

An Analysis and Constructed Guide of Playwriting within Drama Therapy

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ABSTRACT

An Analysis and Constructed Guide of Playwriting within Drama Therapy

Lyndsay Simmons

The content of paper was inspired by an independent study developed to write a play about my personal process to becoming a drama therapist. This paper attempts to construct a guideline for the use of playwriting as a therapeutic medium within the context of drama therapy. This construction paper includes a literature review on the qualities of creative writing within therapy and the possibilities of playwriting within drama therapy. After a review of the literature, a guide that can be used by other drama therapists is outlined in four steps. This guide encompasses literature on playwriting and creative writing with an integration of how to utilize these mediums therapeutically. This guide also includes a heuristic perspective based on my personal experience with playwriting. Finally, the paper offers tentative conclusions on my personal experience and suggestions for further research.

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Introduction

This paper was inspired by an independent study with the goal of writing a one-act play. This independent study took place over a summer semester with an academic supervisor. I used creative writing tools and exercises to complete this one-act play. For example, using a daily journal to develop characters and formulate scenes by writing dialogue. The basis for this script was based on a personal dilemma: the inability to have a therapeutic relationship from the client's perspective. Over the summer, electronic exchanges were made between my journals and my academic supervisor. By the conclusion of the study an entire play-script had been written, which, I believe, truly illustrated and validated my initial concerns. It was upon completion of this script that I was able to recognize the therapeutic potential of playwriting, and how playwriting has the potential to be used within the realm of drama therapy.

Drama therapy adapts aspects of theatre to a therapeutic intention. It can also encompass *therapeutic theatre*, which drama therapist Susana Pendzik (1988) defines as “the therapeutic development of a play and its presentation in front of an audience” (p. 88). An extensive amount of literature is available on how to use theatrical aspects in a therapeutic group, for example: writing a play (Bailey, 2009), developing a theatre company (Emunah, 1994), and performance of a therapeutic theatre piece (Snow & D'Amico, 2003). All these theatrical therapeutic interventions emphasize performance in front of an audience as a valuable therapeutic experience but, I also think there is a significant amount of value in the process of writing a play.

While there is a broad spectrum of literature on the benefits of creative writing as therapy, little research has been developed on the benefits of the playwriting process. The

aim of this paper is to outline the therapeutic value of playwriting, without the added anxiety of performing the play.

Context for Writing a Play

Prior to entering the drama therapy program at Concordia University, I had written a few plays that were mostly translations of my personal life. Some of these plays were performed in front of an audience, while others were shared amongst loved-ones, and others stayed silent in my laptop or in my head.

During the first year of my master's degree, I had very little emotional capacity to stop and start plays. Truth be told, I had very little emotional capacity for anything other than schoolwork and practicum. It is suggested to students by the faculty to seek their own therapy. While I had no problem with doing this, I had very little hope for the therapy I would receive, and it turns out I was right.

Throughout my life I have been quite adamant about seeking help whenever I felt the need. However, whatever professional help I usually sought was futile more often than not. Whether this had to do with my personality, or only having the opportunity to seek counselors in an academic setting, I found little to no connection with any therapist. During the process of becoming a therapist, I got to thinking: how could I be a therapist if I couldn't have a positive relationship with one?

This question began to give me a significant amount of anxiety. To calm my nerves, I began to think about what provided therapeutic healing in my personal life. I noticed that I often retreated to writing before speaking vocally about something. Or vice versa, if I spoke about something, I would often write with hindsight to articulate my thoughts more appropriately. After doing some research on personality types, I completed

the Myers-Briggs Personality test (Humanmetrics, 2010) based on Jung's typologies. The results indicated that I was an introvert. Upon reading the personality traits of an introvert it seemed plausible that speaking with a therapist for the first time may be difficult.

Quenk (2009) discusses the Myers-Briggs Type Indicator Assessment which understands how introverts and extroverts exist in a social setting. She writes, "People who prefer introversion typically feel energized by and seek out situations where they can be alone or spend recreational time alone, and where they can reflect on what they're doing"

However, Quenk continues to write that if introverts are socializing often "they may feel tired, dissatisfied, out of sorts, and they may seek out the quiet and restfulness of being alone." (p. 48). Norton (1983) provided a baseline for understanding personality types

and communication, he defines communication as "the way one verbally, non verbally, paraverbally, interacts to signal how literal meaning should be taken, interpreted, filtered or understood" (pg. 11). If you consider Quenk's idea of introversion within a social

context with Norman's idea of communication, you can imagine the possible disadvantage of communicating as an introvert. Communication is an essential part within therapy, as Priebe and McCabe (2003) wrote, "the way a patient and clinician related to each other influences how they communicate, and their communication influence how they think and feel about each other, i.e. their relationship" (p. 522).

The therapeutic relationship is what drives the benefits of therapy. Priebe and McCabe go on to write "Clinicians...should therefore be competent to communicate with patients in a way that helps establish good therapeutic relationships and is effective in achieving clinical aims" (p. 522). In terms of introversion and communication, Opt and Loffredo's (2003) tested Norman's research in their paper *Communicator image and*

Myers-Briggs type indicator extraversion-introversion, their results indicated that those “who preferred introversion...reported significantly higher levels of communication apprehension in general across the group, dyadic, meeting and public contexts” also noting that this result “reinforces the idea that introverts tend to be socially disadvantaged because of their communication preferences” (p. 563). Bayne (1997) outlines behaviours and attitudes associated with introverted preferences: “reflection of the ‘inner world’ of action; writing to talking; may enjoy social contact but need to recover from it; want to understand something before trying it; persistent; like a quiet place to work in” (p. 28). I highly associate with these preferences; however noticed that my preference of writing to talking was substantial. Thus, I came to the conclusion of writing a play to understanding my communication difficulties within a therapeutic relationship.

I began an independent study that would not only allow me to explore my introversion and unlucky therapy, but also gave me an idea for being a therapist and working with introverts who may benefit from playwriting as therapy.

Statement of Purpose

The purpose of this research paper is to expand my independent study process on playwriting into a therapeutic context that can be used by other drama therapists. The first step in constructing this guide, is to present a theoretical baseline that can provide an outline for playwriting in drama therapy, this will include creative writing as therapy while integrating drama therapy theories. This guide will also include literature on how to write a play, and again, use my independent study process as an outline.

Paper Outline

I will present a thorough review of the literature on drama therapy, creative writing, creative writing as therapy, and the process of writing a play as therapy. Following this, I will outline a guide that integrates my playwriting process along with previous literature on playwriting and drama therapy.

Methodology

In this paper, I will review a body of literature and use it in connection with my personal experience to develop a replicable guide for other therapists who wish to use therapeutic playwriting in their practice. Since, I will be using both literary data and personal experience to construct a model for playwriting in the therapeutic setting; grounded theory and heuristic research are the appropriate methodologies to use. Indeed, Christina Goulding (1999) explained that “the theory [grounded theory] evolves during the research process itself and is a product of continuous interplay between data collection and analysis of that data” (p. 6). Also, Marshall (2011) stated, on the subject of grounded theory development, that “the literature review can be used to organize the data and discover new connections between theory and phenomenon” (p. 84); this applies to my research.

Furthermore, Goulding (1999) explains that “the method is usually used to generate theory in areas where little is already known or to provide a fresh slant on existing knowledge about a particular social phenomenon” (p.6). Hence, since there is little information on the benefits of using playwriting therapeutically, grounded theory methods will help navigate through the literature. While grounded theory uses a variety of different theories and researches to find a link to a certain idea, Morse (1994) explains

that this “theory provides the best comprehensive, coherent and simplest model for linking diverse and unrelated facts in a useful and pragmatic way” (p. 25). Therefore, this paper will outline a variety of research on drama therapy as well as playwriting and creative writing as therapy to identify a process in which playwriting can be used.

Developed by Clark Moustakas (1990), heuristic inquiry is utilized as a means to “meaningfully encompass of the [researcher’s] process...essential in investigations of the human experience” (p. 9). While my research goal is to devise a method for playwriting, I am interested in doing so by emphasizing my own therapeutic experience in the playwriting process. I believe that this emphasis of my experience will provide relevancy to the topic. Heuristic inquiry will allow me to devise a method while using my experience as the data. As Moustakas explains, “the investigator must have had a direct, personal encounter with the phenomenon being investigated...the heuristic researcher has undergone the experience in a vital, intense and full way” (p. 14).

Assumptions

Since I have prior training in playwriting, I am aware that my subjectivity might influence this research. However, my academic supervisor may give insight into how practical my guidelines will be for others to use. My assumptions also include that my personal process can be replicated by others with the same therapeutic outcome and that that this method is translatable to all drama therapy clients.

Delimitations

Delimitations set around this study include the heuristic perspective that records only my experience with playwriting. Therefore, the scope of my data is narrowed to my own experience. The writing of this paper has taken place in a remote village in Northern

British, Columbia. Therefore, the research of this paper has been narrowed to research that is accessible online.

Limitations

Limits of this research include the lack of participants. Any drama therapist with any individual client can put to use this research; however, it is my understanding that the guidelines stemmed from this research will need to be tested with a variety of participants to be deemed effective.

Rizzo Parse (2001) notes two relevant assumptions for using heuristic inquiry. Firstly, she describes that “understanding the phenomena is deepened with the persistent, disciplined devotion of intense study.” Secondly, that “the researcher’s frame of reference, self-discipline, intuition, and indwelling are reliable sources for discovering the meaning of human experience” (p. 47). Other limitations to this research are its basis in a research literature review and my personal experience; therefore, there may be limits in my access to research.

The Written Arts: A Therapeutic Process

Theatre as Therapy

In my own definition, drama therapy uses dramatic techniques as a means of self-expression with the intended goal of attaining therapeutic benefits. In combining the benefits of theatre and therapy, Phil Jones (1996) relates to Aristotle’s writings on theatre and to a recurrent theme in history, “Drama [has a] unique and direct relationship with human feelings, and as being able to produce change in people’s lives” (p.44). Here, Jones has provided the link between theatre and therapy.

I felt a similar connection in Pat Watts's chapter entitled 'Therapy in Drama' (1992). Watts starts by explaining her history and the manner in which, for a period of time, she met with a theatre group who intended to develop a play. Although the theatrical process was not initially intended for therapy, she describes it as something that was helpful to her. Watts says, "Looking back I can see how therapeutic it was for me then. In taking on roles I took events from my own week, transforming and embellishing, so that my own story became full of possibilities rich in colour and meaning" (p. 38). Watts is personally connected to the unintentional benefits of developing a piece of theatre.

