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Creative Interventions in Drama Therapy for Treating Families

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Abstract

Creative Interventions in Drama Therapy for Treating Families

By: Tamar Perecowicz

This paper addresses the centrality of families in our lives and the conflicts members experience that bring them into therapy. Such conflicts are addressed within the context of dysfunction, noted by a breakdown in the family's communication or an impairment in inter-member relationships. Dysfunction is addressed in a thorough discussion of two conventional therapeutic approaches. Bowenian therapy-built on systems theory and CBT or cognitive behavioral therapy with families are outlined for their therapeutic benefits and limitations. Their limitations highlight the need for alternative, more innovative interventions in family therapy. Drama therapy and four of its interventions; play, psychodramatic and sociometric techniques, and sculpting are discussed for their creative and dynamic approaches to helping people make sense of their struggles. Social constructionism is also explored for its ability to help family members "re-author" the unit's current, troublesome life story. This paper explores the usage and benefits of combining drama therapy with social constructionism in family therapy and suggests new avenues to explore in further research and clinical practice.

Dedication

I would like to dedicate this paper to two very special and important people in my life, who have helped me through some of my darkest moments with immense love, wisdom and compassion.

For my mother, for whom the never-ending love in my heart and soul cannot fully conceive the effects of distance. My love for you transcends time and space with each passing day, and fills me with the courage to believe in my dreams even when reality would have me believe otherwise. May every ounce of salt that fills the vast ocean between us serve as a reminder of my enduring, bittersweet love for you, now and always. You are the one person that has ALWAYS believed in me, and my soul can only reap the rewards of your unconditional love in a way that words can never fully express. I love you with everything in me.

And to Marc with love, who has saved me from myself numerous times. Your persistent faith in me and belief in my abilities to successfully overcome any challenge life throws my way has fed my soul vital nourishment, even in my hungriest of hours. I will always be grateful to you for respecting me, believing in me and honoring my feelings, even when I was unable to do these things for myself. You are highly responsible for the completion of this paper, since without your presence in my life, I would never have found the strength to move forward with optimism and faith. With a bounty of love, gratitude and humility, I thank you with all that is in me. My heart goes out to you with the utmost respect, for continuing to help me confront my inner demons and learn to live life with courage and restored hope. Your influence in my life has given me more than you will ever know.

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Chapter One:

Exploring of the meaning of family in our lives

From the time we are born, we are faced with the question of defining who we are in relation to where we come from. We are confronted with the question of who we are, where we came from and what we will become in our quest to identify our self amidst our 'family.' This brings us to the primary topic of this paper, wherein we can begin to explore just what 'family' really is. After all, whoever conceived of such a simple term that carries such a longstanding, complex connotation? And most importantly, what does it really mean in terms of discovering the underlying meaning behind our existence; not just physically, but emotionally, spiritually and psychologically?

Ultimately, the initial connections we form with our caregivers comprises the very template of those we will seek out and work through with others, as we attempt to uncover the purpose for our existence. This paper attempts to understand what specifically constitutes the term 'family,' to what degree do its members feel connected to one another and how do those very same connections or disconnections permeate a broader interpersonal context within a therapeutic inquiry.

Once we understand the meaning of the term 'family,' the implications it carries into other areas of our lives and the means by which it colors the emotional underpinnings of our relationships with others, we can gain further insight into how this group we call 'family' actually functions. When problems within the unit are recognized and therapy is sought out as a corrective measure to promote change, the complex interactions amongst this eclectic, fascinating troupe of individuals can be thoroughly examined, with the hope of implementing corrective measures into the treatment process. The problems members experience in relating to one another will

ultimately influence how each person perceives their sense of self-worth and degree of happiness. The underlying premise behind this notion is that the struggles we face in our own lives often mimics the difficulties we encounter in our relationships with others and the impact those experiences have on our sense of self.

Therapy may become limited when it only focuses on the use of traditional methods of treatment, in spite of its strengths. Incorporating a variety of more eclectic, creative, therapeutic interventions into the process promotes greater insight and awareness into deeply ingrained relational patterns. Adopting a proactive and open-minded approach to therapy enables family members to make use of a more eclectic, comprehensive set of therapeutic interventions. These interventions promise not only to promote insight, but also give way to an enriching growth experience as a precursor to change. In turn, these enriching experiences can enhance the way one feels about oneself and their relationships with others. This, in short, is the underlying scope of this paper.

Let us proceed in defining the term 'family.' Goldenberg & Goldenberg (1996) define the family as a "natural social system with properties all on its own...that has evolved a set of rules, ...roles for its members,...an organized power structure, intricate forms of communication and ways...of negotiating problem-solving" (p.3). In simpler terms, a family is best understood as a social network of individuals who interact closely with each other and work together to accomplish individual and collective goals. Steven Covey (1997) elaborates on the richness and insurmountable nature of the family by stating: "the family is the most important, fundamental organization in the world, the literal building block of society. No civilization has ever survived its breakup. No other institution can fulfill its essential purpose. No other institution has had its impact for good or ill" (p.76). Ultimately, the family becomes the building block for all other relationships, whether they be with friends, lovers or colleagues. In essence,

“...individuals comprise families, families compose cultures & sociopolitical systems, and cultures & political systems compose countries. There are...stories and...interactions at each of these levels” (Parry & Doan, 1994, p.47-48). The spoken and unspoken messages we have learned in our families through such ‘stories’ about how to relate to others within the multidimensional context of our lives becomes of paramount importance in discovering how we feel about ourselves. It is these inner dialogues we recreate for ourselves that form the blueprint upon which all future interactions will be built, regardless of whether they are meaningful or not in the long run.

Ideally, families can be thought of as an array of individuals whether they comprise two people or ten, who are able to overcome life’s challenges and difficulties together. In the eyes of Tallman (1970), these fundamental social groups possess the ability to communicate openly in a warm, non-judgmental setting, with a central leader guiding the flow of communication by viewing each member’s input equally, regardless of the status of the person initiating the communication. More precisely, Tallman (1970) proclaimed the potential for the family to be a “small problem solving group,” wherein problems are confronted by the members as a unit, rather than as separate individuals within a unit (p.94). Whether these families are comprised of a single parent and child, two individuals without children, an array of blended or extended family members all living under one roof or any other possible permutation wherein members are genetically or emotionally linked in some way, the premise remains the same. In his eyes, alongside those of many others, effective, harmonious families possess the necessary skills and attributes to collectively overcome any challenge or obstacle life throws their way. Some of these attributes can include things like good communication skills, expressiveness and flexibility in adapting to change, to name just a few. So why is it that only 4-6% of American households are able to make use of these skills in

surpassing society's traditional norms for family functioning in the face of overwhelming pressures to change (Covey, 1997); pressures which, in essence, require the need to *flexibly adapt* to some of life's most prominent personal and emotional challenges (ie. loss of a job, death of a loved one, diagnosis of an illness, etc.)?

Sadly, the statistics delineate the underlying phenomenon with crystal clarity, and which holds fairly substantial ramifications: that most families are in fact dysfunctional instead of functional, inflexible rather than flexible and unable to communicate their needs with one another effectively. In the words of Covey (1997), "most families are *not* effectively restructuring themselves. As a whole, families are not rising to the level of response the challenge demands" (p.136). When this inability to adapt arises, dysfunction sets in. Dysfunction can arise in a family when the roles of members, communication patterns or alliances between individuals become inflexible to change or enmeshed in unhealthy ways. Goldenberg & Goldenberg (1996) define dysfunctional patterns as an "abnormal or impaired ability to accommodate to or cope with stress" (p.422). When dysfunction sets in, the family can no longer respond to the outside world in a healthy, harmonious and collaborative fashion. This problem permeates the unit as a whole and greatly limits the richness of positive interactions members can have with one another, leading to impasse, resistance and negative patterns of relating.

This paper will briefly outline the benefits and limitations of some of the traditional therapeutic methods available to help families cope with the stress associated with dysfunction. An elaborate description of various creative and innovative drama therapy interventions will also be explored, as positive methods aimed at fostering insight, initiating change and helping members overcome their resistance to the therapeutic process. It is my belief that once problematic patterns of relating are discovered and *worked through* with these dynamic interventions, a new level of

insight can be gleaned and applied to improving other fundamental relationships in one's life. In turn, these insights can give way to greater levels of self-esteem and interpersonal effectiveness; two of the primary ingredients for living a rich, satisfying life.

Chapter Two:

The benefits and limitations of two acclaimed traditional therapy methods

As we have explored in the previous chapter, the family is a complex social system that permeates much of our lives in society, cross-culturally and throughout history. As noted by Dallos (1995), “our beliefs, self-concepts, constructions, views of the world and our emotional states are intimately related to our family situation” (p.12). Clearly, the family is more than just a set of individuals sharing a physical and psychological space with one another. Since the family is perceived as a social network, members interact closely with one another in an attempt to accomplish individual and collective goals. Given the nature and complexity of this task, the family is bound to inevitably experience some sort of dissension or conflict. In fact, simply by virtue of each of these individuals possessing their own unique personalities, opinions and viewpoints, conflict is bound to arise in some circumstance or another. It is virtually impossible to avoid any kind of conflict whatsoever, whether it be moderate or severe in nature. The nature of the conflict and the family’s inability to resolve it is what initiates stress, which can manifest into ineffective coping mechanisms for problem-solving and dysfunctional inter-relational patterns amongst members.

