Heuristic Research: The Unfinished Roles

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Abstract

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This paper documents a heuristic research project. Deriving from its nature, I became an active researcher searching for answers to this question: What might trigger countertransference within a role and affect my ability to perform as a Therapist? This quest led me into coinning the term 'unfinished role'. The definition of unfinished role is a combination of both countertransference and role, both of which are central terms of this study. Both terms serve as the base for the theoretical background. Countertransference is described from its conceptive beginnings, emphasizing its relation to Drama Therapy. Role is defined within the Drama Therapy context and emphasizes role theory. Once the terms are clearly defined, I begin my self-exploration journey which contains deep self investigation of the dominant roles I have assimilated. These dominant roles were the ones which created difficulty when evoked by the client needs, as well as still percolating in my daily life. As a client in the play space myself, I experience the advantages of Drama Therapy in the service of further developing as a therapist. Finally, two case vignettes are provided to examplify my own unfinished roles. I draw my conclusions from outcomes of my own experiences.

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Introduction

The seeds for this research were planted six years ago while I was a Drama Therapy student in my homeland, Israel. My first internship started with a five year old boy. He was referred to me as he displayed physical and verbal violence. "This child," as was written in his referral letter, "terrorizes both his classmates and teachers." The experienced team I worked with believed this case to be very challenging. They wanted to protect me, and requested that I rethink my initial position of accepting the child into therapy. As a young therapist in training, they feared that this assignment would frustrate and hinder my growth. I declined their offer. I wanted this task because, as a young therapist, I considered it an integral part of my training.

The origins of his violent behaviour became apparent early on. Ron was the son of a couple who were in constant conflict. The father would regularly beat and verbally abuse his mother. Ron, like any child, viewed his father as a positive role model. He loved and admired his paternal figure. Ron internalized from his father the role of the aggressor and outcomes of the way he played this role were experienced by his classmates and teachers.

The process which was meant to last one academic year extended into two full years. Within those two years, we jumped 'head first' into Ron's chaotic world. The appearance of his verbal and physical hostilities was articulated in the dramatic space. Through dramatic projections with dolls, puppets, movement, roles, and drawing, Ron found a way to elaborate upon his world in a safe and containing environment.

During one session Ron requested to act out a new scene. He wanted me to enter into a dog position, sit on my back and receive strict instructions as to how to move

within the space. We became a horse and its rider, then the servant and its tyrant. I was unable to play these scenes properly. It was difficult for me to remain within the dramatic space; this dramatic space that was meant to provide me with distancing through the metaphoric "me and not me". I could not separate between 'Zvi, the individual' and 'Zvi, who takes on a role for a client.'

In my trials to avoid conjuring up the role, I offered to use other dramatic tools. I suggested employing puppets to play his requested scene but Ron refused. He wanted to ride on my back. I felt cornered and yet consumed by my desire to serve my client's interest. I played the scene. Within the scene I sensed a merging of 'Zvi, the individual' and 'Zvi, in a role'. I felt humiliated.

Since the circumstances described above, the struggles of invoking certain roles for clients have continuously occupied my thoughts. I knew my problem with playing a servant role was related to my childhood. I was born to a dominant mother who masterfully controlled. This was not enough, there had to be more. I wanted to know that I, as a Drama Therapist, could produce the maximum amount of roles needed within each session.

When told the research for my master's program was open, I instinctively knew my subject. I wanted to research how countertransferences, the unfinished business of the therapist, prevent he or she from being fully engaged in a role. My original idea was to distribute a survey among Drama Therapists who have been active for ten or more years. I especially wanted to survey Drama Therapists who utilize roles as a main therapeutic tool. The survey questions would follow any relationship between countertransference

and role. Once the results were tallied, I thought to process the data and conclude from my findings.

When I presented this idea to both my colleagues and professor, they expressed interest due to the relevancy of my chosen topic. However, one source of feedback greatly affected me and thus my subsequent research direction. "What do I care what other Drama Therapists' responses are to this question? I want to know how you respond in this situation!" Today, I know that unconsciously I wanted to switch this research from my own responses to the responses of others. This need was rooted in my fears of exposing and placing me at the centre of this research. "If the topic is personally painful, the researcher may unconsciously resist the actual personal problem and consider something less threatening as the stated problem and thus avoid experiencing pain" (Smith, 2002, p.65). This thought did not deter me from wanting to explore this research possibility. The fear was present, but despite it I decided to become an active player in my research. I accepted the challenge to describe my own experiences and relate them to the following research question. What might trigger countertransferences within a role and influence my ability to perform as a Drama Therapist?

The frame of my research needed alterations. This research would be heuristic and pool its inspiration from the works of Moustakas, who describes heuristic research as, "self-search, self-dialogue, and self discovery; the research question and the methodology flow out of inner awareness, meaning and inspiration" (1990, p.11). Moustakas (1990) explains the various stages of heuristic research, including initial engagement, immersion, illumination, incubation, and explication. These phases are intended to transpire naturally depending on the honesty, integrity and courage of the

researcher. The research is a self investigation, consequently no additional individual but the writer is responsible for the honesty of the self-process. The assessment of truth I leave in the hands of the readers.

My desire is for my readers to join my self-exploration voyage. A journey in which I hope I will prompt within readers, and specifically Drama Therapists, the empathy which derives from this type of research. Most importantly, I wish Drama Therapists to feel inspired to encounter their own questions and face them courageously and honestly.

I was not alone in my self-exploration excursion. At my side was Bonnie, a Drama Therapist. She accompanied my journey and was essential in the immersion phase, which is a stage in that "everything in his or her life becomes crystallized around the question" (Moustakas, 1990, p.28). Bonnie fulfilled my needs for supervision and guidance and became an active player in my own drama. Together, we role played in the play space and explored the roles which floated to the surface. In addition, Bonnie, served as my outside relation to the world. My encounter with Bonnie both in and out of the play space, provided "a continual movement from the inner experience to what it is in the outer that originally stimulated the research" (Smith, 2002, p.66).

During my encounters with Bonnie I wore two hats, those of therapist and client. As a therapist, I disclosed my practices, feelings, and emotions that arose throughout my sessions with clients. As Bonnie's client, I experienced my thoughts and feelings that emerged from inner roles. In doing so, I answered my secondary research question: What effect does drama therapy have on my willingness to encounter unfinished roles?

Right through my research I practiced journal writing. This diary served as an extra tool of insight, which followed my three-month intensive research period. In my journal, I employed free association writing after each client session, and following my meetings with Bonnie. In addition, every thought and idea that crossed my mind was written in my diary. "Just as the mother and the analyst provide the proper holding environment for safe discharge, so does the analyst/poet use the blank paper as a holding environment for his or her countertransference feelings" (Bean, 1992, p.350). Parts of my journal writing are combined with self-explorations.

Before continuing, I will provide a brief description of how the information in this paper is organized. The first section deals with the phenomenon that is countertransference. I begin by describing the classical psychoanalytic approach. Freud was the first to employ the term. He and others who followed him teach classic countertransference. Later, others broke away from Freud and defined countertransference from different perspectives and angles. The term underwent various interpretations. Contemporary research and definitions of the term will also be mentioned. The second half of the review explores the connection of countertransferenc to the Drama Therapy field. I will describe the main perceptions and opinions of leading Drama Therapists on the subject of countertransference.

The second section explores the definition of roles. I present brief descriptions of the historical roots of roles that are traditionally linked to the old tribes. Later, roles are explored through the prevalent thoughts and social contexts of the twentieth century. Lastly, Landy's role theory will be discussed at length, as Landy is founder of the role theory and method relating to the discipline of Drama Therapy.

The third section integrates both the first and second sections. Counter-transference and roles are directly integrated into each other. I will present a point of view, which is uniquely my own way of exploring countertransferences within roles. Later, coining the term 'unfinished roles,' which once again is a term I have created to describe the patterns of behaviour I have experienced. Following the clarification of the term unfinished roles, I will translate this theoretical knowledge into a practical form. Two case vignettes will be presented, providing examples of my temptations to remain in past dominant roles, while practising as a Drama Therapist. I will demonstrate how my self-understanding grew through the challenge of difficult contertransferences in these two cases.

Section One: Countertransference Defined

From Freud to present day: Countertransference

The term, *countertransference*, has undergone changes since its Freudian

definition. Countertransference, as I will describe in depth, still remains unclear. Many

since Freud have attached different nuances to the term, but no one definition has yet

been developed to describe the term as a whole entity. The definition, has over the

years, remained with one truth, which has been accepted by all researchers that

countertransference is an encounter between two individuals: the client and the

therapist.

Freud (1910) coined the term, countertransference, which he described as the

client's unconscious effects on the therapist's mind. During this process, the

transference goes from client to therapist, which triggers within the therapist unresolved

conflict(s). When this occurs the therapist may respond towards the client in a way that

suits the therapist himself, thus, resolving his own inner conflicts without regard for

client's needs. Freud explains, "we have become aware of the 'counter-transference,'

which arises in [the physician] as a result of the patient's influence on his unconscious

feelings" (1910, p.144). Freud viewed countertransference as a negative occurrence and

firmly believed that therapists should identify this occurrence and eliminate all

manifestations of it.

Jung (Jacobi, 1973), unlike Freud, does not believe countertransference to be a

negative occurrence in therapy. In his opinion, therapy is a meeting of two different

unconscious minds, those of client and therapist. The Jungian therapist must be

prepared for the fact that actions, responses, emotions and feelings will inevitably affect the therapist himself. Jung believes that countertransference is an important tool in the understanding of the client and that it should be discussed by both parties. Openness should be fostered and encouraged as it benefits the client. Jung, unlike Freud, viewed the therapist as active in the process. In Jung's opinion, every encounter between client and therapist will in the end bring greater emotional growth and transformation to both the therapist and client (1973).