More directly, Renee Emunah (1994) tries to get closer to the therapeutic process of developing a play. She writes, in her book *Acting for Real: Drama Therapy, Process, Technique, and Performance*, that a theatre company that develops and performs their own plays with a therapeutic intention "facilitates a high level of social interaction and provides a sense of belonging, connectedness, and intimacy – ingredients essential to the well-being of all people" (p. 253).

She specifies that in this theatre company, group members' change from clients to actors and the therapist becomes a director (p. 251), however, there is little emphasis on how her play-script get's written. Emunah discusses using improvisation to develop scenes(pp. 265-268), and she mentions briefly that she amalgamated these improvised scenes into scripts for her clients, Emunah describes her script as an outline of these improvised scenes, "Sensing the group's eagerness for structure, I devise 'scripts.' Outlines of the prospective structure of the play, the scripts are intended to lend tangibility to the performance and to stimulate the group's own ideas" (p. 281) In her

writing of this group process, Emunah recognizes the application of theatre as a therapy; however she does not provide a replicable guide on how drama therapy clients can write a play-script.

Sally Bailey (2009) briefly illustrates how to construct a play to perform with a drama therapy group in her chapter “Performance in Drama Therapy”. She advises that “plays can be created through improvisation, interviewing, editing clients’ written work, and adapting a story that holds therapeutic meaning for the group” (p. 382). Bailey notes that the drama therapist must understand how a play is constructed – which consists usually of a plot build upon a conflict between two characters and its resolution. She further outlines the stages of play development: knowing what the play is about; applying relevant themes to the group; using improvisation to develop characters and plots; and finally, knowing what the end is before writing (p. 384). Bailey’s description draws a method that can be used by a drama therapist to develop and perform a play with a group for the purpose of therapy. Her examples of writing are helpful to the playwriting process as well. Bailey offers an outline on how to write a play to be performed; however, limits herself and the reader to only one style of playwriting: a linear progression of conflict resolution.

While it is evident that developing any kind of theatre has a therapeutic effect on a group of individuals, there is little to no research done on playwriting and its therapeutic benefits. Creative writing and poetry therapy have been shown to be extremely effective in therapy.

Creative Writing and Poetry as Therapy

Creative writing can be useful in a therapeutic setting. Gillie Bolton (1999) explains that the process of writing for the self can be very therapeutic, and defines it as a gift to the self (p.19). Bolton repeats that society imposes a mechanical approach to writing (the essay format) that does not reflect the way we think, feel, or live; rather, “the *content*, and the *process* of creating the writing are the vital elements” (p. 20). Once an individual feels comfortable with writing as a medium, the projective content and process are of therapeutic value.

James W. Pennebaker (2002) has done extensive research on the therapeutic benefits of expressive writing. One of his first experiments involved students who were either assigned to an experimental group or control group. The experimental group had to write about personal traumatic experiences for a set time frame while the control group wrote for the same amount of time on objects or on non-traumatic events dispassionately (Neiderhoffer, K.G & Pennebaker, J.W. 2002, p. 574). According to Pennebaker, the experiential group showed that “the long term effects were overwhelming salutary...[the experiential group] had significantly reduced numbers of physician visits in the next year compared to the control group” (p. 574). He went on to describe that although participants felt “distressed and unhappy” (p. 574) immediately after disclosure, they “demonstrated reduction in blood pressure, muscle tension and skin conductance” (p. 575). While the long term effects of Pennebaker’s writing experiment showed significant salutary increases, the immediate effects of writing were difficult for participants. He describes that participants “were crying and deeply upset by the experience” (p. 574), however, these emotions could be contained by the therapist.

A therapy using creative writing can assist the process of creating a positive connection between a client and their therapist. Bolton (1999) suggests the importance of a reader, and that the reader of the work can be anyone: a good friend, a priest, a therapist or a counselor. She notes that even if the writing process can be a lonely and disheartening one, “the right reader can offer support and encouragement at the right time” (Bolton, 1999, p. 19). Therefore, the potential for therapeutic development lies in this exchange between writer and reader.

Poetry therapy has also had successful benefits that have been “shown to promote self awareness, to increase group interaction, and to improve self esteem.” (Golden, 2000, p. 131). Perie J. Longo (1999), a poetry therapist, writes: “one of the benefits of poetry reading and writing is not only that it helps define the ‘I’, but strengthen it. This is necessary if we are to be a part of the world” (p.1). Karina Golden (2000) explains that poetry therapists utilize three techniques, either separately or collectively, when working with clients: the use of past literature, the use of individual writing, and the use of collaborative writing (p. 130). The first technique requires the therapist to choose past literature that is appropriate to ignite something in the client or group for further discussion, suggesting, “poetry therapists should select literature which is similar to the clients mood” (Golden, 2000, p. 130). The second technique employs individuals to write in any way they see comfortable, Golden says: “the poetry therapist may lead clients in writing responses [to preexisting poems or discussions] in unstructured creative writing and journal writing techniques such as freewriting... acrostics, sentence completions, or completing modified versions of existing poems.” (p. 131). The drama therapist can also utilize these poetry therapy techniques with individual clients who wish to write a play.

Although clients may find the thought of writing a play intimidating, the process may be comparable to poetry therapy. Furman, et al. (2002) suggests, “When the mystique of poetry is deconstructed for clients and they learn not only to understand it, but create it, an amazing sense of accomplishment and empowerment is achieved” (p. 153). Meuner (1999), who ran a poetry therapy group, discussed how she outlined immediately to her group the perceptions of written material, “it was not necessary to analyze their material but only to support any ideas they may share. It was vital at this stage to stimulate ideas and get thoughts on paper” (p. 164).

In her book *The Play's the Thing: Exploring Text in Drama and Therapy*, Marina Jenkyns (1996) analyzes past dramatic texts from a therapeutic perspective. She claims that dramatists use playwriting as a medium for their characters to explore their world in a way that cannot be done by any other means, adding that playwrights emphasize “the value of plays themselves as a means of communication” (Jenkyns, 1996, p. 2). She says that it is imperative for drama therapists to “perceive dramatically” by “allowing characters, plot, dialogue, form, language and structure of plays into the drama therapists repertoire” and that understanding the development of a written play is how we develop our art with ourselves and with our clients (Jenkyns, 1996, p. 4). Jenkyns emphasizes that the analysis of a dramatic text can help the client understand and take part in several drama therapy techniques. For example, she discusses the text and the aesthetic distance, the text as a transitional object, the text as a container and the text as a projection mechanism (Jenkyns, 1996). The application of these techniques to dramatic texts is the foreground for teaching clients to interpret past texts and thus give them the potential for producing their own dramatic texts.

For her thesis, Amy E. Thomas (2002) co-wrote a script with an individual adolescent and she remarked on the therapeutic value of this process: acknowledging personal story, acceptance of self, voice empowerment, and actualization of potential (Thomas, 2000, p. 44). Thomas co-wrote the script with the adolescent using drama techniques such as role-play, interviews, and storytelling through poetry (Thomas, 2000, p. 47-50). This co-creational process seemed to have a significant impact on both the therapist and client. Indeed, Thomas describes the latter as having “a look of pride” on her face at the sight of the finished script which incidentally marked the end of the therapy (2000, p. 56). In her thesis, Thomas (2000) did not describe the step-by-step process of co-creation of the script because her methods were non-directive; therefore, the chronological process was difficult to articulate (p. 30).

A Creative Writing Process

As we have seen, poetry therapy offers significant benefits to clients. In 2003, Nicolas Mazza developed a model for poetry therapy in order to help other poetry therapists in their own practice. I will review this model and use it as a basis to identify the relevant steps of a playwriting therapy and develop a useful guide.

Nicolas Mazza’s book *Poetry therapy: theory and practice* (2003) outlines the process that poetry therapists use to engage their clients. Mazza developed a practice model to specifically use with individual clients, he says: “the practice model is an attempt at a comprehensive framework that accounts for the differential use of poetic techniques with a wide range of clients” (2003, p. 17).

There are three components to Mazza’s model. The first component, entitled “*Receptive/perceptive: preexisting poems*”, introduces clients to the pre-existing

literature. At this stage, Mazza describes that the therapist can begin by “reading a poem to an individual or group...and inviting reactions. The therapist must anticipate and be willing to explore the client’s reactions” (Mazza, 2003, p. 18). Because the pre-existing poems must encompass some emotional relevance to the client, it is the therapist’s responsibility to research and know a wide range of poems to offer the client. In her paper *The production of metaphor in poetry therapy as a means of achieving insight* (1983), Marion Goldstein calls these pre-existing poems “catalyst poems.” Goldstein explains that, “in selecting material an attempt is made to match the theme of a catalyst poem to a problem with which members of group are grappling” (1983, p. 169). In addition, Goldstein states that as the individual or group members respond to a poem, “an attempt is made by the therapist to ferret out significant material and direct the individual to a writing exercise” as well as advise that the “literary merit is avoided and each poem is discussed from a feeling perspective” (1983, p. 169). Hence, the pre-existing literature is crucial to introduce the client to the writing process and provide a window to a full interpretation of their personal issues.

The second component to Mazza’s model, entitled *Expressive/creative*, teaches practices useful to clients to develop their own sense of style, for instance: creative writing, journal writing and letter writing (2003, p. 21). Not only are they “useful techniques for treatment and assessment” but this component also “provides a vehicle for the client to express emotion and gain a sense of order and concreteness” (Mazza, 2003, p. 20).

Thus, Mazza describes different exercises that promote creative writing: free writing (writing about any topic, in any fashion) or prestructured (where instructions are

given on what or how to write), sentence stems (providing the beginning of a sentence only), and clustering (where writing is done in free form based around a single word or term) (2003, p. 20). However, Gillie Bolton says that using creative writing as therapy does not necessarily require professional help but it should begin by “making contact with a trustworthy, strong, wise healing self” (1999, p. 16). Bolton notes that all that is required is “your favourite writing tool, some blank paper and a willingness to trust your hand to write whatever comes, in whatever order, in whatever way, without worrying about spelling, punctuation or even sentencings and paragraphing” (1999, p. 16).

