is usually traced along a single line of progression from inequality to equality, following the incremental steps of the child's physical growth. Attachment is associated with inequality, and development linked to separation. Thus,

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the story of love becomes assimilated to a story about authority and power. This is the assimilation I wish to unravel in remapping development across two dimensions of relationship and distinguishing inequality from attachment. Starting from the child's position of inequality and attachment, one can trace the straight line that leads towards equality and increased authority. But one can also trace the elaborating line that follows the development of attachment, depicting changes in the nature and configuration of relationships and marking the growth of the capacity for love. (p. 14).

Gilligan argues, the mystery in female development is revealed in the acknowledgement of the continuing importance of attachment in the human life cycle (1982). Bowlby (1969) first put forth this idea, declaring: "intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or toddler or a schoolchild but throughout his adolescence and his years of maturity as well, and on into old age" (1980, p. 442).

Gilligan (1982) proposes: "women's place in man's life cycle is to protect this recognition while the developmental litany intones the celebration of separation, autonomy, individuation, and natural rights" (p. 23). She (1988a) claims, in the traditional characterizations of adolescence, for example, as a period: "of 'second individuation' (Blos, 1967) and in celebrating an identity that is 'self-wrought' (Erikson, 1962)," (p. xii) psychologists have undermined the basic interdependence of human existence and supported a belief that reliance upon others is problematic. This failure to recognize differences in the reality of female experiences stems from the assumption there is only one mode of social experience and interpretation (Gilligan, 1982). Gilligan's conception of female development emphasizes connection and attachment thus illuminating a paradoxical truth in human experience: "we know ourselves as separate only insofar as we live in connection with others, and that we experience relationship

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only insofar as we differentiate other from self" (1982, p. 63). In her estimation, female

development clearly evinces "a different history of human attachment, stressing

continuity and change in configuration, rather than replacement and separation,

elucidating a different response to loss, and changing the metaphor of growth" (Gilligan,

1982, p. 47).

This alternative, female inclusive metaphor of growth begins in infancy and is

closely linked to gender identity. Chodorow (1989) argues, a consistent sense of self

requires clear gender identity and concise expectations about sex roles and overall gender

consistency. An infant's sense of self and eventual individuation is initiated in

relationship with the primary caregiver. Across cultures women are the primary

caregivers and socializers. This fact impacts greatly upon identity development. For

females, primary identification involves the mother, a person of the same sex; therefore,

identity is not challenged for girls in the same way it is for boys. Feminine identity does

not rest upon separation from the mother, nor the continued progression of individuation.

In contrast, masculine identity *depends* upon separation and individuation from the

mother (Gilligan, 1982; Chodorow, 1989). Masculine identity develops in opposition to

the mother, as a boy differentiates himself from her; he is what she is not (Chodorow,

1989). Female identity does not require rejection of these early identifications. For a

girl, rather:

> her later identification with her mother is embedded in and influenced by their on-going
> relationship of both primary identification and pre-Oedipal attachment. Because her
> mother is around, and she has had a genuine relationship to her as a person, a girl's
> gender and gender role identification are mediated by and depend upon real affective
> relations. Identification with her mother is not positional-the narrow learning of
> particular role behaviors-but rather a personal identification with her mother's general
> traits of character and values. Feminine identification is based not on fantasied or

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externally defined characteristics and negative identification, but on the gradual learning of a way of being familiar in everyday life, and exemplified by the person (or kind of people-women) with whom she has been most involved. It is continuous with her early childhood identifications and attachments. (Chodorow, 1989, p. 52).

Thus, it would seem sex-role identity for females is given, or ascribed, while for males it is acquired or achieved (Chodorow, 1989). In relation to males, females experience themselves as less differentiated from the external object-world, and are also differently oriented to their inner object-world. This attributes to a strong ability in girls to experience other's needs and feelings as their own. Girls perceive themselves as being like their mothers and consequently fuse attachment with the process of identity formation. As a result, cross culturally, feminine personality is defined in relation and connection to other people more than masculine personality (Gilligan, 1982).

The primacy assigned to separation or connection leads to different images of both self and relationships. Gilligan expands the concept of identity in order to include the experience of interconnection (1982). Chodorow purports women have a "relational personality," and demonstrates both separateness and differentiation occur in relationship: I am separate, and distinct *from you*. Chodorow defines differentiation, or separation-individuation as the perception of a distinction between self and the object world and separate from the object/other (1989). She clarifies: "true differentiation, true separateness, cannot be simply a perception and experience of self-other, of presence-absence. It must precisely involve two selves, two presences, two subjects" (p. 103). This is supported by Winnicott's (1965) declaration that the capacity to be alone requires a sense of the other's presence. Bowlby (1980) adds, independence requires trust and an

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ability to depend. In adolescent separation, it is this awareness of two presences, this relationship that is extended, renegotiated, or transformed, as adolescents exist within a web of connections (i.e., family, friends, teachers) which must be negotiated. Differentiation is a particular way of being connected to others, as one's relational self becomes more central to one's life. This occurs as a confident separateness is established, which leads to the knowledge that empathy and confidence are necessary for the recognition of the other as a self (Chodorow, 1989).

Intimacy

Gilligan explains the concepts of attachment and separation associated with infant development appear in adolescence as *identity and intimacy* and in adulthood as love and work (1982). These concepts shift in adolescence as the balance of power between children and parents begins to shift. This in turn affects the experience and meaning of connection. Due to the sexual changes of puberty and the rise of reflective thought and feelings, the nature of adolescent attachment necessarily differs from that of childhood attachment. Within Erikson's eight stage model of development (1968) identity precedes intimacy; while this may be true for males, females tend to blend identity and intimacy. "The girl is more likely to gain a developed identity in consequence of intimacy rather than as a precursor of it. Out of her intimate connections to others, through processes of identification and projection, the woman comes to know her own individuality and to solve the question of who she is" (Douvan & Adelson, 1966, p. 349). As men and women experience attachment and separation in different ways, naturally, they also perceive threat differently: men in intimacy and connection, women in separation and

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individuation (Gilligan, 1982). Adolescent intimacy has been defined in a variety of ways. The more widely accepted definitions link intimacy with self-disclosure. A definition that also fits with the idea of connection states, intimacy occurs when "one person expresses important self-relevant feelings and information to another, and as a result of the other's response comes to feel known, validated...and cared for." (Clark and Reis, 1988, as cited in Fischer, Munsch, & Greene, 1996, p. 98). Intimacy is considered a reciprocal process.

Female Voices

In adolescence the concept of differentiation, for females, involves finding one's own voice and using it, while the concept of independence involves making choices and taking action oneself (Gilligan, 1990). Guntrip (1961), in *Personality Structure and Human Interaction*, advises maturity should not be equated with independence: "The independence of the mature person is simply that he does not collapse when he has to stand alone. It is not an independence of needs for other persons with whom to have relationship; that would not be desired by the mature" (p. 293). By extension, dependence then connotes "one is able to have an effect on others, as well as the recognition that the interdependence of attachment empowers both the self and the other, not one person at the other's expense" (Gilligan, 1988c, p. 16). Dependence and independence comfortably co-exist.

Adolescence is the "meeting place" of girls and women (Gilligan, 1990), and it is at this juncture where "thought becomes reflective and the problem of interpretation thus enters the stream of development itself" (Gilligan, 1982, p. 49). At this juncture, the lack

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of appropriate language in developmental psychology and the problem of interpretation combine to create difficulty for girls, as they begin to question their knowledge, their perceptions, and what they understand about themselves, their world and their significant relationships. The secrets of these difficulties experienced by the female adolescent "pertain to the silencing of her own voice, a silencing enforced by the wish not to hurt others but also by the fear that, in speaking, her voice will not be heard" (Gilligan, 1982, p. 51). The freedom of self-expression is hindered, and voices once clear and confident become timid seeking refuge underground. Girls become uncertain of what they know, as they attempt to connect and integrate the subjectively known self with others. Being authentic in relationships often presents overwhelming challenges for adolescent girls. Gilligan (1991) claims: "girls face a psychological crisis at the time of adolescence-a crisis to which some girls respond by devaluing themselves and feeling themselves to be worthless, while others disagree publicly and dissociate themselves from the institutions which devalue them" (p. 14). Patsy Rodenburg, a voice specialist, and author of *The Right to Speak*, (1992) discusses the impact of adolescence on girls' voices and vocal productions. She explains the stage of adolescence is difficult, and often girls who were once open and chatty withdraw and sometimes never re-emerge. Rodenburg (1992) asserts the process of adolescence exerts pressures that influence the development of the voice.

> Girls are encouraged to sound feminine: less loud, less challenging, more demure, more reticent in speaking. During this time girls usually learn to devoice, or tone down, and not to interrupt men. Giggling and shrieking are acceptable (mainly in female company) in a way that articulate vocal assertiveness is not. (1992, pp. 47-48).

Rodenburg (1992) explains how adolescents are expert mimics and imitators, adopting different voices in order to express different aspects of their lives. These voices can include "a family voice, a school voice, a voice for friends, a voice for the opposite sex, silly voices or serious voices" (1992, p. 490). The unique variety of vocal productions, or different voices, which Rodenburg identifies, are related to the different roles and attributes adolescents experiment with as they explore their identity.

The process of adapting connections, in an effort to discover oneself and others, relies on communication (Gilligan, 1988b). "Consequently, the problem of attachment in adolescent development is inseparable from the problem of interpretation, since the ability to establish connection with others hinges on the ability to render one's story coherent" (Gilligan, 1988b, p. 155). The adolescent voice is vulnerable to detachment and indifference, particularly when a girl recognizes differences between her perspective and a common, or social, point-of-view. Gilligan (1988b) employ's the metaphor of exit and voice in her discussion of adolescent vulnerabilities in relationship. Exit pertains to leaving and voice pertains to speaking. For adolescent girls, "the distinction between true and false connection, between relationships where voice is engaged and relationships where voice is silenced, often becomes critical to exit decisions" (Gilligan, 1988b, p. 155). Engaging one's voice often involves conflict and change in relationship, and for some it is safer to exit through the use of silence, or even suicide, than to risk speaking honestly. Those who do take the risk demonstrate change can be negotiated through voice, and attachment can be altered and sustained throughout adolescence. Gilligan (1988b) asserts, when defined in the context of relationships, "identity is formed through

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the gaining of voice or perspective, and self is known through the experience of engagement with different voices or points of view" (p. 153).

Identity

Marcia (1980) proposes identity is "a self-structure - an internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual history" (p. 159). Marcia refers to identity as a psychosocial concept (1980), a social construction. "The self-concept represents, in large part, the incorporation of the attitudes that significant others hold about the self" (Harter, 1990b, p. 356). Identity formation involves a consolidation of societal roles along with a need for uniqueness (Harter, 1990a). Within the post-modern perspective, the self is considered "a process or activity that occurs in the space between people" (Freedman & Combs, 1996, p. 34). People have multiple selves, which are context dependent. No one self is believed to be truer than any other is. However, people do possess "preferred selves," which are particular presentations of self. The task is to determine which self (or selves) is preferred in specific contexts (Freedman & Combs, 1996). Harter (1990a; 1990b) discusses the work of Markus and Nurius who introduced the notion of "possible selves," which are similar to preferred selves. Possible selves represent all aspects of self, from the hated to the hoped-for selves. These possible selves serve as incentives suggesting which selves should be accepted and nurtured, and which selves should be avoided and discouraged. Identity formation thus involves the selection of possible selves from one's role repertoire. This view of identity comprises choice and necessitates a process of acceptance and rejection. Choice and action are fundamental elements of identity formation (Josselson, 1980) and both are easily

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explored in dramatherapy. Social pressures ensure adolescents develop different selves in different roles, and adolescents must progress through stages of differentiating and then integrating these multiple self-concepts into a coherent whole (Harter, 1990b). This process unfolds in the present and is "all-consuming as this is where the self is most fully realized" (Josselson, 1980, p. 207). This offers an explanation for the intense and pervasive here-and-now functioning occurring in adolescence. Meeks (1980) supports here-and-now work and flexibility on the part of the therapist working with adolescents, in order to accommodate rapid changes in mood, attitude, and general level of functioning. Pipher (1994) asserts, for most adolescents "the feeling of the moment is all that exists" (p. 58).

Developmental psychologists have proposed a "model that presents the identity process for adolescent females as one of self-differentiation within the context of relationships" (Steiner-Adair, 1990, p. 164). Separation involves a shift from what is right for others, to what is right for the individual girl. It involves the discovery of a way of being with others *and* with oneself (Gilligan, 1982). Development involves "the inclusion of herself in an expanding network of connection and the discovery that separation can be protective and need not entail isolation" (Gilligan, 1982, p. 39). The female crisis of identity and moral belief centres on "her struggle to disentangle her voice from the voices of others and to find a language that represents her experience of relationships and her sense of self" (Gilligan, 1982, p. 51).

Loss

Miller notes: "women's sense of self is built around being able to make and then

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maintain connections with others and that a loss of relationship is experienced by many

women as tantamount to a loss of self" (Miller, 1976, as cited in Gilligan 1988a, p. x).

This may offer an explanation as to why many girls have difficulty during adolescence in

redefining relationships with parents and friends. This process of redefinition within

relationships involves an element of loss. As girls define themselves in relation to others,

there is necessarily a sense of a loss of self inherent in this process.

> As self and object representations are reorganized, the adolescent may experience a loss
> of the sense of self in the form of a query: "Who am I?" There is a feeling that one has
> moved past previous ways of viewing self and others but lacks experience that the new
> self and object representations are trustworthy. As a result, the adolescent may turn to
> experience in affect, an intense here-and-now feeling, which is at least a reassurance
> that the self exists. Once the autonomous ego grows more stable and more certain of at
> least some aspects of self, the dangers of loss of ego continuity become less present.
> (Josselson, 1980, p. 200).

Winnicott (1971) asserts, in the psychotherapy of the adolescent "there is to be

found death and personal triumph as something inherent in the process of maturation and

in the acquisition of adult status" (p. 145). Bloom (1980) in *Adolescent-Parental*

Separation equates the transformation process of the parent-child relationship at

adolescence with a bereavement process involving the tasks of grieving. Bloom suggests

former modes of child-parent relating must die and be replaced by new, more effective

and appropriate modes of relating as children grow and mature during adolescence.

These changes are often experienced as losses and require a period of grief and mourning

as part of the adaptation process. Gilligan emphasizes the importance of sustaining

attachment as relationships are redefined and mourned. Relationships that allow for the

maintenance of connection contribute to positive mourning, those that do not may lead to

depression and despair. "Mourning signifies grief over the loss of an attachment whose

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felt reality can be sustained in memory; melancholia signifies the isolation felt when an attachment is found to be fragmentary" (Gilligan, 1988c, p. 12). As girls struggle inwardly with a loss of their sense of self, outwardly, this struggle often presents itself as depression. Miller (1981) in *Drama of the Gifted Child*, defines depression stating it can be understood as a sign of the loss of the self and consists of a denial of one's own feelings and emotional reactions. "What is described as depression and experienced as emptiness, futility, fear of impoverishment, and loneliness can often be recognized as the tragedy of the loss of the self, or alienation from the self" (p. 47). It would seem adolescent girls are at a high risk for depression as they silence their voices and redefine themselves in the transformation of important relationships. Pipher (1994) claims all adolescent girls experience pain at this point in their development. This pain can lead either to depression or anger, depending upon whether the cause of the pain is attributed to internal or external factors. In adolescence children begin to hold parents and authority figures accountable for their actions; it is payback time, as adolescents begin to recognize the humanness of adults through their failings. The role of the therapist can become very important in helping adolescent girls combat feelings of depression and loss, as the therapist represents "hope."