Mclynn (1996), based on the works of Jung, emphasizes the importance of supervision in therapy, explaining that the therapist should use the services of an observer. This permits for greater awareness of both therapist and client needs. The inappropriate usage of countertransference can occur once the client and therapist share the same unresolved conflicts.

As Mclynn (1996) explains, therapists cannot advance the client if therapists themselves have not reached higher levels of understanding. The therapist can only take the client as far as he himself has arrived on the emotional growth scale.

Winnicott (1949) follows the Jungian thoughts of countertransference and transference, adding that countertransference is a tool that can enhance and further the therapeutic process. Winnicott held that the countertransference occurrences were not negative to the participant and were not necessarily rooted in the past of the therapist's inner world. Winnicott believed that, at times, patients might evoke in the therapist certain emotions, which the participant has felt from similar or dominant past figures. For example, a patient feeling rejected can transfer that feeling to the therapist, consequently causing the therapist to have feelings of rejection towards the client.

According to the level of awareness of the therapist, he may feel these emotions and use them to explore the inner workings of his participant.

Gabbard (2001), fifty years later, continues the assumption that countertransference is a mutual game in which each party takes a position. In this light, countertransference is a positive occurrence and is beneficial for the therapist because it enables further understanding of the participant's psyche. In this mutual game, the participant provokes a specific role from the therapist, and once this occurs it reflects on parts of the world of the participant and the therapist as one.

Similar to Gabbard, Hayes (2002) continues to support the concept that counter-transference is a positive and an enhancing therapeutic tool. However, Hayes views the therapist's position from a different angle. He stresses the importance of self-awareness and unfinished business. The definition of the "wounded healer" (Hayes, 2002) is a therapist that is able to express empathy towards participants due to his own past hurtful experiences. Hayes does not expect perfection of the therapist. However, he does state that the therapist should strive to be one step ahead of his participants. Hayes emphasizes that the therapist must model sharing and openness of feelings in order to further the participant's development. Hayes also believes that the therapist should be willing to fully probe, question, understand and accept one's own history (2002). The higher the level of the therapist's emotional awareness, the more he may relate and empathize with the participant's true feelings.

Jeffrey & Hayes (2001) emphasize that it is the responsibility of the therapist to understand the origins of his countertransference, which in their opinion is found in early childhood and influences their present therapeutic capabilities. Hatred, neglect,

rejection and lack of love are emotions felt in childhood that have become a part of the therapists' potential countertransferences.

Jeffrey & Hayes (2001) distinguish between two different types of countertransferences. The first is *chaotic countertransference*, which is an extreme response of the therapist towards the client and is not a part of the therapist's regular personality. This, however, rarely occurs. The second, *chronic countertransference*, is a response to the client from the therapist's own pool of unfinished past business. This is a recurring pattern, which, if not treated, will always be a part of the therapist's responses to clients.

Klein (1975) warns against the strong will some therapists may have towards receiving love and reassurance from one's clients. This therapist is need stems according to Klein, from the primary relationship between mother and infant. Countertransference may occur if the therapist is tempted to fill the maternal role and strongly love and support the client in a maternal way, thus, providing momentary relief to the client. In this situation, the client is left to increase his love towards the therapist as an act to please the therapist, providing the therapist with the love and admiration he so longs for. These circumstances shut off emotions like anger and rebellion, thus stunting the emotional growth of the client and therapist alike.

Celenza (1995), like Klein, explores countertransferences in terms of love and hate. In her opinion countertransferences of love that the therapist transfers to the client may be the outcome of a negative transference projected from client to the therapist. In these circumstances, the therapist is unable to contain these negative emotions and reacts with love towards the client. These feelings of love towards the client are a

defense mechanism used by the therapist to ignore the negative thoughts and feelings expressed by the client to the therapist.

Eagle (2000) distinguishes between countertransference and *self-representation.* He describes self-representation as therapist and client sharing corresponding images and feelings. When therapists connect to the self-representation of their clients, successful therapy has begun as the therapist is in the position of fully understanding the client. For example, if a client is mourning the loss of a loved one, the therapist can bond with his own feelings of loss and in this way create a self-representative attachment with the client. Eagle (2000) describes countertransference as occurring once the therapist is unable to engage in self-representation with the client due to the therapist's own unresolved past conflicts.

Lasky (2002) expands Eagle's notions of countertransference and self-representation. Lasky (2002) uses *analytical instrument* instead of the term, self-representation, described by Eagle. Analytical instrument describes conscious, unconscious, resolved and unresolved conflicts within the therapist. Lasky (2002) explains that countertransference occurs once the client invokes neurotic conflict within the therapist. This inner conflict, which develops within the therapist, due to his unresolved past issues, stumps the growth of empathy towards the client as the therapist is occupied with his own inner conflicts. In extreme cases, the therapist may use the client for his own needs and resolve his own issues through the client without regard for the client's needs. Once therapists are in-tune with the feelings and emotions being projected by the client, and through the use of his own analytical instrument toolbox,

therapists are able to distinguish their own issues and prevent any inappropriate responses towards the client.

Guy & Brady (2001) examine countertransference from yet a different angle, leaning on Kohut's (1971, 1984) self-psychology. According to Kohut, therapy is an encounter between the therapist's self and the client's self. Therapy is a meeting between two personal stories, that of the therapist and his client. The therapist must be completely in tune with his own inner voice and channel this energy into completing the individual self of the client. Countertransference in this case occurs when therapists force their self into the centre of therapy, losing sight of the client's self and thus thwarting the therapeutic process by serving their own self needs.

Biancoli (2002) elaborates upon countertransference from a humanistic approach. In his opinion, though different for every therapist, countertransference is dependent on the individual therapist's morals, values, culture and existential perceptions. Countertransference occurs once a therapist encounters values, morals, and/or cultural differences from clients that conflict with their own belief system. A therapist may, for instance, firmly deem monogamy to be the right way to live. If a client expresses his polygamous ways of life the therapist in a countertransference situation would state disapproval towards this choice.

Countertransference in Relation to Drama Therapy

In this section I will examine the term, countertransference, as directly related to Drama Therapy, and the practice of role as a main therapeutic process technique. Literature specifically related to Drama Therapy and countertransference is quite scarce.

Within Drama Therapy, the use of countertransference is not different from the analytical, psychological perceptions described previously. However, unlike the Freudian perception of countertransference, in Drama Therapy the use of countertransference is often beneficial to the client.

Landy (2000) discusses the therapist's involvement within the dramatic space through the use of distancing. The therapist must choose the degree of his engagement in taking a role as a director or a witness. The choice is made in regards to his feelings towards the issues raised throughout the sessions and his ability to deal with his own personal emotions. For instance, a client may request that the therapist play the role of the victim. The victim role is a dominant component of the client's personality. However, the therapist in this case fears playing the role as this may trigger within him a strong emotion. In cases where the therapist feels uncomfortable playing a role, due to their own unfinished business, they can choose to play the role of the observer or the guide. This will provide the therapist with the distancing he or she may need in order to serve the client's interest and avoid imposing their own needs in therapy. Landy (2000) believes that the therapist must exercise flexibility and willingness to become fully available to the participant.

In earlier literature, Landy (1996), describes countertransference as a dangerous temptation on the side of the therapist who remains in a few chosen roles without variety or change. This situation occurs when the therapist enjoys his role from a narcissistic side or from the unfinished business. In this case, the therapist will try to remain in the same roles throughout the sessions, which may lead to the sessions being used to fulfill only the needs of the therapist. To avoid this situation, the therapist can

take other roles by replacing the ones he seems to be fixated upon. Later, in my own self-exploration, I will describe my temptation to stay rooted in the child role. Remaining in this role provided me with unconscious comfort and approval from the parents of clients and fulfilled my childhood deficit. The possibility of changing roles occurs when therapist's self-awareness levels are high enough to recognize a fixation with a role and can work towards changing this situation. Landy recommends taking one's weakness to his own therapist or to develop an inner guide. This guide is the one that recognizes the therapist's weakness during a therapy session and allows for a change in the situation.

In an interview with Philipose (2003), Landy emphasizes the necessity for a therapist to develop an internal guide. He describes the internal guide as a balance measure. If for any reason the therapist feels the oncoming of a strong emotion towards a role requested by a client, he or she can take a step back and rely on their internal guide to safeguard the therapist. Landy expands on the internal guide, explaining that its advent requires years of experience, and strongly recommends the use of supervision which, in time, becomes the inner guide of the therapist.

Eliaz (1992), suggests a similar solution to the one presented by Landy (1996), however, in his article he does not directly address countertransference. He only focuses on transference from the participant to the therapist. Once transference occurs, Eliaz proposes three possible options to remove it. Removing does not mean to ignore these emotions but emphasizes the need to transfer it to the dramatic medium. The first solution for the therapist is to enter into a role. For example, the role of the therapist might be that of a leader or director, which moderates the transference. The second one

is also accomplished consciously, entering the dramatic space, and giving form to the transference given to the therapist by the client. Lastly, when dealing with group participants, therapists can redistribute transferences by sharing it with other group members. Once redistributed, the therapist can work with the client on the transference.

As stated above, Eliaz (1992) concentrates on the participants' transferences and does not deal with possible countertransferences. However, can his solutions be used once the roles are reversed when the therapist has a hard time playing a role requested by a participant in the group? And can he pass on this role to other group participants thus, allowing him to take a step back and avoid responding from a role that triggers countertransference in the therapist?

Penny Lewis (1992) proposes three possible ways of dealing with countertransference. The first one is the use of an art medium or sand play as a third object, to project ones feelings onto and create a buffer. Instead of verbalizing the relationship and different emotions, one can use the art medium as a communication tool, which allows distancing between the occurring emotions and the therapist.