Furthermore, keeping a journal can be beneficial in therapy and in the general process of writing. Kathleen Adams wrote her book *The way of the journal: A journal therapy workbook for healing* (1998) as a guide requested by many clients and therapists who were interested in “useful skills and practical education in the use of process writing as a therapeutic tool” (1998, p. 2). Adams offers important advice on how to get ready to write (p. 6), including: having the proper atmosphere and utensils, rewarding yourself when it’s over (p. 7), knowing creative writing techniques, like the ones mentioned by Mazza (p. 15). A journal kept in the playwriting process can act as a container for every creative thought, which can be used when the creative process is roaring. In 1992, the psychiatrist Peder Terpager integrated letter writing to his therapy by suggesting to his clients to write letters addressed to him between sessions in order to feel the freedom to write about any relevant issues (1992, p. 3). He encouraged his clients not only to write letters to him, but also to write letters to those they were in conflict with (Terpager, 1992, p. 8), those they knew who were deceased (Terpager, 1992, p. 1), and different parts of themselves (Terpager, 1992, p. 9). Terpager suggests that letter writing is “desensitization

to painful conflicts and traumatic life experiences. When these conflicts and experiences are gradually approached, they can be tolerated more easily...understood in new ways often by re-framing in the therapy session” (1992, p. 5-6).

The third and final component to Mazza’s model, entitled the *Symbolic/ceremonial*, is about the technicalities involved not only in poetry but in any form of creative writing: “the use of metaphors, rituals and storytelling” (2003, p. 17). Concerning metaphors, Goldstein states that, “we can present facts and information, but it is only when we use symbolic language that we can organize thoughts and feelings and represent experience” (1983, p. 168). To him, symbolic language is not only crucial to the therapeutic process, but it is also a representation of the power of metaphor. He explains that, “a really good metaphor says something false to illuminate a truth” (Goldstein, 1983, p. 168). Bornstein and Becker-Matero (2011) wrote passionately about the use of metaphor in psychoanalysis. They wrote, “metaphor is the glue that links disparate aspects of human mental life, over time and across different contexts, enabling us to construct cohesive personal narratives that give meaning to past and present experience” (Bornstein and Becker-Matero, 2011, p. 172). Bornstein and Becker-Matero comment further on the role of metaphor within the therapeutic relationship, “the patient provides the analyst a metaphoric expression of unconscious fantasy, and the analyst engages the patient by adopting the perspective that the patients metaphor requires” (2011, p.174).

Mazza also lists rituals in his final component, rituals are a ceremonious process and they can help a client acknowledge a period of time or a feeling to validate their impact and finally move on. Indeed, Combs and Freedman explain the value and the dual

purposes of rituals as an act that validates an occurrence and promotes change (as cited in Mazza, 1996, p. 22). In addition, Emunah (1994) states that a ritual is:

A kind of acknowledgement and purging of all that takes place [it] becomes customary, reminiscent of the function of ritual in early cultures, in which dramatic processes provided a vehicle for expressing negative forces, as well as for acknowledging and celebrating positive forces (p. 23).

Thus, he points out the importance of ritual in the drama therapy process and describes its place throughout the process as well as at the end of a therapeutic relationship.

Storytelling is essential to our being; as stated by Mazza, “stories are central to our functioning. We create stories about all of our experiences” (2003, p. 22). Robert Landy (1983) explains that storytelling within a drama therapy context can be used along a continuum as a distancing technique. He explains, “at one pole is the most underdistanced psychoenactment where the client tells a story from his own life, reexperiences emotions from this underdistancing is when the client engages in the process of writing an autobiographical story.” On the other end of the continuum is the “most overdistanced form of storytelling...where clients create a story that does not overtly relate to their lives” (p. 179). It is necessary to understand this continuum, underdistancing as opposed to overdistancing, to know the level of distance a client will need to write their play. Landy’s book (2008) *The couch and the stage: integrating words and action in psychotherapy*, explains this idea of distancing further. Landy summarizes Thomas Scheff’s (1981) ideas of how catharsis is attained, “he viewed catharsis as a balanced position between the two poles of overdistance, a state of

repression marked by a lack of emotional expression, and underdistance, an overabundance of emotionality” (p. 101). Although there can be many different goals within the context of therapy, drama therapist Renee Emunah (1994) emphasizes catharsis as being essential to the process, “In my own practice, emotional catharsis and mastery, cognitive insight, and behavioural change are all essential and intertwining parts of the therapeutic process” (p. 31). Returning to Landy’s (2008) interpretation of Scheff’s catharsis as the midpoint between underdistance and overdistance, Landy writes “this midpoint is referred to...as the aesthetic distance, a moment of balance when the past can be remembered with a degree of feeling that is not too overwhelming, where intense emotional expression can be tempered by cognitive reflection” (p. 101). If the therapist is aware of the client’s place on the distancing continuum, the potential is there to intervene in order for the client to achieve catharsis.

A Playwriting Method

The amount of literature discussing how to write a play is extensive. The playwriting process may vary depending on individual preferences; therefore, researching different methods can be overwhelming. Although written several decades ago, Norman Fedder’s paper, entitled *All the nonsense about rules for playwriting* (1974), is still relevant today as it summarizes the advices selected from the best books on the topic: Kenneth Macgowan’s *A Primer of Playwriting*, Walter Kerr’s *How not to write a play*, Bernard Grebaniers *Playwriting* (1961), and Sam Smiley’s *Playwriting: The structure of action* (1971). He explains that six elements are important to the construction of a successful play: the plot, the character, the dialogue, the theme, the genre, and the theatricality (Fedder, 1974, p. 3). These elements can emerge from creative writing

exercises and therapeutic methods; although, not necessarily in this order. I will demonstrate how they developed in my personal process in the next section.

Moreover, Joseph Klinger (1993) used Sam Smiley's book, *Playwriting: The structure of action* (1971), to develop his personal playwriting method in his dissertation. Klinger's goal was to design "a methodology for playwriting by following the process of writing" (1993, p. 8). He noticed that, "Smiley's work provides a specific methodology for composing a play. Such exercises and procedures [provided by Smiley] alone are not enough" (Klinger, 1993, p.7). Because he considered that other texts about playwriting lacked an intuitive spectrum (Klinger, 1993, p. 7), he decided to write his personal process in conjunction with Smiley's method. Klinger's intentions are similar to mine; however, his work lacks the therapeutic component that I am seeking.

Like Mazza's three components to the poetry therapy process, Klinger also provides three components he believes are necessary for a successful structure to writing a playscript. Firstly, a writer must understand "the nature of dramatic literature and the artist's particular place in the history of that literature. The writer must know who he is and what he is trying to say" (Klinger, 1993, p. 12). Secondly, Klinger asks that the "writer [allows] himself to react intuitively to his work" (1993, p. 12). He emphasizes the importance of understanding one's own intuition when writing, and goes on to explain that, "isolating the intuitive function in such a fashion clarifies its importance and, therefore, allows the reader to discover a method by which his own intuition may come to play a part in his work" (Klinger, 1993, p. 13). Finally, the third component is to adopt "an orderly or reasonable method of working...if a playwright can devise a system through which the playscript may be regarded as a continually evolving product, the

chance of becoming frustrated decreases dramatically” (Klinger, 1993, p. 13).

In light of Mazza’s components of creative writing for therapeutic intention, Fedder’s combination of elements necessary to devise a play, and Klinger’s perception of necessary intuition, I was able to provide guidelines necessary to devise a drama therapy method for playwriting.

Playwriting: The Therapeutic Process

Since there is a clear connection between poetry therapy and playwriting therapy, there is a direct relationship between Mazza’s poetry process model with individual clients and my playwriting process. I will use the components of Mazza’s model in conjunction with literature on playwriting as well as my own playwriting experience, to develop a model other therapists will be able to use with their individual clients. First, I will introduce each step with a general outline which will include what is required of the therapist and the client, and then, I will describe my personal process to successfully complete a play. It should be noted here that my independent study on playwriting was not intentionally used for therapy, and that the witness of my process was not my therapist, but an academic supervisor. For instance, unlike a therapeutic relationship, our academic relationship did not include an exchange of money for services; there were no evaluations or interpretations of disclosure. However, on the contrary, similarities can be made between my academic relationship with my supervisor, and a therapeutic relationship between a client and therapist: for instance, there was weekly contact; there was an identified goal (writing a play); and interactions and questions that furthered my

process towards attaining my goal. For the purpose of this paper, this academic relationship can be seen as having similarities to a therapeutic relationship.

Step one: a theatrical but therapeutic discussion on past literature; choosing a topic; and claiming a genre. In this initial step, the logistics of the writing process must take place. First, for the playwriting process to start, it is in my opinion there must be a trusting relationship between client and therapist. Not only to allow therapeutic advancement, but also to allow a comfortable space where both therapist and client can be honest about the process. Because it can be very difficult for clients to share such personal writings with anyone, there must be a creative conscience involved in the therapeutic relationship to allow the reciprocal dialogue required to further the process. Secondly, the client's immediate task is to choose the topic of the play, which can be general, allowing the client to manoeuvre around and come back to it. Throughout the process, the therapist has to determine when the client has strayed away from the topic, and to gently direct the client back to the initial inquiry. Thirdly, a general timeframe should be initiated. From my personal experience, it is always helpful to have a deadline in sight when it comes to finishing a play. Fountain (2007) also makes this point:

As someone once said, there is nothing like imminent execution for concentrating the mind. Left to their own devices, most writers will prevaricate as long as possible, and when they do actually start writing will delay the point where they show it to others. (p. 3)

Therefore, having a general deadline is helpful to avoid that overlaying anxiety. In addition, a therapist who is a creative writing mentor, engaged in the process, helps the client avoid feeling intimidated when disclosing personal information.

The therapeutic relationship. My initial query into the topic of my play was first discussed with my academic supervisor; (my relationship with my supervisor, although an academic one, was developed over an academic year with a trusting rapport. Therefore, I consider it similar to the relationship between a therapist and an individual client). My concern with my inability to find the right therapist became a topic that was thoroughly discussed with my supervisor before any writing began.