Bowlby (1980) suggests fear presupposes hope, stating "Only when we are striving and hoping for better things are we anxious lest we fail to obtain them" (p. 27). Harrison and Carek (1966) in *A Guide to Psychotherapy* discuss the role of the therapist and argue optimism is a fundamental part of any therapeutic process. "It is difficult to imagine that a therapist of integrity would continue to practice without a deep faith in

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man and a hope for his future. This is an optimism born of a basic trust in human nature and man's ability to rise above a crisis" (p. 19). Meeks (1980) in *The Fragile Alliance* asserts: "all human beings need hope" (p. 35). Alida Gersie (1991) illuminates the necessity of hope in her book *Storymaking in Bereavement*. Using the metaphor of a descent into darkness via a myth of creation, Gersie tells of a journey embarked upon in a spirit of discovery, and born out of a spirit of despair. Gersie suggests only when our experienced reality is questioned can a process of change be set in motion. She states, "The steady depletion of hope is closely connected with the increasingly narrow perception of alternative solutions to the experienced troubles" (p. 206). Gersie argues the place of darkness and death is also "the place where the urge to life dwells" (p. 170). The therapist must kindle the light of hope in therapeutic encounters providing the client with support until she is able to gain strength from the glow, and nurture hope within herself. Gilligan (1991) believes: "therapists are in a key position to strengthen healthy resistance and courage, to help women recover lost voices and tell lost stories, and to provide safe houses for the underground" (p. 27).

Authenticity

One way of fostering a sense of hope within therapeutic relationships is to develop and uphold authentic encounters and interactions, particularly with girls who are struggling to unearth their voices. According to Wolf (1988), knowing his or her inner experience is truly understood by another enhances a person's sense of self. Christopher Doyle (1998), a drama therapist, emphasizes the unique relationship existing between a client and a therapist: "Drama therapy is an experience between at least two people.

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There is no such thing as only the client, or only the therapist. Between therapist and client, there exists an intersubjective field of experience" (p. 232). Doyle also emphasizes the importance of a therapist's empathic understanding of a client's inner needs and the effective communication of this attunement. Annie Rogers (1991), a psychologist, insists adolescent girls are searching for real and enduring relationships within their therapeutic encounters, and Rogers acknowledges the difficulty in pursuing authentic therapeutic relationships within traditional norms of clinical practice. Lyn Mikel Brown (1991) claims adolescent girls "seek the presence of someone who will listen in order to give their knowledge a space and a legitimacy. To be an authority on their own experience requires another person who will acknowledge them as such, not simply an audience but a relationship in which they are taken seriously" (p. 84). Lori Stern (1991) argues adolescent struggles with identity and a sense of self have more to do with relationship than with an inability to experience and articulate a sense of self. Teresa Bernardez (1991) advises therapists working with adolescent girls to pay attention to what is unseen and to unearth suppressed voices. Bernardez offers three factors she considers essential to the development of an effective therapeutic relationship with females in adolescence. The first factor is mutuality and responsiveness in interaction, as girls are "enabled by responsive and involved interactions" (p. 216). The second factor involves knowledge of women's issues and experiences in contemporary society, and an understanding of the signs of healthy resistance to imposed social norms. The third factor involves being aware of suppressed voices and alternative stories, or "listening with the third ear" (p. 216). Douvan and Adelson (1966) proclaim the interpersonal

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domain is the central area of growth for girls during adolescence. As such, effective therapeutic interventions with adolescent females must involve authentic, real relationships in which girls can explore and come to know themselves in genuine connection with another. The therapeutic relationship can then become a safe space in which girls can voice and test out their knowledge, gaining courage to continue developing authentic relationships, and consequently nurture preferred selves.

My drama therapy work with the girls was focused on voice, on helping them sort out who they were and who they wanted to be. Essentially our work involved creating a space where the girls could find and use their voices. I tried to be present to the girls in the here-and-now, to understand who they were at that given moment, encouraging them to discern what they needed. These aims are similar to the general goals used by Pipher (1994) in her work with female adolescents. Pipher strives to help all her clients "increase their authenticity, openness to experience, competence, flexible thinking and realistic appraisal of their environment" (p. 250). Exploring self-expression playfully and creatively was a fundamental part of our work, as playfulness and creativity are core elements in dramatherapy (Jones, 1996). Winnicott (1971) succinctly expresses the importance of play and its relevance to the achievement of emotional health and well being, particularly for adolescents as they strive for integration of the self. "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 54).

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PART II

Drama Therapy Principles and Methods

Dramatherapy is "both the container of the chaos and the means of exploring it."
(Jennings. 1987. p. 15)

The creative process has healing potential. Rollo May, in *The Courage to Create*,
(1975) declares: "The creative process must be explored not as the product of sickness,
but as representing the highest degree of emotional health, as the expression of the
normal people in the act of actualizing themselves" (p. 40). The end product is not
necessarily the most significant aspect of the work, for it is within the creative act itself
that the healing and positive, self-affirming experience exists: "I create, therefore, I am; I
exist." The magnitude assigned to either the creative process or the creative content may
be associated with different developmental levels. Harter (1990b) claims, early
adolescents tend to be more concerned with a sense of being ("that I am"), with the actual
existence and function of the mental self, including both conscious and unconscious
processes. Whereas late adolescents tend to be more concerned with the notion of what
or who I am, in an attempt to create self-boundaries and sort out their multiple selves.
Therefore, girls in early adolescence may be more concerned with process and girls in
late adolescence may be more concerned with content. Harter (1990b) suggests effective
adolescent self-exploration involves the development of both assertion and perspective-
taking skills. She argues, of the programs designed to enhance awareness of the self and
others, those which: "involve active role taking and modelling of the coordination of such
seemingly contradictory skills by adults as well as other teenagers would appear to hold

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the most promise" (p. 384). Harter also contends: "interactive styles that give the adolescent permission to question, to be different, within a context of support and mutuality will foster the healthiest patterns of identity formation" (1990b, p. 383).

The drama therapy process itself involves creating, or finding, a useful common language shared by both client and therapist, which aids the client's engagement in self-exploration and creativity. The development of this common language involves the selection of appropriate metaphors and methods through which the therapeutic work can unfold. Gilligan (1988c) asserts an appropriate metaphor for identity formation is dialogue, as: "the self is defined by gaining voice and perspective and known in the experience of engagement with others" (p. 17). Within drama therapy, the experience of engagement with others can evolve quite effectively through the use of role-play, as role-play becomes a form of dialogue between a client and therapist, two or more clients, or a client and herself. Robert Landy (1993), an American drama therapist, asserts drama therapy proceeds through role, and declares role is the primary healing component of the dramatic art form, as change is made possible through dramatic paradox. Sue Jennings (1992), a British dramatherapist explains the paradox of dramatic distancing is that people come closer to themselves and indeed get in touch with profound areas of experience that are not accessible in other ways. Role-play provides a safe way for girls to assert their voices. Through the exploration and use of role, the dramatherapy process can help clients formulate, reframe and render their stories more coherently.

Phil Jones (1996) in *Drama as Therapy, Theatre as Living*, claims within the dramatherapy process, role is used "in its wider sense, describing a fictional identity or

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persona which someone can assume, and is also a concept used to understand the different aspects of a client's identity in their life as a whole" (p. 197). Role-play involves participation in "as-if" or simulated actions and circumstances (Yardley-Matweijcuk, 1997). Landy (1993) suggests in drama therapy, role is "an expression in behavior containing feelings, thoughts, and values associated with a single persona, rather than with a total personality" (p. 31). Christopher Doyle (1998) believes role is always an "expression of an aspect of the self," (p. 224) regardless of how the role is manifested. Doyle expands his assertion stating:

> Roles express the various parts of an individual's psychological universe. Roles provide a concrete, palpable form for the multiplicity of the inner workings of a person. As roles give form to drama, roles depict the myriad of pieces of the reality of who we are. . . . Every role provides containment for an enunciation of an aspect of the self and its corresponding subjective experience. In other words, roles not only express who we are, but they allow us to express the individual emotional nature of who we are in a given moment. (p. 225).

Role-play involves projection and embodiment, and encompasses metaphor, all of which are fundamental elements of any drama therapy process (Jennings, 1990). Role-playing is a very flexible process, which easily accommodates a variety of needs. Roles and the role-playing experience itself can be processed directly or indirectly; the roles can be quite "distanced" or they can be very "close;" the roles and the role-play can be processed verbally, or non-verbally; connections and links to "real life" can be made, but do not have to be; characters and scenes can be explored through improvisation, or can be planned out and structured through scripts, which provide concrete material to work with. In addition, there are endless possibilities for the format of role-plays. Popular culture has a significant impact upon adolescents, and can effectively influence the format of

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role-playing within drama therapy. As an example, a television talk-show format can be quite a successful structure for role-plays with adolescents.

When involved in role-play, in the creation and the development of a character, a client is at once involved both in deconstruction as well as construction. Particular elements of lived experience are selected, or deconstructed, and then put together, or constructed, in new ways and made into art. Thus, within the art and the artistic process, a new narrative of identity is constructed (C. Novy, April, 1999, personal communication). In role-play, as the client projects specific elements of herself into the character, she is deconstructing bits and pieces of her life, choosing certain parts to be reflected and explored within the character. Yet, within the actual act of creation itself, in the building, naming, and developing of a character, the client constructs a fictional being, and transforms these deconstructed parts of herself, thus constructing, or reconstructing, certain aspects of the self.

The development of roles allows for the exploration of fantasies and desired ways of being. Role-play facilitates wish fulfilment encouraging the expression and release of unexpressed fears and concerns. Renee Emunah (1994), a drama therapist, proclaims:

> Facets of our personalities that have been concealed, from others, and often from ourselves, can be unleashed via the dramatic role. The role enables previously unacknowledged or untolerated parts to be given voice, and at the same time to be contained within the safe arena of the dramatic act. (p. xv).

Role-play can encompass and embody ambivalence, and different aspects of the self. This is relevant for adolescents struggling to integrate different ways of being, and grappling with conflicting ideas and emotions. Characters and stories provide ways of

sorting out experience, and can become tools for problem solving. The characters or roles can serve as symbols, expressions, or reflections of the self, and as such are powerful tools for communicating one's "state-of-being;" role-play itself becomes a form of communication. Doyle (1998) explains "in a therapy geared toward the enactment of roles, more of a client's self is made available. Much more information is put out in the open for the client and the therapist to work on - and the work can be done within the symbolism of the role" (p. 230).

Dramatherapy is based on methods of action, which help provide shape and form to the "chaos," or the difficulties and confusion experienced by the client. The various methods of action allow the therapist and the client together, to manipulate, explore and transform perceptions of life experiences. A drama therapist may interact with a client in many different ways both in and out of role. David Read Johnson (1992), a drama therapist, suggests practitioners essentially attempt to achieve five goals when pursuing interventions in role: (1) to help the client tell his or her story or to solve a problem; (2) to achieve a catharsis of emotion; (3) to extend the depth and breadth of the client's inner experience; (4) to help the client understand the meanings of images; (5) to strengthen the client's observing ego and mental flexibility.

Often adolescents get caught up within the chaos of life, and rather than struggle to get out, find it easier to live within the turbulence and the turmoil, as change can be frightening. Apathy may begin to develop. Understanding a client's methods of coping is crucial. Hauser and Bowlds (1990) define coping as "a process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of a person"

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(p. 388). Coping processes refer to how an individual responds to specific situations or stressors. The clients I worked with were coping with both normative stressors (for example: concerns about body size and shape, image, or school), and non-normative stressors (for example: familial stresses, divorce, parental psychiatric disorder, abuse, loss and death, or chronic illness). Certain aspects of cognitive and social development influence coping skills, including: self-perceptions, self-efficacy beliefs, self-control, self-esteem, intelligence, problem-solving and interpersonal skills, temperament, and locus of control (Hauser & Bowlds, 1990). The presence or absence of effective coping skills impacts heavily upon the therapeutic process. Sometimes clients are not ready to manage or act upon the chaos and all that it comprises, which includes their perceptions, ideas, feelings, desires, and frustrations. These clients may need to be able to talk about and acknowledge their experiences first, as this is all they are ready for, at present. With some clients, however, it may be important to move the work into action and not stay in the midst of the chaos, only acknowledging it verbally, as this may allow these clients to remain in neutral rather than progress and move forward. I gently encourage clients, when appropriate, to explore the chaos and act upon it. I recognize the significance of supporting the client's wishes and goals; however, there can exist a fine line between unconditional support and collusion with a client in the denial of problems.

My work as a dramatherapist has taught me the value and importance of following the client's journey, which often requires re-assessment and re-formulation of the therapeutic aims. Finding the correct or most effective goals is not always an easy task, particularly when the constraints of life (for example: time, illness, stressors) need

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to be considered and negotiated. The necessity of honouring the here-and-now, and working in the moment was a revelation to me, and became a guiding principle in my work with adolescent girls. I also discovered how important it is for me, as the therapist, to have faith in the work, as I represent hope. Maintaining faith is not a straightforward or simple thing to do, especially when adolescents avoid the work, by not attending their sessions. Adolescents seem to possess a longing for intimacy, but this longing is often overpowered by a fear of the pain and vulnerability associated with intimacy. I learned part of a therapist's job is to guard the adolescent client from sharing too much too soon, as this can result in a need to escape.

Within our drama therapy work, all of the girls wanted to explore relationships with family and friends. These were key issues, indicating attachment and connection were of the utmost importance in the lives of these young women. Relationships are easily explored in drama therapy, through various forms of role-play, as self and other can both be in the room. Within the work, it became clear these girls were searching for ways to *differentiate* themselves from their parents and significant others, not to separate and split themselves off from the people and relationships most important to them. They were in search of interdependence. During this process of searching, parents, family, friends, and society-at-large, all became accountable for their actions and their influences.

Introducing The Members Of The Cast

All the world's a stage,
And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts,
(Shakespeare, 1949, *As You Like It*: II, vii, 138-141).

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The players you are about to meet range in age from twelve to sixteen. They all live in a predominantly Francophone urban environment with many anglophone areas, and function within a range of socio-economic backgrounds. They all attend school, and most engage in outside interests. They were referred to drama therapy through various departments at a children's hospital in the city. Four of the girls were involved in individual drama therapy sessions and two of the girls were part of a small drama therapy group. Attendance in this group was tremendously inconsistent and the girls often had individual sessions. Although there was rarely more than one person in attendance at the group, the girls upheld an ideal of "the group," maintaining a definite sense of belonging to a group throughout the process. I was quite intrigued by this feat on their part, and came to realize belonging to the group was important to them regardless of whether or not they attended sessions regularly. The experience of leading this group provided the greatest challenge to my faith in the work as a therapist, but ultimately taught me a profound lesson.