This technique can be indirectly tied to the solutions proposed by both Landy (1996) and Eliaz (1992) that propose entering into a different role to defy the countertransference. One could draw parallels between the two methods and suggest that the taking of a different role, as described by Landy, can be compared to Penny Lewis' third object. The second option proposed by Lewis is *somatic counter-transference* in which the body is a symbolic container for the different emotions being transfered to the therapist by the participant. For example, if the participant feels rejected from his surroundings, this may lead the therapist to feel rejection through his body as

countertransference. The therapist can explore these feelings together with the participant. The third option, explained by Penny Lewis, is the *imaginary realm*, in which the participant and therapist together create the stage for transference and countertransference. This technique is an extension of the previous one as it allows cooperation between the therapist and participant through the use of transitional mediums such as art, drama or music (Lewis, 1992).

Irwin (2000) combines psychoanalysis and Drama Therapy. She treats both transference and countertransference as similar by explaining that client transfers of unresolved conflicts can elicit an 'unfinished business' response from the therapist. Irwin believes in the importance of exploring one's countertransference, in order to further understand the client. During an interview with Philipose (2003), Irwin distinguishes from *analytical countertransference*, which she views as more preserved and distant. Moreover, in Drama Therapy, she states that the countertransference is an outcome of being involved and taking action through role- play, and in connection with the use of various props in the enacting client drama.

David Read Johnson (1992, 2000) discusses transference and countertransference as the level of engagement of therapists while in interaction with participants in the *play space*. The play space is an encounter area between therapist and participant. In Johnson's method called " Developmental Transformation," the therapist takes an active role in enacting the client's personal drama. The therapist is the client's play object and must be ready to change roles and transform to suit client needs. Countertransferences and transference will always be present in therapy due to the closeness between therapist and client.

Johnson (1991) and later Irwin (2000) believe that understanding ones

countertransference is essential to client success in therapy. Johnson differentiates

between two types of countertransferences. The first is based on the encounter with the

client's thoughts, feelings and images that the client specifically triggers within the

therapist. Once this occurs the therapist can use these leads as starting points in therapy

and direct the client into the play space. The second type of countertransference is

idiosyncratic, which describes the unfinished business of the therapist that may be

triggered, at any time although not necessarily directed toward the client.

Johnson (1991) describes cases in which countertransferences are unproductive to

the therapeutic process. If client and therapist within the play space are both struggling

with a certain issue, for instance the difficulty of both to hold long-term intimate

relationships, the therapist in this case remains at a loss towards the client. In this

instance, the therapist is unable to offer that client within the play space viable

alternatives to their problem as the therapist is suffering from a similar problem. The

flow is interrupted and both parties must work really hard at re-entering the play space

and moving onto other issues. In other cases, the therapist's countertransferences can

inhibit any input from the client and the therapist becomes self-involved and

unconsciously disallows the client from moving on to other issues. Johnson emphasizes

that one must openly communicate within the play space with the client and play out

any concerns. This process will enhance therapy and direct client and therapist to higher

levels of understanding.

Kindler (1997) has created a case study of a ten year old who is described as

closed and absent-minded. During the therapeutic process, Kindler dwells on her own

struggle for structure within the sessions. She interpreted the child's acts and words by asking questions as a way of removing herself from the dramatic space and from continuing to play out the child's fantasy world. However, this was not the child's wish, as he wanted to continue playing within the play space. While Kindler performed as described above and tried to leave the boy's chaotic world behind, negative emotions and thoughts were raised in her. By implementing structure and other elements, which were clearly hers, she fought against her possible countertransferences. Even though this process seemed to have happened to her unconsciously, I wonder if it is possible to apply this behavior if therapists have a hard time playing certain requested roles.

Section Two: The Definition of Role

The Origin of Role

After exploring the concept of countertransference, this section moves towards an explanation of the other main component in my research question: role. I will provide a short description of role in relation to theatre. Then, I will trace the roots of role in the 20th century when role was perceived as social context occurrence. Further, I will explore Moreno's definition of role in which he coined *role-playing*, and shifted the concept of role from role taker to role player. Lastly, I will present the work of Robert Landy, today's milestone in Drama Therapy, and his complete shift from the notion of self to the notion of role.

The roots of role, and its first, appearance in human history is until this day unknown. Research has shown that roles were used in old ancestral tribes as a part of the rituals. Human beings viewed nature as unpredictable and frightening, so rituals seemed to be a way for humans to feel as though they had control over their environment. Each natural phenomenon had its own specific ritual: the rain dance, fertility, health and other similar ones.

Tribes developed separate areas in which they would perform their tribal rituals. Individuals from the tribe were chosen to direct and perform the specific ritual, as it was strongly believed that mistakes should not occur. Thus, only trained individuals were able to lead the group into and during the rituals.

The skilled individuals who were carefully chosen would have worn "masks and costumes, they often impersonated men, animals, or supernatural beings, and mimed the

desired effect of success in hunt or battle, the coming of rain, the revival of the sun--as an actor might" (Brockett, 1979, p.2). Historians believe that these dramatic rituals are at the root of theatre and role. Once religion was separated from dramatic activities, each grew in different directions and from the rituals emerged theatre. Robert Landy (1990) wrote about the transition from ritual to theatre and stated "...the actor, was amply hidden beneath a mask or make-up or costume of exaggerated gestural and vocal apparatus, in order to present the persona, the universal character type embodied in the dramatic narrative" (p. 227).

According to Moreno (Landy 1993), the first usage of role was in antiquity in which role was defined:

> ...(Rotula in Latin) as a scroll-like object upon which were fastened sheets of parchment, later to be fashioned into volumes used in ancient law courts. In the early theatre of Greece and Rome, the lines of dramatic text were written on the 'rolls' and read to the actors by prompters. The character played by the actor came to be known as a role. (p.15)

In time, the actors and the text became one; the actor would memorize the text and recite it.

Role in Social Context

In the early 1930's, anthropologists and sociologists researched roles. Their main assumptions, which I will describe in depth later, mainly stated that man is a cognitive creature and a role-taker in relation to the roles. Individuals are cognitive beings in

which roles are described as: "I become a self to the extent that I can internalize the roles of others and see myself as they have seen me" (Landy, 1990, p.224).

Mead (1934), a social scientist, came up with the term *role taking,* which occurs once individuals come in contact with others and adjust their behaviour to suit the social circumstances in which they find themselves. According to Mead, individuals are social creatures as they have a strong need for belonging. This sense of belonging is what prompts individuals to act in certain ways that are acceptable and expected of the community members. Mead (1956) states, "a person is a personality because he belongs to a community, because he takes over the institutions of that community into his conduct" (p.202).

Linton (1936) continues exploring the role within a social context, and finds that "a *role* represents the dynamic aspect of a status" (p.114). Linton directly relates a role to status. In his view, a status is the position an individual decides to take within a certain social context. The role is an action that derives from the particular status position. Any particular status contains duties and rights. Linton states "a status… is simply a collection of rights and duties" (p.113).

Cooley (1956), a sociologist, greatly contributed to the understanding of how the self develops and acquires certain behaviours through social interactions. Cooley states that each individual reflects images of oneself as in a mirror. In his book *Social organization: Human nature and the social order*", Cooley states "each to each a looking-glass reflects the other that doth pass" (Cooley, 1956, p.184). Once we look in the mirror, we do not see who we really are but a projection of feelings that have been

expressed to us. When one looks in the mirror one does not see the real self but the perceptions of others.

Sarbin & Allen (1968), two social psychologists, took the term role from the dramatic metaphor. They observed a parallel between actors on stage embodying diverse roles and made a correlation with the way individuals take different roles to interact within communal society. They emphasized their role theory, which is centered on *role enactment* and is described as the individual in role action; how one behaves in a certain role in regards to its social effect on society. Sarbin & Allen described "role theory, with its focus on role enactment, bridges the gap between the individual and the group, between personal history and social organization" (p.490).

Goffman (1961) a sociologist, continued to research the perception of role in relation to social interactions. Goffman, like Sarbin & Allen, emphasized the importance of role enactment. Believing that individuals use roles only in relation to others, he introduced the term *others*. The "others", according to Goffman, are the individuals relating to the role set. "The overall role associated with a position falls into role sectors"(Goffman, 1961, p.86). For instance, everyone who comes in contact with the school teacher will create for that individual his *role set*. The *role set* of the teacher includes the students, the principal, and the school social workers, counsellors and parents of the children. When the teacher comes in contact with his students this is the enactment of the role sector, which is a part of the role set.

From Role Taker to Role Player

Moreno, the founder of psycho- and socio- drama, viewed role as a predominant part of the human personality. He believed that humans were by and large role players. By playing one's role, and imitating others, one becomes a person. Moreno claims that roles do not facilitate the self, as did previous theories but instead; the self is created by the roles people invoke. Moreno (1946) defined role as "the actual and tangible forms, which the self takes" (p.153).

Moreno strongly emphasized the role part of the personality, unlike his predecessors. However, he leaned on the past knowledge and research of the social context in relation to the roles. Individuals, according to Moreno, are judged by the roles they choose and the reactions they get from their surroundings. Society recognizes each individual according to the role they display to the world. For instance, a father may have many different roles but at the moment when he screams at his daughter in public he is viewed by his surrounding as a bad father. Moreno believed that roles were a product of several different behaviours coming together along with their cultural recognition. I am a student, a young father, a husband, a Jew born in Israel, and this is how I am recognized by society.

Moreno viewed three types of roles: *Psychosomatic roles* are ones that have physical expression, like sleeping, eating and walking so they cannot be performed without a physical aspect. *Social roles* are roles that depend on others, as I can be a father only if I have a child. *Psychodramatic* roles we play within ourselves in our intra-psyche and which remain there until we express them to the outside world.