In simpler terms, at some point or another in life, families are bound to experience problems or setbacks, which can impede members ability to work together to overcome them. The problems families face can range from simple, daily annoyances- like Frank forgetting to fill up the car with gas for Mom, even though she reminded him twice-to larger, more strenuous, life altering circumstances, such as a sudden death in the family, loss of employment, the onset of a terminal illness, an accident with long-term health implications or a loved one diagnosed with a mental illness. When the stress associated with such events (whether they be ordinary or

monumental in scope) becomes inordinately high, family members can experience difficulty in communicating effectively with one another, re-negotiating their roles & responsibilities and developing a plan of action to restructure their lives. Once this process sets itself in place, dysfunction occurs. Consequently, the family's internal structure, roles, communication patterns or alliances become inflexible to change or enmeshed in unhealthy ways. DeShazer (1985) contends that dysfunction essentially arises from faulty attempts at problem resolution, once the family perceives itself as simply 'stuck.' This state occurs when members run out of ways to deal with the problem at hand, making them experience their options as nonexistent or extremely limited. Notably, the interactions between members are often negatively affected as a result (Remer, 1986). These unsatisfying and potentially detrimental interactions members have with one another, resulting from the stress they face as a unit, is what frequently brings them into therapy.

There are several different approaches to family therapy, each advocating their own method for re-instilling harmony in the family and initiating the insights that act as precursors to forming lasting, positive change for the unit. Due to the limited scope of this paper, I will highlight two traditional schools of thought in this chapter which offer some benefits in helping families resolve their issues. In delving into their approaches, I can elucidate their potential benefits and subsequent limitations, which at times, may leave the family stuck or simply unable to incorporate the insights they've acquired from the therapy sessions into their daily lives on a more permanent, long-term basis. For the most part, these traditional schools of thought are focused on verbal or language-based therapeutic interventions, with a focus on *finding solutions* to family problems. The underlying premise for such methods of family therapy generally involve *fixing the problem*, or elucidating its cause, rather than modifying the cognitive, emotional or behavioral antecedents that led up to them in the first place. In the

paragraphs that follow, I will highlight the systemic and cognitive-behavioral approaches to doing family therapy.

Systems theory is a method of doing family therapy which was originated and founded by Murray Bowen, M.D. As a pioneer and fundamental contributor to an ever-growing field, Bowen elucidated a theory that forms the foundation upon which much of mainstream family therapy has been erected. Goldenberg & Goldenberg (1996) elucidate Bowen's ideas about the family, by describing it as "...an emotional unit, a network of interlocking relationships, best understood within a multi-generational or historic framework" (p.165). In his eyes, the family unit is viewed as an emotional system extending over many generations, whose degree of cohesion and ability to resolve conflict is very much influenced by the etiology of each member's unresolved issues with other family members. Issues which when left unresolved, will serve to only perpetuate the family's level of dysfunction over time.

Notably, the hallmark of this theory rests on the notions of "...personal differentiation from the family of origin, the ability to be one's true self in the face of familial or other pressures that threaten the loss of love or social position" (Kaplan & Sadock, 1988, p.480). Ultimately, the underlying premise behind systemic theory involves members being either too emotionally attached or conversely, not sufficiently emotionally attached to relate to each other in an adaptive, consistently loving and harmonious manner. Such a predicament serves to impair the *individual's* unique sense of self, along with the *family's* ability to develop the skills and dedication required to resolve conflict as a unit. Conflict which through resolution, offers the family ample opportunities to set new goals they can work towards attaining collaboratively. Through the process, family members can gain greater insight and an increased level of tolerance to draw upon in subsequently stressful life circumstances. When the family becomes too entrenched with unresolved issues and heightened emotionality (whether

it be expressed or not), conflict and dysfunction abound and become enormously difficult to overcome. Other researchers like Dallos (1995) for instance, concur with this notion by stating that through systems theory, "...family life is categorized by predictable, patterned sequences of actions and circularities...which encapsulate and maintain...states in members of the family (p.5).

According to the systemic approach, these so called 'states' result from the members within the family unit being unable to differentiate themselves successfully from one another, resulting in conflicted enmeshed relationships. Bowen (1966) suggests that *differentiation of self* is a re-defining process, reflecting the extent to which an individual is able to distinguish and balance their intellectual process from their emotional process; so as to avoid being drawn into whatever negative emotions dominate the family. Friedman (1991) expounds on Bowen's notion, by contending that a balance in one's thoughts and feelings comprises the ultimate goal of self-differentiation. In Bowen's eyes, differentiation reflects a direction in life rather than a state of being, and encapsulates more of a process than an achievable goal (Friedman, 1991).

A well-differentiated person possesses the ability to separate themselves from their family to some extent, by relying on their *own* thoughts and choices rather than submissively relying on those imparted to them by their family members. Consequently, the individual maintains their sense of self amidst the unit, while simultaneously acknowledging their family of origin as a vital force that has helped shape it considerably. More simply put, "...the greater the distinction, the better one is able to resist being overwhelmed by the emotional reactivity of his or her family, and is thus less prone to dysfunction" (Goldenberg & Goldenberg, 1996, p.422).

In light of this finding, Bowen stipulates that overall family dysfunction arises from several (if not all) members being unable to differentiate themselves from each

other in a healthy, consistent way. The result of this enmeshment process results in prominently salient and heated issues members fail to resolve with one another, which indirectly carries over into subsequent generations. According to Goldenberg & Goldenberg (1996), “Bowen’s work offers a natural systems theory in which the human family is seen as appearing as the result of an evolutionary process in nature” (p.168).

The underlying theme behind this evolutionary process suggests that like all other natural systems existing cross-culturally, chronic anxiety acts as an omnipresent force that permeates the family system. For Bowen, “chronic anxiety is transmitted from past generations, whose influence remains alive in the present, as families grapple with balancing togetherness and the self-differentiation of its separate members” (cited in Goldenberg & Goldenberg, 1996, p.169). In his viewpoint anxiety is aroused when one perceives a real or imagined threat, which stimulates the individual’s emotional system, thereby overriding their cognitive system (or intellect as noted earlier). The result of this process can lead to a series of erratic, emotionally intense or uncontrollable behaviors which can perpetuate the dysfunction and cause a rift between family members, given sufficiently high enough levels of stress. As a byproduct of these circumstances, an individual’s sense of autonomy and mastery over their lives can diminish, resulting in even greater bouts of chronic anxiety and enmeshment.

Bowen (1966) extrapolated on this theory by introducing the concept of undifferentiated family ego mass, to convey the idea of “...a family emotionally stuck together...where a conglomerate emotional oneness...exists in all levels of intensity” (p.171). In his eyes, the degree to which any member remains involved in family life is dependent on that person’s basic level of emotional involvement in the family ego mass. More specifically, “the greater the degree of undifferentiation (no sense of self or a weak or unstable personal identity), the greater the emotional fusion into a common self with others (the undifferentiated family ego mass)” (Goldenberg & Goldenberg,

1996, p.171). Ultimately, Bowen proposes that the only antidote to this recurring never-ending process of fusion involves ‘resolution through differentiation;’ whereby an individual learns to map out and follow through on his or her *own* direction in life, rather than perpetually following guidelines instilled by their family members or significant others.

Bowen (1966) felt that acquiring complete emotional separation from one’s family of origin is virtually impossible. However, by becoming aware of the ways in which family members feel overly enmeshed in their unit, differentiation becomes possible. Through the systemic approach, Bowen advocates that family members examine their relational patterns across a broader context, by exploring the dominant relational patterns that affected their ancestors in previous generations. In so doing, they can begin to trace the circumstances behind any trauma or anxiety their relatives felt but never resolved with one another. By delving into the family legacy, members can begin to discover how these repressed or unresolved emotional states arose and were passed onto *their* own generation, where similar difficulties relating to one another are perceived as problematic over time. Bowen (1976) refers to this ideology as the multigenerational transmission process, which proposes that severe dysfunction perpetuates itself across many generations as a result of the family’s inadequate ability to resolve conflict. McGoldrick & Gerson (1985) build on Bowen’s theories, by suggesting that family patterns tend to repeat themselves over time. This notion is further elucidated by Goldenberg & Golenberg (1996) in stating: “...what happens in one generation will often occur in the next, as the same unresolved emotional issues are replayed from generation to generation” (p.182).

Notably, the primary factor responsible for this process is low levels of differentiation amongst family members. More specifically, individuals with low levels of differentiation will tend to seek out others who also have similarly low levels of

differentiation from their respective families of origin. Once these two individuals marry, their inadequate levels of differentiation are magnified and passed onto their children; who in turn pass it onto their children in the next generation... and so on and so forth. In simpler terms:

“Bowenians believe individuals tend to repeat in their marital choices and other significant relationships the style of relating learned in the families of origin, and to pass along similar patterns to their children. To Bowen, the only effective way to resolve current family problems is to change the individual’s interactions with the families of origin” (cited in Goldenberg & Goldenberg, 1996, p.176).

As each generation produces individuals with progressively poorer differentiation (or ‘weak links’), the family unit becomes increasingly vulnerable to chronic anxiety and fusion. If consistent levels of anxiety predominate over several generations, the family members become susceptible to serious, long-lasting dysfunction with life-altering repercussions – ie. mental illness, chronic alcoholism or a debilitating physical illness. In order to prevent such detrimental circumstances, Bowen developed a graphic way of tracing the roots of the family’s presenting problem back at least three previous generations. This pictorial representation of the family legacy is what Bowen described as the family genogram. This diagnostic tool enables systemic therapists and the families they treat to examine the ebb and flow of the family’s emotional process within their intergenerational context. Through the genogram, family members are able to graphically map out their relationships and display the levels of distance, connection or over-involvement their relatives experienced inter-generationally. Notably, “when evaluation interview data are put into schematic form in a family genogram, therapist and family together are better able to comprehend the underlying emotional processes connecting generations” (Goldenberg & Goldenberg, 1996, p.183).

In using this diagnostic tool for engaging in systemic therapy with families, it is important to keep two underlying goals in mind. First, that this form of therapy aims to

reduce anxiety and provide relief from some of the symptoms associated with the presenting problem. For example, if the presenting problem consists of one member's inability to trust another due to a marital affair, mapping out the marital relationships of relatives from previous generations in a genogram can help the family discover links where intimacy and communication may have broken down; links which manifested into patterns that were then passed onto future generations through the transmission process. Consequently, by making peace with the legacy of one's past and learning new methods of inter-relational skills, anxiety can be reduced and the issue of trust can be explored with more refined insight. These new skills and insights can then offer future generations the potential of building more satisfying marital and family relationships.