The girls I will introduce to the reader are very special people. They were willing to take risks, and entrusted me with knowledge about their lives. They revealed parts of themselves, engaging creatively in personal exploration, boldly one day, with trepidation the next. They all had stories to tell, moments to share. Most important, all the girls were willing to acknowledge and explore aspects of their lives that were sometimes painful and confusing. Each girl, in her unique way, demonstrated courage. They have been my greatest teachers. What follows is an exposition on the drama therapy work engaged in with these girls. Each girl will be introduced, and pertinent information about

her life and background will be shared. The reason for her initial referral to drama

therapy will also be stated, and specific issues and methodology relevant to the work in

each case will be addressed. I will attempt to share with the reader either the overall

essence of the work done with each girl or the most significant pieces of the process;

however, what I present is, as always, *my* interpretation of the experience. (If the girls

were telling their stories they might offer different perspectives.) Higgins' *Approaches to*

Case-Study (1993) provides structural guidelines which influence the writing of these

clinical "vignettes," as I shape our drama therapy work into "a healing fiction" (p. 3). All

of the girls' names, and any identifying information, have been changed in order to

respect privacy. Each girl has given me permission to write about our drama therapy

experiences (see appendixes A, B, & C). Thus, without further delay, I present, in order

of appearance: *Carolyn; Clara; Stacey; Ani; Alexandra; Katie.*

Carolyn

Carolyn is fifteen years old. She is very creative. She loves drama and music and

aspires to be an actor. She also enjoys song-writing and has found this to be quite

therapeutic. She is bilingual and attends a French private school, and is the only French-

speaking member of her family. Carolyn has two younger brothers both under the age of

six. The three children live with both parents. In their home, she has little space to

herself as she shares a bedroom with the older of the two boys, and regularly engages in a

number of care-taking responsibilities.

When I first met Carolyn she had been suffering from chronic headaches for

about a year and a half. The headaches varied in intensity, but were always present.

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Extensive medical testing, including some invasive procedures, had ruled out any known organic cause for the headaches. Carolyn had started attending a clinic for pain management at about the same time she began drama therapy. Carolyn's doctor referred her to a psychiatrist, as she had clearly expressed suicidal ideation, and it was this psychiatrist who referred her to drama therapy. Although Carolyn was experiencing some symptoms of depression, Major Depression had been ruled out. The psychiatrist believed Carolyn's pain was largely psychosomatic. Although the psychiatrist could not pinpoint a single precipitating factor for the headaches, she outlined a number of psycho-social stressors that were contributing to Carolyn's current situation. These factors included struggles with self-identity; chronic financial strain within the family; overwhelming responsibilities at home leading to feeling neglected, unappreciated, and taken-for-granted. The psychiatrist hoped Carolyn's participation in drama therapy would allow her to explore some of the stressors in her life.

Carolyn had been missing a great deal of school due to her headaches and her academics were suffering as a result. Carolyn no longer enjoyed school, and was failing a couple of subjects. She was having difficulty concentrating. She seemed to be a bit resentful of both the academic and the language pressures exerted on her by the requirements at her private school. Carolyn explained she was enrolled in a French school in grade one, and remembers this as having been a traumatic experience. Carolyn revealed, for one year, no one believed she was truly suffering from headaches. However, this situation changed just prior to Carolyn starting drama therapy. An extended family member, with whom Carolyn was quite close, became involved and

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advocated on her behalf. As a result, Carolyn was receiving more support from family, friends. and teachers at school.

The central aim of our therapeutic work was to provide a safe. creative space in which Carolyn could give voice to herself, by expressing herself on her own terms. I felt it was important to acknowledge and validate Carolyn's experiences. as far as possible, as this seemed to be missing in other relationships in her life. I wanted our work to be a nurturing process, building on her strengths and free from the stress of responsibility. The focus of our drama therapy work was on the exploration of role and identity.

In our first session. as part of an assessment process, I asked Carolyn to give six "I-statements." I wanted to get a sense of how she defined herself, for herself. These were her statements: *I am a true actress at heart; I am creative; I am caring; I am happy; I am goal-oriented; I am only human.* At the time, I was struck by the confidence and self-awareness behind these statements, particularly in light of the difficulties Carolyn had been experiencing. I was surprised none of the negative aspects of her recent experiences were included in the statements. Within the session, Carolyn had just proceeded to recount the story of her headaches and other stressors in her life. Carolyn explained she tries to look for the positive aspects of all of her experiences and not dwell on the negative. It seemed to me her I-statements reflected this tendency. I sensed hopefulness within these statements and felt Carolyn had presented six aspects of her *preferred self.* At the time, I did not fully appreciate how important this was for Carolyn because her life had indeed become centred upon the negative aspects (i.e., the headaches and her inability to maintain regular attendance and good grades at school). Interestingly,

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at the end of our drama therapy process, as we were reviewing the work we had done together. Carolyn revealed the part of our process that stood out the most for her was the I-statement exercise. This, for her, had been significant. Perhaps this exercise was helpful for Carolyn because it had reminded her of parts of herself that she had forgotten, neglected, or overlooked in the midst of the chaos. I sensed perhaps these statements had also served as goals, of sorts, encouraging Carolyn to pursue actions that would help her become the person she wanted to be. She had found a "sparkling moment" (Combs & Freedman, 1996) and had tapped into an alternative discourse (White & Epston, 1990).

In our second session, Carolyn engaged in a structured role-playing process, which involved the invocation of a character. Carolyn was familiar with dramatic language and fairly comfortable with dramatic methods, and her ease with the process simplified the transition into action. I initiated the role-playing process and introduced the structure, which was based on a process outlined by Steve Mitchell (1996) in *The Ritual of Individual Dramatherapy*. The process that followed and the emergent material seemed to embody many of the stressors in Carolyn's life. Through the character, Carolyn both physically and verbally demonstrated aspects of her lived experience, in a distanced form. Carolyn was able to share her perspective with me in a profound way.

Carolyn created a character, which she named *Jill*. Jill was a single mom in her early twenties. Her son was five years old. Jill lived with a female roommate who was in her late twenties. She was going to university and working part-time. Carolyn told a story about a hectic and tumultuous day-in-the-life of this character, and at the end of the story she wrote a letter, as Jill, to a friend. The letter that Carolyn wrote is included

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below:

Dear Ben.

I have some bad news to tell you. Our son has just caught chicken pox. and he has a temperature of 105 degrees. He has been vomiting and whining all day long. and it's only getting worse. But I cannot take him to the doctor yet. because I have not had the time to send out the form for his medical card. and the doctor's fee is $45 without one. And on top of that. my boss has threatened to fire me. and Betty has decided to move out. leaving me to pay full rent. Plus. I think I failed my final this morning. so I don't think the university will be renewing my scholarship. As you can see. times are desperate. and I really need money to help me and Ben Jr. to get by. I hate to ask you for extra money but I truly have no other choice. Please call so we can work something out. Thanks ever so much.

Jill

I believe this character reflects many aspects of Carolyn's life. The letter evokes

a sense of being overwhelmed by responsibility and feeling disempowered. The role of

parent is evident and is clearly a role that Carolyn was taking on in relation to her

siblings. In later sessions Carolyn repeatedly stated within her family she felt like a third

parent, not a child. Her current relationship to school also seemed to find expression in

this character. As well, the medical issues were relevant in Carolyn's life, as she and

other family members were plagued with illness. In addition, the financial strain

experienced by Jill perhaps reflected financial tension within Carolyn's family. Finally,

in her own life. Carolyn and her mother seemed to share the brunt of the responsibility of

caring for her two younger brothers, while her father tended to have less direct

involvement in their care. Perhaps this element found expression in the role of Betty,

Jill's roommate. Jill also seemed to be struggling with the need to reconcile dependence

and independence as she realized she could not handle all the responsibilities alone.

When asked to give one word to describe the character she had created, Carolyn

answered: "independent." Carolyn explained independence played a part in her own life.

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The themes of attachment, connection and differentiation seem to be underlying the material that emerged within this process.

In an effort to further explore identity and roles, I asked Carolyn to think of a myth, fairytale, story, or fictional character that appealed to her, or with which she could identify. I found her choice rather poignant. After some thought, she selected the story of *Cinderella*. Carolyn explained Cinderella's "slaving," working, and responsibility, as well as her hope for a better future all related to her own life. Again, the metaphor (and character) served as a powerful means of communication between the two of us, creating a unique language. Silently, I wondered about the importance of this element of hope thriving amidst the despair. Despite her difficulties, Carolyn was hopeful.

Carolyn seemed to need a space in which she could unload her thoughts and feelings about her situation, in the moment. Often she was overwhelmed by pressures, fatigue and disappointment, and she seemed to value having both a place and a relationship in which she could share her feelings and responses. She felt as though she did not really have the ability to make choices about her life, although she believed she was presented with a facade of having choices. I felt the most significant thing I was offering to Carolyn was a "holding space." I wanted her to feel heard and understood. Carolyn also expressed ambivalent feelings about intimacy with peers. She expressed a desire to share her thoughts and feelings with friends, yet she also feared sharing too much and feeling exposed. Perhaps she was negotiating how much of herself she could safely share with others, and how authentic she should be in her relationships with friends. This ambivalence may also have been played out within our drama therapy

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work, as the client missed a number of sessions.

We discussed some of the different roles or masks Carolyn takes on and uses in her life. One session, the roles she named included: a *shoulder to cry on*, a *wacky crazy fun person*, a *big sister*, a *daughter child*, and *motherly*. It struck me all of these roles could be very demanding if one is not feeling very healthy. In this same session, Carolyn discussed a need to balance two aspects of herself: her *shy side* and her *outgoing side*. She felt it was important that both aspects were present in her life. She also explained, while she tries to maintain a positive outlook in order to cope, it becomes tiring. She remains positive for a time and then she needs to be able to "look at the dark side of everything" for awhile. Perhaps this need to see both sides was partly Carolyn's way of deeply experiencing and learning to accept a range of emotions, all of which were a part of her reality. In the later stages of our process together, Carolyn made a mask. The inside of the mask was completely black and the outside was bright yellow. Carolyn explained the yellow represented the part of her always putting on a happy face for the social world, in order to cover up what was going on inside. She decided at times this mask was helpful as the black would let in some of the external light, happy, bubbly feelings, and she would indeed begin to feel a little better. At times, however, this cheerful front caused her to feel even more withdrawn as she was not able to talk about how she really felt. Rather than using her voice as a way out, as a way of communicating with the world, she was shutting herself up in a world of silence. She was making a quiet *exit*. As Gilligan (1982) suggests, for females, "farewell to childhood" means: "relinquishing the freedom of self-expression in order to protect others and preserve

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relationships" (p. 157). I wondered if this suppression of her thoughts, feelings, and ideas. ultimately her internal reality, was contributing to her headaches. Was she cramming or protecting her emotional life inside her head?

In my work with Carolyn, I felt it was important to take the work into action, giving her experiences shape and form, in order to get them out of her body. I suggested we do an exercise that would help concretize the myriad of feelings Carolyn seemed to be experiencing in the present, and also explore the relationship between her feelings and her body. The exercise, called an *embodiment exercise* (C. Novy, personal communication. 1998) is divided into two parts. The first part involves creating a circle and dividing it into sections, which relate to specific feelings. Carolyn chose to partition the sections according to the feelings she had been experiencing that week. She decided to divide the circle into five categories. The largest section was related to school. The key feeling words included: "without motivation," "trapped," and "losing hope." Carolyn created this section using strong black lines highlighted with orange to represent the things she really wanted but could not have, as school was preventing her from achieving them by sucking the life out of her. The second section she created was related to family. The key feeling words in this section included: "crowded," "frustrated," "worried," and "curious." Carolyn put large black circles in this section. She talked about the pressure of family secrets and illnesses. The third section represented her ever-present headaches. This section contained bright fuscia-coloured dots. The key feeling words included: "pain," and "sorrow." Carolyn stated she was concerned or "paranoid" about other people's impressions of her. The fourth category represented both chaos and her methods

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of coping with it. The key feeling words included: "acceptance" and "uncertainty." This section was filled in with a teal-coloured scribble. The fifth and final section represented hope. The key feeling words associated with this section were: "desire," "determination," and "need." This part was solidly coloured bright orange (see Figure 1).

The second part of the exercise involves drawing an outline of a human body and then filling in the body with the same feeling-sections that were created in the circle. Carolyn drew the family pressures in the feet of the body outline, as though they were weighing the figure down, in an effort to keep "the secrets underfoot." The headaches were drawn around the perimeter of the head. The school section, hope, and despair or chaos were all drawn around the heart, with school encircling both the hope and the despair. The result of this process was a concrete representation of abstract thoughts and emotions (see Figure 2). Links were made between feeling states and physical sensations, as the emotions were physically drawn into the body. The two images served as concise summaries of the issues important to Carolyn in the present, and addressed some of the factors influencing her life. Acknowledging these influences had the potential to provide Carolyn with greater self-awareness when making decisions affecting her future. The images she created are vivid and compelling.

Carolyn expressed a close relationship with her two younger brothers. We explored her role as *sister* through role-play. She explained her notion of an ideal sister, which is someone who spoils her siblings and does things with them on occasion, while she felt her reality was of a sister who is a second care-giver, or parent. We enacted scenes involving typical interactions with her brothers at home. In the playing out of

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Figure 1: Carolyn's *Embodiment Exercise*, Part One: The Feelings