Moreno believed that individuals develop new roles through a three step process. The first is *role taking* which means that once an individual takes a new role he plays that role in a very structured and routine manner. Then *role-playing*, once the individual feels comfortable and confident within a role he becomes more spontaneous and enjoys the role. Lastly, through deep internalization the individual changes or adapts the role to his own uniqueness that may then serve as a role model for others.

For example, as a beginner and young Drama Therapist, I used to work hard on structuring my meetings with clients in order to familiarize myself with my new role as a Drama Therapist. In time, I felt more and more comfortable in my drama therapist role and was able to break away from my initial session framework and allowed myself to become more spontaneous and take risks. Today, as a therapist I do not prepare my sessions but instead rely on the unique style I have developed while in the therapist role. An aspect of my growth development is the trust in my client(s) to lead the therapy into the direction that suits the clients' needs.

Robert Landy's Role Theory

Landy (2000) developed the role theory, which holds a number of assumptions. The first is that as human beings we are able to play and take on roles, naturally, as an inborn trait in all individuals. This states that the possibility to enter in and out of different roles is genetically programmed and not a learnt skill. Furthermore, Landy assumes that human behaviour is complex and contradicting, thus, to fully understand an individual one must observe every constituent of the personality.

Humans always strive for internal balance between their different personality components. However, a perfectly balanced and harmonized personality is not attainable creating ambivalence individuals must learn to accept. Living with the ambivalence is to accept the contradictions at the bases of each personality. Landy views the personality as an integration of different roles.

The space between imagination and reality is drama therapy's core. The capability of being in and out of a fictional role through the "me and not me" role technique will eventually help the individual manage their lives in more useful ways. For instance, a child that perceives himself as a victim provides his social surroundings with a comfortable source of blaming that child for his own shortcomings. Entering the Drama Therapy process enables the child to explore different roles other than the victim. All this is done in a safe and containing environment allowing the child full role exploration. While playing these fictional roles in the dramatic space, he, in time, may develop the role of the aggressor or assertiveness that will provide for better self-defense in his everyday life.

Landy (1993) defines the *dramatic persona* as individuals exposing their different roles to others and experiencing in return different thoughts and feelings. Individuals develop a system of roles made up of inter-relations between roles, which he describes as a *role system*. The role system is the sum of all the roles that encompass the entire human personality.

In Drama Therapy, the entering into a role is called *dramatic action*. Every role invoked exposes just another part of the individual's complex personality. How the individual invokes a role is influenced by both individual truth and fictional parts one

creates for themselves, while playing a role. The grain of truth is the emotional and psychological perception the individual holds towards the role. A child may for instance enact the role of an angry individual, which in fact may be a copy of his father's anger. To this role the child may give physical expression, which he develops on his own, adding his own bits of imagination and creativity to the role enactment

The Developmental Stages of Role

Landy (1993) describes the primary roles as starting to develop within the womb. It is the biological need for survival that pushes the fetus to develop. The fetus satisfies his primary needs through the various roles of sucker, mover, breather, eater, expeller, and sleeper. These roles are somatic roles done unconsciously and naturally to serve the fetus in its bid for survival. In healthy cases, these different roles function in harmony and maintain one another as for instance the role of the breather supports the role of the eater.

The next stage described by Landy (1993) is the "me" and "not me". During this stage the child continues holding on to his primary roles and adds environmental effects, usually based on the mother role. The role of the mother completes the infant roles. The infant wants to be in the role of the eater and breastfeeds from his mother. In order for the infant to obtain this wish the mother must hold that child in a way that permits him to suckle on her breast. For the infant, the mother's role of holding is the continuation of the infant's role of the eater. The "not me" role that ties itself to the infant's eater role is held by the mother as she is the one responsible for the completion

++of the infants role wish. This stage is called "me" and "not me", as the infant cannot differentiate between his role and the mother's role.

The next stage is *role taking*, which happens once children separate and distinguish between "me" and "not me". Landy (1994) gives complete descriptions of the process, which occurs till reaching the age of *role taking*. The first stage is *imitation*. The child at this stage imitates body movements, sounds and language of significant others. Later, children imitate themselves, as when children pretend to eat, bath, and more. This provides children with the practice of different roles and develops their own identity. *Identification* is the second stage in which children identify with major figures in their lives. The identification process is done on two levels: the outer physical attributes as well as the inner personality attributes, such as values, emotions, and morals. The child at this point knows his place in the world. The child has answered basic existential questions; for instance, my child knows she has a father and mother. Identity crisis occurs in children that receive double messages from the identified authority figure. A mother in crisis that cannot nurture her child as she did in the past causes confusion and crisis in the child. As children grow-up they begin being exposed to other personalities, relatives, teachers, and friends.

The process that completes the identification process is *projection*. Through projection the child transfers his feelings to others. This is a safe and containing way for the child to test himself in regards to others, expressed with dolls, puppets, and/or masks. In negative projection children protect themselves from harmful feelings if a child feels disappointment towards a father, he will alter reality and say: "I'm not disappointed at my father, but I have disappointed my father". *Role taking* is the

representational figures that have developed within the individual. The way in which individuals outwardly enact these different self-representations is *role-playing*. "Role playing is a form of dramatic impersonation wherein a person embodies a persona" (Landy, 1994, p.110).

Landy (1993) explains that an individual's ability to competently enact different roles will facilitate the transition between his subjective and external experiences. The subjective describes the individual's translation and assimilation of role taking. The external role form is performance of the subjective inner assimilated role.

Landy (1983,1994,1997) describes *distance* as a key concept in Drama Therapy. *Distance* is the measure of closeness or separation an individual creates while interacting with others, and his self intra- psychic perceptions. In extreme cases, of *distance,* one finds either *overdistance* or *underdistance*. *Underdistance* is represented in overly empathetic types and includes deep levels of identification and physical closeness. In extreme cases of empathy with the other an individual loses sight of themselves, finding it hard to differentiate themselves from the other. An individual, for instance, while in a psychotic episode, may not distinguish between himself, and others. On an intra-psychic level this type of personality is needy, vulnerable, lacks emotional control, and easily identifies with the roles of others.

Overdistance is characterized as lacking empathy, having little if any physical contact. Individuals of this type use intellectualization and rationalization. The individual intra-psychic is detailed as rigid, alienating, and unconnected to others. The role repertoire of these individuals is quite limited and barely flexible in regards to the roles they carry out.

Landy (1994) elaborates upon the *aesthetic distance* in which individuals are able

to relive and act as observers of their own past. In *aesthetic distance* situations,

individuals feel liberated as they can feel the pain of past experiences but not fall into its

painful trap. Aesthetic distances are, in Landy's (1994) opinion, the middle ground

between underdistance and overdistance. In therapy, the client's capacity to enact

different roles but remain within the aesthetic *distance* will determine the success of

therapy.

Landy (1993, 2000) researched hundreds of western plays in search of a specific

dramatic persona within the diverse roles. He discovered a certain pattern of characters

that repeat themselves throughout the years regardless of gender, culture, time span and

era. This re-occurring character pattern he coined *role type* and /or dramatic persona.

Landy (1993, 2000) defined role type as "universal aspects of thought, feeling, and

behavior, essential dramatic patterns that appear consistently throughout dramatic

literature"(Landy, 1991, p.30). He found that each role type appears in one of three

categories: role quality, role function and role style.

Based on role type, Landy (1994, 2000) classifies eighty-four roles each

representing a different role type. The roles he chose were represented in at least three

diverse eras, the classical, neo-classical and renaissance eras. In addition, he categorizes

subtypes, as "a further division of role type, useful in classifying variations on a similar

theme or alternative qualities of the same type" (Landy, 1993, p.67). For instance, the

husband role type is described as the breadwinner, faithful, strong and the stable

provider to his female partner. Two subtypes of husband are the brutal and adulterous

types that use their wives for their own ego. The second subtype is the weak and fearful

husband. Typically, they are neurotic and dependent types.

The eighty-four founding role types described by Landy (1993, 2000) constitute

the taxonomy of roles, which illustrates Landy's role system defined as "the totality of

roles available at any moment"(Landy, 2000, p.56). Landy (2000) views the role system

as a representation of the personality structure, which contains all the intra-psyche roles

known to mankind.

At the core of Landy's (2000) role theory is *role, counterrole* and *guide*, referred

to as the triangle or trinity. Landy defines role as "discrete patterns of behavior that

suggest a particular way of thinking, feeling or acting"(Landy, 2000, p.52). He views

the experience of role as corresponding to the Jungian (1968) conception of archetype.

Jung's archetypes "are without known origin; and they reproduce themselves in any

time or in any part of the world"(Jung, 1968, p.69). Landy was inspired by the Jungian

archetype notion and applied it to role. Roles hold certain distinctiveness that like

archetype has no concept of time, place and culture. However, Landy does not view role

as a complete entity, but one that changes depending on the individual's daily

encounters. Although roles preserve certain characteristics the quality of the role may

change depending on life circumstances. For instance, the role of the father is

represented as masculine, protecting, and faithful, though in times of crisis a father may

add a different nuance to the protective role and become in need of protection from

others.

Another essential element of the triangle is counterrole. The counterrole is "the

figure that lurks on the other side of the role" (Landy, 2000, p.52) Landy emphasizes

that counterrole is not necessarily the opposite role as black and white but a role that is dormant within the individual. The function of counterrole is to facilitate individuals to enact in the best possible way their dominant role. Counterrole is not an independent role but is a facet of the dominant role. The role of the child is that of a nurtured individual constantly looking for pleasure. At times, the child must face the role of the helper when, for instance, a parent may be invalidated and incapable of providing for his needs. The child becomes a helper to serve his/her parent's needs in order to regain their initial role position of the pleasure seeker.