The topic. Developing a topic for a play may be intimidating for some. Fountain (2007) offers advice for those new to playwriting, “Keep your eyes open, listen to your colleagues, your friends and your family. The successful playwright is always hungry for a new idea and is ready to draw inspiration from anywhere” (p. 30). As Fountain says, inspiration for a topic can come from anywhere, engaging in reading and creative writing may allow more insight into what clients want to write about. On the other hand, Fountain suggests that stories outside of ourselves may not always be the best contexts for inspiration, he also advises:

Look inward to try and see your own life as others see it. See what may be dramatic about what you already know, territory about which you can provide inside not just opinion. Imagine yourself leading a different life...having taken a journey, turned different crossroads. Always remember that you are writing the story only you know. (p. 30)

Before writing, the topic for my play had already been decided. This topic was developed from Fountain’s idea of looking inward and recognizing my difficulties when communicating with therapists.

The timeline. Because this playwriting experience was part of an independent study it was predetermined that the final draft of my play would be completed within four months. This deadline was helpful for me to make sure I completed the play. However, the timeline should be adapted to the client's needs in order to maximize the therapeutic process. For instance, some clients may feel threatened by a deadline and would prefer to work on the process casually. Other clients may prefer organizing their process on a calendar to meet the milestones for play development within a specific timeframe (i.e. have the characters developed within two months of starting the process).

Previous works relevant to the topic. In accordance with Mazza's first component, the playwriting therapist's initial role should be to have an extensive knowledge of playwriting to offer relevant reading material to the client. I found this previous knowledge about plays and playwriting to be extremely valuable to my personal experience at therapeutic playwriting. My supervisor was quick to offer plays to read before I started my writing process. Since my topic was on the relationship between therapists and clients, I was suggested: *Beyond Therapy* by Christopher Durang (1983), *Next to Normal* by Brian Yorkey and Tom Kitt (2010), and *Ordinary People* by Judith Guest (1982). These plays were helpful because they offered a different portrayal of the therapeutic relationship I was interested in: *Next to Normal* is a musical drama, whereas *Beyond Therapy* is a comedy, and *Ordinary People* is a drama. As I analyzed the differences between these types of plays, I learned about the different forms I could use to present my issue. However, even if these plays offered insight into how a therapeutic relationship could be dramatically portrayed, I did not feel a personal connection with the characters. As I discussed this issue with my supervisor, I was reminded of my favourite

play written by Tennessee Williams. Although these plays were not necessarily about therapy, Williams' characters were often a reflection of his personal life. This realization allowed me to understand why I was so passionate about Williams' plays and allowed me to explore the way I wanted to write my play.

In the process of discussing Williams' play *The Glass Menagerie* (1945); I was able to understand my passion for his work as well as its potential therapeutic use. I learned about the declarative memory, which refers to "remembering personal events, semantic information, and other facts that we can be explicitly aware of and thus report, or 'declare', either verbally or nonverbally" (Purves et.al, 2007, p. 354). In his article *The Uses of Declarative Memory in the Glass Menagerie*, Daniel Jacobs states that Williams considered this play his "memory play" (Jacobs, 2002, p. 1260). Jacobs' research formulates that Williams used his protagonist, Tom Wingfield, to "express and deal with his own [Williams'] painful emotions" (p. 1260). Indeed, Jacobs discusses Williams personal life as well as his infamous and beloved sister, Rose, who had been diagnosed with schizophrenia and had "undergone a recent biolateral prefrontal lobotomy to control her aggressive behaviour and overtly sexual preoccupations" (p. 1261). In his play, Williams' heartache is personified by his character Tom, Williams' actual first name.

Jacob notes:

He chose his own [name] to emphasize the loosening of boundaries between fact and fiction. It is as though he is telling us that autobiography - which is, after all, organized declarative memory - is an elaborate fiction based on facts. And that fiction, (the creative use of memory) is at its heart emotional autobiography. (p. 1262)

This insightful commentary on the similarities between Williams' memories and his work was extremely relevant to me. While Jacobs goes on to identify the personality traits and emotional baggage of Tom Wingfield, he makes it obvious that they are an exact reflection of the author's. His protagonist is not the only a reflection of himself, Jacobs adds, "Williams endows each character of his play with his or her own dynamic uses of memory" (p. 1262). My intentions for playwriting were similar to Williams' because I wanted to express my emotional disarray in a characterization of myself. Therefore, this process played a pivotal role to the beginning of my writing process. I realized that I needed to write by memory in an autobiographical format.

Step two: creative therapeutic writing and the development of character and dialogue. In accordance with Mazza's model, the second step to my therapeutic playwriting guide is about creative writing. Here, clients are able to explore their creative writing abilities, learn about them as writers and understand how and when they can produce their best writing. At this point, the client is asked to engage in creative writing exercises and to use the therapy sessions to discuss, in depth, their writing process as well as its outcome. The client can engage in the same exercises described in Mazza's poetry therapy model: creative writing, journal writing and letter writing. These methods are useful to help the client understand their own writing process; therefore, the therapist should teach the client to use these methods. In *Therapeutic dimensions of autobiography in creative writing*, Celia Hunt (2000) explains that, after writing a novel, she began psychoanalysis and she was surprised to find herself, "involved in a process that was in many ways very similar to the process of writing [her] autobiographical novel" (p. 10). She felt that creative writing and therapy were so naturally united that, "progressively, the

two activities came even closer together when I started writing poems and short stories around images that arose in therapy and took them into sessions to discuss with my therapist” (Hunt, 2000, p. 10). Hunt’s progression was based on her writer’s instincts, but with the therapist's support, clients can also unite creative writing with therapy. It should be noted here the role of the therapist in this initial process. In poetry therapy, Mazza (2003) shares Zinker’s (1977) idea of how the therapist should be, “[Zinker] viewed the therapist as an artist with the role of creating a therapeutic structure or atmosphere and beginning a process via the relationship. This process will ultimately promote self exploration and growth” (p. 11). Like any form of therapy, a safe atmosphere must be established for a creative relationship to grow. After the therapeutic environment is safe, Mazza offers suggestions for how the therapist can intervene in their client’s creative process. Mazza also provides the benefits from attaining this information, “clients can be asked about the poems or songs they like to read or listen to, across various moods. The relationship of the mood to the meaning of the song or poem can provide fruitful clinical information and self understanding for the client” (p. 19).

If we follow Mazza’s second component and engage the client in creative writing, journal writing and letter writing, and ask questions that engage the client in their own process (for example, what their favourite plays or movies are) a connection will emerge and playwriting will begin.

The initiation process . At the beginning of this process, I went to work on a farm with no Internet connection or cell phone service. Each day demanded a great deal of physical exercise, but my mind was free to think and I had all the time in the world to

write. This was extremely beneficial to my creative writing process. However, I assume this will not be the common setting for most clients.

As suggested by Mazza, I began journaling in a notebook every night. My journals began as a personal narrative. My first journal entries used a stream of conscious technique that carefully broached my chosen topic:

Without the ability of portraying pain, they [horses] can rarely be helped, and therefore unfixable; another ominous being that has the same expression no matter what they are thinking, just like a therapist...Regardless of their purpose, therapists scare me as horses do. But do I delete both from my reality? Do I ask my grandmother to take down her horse calendar? Do I get offended when someone asks me to see a therapist? No. But why would I need to see a therapist. It's like telling a horse my secrets if I don't like horses, useless. (Personal journal, May 20, 2010)

Using the above example, a therapist could identify instances that could progress this stream of consciousness into more defined elements of a play. For instance, in reading this passage one could ask the writer to identify the emotions and/or personality traits behind it (e.g. scared, slightly apathetic, dark sense of humour) and ask the writer to develop a character that would portray or exaggerate these kinds of emotions and/or personality (e.g. a young, irrational, skeptical woman who has difficulty hiding her emotions and therefore cannot understand and ultimately detests the horse or therapist who can hide their emotions). This example was how I developed my main character. Other examples will be explained further in the following section.

The main character development. There are several studies available on the therapeutic benefits of using verbal methods such as, (Wegner, Schneider, Knutson, & McManon, 1991) and non-verbal methods (Kelly & Kahn, 1994) of stream of consciousness to understand suppressive and intrusive thoughts. In both experiments, the stream of consciousness instructions developed by Kenneth Pope (1978) were used. Kelly and Kahn (1994) listed the exact instructions given to their non-verbal participants:

Each subject was first asked to spend 5 min writing on a blank page. Whatever information is present in your awareness from moment to moment. Your report might include, but is not limited to, descriptions of images, ideas, memories, feelings, fantasies, plans, sensations, observations, daydreams, objects that catch your attention, or efforts to solve a problem. (p. 1000)

These instructions can be used by a therapist who asks a client to write in a stream of consciousness form.

Because I decided to write an autobiographical play, it was a personal choice that my main character had to be a fictionalised version of myself. This character developed once I took extracted and exaggerated characteristics from my initial journals to develop character traits for my main character (as I exemplified above).

It may be emotionally difficult for clients who choose to write their main character as a fictionalized version of themselves; fortunately, Hunt's (2002) chapter, entitled 'Fictionalizing Ourselves,' can be of help (p. 50-96). In a questionnaire, she asked her creative writing students if fictionalizing themselves changed how they saw themselves, or if they discovered new things about themselves (Hunt, 2002, p. 52). The results were interesting; she explains that, "for some people, the confrontation with

themselves on the page had a positive impact on their self-perception...for some people, the new knowledge of themselves uncovered by the writing was disturbing or shocking” (Hunt, 2002, p. 52-53). Hunt gives the example of a potentially hazardous issue one can feel while fictionalizing oneself, she says that:

If, for example, a writer can only tolerate positive representations of herself she will find it difficult to allow characters or narrators based on herself to have a life of their own, in case they behave in a way which is contrary to her dominant self-image. (2002, p. 52)

In this particular example, if we consider the writer as a client, we can see that the client has a bias towards their autobiographical character, hence this is where therapeutic intervention is helpful. In drama therapy, distancing techniques are used when clients are too close to the character or role being developed, or if they are biased.

As I noted in my literature review, Jenkyns (1996) makes several connections between drama therapy methods and dramatic texts. She says that clients should be able to use aesthetic distance in dramatic text. Jenkyns describes aesthetic distance as “a concept central to existing drama therapy theory and can be briefly summed up as the moment when the tensions of an emotional paradox felt simultaneously and catharsis occurs” (1996, p. 15). According to Hunt’s example, it is necessary for the therapist to aid the client in reaching aesthetic distance, in order to identify truthfully with their fictionalized self, while benefiting from emotional revelations.