uncertainty acceptance

dealing with it

crowded
worried
frustrated
curious

unmotivated
trapped
no freedom
losing hope

have to be where I don't want to be

Can't be when I want to be

desire → determination → serious → need
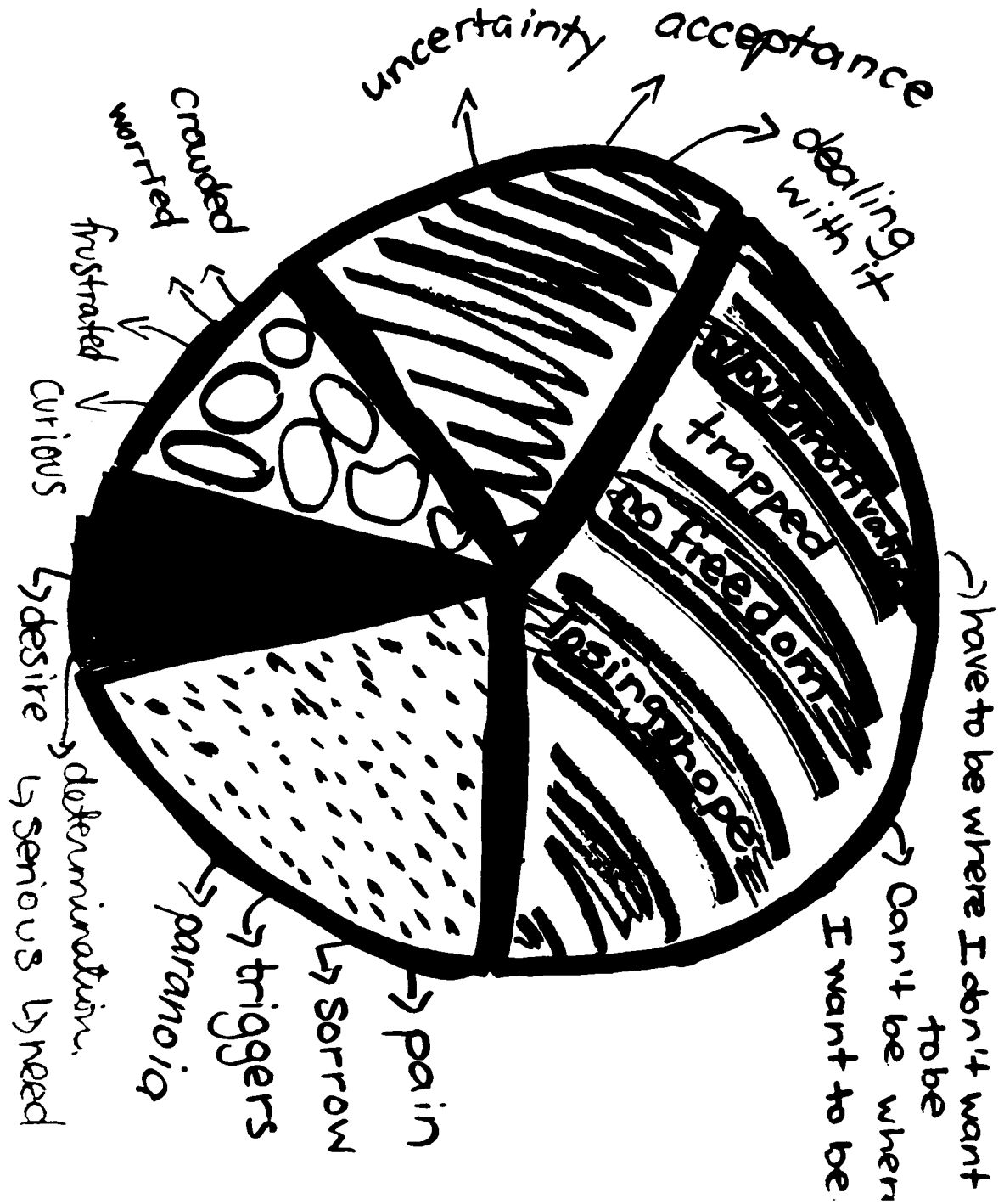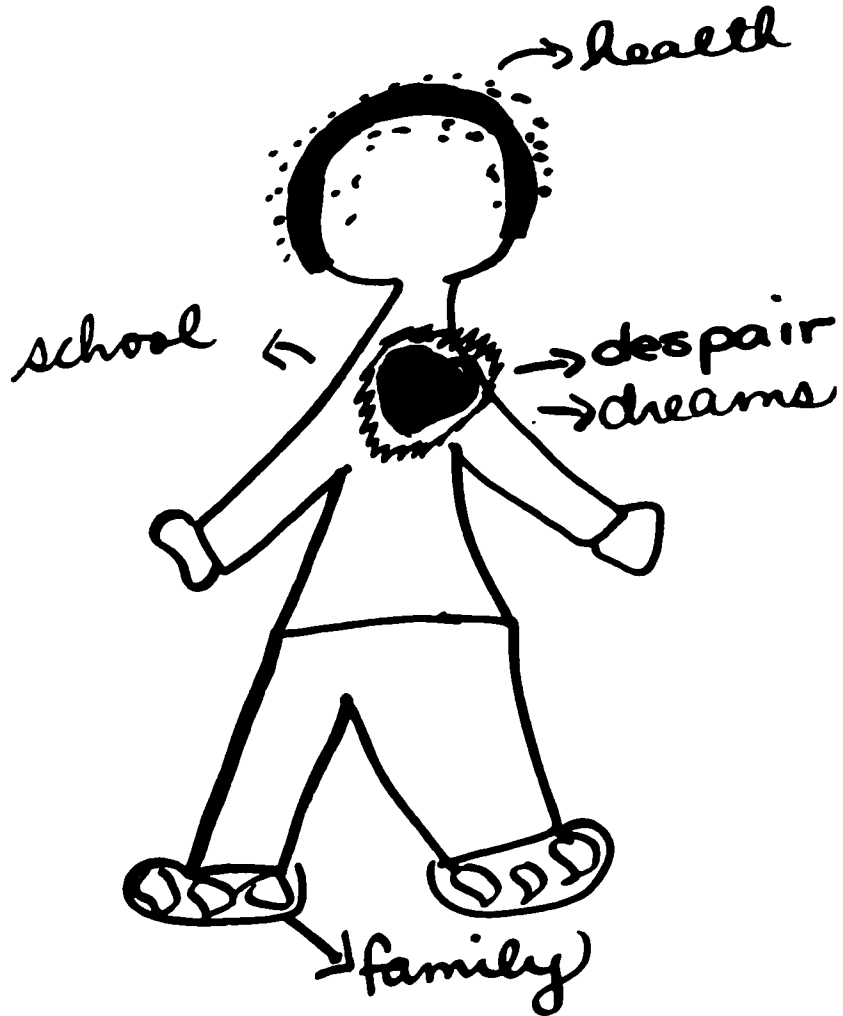paranoia
triggers
sorrow
pain

Figure 2: Carolyn's *Embodiment Exercise*, Part Two: The Body

these relationship scenes, it was clear Carolyn's needs came second, while those of her brothers dominated. For example, if she was doing homework and the boys wanted to play, she would stop what she was doing to spend time with them. She explained the boys really did not understand the concept of time, which made setting limits with them rather difficult. Within the role-plays, Carolyn was very giving in her interactions with the boys. She seemed to possess a strong sense of responsibility in relation to her brothers. Both of Carolyn's parents led busy lives, and in her relationship with her brothers, I sensed Carolyn was very good at compensating for any lack of care giving on their part. Her connection to her brothers was extremely important to her, and Carolyn was desperately trying to maintain a healthy relationship with them. A relationship in which she had some space for herself.

Carolyn engaged in a final exercise exploring identity. Working with clay, in process she told a story. The story evolved organically as she experienced the clay. It was quite a beautiful process to witness. Carolyn squished the clay and spoke of the clay being "stretched to its limits." This evolved into a big round clump of clay with "scars." Then another piece of clay appeared which was small, smooth, round and "perfect." However, this little piece of clay had scars of its own which it kept hidden. The old piece of clay taught the little piece how to love itself and embrace its scars. The two clumps kept little fragments of clay in a private display case as "traces of the past" which had been left behind, and now served as reminders of lessons learned. Within this activity, Carolyn seemed to be exploring a spectrum of perfection-and-failure, and was perhaps discovering she could move freely along the spectrum and did not need to be stuck at

either end. I felt this clay experience involved a working-through process for Carolyn, as she struggled to accept her many aspects of self.

Clara

Clara is a highly creative and imaginative 12 year-old. She is of Italian heritage; she has one brother and they live with both parents. Within our relationship, and in all of our interactions, she seemed communicative, open, and present. She was quite engaged in our drama therapy work, and for me, it was truly a pleasure to both witness and share in her creative process.

A doctor at the hospital referred Clara to drama therapy. Clara and her brother were both on a weight-loss regime and were monitored regularly by a physician. The referring doctor felt drama therapy might allow Clara to explore a positive body image and effective means of communication. Based on parental report and concern, this doctor had wondered about the potential presence of oppositional-defiance tendencies. Clara's parents reported difficulties at home both in their relationship with Clara and in her relationship with her older brother. They felt, at times, she was defiant, angry and too easily frustrated.

I initially met with both Clara and her mother in order to establish some goals for our work together. Clearly, Clara's mother supported her daughter and encouraged her talents and strengths. Clara expressed a desire to be more creative and to explore ways of communicating in different situations. Clara's mother hoped her daughter could learn to tolerate frustration, and not to "sabotage" herself by becoming easily upset.

I sensed Clara's difficulties at home were related to the onset of her adolescence;

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she, like Frankie (McCullers, 1946), was at the threshold, and needed some time to adjust to all of the changes which lay before her. I sensed she was struggling with her desire for increased independence and responsibility, as well as her desire to be taken care of and have her needs met by her parents. I really felt as though she was in a transitional state. Her family was encouraging her to let go of being a child, in that she was expected to be able to tolerate frustration and understand that her needs could not always be met in the manner she wished. Accordingly, Clara was taking on additional responsibilities for herself. Yet, when things did not go as she planned, she was easily frustrated and emotional. However, these behaviours and responses were not present within our sessions. I believe Clara's difficulties existed within family dynamics, and I addressed this issue at the end of our process together. Essentially, I felt her significant attachment relationships were in the midst of being renegotiated, and this process was causing some upheaval in the lives of Clara and her family.

We began our dramatherapy work with a story-making process. I felt this would provide a concrete way of beginning, and would tap into Clara's strengths, as her mother had informed me she was quite a talented storyteller. The format I offered for creating stories was based on a combination of both Mooli Lahad's (1992) and Alida Gersie's (as presented by Meldrum, 1994) story-making structures. Both Lahad and Gersie use a six-part structure. For this work with Clara, I adapted elements from both formats and created an eight-part story-making structure, which I felt was inclusive of both forms. This process begins with the client drawing the basic story elements outlined in the structure. The elements are: *a landscape, a hero or main character, a dwelling place or*

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a habitat, the hero's mission, a helper, an obstacle, coping with the obstacle, resolution or what happens. Clara loves drawing and creating and she easily engaged in this exercise. When she had completed her drawing (see Figure 3), I asked her to recount the story she had just created. This is the story she told:

> Once upon a time. there was a far off land that had many colours. And it was inhabited by a lot of extinct creatures. and some that have never been discovered. And one of the creatures was named Colours. And Colours was a little pink fluff-ball that had an assortment of different colours on it. Colours lived in the water. in an area surrounded by two rainbow trees. And Colours had the power to make colours-whatever colours were lacking. Colours had a partner who was a flower named Rainbow. And Rainbow would help him make up different colours. and choose where a colour should go. But there was an evil Villain that didn't have any colours. And he would make Colour's job hard. because he would take away all the colours. But one day. Colours was tired of him. the colourless person. making everything black and colourless. So. one day. Colours decided to make the Villain colourful. And the Villain realized how fun it was to be colourful. and he helped Colours create different colours.

I felt many themes emerged through this story including: a conflict between good and evil; exerting effort to improve the world making it brighter and better; transformation and change; uniqueness. I wondered, to myself, if the conflict in the story between good and evil might reflect the conflict between Clara and her family, or perhaps a conflict between different aspects of herself. I also wondered if Colours' shape and size might involve an expression of Clara's body image? The next part of this process involved the creation of masks for each of the characters, followed by an exploration of each character through embodiment.

Clara was extremely engaged in the act of creation. She thoroughly enjoyed making the masks and easily tolerated the aspect of the unknown, which is inherent in any creative process. She demonstrated patience and flexibility as she solved creative problems and adapted available materials to suit her needs. It was a joy to witness her

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Figure 3: Clara's story-drawing about *Colours*
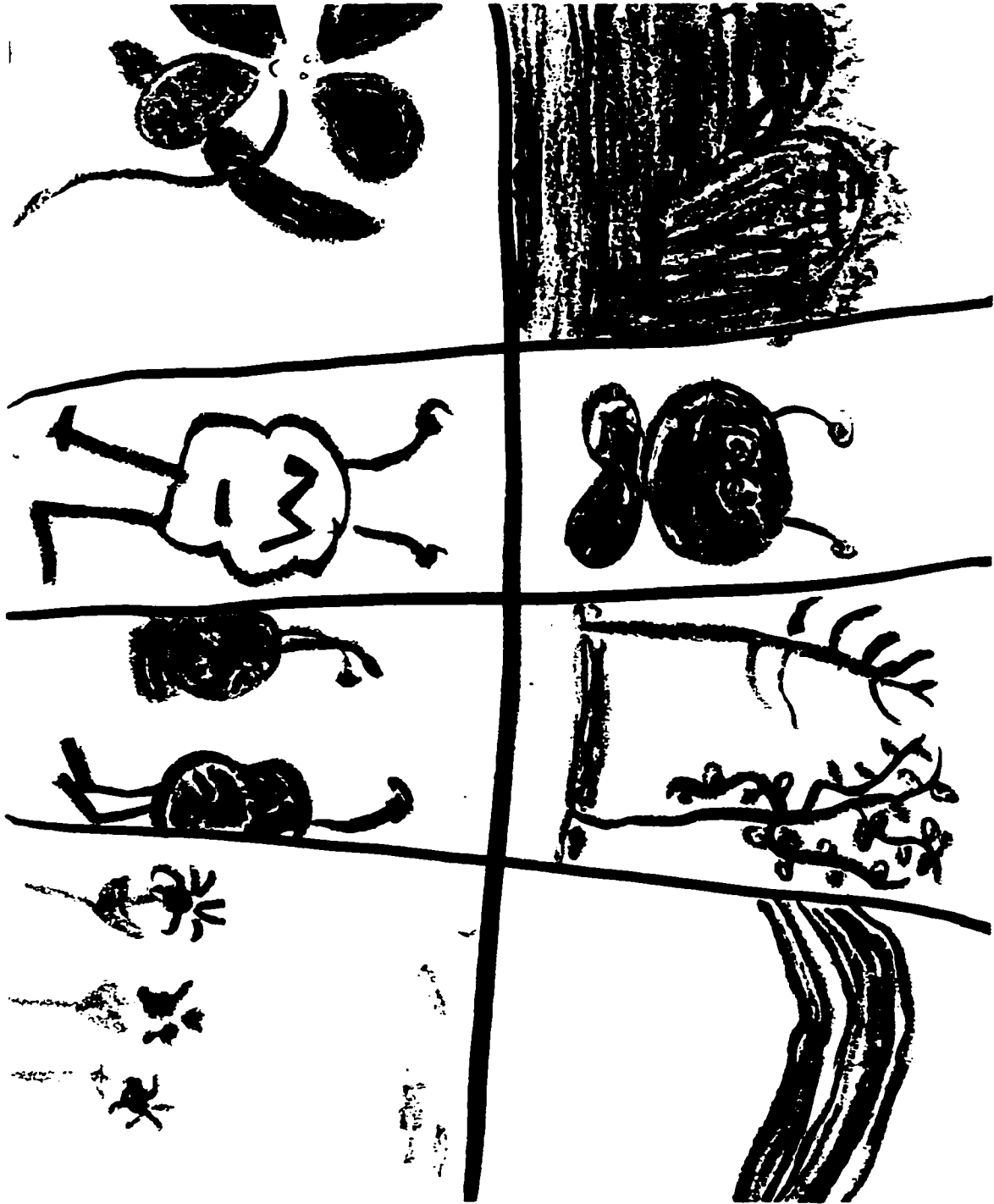
creative process. The act of creating seemed to be important to Clara and reminded me of Harter's (1990b) assertion that in early adolescence the focus is on a sense of being. I sensed for Clara the act of creation itself was validating and self-affirming. She was accepting of everything she made and did not really pass judgement on the final product. If she did not particularly like what she had created she did not criticize herself: she simply recognized this fact and altered the product until it suited her.

We engaged in role-play with the masks. Initially, I was a visitor to this world Clara had created, encountering the characters and asking them questions. After all the characters had been introduced individually, then I took on one of the characters as we engaged in scene-work. I believe our work with these characters allowed Clara to explore identity and various aspects of herself, and also allowed her to explore effective means of communication and problem solving. Colours, for example, was quite a powerful leader, who organized and easily accomplished tasks. He was a "shape-shifter" and could change his body into any shape he wanted, just by thinking about it. Rainbow, Colours' helper, worked hard and compromised. The Villain, described as "a black blob," was a misunderstood bully, with no friends, who tried to make life miserable for everybody. Clara also created a new character for this world during the mask-making process. This character was called *Star-Moon*. Star and Moon were two halves of a whole, each controlling one half of their collective body. Most of the time Star and Moon got along pretty well together, but sometimes they fought. Star-Moon had some great ideas about effective communication and compromise. During the scene-work the story evolved. Colours and Rainbow relinquished their colour-producing powers for a

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day and bequeathed them to Star-Moon, so Star-Moon could get a sense of what their jobs were really like. Star-Moon had been feeling neglected and a little lonely, as Colours and Rainbow were always busy working and had no time for Star-Moon. Star and Moon learned a great deal about themselves when they were burdened with this responsibility of putting colour back into everything. It became clear Moon tended to be more extroverted and acted on feelings and impulse, while Star tended to be more practical, realistic, and often had a better understanding of how things really were. Star also recognized that together they were lazy, and really did not want all the work of Colours' and Rainbow's jobs. Clara and I discussed the role-plays, and I felt in some ways the characters reflected different aspects of Clara herself, and at the same time perhaps represented part of her family dynamic, as well as Clara's growing-up process. For example, I wondered if the Evil Blob might represent the part of Clara which "sabotages" things; if Star-Moon might represent different aspects of Clara, or the relationship between Clara and her brother; if Colours and Rainbow might reflect parental figures, and the fact that as children grow up, becoming increasingly independent, parents dedicate less time to fulfilling their children's needs. Themes which seemed to emerge through this work included: communication, growing-up, change, compromise and negotiation, leadership and organization, being miserable and making life difficult for people, colour versus darkness/blackness, abandonment and loneliness, responsibility, power dynamics, attachment and emotional connection.