The third pinnacle, which is at the summit of the triangle, is the guide. Landy explains that the guide serves as a bridge between role and counterrole. The term guide according to Landy (2000), comes as a replacement of the self. However, like the self, the guide stands as a transitional figure that navigates between the opposite tendencies and inherent contradictions of human nature. The guide serves to integrate between different roles, and smooth the progress of an individual's search for identity. Landy (2000) highlights that a client "comes to therapy because there is no effective guide figure available in one's social or intra-psychic world"(Landy, p.53). In therapy, the main function of the therapist is to serve as a guide towards the client until the client becomes strong enough, and able to find his own internalized guide.

Section Three: Defining Unfinished Roles

Subsequent to the descriptions of countertransferences and roles, this section

integrates the two terms. The definition I provide is based upon my own experiences and

observations. I put forward a unique perspective on the manner in which

countertransference occurs in relation to role. From my encounters with supervision

groups and other therapeutic settings, I have found that countertransference was derived

from the psychodynamic perspectives. Very little reliance was given to sources from the

Drama Therapy discipline. I strive to research countertransference as an outcome of the

roles taken by both therapist and client within therapeutic sessions.

My countertransference definition is taken from Bean (1992) who describes

countertransference as "the analyst's living response to the totality of the patient's

emotional state at any given moment"(p.348). Roles are defined according to Landy

(2000) as "conceptualized in terms of discrete patterns of behaviour that suggest a

particular way of thinking, feeling or acting" (p.52).

The terms, as I explained above, are intertwined into a formula in which both

countertransference and role are integrated in my coined term, *unfinished roles*.

'Unfinished' describes all the inner feelings, thoughts, and fantasies that rise within the

therapist. It is important to stress that 'unfinished' describes only the inner processing of

thoughts, which are not verbally or physically expressed by Drama Therapists.

'Unfinished' takes different forms and, at times, triggers discomfort within therapists.

'Role' becomes the outer expression of unfinished thoughts, feelings and fantasies, both

verbally and physically represented in the approach a therapist takes towards a specific role requested during a therapeutic session.

Johnson's (1991) perceptions of countertransference directly inspired my own definition of the term, unfinished roles. Johnson believes countertransference is an occurrence between two possible scenarios. The first is "evoked countertransference, which is those feelings, thoughts, and images evoked in the therapist by the client"(Johnson, 1991, p.298). The second is based on countertransference issues, which are uniquely owned by the individual therapist. They are idiosyncratic by nature, and catapult themselves indiscriminately into the therapist's sessions without being prompted by clients. It is simply the luggage this individual therapist lugs with him to every client encounter.

Founded upon Johnson's principle, I assume unfinished role may occur as a result of two possibilities. The first describes roles that might arise within the therapeutic session as a result of direct encounter with clients; meaning the client is in a specific role, which elicits within the therapist a specific role response. This specific role response is unclassified within the therapist. He may be uncertain and feel discomfort towards its appearance. This hinders role performance. Usually a client assumes a criticizing role within the session. Within this role the client conveys his distaste of the therapeutic room, dissatisfaction with therapist, and claims that the time of therapy is not good for him. As a result the therapist may react by opting for a defensive role. The therapist enters into this reactive role as she feels that perhaps she has failed the client, or has committed therapeutic errors. The roots of unfinished roles in this case may be a result of childhood

rearing. As a child she rarely received positive feedback from parents, and most of her acts were deemed negative and judged harshly.

The second possible incidence of unfinished role is ones that are not directly triggered by clients. These roles may surface during any therapeutic process. These roles are, in my opinion, internalized from early significant family members. However, due to life circumstances, this internalized role has created ambivalence and confusing feelings within the individual therapist. The father role, for instance: the therapist had a protective warm father, who served as a main role model for his children. Most of the time his father would be loving, caring and supportive, yet at times this father would have outbursts of anger towards his children. The child of this father, now a therapist, internalized the loving, warm, and supportive facets of the father, as well as his outbursts of anger. With clients, the therapist can play a positive father role, navigating clients, providing warmth and containment. However, occasionally the therapist becomes angry with his client. In cases such as these, no rational or emotional relation directly provoked this type of reaction.

In conclusion, I will articulate unfinished role as roles therapists have absorbed from significant others that are marred with ambivalence(s). The appearances of these roles in therapy answer to the therapist's needs more than the client's. Unfinished roles thus derive from the uncertainties of role function. In my opinion, unfinished roles are expressed within the therapeutic settings and in the therapist's other non-therapeutic interactions. This leads me to the next section in which I explore my unfinished roles in and out of therapeutic sessions.

Section Four: Heuristic Study

Self – Exploration

What might trigger countertransference within a role and affect my ability to effectively perform as a therapist? This question haunted me for several years. I felt the time had come to explore the question more deeply. My heuristic research lasted three months, during which time I became completely immersed and absorbed in my self-exploration. The process, as I had planned, focused on three main domains, all dependent upon each other, and essential in moving the process forwards and backwards. The first was based on a client with whom countertransference was more prevalent than with others. Secondly, following my client's session, I would write a journal using free association in regards to my own responses towards the client. Thirdly, through my weekly meetings with Bonnie, my Drama Therapist, I explored, as an active player, all the thoughts and feelings that arose during my first and second encounters. After each meeting with Bonnie the cycle would continue as I approached my clients with different thoughts and feelings. This would able me to "encounter and examine it, to engage in a rhythmic flow with it- back and forth, again and again--until one has uncovered its multiple meanings" (Moustakas, 1990, p.16).

The meeting with Bonnie included eleven sessions of 50 minutes each. The approach used was based on developmental transformations described as "an inter-subjective encounter between client and therapist" (Johnson, 2000, p.90). This approach provided the space needed to explore my subjects within the play space, involving Bonnie as an active player. Within the play space, I used "free improvisation, in which

the client is asked to play out dramatic movements, sounds, images, and scenes based on thoughts and feelings they are having in the moment." (Johnson, 2000, p.91). The dramatic action I experienced with Bonnie was discussed, upon my request, sporadically throughout our process.

This process took more space than I imagined, encompassing my life as a therapist and individual. My research question and my experiences became so central in my life that I thought about my process day and night. Although this research was to be driven by the client I became the driver following my own internal map. My encounter with the client triggered my own self-exploration into what I discovered were my main life roles, that of the child and servant. Once again I found myself digging at my childhood triangle figures: mother, father, and child.

From here on in, I want my reader(s) to join me on my own personal journey; starting from early childhood experiences to turbulent adolescence, and adulthood to end in my present stage as a Drama Therapist. My self-explorations detailed in this research are my own life circumstances which guided my path into the profession of Drama Therapy.

My self-perception throughout this process is of a role player and taker vis a vis myself and my surroundings. The writing integrates parts of my journal writings, which contain my own feelings and thoughts. Weekly meetings with Bonnie, who became my supervisor, guide and friend, will be described in depth as well my relationship with the client. Lastly, I will provide two case examples that describe my temptation to remain within specific known and comfortable roles that I individually held to over the years.

Phillip, a twelve- year old boy, was referred as he suffered from acute anxieties. Phillip lives in a chaotic and unstable environment, which has instilled in him feelings of fear, uncertainty, confusion, low self-esteem and worries. His father, an engineer by training, works long hours. His mother, a chronically depressed type, works as a secretary. His mother's moods greatly influenced Philip's behavior. I chose my encounters with Phillip to guide me with my research question principally due to my deep empathy with his central role, that of being emotionally lost. Philip's determination to find his place in the world was very moving and personally touched me.

Throughout the whole first week of meeting with him I felt restless. I was imagining myself over and over again requesting his parents to sign my research consent form. My endless thoughts on the issue were that it was not ethical of me to request his parents to sign this consent form as I felt it would remove the basic premise of therapy, which is for the good of the client. Furthermore, I felt that the tables were turned, as I was to provide the care and needs to the client and not have to be dependant on his parents to satisfy my own needs.

"The therapist role gives me power as it contains knowledge and wisdom. However, when I must request something the role of the therapist diminishes, and is replaced by the servant role. Servants do not request they only give; it seems that this role has been imprinted on me since childhood. Years of watching my mother serve others were absorbed by my psyche. She felt others were better than her I believed her and joined her feelings. Mom is strong. She is a servant but strong. She has no problems. For thirty-two years she has cleaned the homes of others. Mother is devoted and

methodical in her work. Mom serves with pride. It seems that I inherited her perfect

persona. "

Phillip's parents willingly signed my consent form. It seems that my

transformation from therapist to servant role led to empowering the other. I now viewed

this couple as authority figures, rather than the parents of my client, Phillip. Authority is

linked in my mind to my mother. I still see her as a dominant controlling mother that I,

the child, obliged to serve. She serves the others and I as a child am obliged to serve her.

I perceive myself as a servant child towards both my parents. Unconsciously, I replaced

my mother by Phillip's parents and felt myself serving their needs as I did my mother's,

driven by my initial fears towards my parents.

The servant role lingered in me during my first appointment with Bonnie. We met

to set the tone for our future meetings and set up our work framework. Bonnie believed

our work to be an exchange that would benefit both sides. However, I had wanted to pay

her for our sessions, which she refused. In my mind, if I paid then I became eligible to

receive service.

I shared my childhood memories with Bonnie, explaining that I was a child born

to a housekeeper mother. It was difficult not to notice the parallels between my mother as

a servant and my role as a therapist. It was blatant that I had assimilated but upgraded the

servant role in my role as therapist. I developed a servant role that was more comfortable

and viewed by society as more productive and affluent.

"Mother was warmly invited into the homes of others, to clean. I, like her, am

called upon to enter into the psyche of the child client. Mother goes from room to room

and cleans in all four corners. She moves all the furniture to clean and shine the rooms.

Every room has a different role: bedrooms, guestrooms, kitchens, living rooms, dens, bathrooms, and more. As a therapist, I too enter into the different pertinent roles of the child to further understand and heal. I encourage them to express their inner feelings of fear, anger, love, disappointment and contain those feelings for them. When finished, mother puts all the furniture back in place. For this she gets paid. I at the end of my work with children they have usually reached higher levels of integration between their different inner personality parts. My hopes are that the child will perform better in the world and with everyday interactions in his environment. My payment is the recovery of the child."