In his role theory, Landy (1996) emphasizes that the distance needed between the client and the character should be determined by the therapist (p. 183). Landy says that, “generally speaking, any time the drama therapist makes a decision to work with a

[client's] psychodramatic role (role of self) or a projected role (role of other) he is choosing an approach to distance" (1996, p. 183). Hence, if the client shows bias toward their main character (which is a fictionalized version of the client's self) it is up to the drama therapist to identify the type of distance needed to determine how the client can achieve aesthetic distance. In the process of developing a main character for an autobiographical play, the drama therapist must intervene with the client to make sure there is enough aesthetic distance to provide therapeutic change.

The supporting characters development. To help with character development, I began writing down dialogues of my everyday interactions which developed into scenes. The written dialogue for these scenes were changed slightly based on the personality of my main character, and how she would act in the situation. This was helpful in understanding her dialect and how she communicated with other people. The following is an example from my journal which includes a unidentified male (M) and my main character (MC)

M: I was seeing this girl for about three weeks in Ireland before coming here

MC: ok...

M: well now she's –

MC: WAIT! Did she know that you were permanently leaving during these three weeks?

M: Yes

MC: Ok, continue

M: Now she's seeing my best mate's brother

MC: Ok?

M: isn't that ridiculous? I mean she's stepping on my territory, I feel so betrayed!

There is a long silence

MC: I have absolutely no sympathy for you

M: What? I'm not asking for sympathy, I was just saying –

MC: I don't think you should say anything, really, what right do you have?

M: I was just –

MC: you LEFT! You can't be mad

M: Not mad, betrayed.

MC: You're an idiot

M: You're not a good listener

MC: You make my ears bleed

(Personal journal, June 28, 2011)

These daily conversations soon progressed to putting my main character into my real experiences with therapy from the past. Once this progression was made, those people who were involved in those experiences soon became supportive characters in my play. My character would then interact with these supporting characters and these interactions evolved into scenes for my play.

Clients may have difficulties developing supporting characters. A creative writing technique to help in this process was outlined by Lee Look (2008) in his doctoral dissertation. He worked on playwriting as a medium to increase self-esteem in 12 year old children. His research showed that developing an autobiographical play increased the writer's self-esteem. Look started his playwriting process by instructing "each person [to] create a list of roles (roles that they play in life) and these roles become the characters [in

the play] when they write. Each character is given a want and a need...this need must be intangible” (2008, p. 18). These instructions can help clients developing characters for an autobiographical play. However, because of the nature of my topic, it was necessary for me to include people within my experiences, rather than create characters as reflections of different parts of myself.

Naming the characters. My main character was immediately named Sell. The name referred to a cell, the smallest living unit of life. Metaphorically, the name seemed appropriate as I am made up of trillions of cells; however, I chose to focus on a specific and singular cell. In the same way, a play can focus on a trillion subjects, but I chose to focus on one particular issue that represents a part of me. It can be difficult for clients to name their characters because their play will, most likely, be based on someone they know. However, they must remember that, as Watt (1949) said, “the novelist...usually invents the names, the actions, and the life of his characters” (p. 332). Naming a character can provide a sense of control to the client. Landy discusses other advantages of naming a character after it has been invoked by the client; he says that “naming is important, in that it helps the client further concretize the chosen role. The naming also allows clients to make away from their daily reality into the fictional creative realm” (1983, p. 47). He explains that naming is essential to provide a distance between the client and the character and that the client who proceeds to name a character, “takes a significant step into the paradox of the dramatic process: of being oneself and not oneself at the same time” (Landy, 1983, p. 48).

The written communication. Every other week I would go to town to e-mail some selected journals to my supervisor. His responses were helpful; he frequently asked

questions about intentions behind characters and scenes that would further my insight. Bolton (1999) says that the reader's feedbacks are extremely helpful to the writing process, he explains that, "encouragement and support is very heartening. This work [creative writing] can occasionally be difficult and lonely. Any process bringing dynamic change to a person in need of therapeutic help is going to be uncomfortable at times" (p. 19). Although there was unlimited encouragement and support from my supervisor, the most helpful comments were the constructive criticisms. For the most part, they redirected me to my topic and they included excessive questioning about characters, goals and dialogues. It may be difficult for some therapist to give comments of a theatrical nature to their clients; however, I strongly believe they are necessary to the progression of the therapy, for they were essential in my personal process. Gonzalo Bacigalupe (1996) talks about the client and therapist encounter as a relationship. He explains that, from the therapist's perspective, "therapy may recreate the same social relationships that exist 'outside' of the clinical context. Although as therapists we may strive to be 'neutral', we bring our particular values and location in society to the session" (Bacigalupe, 1996, p. 362). My supervisor happened to be a skilled director and playwright; therefore, his artistic values and his drama therapy training were extremely helpful to write a successful play. Bacigalupe (1996) further discusses the role of the written communication from therapist to client, which is to guide the client in the right direction. He states that this written communication, "is a form of writing which pays less attention to the active engagement of clients themselves in any writing for therapeutic purposes and places the therapist more in control of ideas and solutions" (Bacigalupe, 1996, p. 363).

In my circumstance, the only means of communication with my supervisor was through email. I propose that either email/letters or having clients share their written work with their therapist in sessions is up to the client. It is a matter of the client's comfort level in sharing their work and receiving feedback. From an introvert's perspective, it was helpful for me to receive feedback through email as I was able to process the feedback in my own time and space rather than immediately react to it; this, personally, made the exchange part of the process less intimidating. However, from a therapeutic perspective, it may be helpful to exchange written work and feedback within a shared space.

Step three: a culmination of writing to create plot and theatricality. After the general topic and the characters have been selected, the third step of my guide aims to aid the client determine the plot of their play.

The plot. Fedder's (1974) literature on plot development is extensive and informative. Smiley (1971) defines a plot as a "structured action" which is devised either in a *linear* or a *configurative* form (p. 5). The linear form resembles a story. Smiley outlines ten basic steps required by the linear form: balance, disturbance, protagonist, plan, obstacles, complications, substory, crisis, climax, and resolution (Smiley, 1971, p. 5). The client should understand that these are elements that further the plot to its conclusion.

Mooli Lahad (1992), a drama therapist, developed an assessment tool entitled the Six-Piece Story-Making (6PSM), which could be used in a therapy session with an individual who may have difficulty developing a plot for their play. This assessment tool is based on the use of bibliotherapy, which Lahad defines as, "a therapeutic technique

which uses the story and story-telling in order to assist the individual to reach self-awareness and improve internal and external communication” (1992, p. 156). Lahad’s intentions were to understand the client’s means of coping with stressful situations, “with the objective of helping the therapist/helper to reach an understanding and develop a contact with the client based on the therapist’s understanding of the client’s ‘internal language’” (1992, p. 156). This is a useful tool used in drama therapy. It is revealing of one’s coping strategy and internal language, and it provides the client with an opportunity to develop a story from start to finish, which is necessary to write a play. The 6PSM includes basic steps that are similar to Smiley’s steps for a linear plot. I outlined Lahad’s 6PSM instructions (1992); a therapist may use them with a client in a playwriting therapy:

- a) Divide the page (a piece of paper) into six spaces in any way you want (but do not cut it).
- b) Think of a main character - hero or heroine of any story; imaginary legendary, film show, or simply make one up. Think where this character lives. This will be the first picture.
- c) The second picture will be the mission or task of that character. In every story or legend, the main character has a task to fulfill. What is your hero/heroine’s mission? That will be the second picture.
- d) Third picture. Who or what can help the main character, if at all?
- e) Fourth picture. Who or what obstacle stands in the way of his/her carrying out the mission/task?
- f) Fifth picture. How will he/she cope with this obstacle?

g) Sixth picture. Then what happened? Does it end or continue? (p.157)

This is the linear progression of a story. It can be used either at the beginning of the playwriting process (in the second step on this guide, where the client is beginning to write a creative story and develop characters) or when the plot process has halted. This was an example of *linear* plot development in a drama therapy context.

My plot development was more configurative than linear. I put together carefully chosen scenes, which, as I previously noted, was developed out of putting my main character into real scenarios from my past. An outline was formulated only after these scenes were written, the outline acted as a thread that could tie these different scenes together.. Many books on playwriting maintain that, to write a play, one must make an outline; however, I found it difficult to proceed this way. I agreed with Neal Simons when he says that it's ok to move away from the outline (as cited in Fedder, 1974, pp. 6-7). As I devised an outline and carried on to write the play, I kept straying away from my original plot. I had to regularly remind myself to go back to it and, as I did, my play got worst. I began another play, this time I only outlined the first act and decides to let the rest of the story unfold naturally; but this didn't work for me either. I realized that I preferred to write unknowing of the outcome in order to be surprised by it, just like a spectator watching a play. I decided that my plotline was going to be determined by a collection of different scenes that I would put together and that would make sense as a whole. In my journals I often wrote out different scenes from my past: semi-fictionalized versions of interactions I had with therapists or in any kind of mental health setting.

In playwriting, a plot takes form with the succession of several different scenes. Fedder notes that Smiley refers to scenes as "beats" that begin and end when a character

either enters or exits (Fedder, 1974, p. 7). He also suggests that “a beat, like a scene, is a play in miniature with a structure of stimulus, rise, climax, ending and/or transition to the next beat. Writing by beats is the most useful method of dramatic construction” (Fedder, 1974, p. 7).

Once I developed my characters, I was able to insert them into different semi-fictionalized scenes from my past. In her book *The Self on the Page*, Celia Hunt (1998) discusses what to do with the fictionalized version of oneself when writing an autobiography. Sharing my goal, Hunt discusses her creative writing process with a therapeutic group, she says, “we would use the techniques of mimetic fiction rather than straightforward autobiography” (1998, p. 192). Hunt explains that mimetic fiction is good only when it is *emotionally felt* (1998, p. 32). Thus, her clients’ therapeutic writings represented the emotional journey of writing a fictionalized story of the self. After her clients fictionalized themselves as characters, she explains that:

We would place these characters in a context constituting short stories or a novel around them, or simply writing individual scenes. In doing so we could be looking to reveal themes which preoccupy us in the present or which repeat themselves in our lives.” (1998, p. 192)

Here we see that placing characters in a fictionalized context will produce scenes that portray an honest perception of one’s life.