Shyness was an important theme in our drama therapy work. Clara's mother felt Clara was "terribly shy" outside of their home. Clara was willing to explore shyness

through the use of clay. She began by creating some very simple, yet poignant images of

shyness out of the clay, and this process evolved into the creation of the figure of a girl

and the telling of a story about this girl. This is the story Clara told. It is entitled: *The*

Shy Little Girl From Mexico.

> Once there was a little girl that lived in Mexico. named Shyeah. And Shyeah's dad got a new job offer in Pittsburgh. And after a few weeks of thinking about it. Shyeah's father decided to move to Pittsburgh. And after they sold the house and finished all their packing. they got on the plane to Pittsburgh. and when they arrived to Pittsburgh. Shyeah was introduced to her new house and her new school.
>
> On the first day in Shyeah's new school. she didn't say much. and she didn't understand much. But there was one girl that spoke Spanish and she wanted to be Shyeah's friend. But Shyeah avoided her because Shyeah was too shy. So she spent her days at lunch. sitting at the lunch table alone. avoiding anyone who tried to be her friend and communicate. Her only excuse was that she didn't speak English. She always avoided the girl who could communicate with her. The girl would always ask Shyeah why she didn't want to speak to her. Shyeah would shrug her shoulders and walk away. But. Shyeah knew the real reason: she was shy. Shyeah knew she had to learn to overcome her problem. but she didn't know what to say or do. and was too shy to ask anybody. Shyeah knew she had to overcome this problem. but "how." Shyeah would often ask herself.
>
> One Monday morning at recess. a few of Shyeah's classmates came up to Shyeah and asked her if she wanted to play some dodge ball with them. By this time. Shyeah could speak and understand English good enough to get by with. and she didn't want to look silly. and she couldn't explain why she wouldn't want to. so she shrugged her shoulders and said: "okay."
>
> Halfway during the game. Shyeah forgot all about her shyness. and started to participate a whole lot more. and was actually having fun. Shyeah now knew the joy of not being shy and the joy of participating and communicating with other people. And from that day on. Shyeah decided it was okay to not be shy, and it was a whole lot funner to actually talk to people.
>
> The end.

I believe this experience with the clay, along with the storytelling, allowed Clara to

explore one aspect of herself, and richly express her perspective. I believe this

exploration made room for increased self-acceptance.

Stacey

Stacey is a friendly, sociable fourteen year-old. She has one sibling and both

children live with their parents. Stacey was referred to a drama therapy group, by a

creative arts therapist at the hospital. Stacey first sought assistance at the hospital because she had been experiencing depression and suicidal ideation. Stacey's parents were worried about the changes they noticed in their daughter's affect and behaviour, and were not sure how to help her. They were very concerned.

Broadly, the goals of the drama therapy group were to build self-esteem: to create a safe space for self-expression; to explore identity and develop self-awareness. In our first session. Stacey stated she hoped her participation in the group would help her gain happiness and leave depression behind her. Stacey was using drugs regularly, making choices that were potentially harmful to her, and was not performing well academically.

I felt Stacey was struggling with both her identity development and her relationship with her parents. She seemed to have ambivalent feelings about her connection and attachment to her parents. It seemed to me, Stacey had turned to drugs as a way to escape reality, and along with her thoughts about suicide, she had found two effective means of exit. When Stacey did use her voice, it was disguised by rebellious and delinquent behaviour.

Role-play served as an effective tool for Stacey, as she worked towards increased self-awareness. The characters Stacey explored within drama therapy seemed to serve as safe "containers" for self-expression, and allowed her to explore the many selves she was struggling to integrate.

Within the drama therapy group, we created an improvised, television-talk-show style role-play. Stacey loved alternative music, and decided to play the role of her hero, Kurt Cobain. Kurt Cobain and his music had greatly impacted Stacey. He committed

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suicide in 1998. For our role-play, I took on the part of interviewer, while other participants in the group took on the role of audience. For the purposes of the role-play, Stacey chose to play Kurt as if he were alive today, as though he had not successfully followed through with his suicide attempt. During the interview, Kurt told the audience he had not committed suicide because his young daughter had caught him and told him to stop. Kurt explained he had been very depressed before the suicide attempt, but was feeling much better now. Currently, he felt positive about life, and had much to live for. Kurt advised audience members who might be contemplating suicide not to kill themselves. He explained life gets better and you just need to get through it. As interviewer, I suggested Kurt had realized people love him, and perhaps this realization influenced his decision not to take his life. Kurt agreed. During the interview Kurt was positive and upbeat, and seemed to have a realistic perspective on life. Authentic connection had prevented him from committing suicide; it had saved Kurt's life.

Stacey seemed to use this role-playing exercise as an opportunity to sort-out some of her feelings about suicide and express her ideas about finding reasons to live through the difficult times.

Early in our therapeutic process, I expressed my concern about Stacey's use of drugs. She had expressed a desire to quit, and near the end of our process she informed me she had stopped doing drugs for about three weeks. I was very curious about her choice and her three-week success, and when I asked her more about this, she explained she had made a bet with a male friend who also wanted to quit using drugs. It seemed this peer support had served as an important incentive for quitting. Stacey had made

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many changes in her life, in a short time, and I suggested an exercise that I thought might help her see where she was "at" in her life at the present time, and how she had arrived at this destination. I thought this might help us further explore choice and consequence. The exercise was based on Steve Mitchell's (1996) *Life Map*.

The creation of a life map entails drawing, or mapping out, significant incidents or events in one's life. The designer can use lines, words, or symbols to create the map, and it can span a person's entire life or be limited to a specific time period. Stacey chose to map out the important events that had influenced her life during the last two years (see Figure 4). When she finished creating the map she told a story, beginning with "once upon a time" about the life described within the map. As Stacey told her story, it occurred to me there were really four different characters within her story, each representing a different phase or stage. Stacey agreed with this, and decided to do a role-play involving these four characters. In this role-play, for the sake of clarity, we borrowed the psychodramatic "empty chair" technique (Blatner, 1996) and adapted it a little. Stacey placed four chairs in the space and designated each chair a specific character. As she sat in each chair, she took on the corresponding character. Again, I played the role of an interviewer encountering and "getting-to-know" each character.

The character in the first chair was named *Monica*. I discovered Monica was a twelve year-old girl who loved school and did not need to work hard to do well. She was a good student. Monica got along well with her family, and stated her parents would describe her as a "perfect kid." Monica was happy, bubbly and innocent. She hung out with her family after school and even went to the library sometimes!

Figure 4: Stacey's *Life-Map*
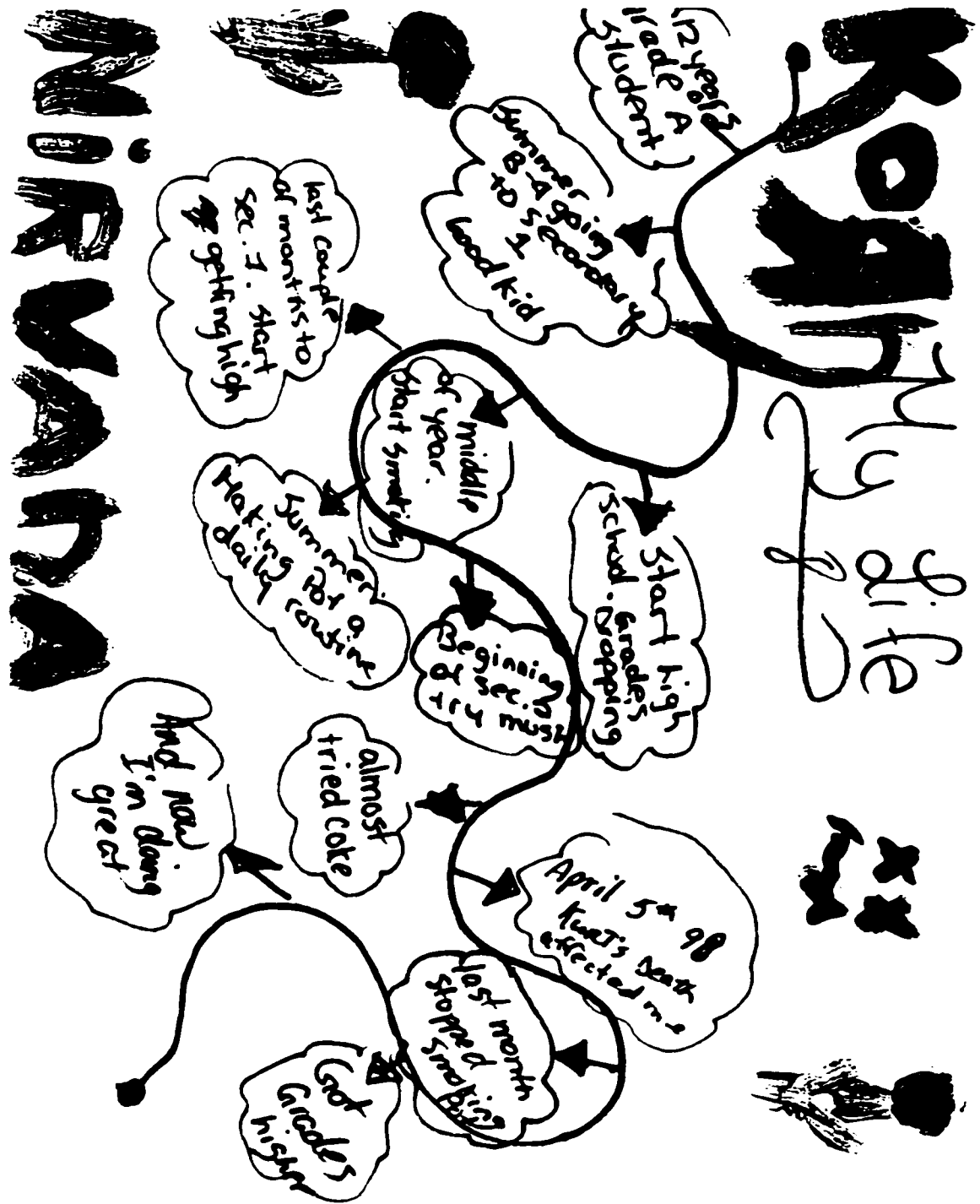
In the second chair sat the character *Ivy*. Ivy was thirteen, and she found school a little difficult; she considered it a bit of a "drag." She had started smoking occasionally, but her parents did not know. She explained she got along fairly well with her family, but "not great," although she felt they would describe her as a "good kid." She appeared bummed out about school and all of the changes she was experiencing.

In the third chair was a girl named *Joel*. Joel had a very low energy level, and was stoned all the time. Joel was fourteen and hated school. She did not care about school, or what her teachers thought about her. She described herself as a "stoner" and claimed her friends would describe her as a "super-star druggie." Outside of school, all she did was get high and sleep. She was always broke and looking for money to buy drugs. Joel explained she liked drugs because she could feel all kinds of things when she was high, particularly happiness. Joel believed life without drugs was boring. Nothing else mattered. Joel stated her parents believed she had changed a lot.

In the fourth chair sat *Carley*. Carley was smiling, energetic and bubbly. She described herself as "hyper." Carley said she enjoyed school and was working hard. She liked to hang out with her friends, and got along "okay" with her parents. Carley declared in five years she would like to be living with her best friend and working as a dental hygienist, like her mother, making good money. She explained she had been using drugs but was afraid she would become addicted to harder drugs, and she did not want to encourage the habit. Carley was making positive, healthy choices for her life in the present, and for the future.

Within this role-play experience, Stacey was able to explore different aspects of

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herself, as well as the changing nature of her attachment relationship with her parents. I was struck by the differences between each of the characters, and by the drastic changes occurring within these various phases of early adolescence.

When asked to describe herself and how others perceive her, Stacey felt it was important to be "unique." This was the quality for which she most admired Kurt Cobain. She explained Kurt was unique and did not care what other people thought about him. In an effort to explore specific aspects of self, I suggested Stacey create a mask which reflected a part of herself or symbolized a quality she would like to possess. She created quite a bold, striking image and named her mask: *Non-Reality* (see Figure 5). She stated the mask was a rebel. She revealed the mask was unique, and original. The character received *recognition* from its peers. Stacey suggested the mask character was rebellious externally, but might not be internally. In contrast, she claimed she was normal on the outside, but might not be on the inside. I felt this mask expressed Stacey's desire to be a "cool-chick," to be noticed and "unique"; it reflected her need for individuality. Stacey had achieved this identity, fixing herself in the rebellious role of a "super-star druggie," and she now seemed to be struggling to find more positive forms of recognition, as she re-worked her identity.

Within our drama therapy work, I believe Stacey needed to be validated and have herself reflected or mirrored back, so she could feel heard and understood. This reflection seemed to offer her a new perspective on herself. As Stacey engaged in self-expression, within a safe space, she started to explore various aspects of her identity, giving voice to herself, and was then able to make healthy choices regarding her

Figure 5: Stacey's Mask: *Non-Reality*

preferred self (or selves). Ultimately, Stacey needed to maintain a strong connection to her parents in order to achieve a sense of balance in her life. Although their relationship needed to be renegotiated, Stacey still needed her parents' presence and influence in her life. Attempts to reject their influence and sever her connection with her parents had not been helpful.

Ani

Ani is sixteen years old, and is Asian. In our relationship she communicated clearly and freely, and with intensity. She loves to sing and leads the children's choir at her church. She sets high academic standards for herself, and is actively involved in many extra-curricular activities. Ani enjoys expressing herself creatively.

Ani suffered from headaches. She was referred to a drama therapy group by a creative arts therapist at the hospital, who believed her headaches were caused by stress. The central goal of our work together was to create a safe space in which Ani could begin to express herself, and find her voice. We also explored means of relaxation.

As I became acquainted with Ani, it became clear she was experiencing a number of normative and non-normative stressors. In both her school life and her personal life Ani kept herself very busy; she always had demands on her time. School was particularly demanding. In addition, Ani's family culture created extra-stressors in her life. Her mother took on the role of a strict, authoritarian who had high expectations of her daughter. Ani was the eldest of three children. When the children were younger, mother engaged in physically punitive forms of discipline. Ani's father took on a more passive leadership role within the family. In the home, her father did not often challenge his

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wife's authority. However, in her relationship with her father, Ani felt her father was accepting, tender, and loving. Although Ani had very conflicted feelings about her mother, she had a positive relationship with her father.

Ani felt as though she was under constant pressure to excel in all of her endeavours. She experienced depression and expressed thoughts of suicide. Ani also expressed fear of her mother, which made it difficult for her to communicate and share her thoughts and feelings with her mother. She expressed ambivalence concerning her attachment and connection to her mother. Ani was unable to sustain her voice in this relationship; she was forced to exit, through silence, as she was not able to be present safely. Gilligan explains: "Silence can be a way of maintaining integrity in the face of inattention and also serves as a way of avoiding further invalidation" (1988c, p. 17).