It seems that within the years of being a therapist, I changed the function of the inherited servant role from disadvantage to being advantaged. As a child, I was requested to serve her interest and satisfy her unfulfilled needs. In order to provide her with the best possible service, I had to understand her in the best possible way. How she feels, acts, and relates to others. This demanded of me, as a child, endless hours of observing mother in order to match myself to her needs. I grew in years together with the servant role. The servant role gradually extended itself from being my link to my mother and expanded to include my relationships with my entire surrounding. I would serve my classmates, teachers, siblings, friends, and relatives. The satisfying of other individuals' needs prevented my own emotional growth and the facing of my own vulnerabilities. Once I adjusted to the needs of others, it was guaranteed that I would not be hurt or rejected by others. This in my mind defined love.

Years of watching others sharpened my abilities in this role of the observer, developed in early childhood and remaining to this day. They were years of observing

how others laugh, behave, express feeling, and the constant watching of children and adult interactions. Especially of interest were the interactions of mothers with their children. In addition to the necessity of being in the role of the servant and observer to defend myself, I also came to understand that not all relationships are built like the one I had with my mother. At an early age I knew of the existence of something else that I felt I had to find. A small ray of light opened a window of possibilities that would lead me somewhere.

On my own turf, as a Drama Therapist, I found the roles of the servant and observer a huge advantage. As a therapist, I adapt myself to the needs of the child and I use my skill as an advantage to heal the wounded child. My ability to quickly and effectively acclimatize myself with the child permits from the onset of therapy a warm and containing environment in which the child feels confident. This facilitates trust-building relationships, which are essential to the process. Instead of using their defense mechanism to hide their vulnerabilities, children feel safe enough to depict their deepest feelings and emotions during our process. The child exposes their true self-nucleus, which leads our work process into the mending of wounded parts.

"Here lay my wounds, the inner child that never healed. The child/therapist with an insatiable thirst for wounded children. My wounds relate to each and every wounded child. Their healing and recovery is yet another mending of my own inner child. However my wounded child always remains and lives on. It's a small wound with incredible power. Where is my inner child? In my heart? Head? Body? Will all the love in the world not equate to the primary love bond between mother and child? What will be if my own inner child heals? Will I still want to be a therapist?"

Phillip came to our meeting with his Game Boy. Throughout the entire session he chose to ignore me and play with his electronic toy. When I tried to reflect to him that he is choosing to ignore me, Phillip contradicted me by stating that he had not played all day and now was a good time. Phillip was in his oblivious role. This triggered in me the role of the rejected. This role in me was one I knew well from childhood in which my needs were left unattended, ignored by my parents. At the start, I felt anger towards Phillip, I was here for him and he decided to close himself. I opted to keep my anger to myself and started an inner processing of thoughts and feelings. I suddenly realized that Phillip was imitating a dominant parental role. They habitually ignore him and he assimilated those feelings and exposed his own version during our time together. At that moment the rejected child role in me connected to Phillip's rejected role. Every reflection to Phillip about how I felt in the rejected child role went ignored by Phillip who decided that his Game Boy had precedence over our process. I received the answer to his way of behaving, at the close of our session, when at the end of our hour neither one of his parents was there to pick him up. Phillip started to feel anxious, and requested to call home. His mother answered the phone and shared that she had forgotten that it was her turn to bring him home. Before hanging up, Phillip blurted to her, "One day you'll remember".

During my meeting with Bonnie the clown role in me was present. I had widely used this role in my early twenties. The clown role had accompanied me during my army service, making my three-year army experience more manageable. It later followed me into acting school, at which time it really took over a great part of my role persona. I would habitually make my classmates laugh; the clown role followed me as well into my

social circle. While in acting school, my comedian role became a dominant facet of my acting abilities. Society learnt to accept me in the clown role; everywhere I went it became my job to make them laugh.

It seems that the clown role was born under the servant umbrella. When people laughed at my witty comments, they would automatically accept me, and in this way they would not emotionally harm me. In general, individuals would regard my clown persona as suiting my life as an actor, one that enjoys life and knows no conflicts and obstacles. I paid the price for the clown role when "I stood alone" on stage without an audience to cheer me on. When I tried to change my dominant clown role into other roles and share my confusion and hardships of being an actor, no one was there to listen. They wanted a clown. The clown role that had given me feelings of control became more of a nuisance than an asset to my life. The sad clown, lonely, hurt, and confused took over from the clown role as my dominant voice.

When I met my life partner, and we discussed our future lives together, the question of what I would like to do when I "grow up", arose. However, I had no answer. What I knew was that I was tired of the clown role and desperately wanted change. I consciously decided to stop amusing others. Responses from my surroundings were to follow. Gradually my circle of friends became smaller and smaller. Society did not seem to have interest in me when I chose not to make them laugh. My social isolation prompted me to enter into my own shell. I started accumulating energies that had to come out and produce something new and different. In my unconscious, my therapist role started developing and replaced my clown role. At the age of twenty-eight, I found myself back in school, in the Drama Therapy program in Israel.

What I know today, is that both the clown and therapist roles have fulfilled in me similar internal needs. Both roles were protective, and came forth in me to protect me from possible emotional threats that I believed imminent. The clown is always jolly and the therapist constantly understands the working of the human psyche. Both roles provided a comfortable control zone.

At my meetings with Bonnie, we entered into the realms of Drama. We acted-out my life story, straightforwardly, and through distancing, providing me with the needed space to observe and understand elements of my life. In a specific scene we played, I decided to check how I felt without the child role (my inner child). I placed the child on the sidelines of our scene. I observed this symbolic child resting next to me and found it hard to keep him away from me. I felt as though a part of me had been cut off, as I did not know how to progress without my child role. I experienced a feeling of loss in my personal life, and as a therapist.

I continued treading water and tasted my life without the child role. In the scene with Bonnie, I am walking in the deep forest trying to find my way. I feel lost within the forest without my inner child role. Suddenly, I meet a lion and decide to attack. Where does this lion come from, I wonder? Is it a hint that I should take back my child and run? Will the lion devour me without the help from my inner child? In my mind, the lion seems to be a symbol of the adult world. A world in which one must act as a lion, be aggressive, assertive and defend one's kingdom.

The scene rolled into action between a servant, and a landlord. I am the servant, Bonnie plays the landlord. I am cleaning her house. She gives me orders and I follow them. I find it easy to play the servant; it is a well-internalized role. In a corner, I find a

diamond that went missing from its owner. Only meticulous and thorough servants could have found the missing jewel. I quickly run to my boss anticipating giving her the found treasure. She refuses the jewel. I am the servant that has found a treasure. I walk the room like an adult.; an adult that has found a diamond. I stand tall, proudly. I am no longer a servant or a child but simple man. At the end of the drama scene comes the part I did not anticipate, taking the child back home with me.

"I can not abandon my child role. I must continue protecting and defending him, I do not want evil to fall upon him. He must continue to live and exist within me. Rejecting my child will erase years of my life. I must nurture him and compensate him for all the years of hardship. He is not to blame. He just wanted to survive. I will continue embracing him till he grows and does not need me anymore."

I seem to move between two dominant roles: the child in need of protection, love and care, and that of the perfect therapist that protects the other. The will to be the perfect therapist was born to protect me from the outside world. In other words, to protect my own inner wounded child. I always want to be the best. It seems that individuals never harm the best. While in summer camp, at the age of eight, I showed signs of excellence. I was the most disciplined child of all in the summer camp. The child everyone loved to love. At the end of camp I received first prize, a book, for my outstanding behavior. My trail of prizes continued to follow me throughout my army days receiving the highest honor in my category, and later in acting school. This was ensued by the perfect therapist title. When I discovered the world of psychology and Drama Therapy in academia, I was but a hungry child. A new and unknown world opened up in front of me. In addition to the academic demands I started swallowing psychology books on different theories,

observations, and experiences. In retrospect, I know that my advantage has been that every new bit of knowledge I acquire, remains in me, and I have related it to my life as *Zvi,* including all my inner roles.

As a therapist, I come into therapy with extensive knowledge and experiences. However, most importantly, I bring to therapy my years of self-exploration, and self-understanding. My acquired knowledge and my inherited ability to relate learnt material have pushed my aspirations to become the perfect therapist. My will to become a 'good enough' therapist helped me develop the capacity to contain the entire gamut of client difficulties. My strife to be the best possible therapist has made it hard for me to give up on clients. I have become the eternally optimistic therapist. I do not give up on any child, similar to my own fight to understand myself; I fight the fight to understand the other child client.

The inner child in need of defense, still lives, breathes and kicks in me appearing each time the therapist takes a step down. In my meetings with Bonnie, the child appeared once again. The child I carry on my back, like extra weight that sits on my shoulders. This child does not allow me to hold my head up straight but demands of me to walk with a hunchback. This child needed a father. My own father was not emotionally present in my life. I grew up with a father/child figure as he gave way to my mother, a dominant type that ran the household, he was but another child in the house. My father never met my primary needs for warmth, support, and protection. Zvi, the child, never had his father's presence at parent teacher meetings. Neither could I ever use the phrase: "If you hurt me, I'll get my dad to beat you up".

I adopted habits as outcomes of my life circumstances. I would stick to male figures as a substitute for my own father. As a child I would become friends with the male child that had the most influence. In teenage years, I became friends with the popular types. the ones that got all the girls. Adulthood made me pick and choose father figures to suit my particular but passing needs. From each male figure in my life I took a little for myself: determinism from one; protection from another; knowledge from yet another and so on and so forth. The father is an ensemble of many males that live within their own families in different places in the world. My father role is an integration of various male models.