The second goal to adhere to in conducting this form of therapy involves diligently working to increase each member's level of differentiation from their family of origin. Doing so ensures an enhanced level of adaptability to deal with other potentially strenuous life circumstances that may arise in the future. The therapist acts as a 'coach,' and must strive to remain detached and personally uninvested in the family conflict to help promote insight for the members of the unit. He/she does this by helping family members evaluate their emotional reactivity to one another; by asking emotionally low-key, direct questions in relation to their genograms. In doing so, the therapist enables family members to modify their stance in their relationships with one another which ultimately, serves to resolve fusion and promote greater degrees of individual differentiation. The end result: a more well-differentiated family ego mass.

Cognitive-behavioral therapy is another example of a traditional, verbal-based psychotherapeutic method for treating families. According to Dattilio, Epstein & Baucom (in Dattilio, ed., 1998), Albert Ellis was among the first to publish formal accounts detailing the applications of cognitive-behavioral therapy techniques in interpersonal relationship therapy in the 1980's. A pioneer to the field, he describes

CBT as a viable, therapeutic method which helps people uncover and change the salient, underlying cognitions or thoughts behind their problematic or troublesome behaviors. The approach is built on the premise that interpersonal functioning is a result of one's continuous, reciprocal interaction between behavior and its controlling social conditions. Cognitive functioning, defined as the ability to think and make choices, is the intermediary component to the process. Meichenbaum (1977) contends that CBT strives to modify an individual's cognitions and actions, by influencing their conscious patterns of thoughts. The approach is based on formulating concrete observations and implementing clear-cut interventions to yield changes in one's current life situation, rather than promoting insight by delving into the *origin* of one's problems. In essence then, the emphasis for this therapeutic modality is placed on the environmental, situational, cognitive and social determinants that influence behavior (Goldenberg & Goldenberg, 1996).

When applied to families, CBT strives to uncover the primary cognitions that lead to interpersonal difficulties amongst members. Its aim is focused on teaching clients to become aware of their family-related cognitions, and the impact these have on the functioning of their lives (Schwebel & Fine, 1992). Notably, disturbed feelings in a relationship are caused by partners' particular *views* of each other's actions and life stressors, and not by their actual actions or other adverse events (Ellis, Sichel, Yeager, DiMattia & DiGiuseppe, 1989). Such cognitive distortions can have substantially large ramifications for families. They have the potential to unite the family or fragment it, simply by virtue of the emotional value members attach to family issues. More poignantly, "...family-related cognitions held by individuals play an important role in shaping what they expect from family life and how they experience, function in and react to it" (Schwebel & Fine, 1992, p.73). Numerous clinicians advocate this therapeutic approach with families, in that it promotes the power of refining one's

thoughts as the ultimate precursor to change. Since the premise of CBT is that our emotions are innately influenced by our thoughts, changing our thoughts around events can bring about a change in our emotional state. Ultimately, by becoming aware of our cognitive reactions to the circumstances we face in life, we can tailor our emotions to enable us to engage in more adaptive behaviors.

In essence then, cognitive-behavioral therapy with families (also known as CBFT) aims at initiating cognitive as well as behavioral changes in the family system, with the idea that emotional changes will follow. *Cognitive restructuring* represents one such intervention for implementing these changes. Based on the notion that problematic behaviors stem from maladaptive thought processes, the therapist attempts to highlight faulty cognitions for family members so that newer, more constructive behaviors can be set into place. Once more adaptive behaviors are initiated, relationship difficulties members face with each other on an emotional level can be ameliorated. Ellis (1979) conceptualized the A-B-C theory of dysfunctional behavior, which proclaims that the disturbing consequences (C) of an activating event (A) stem more from a person's unrealistic interpretation or irrational beliefs (B) about that event, rather than the event itself. Goldenberg & Goldenberg (1996) attest to this claim in stating: "...it is not the activating events of people's lives that have disturbing consequences, but the unrealistic interpretation they give to the events, or the irrational beliefs about what has taken place that causes them trouble" (p.257).

Ultimately then, the critical component behind this process involves examining and refining family members' *schemas*. Family schemas are used in CBFT to describe an individual's complete cognitive view about how families do and should operate. More specifically, "schemas represent stable cognitive patterns that lead individuals to selectively attend to specific aspects of situations and to interpret them in particular ways" (Schwebel & Fine, 1992, p.74). Problems arise in the family when maladaptive

schemas prescribe how happy a family member 'should be,' how the family 'ought to' operate and what one 'expects to get' from the unit as a whole (Schwebel & Fine, 1992). By enabling family members to reflect on the schemas they hold towards each other, the CBFT therapist "...fosters clients' awareness of their family-related cognitions and the effect these have on feelings, behavior and family dynamics" (Schwebel & Fine, 1992, p.75). Once awareness is gleaned on a cognitive level, they can manifest themselves on a physical level as well. The overall aim of CBFT lies in teaching clients to become aware of their family-related cognitions and the impact they have on the functioning of their lives, both within the family unit and with others *outside* the family context (Schwebel & Fine, 1992).

Once the awareness is set into place, the therapist intervenes with his/her own perceptions of the family's situation and works at helping members reframe their problematic thoughts into more adaptive ones (Schwebel & Fine, 1992). Through this direct tactic, the CBFT therapist asserts him/herself as "the expert" and recommends specific interventions. As noted by Schwebel & Fine (1992), these therapeutic teachings are reinforced by written homework assignments the therapist assigns for family members after each session. This highly structured psychotherapeutic method for treating families emphasizes the process rather than the end product as the means for incurring change. In CBFT, the therapist strives to pinpoint the root cause of the family's problems and set appropriate interventions in place shortly after therapy begins. Interventions are focused on modifying maladaptive 'schemas' members hold towards each other and the family unit as a whole. Therapy is centred on 'fixing' the problems in the family, rather than illuminating them for further inquiry and insight. In this way, the process becomes a means to an end, rather than an end in and of itself.

Ultimately then, these two traditional therapeutic approaches (systems theory and CBFT) emphasize the pathologies that exist within individuals as a framework for

finding appropriate solutions. Systems theory looks at anxiety and conflict as stemming from a lack of differentiation across several generations. CBFT examines the cognitions members hold towards one another in the here-and-now that negatively impacts their family life. Its aim lies in changing the cognitions that act as antecedents to future behaviors and emotional reactions. Each of these two schools of thought make use of concrete tools to help family members overcome difficulties in their relationships with one another. Both schools advocate verbal or language-based interventions, centred on highlighting the problem and *fixing* it, rather than using it as a means for promoting greater insight and awareness into the *dynamics* of the problem. Interventions consist of implementing pre-determined oral and written exercises in order to shed light on the family's situation. More specifically, systems theory advocates the use of genograms as a means of tracing patterns of differentiation amongst members inter-generationally. CBFT makes use of cognitive restructuring in an attempt to modify family members' schemas towards one another and the unit as a whole.

The drawback to such methods of doing family therapy is their inability to go *beyond* the interventions in exploring the family's unique situation, members' divergent coping styles and emotional reactions that set the stage for the problem to arise in the first place. In the following chapter, I will highlight alternative approaches to working with families; namely social constructionism and drama therapy. Once their principles are understood, we can begin to explore the benefits of using creative interventions as an adjunct to traditional-based family therapy.

Chapter Three:

Social Construction and Drama Therapy approaches to treating families

In alliance with some of the more traditional approaches to doing therapy, social constructionism is also built on the premise that "...the world as we know it...is impacted by the social environment of our lives and understood through the use of language" (Riley, 1997, p.283). Like CBFT, language is of paramount importance in this school of thought. Its method of practice is based on the idea that through our verbal abilities, we can discuss, explore and make sense of our reality in order to construct new meaning for our lives. Through the interpretations we make when conversing with others, we are able to acquire a better understanding of the world that surrounds us and the meanings we hold towards it (Williams, 1994). Notably, "all knowledge derives in the space between people in the realm of the common world" (Hoffman, 1992, p.8). Williams (1994) affirms the richness of this constructive process in stating: "we do not make up reality on our own; rather it is a mixture of personal, social and cultural ingredients" (p.130). Ultimately then, individuals are more amenable to incurring changes in their lives simply by recognizing that their problems are often largely a byproduct of their external surroundings. In other words, one's reality can come to make more sense simply by virtue of exploring its multi-layered meaning through the use of language.

Essentially, one of the main differences with this therapeutic orientation lies in the power granted to the therapist. In contrast to systemic theory and CBFT, whose advocates deem themselves to be 'experts' on their clients' difficulties, social constructionists *relinquish* their power over to the clients they see. In other words, the power to incite change is acknowledged to lie with the client, and not with the therapist despite their enhanced training, knowledge or insight as an objective outsider. The

rationale for this shift in power stems from the notion that each and every individual is 'the expert' on their own lives. That is, each person knows intrinsically what it is they need or are missing to lead a full, functional, satisfying life. Within the family context, this internal knowledge translates itself into members knowing what it is they need or would like from each other in order to build a healthier, more resilient unit; one which comes with enhanced inter-member relationships, improved communication and effective problem-solving methods for conflict resolution.

When applied to a therapeutic context, the same principle applies. Rather than search for the underlying pathology or cause of dysfunction within the family, social constructionism externalizes the family's problems as an *outside* force that negatively influences the quality of members' lives. In other words, it perceives the difficulties a family faces as *externally*-based, which by virtue of existing outside the system, cannot diminish or minimize the family's merit or worth as a unit. Williams (1994) expounds upon this notion by stating: "...because these constructions have a temporal base (past, present, future), they may be called 'stories' or narrative...and that...any changes in the world of living creatures comes about as a response to information, and that information consists of the perception of difference" (p.130). Ultimately, each member perceives the family's situation differently. By virtue of incorporating these differences into the family's 'story' or narrative, social constructionists can imbue clients with a sense of mastery over their lives. In so doing, they impart to their clients the idea that who they are is not determined by the problems they have. More specifically, it "...looks at the client's problems as external to their person, which reinforces the concept that the problem is not the client" (Riley, 1997, p.283). In essence, the therapist makes use of this core concept by asking family members poignant questions that they can reflect on and explore together in session. The purpose behind this

intervention is to enable family members to formulate new “endings” for their problematic “life story.”