In an effort to help concretize her emotional experiences, and to make links between her emotions and her physical sensations, like Carolyn, Ani agreed to try the *embodiment exercise*. Due to Ani's headaches, I felt it was important to work towards giving voice to her feelings rather than trapping them in her body. The images Ani created were powerful, and quite intense (see Figures 6 and 7). Her image of the feelings in her body, to me, clearly demonstrated feeling overwhelmed, and filled up. Her visual image indicated where she was holding stress in her body. Following this exercise, we engaged in some guided imagery exercises in order to release some of the stress she was holding on to.

Ani seemed to prefer working with aesthetic distance, as this provided her with safety, and allowed her to explore her feelings and desires and sort-out her experiences in

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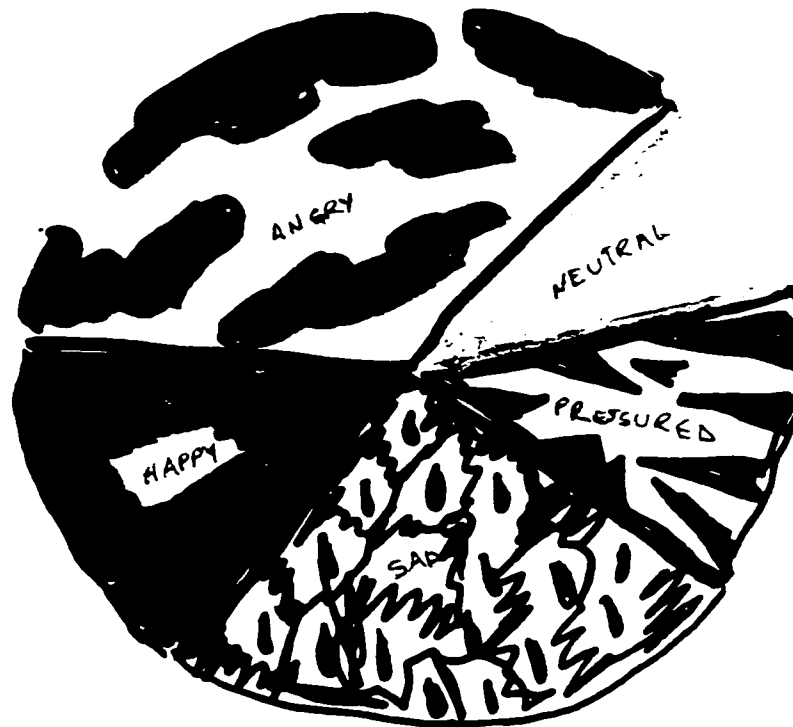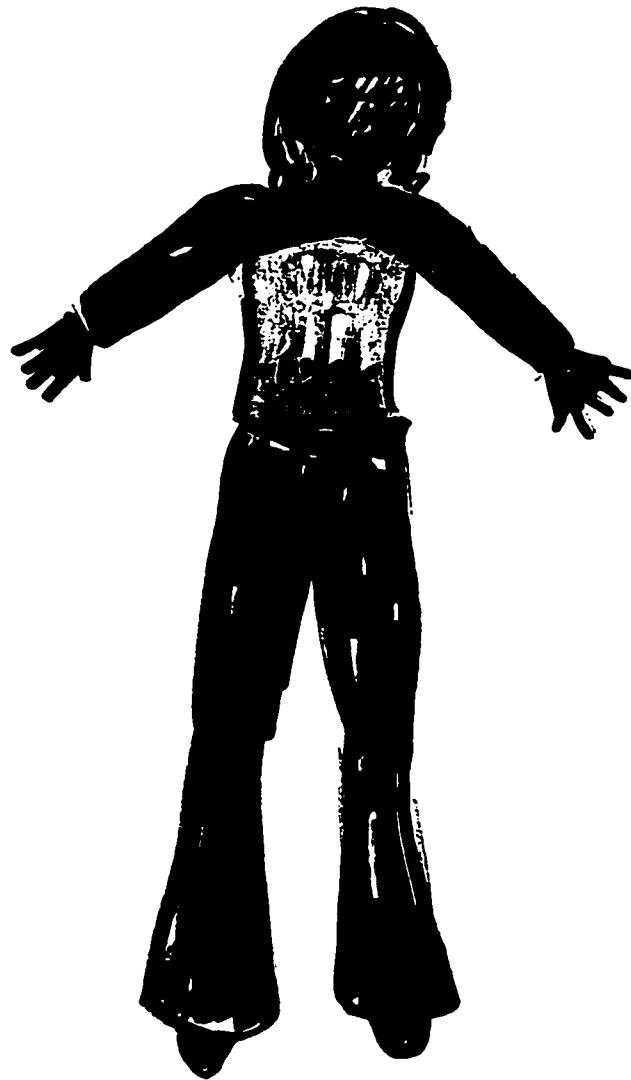**Figure 6:** Ani's *Embodiment Exercise*, Part One: The Feelings

Figure 7: Ani's *Embodiment Exercise*, Part Two: The Body

a non-threatening way. Role-play seemed to provide Ani with the distance she desired. Working within the television-talk-show format for role-play in the drama therapy group, Ani created a character she called *Jessie*. Jessie was a rising star. She was a singer who did some movie acting on the side. Jessie had started getting into trouble recently and was embarking on a downward slide. Jessie was very depressed and was not happy to be on the talk show. Jessie realized she had success at her doorstep, but was unhappy and did not know why. Jessie explained to the audience how hard she had worked to accomplish all the things she had achieved. Jessie revealed she had worked really hard to get where she is because she wanted to get away from her past, from her family. I, as the interviewer, suggested perhaps Jessie had carried her family with her even though she had tried hard to distance herself. Jessie stated she was unsure of the future and acknowledged she was currently throwing her success away by being irresponsible (for example, she was not showing up at the recording studio on time). Ani's character reflected many of her own here-and-now concerns, and seemed to provide a form, or a container, through which Ani could express herself. Escape seemed to be an important theme for this character. Escape also arose as a theme in our work through both Ani's direct verbal and creative expressions of suicidal ideation.

Later in our drama therapy process, Ani began to verbalize connections between her headaches and the stressors in her life. Although Ani began making connections, for the moment, verbalizing her feelings was all she wanted to do. She was not ready to move these experiences into action. In the present this prospect was much too frightening. I felt it was important to let Ani *know what she knew* about her relationship

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with her mother (Gilligan, 1991; Turner, 1991), allowing her to give voice to this knowledge rather than locking it away in her body. In the future, Ani might be ready to explore more healthy and effective ways of coping with these stressors.

Alexandra

Alexandra is seventeen years old. She is tall and athletic, and loves basketball. Alexandra lives with her foster mother and has regular contact with her biological mother. She has a number of siblings and stepsiblings, as her father has remarried and has a second family. A doctor at the hospital, who was monitoring Alexandra for an Eating Disorder, Not Otherwise Specified, referred her to drama therapy. The referring doctor felt Alexandra might benefit from work focused on the development of a positive body image, and the opportunity to explore her relationship to food and eating.

Alexandra was highly engaged in the drama therapy process, and she seemed to value the development of a safe, trusting, and consistent relationship with me.

In our work together, role-play served as an important means of communication for Alexandra. She enjoyed being physically active, and as our work involved the development of increased body awareness, we used the body as a means of concretizing feeling states. In an early session, I asked Alexandra to take on a physical posture of how she was feeling, in the present, and then to take on a physical posture which was the opposite of how she was feeling in the present. Out of these two postures developed two distinct characters. The character arising from her posture of how she was feeling in the present was called: *Proud-Confident-and-Happy*. The character arising out of its opposite was called: *Lazy-and-Tired*. Alexandra placed two chairs in the space, and

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designated each chair one of the characters. Again, this is an adaptation of the empty chair technique (Blatner, 1996). Initially, I interviewed the two characters individually, and then Alexandra wanted me to take on one of the characters so the two could interact more easily. Within this role-playing process we both explored the characters to gain a better understanding of them. This process involved role-reversal; whenever a question was posed to my character, which I did not know the answer to, I would switch roles with Alexandra so she could answer her own questions, in character. Within this work, we discovered Proud-Confident-and-Happy felt good, enjoyed being active and doing things, and liked to eat. This character also liked to be with people, and had energy to spare. Proud-Confident-and-Happy also revealed she cared about Lazy-and-Tired and wanted to help her. Lazy-and-Tired in contrast, did not want to do anything, even move. She wanted to waste away. She refused to accept help from the other character stating: "I don't want to change, and I want to die."

The image that came to me as I witnessed Alexandra take on the role of Proud-Confident-and-Happy was that of a peppy cheerleader coaxing and encouraging the other character. In contrast, the image that came to me as I witnessed her play the role of Lazy-and-Tired was that of a brick wall. In role, I could not do anything for this character, and I felt helpless. Both characters were powerful and assertive in their desires.

The next stage of our work with these characters involved placing them in a talk show. Alexandra wanted it to be the *Oprah Winfrey Show*. She titled the topic of the show: *Why Young Teenagers Don't Eat*. She wanted me to play Oprah. She suggested I interview Lazy-and-Tired, and at the end, Proud-Confident-and-Happy would be

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interviewed so she could offer advice to the audience. The characters represented two different teenagers dealing with eating disorders. As interviewer, I focused my questions on why Lazy-and-Tired was choosing not to eat. Throughout the interview process, Lazy-and-Tired revealed: "I feel unloved, unwanted, and I don't believe in myself." She also explained she felt her family did not need her. She felt she was not important. Later Proud-Confident-and-Happy advised the audience she had overcome her difficulties with food by believing in herself and knowing she was important.

Themes evolving out of this role-play included: low self-esteem, lack of autonomy and self-efficacy, death and self-destruction, rejection and despair, action versus inaction. These two characters seemed to provide Alexandra with a means of embodying two distinct and dominant aspects of herself. Through the embodiment of these characters, Alexandra was able to explore these aspects of herself and increase her self-awareness. These characters also provided Alexandra with an opportunity to state her needs, including her need to feel good about herself and feel validated. Further role-plays with these characters included an enactment of the death and burial of Lazy-and-Tired. At Alexandra's request, I took on the role of this character and she played the roles of the nurse caring for Lazy-and-Tired, as well as the person who buried her. This scene may have allowed Alexandra an opportunity to cope with the character by killing her off, or a chance for her to explore the consequences of the character's behaviour.

Marcia (1980) asks the question: "If identity is an internal, self-fashioned structure, then what might be the effect on the woman's identity-formation process of being encouraged always to look outside of herself for evidence of her development as an

acceptable person" (p. 179)? In response to this question, I suggest in western society one of the most disturbing consequences of this fact is the prevalence of eating disorders and disturbingly low levels of self-esteem and self-efficacy amongst females. If females develop their identity within relationship, then when these relationships are not nurturing, or become harmful or unhealthy, the potential consequences for the individual can be devastating. In our work together, I encouraged Alexandra's autonomy by presenting her with choices, and nurtured her self-esteem by validating her experiences and offering her positive feedback about herself. Her engagement in the creative process also seemed to nurture her self-esteem. Alexandra's participation in role-play allowed her to explore different aspects of herself, and to examine the consequences of specific choices and actions. The characters also presented an opportunity for Alexandra to integrate and accept these two opposing forces within herself; they allowed her to begin tolerating ambivalence. Landy (1993) argues "in order to develop fully, people need to discover ways to live in and among their roles no matter how deeply they conflict" (p. 250). Perhaps most importantly, the characters served as a means of communication through which Alexandra could clearly express herself.

Katie

Katie is thirteen years old. When she first meets people she is quiet and appears to be very shy. When I first encountered Katie I was struck by the contrast I perceived; although she had a large physical presence, her voice and energy output were very small. She made little eye contact with me, and seemed quite withdrawn.

Katie has lived with her paternal grandparents most of her life. Her mother lives

out-of-province and has very little contact with Katie. She sees her father daily. Within her family, Katie has the unique role of "daughter-granddaughter."

Katie was referred to drama therapy by a social worker at the hospital. Throughout our time working together, Katie was involved in a number of medical and therapeutic interventions. She was monitored regularly concerning her weight and diet, as well as a medical problem. She was assessed by the psychiatry department because her grandmother reported Katie had very limited peer relationships, poor social skills, academic difficulties, and regularly displayed obsessive-compulsive behaviours. Katie had been experiencing these difficulties for quite a long period of time.

As I came to know Katie, I was surprised at how incorrect my initial assumptions and perceptions about her had been. It became clear to me Katie did not share the same viewpoint about her behaviours as did those around her. Her behaviours and attitudes were a complex and integrated aspect of her world, and seemed to serve an important purpose; they helped her function, more comfortably, on a daily basis. In some ways, it seemed Katie's behaviours were more disturbing for her caregivers and the adults trying to help her than they were for Katie herself.

All of the people involved in Katie's treatment had strong ideas about what might be most helpful for her. The referring social worker hoped Katie's participation in drama therapy might help her engage in self-expression, develop a more positive body image, and improve her self-esteem. Katie's physician hoped drama therapy would provide her with an opportunity to control and direct, in session, whatever unfolded and help her feel better about herself. The psychiatrist who assessed Katie felt it was important to address

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her obsessive-compulsive behaviours. Katie's Grandmother hoped she would gain some independence and self-esteem, have fun, and learn about herself. I tried to take these differing viewpoints into consideration when formulating my goals with Katie. I decided our work would focus on the creation of a space in which Katie could: have fun, be involved in positive creative experiences in order to foster a sense of personal agency and self-worth, and learn about herself in a safe non-threatening way. In our work together I wanted Katie to have an opportunity to feel like a whole, "normal" person.

Many of the people who worked with Katie found her to be resistant, non-compliant, and uncooperative. I believe Katie reacted this way because much of the help she was receiving was problem-focused, and she was not ready to engage in a great deal of self-reflection and self-examination. Throughout much of our time together, Katie adamantly stated she did not want to talk about her "problem." I discovered Katie had a unique sense of humour, and when she felt supported and encouraged, she was willing to take risks and try new things within the drama therapy process. As our process unfolded, Katie began to share her thoughts and feelings, in her own time, when she felt comfortable enough to do so. I respected Katie's ability to continually assert her own boundaries and comfort levels, and her clear assertions guided our work.

I believe Katie was entrenched within a problem-saturated world. The dominant discourse about her life was centred on inadequacies; her story was of a young girl who was shy, socially awkward, and had a problem. She was given many labels. In our work together, I tried to focus on the sparkling moments, on the elements of her life which were about strengths, interests and possibilities. Together, we worked towards

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developing an alternative discourse. The first step in our discovery of alternative discourses involved the development of our therapeutic relationship.

Ultimately, I think perhaps the most important thing I offered to Katie, was an authentic relationship. A genuine connection. I tried to be an authentic presence during our sessions, accepting of whatever she was willing to offer, interested in the positive, healthy aspects of her life. The development of our relationship allowed Katie to explore essential relationship dynamics, particularly trust and power.

Within our drama therapeutic process, we worked developmentally using an Embodiment, Projection, and Role Method (Jennings, 1990). I believe the embodiment process enabled Katie to contact and express her feelings. It engaged her whole person, as it activated the body and the senses. Embodiment work helped us move into action. The projection process seemed to provide a safe, aesthetic distance in which Katie could express herself. She was able to project some of her thoughts and feelings, particularly her anger and her self-judgement, onto the art products she created. The role-playing process seemed to offer Katie a safe container for her thoughts, feelings, fears, and wishes. Role-playing allowed Katie to explore specific aspects of self, as well as alternative ways of being, or behaving.