As a therapist within the therapeutic room, I become a father, the type a child needs in order to emotionally grow. Some need assertive fathers, others need protecting, or challenging fathers, even responsible or authority types. Whatever the specific need may be, I adapt to it. However, outside of therapy it seems that my most dominant and internalized father role is of my own biological father. My father, the eternal child.

"I am partly in the child role inherited from my father, and part therapist/servant in step with my mother. The child left defenseless is protected by the therapist that provides power, and authority. The therapist listens and understands others. When therapists work this way they are vaccinated against rejection and harsh criticism. When the therapist disappears, the child fills his place. The child triggers empathy in others and they in turn feel a need to protect and support my inner child. It seems that I fluctuate between these two roles either too much child or too much therapist."

As time passes with Bonnie, I realize how dominant the therapist role is prevalent in me. While playing a scene I decide to take my mother to court. I, in the role of the

investigator, and Bonnie as my mother, I ask how it is that she behaved the way she did towards me? How could it be that she did not meet my basic needs? My mother replies that she had to work hard in order to financially provide for her family. I persist as the investigator to see if my mother is willing to show remorse. She ends up apologizing. She proposes to fix her wrongs and we end up doing a puzzle together. She prepares supper for me, and compliments my ability to do the puzzle.

The investigator was not really able to be angry with mother. Where has the anger gone? During our discussion about the scene, it became evident that I could count on one hand the times I saw my parents getting angry or expressing anger towards each other. I did not witness parental arguments that included a wide variety of emotions in which at the end they came to an agreement. Thus, I find myself challenged when it comes to finding the angry role. How could mother get angry with my father, the little child that followed her every order? He handed over the job of raising four kids and himself to her, my mother.

In a walk into the play space, mother is a guest on Oprah. I play my mother and Bonnie plays the host. Mother is stunned and amazed at her son's accomplishments. She does not know what it is exactly he does but feels proud and blessed. He is no longer dependent on her. Mother cries at her loss of control over her son. She is fearful that something may happen to him, as she does not control him or his environment. She also feels relieved for she has one less dependant child. He has become self-sufficient; she is left with more room to care for her other children, keep them close and dependant.

Mother could not remain in the controlling role. As I was no longer in the dependent role, I had broken that pattern forever and there was no turning back. To

preserve our relationship, mother, tells Oprah about our new connection. We now communicate through others; our time together is spent gossiping about others. Mother provides Zvi with all the 'nitty gritty' details of his childhood neighborhood. Who got married and divorced: who succeeded and who failed. Mother is holding on to our precarious umbilical cord.

Mother continues her discussion with Oprah adding that this child of hers, Zvi, was conceived by mistake. He was the third child, born within thirteen months of her second child. The conception occurred because of the old belief that breastfeeding prevents conception. A breast-feeding mother cannot get pregnant. My sister, the second child was the light of the family and I became her shadow. I was to follow her light and be her shadow. Mother recounts she was surprised about her pregnancy, it was so unexpected, and she did not feel ready for yet another child. Economic hardship loomed over the home with an older brother, a baby girl, and an unexpected pregnancy all provoking a harsh reality. This third baby, a boy would fight for years to gain legitimacy within the family ranks. He had to prove that their so-called "mistake" was worthwhile, and not a punishment.

"I look at my childhood pictures and see myself dressed in my sister's clothes. As if they were trying to minimize my existence, I was but a left over of her existence. I am this child. I was born with a disadvantage that only later became my advantage. This unwanted child strove harder and better to become loved and cherished by family members. My way was to become the best at all I did. Living as though every hill I conquered was my way of getting mother's gaze. I wanted her to be proud of the child that came from her womb."

Mother continues her talk with Oprah, recounting that she would drop off her son at daycare every morning and, then, go off to work. She had to hurry to make it on time for work. We needed her income to survive. The scene changes, Bonnie becomes the wounded child, I continue playing my mother. Mother quickly walks ahead treading the path to the daycare. I aim to walk slowly. I wanted just another moment with mother, as I imagine never seeing her again. Mother dumps me into the arms of the teacher's assistant and disappears. I refuse to walk into the daycare preferring instead to grasp the gate surrounding the school. I cry for my mother, every minute that goes by finds louder and louder yelps of pain. Mother must hurry to work, leaving her crying child but this perturbs her. His screams pierce into her thick skin she has no choice but to take her child back. Mother explains that she will make an exception and take me to her work. However, this is a one-time occurrence that will not be repeated. Mother hurries and this time her child attempts to keep pace. We arrive at our destination; mother plunks me into a corner and starts her housekeeping duties. She cleans and shines the place and I stare at her in astonishment. While working she murmurs a few words to her child, though I doubt the child understands. I believe she says: "You see what mother does? She cleans peoples' homes to make enough money to provide for you, and your brother, and sister". The hypnotized child follows her actions, happy and content to be with his mother at work.

"I cannot leave my child crying. I am the child, he has cried enough in life. Let him go just this once to see what his mother does. Let him come and see that his mother has a reason to leave him. I am not having a good time while he's at daycare and I am

working hard. Perhaps now, after more than thirty years, the child will get a glimpse of mother's work."

In this past scene, my goal was to revive a past experience in which mother decides not to abandon me but takes me with her to experience her work. While in the role of the mother, I chose not to play the scene as it truly unfolded. Instead the role of the therapist/observer bounded me to change the outcome. The child accompanied the mother/therapist to work whereas in reality I never escorted her to work.

Following my meeting with Bonnie, I found myself at a crossroad. If I choose to take a right, I become the eternal child and follow my father's footsteps. This child role is one that has had a tremendous impact on me as a therapist. Within the child role, I have come to understand other children's vulnerabilities and connected them to my own. However, outside of the therapeutic space, the child role becomes a nuisance. To my left I find the devoted therapist, one who provides the best possible therapy to his clients. In life, the therapist role prevents me from viewing individuals for who they are instead I constantly analyze to understand their acts and drives.

It was clear that these two roles were interchangeable and each was used in accordance to the situation on hand. The goals of these two roles were to protect and fend off any possible rejection from others, as experienced in early childhood. I have never felt comfortable standing at my junction, always feeling obliged to either take a left or a right. Why can't I just stand there? In other words, I was missing an internal guide to stand between the therapist and child roles.

In the course of my meetings with Bonnie, the lack of guide becomes increasingly prevalent. It became clear that the majority of my interactions were therapeutic in nature.

I was in the therapist role in and out of the therapeutic setting, including with family and friends. One of many extreme examples of this pattern of behavior occurred at age twenty-two. I grew up a child without teeth. At the age of thirteen, it became official. My parents unequivocally elected to rid themselves of the burden of traveling to the dentists, save money they did not have, and avoid any further hassles with dentists. I was to have my rotten teeth uprooted and replaced by plastic dentures.

Subsequently, I became scared of smiling. I physically learnt to adjust to my new situation. I knew if I laughed too hard or smiled excessively my plastic dentures would slip out of place and drop from my mouth. The embarrassment and trauma produced by this operation was added to my initial primal feelings of rejection. I lay open jawed in a new dentist's chair with tubes, and tools coming in and out of my mouth in an attempt to repair the damages my parents had instigated. I remember the doctor looking at me from behind her hygienic mask and sharing her life story with me. I, without being able to physically say a word, expressed my containment and understanding of her life experiences through grunts and constant compassion filled eye contact.

'Intercourse' as a metaphor was exploited during my meeting with Bonnie. Similar to the penis penetration in and out of the vagina, clients, family and friends enter in and out of me. They share their deepest thoughts, feelings and emotion, which I contain. At the end of the day, they return to their respective homes, and I remain alone. Throughout the years, I have collected hundreds of personal stories from clients and milieu. I learnt plenty from these stories, and usually found a link to my own life experiences. Though it seems I still have a story to clear with myself. Time has come to clean my own house and rooms.

"I thought I had cleaned all the rooms. Now it has become evident that I neglected

a part of the house, years have gone by and I have not entered this room. I must return,

and find this room. Perhaps my guide dwells in that room. Years of neglect have

probably filled this room with layers of dust so much so that the room is not visible. The

light, my diamond/treasure may perhaps lay in this room. "

Thoughts about finding my guide continued to haunt me. I felt its existence,

without feeling its possibilities. My meetings with Bonnie were soon coming to an end.

Her role as my guide would shortly be over. She supervised and had joined me in my

personal drama, in which I had been an infant, child, father, mother, therapist, servant,

and more. I feared that the end of our process would leave me feeling alone and devoid of

a guide.

In one of our last meetings, we observed the guide from a different angle. It was

of me as a guide to my clients. Every client that has come into therapy has been lacking

or suffering from unstable role guides. As a therapist, I invoke various roles to suit the

child's needs and facilitate their inner guide search. At times, evoking a father role with

protecting, guiding, and male role model characteristics. Sometimes, I play the role of

the mother, containing, embracing and praising the client child. In other instances,

children require a friend role, to walk hand in hand. When therapy ends the child is

stronger and continues his life with new insights, tools and empowerment. They will own

their guide, which they have assimilated from our process. As a child, I was in need of a

guide.

"I am a guide to my clients, now I want to find my own guide. Clients are aided

by the crutch I offer. Where is my support? I inherited the servant role from mother and

the eternal child role from my father, but no guide. A guide I can count on, one that will defend me and keep me afloat in times of adversity. I leap from the wounded child, to the containing therapist, but my middle ground is misplaced. I essentially crave an inner and outer regulator to show me the way."

It was a crucial week between my eight and ninth meeting. I felt an inner flow of energy sparking in me all kinds of emotions, as a water fountain, squirting out water. My guide was waiting for a green signal. The role guide wanted to take its rightful place in me. I blocked its coming. I am still struggling and scared. The roots of my fears are the unknown. Will the guide forever change my life direction? Will I want to remain a therapist? Conflict reigns within my diverse roles. The therapist and child roles yearn to maintain my inner wound -- that sore, which propelled me into the therapeutic world. On the other side stands my guide, it's been waiting to participate in my life for years. The guide role has lost patience. The guide role desires its place in the driver's seat. It materialized. Nothing grandiose or extreme, but an impatient role guide that was given space to maneuver.