Based on Hunt’s explanations, my scenes were contexts for my characters, and as I analysed them, I saw my play’s themes emerge. I placed my main character, Sell, in different scenes, each depicting a therapeutic context that felt personal. My play’s themes were based on reactions that Sell had in each context. As I analysed these themes, I found

that her emotions progressed from apathetic to understanding. Then, I realized that I was able to formulate a plot for my play.

The theatricality. In reviewing the previous sections, you may see that there is a similarity between my approach to playwriting and writing a story or novel. Fiction and non-fiction works require the same type of formula to develop character, dialogue, and plot. However, it takes theatricality to make it a playscript. Fedder asks, “To what extent must a playwright consider the theatrical elements of stage, scenery, lighting, sound, acting and directing in the process of writing?” (1971, p.6). Fedder answers this question with both a “yes” and “no”. While some authors contend that the writer should be concerned with theatricality, others think it is “impertinent” (p. 6). From a therapeutic perspective, it is in this writer’s experience that adding the theatrical elements to a play script is necessary within the process.

If we were to consider this therapeutic script as a therapeutic performance, we could understand that the client/actor in the performance uses theatricality (costume, voice, body movements, etc.) to add a certain amount of distance from themselves and the characters. Phil Jones (1996) emphasizes distancing as a necessary approach for the client/actor to be able to criticize the role he is playing rather than be consumed by it. If we consider the client/actor as the client/writer again, we can understand the importance of scripted theatricality and that this distance is therapeutically beneficial to the client. Jones explains that theatricality can provide that distance, he claims that as an “approach [that] stresses the sheer theatricality of a production. It does not wish to create an illusion of reality, but rather to emphasize that what is occurring is a dramatic representation and not actual” (p. 105). My experience with adding theatricality such as stage directions,

lighting and sound cues, I was able to add an aesthetic quality that would detach me from the reality of each scene and provide elements that were useful in theatrical transitions from scene to scene. The roles of director and set, lighting and sound designer allow the client to engage in a new and equally different perspective of their play. With no pressure to perform their written script (although if the option to perform should always be available to them) the client should feel free to create the most appropriate world for their play; this unlimited freedom was helpful in creating what I wanted.

It should be noted here that my experience might be varied from other clients as I have experience in writing plays that include theatricality (stage directions, lighting and sound cues). If there is no background experience, it may be difficult for clients to approach this alone. As Snow writes in his chapter on therapeutic theatre found in the second edition of *Current Approaches in Drama Therapy* (2009), “to do this work effectively, it is to the advantage of the drama therapist to have a strong background in a number of areas: play directing, dramatic construction, etc.” The following examples of theatricality are based on my theatrical background; however, it can also be used as a guideline in how to integrate technical aspects of theatre into a therapeutic context.

The role of sound designer. Kaye and LeBrect’s (2009) book emphasizes the soundscape as being an extremely relevant part to the play. They write, “The silences – as well as the dog barks and musical underscoring – are determined by specific aesthetic decisions. Meaning and purpose are attached to everything you do as a sound designer” (p. 1). Although a major part of the sound designers role is for the performance, their creativity is shown the sound they chose (p. 45). Although the soundscape may seem irrelevant to just a play script, I assure you there was significant value in picking the

sounds and music for my play. In culminating scenes it was noticed that specific music would provide a smoother transition. It was here that I was able to include songs which I felt added value and insight into particular scenes. It was helpful for me to rummage through old music and find songs that would encompass a particular feeling and allowed me to reconsider what I was trying to say in a certain scene. Although I was limited to whatever music I had on my computer, I would suggest that clients engage in the idea of what sounds or music can portray the necessary feeling. It was in my experience that when choosing specific sounds and music there was a sense of control over the script, it provided a way of distancing.

The role of lighting designer. Lighting directions in my play were used for transitions between scenes and were indications for when an environment would change within a scene. I noted above that my play was an exploration of my relationships with therapists and that it was a combination of semi-autobiographical scenes based on creative writings from memory. Lighting cues allowed me to weave through these different elements within my play. Again, my play was inspired by one of my favourites, *The Glass Menagerie*. I appreciated finding in the preface, Tennessee Williams had included a note on his lighting, ““The lighting in the play is not realistic. In keeping with the atmosphere of memory, the stage is dim. Shafts of lights are focused on selected areas or actors...a free and imaginative use of light can be enormous value in giving mobile, plastic quality to plays of more or less plastic nature” (1945, p.10). His idea of realities whether based in memories or in a plastic nature were reflected in his lighting cues. In my play, I was able to conjure a particular environment by using the description of lighting. It is in reflection of different scenes, then, a client may be able to decide what

lighting can best portray their feeling or their desired environment. Like Williams' example of having his memory dimly lit (1945, p. 10).

Step four: discussion of the final product. After all the elements were in place for finishing my play, the last step was to receive feedback from my supervisor (this final feedback should also exist within the therapeutic context). Although there was an overwhelming feeling of anxiety in sharing my play, that anxiety was counteracted by immense pride and joy that I had felt in completing a play I liked, which in turn provided a sense of confidence in sharing. Writing such personal scenes that were once such a personal concern and horrible experience were now amalgamated into an objectified creative version of what happened. It was in this development and completion that I had felt my experience of being unable to have a relationship with a therapist validated. This topic was not something that I needed to fret, but was an experience in understanding what kind of therapy I needed – and in conclusion, that was writing a play.

Conclusions

The model developed to use playwriting as therapy with individual clients encompasses four steps:

Step One: Here the therapist and client engage in the idea of playwriting. They can discuss past theatrical literature that is relevant to the client, this dialogue should continue until the client is ready to choose a topic and genre that their play will revolve around. This step sets in a timeline for the completion of the play. These decisions are general guidelines for goals the client and therapist wish to achieve, therefore, there is room to change and explore other topics and genres. However, it is the

therapist's responsibility to form a track that will keep the client on task to reaching their general goals.

Step Two: Now the client is asked to engage in creative writing activities in a journal (with the therapist and on their own time): using stream of consciousness, character sketches, writing dialogue, letter writing, and writing scenes. The client will then select pieces of their creative writing they would like to share with their therapist. In turn, a dialogue is made based on feedback of the therapist to develop characters within the play that are relative to the topic. It is necessary here for the therapist to ask questions about the selected works that will further the client's exploration of character and plot.

Step Three: Once the client has developed characters and dialogue, they are now able to accumulate their creative writings to develop a plot (for instance, finding a common thread through the scenes written to put them together). The therapist's role is to integrate drama therapy exercises to further plot if the client is finding this step difficult (for instance, using the Six Part Story Method (1992)). The client should be aware of their theatrical tastes and use lighting, sound and stage directions in their script to aid in their developing plot.

Step Four: Once the script is complete, discussions of the final script and entire process will begin between the therapist and client. Discussions can range from conclusions they've drawn, their relationship with the creative writing process, etc. Steps beyond this can take the script into performance; however, that is up to the client.

This model is a beginning guide for therapists who wish to incorporate playwriting into their therapy, whether the outcome is performance or not. Often, benefits of performance can be hidden by anxiety to perform (Emunah, 1994, p. 257); therefore,

this model may be used as a step towards to performance. In my experience, the process of writing a play and sharing this process has been unintentionally therapeutic, it is my assumption than that others may benefit from this model created.

This research paper has only focused on the literature available and my personal experience associated with playwriting in a drama therapy context. However, there are many possibilities for further research. It would be useful to apply this research to a clinical setting. Research could be done in a case study format developed by a drama therapist or a quantitative study can be done to measure the pre and post effects of playwriting within a clinical setting. These forms of research will provide a clearer understanding on whether this model is applicable to various populations.

Further research can also explore whether this model is helpful for those drama therapy clients who may feel uncomfortable with performance as therapy and may prefer creative writing with a drama therapist. A comparative study of this could indicate potential benefits or detriments in a therapeutic process.

References

- Bacigalupe, G. (1996) Writing in therapy: A participatory approach. *Journal of Family Therapy*, 18(4), 361-375.
- Bailey, S. (2009). Performance in drama therapy. In D. R. Johnson and R. Emunah (Ed.) *Current approaches in drama therapy* (2nd ed) (pp. 374 – 388). Springfield, IL: Charles C. Thomas.
- Bayne, R. (1988). *The Myers-Briggs type indicator: a critical review and practical guide*. United Kingdom: Nelson Thomes
- Bleuer, J. (2009). *Witness: Therapy, theatre & global citizenship unite a self-revelatory performance research inquiry* (Master's theses). Concordia University: Montreal. Retrieved from ProQuest Dissertations and Theses database. (MR63147)
- Bolton, G. (1999). *The therapeutic potential of creative writing: writing myself*. London, England: Jessica Kingsley Publishers.
- Bornstein, R. & Becker-Matero, N. (2011). Reconnecting Psychoanalysis to Mainstream Psychology: Metaphor as Glue. *Psychoanalytic Inquiry*, 31(2), 172–184.
- Durang, C. (1983). *Beyond therapy*. New York, NY: Samuel French.
- Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York, NY: Brunner/Mazel Publishers.
- Fedder, N. J. (1974, August). *All the nonsense about rules of playwriting*. Paper presented at the Annual Meeting of the American Theatre Association, Minneapolis, MN. Retrieved from ERIC database. (ED101392)
- Fountain, T. (2007). *So you want to be a playwright?: how to make a play and get it produced*. London, UK: Nick Hern Books.