Notably, Epston, White & Murray (1992) propose that one’s story or narrative “...can be defined as a unit of meaning that provides a frame for lived experience” (p.97). Riley (1997) affirms this claim and extrapolates by stating: “Therapy becomes an exploration where the new goal is to find a new outcome for an old nonproductive story, a search that aims for co-constructing a more creative meaning to lived events” (p.282). Moreover, these alternative meanings offer family members a slew of newer, more creative options and choices to make use of when facing their familiar, problematic situations or scenarios. Through the creative use of questions and dialogue, the clinician aids the client in reinventing a more favorable outcome to their current, troublesome “life story.” The therapist partakes in the process by allowing the client to explore new ways of reconnecting to their internal resources and inner strength in facing the problems and stressors that plague their lives. In family therapy, members can enhance their interactions with one another simply by *collectively* revamping their old, nonproductive views on the problems or issues they face as a unit and collaborating on forming a newer, healthier outlook on life; one which can incite change through the development of a more proactive ‘story’ or narrative.

Ultimately, the therapist is neither ‘expert’ nor ‘creative consultant.’ Instead, the social constructionist therapist can be likened to ‘co-constructor.’ The clinician’s role becomes one of affirming the *client’s* innate power to solve problems and reinvent a more favorable outcome to their current life story. He/she furnishes members with appropriate structures to derive the new narrative that will best contain and reflect the family’s unique experiences. The pathway in which they accomplish this therapeutic task is primarily through language, by asking family members questions and offering them options to draw upon in constructing their new story. The therapist does not offer

the family advice or expertise on constructing the new narrative in order to ameliorate their current life situation. Instead, he/she works with the family to help the *members* devise a new story that will best reflect their goals, interests and experiences. Social constructionists differ from other traditional therapists primarily in that they relinquish the typical 'expert' status with the clients they see.

Through the constructionist process, the family's new story can incorporate richer meanings and a fuller understanding of each member's viewpoints and contributions to the unit as a whole. Meaning is acquired by recognizing the collaborative effort of devising this new narrative that includes each member's input. This new 'story' reflects unique viewpoints of each member, who impacts the unit as a whole through their creative input. Each member is valued by the contributions they make towards creating this new, collective/unified 'story.' Through the dialoguing that goes into the story making process, family members can begin to reframe their experiences as a means of finding alternative solutions to problematic situations. As noted by Anderson & Goolishian (1992), "therapeutic conversation refers to an endeavor in which there is a mutual search for understanding and exploration through dialogue of problems" (p.29). In the new story, problems then become something that can be tackled and overcome simply by virtue of recognizing that they have little to do with each member's flaws or defects of character. The underlying theme is that one's problems do not make up one's reality or sense of self, whether those problems permeate the individual's life or the family unit as a whole. By working together to construct their new story, family members ultimately invite positive changes into their lives and create a stronger, healthier unit imbued with a richer reality.

Within the family structure, the therapeutic goal involves enabling each member to express their *own* interpretation or perception of the troublesome situation. By working with each member's "take" of the situation, the therapist gives voice to each

person's perspective on the problems that *arise* rather than make up, the family unit. Although these experiences are filtered through each person's viewpoint, by virtue of expressing them and sharing them, the family unit as a whole can incorporate them in deriving a new outcome to their current life 'story.' They can also choose to revamp the dominant story altogether, and come up with a new one that will offer them more harmonious opportunities to communicate, interact and solve problems together. Once again, the social constructionist process elicits collaborative efforts, since all members share their own meanings of events in constructing a new, collective narrative. Not surprisingly, "the re-storying of experience necessitates the active involvement of persons in the re-organization of their experiences" (Riley, 1997, p.283). Through this collaborative effort, family members can overcome the negative impact of their problems and unite in their effort to make things better. Consequently, "as a result of new outlooks, the family develops more empowering stories about themselves and how best to actively create new ways of coping with their difficulties" (Goldenberg & Goldenberg, 1996, p.305).

On a similar level, drama therapy also uses a creative context to empower clients and help them overcome the troublesome issues that plague their lives. Before delving into its therapeutic benefits, it is imperative to understand the role drama has played in many societies worldwide. From the beginning of time, drama has been noted for its inherently therapeutic benefits. Irwin (1986) supports this idea by claiming that people have relied on drama throughout history as a means of expressing their own personal stories and struggles under the guise of a fictive character or performance piece. Through the drama, they can express basic human conflicts and struggles which can be widely recognizable in playing a role in many people's lives. As emphasized by Irwin (1986), "Acting things out to achieve relief from tension, or in an effort to

understand them better, is natural to the human experience, a common way of trying to cope with problems” (p.349).

Individuals who participate in theatre-based activities often derive great enjoyment from immersing themselves in a character of some sort. Ultimately, by portraying characters in a play or any other dramatic medium, individuals are able to transcend themselves temporarily and use their own personal experiences as a way of best capturing a particular persona. That persona or character often reflects various struggles or accomplishments many of us have encountered in some way or other in our own lives. Perhaps by portraying that particular character, the individual can acquire a trait he/she wishes to possess or be rid of in their own lives. In this way, taking on a persona and acting it out can enable a person to derive some form of relief from the stressors or problems that fill their own lives. Moreover, by engaging in the process of drama, individuals can acquire a sense of pride and accomplishment in experimenting with a fictive reality; one which enables them to *challenge* themselves into expanding their role repertoire. Through this creative process, individuals can experience a greater sense of mastery and personal satisfaction in their lives.

When taken into a therapeutic context, the drama now has multi-dimensional healing properties. It can offer people a chance to externalize their struggles by immersing themselves into a therapeutic process that encourages creativity and spontaneity. Through drama in the context of therapy, individuals can project their personal material onto a fictive character or object in a safe, non-threatening context. Rather than it being a purely ‘fun’ process, issues and struggles become poignantly observable, by virtue of them being externalized in this way. Much like with social construction, by *distancing* or separating themselves from their problems, clients can broaden their range of emotional expressiveness and acquire new insights from the process. Ultimately, this distanced approach helps individuals gain the safety they need

to fully engage themselves in the therapeutic process. Since their issues and struggles are now projected onto something or someone else (as in the case of a fictive character or persona), therapy is viewed as less threatening than it would otherwise be. Irwin (1986) affirms this notion by claiming that “demonstrating ideas...through movement and gesture are forms of ‘talking’ that are easier, less threatening and more comfortable for many” (p.348). Rather than be forced to verbally disclose personal material, clients can use the fictive context to communicate their issues in a safe way. They can then use the material that emerges from the process to make powerful connections to their own lives, at their own pace and level of intensity. Jennings (1990) asserts that “...the dramatic metaphor creates the distance in order for exploration to take place at a deeper level” (p.68).

In this way, drama therapy works at effectively enabling individuals to express their inner experience of life in an external way. Its usage can be especially potent for families, in that individual members can “...explore difficult times in their lives and re-work their experience in dramatic form” (Jennings, 1990, p.91). As noted by Dallos (1995), these symbolic representations conveyed through the drama depict each member’s view of family life. In other words, such symbolic representations act as viable metaphors that portray the essence of the unit and their overall level of functioning. More specifically, “the patterns or circularities shown by families are seen as manifestations of their deeper shared symbolic systems” (Dallos, 1995, p.6). Through the use of dramatic techniques, these symbolic systems can be explored and revised in order to incite change. Ultimately, they shape the process and intensity of therapy, and influence the degree to which members’ will immerse themselves in the process. The family’s level of rigidity or entrenchment with respect to their adherence to these symbolic systems, will influence the depth of insight members will derive from their projections. These insights, when internalized, can enable members to refine their

interactions with one another *outside* the session. The primary benefit of engaging in this therapeutic process is that families can come to learn about themselves and their problems in a less threatening way. Ultimately, by promoting a creative and spontaneous therapeutic milieu, clients can lower their defenses and immerse themselves more fully into the process.

Essentially, by adopting a reflexive, ‘non-expert’ stance (advocated by social constructionism) and incorporating drama therapy interventions in session, the therapist can make a greater impact on the families they see. Resistance is minimized, since problems are seen as external to the person. Members are able to *see* rather than only hear each other’s perceptions of the problems that plague the unit. The value of these dramatic interventions is inherent, in that they build upon the *healthy* aspects of individuals, by encouraging flexible, spontaneous and more creative methods for expression. The benefits of using these interventions with families in therapy will be explored in greater depth in the following chapter.

Chapter Four:

Drama Therapy interventions in Family Therapy

As noted in the previous chapters, traditional methods of doing family therapy are widely used and highly acclaimed for their conventional approaches. In chapter two, I outlined the systemic and cognitive-behavioral approaches to working with families in greater detail, in order to depict their strengths and highlight their potential limitations. In systemic therapy, members are able to map out their lineage and explore the strength of connections or disconnections relatives shared with one another, as a potential indicator of the origin of family problems. Its approach is limited in that not all family members have extensive knowledge of their roots or ancestors. Consequently, it becomes more difficult to pinpoint multigenerational patterns. In CBFT, family members strive to refine or change maladaptive schemas or cognitions they hold in regards to what they feel best constitutes family life. Their views are then challenged in session and new behaviors are outlined *by the therapist*, so as to offer members more harmonious and fulfilling interactions. Its weakness stems from the belief that all problematic thoughts and behaviors can be changed with the right amount of insight and awareness. Not surprisingly, not all patterns are easily discernable and therefore able to be amended. As well, by virtue of being the ‘expert,’ the *therapist* determines the pace at which the family progresses in therapy.