Our role-playing process developed near the end of our time together, and evolved quite organically. The first session in which Katie engaged in role-play began with talking and "checking-in." Then, Katie suggested we play a word-association game. When we finished this, I suggested we start moving around the space, imagining the space was filled with different substances (Spolin, 1963; Emunah, 1994). The

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environments we moved through included: water; oil (which we both got stuck in, and Katie reported felt gross); mud (which Katie suggested had dried up, so we became solid statues); ice (which melted); a dark alley (in which Katie took out a gun and shot someone while I hid behind her); a sparkling clean white tile floor (which Katie decided we should scuff up so it looked lived in); a bowl of jello (in which we jiggled). Katie was quite expressive in her exploration of these spaces. Next, we continued moving around the space, and I suggested Katie walk in an exaggerated manner and let a body part lead. The physical movements allowed a character to develop. This method of character invocation is described by Landy (1993). I mirrored Katie's movements in order to help her feel supported and to reflect herself back to her. She named the character she was creating *The Invalid*. This character was "crazy" and had become so due to abuse and had developed Down's Syndrome as a result of a car accident. I took on a character similar to Katie's, and we interacted in role. Her character spoke about mental institutions, and the types of people who live in them. (Katie seems to have a fear of mental illness). Katie's character pointed out my character was crazier than hers. Katie's character also advised my character to seek help from a psychiatrist. This role-play touched on a number of themes including what is normal and what is not normal; getting help from psychiatrists; being crazy. Katie also explored power dynamics within the role-play, as her character was superior to mine (for example: healthier, older, more experienced, and more intelligent).

Katie initiated the end of this role-play. After we de-roled the characters, she suggested we create new characters. She continued to initiate within the session, and

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instantly took on the role of a fashion model, parading around the room pompously! Again, I mirrored her. Again my character was the more inferior of the two. Our characters talked about how beautiful they were, and about all the latest fashions. We talked about how much we loved ourselves, and my character suggested everyone wanted the autograph of Katie's character. Katie seemed quite energized by this role-playing process, and was extremely playful. I truly enjoyed the experience. I found the process quite moving, and was thrilled to witness Katie playing a role in which she felt beautiful. in control, and deserving of other people's attention.

Katie tended to be very critical of her creative products. However, it was much more difficult for her to be critical of herself when she was engaged in role-play, as there was no final product for her to scrutinize and judge. She was very free and expressive when role-playing. She was less self-conscious.

As our process came to a close, in our work together I felt Katie had been able to extend, or push, the boundaries that served to define who she was. I felt she was able to begin to experience her creativity and gain a sense of freedom, which allowed her to open up and develop flexibility, thus loosening some of her rigid boundaries.

PART III

Integrating Theory and Practice: Addressing the Question

Working with adolescents has proven to be a personally enriching experience. I find I am inspired and intrigued by the scope of potential and possibility present during this stage of life. As I witness adolescents making sense of the world around them, attempting to forge and come to terms with their unique places in their own changing

social environments, I am reminded of my continuing personal struggle to own and expand my place within my social environment. Adolescence seems to be a critical stage of life: kids enter with all the experience and learning of childhood, and leave armed with the fundamentals required to get through the rest of the journey. Working with these girls has increased my awareness of the importance of intimate relationships, attachment, and connection not only during adolescence, but also throughout the entire life cycle. Through the process of researching adolescent development, I have learned the interpretation of female responses to identity development depends upon the way in which the task itself is defined. Interpretation is potently effected by language: certain concepts and terms are largely appropriate only for specific genders.

Bakan, in *The Duality of Human Existence* (1966) postulates essential ways-of-being, or functioning, for all living forms. He suggests there are two modes: agency and communion. Agency involves the individual existence of an organism, while communion involves the participation of the individual organism within a larger entity. Bakan writes:

> Agency manifests itself in self-protection, self-assertion, and self-expansion: communion manifests itself in the sense of being at one with other organisms. Agency manifests itself in the formation of separations: communion in the lack of separations. Agency manifests itself in isolation, alienation, and aloneness: communion in contact, openness, and union. Agency manifests itself in the urge to master: communion in noncontractual cooperation. Agency manifests itself in the repression of thought, feeling, and impulse: communion in the lack and removal of repression (Bakan, 1966, p. 15).

Chodorow (1989) discusses the relevance of Bakan's poignant characterizations to current theories of identity development. Bakan's distinctions provide a metaphor

encapsulating the dichotomy articulated by traditional and non-traditional theories of female development. In-so-far-as female identity evolves in relation and connection to other people, girls can be characterized as "communal." In-so-far-as male identity development depends upon separation and individuation, boys can be characterized as "agentic." Perhaps these differences are biological in origin; perhaps they are entirely the products of social conditioning. Perhaps nature and nurture combine to effect the difference. Whatever the cause, it would seem the core developmental tasks of adolescence are more easily accomplished by girls when the context in which their development is understood becomes more inclusive. Girls benefit from a non-traditional framework for identity development, because feminist approaches to development provide a sense of meaning for girls as they struggle to shape their identities within the dominant discourse. While researching the topic of female development, I read psychoanalytic literature from the 1960's. This body of "knowledge" clearly indicated to me how much the world has changed. My personal experience of growing up female, twenty-five years later, did not fit with the theories presented in that literature. Social roles, values, and expectations for both males and females change with the passing of time. As the realities of these socially constructed roles and expectations continue to evolve, so must the means by which we create meaning for ourselves.

In my work with these girls, the notions of inclusion and community became strong currents, underlying our processes. By examining the girls' lives as a lattice of interconnections and a series of relationships, we tried to find ways in which they could value themselves and acknowledge their own experiences, and still maintain their

important connections with others. The girls attempted to engage in self-expansion without being held back by, or impinging upon, others. I tried to be accepting of all of the girls' thoughts, feelings, and experiences. Through acknowledgement, I aimed to be inclusive. I discovered the process of acknowledging all these girls' experiences necessitated the encouragement of *resistance* (Gilligan, 1991). This included resistance towards dominant discourses that did not fit with their experiences; resistance towards relationships that did not support or fulfil their needs; resistance towards a social system that requires children and adolescents to experience the subjugation of their power. Encouraging resistance involved prioritizing the girls' self-knowledge.

The question prompting my initial inquiry remains, although it has evolved. The developmental tasks of separation and individuation have been redefined for female adolescents in recognition of the importance of attachment and connection in the lives of young women. Thus the means by which we interpret and understand identity development have become more inclusive. My question, more appropriately stated, is can drama therapy be an effective intervention for adolescent girls struggling with the developmental tasks of individuation/*differentiation* and the establishment of a stable sense of identity?

Drama therapy exists in creativity and creation. According to *Webster's Ninth New Collegiate Dictionary* (1986) *creation* involves "the act of bringing the world into ordered existence," and *to create* means "to invest with a new form, office, or rank"; "to produce or bring about by a course of action or behavior" (p.304). The drama therapy process can be helpful for adolescent girls struggling to make sense of their world

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because the creative process actively engages girls in the course of ordering their worlds and investing this course with form and meaning.

I suggest drama therapy can be useful for all adolescents as they negotiate the transformations inherent in this period of development. Yet, I believe dramatherapy can be particularly helpful for adolescents who are struggling to integrate multiple selves, and who are overwhelmed by the process of identity development and all that it encompasses. Adolescence can be an especially difficult time for children with mental health disabilities and children who experience problematic social environments, as these factors can complicate, or even derail normal developmental processes. Consequently, these children arrive at adolescence without adequate external supports and inner resources to cope with the inevitable onslaught of naturally occurring changes. Drama therapy can provide frameworks that allow adolescents coping with such stressors to retrace their steps developmentally, and progress from the point at which their development arrested (Cattanach 1994). Drama therapy affords adolescents a chance to work at understanding themselves and sort out their experiences *actively*, and incorporates both verbal and non-verbal aspects of therapy. In my experience, this blending of verbal and non-verbal forms is important, as adolescents seem to exist somewhere between the child-like world of fantasy and imagination and the adult-like world of discussion, logic, and reason. Playful activity is approached one day with generous enthusiasm, tenacity and vigour. The next day similar activity is met with reproach, rejection, and disinterest. Often adolescents want to *talk* about their difficulties, indicating their desire to rationally sort out their experiences.

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When working therapeutically with teenagers, many issues arise. Trust and intimacy are essential factors for the formation of an effective therapeutic alliance. It is important adolescents feel heard and understood, and are provided a space in which they can "unload," but I feel it is necessary to shape the chaos and the feelings; to take emotional experience into action and provide a container with a form. Dramatherapy, as a modality, can help make the therapeutic process more tolerable for adolescents. It is accessible for adolescents due to: the propensity for action inherent in its methods; the possibility for working safely and non-directly with aesthetic distance; the opportunity for an exploration of possibilities and potential; the essential presence of playfulness, spontaneity, and creativity, all of which contribute to emotional well-being.

In her introduction to *Dramatic Approaches to Brief Therapy*, Alida Gersie highlights curative factors relevant to dramatherapy (Schaefer 1993, as discussed in Gersie, 1996). These factors include: an opportunity to practise ego-control and behaviours less driven by impulse; encouraging the mastery of developmental fears; generating a sense of enjoyment and well-being; enhancing relationships; allowing for the formation of healthier attachments; allowing for the sharing of fantasies; generating opportunities to rehearse situations and to try-out alternative behaviours; enabling the curative reliving of past events and the expression of previously withheld emotions. All of these "curative" components are necessary for the evolution of a healthy sense of identity. In dramatherapy, these aspects are explored playfully, allowing them to be approached in a spirit of exploration and openness. Gersie also suggests a dramatic relationship can help people work towards: "Bowlby's most important maturational tasks,

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namely to be able to recognize someone who is bond-worthy, to initiate a bond with such a person, and to cooperate in the maintenance of this bond" (1996, p. 9). These factors are especially relevant to adolescent girls as they struggle with their identity development and renegotiate connection through their most intimate attachment relationships.

Many professional drama therapists work with adolescents. I have been particularly inspired by the work of Renee Emunah, Pam Barragar-Dunne, and Christopher Doyle. These clinicians have written openly about their personal experiences with this population, and have formulated models for working with adolescents who are struggling with identity development.

Emunah (1990) presents four concepts she postulates are central to understanding the effectiveness of creative arts therapies with adolescents. These four concepts are *explosion, expression, containment*, and *expansion*. Each of these concepts relates to and affects the process of identity development.

Explosion relates to the intense period of changes and growth occurring during adolescence, and the subsequent upheaval and internal chaos this period can often cause. For adolescents: "A form of expression is desperately needed, one which matches the intensity and complexity of their experience, is direct but nonthreatening, is constructive and acceptable. The creative arts provide this means of expressing the inner explosiveness of adolescence" (p. 102). Adolescence is marked by drastic biological, psychological, and social changes, all of which impinge upon a girl's developing sense of identity.

Expression involves a heightened potential for creativity, which develops during

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adolescence. It involves the sharing of one's internal world. During adolescence:

> The struggle for an identity, along with the task of both shedding and integrating past childhood roles and experimenting with future roles can be addressed by drama. In addition, the adolescent's impulse toward acting-out can be channelled via acting. (Blatner, 1973). (Emunah, 1990, p. 103).

In order for an adolescent to begin deciphering who she wants to be, she needs to have an opportunity to express her multitude of experiences.

Containment within the creative arts therapies allows adolescents to discover structuring mechanisms, which originate within the self. The adolescent creator gathers aspects of her inner being (feelings, ideas, turmoil, impulses) and gives this material aesthetic shape and form with her own resources. Emunah argues the creative process strengthens the adolescent ego.

> In drama therapy, where actions are practised in a safe setting and within the make-believe context, one is exempt from real-life consequences. The acting is "conscious," and therefore not only more "controllable," but more accessible to insight. The structure, pace, and "dosage" of the dramatic processes, monitored by the therapist, facilitate a progressive development of tolerance, along with a gradual exercising of internal control. Adolescents will often use this aspect of drama therapy to gain exposure to, and feel more in charge of, anxiety-producing situations, or to confront impulsive, self-defeating behavior. Given the close resemblance between drama and real-life, the rehearsal taking place within the dramatic context can readily be transferred to actual situations. (p. 104).

A drama therapy process can be enabling for adolescent girls, as they become masters of their own fate, structuring their creative worlds and making choices.

Expansion involves the exploration of new territory. Creative processes are used to "broaden and expand the client's range of possibilities" (p. 105). Drama therapy can be particularly empowering for adolescents because they can be active playwrights and directors in their own lives. In the work, "the drama therapist attempts to expand the

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adolescent's perspectives, present options and facilitate the examination of situations from a variety of angles" (p. 105). Gaining new perspectives and an awareness of choices is important when girls are learning to select and present preferred aspects of self.

Within her work Emunah emphasizes the necessity of incorporating other creative arts modalities, as they support and enhance dramatic processes. She is also sensitive to the often autobiographical nature of adolescent creativity, stating "the degree of distance between self and product is minimal" (p. 103).

In addition, Emunah (1985) has written about effective ways of working with adolescent resistance within drama therapy, particularly with emotionally disturbed adolescents. She suggests the therapist should join with the adolescent's rebelliousness, thus engaging the client's interest, while bypassing the underlying anxiety and resistance to the therapeutic process. Developing trust can be a difficult process, particularly for an adolescent who has had tenuous attachment experiences, and resisting a therapeutic relationship is a natural method of coping with the anxiety-producing situation. Emunah's approach to adolescent resistance is respectful of the client's need to protect her fragile sense of self.

Christopher Doyle, (1999) focuses his work with adolescents on play. I am drawn to Doyle's approach as he emphasizes the way in which adolescents "play" both with and at their lives. He advocates the use of myth and stories as a way to address the issue of identity development with adolescents, and provides a case example based on the story of *Peter Rabbit* (1999). He believes drama can be used for engagement and requires real human contact. Thus, within his work he addresses authenticity, attachment, and

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identity. In his drama therapy work he generally follows four stages or phases (1999).

The first stage involves *uncovering the client's world of play*. This stage involves

discovering, listening to, and playing with the client's world through images,

improvisation, and role-play. This stage centres on 'opening things up.' The second

stage focuses on *discovering the meaning of the client's play*. In this stage meaning

emerges and the client's basic needs are revealed. The third stage requires the

development of *new forms*. This requires the client's exploration of alternative methods

for meeting these unmet needs. The final stage deals with *integration*. This allows the

client a chance to discover and share what her life means to her and provides an

opportunity to understand the shared creative process which has unfolded; to find

meaning in the work.

Pam Barragar-Dunne (1988) has focused on individual drama therapy with

adolescents from a humanistic perspective. She incorporates a multimedia approach in

her work involving drama, poetry, movement, video, photography, and music (1997).

This is a compelling and effective approach as it capitalizes on popular culture, and easily

captures the "language" of adolescents. In *Double Stick Tape* (1997) Dunne offers forms

for facilitating the exploration of personal poetry, arguing: "When a participant activates

their inner resources through the exposition of written expression, an opportunity for

further expansion comes from enactment and expression through other art forms" (p. 5).