- Furman, R., Downey, E. P., Jackson, R. L., & Bender, K. (2002). Poetry therapy as a tool for strength-based practice. *Advances in Social Work, 3*(2), 146-157.
- Golden, K. M. (2000). The use of collaborative writing to enhance cohesion in poetry therapy groups. *Journal of Poetry Therapy, 13*(3), 125-138.
- Goldstein, M. I. (1983). The production of metaphor in poetry therapy as a means of achieving insight. *The Arts in Psychotherapy, 10*(3), 167-173.
- Goulding, C. (1999). *Grounded theory: Some reflections on paradigm, procedures and misconceptions*. Wolverhampton, England: University of Wolverhampton.
- Grebainer, B. (1961). *Playwriting*. New York, NY: Thomas Y. Crowell.
- Greig, N. (2005). *Playwriting: A practical guide*. London, New York: Routledge.
- Guest, J. (1982). *Ordinary people*. New York, NY: Penguin Books.
- Hatcher, J. (2000). *The art and craft of playwriting*. Cincinnati, OH: Story Press
- Hunt, C. (1998). *The self on the page: Theory and practice of creative writing in personal development*. London, England: Jessica Kingsley.
- Hunt, C. (2000). *Therapeutic dimensions of autobiography in creative writing*. London, England: Jessica Kingsley.
- Humanmetrics (2010). *Jungs typology test*. Retrieved from <http://www.humanmetrics.com/cgi-win/jtypes2.asp>
- Jacobs, D. (2002). Tennessee Williams: The use of declarative memory in the Glass Menagerie. *Journal of American Psychoanalytic Association, 50*(4), 1259-1270.
- Jenkyns, M. (1996). *The play's the thing: exploring text in drama therapy*. London, England: Routledge.
- Jones, P. (1996). *Drama as Therapy: Theatre as living*. London, England: Routledge.

- Kaye, D. & LeBrecht, J. (2009). *Sound and music for the theatre: The art and technique of design*. (3rd ed) Elsevier: Oxford.
- Kelly, A. E. & Kahn, J. H. (1994). Effects of suppression of personal intrusive thoughts. In *Journal of personality and social psychology*, 66(6), 998-1006.
- Klinger, J. (1993). *A methodology for playwriting*. Texas Tech University
- Lahad, M. (1992). Story-making in assessment method for coping with stress: Six piece storymaking and BASIC PH. In Jennings, S. *Dramatherapy: Theory and practice 2*. (pp. 150-163). New York, NY: Routledge.
- Landy, R. J. (1983). The use of distancing in drama therapy. *The arts in psychotherapy*, 10(3), 175-185.
- Landy, R. (1993). *Persona and performance: The meaning of role in drama, therapy, and every day life*. New York, NY: Guilford Press.
- Landy, R. (2008). *The couch and the stage: integrating words and action in psychotherapy*. US: Lanham, MD: Jason Aronson.
- Longo, P.J. (1999) Poetry as therapy. *Sanctuary Psychiatric Centres of Santa Barbara*. Retrieved from www.spcsb.org/advoc/poetrytx.html
- Look, L. F. (2008). *Playwriting to increase self-esteem and writing ability among middle school students* (Doctoral dissertation). University of Louisville: Louisville, Kentucky. Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3308488)
- MacGowan, K. (1951). *A primer of playwriting*. New York, NY: Random House.
- Marshall, C. & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: Sage Publication.

- Mazza, N. (2003). *Poetry therapy: Theory and practice*. New York, NY: Brunner-Routledge.
- Meunier, A. (1999). Establishing a creative writing program as an adjunct to vocational therapy in a community setting. *Journal of Poetry Therapy*, 12(3), 161-168.
- Morse, J.M. (1994). Emerging from the data: the cognitive process of analysis in qualitative enquiry. In J. M. Morse (Ed.), *Critical Issues in Qualitative Research Methods* (pp.23-43). Thousand Oaks, CA: Sage.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Neiderhoffer, K. G, & Pennebaker, J. W. (2002). Sharing one's story: On the benefits of writing or talking about emotional experience. In C. R Snyder, & S. J. Lopez, (2002) *Handbook of positive psychology*. New York, NY: Oxford University Press.
- Norton, R. W. (1983). *Communicator style: Theory, applications and measurements*. Beverly Hills, CA: Sage.
- Opt, S.K & Loffredo, D.S. (2003). Communicator image and Meyers-Briggs type indicator extraversion-introversion. *Journal of Psychology: Interdisciplinary and applied*, 137(6), 560-568.
- Pendzik, S. (1988). Drama therapy as a form of modern shamanism. *The Arts in Psychotherapy*, 20(1), 81-92.

- Pope, K. S. (1978). How gender, solitude, and posture influence the stream of consciousness. In K. S. Pope & J. L. Singer (Eds.), *The stream of consciousness* (pp. 259-299). New York, NY: Plenum.
- Priebe, S. & McCabe, R. (2008). Therapeutic relationships in psychiatry: The basis of therapy or therapy in itself. *International review of psychiatry*, 20(6), 521-525.
- Purves, D., Brannon, E. M., Cabeza, R., Huettel, S. A., LaBar, K. S., Platt, M. L., & Woldorff M. G. (2008). Declarative memory. In *Principles of cognitive neuroscience* (pp. 353-378). Sunderland, MA: Sinauer Associates, Inc. Retrieved from http://www.sinauer.com/cogneuro/sample/CogNeuro_Ch14.pdf
- Quenk, N.L (2009). *Essentials of Myers-Briggs type indicator assessment* (2nd ed). Hoboken, NJ: John Wiley & Sons.
- Rizzo Parse, R. (2001). *Qualitative Inquiry: The path of sciencing*. Sudbury, MA: Jones and Bartlett.
- Scheff, T. J. (1981). The distancing of emotion in psychotherapy. *Psychotherapy: Theory, Research and practice*, 18(1), 46-53. Doi: 10.1037/h0085960
- Smiley, S. (1971). *Playwriting: The structure of action*. Englewood Cliffs, NJ: Prentice-Hall.
- Snow, S. (2009). Ritual/theatre/therapy. In D. R. Johnson and R. Emunah (Ed.) *Current approaches in drama therapy* (2nd ed) (pp. 117-144). Springfield, IL: Charles C. Thomas.
- Snow, S., D'Amico, M., & Tanguay, D. (2003). Therapeutic theatre and well-being. *The Arts in Psychotherapy*, 30 (2), 73-82.

- Terpiger, P. & Tomm, K. (1992). Guided letter writing: a long brief therapy method whereby clients carry out their own treatment. *Journal of Strategic & Systemic Therapies*, 11(4), 1-18.
- Thomas, A. E. (2000). *An adolescent in individual drama therapy: Exploring meaning, power, and creativity through co-construction and narrative therapy influences* (Master's theses). Concordia University: Montreal. Retrieved from <http://spectrum.library.concordia.ca/1257/>
- Watt, I. P. (1949). The Naming of Characters in Defoe, Richardson, and Fielding. *The Review of English Studies*, 25(100), 322-338.
- Watts, P. (1992). Therapy in Drama. In S. Jennings (Ed.), *Dramatherapy: Theory and Practice 2* (pp. 38-49). London, England: Routledge.
- Wegner, D. Schneider, D., Knutson, B. & McManon, S. (1991). Polluting the stream of consciousness: The effect of thought suppression on the mind's environment. *Cognitive Therapy and Research*, 15(2), 175-201.
- Williams, T. (1945). *The Glass Menagerie*. New York, NY: New Directions.
- Yorkey, B. & Kitt, T. (2010). *Next to normal*. US: Theatre communications group.

Appendix

Ugh, Therapy

Written by Lyndsay Simmons

ACT I

Scene One

The stage is black without curtain. The stage presents a simple bedroom; bed, side table with phone; closet; mirror

A song plays "She's lost control" by Joy Division

Low lights show the stage

A young woman walks on stage with a trumpet and begins to jam with the song. At first her harmony is terrible and progresses over one minute; she stops abruptly and turns off the music

SELL:

What time is it (*looks at clock*) Ok, good, I still have three hours and three minutes to the 1 hour mark. (*looks in mirror*) I have a feeling this will be good, in four hours it will be great.

I made an appointment early, just in case I couldn't sleep all night and was anxious and needed to see someone immediately. I think ahead like that.

long pause

How you present yourself, what you wear, all these things are noticed.

Sell begins to shuffle to her closet and look at different clothes

A phone rings and Sell goes to answer it on a stand beside her bed

SELL:

Hello?

A woman's voice is heard overhead, it is the voice of Sell's mother

MOTHER:

What's the matter?

SELL:

Oh, hey mom

MOTHER:
Are you depressed?

SELL:
Oh HI MOM! (*in a sarcastic tone*)

MOTHER:
You're being cute with me, now, I see.

SELL:
What's up mom?

MOTHER:
I just called to see if you got up

SELL:
Yup, sure thing

MOTHER:
Well, it's good to hear

SELL:
You working today?

MOTHER:
Just got to the office, had a few minutes before my first client

SELL:
Ok then, well, we'll talk soon, Goodbye.

Sell hangs up the phone and continues picking out her clothes

SELL:
My mom, she's a therapist, so she knows how important time is for them. That's what my early appointment is for today, to see a therapist. It's my real first therapist/patient meeting though. I am 25 now, and I think being a quarter of a century requires some outside professional insight or something.

Sell continues to dress while taking a pause to look at herself in the mirror and take a long breath

Scene Two

SELL:

My mom didn't suggest that I do this either, no, it was all on my own this time. You see, when my mom became so frustrated with my sleeping in, mumbling, failing school, drinking too much etc. etc. suggested that I see Tony Robbins, for "motivation." She said that was the problem. She even bought the ticket, which was priced pricey. I was late to the second session, in the morning. But there were thousands of people...

The lights begin to dim and colour while Sell tells her story, eventually the song "Just Dance" by Lady Gaga comes on

Sell shows her interest in the song and starts dancing to the song with immense passion - she knows every word to the song that suggests her interest in the lyrics. She shows that she's accepted the situation due to the song and atmosphere. Extra characters dressed in business suits enter the stage and show extend the illusion

The first minute of the song is played

There is a voice over replicating Tony Robbins aka Godly voice

GOD VOICE:

Aha! Doesn't that feel great? Dancing !

Sell and other actors shout together in unison

SELL:

Woo!

GOD VOICE:

Now say yes!

The crowd says yes, while Sell watches. She then begins to say yes (her progression should be obvious in her body language)

SELL & CROWD:

Yes!

GOD VOICE:

Say Yes!! (*becoming more intense*)

SELL & CROWD:

Yes! (*louder*)

GOD VOICE:

Now make your move!

the crowd begins punching the air, Sell copies and appears to get involved, high fiving other crowd members

The lights become more dim and the God voice begins to speak lower, and slower

GOD VOICE:

Now, when your boss comes in on Monday morning. And makes a comment about how you've put on a little weight lately, or that the new guy is up for the promotion you've been working years for,

Sell begins to seem confused

GOD VOICE:

or that they're making cut backs and you better shine your shoes a little more...what are you going to do?

CROWD:

Make our move!