In both the systemic and cognitive-behavioral methods of doing family therapy, change is dependent on members being able to ‘talk through’ or verbally express their difficulties. Language is of paramount importance in these schools of thought, in that verbal or written expression provides the means through which problems can be gleaned and resolved. However, due to the fact that emotional factors are usually at play in such problematic situations, resolution is not always easily attainable through

language, since ultimately, some feelings cannot be put into words. In such cases, the benefits of such approaches are offset by some rather significant limitations. These limitations also arise from the fact that these two theories belong to only two of several different schools of thought, each of which promote different theories and treatment interventions.

Implementing a social constructionist slant in drama therapy with families promotes the usage of more dynamic therapeutic interventions that *transcend* language barriers. By combining these two approaches, family members can feel more comfortable knowing that only *they* are the ‘experts’ of their lives; and that the therapist is simply there to guide them through the therapeutic process. This underlying tone of neutrality on the part of the therapist serves to lower members’ resistance to the process, thereby enabling them to engage more deeply in session. By virtue of exploring sensitive issues in a dramatic context, family members can *externalize* their difficulties or emotions in a playful manner. Through this projective process, members can access their inherent creativity and use it as an avenue for developing more meaningful interactions with one another. This chapter will explore the usage and benefits of three drama therapy interventions: play, psychodramatic and sociometric techniques, and will end with another recommendation for a creative intervention in family therapy.

In reviewing the literature on using play with families in therapy, one critical theme emerges in relation to parent-child relationships; that of attachment styles. More specifically, “...one very important organizing factor of parent-child relationships is attachment, which refers to the emotional tie between family members and develops as parents respond to their children’s nonverbal communication” (Harvey & Kelly, 1993, p.387). Play is often a pivotal medium through which children can reveal their level of attachment towards their parents. The play medium enables children to use a fictive context to express themselves while interacting with their parents. Worthy of

mentioning is that there are two main types of attachment; secure and insecure. Children who are able to play comfortably alone without the presence of a parent are generally secure in their attachment style. Contrastingly, children who cry easily or become significantly agitated when left to play alone show insecure attachment. As elucidated by Harvey (1994):

“children who are able to approach parents easily and in a comfortable manner when they are distressed show secure attachments, whereas children who have difficulty and tend to show avoidance, resistance or disorganization in...behavior show...more insecure attachment” (p.88).

Through the context of play, parents can pick up their children’s subtle cues indicating their own level of comfort or distress when left to play alone. They can then make use of these insights to initiate alternative responses. For example, if a child is insecurely attached and becomes upset, aloof or withdrawn from playing when their parent leaves them alone temporarily, that parent can re-initiate contact with their child by *joining* the play activity once they return. This behavioral modification can alleviate the child’s distress and promote a greater sense of trustworthiness for their child to make use of in future circumstances. Secure attachments provide the template for healthier relationships. Functional relationships imply that parents and their children are able to resolve conflict successfully, without resorting to violence, abuse or denigration of any kind. Building such relationships becomes possible through collaborative play. Ultimately, the act of playing can be therapeutic in and of itself in that there is a continual interaction between the parent and child on a verbal or nonverbal level. Frey (1994) attests to the power of play in claiming that “...in play the activity is the end; the process more than the product is the emphasis” (p.191).

The process of play can be applied to entire families in therapy as well, in that various members can project their repressed emotions or unexpressed perceptions, struggles or difficulties onto various toys or objects. The premise in using this technique

with families stems from the idea that "...family interactive patterns, themes and metaphors are identified through expressive play activities" (Harvey, 1994, p.85). Essentially, the family's strengths or weaknesses as a unit often gets incorporated into the play even on an unconscious level. Through the spontaneous themes that emerge from the play, family members can make use of their inherent creativity to improve their relationships with each other. Together, they can engage in a fun activity in an effort to make sense of their struggles.

By playing with one another within such a therapeutic context, family members can uncover underlying issues that affect the unit as a whole. They can then explore alternative scenarios to the unit's 'life story' in a safe, fictive context that is less threatening than a verbal confrontation. Therefore, the play encapsulates both verbal and non-verbal behaviors, in that family members make choices as to which toys or objects they feel best reflects their particular stance within the unit. By uniting with the children in such a way, parents can ensure that their child feels heard and validated. They in turn can respond to their child's needs in a way that they can relate to. Freeman, Epston & Lobovits (1997) emphasize this point in stating: "We find that difficulties in parent-child communication improve when the child not only becomes an active participant in the family dialogue about the problem at hand, but also finds that her concerns are granted a valued place in the wider forum of family interests" (p.72). Through this dynamic, collaborative process, the family is able to re-negotiate their roles and refine their choices; two key components drama therapy advocates to the process of initiating change. Harvey (2000) affirms this claim in stating that "...the goal...is to help a family bring more of their naturally occurring creativity into their day-to-day activities as well as develop metaphors that give meaning, emotional significance and contribute to transformation of conflict" (p.380).

Family roles is another important component that is often inadequately addressed by traditional family therapy methods. Lewis & Read Johnson, Eds. (2000) claim that a role can best be understood as a discrete pattern of behavior which influences one's thoughts, feelings or actions in a given context. Our roles in life often dictate our sense of self, in that each of our roles imparts a set of responsibilities. One's sense of self is inherently shaped by these roles and responsibilities, which inevitably influences the quality of our interpersonal relationships with others. Oftentimes, life forces us to play several different roles at once, which creates the potential for chaos and confusion. Within the context of a family, members often play multiple roles at any given time. For example, mothers carry out their role of caring for their children, exhibiting love & compassion towards them and striving to fulfill their physical and emotional needs. They may also juggle the role of wife, which requires being loyal, communicative and committed to one's spouse. Both roles serve to heighten her sense of self and influence the interactions she has with others within the family unit.

Unfortunately, parents in today's world frequently have to juggle their work roles with their marital and parenting roles. In some cases, children suffer the consequences of their parent's role overload. In a more complex scenario, children can often be cast into the role of confidante when parents are not communicating with one another. Such a role can serve to create enmeshment between the parent and child, wherein the child's emotional boundaries are no longer respected. Ultimately, the roles each member plays within the unit and how that individual then interacts with others who assume different roles is a crucial concept that plays itself out in family life.

Psychodrama is a form of therapy related to drama therapy that strives to examine, explore and refine the roles family members play in their interactions with one another. Flomencraft & DiCori (1992) define psychodrama as "a method of group psychotherapy in which personality make-up, interpersonal relationships, conflicts and

emotional problems are explored by means of special dramatic situations” (p.18). These dramatic situations include a variety of techniques associated with role experimentation. In psychodrama, family members play out their view of how the family functions by temporarily assuming a different role for themselves and re-assigning their current role to someone else. Family interactions and relationship dynamics are played out as family members swap roles and portray their view of how things work in the unit. Such a dynamic intervention has a powerful effect in promoting change, in that members glean insight from each other’s perceptions of the family’s degree of functioning. Rather than simply sit and talk about their views, members act them out in the presence of the therapist who directs the play that unfolds before them.

As a drama therapy intervention, the use of psychodramatic techniques such as an exploration of roles, can have a powerful influence when working with troubled or dysfunctional families. Through psychodramatic techniques, family members are able “...to see, to experience and to understand those interactions in a way neither explanation nor description can ever approach. People can re-experience the ‘realities of their families” (Remer, 1990, p.79). Psychodramatic techniques reveal both verbal and non-verbal components of family life. Members articulate their emotions and reactions to family dynamics in words and actions; through various postures, gestures, facial expressions and body movements. The family’s multiple role dynamics can then be seen in a more holistic way, offering members a greater opportunity to understand each other’s viewpoint of the family in its entirety.

According to Blatner (1991), role dynamics encourage people to view themselves as multi-dimensional. By exploring various parts of oneself, individuals can develop an appreciation for diversified viewpoints. They can begin to reflect on, re-evaluate, redefine and renegotiate the various roles they play in life (Blatner, 1991).

Jennings (1990) claims that through the use of psychodramatic techniques, unhelpful roles can then be transformed into more helpful ones. Children can resume their role as youngsters rather than confidantes once parents are able to see the effects such detrimental roles have on their emotional well-being and development. Parents can re-negotiate responsibilities once they perceive how others in the family feel about their possible 'role overload.' In this way, family members are able to revise their roles, reframe their experiences and modify the way they perceive and interact with others. On a basic level, role dynamics acknowledge the multifaceted nature of human existence and provide an array of psychosocial insights (Blatner, 1991). Engaging the family in a psychodramatic enactment enables individual members to gain insight into the dynamics of their relationships with each other. Consequently, members are offered the opportunity to re-enact current family situations and explore alternative scenarios by playing different roles within the family structure. Ultimately, participation in the process grants individuals an awareness of themselves as creators of their lives (Blatner, 1991).

Through the psychodramatic process, members acquire an enhanced understanding of their family's interpersonal dynamics. Williams (1994) emphasizes this notion in stating that "Only by recognizing the interaction of roles within a family does one have a chance of recognizing the system's unique way of being itself" (p.127). This dynamic process offers family members a chance to revise their perception of the unit's structure. Notably, such psychodramatic interactions create a more conducive mood for family members to address their problems and derive more constructive ways of dealing with them (Flomenhaft & DiCori, 1992). More specifically, "the deliberate application of psychodrama techniques to family therapy...offers unlimited therapeutic opportunities and value for dealing with the direct and metaphorical content of families in vivid and illuminating ways" (Flomenhaft & DiCori, 1992, p.25). In essence, the

inclusion of all family members in the entire enactment process reframes the problem as one that affects the *whole family*, rather than simply 'belonging' to one single member (Remer, 1986). Under the social constructionist slant, problems are viewed as troublesome adjuncts to family life that *affect* the unit, rather than make up its essence. Ultimately, once a problem is reframed, a shift in the locus of the problem occurs (Grunebaum & Chasin, 1978).