Dunne suggests this form of self-exploration (putting action and voice to written

expression) helps adolescents enlarge their views of both the world and themselves. In

addition, Dunne claims accessing one's inner self allows participants to:

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identify meaning and experience through their own written exposition and to enact outwardly what they identify in their written expressions. In sharing their enactment in a therapeutic session this enables the participant to take the preferred aspects of the enactment out into the world of social expectation and to act on it. (p. 6).

I believe Barragar-Dunne's approach to therapy allows adolescents to unearth and explore their authentic voices.

Drama therapy can be particularly useful as a means of addressing the core developmental tasks of adolescence, namely identity development, as drama therapy most often proceeds through role, and one's identity essentially comprises a repertoire of roles. Drama therapy naturally lends itself to the invocation and exploration of various aspects of self. In drama therapy, role enactment usually incorporates elements of improvisation. Improvisation is a highly playful and spontaneous process or activity. This playful quality can be attractive to adolescents who are essentially "playing" with their lives as they continually manipulate and mold their identities. Improvisation is about possibilities, and necessarily involves the generation of roles and identities.

The kaleidoscope metaphor, which I linked to my personal writing process at the beginning of this paper, can also be aptly applied to the period of adolescence; for adolescence can be viewed as a time of shifting patterns and fragmented experiences, which belong to a greater, yet distant, whole. Further extending the metaphor, the existence of multiple selves can be conceived as a "kaleidoscope of voices" or identities which need to be sorted out. Drama therapy can entail a process of disentangling these identities, and can offer means of recovering and strengthening lost or hidden voices. This is important for girls, as they often shut down aspects of themselves during

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adolescence. As a result, adolescent girls are particularly vulnerable to depression, which involves a loss of self. Drama therapy can counteract the effects and experience of depression because the process allows girls to give voice to the aspects of self that are lost, or repressed and seeking expression. In addition, authenticity can be encouraged through an exploration of dramatic relationships.

As I began writing this research paper I delved into a diverse collection of concepts, theories, ideas, and memories of accumulated experience. Over time, possible connections between the pieces emerged, and my "kaleidoscope lens" revealed intricate patterns, which provided me with new perspectives. I then discerned how these patterns are connected, and consequently, an alternative means for considering female identity development came into focus. I discovered feminist thought fits comfortably alongside the philosophies of narrative therapy. I learned many of the principles of narrative therapy are easily explored and manifested in drama therapy. I also became aware of links and patterns in my own approach to the work I had done with these girls. I have come to know, in practice, I combine elements of drama therapy and narrative therapy, and I have found many similarities amongst these elements.

As a result of my experiences with these adolescent girls, I have developed my own way of working, as a drama therapist. Sessions typically involved an expression of the girls' here-and-now concerns, followed by a creative exploration and processing of these concerns. My approach is eclectic. There are basic principles of narrative therapy that continuously inform my implementation of dramatherapy. These aspects include: creating a space of acknowledgement, prioritizing girls' knowledge, externalizing the

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problem, sequencing life-stories, and generating alternative stories/outcomes or sparkling moments. I consistently use many of these elements in all of my drama therapy work, regardless of the age of the client, or the presenting problem. However, I believe they are particularly helpful in the exploration of identity development with adolescent girls because these core concepts of narrative therapy, particularly externalization and storying experience, are also fundamental aspects of drama and theatre processes; they are inherent in drama itself.

Drama and theatre processes involve ritual and sacred space. Creating a "sacred space," in which the work could safely unfold, was an important part of my therapeutic process with adolescent girls. This sacred space was grounded in acknowledgement. Creating this space required permission for the clients to *be*. The girls needed a place in which they could authentically be themselves, and explore the consequences of such actions. A space of acknowledgement involved reflection and interaction. Drama includes relationships and naturally facilitates interaction. In our work, I felt it was important to reflect back my perceptions of the girls, so they might feel supported and understood. Being "seen" and acknowledged by another person proved to be a validating process, and contributed to the development of self-esteem. The Creative-Expressive Model of dramatherapy was very useful for developing a space of acknowledgement, because this model draws on the client's strengths, preferences, and abilities. Creativity is used to nurture clients and support self-expression.

In order to prioritize the girls' knowledge, I needed to encourage communication, and acknowledge all of their thoughts, feelings, and experiences. The girls needed a

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space where they were permitted to express themselves freely, on their own terms, and in their own language. I had to ask questions. I needed to encourage them to trust and value their wisdom, and let them be the experts on their own lives. I discovered it was important to hold on to a belief that there was indeed knowledge behind the immediate response: "I don't know" (Gilligan, 1990, 1991). Together, we had to find keys to unlock the hidden knowledge: to let the girls know what they know. The creative arts therapies provided frameworks that supported this search for inner wisdom. Artistic processes provide wonderful means of prioritizing knowledge, as ideas, feelings, and beliefs can be captured, encapsulated, symbolized, expressed, or masked through image, written word, metaphor, character, sound, and movement. Through these artistic forms, the unspeakable finds tangible expression. Creative processes benefit from the accessibility of the unconscious aspects of our being, and can bypass learned social sanctions, which are often imposed verbally. Artistic products allow us to project our experiences, removing them from ourselves so they can be examined, manipulated, and transformed. In our work together, the girls needed to know their perceptions of the world were valid. I needed to trust they knew what they required in order to grow and heal, and I learned to trust their individual processes. Prioritizing girls' knowledge helped me develop positive therapeutic relationships with the girls and encouraged self-esteem by strengthening a sense of self. What the girls had to say was valued; therefore, they were valued.

Drama entails enactment. It requires action and embodiment. In our dramatherapy work the act of externalization made the intangible tangible. Externalizing provided a means of communication because the process generated concrete

representations of thoughts, feelings, problems, strengths, limitations, and ideas. This process of enactment deepened the client's understanding of what was externalized, and allowed for the presentation of varied aspects of self and lived experience, in a distanced form. The process always served as a container for here-and-now concerns. I used this method to shape and form all aspects of experience, not just problems. Strengths and abilities were externalized in order to extend, enjoy, engage, and integrate these aspects of self. Problems were externalized in order to objectify, clarify, manipulate, and transform them. Interaction with these externalized elements enriched self-awareness, and was an essential part of the process. Through this interaction the girls explored coping strategies, and became active agents in examining problems, which here-to-fore were considered part of their identities. In order to manipulate and explore an externalized problem, the girls had to draw on strengths and other aspects of self. Thus, projecting a problem and removing it from the individual served to broaden the girls' senses of identity. I found it helpful to conceive of externalized problems as being part of a continuum. This way, the girls could choose to be in relationship with a problem at various points along the continuum, from greater to lesser degrees of involvement. As the girls began to manipulate their relationships with problems and externalized aspects of self, they discovered *movement*. Through their creative expressions, I encouraged the girls to explore and embrace this freedom to move. In our work, the task of externalizing was most often accomplished through the use of dramatic projection and role-play. The girls explored identity through various forms and extensions of role-play, which provided opportunities to try-out, rehearse, and work-through alternatives.

Drama and theatre processes result in living stories. Generating life-stories within our dramatherapy process helped the girls frame their experiences and share their points-of-view. Sequencing life-stories occurred naturally through storytelling and character development, and became an essential means of exploring identity. This process began by drawing out, or opening up, material to be addressed in session, and necessitated an examination of the clients' "issues" or problems. This information was then explored and connected to other life experiences. Sharing and sequencing life-stories helped shape and provide structure to the girls' senses of identity. For adolescents focused in the here-and-now, sequencing life-stories offers a sense of cohesiveness to seemingly disparate elements of one's life, as yesterday's choices and experiences can be linked to those of today and to those of tomorrow.

In drama and theatre, due to the suspension of disbelief, anything is possible. In my experience, alternative stories are also about possibilities. In drama therapy, alternative stories seem to be connected to the magic and dramatic "as-if," or "what-if," as they offer new perspectives and help loosen rigid boundaries. They are linked with a sense of movement and potential. In our sessions, searching for, examining, and "thickening" alternative stories allowed for the discovery and assertion of preferred aspects of self. Working with alternative stories involved an exploration of various aspects of identity and necessitated the consideration of choices. As a result of this work, I became interested in the idea of *re-negotiation*. Re-negotiation involves a shifting of perspectives and requires the maintenance of connections. I believe the potential for re-negotiation emerges from the discovery of alternative outcomes. In our work the girls

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were re-negotiating significant relationships, interpretations of past experiences, and self-concepts. Re-negotiating these aspects of their lives involved the development of new and more inclusive perspectives. These new perspectives were generated and explored as alternative stories or outcomes, through various drama therapy techniques.

I had many goals, expectations, and hopes for my work with these girls. As our process unfolded, I learned to separate my personal hopes and expectations from our collectively established aims. The following are the goals I continued to aspire towards. I wanted to facilitate safe self-expression; to help the girls "sort-out" their concerns, difficulties, and experiences; to find ways to strengthen their senses of self; to develop, or increase, an awareness of factors influencing the girls' problems; to have fun. Generally, these goals were met through the establishment of effective therapeutic alliances, and the application of specific drama therapy techniques. Facilitating safe self-expression required a number of elements including trust (in me, as the therapist, and the drama therapy process itself) and aesthetic distance (this involved free movement between more-and-less distanced forms of drama therapy). For adolescents an element of fun, in the work, seemed to be important. Having fun appeared to help the girls feel better and made their difficulties seem more manageable.

I suggest our work together provided the girls an opportunity to discover and investigate some of the factors influencing their lives. This contributed to an increased awareness of the components shaping and impacting upon their experiences. Developing an awareness of these influences helped the girls make healthy, beneficial choices in the present and for the future. Through dramatic relationships, we explored authentic

connection. I believe our work helped them feel valued, as people. This, in turn, encouraged the development of self-esteem. The drama therapy process encouraged self-expression, and the girls had a chance to give life to, or release, ideas, feelings, anxieties, and fears. Our work was based in action. I suggest this call-to-action was *enabling* for the girls, as they entered into active relationships with their difficulties and had the ability to examine, manipulate, and transform their experiences. The girls gained a sense of control and power over their lives by engaging in enactment. Ultimately, I believe the drama therapy process served to strengthen a sense of self within each of the girls, helping them feel more comfortable in staking their rightful claims, in taking their places, within their immediate social environments.

Drama therapy stimulates the whole person: body, mind, and spirit. This is particularly important for girls during adolescence, as they are encouraged to remain connected to their changing bodies, allowing links to be made between emotional experiences and bodily sensations. In drama therapy the body is used as the primary means of self-expression. Personal identity is inextricably linked with one's sense of, and relationship to, one's body. Cattanach (1996) asserts "If in drama we can explore the world through the senses in safety and begin to know who we are through our bodies then this is the way we begin to explore and find an identity for ourselves" (p. 23). As adolescents begin to utilize their increased cognitive abilities, maintaining an awareness of the body can help ground a sense of identity within the physical body.

My role within the drama therapy work was perpetually shifting. At times I was quite direct in my approach, and at times I was a witness following the girls' initiatives. I

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continuously experimented with my roles as a participant-observer (Dimock, 1993), an interviewer, and an active listener. Entering the work in role, I physically engaged in the client's world and actively facilitated authentic connection. Working in role allowed me to gain a deeper understanding of the clients' points-of-view, and also allowed the clients to feel understood, in a more profound manner. Balancing my role as a participant-observer within the therapeutic process was particularly challenging for me, as I learned to understand and negotiate the needs of the clients. In these therapeutic relationships "listening" to the girls' stories, their creative expressions of self, was my most important task. Anderson eloquently summarizes this role of listener, suggesting the listener of a story is a receiver, and by being present is an encouragement to the act of making the story. In the end, the *act* of story-making, is the act of "constituting" oneself (1992).

Developing this research paper continues to be a journey. Thus far, I have endeavoured to make sense of, to find meaning in, my drama therapy work with adolescent girls. I realize my creation of this paper parallels the processes of the girls I have written about; I too, needed to story my experience. This journey consists of my reflection on the drama therapy process, a transformation of my perceptions and ideas about the work, and a synthesis of my beliefs and understanding of the experience. At this juncture, I have only begun to integrate my understanding of narrative therapy with my practice of drama therapy, so my story will continue to evolve. Along the way, I found the view from my kaleidoscope lens to be quite consuming, and it has proven rich with learning.

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Appendix A
Consent Information

Drama Therapy Student:

Practicum Supervisors:

Background Information:

One of the ways drama therapy students learn how to be drama therapists is to write research papers that include case material and the drama processes the clients have worked with during their practicum. The purpose of doing this is to help them, as well as other students and drama therapists who read the papers, to increase their knowledge and skills in providing drama therapy services to a variety of people with different types of problems. The long-term goal is to be able to better help individuals who enter therapy with drama therapists in the future.

Permission:

As a student in the Master's in Creative Arts Therapies Programme at Concordia University, I am asking you for permission to write about certain aspects of the creative process and to include them in my research papers. I am asking your permission to reproduce some of the creative work produced in sessions for inclusion in the research papers, and to tape-record sessions for educational and supervisory purposes (the recordings will be destroyed upon conclusion of the research papers). I am also asking you for permission to consult your medical file for a period of one year (until I have completed my research papers).

Confidentiality:

Because this information is of a personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the name of the setting where your drama therapy took place, nor any other identifying information will appear in the research papers.

Advantages and Disadvantages:

To my knowledge, this permission wil not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your involvement in drama therapy, or any other aspect of your treatment. Also, you may withdraw your consent at any time before the papers are completed with no consequences and without giving any explanation. To do this, or if you have any questions, you may contact my supervisor.

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Appendix B
Consent Form

Drama Therapy Research Papers

Master's in Creative Arts Therapies Programme, Concordia University

I, _____, undersigned, give my permission to Kathy Boyd to write about my participation in drama therapy (both the process and the content of the group) for inclusion in her Master's research papers in the Creative Arts Therapies Programme at Concordia University.

I also give Kathy Boyd permission to have access to my medical files for a period of one year for the purpose of writing the research papers.

I understand that both myself and the setting where my participation in drama therapy took place will be kept strictly anonymous and that no identifying information will be given in the research papers. I also understand that I may withdraw my consent at any time before the research papers are completed, without explanation, simply by contacting the student or her supervisor. This decision will have no effect whatsoever on my participation in drama therapy or any other aspect of my medical treatment.

I have had an opportunity to ask questions about the implications of this consent, and I am satisfied with the answers I received.

I have read and understood the contents of this form and I give my consent as described above.

Signature:_____

Date:_____

Witness:_____

Date:_____

Signature of Parent or Guarantor (if client is under the age of fourteen):_____

Date:_____

Appendix C
Consent Form

Authorization for photography, moving pictures, tape-recordings, etc., related to Creative Arts Therapies.

Authorization pour photographie, cinematographie, enregistrements sonores et autres au sujet d'art therapie.

I, the undersigned_____

Je, soussigne_____

Authorize_____

Autorise_____

| To take any | Yes | No |
A prendre	Oui	Non
Photographs/photographies	____	____
Movies/cinematographie	____	____
Tape-recordings/enregistrements sonores	____	____

That faculty deem appropriate, and to utilize and publish them for medical, scientific and educational purposes, provided that reasonable precautions be taken to conserve anonymity.

Que la faculte jugeront opportun et a les utiliser et publier pour des fins medicales, scientifiques et educatives, a la condition que des precautions raisonnables soient prises pour que soit conserve l'anonymat.

However, I make the following restriction(s):

J'emets cependant les restrictions suivantes:

_____

_____

_____

_____

_____

_____   _____
Signature of Patient or Guarantor   Date
Signature du malade ou garant   Date

_____   109   _____
Witness to Signature   Date
Temoin a la signature   Date