GOD VOICE:

That's right! You're going to look in the mirror each morning and say "I'm getting rid of you fat!" and "I'm going to make you a millionaire in five years!"

The crowd is becoming increasingly dramatic during this speech; one person can be crying, another could be pacing saying "you're not fat!" etc

Sell begins to back off and try to escape

Another character who has a head set on tries to make her stay, she argues with this character but in mime

GOD VOICE:

You're going to sweat more and work harder and push yourself until you bleed

Crowd intensifies

GOD VOICE:

And how are you going to do that?

CROWD:

Make our move!

Sell begins to air punch the crowd away yelling for the scene to stop

SELL:

stop! stop! Get out all of you ! Turn on the lights! Stop!

The lights rise to her bedroom while the actors exit off stage

Scene Three

SELL:

I hate that flash back

Sell begins to go back to her closet and pull out more clothes.

SELL:

Tony Robbins was not for me. My mom became suspicious of this; her friend went to Tony Robbins and was promoted to vice president the next month. I told her I didn't even have a job to get promoted in, I was a student.

VOICE OVER MOTHER:

That's the problem! Get yourself out there, meet people, you can't be a student forever. Do something!

SELL:

Yes, mother.

Sell picks out an outfit and begins to undress, she starts to undress, she has a nightgown underneath her house coat

SELL:

Ya, being a student wasn't really for me either. I had very little energy, always sleeping, always miserable in my jail of a residence. I would lie there at night

Sell lays on her bed while the lights dim to the past

SELL:

And I would listen to my neighbor scream on the phone until all hours of the morning with her long distance boyfriend

A voice is heard overhead of a young girl fighting on the phone with her boyfriend, this continues throughout the scene

SELL:

And then I would go to Psychology class at 8:30 am, and listen to the professor read from the text book, definition after definition after definition

A voice of an older professor is now heard over the other girl fighting; reading text book definitions in a boring voice

Sell begins to move her head as if she's getting dizzy

SELL:

And then I would go home finally try to get some sleep and my parents would call

the phone rings

SELL:

And I would stare at the phone knowing that they would keep calling until I pick up, so I pick up and I hear

VOICE OVER MOTHER:

Sell, Are you depressed? Are you anxious? Why don't you have friends?

All the voices intensify and become overwhelming

Sell grabs a bottle of wine from under her bed and throws a pillow over her head

SELL:

(shouting) I just need a break!

All the voices stop

The lights rise a little while a man in a doctor coat enters the stage

Throughout the scene the doctor never looks at Sell directly but only at his clipboard and pen

DOCTOR:

Hello, Sell Davis.

SELL:

Hello (from underneath her pillow)

DOCTOR:

Ok, how are we feeling today?

SELL:

I'm a little tired

DOCTOR:

Ok, I am going to ask you a series of questions, please answer yes or no

SELL:

Ok

The doctor then asks questions directly related to the DSM-IV, relating to generalized anxiety disorder, Sell nods to these questions

DOCTOR:

Are you feeling wound up, tense or restless? Easily becoming fatigued or work out? Do you have problems concentrating? Are you irritable? Do you have significant tension in your muscles? Difficulty sleeping?

Sell answers honestly until she recognizes the diagnosis

SELL:

Hey, I read the DSM too, you know

DOCTOR:

Let's just finish this shall we?

SELL:

How many more yeses will make me stay here?

DOCTOR:

We're here to help you Sell (*in a very dry voice*)

Sell lays back down and puts a pillow over her head while the doctor leaves

A jolly nurse enters and takes a pillow off her head

NURSE:

Rise and shine, Sell bell

SELL:

Nurse Nancy! Finally! There's so many robots around here, I missed you.

NURSE:

What? Already? Girl you need some friends. Maybe not those looney boys though that keep asking all about ya

SELL:

Really?

NURSE:

Oh ya. Who's that new girl? Why she hide in her room all day? (laughs)

SELL:

What do you say?

NURSE:

You're a magician, thinking of new tricks

SELL:
Good one!

NURSE:
How you feeling lovey? Ready to go home?

SELL:
Think so. They suggested I see someone when I go back to school, or work, or whatever I end up doing (long pause) Maybe you should be my therapist, that would make it easier

NURSE:
Ha! I ain't trained for that sort of thing. I learned I can count on more than therapy working on my grandpa's farm. I never got bored, I worked hard, nobody around - I was never sad.

SELL:
Really? You were a farmer before you were a nurse?

NURSE:
Yup. Gave me confidence to put up with the likes of you! Ha!

SELL:
I couldn't do that

NURSE:
Sure you could. Anyone could. But no one has enough gutso for the challenge. Everybody needs to hear they're the best for doing nothing, you know? Anyway, Sell. You sleep tight, lights out.

The lights go down and Sell pretends to go to sleep

Scene Four

The lights rise to a middle age man arriving on stage; he is wearing boots, and working clothes and speaks broken English with a thick French accent

FARMER:

Ah, Miss Sell, you wake? You no wake for animaux. They need eat

Sell awakes to attention, she is flustered but becomes calm throughout the scene

SELL:
I am so sorry, Robert (*pronounced Ro-ber*), I guess my alarm didn't go off, I will go right now

FARMER:
You no happy today? You no like job?

SELL:
I love the job

FARMER:
You work maximum possible ok? No percent 50

SELL:
Oui, Ro-ber, it won't happen again

FARMER:
You prop le shit horse?

SELL:
Quai? clean the shit horse?

FARMER:
Oui, the shit horse, on the ground, little pieces

SELL:
Oh! the horse shit! Ok, yes, will do.

The lights change to original scene 1 lighting as Robert leaves the stage

Scene Five

Sell begins to finish dressing and looks in the mirror then approaches the audience

SELL:
I decided when I woke up this morning that I would begin my therapy session with my farm story. That it's a good opener for anything, "I just spent three months in recluse on a farm - so, I've been a little isolated but confident, how to I go back to reality" and see how he responds to that. And I hope that I can just tell him how I really feel.

Sell then sets up her room to look like a therapy session, placing two chairs parallel to eachother. She then walks toward the edge of the stage and grabs a man in his thirties who is dressed business casual and is a therapist

SELL:
I hope he's at least a little bit attractive, young and smell nice. And I hope he's human, my kind of human

Sell asks the therapist to take a seat while she sits across from him, she slouches in her chair. The lights change to indicate this is a fantasy

SELL:

I randomly started working at a farm, a fantasy farm with a private beach and hundreds of docile sheep...

THERAPIST:

Sounds cleansing

SELL:

See - I hate that about therapists. It wasn't cleansing it was liberating; wake was mandatory six am, feed the animals, pick this, grow that, clean over there, and never do that again

THERAPIST:

Discipline is healthy

SELL:

I was never validated; never told I did a good job, but we got to have beers with the boss every Friday - it was the most delicious tasting beer after such a hard and invalidated week

Long pause

SELL:

You're not saying anything

THERAPIST:

I'm interested in why you're saying that

SELL:

I know that trick, try again. You can't fall back on that.

Long pause

SELL:

Do you not think that working hard, every day, with your body is just cleansing?

THERAPIST

It really seems that you don't

SELL:

Right - you see! It's more than that, than vague statements, it's nature, it was nice not being spoiled and validated

THERAPIST:
So why did you seek therapy

SELL:
It's a habit to try and fix myself all the time, I guess

THERAPIST:
Right

SELL:
Uh, that was a joke

THERAPIST:
What else did you want from me here today?

SELL:
Nothing, just that

THERAPIST:
Well it seems that you've come with some sort of intention

SELL:
Just some help

THERAPIST:
Well, let's think - how can I be more helpful to you?

SELL:
(pauses) what do you mean?

THERAPIST:
Is there something I can change in how I am sitting? Or, the lighting? These dim

SELL:
Yes! I would love dimmed lights - it's like a hospital in here!

THERAPIST:
Ok sure, alright (adjusts light) how is that?

SELL:
Perfect, oh my God, I can only think rationally with low light

THERAPIST:
Anything else?

SELL:

Yes, could you fix the buttons on your shirt, you've messed it up

THERAPIST:

You're kidding me (*begins to look at his shirt, sees that the buttons are not align and fixes them*)

SELL:

In fact, just undo the first two buttons, it looks like your neck is anxious

THERAPIST:

Ok! Alright! I feel like we're getting somewhere

SELL:

And do you mind if I take these down? (*holds up graduation plaques*)

THERAPIST:

Well, that really interests me, Sell, I am beginning to see a pattern here

SELL:

And could you also not question my questions, just be here

THERAPIST:

But I am just here, Sell

SELL:

There you go again

There is a long pause while Sell begins to take down the honorary plaques off her therapists' wall and face them down on his desk

She then finds a small picture frame on his desk that stops her; makes her smile; She then places it facing her on the therapist's side table

SELL:

There. I am home.

THERAPIST:

Well then. You sure made yourself comfortable. Not sure how I feel with this picture beside me

SELL:

Why? It's personable. You're someone else right now. I feel like I know you

THERAPIST:

And that's who you'd like me to be? Someone you know?

SELL:

I asked you before not to question questions, just say anything under the sun that isn't analyzing me

THERAPIST:

Alright, shoot

SELL:

Well I think I demand a lot of people; to interest me, you know, and I am opinionated, maybe too much

THERAPIST:

Oh

SELL:

Ya, and situations. There's a line that divides the therapist seeking soul and the strong silent type

THERAPIST:

I hear what you're saying, and I think I heard that from The Soprano's

SELL:

I love that show. Yes, like that. Do you like the therapist in that show? Dr. Melfi. It's interesting because she sees Tony because he keeps her interested. I would too. I'm shallow like that

THERAPIST:

There's a few therapists in that show; all very different people. You had the counselor from a University, that immediately suggested Prozac to Meadow when she didn't want to finish school

SELL:

Ya, that's what you get when you don't pay for it

(Both characters chuckle)

Sell takes a long breath and relaxes

THERAPIST:

So, shall we chat?

SELL:

Nah, I've got my real appointment to go to

THERAPIST:
Right, good luck.

SELL:
Thanks.

The lights change back to Sell's room. The Therapist exits with all the props, Sell continues to sit relaxed in her chair.

Sell takes one last look in the mirror, pulling down her jacket, appearing ready for her appointment.

Sell grabs her trumpet and exits

Lights down.

The End.