Sociometric techniques is the third drama therapy intervention that can be used in a creative therapeutic context with families. By building on the basic principles of psychodrama in acknowledging our multiple roles in life, sociometry strives to impart members' with a heightened level of involvement in therapy, through the elements of time and space. More specifically, it strives to reframe member's perceptions of their interactions with one another by using various continuums upon which members can evaluate various aspects of family life. For example, the therapist can ask the family to place themselves in a line from most to least willing to initiate change on some level. Through this visual depiction, members can align themselves according to their own individual views and compare their stance with those of the others. This active therapeutic method can enable the family to participate in something that requires them to negotiate the space each of them claims in relation to each other. Such negotiation makes the idea of change more plausible, in that members can respond *in action* to each other's stance on another continuum. Irwin (1986) elaborates on this theme in stating:

“Watching others show a range of emotions in drama can help clients to identify, imitate and integrate similar expressions of feeling. Displaying one's emotions in a controlled, affective 'as-if' situation can lessen characterological defenses. Since the situation is 'not-real reality,' opportunities exist to try on and rehearse new behaviors in a protected environment” (p.351).

The therapist can then use that measure to indicate where on the continuum members would *like to be* at a future point in time, as compared to where they had

been at a prior point in time. Such an intervention encapsulates the wide range of possibilities families can incorporate in constructing different choices for themselves and their members. These choices governed by time and space, are then more clearly discernable in such a dynamic context. Williams (1994) emphasizes this idea in stating "...because time and space inescapably constitute human existence, people's lives are shaped, even constituted through interpretation of experience over time" (p.126). Through this externalized more distanced method, family members can actively reveal their hidden perceptions of where they 'fit into' family life.

This method used in sociometry is known as scaling. In this dramatic approach, members' stance on the continuum within the designated space suggests the intensity of their feelings around a given aspect of family life. For instance, if feelings of connectedness between members is the measure being examined in one particular session, members could be asked to reflect where they would place themselves spatially on such a continuum. Their choices can then be explored as a possible indicator of why the family as a whole may have difficulties uniting in order to solve problems together. The continuum could be aligned around a ten-point scale, where a score of one could represent complete disconnection from the family unit and a score of ten could symbolize a feeling of being overly connected or enmeshed with others in the family. Each score would be located spatially at either ends of the designated space. Through sociometric continuums, "...Members take a position in interpersonal space that represents their position in inner space: They compare their opinions, values and choices with the opinions, values and choices of their intimates" (Williams, 1994, p.128).

In using this dynamic and eclectic intervention, the therapist does not impose any of their viewpoints or suggestions onto members in enacting their choices. Such an approach corresponds with previously described dramatic interventions, in that the

therapist facilitates the process through their empathy and presence, rather than their 'expertise.' In such a way, family members can empower themselves to make their own choices and decisions as to how best they want to resolve issues that affect the unit in its entirety. In essence, the therapist is "...simply providing ways for people to *describe* their relationships" (Williams, 1994, p.126). By occupying a position of intentional neutrality, the therapist recognizes the family as a system in its present state and does not try to change it themselves (Williams, 1994). The choice for initiating change is left with the family, in that the members themselves decide how, if at all, they want to incorporate the insights gleaned from this sociometric technique into their lives *outside* of therapy.

By enabling members to acquire a visual representation of their family configuration, members have the opportunity to reframe their perceptions. Sociometry is useful because it "...maps the intersubjective realm and illuminates transactional patterns" (Williams, 1994, p.131). Through the process, members can reflect upon the stance they take with respect to a specific aspect of family life and reveal their position in a non-verbal, visually powerful and expressive way. Family members then have the opportunity to learn from each other by recognizing other perspectives and consequently, initiate changes at their own pace and level of intensity.

Ultimately, play, psychodramatic and sociometric techniques comprise only three of several creative interventions drama therapy advocates in its therapeutic approach. Through such active and dynamic techniques, members can explore their relationships with one another while enhancing their level of spontaneity and creativity. In this way, members externalize their interpersonal struggles and draw upon the *healthy* aspects of their lives in addressing the problems that affect the entire unit. As noted by Wiener (1997), the therapeutic value of such interventions is "...rooted in the safety of players knowing that enactments are play and that, within

pre-established behavioral limits, they are free to enact roles and create scenarios without real-life consequences” (p.309). The *family* rather than the therapist, decides if they want to incorporate these choices into their daily lives.

Since drama therapy is more dynamic than most conventional forms of ‘talk therapy,’ families can partake in a playful therapeutic process that is less confrontational and threatening. By virtue of its approach, “Blame is absent. Symptoms which may have made the family confused and upset, become understandable. The family shows only ‘what is,’ but in the very showing, a domain of freedom is provided” (Williams, 1994, p.141). This newfound freedom enables family members to work together and experiment with alternative scenarios to their current struggles. By engaging themselves in therapy in this dramatic way, families can make use of their inherent strength as a unit to overcome their difficulties collaboratively. In the following chapter, I will outline the benefits of another drama therapy intervention called sculpting, in which the family’s state of being is further conveyed in a powerful, nonverbal way.

Chapter Five:

Sculpting and its benefits for families in therapy

Sculpting is another creative intervention that can be used with families in therapy. Although it is used extensively in drama therapy, it originates from the humanistic model of therapy; which proclaims that all people, regardless of their struggles, possess a sense of internal worth at the core of their being. This sense of worth propels individuals to grow at all levels of life. Ultimately, as noted by Goldenberg & Goldenberg (1996), humanistically oriented clinicians conceptualize dysfunctional behavior as the result of a deficit in personal growth. More specifically, “From the humanistic viewpoint, growth is a natural and spontaneous process occurring in all human beings, given an environment that encourages it; psychological disorders represent a failure to fulfill potential for growth” (Goldenberg & Goldenberg, 1996, p.153). Moreover, a deficit in personal growth can exacerbate low feelings of self-worth and a general feeling of being ‘stuck’ in life.

When applied to families, an inability to ‘grow’ together as a unit by *collaboratively* resolving problems, translates itself into an inability to face further challenges *together* with confidence. This potential inability to tackle obstacles head-on often stems from a deficiency in self-worth or self-esteem. Wilson, Hantz & Hanna (1995) define self-esteem as a value of oneself; in terms of self-love and self-respect. Members who have low levels of self-esteem can feel powerless over their struggles and unworthy of the good things life has to offer them. If members are unable to appreciate their own worth, it can be difficult for them to appreciate the worth of others with whom they interact. Consequently, inter-member relationships become potentially problematic, in that they lack a sense of authenticity and genuineness. In this way, one member’s low level of self-esteem can affect the entire family unit. As inter-member

relationships become strained, family members may experience various difficulties in relating with each other. Members may withdraw or avoid investing too much of themselves emotionally into the unit if they feel unrecognized or unappreciated. The entire family as a unit suffers from these deficits, in that individual members can become even more 'stuck' in their superficial patterns of relating with one another. Ultimately, when one member cannot recognize their own inherent worth, he/she often has a hard time validating the worth of someone else.

Virginia Satir was one of the first therapists who integrated this core principle into her work with families for well over 30 years. A pioneer to the field, Satir is considered to be one of the founding parents of the family therapy movement as early as the 1950's. In recognizing that the family's growth as a unit stems from the inherent growth of each member, Satir devised a therapeutic approach known as The Human Validation Process Model in 1986. More precisely, "...the rules that govern a family system are related to how the parents go about achieving and maintaining their own self-esteem; which...in turn shape the context within which the children grow and develop their own sense of self-esteem" (Goldenberg & Goldenberg, 1996, p. 154). Ultimately, Satir contended that the way in which families communicate or fail to communicate with one another reveals members' overall feelings of self-worth.

Satir asserted that family members express themselves in both verbal and non-verbal ways, through various communicative roles they play in the unit. These expressive categories are classified into five types of people: the placater, the blamer, the super-reasonable person and the irrelevant communicator. The *placater* acts weak, is frequently apologetic, strives to please others and is always acquiescent. The *blamer* dominates, self-righteously accuses and finds fault with others. The *super-reasonable* person remains calm, cool and detached by avoiding emotional confrontations and adopting a rigid stance in their interactions with others. The *irrelevant* person appears

unable to relate to anything real and remains superficially engaged by distracting others in their attempt to be authentic (Goldenberg & Goldenberg (1996). It is only the *congruent* communicator that expresses themselves in a genuine and real way, by being straightforward and consistent in communicating what they're feeling in both their verbal and non-verbal language.

Families experience a breakdown in communication when they rigidly hold onto their communication roles. As a result, members cannot really *hear* each other's opinions, views or feelings, which can lead them to feel 'stuck' in relating appropriately to one another. The unit as a whole begins to suffer when unhealthy patterns of communication promote further alienation and dysfunction and members avoid communicating with one another altogether. As previously mentioned, the core factor at play in this dynamic, according to Satir, is a low level of self-esteem. More precisely, "...these roles...keep distressed people from exposing their true feelings because they lack the self-esteem that would allow them to be themselves" (Goldenberg & Goldenberg, 1996, p.157).

Similar to drama therapy, Satir's therapeutic approach builds on the *healthy* aspects of the family, by emphasizing members' individual strengths that serve to solidify the unit as a whole. Through this approach, members have the opportunity to enhance their sense of self by expressing it in an active and dynamic way. In essence, therapy is framed around teaching family members to *move away* from their rigid patterns of relating and adopt more proactive roles to better communicate with one another. Notably, "she taught people congruent ways of communicating by helping to restore the use of their senses and the ability to get in touch with and accept what they were really feeling" (Goldenberg & Goldenberg, 1996, p.158).

Ultimately, congruent communication is a primary goal families are guided towards learning in therapy. In Satir's view, congruence in communication reflects a

high level of self-esteem. Elevated self-esteem encourages family members to validate one another in their everyday interactions. These improved daily interactions empower members to gain a sense of comfort and acceptance, which helps the family tackle life's challenges as a *unit*. By working together to solve problems and overcome obstacles, families can avoid dysfunctional patterns of relating and acquire a sense of resiliency in its place. This newfound sense of strength imbues families with more adequate coping and interpersonal skills. Notably, much of the work behind Satir's system of therapy involves facilitating awareness, heightening acceptance between members and *externalizing* the family's conflicts in an active, hands-on way. More specifically, "When the client's internal experience is externalized, a new perspective is made possible, offering the client an experience to be studied and dealt with directly" (McLendon, 1999, p.31-32).

Virginia Satir engaged the family into the therapeutic process by striving to build a genuinely caring relationship with each member, in order to model the art of loving human contact. Seeing her do this encouraged family members to incorporate it into their lives within the unit as well. Similar to drama therapy interventions, Satir emphasized the 'here-and-now,' in challenging the family to move past their problems in the present moment. By teaching members to implement new choices and practice alternative behaviors, families were able to heighten their awareness and reflect their internal struggles and experiences through outer actions. *Sculpting* is but one example of an 'outer action' or externalizing therapeutic intervention Satir used in her approach with families. Through its use, families were able to make sense of their experiences while simultaneously improving their relationships and communication styles. The result: a strengthened unit whose members each developed higher levels of self-esteem.

In order to understand how this process works, I will attempt to clarify just what 'sculpting' really is. When working with families, Satir would aim to get a clear

picture of each member's experience within the unit. Notably, "Once she had that picture, she moved into action, often getting people to take physical poses and postures that presented a human sculpt" (McLendon, 1999, p.32). Such sculpts reflected each member's perceptions, thoughts and feelings through a visual picture, which further elucidated their stance in the family. These pictorial representations served to capture the essence of the family's experience in a way that words never could. In essence, "sculpting offers a three-dimensional picture of the essence of each role-player's mode of operating as well as a depiction of the interpersonal dynamics of the system as a whole" (McLendon, 1999, p.32). Each member in the unit would show Satir in body language how they felt in the family unit. In her viewpoint, these non-verbal postures offered vital information regarding the family's overall functioning. In her eyes, any therapeutic endeavor made by a therapist will fail if they do not know how to get people "connected with their guts" (Satir, 1998 in Satir, Stachowiak & Taschman). More specifically, "when using this technique, the family is physically positioned (or positions themselves) in ways that represent the behaviors and feelings associated with the therapeutic issue they're struggling with" (Zimmerman, 1998, p.34).

Encouraging members to mold their bodies into a posture that best reflects how they are feeling would serve numerous benefits for the unit as a whole. First, it would enable members to get in touch with their feelings on a non-verbal level. Second, it would bring members closer together simply by virtue of sharing their experiences with each other through action rather than words. Last but not least, the family has the opportunity to enact their struggles in the hope of finding more plausible solutions to their problems. Ultimately, as noted by McLendon (1999), even the problem or dysfunction can be sculpted in order to heighten insight amongst members and collaborate on devising new solutions to familiar struggles. Members would be able to perceive each other's perspectives on the issue at hand in a way they never would have

been able to through words. Each individual would really be able to *see* and appreciate what it must feel like for other members in the unit who may be struggling in a different way to be heard. In seeing each other's viewpoints in action, members could glean insight into the dynamic that may be keeping the unit stuck.

The overall therapeutic aim in this approach involves using action to achieve greater mind-body-spirit synergy so that one's personal resources can be re-directed to meet life's challenges. In the words of McLendon, (1999), "acceptance and appreciation of one's unique self at these levels is the basis for self-esteem" (p.31). Through sculpting, families were encouraged to improve their inter-member relationships simply by observing how other members perceive the current, troublesome family dynamic. The therapist can then work with the family as a unit to learn more congruent ways of communicating as a way of resolving conflict. By using the sculpts that emerge as models of the family's patterns or issues, the therapist can point out ineffective communication roles members have adopted with one another. In turn, he/she can teach the family more proactive ways to communicate with one another that are more conducive to positive change. Through this process, members can walk away feeling empowered and validated; two key components to building an enhanced level of self-esteem. McLendon (1999) clarifies this process in stating:

"The outcome sought is congruence, a here-and-now internal mind-body-spirit harmony that is expressed outwardly. Congruent communication reflects high self-esteem. The client's unique mental, physical, emotional and spiritual identity provides the primary resources the Satir therapist uses to help the client change" (p.31).

All that is needed to further this process is a sense of trust and open-mindedness. Like all other creative approaches discussed earlier, clients need to be willing to move past their stumbling blocks by trying something new that offers promise in promoting positive changes. McLendon (1999), emphasizes this notion in stating: "To be effective, the client must be willing to participate in a learning context, have some desire for

positive change, and have trust in the therapist's intentions and competence" (p.34). Through sculpting, family members can collectively work at improving their relationships with one another by participating in the process and watching others do the same. New insights and skills can emerge through the sculpts by virtue of members accessing new ways of expressing themselves. These enhanced methods of relating with one another can then be sculpted, in order to model the insights the family has begun to internalize from the sessions. These newfound skills can then be incorporated into further exercises the family can make use of collectively in future sessions, where they can begin to communicate in more congruent ways with one another. Congruent communication implies that members recognize their feeling states and convey them synonymously in language and action. Practicing these techniques within a creative context offers families a chance to expand their method of expression in ways that could prove to be useful at improving family life.

Drama therapy is also founded on these principles, in that it too advocates the use of action-oriented methods for treating clients. Rather than delve solely into verbal dialogue *centred around* the problem, the drama therapist makes use of dynamic techniques to help families *move past* them instead. Essentially, by externalizing their struggles in a safe environment in the presence of a trusted therapist, families can engage themselves more fully into therapy and consequently, maximize the benefits they receive from it. Sculpting is just one example of a technique that can also be used with clients when words only seem to get in the way. Through this body-based intervention, individuals can express things in action that they may be unable to express through language. In the words of Wiener (2000), these dramatic enactments "...encourage non-verbal participation, create impactful learning experiences, and empower exploratory behavior by lessening fear of the 'real-life' consequences of change" (p.9).

We have seen how several drama therapy interventions in family therapy serve to bolster members' ability to express themselves and relate to one another more effectively. Through play, psychodramatic and sociometric techniques and sculpting, families can benefit from their time spent in treatment by drawing upon their sense of spontaneity and expressiveness in devising new ways to solve problems. Moreover, such creative interventions offer individuals playful means of overcoming their resistance to therapy and engaging themselves more fully in it instead. Drama therapy can prove to be useful in treating families experiencing difficulties, in that its approach is less threatening than most other conventional forms of therapy. This notion is highlighted by the fact that the *members themselves* become the 'experts' on their family's struggles. Consequently, they can partake in various opportunities to minimize its impact on the unit as a whole by collaborating on a joint venture together. In the final chapter, I will highlight how drama therapy interventions complement and even surpass some of the benefits promoted by systemic and cognitive-behavioral family therapy. I will also summarize all of the critical points I've made in this paper in order to suggest new avenues to explore for further research.

Chapter Six:

Bringing it all together

Throughout this paper, I have highlighted several different interventions to working with families in therapy. In Chapter One, I highlighted just how central the concept of family is in each and every person's life. Family is a pervasive theme in one's life, regardless of whether a person is in contact with their family or not, and whether their interactions with family members are positive or negative. We have all come from one type of family or another; whether it be a single-parent or nuclear one, with blended or extended relatives with whom we may interact as well. Throughout the course of the chapter, I emphasized the magnitude of importance this first social group offers us throughout our lives, but most prominently in our critical, formative years of development. No other interactions can yield as much of a dramatic impact on our lives as our family does. Through the relationships we form with our family members, we come to understand who we are and where we came from. We derive our sense of self from our relationships with family members and the verbal or nonverbal messages we receive from them. No other group in civilization can match the impact of the family in shaping who we will become and how we will live out the remainder of our lives in the world.

Given that conflict is an inevitable and recurrent theme in all of our lives at some point or other, the family as a 'small problem solving group' can also be deeply affected by it. Conflict has the potential to threaten an individual or group's ability to grow and respond to the ever-changing needs of our demanding world. Since we are all unique in our personality make-up, it comes as no surprise that we 'clash' with others at times. These potentially troublesome situations can go one of two ways: acceptance and resolution of differences, or the development of an impasse in

communication. If an impasse occurs resulting from a lack of conflict resolution, the communication process breaks down and may cause the relationship to deteriorate or even end. Conflict can bring with it a sense of stress or frustration which can also damage relationships. If the stress associated with conflict becomes too high, dysfunction can set in, leaving individuals to become 'locked in' or 'stuck' in their viewpoints or interactions with one another. Dysfunction is typical in today's world, due to the paramount stresses and strains we face in our quest to survive in our rather competitive society. Therapy becomes a tangible option to consider once the negative effects of such stress and dysfunction have adversely affected an individual's relationships, confidence or sense of trust in themselves and the world.

In Chapter Two, I noted that families run a high risk of being subjected to the chaos that arises from dysfunction and the stress affiliated with unresolved conflict. Once this negative dynamic arises, the unit can begin to break down in its inter-member relationships and communication patterns. Members can either become distant or at the opposite extreme, overly enmeshed in their relationships with each other. These unhealthy scenarios can perpetuate dysfunction over time and aggravate pre-existing conflict to even higher proportions, leaving family members with a sense of helplessness or futility in their ability to resolve problems. Family therapy becomes a good incentive to consider once these troublesome relationships impede the unit's autonomy and overall functioning. Throughout the course of the chapter, I highlighted the approaches of two conventional schools of therapy aimed at helping families overcome various obstacles and challenges.

Systemic therapy, originated by Murray Bowen, strives to help members reclaim their sense of individuality within the context of their families. The premise is that by *differentiating* oneself from one's family of origin, family members can regain a sense of confidence and hope in approaching their struggles. When members partake in this

process and realize that they all shape the unit in a powerfully dramatic way, change becomes possible through insight. Family members can also learn to appreciate how they are similar and different from one another in how they respond and react to situations. By virtue of this realization, members can disengage themselves from unhealthy interactions and learn more positive ways of responding to one another instead. Ultimately, the idea is that by differentiating oneself from the *'undifferentiated family ego mass,'* each member can regain a sense of independence and autonomy that can serve to strengthen and preserve the unit in the long run.

Genograms and family maps are used as the preferable tools of choice in this mode of therapy to trace the origin of family conflict, anxiety and tension throughout several generations. The idea is that anxiety is a persistent and prevalent component to our daily existence, and that learning the ways in which other members and relatives coped with it in the past can offer lasting impressions members can reflect on and make use of in the present. The primary purpose of this therapy is to enable the family to see the underlying patterns and dynamics that have perpetuated over time, and amend them accordingly once awareness sets in. Like most conventional forms of therapy, the Bowenian therapist is deemed to be the 'expert' on the family's current state and implements designated interventions at appropriate moments to help the unit improve its 'system.'

Cognitive-behavioral therapy is another primary form of treating families who are experiencing difficulties. In the remaining portion of Chapter Two, I elucidated its approach by denoting its focus on members' 'schemas.' As previously described, a schema is best understood as a cognitive frame of reference or definition for some aspect of life. Within the context of the family, each member possesses a schematic perception or belief of what a family 'should' or 'ought to be' like. These cognitive perceptions impact the unit heavily, in that members generally tend to approach and

resolve conflict in different ways, by virtue of their varying belief systems. Treating families through this mode of therapy strives to *restructure* the cognitive belief systems that permeate the family and negatively impact the unit. The therapist uses their objectivity and ‘expertise’ to imbue members with a higher awareness of the connection that exists between their cognitions and their behaviors. The underlying theme behind CBFT contends that our thoughts impact our feeling states and ultimately influence our behaviors. By tracing the path through which our thoughts and beliefs come to impact our behaviors, family members can modify their behaviors and subsequently alter their emotional states with respect to how they feel they ‘fit into’ the family unit. Cognitive-Behavioral interventions have been used in countless therapeutic situations, wherein clients learn new ways of viewing and responding to situations. These skills are felt to precipitate further awareness, laying the groundwork for further changes to come.

Both the systemic and cognitive-behavioral approaches build upon our use of language to make sense of the struggles family members face in the unit. Through verbal dialogue and written or pictorial exercises, families come to learn about the dynamics that negatively impact their system’s mode of functioning. The essential point to keep in mind with these, as well as all other conventional forms of therapy, is that the therapist acts as the ‘expert.’ He/she possesses the knowledge, experience and training that will furnish the family with the answers and solutions they so desperately seek in treatment. By virtue of this stance, a power differential exists in favor of the therapist which can potentially alter or affect the engagement of the family in therapy. Rather than allow the family to discover their *own* truths, members relinquish their sense of control to their therapist, who offers them the potential for ‘being fixed.’ Due to this imbalance in power, some family members may be resistant or apprehensive when confronted by the therapist to ‘change.’ Language also poses some limitations, in that not all feeling states or viewpoints can be adequately expressed in words. These

circumstances can result in potentially serious drawbacks like premature termination, if family members feel unsafe or unable to engage themselves in the process.

Drama therapy and social construction are two alternative approaches that combat this problem, as delineated in Chapter Three. By virtue of being more distanced approaches, clients may feel more safe in engaging themselves in the therapeutic process. Drama therapy offers clients a chance to *externalize* their struggles in a creative, fictive context. Individuals can make use of various structures (ie. props, toys, scripts, roles, etc.) onto which they can project their issues and struggles in a non-threatening and non-confrontational way. The therapist acts as a guide for the family in therapy, rather than an ‘expert.’ He/she simply offers the family tools to use that will help members rely on their strengths (ie. the healthy parts of themselves) when facing their struggles or difficulties.

Play, psychodramatic and sociometric techniques were three primary drama therapy intervention techniques described in Chapter Three. Through collaborative play, parents can enhance their level of responsiveness in attending to their child’s needs. Attachment styles become noticeable and can be ameliorated and developed through the play. Psychodramatic techniques offers family members an opportunity to expand their repertoire of roles and actively observe how others in the family unit perceive them. Through its dynamic and hands-on approach, the therapist can act as the director to the ‘play’ that unfolds before them. He/she can ask members to swap roles or assume different stances within the fictive context in order to heighten their awareness of *another* member’s perspective on the situation at hand. Sociometry is another drama therapy intervention that strives to furnish family members with concrete structures (ie. time and space allotted) through which they can *visually* portray their existing physical and emotional stance in the unit. Its usage generally

involves the creation of various continuums members place themselves on, which depict their views on a numerical scale that increases in intensity incrementally.

All three of these drama therapy approaches can alleviate the family's tension of being in therapy, simply by partaking in a therapeutic process within a playful context. Moreover, since struggles and difficulties are perceived as being *external* factors that influence the unit rather than make it up, the family's inherent worth is not compromised. The therapist also relinquishes their role of 'expert' by collaborating on the process *with* the family rather than *for* the family. Consequently, resistance is minimized and members can feel safe in engaging themselves more fully into the process.

Social construction tends to follow the same trend as drama therapy, in that its advocates propose that *the client* possesses the power to incite change, and not the therapist through the interventions they set in place. The therapist merely acts as a facilitator or 'co-creator' to helping the family reclaim their own 'life story.' In other words, the social constructionist strives to collaborate with the family in pinpointing the critical themes that play fundamental roles in the lives of its members. These themes serve to depict a global narrative that highlights the essence of family life for the unit. Through a series of open-ended questions, options and choices offered to the family, members can decide *for themselves* how best to proceed in 're-writing' or re-creating their current, problematic 'dominant story' into a more favorable one amenable to change. Through this creative approach, power is granted to the family, and *not* the therapist, in determining the course, pace and intensity of the process. The therapist offers empathy and presence in collaborating on the family's venture to incite change and create a new narrative or story for themselves.

By combining drama therapy and social construction, families can come to appreciate the multi-layered meanings which imbue their existence within a dynamic

and eclectic context. A new narrative can emerge and play itself out through the fictive context, wherein members can devise options they may want to incorporate into their unit's *new* 'life story.' Ultimately, these two approaches build on the healthy aspects of people in examining their weaknesses or difficulties. Improved communication patterns and problem-solving strategies can be gleaned from the process, which members can then use to build richer, more satisfying relationships with one another.

Sculpting was the last intervention I described in detail in Chapter Five. Its usage descends from humanistic-oriented psychology, and was developed by a pioneer to the field of family therapy - Virginia Satir. Satir's work with families stood out from all the rest in that she drew upon the idea that a low level of self-worth is at the heart of all problematic, interpersonal interactions in families. By recognizing the inherent worth of each individual within the unit, members can come to appreciate each others' strengths and perceive alternative perspectives. In turn, they can also learn to heighten their own sense of self worth by recognizing the unique and viable contributions they themselves make towards the family system. By using non-verbal postures and expressions, family members can communicate *in action* how they feel within the unit. Their interactions can be explored and played out in session, and new methods of communication can be gleaned from the process.

Ultimately, the family comes to learn how its members may be communicating with one another in unhealthy ways. Satir proposes that members communicate in one of five possible ways, with congruency deemed as the ultimate objective in therapy. Negative or dysfunctional communication discrepancies can be revealed through the sculpts that emerge, and newer, more congruent ways of communicating can be modeled and tried out in session. The aim of using this approach within a drama therapy context is to offer families a *non-verbal* method through which they can express their feelings and views on how they perceive the unit. Insights into how the

family is currently functioning, what the dynamic at play is and how best to attain what may be lacking for individual members can also be explored through the sculpts and dialogue that follows.

Despite its origins from a different therapeutic orientation, Sculpting is widely used in drama therapy and can prove itself to be highly beneficial for families in treatment. Like the other drama therapy interventions previously described, its usage transcends the use of language and all of its limitations. Sensitive or painful emotions can be expressed through body language rather than words, offering families alternative means through which they can learn to communicate appropriately with one another. By combining this technique with a social constructionist slant, families can learn to appreciate the ownership of their unit's 'story.' Problems act as obstacles rather than impediments that can be overcome with the right amount of insight, safety and containment within such an eclectic and dynamic therapeutic process. The family's current narrative can be expressed in various sculpts which ultimately, 'paint a picture' of the difficulties its members may be facing. The primary point lies in the abolition of the power differential that is so prominent among on-going, traditional forms of verbal-based psychotherapy. Through the use of drama therapy interventions, families can benefit from both language AND action. Rather than simply talking about their problems, members can enact them and consequently, face them together instead.

In conclusion, the field of therapy is expanding enormously and incorporates a broad array of innovative approaches to treatment. Families can now re-empower themselves simply by partaking in a therapeutic process that offers promise and credibility for promoting positive change. In light of this, further research detailing the benefits of incorporating creativity into the *parental context* might be an interesting avenue to explore. Given that our parents' relationship often influences the quality of relationships we will have in the future, it becomes imperative that adequate focus be

given to this aspect of family life. By implementing the usage of these and other drama therapy approaches in a couples' context, children can learn new ways of responding to others simply by modeling their parents' newfound creative and playful interactions learned in therapy. The framework can also be set for working towards improving communication methods and parenting styles. It might also be beneficial to integrate *other* conventional approaches with drama therapy in treating families, so as to draw upon their potentially magnified benefits. For example, integrating the structural or strategic schools of family therapy into a drama therapy context can enable new metaphors to emerge in the family's therapeutic journey. Families can partake in an eclectic process within which members can try new skills and acquire new insights. Troublesome behavioral patterns or interpersonal dynamics can become that much more amendable, once family members use the techniques they learn in session at home with one another.

In essence, the field of drama therapy and other alternative therapies is growing rapidly. These approaches offer clients diverse ways of interacting with one another and building on their strengths rather than their weaknesses, to make sense of their struggles. By using drama therapy, clients can broaden their sense of self and use their inherent creativity to interact with others in healthier ways. Drama therapy offers clients an opportunity to learn about themselves and others by incorporating elements of creativity, spontaneity and flexibility into the therapeutic process. By recognizing that we are all dynamic, social beings that bring something special to one another, growth becomes possible. And growth after all, is the determining factor which precipitates change.

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