"The role guide had always been in existence. The bridge had been accessible but I chose to ignore its passage way. My guide role intertwines with my child and therapist roles. My guide is there to remind me that when not in therapy, I am not a therapist. And this eternal child can continue to live and breathe. However, it will have to come at the right time and place. In therapy to serve as a connecting tool with clients, and but at small intervals in my private life. The guide is me. I will assist Zvi; allow him to view individuals, as they are, including their weaknesses and strengths. I will let him

see and feel that not everyone is controlling like mother, nor are dominated like children".

My first social interaction with my guide occurred during my meeting with Bonnie. I was in the guide role, Bonnie the interviewer. The guide was injured. It did not comprehend why Zvi had not benefited from its attributes. The guide was left dwelling in a dark corner, anticipating its eventual role participation. The role guide recounts to the interviewer its flashes of utility while used in specific instances. It shined and sparked moments of joy in Zvi. As it enjoyed being at crossroad realms, and Zvi relished in its presence.

The guide promised that both the therapist and child would always be present. However, they would no longer be dominant, but used when called upon. They would learn to serve Zvi in times of need only. The role of the therapist will appear during sessions with clients, and the child role will enable Zvi to better understand other children. In all other circumstances, I, the guide, will lead. The guide will be there to share my worries and concerns with others, and promote my abilities and talents. In the guide role I will learn to take what is being offered by others and not be in the constant giving position.

The interviewer is firm. She is constantly testing the guide. She wants to ensure that the guide is not a passing visitor, but at home in this new house it has built for itself. She questions, "What will happen if Zvi ignores you again?" The guide is not presently bothered by the question. It is confident about its intentions to remain and grow stronger. Furthermore, and most importantly, the guide is convinced that Zvi will continue being a therapist as this is what he loves and knows what to do.

The end. The process is terminated. I resume my path. I want my guide to blossom and become increasingly prominent. Meanwhile I am juggling artist, guide, child, therapist, roles, each thrown in turn into the forefronts of my life. The therapist and child roles are learning to trust the guide and entrust its leadership role.

At present, I have years of experience as a practicing Drama Therapist. I have opened doors for clients allowing them to expose and comprehend their inner and outer worlds. In this research, I reversed the roles, as I became the client and used the tools of drama to gather greater self-insight. I experienced, as my clients, the process of Drama Therapy. The search for a guide is a central and essential role for all individuals.

"I found a world of my own in Drama Therapy. There in the play space I am allowed to play. I pick and choose my roles. At times, therapist, father, mother, child, infant, and friend. Now I found the guide. The role that will conduct my role orchestra."

Two Case Vignettes

As a supplement to my earlier theoretical discussion, and my self-exploration, I offer two case vignettes. Both vignettes are examples of inner struggles in which I am tempted to remain in my unfinished roles. These are my inherent roles surfaced in order to find comfort within the client. In the first case vignette, I depict my child role, which became an unfinished role, as the child role of the client had no direct effect upon my role position. The second vignette is a description of role in which the child client's choice of role triggers an unfinished role.

Case vignette #1: Marika.

Marika, a six-year old, was referred to therapy as she suffers from selective mutism. Marika only spoke to her parents and a select few adults, for the most part she did not directly communicate verbally with other adults. In addition, she did not verbally communicate with classmates or teachers. She was referred by the team after a first intake. The reason she was referred to me was due to the fact that no cognitive-behaviour therapy would fulfill her needs, as she did not verbally communicate with adults.

Drama Therapy could create a positive therapeutic relationship with an adult for this little girl. This allowed for a relationship building process without pressure to express herself verbally within the Drama Therapy sessions. Through the usage of props like puppets, drawings, body movement, roles, facial expressions, and rhythmic tapping she could communicate her inner world issues such as emotional difficulties, conflicts, and fears in a safe and contained environment.

Drama Therapy proved the best possible therapeutic choice for Marika. She gradually divulged her inner world during our process together. She would, for instance, express her feelings of anger through the use of puppets or by violently throwing the ball during our sessions. Her lack of self-esteem was expressed while performing physically challenging acts such as placing a box in the middle of the room and jumping over it. This act and others provided her with approval from me, and greater self-mastery and confidence.

The use of distancing and projection, some basic drama therapy tools, allowed Marika to explore her difficulties in pleasant and unthreatening ways. The possibility to

invoke a role and to express anger through it did in time lead to progression and therapeutic healing.

As therapy progressed she felt increasingly more secure. Marika felt less threatened about her intimate relationship with an adult figure. This led her to courageously face her inability to verbally communicate with additional individuals in her proximity. In the beginning, she would mumble, giggle and grunt. I was constantly tested by Marika, she wanted to follow her own pace, and did not want to be coerced into verbally communicating. We created a mutual game of voices, dancing while reflecting each others grunts.

After three-months of process, Marika was ready to talk. She entered the room and signaled that she wanted to play with the ball. While throwing the ball back and forth, Marika murmured. Suddenly she threw the ball and said the word "Ball" outloud. I was filled with joy. Did I hear what I just heard? I threw the ball back to her, stating in a motherly praising voice; "Did you really say ball?" She throws the ball back and says the word "Sky" and "Zvi." From then on, Marika started verbally communicating with me, using full and clear sentences.

We were like two children sitting on the carpet playing, and enthusiastically amazed about our new form of communication. An unconscious need of mine transpired onto her and encouraged her to share with her parents the miracle that had taken place. I suggested this many times, Marika agreed, it was evident, however, that I wanted it more than she desired it.

These moments, and additional ones outside of the therapeutic setting, are instances in which my therapist role gave precedence to the child role. We marched

towards her parents, two happy kids. She the little girl and I a big boy. I shared the news with her parents. They both swelled up with tears. They stared at me imbued with admiration, gratefulness, and love, for I had led their daughter into the realm of verbal communication. Her parents thought they were gazing at a therapist; however, I knew the therapist was long gone and a child had taken its place. The small child wanted approval from Marika's parents, that indeed he was a good child, and deserved to be noticed and praised. My inner child was satisfied for it had found alternative parents; parents that quenched my thirst for approval.

Case vignette #2: Phillip.

It was my last session with Phillip before our two week winter holiday break. Phillip entered the room feeling restless. Something was bothering him. He waited for me to start the session, to say my opening words. Then, it seemed he was ready and determined to break his news to me. He did not want to continue our therapy together. The same Phillip a week before during our process was fully involved. When he entered into the angry role he addressed me with short and hurtful comments. "I don't know why I come here? I'm tired of this place. It's a waste of time. Instead of being with friends, I'm stuck here. I was in need of help, but those days are over. My relationship with my dad is good and, with my mom, things are improving."

I was surprised by his reaction. His angry role elicits in me the coming of the servant role. The servant role set off to serve Phillip's present needs. While listening to him I process my thoughts. Where did I go wrong? I was sure we were on the right path. The week before, we had discussed his deep relationship with his mother. Phillip had

understood he had to own his feelings while respecting his mother's difference. He was

not obliged to feel her pain or depressions; he had a right to his own thoughts and

feelings. What do I do now? My main contemplation was that I had failed as a therapist.

Perhaps I had been too rash. His issues with his mother were too problematic for him to

handle. I sensed Phillip was not appreciative.

Phillip insisted he wanted to end our process, increasingly I felt a need to tend to

his requirements. I hit bottom flirting with the slave role; I was willing to sacrifice and

outperform in order to keep my master. I explained to Phillip that I thought he was

overwhelmed, that we would discuss his new position during our next meeting and

added that it is not recommended to stop in the middle of therapy. As I attempted to

salvage our relationship, I sensed my anxiety levels inflating.

My unconscious withdrawal into the servant role inhibited the invoking of the

observer role. The role of the observer provides the needed distance to analyze our 'here

and now' relationship. Half way through the session the observer role became activated.

Once in action, the observer role busted the hot air balloon that had invaded our

therapeutic space. The 'rejection injection' I was given by Phillip was in reality a

projection of his own feelings and fears. He understood our holiday winter break as me

abandoning him. Phillip believed I was going to disappear from his life. These thoughts

of abandonment were triggered by Phillip's early childhood trauma. His mother had

been absent from his first few years of life.

The therapist role became dominant once again. I grabbed the reigns and

affirmed to Phillip, "You are very important to me. I believe we have a very good

relationship, which has helped you overcome your difficulties. Though you want to stop

therapy I will fight to keep you here, as you are very important to me." This was precisely what Phillip wanted to hear. Although he maintained he wanted to end therapy, I told him I would be waiting for him here in two weeks at our usual time and place.

The holiday winter break ended and Phillip returned to therapy. We continued along our process, his behaviour in no way reflected our pre-holiday meeting. Nevertheless, after a few sessions and at the right timing, I reflected back to Phillip his past wish to terminate therapy. Phillip accepted my reflection and was ready to explore his feelings. He comprehended that his fears were related to his mother's early abandonment.

Conclusion

The deductions presented are all my own. They are an extension of my research

and personal experiences. Due to its heuristic nature, this research cannot be generalized

for other Drama Therapists. Unfinished roles, as I have defined, have proven true for

this research and my understanding. This definition, however, is not a universal truth

although it may hold weight with other therapists.

My first and main conclusion relates to my behaviour patterns in and out of the

therapeutic setting, which were founded upon my early childhood parental bond. Two

main roles were internalized from my parents. These two roles are at the roots of my

life choices, among which include my resolve to become a therapist. From my mother, I

assimilated the servant role and, from my father, the eternal child role.

The two roles I absorbed and they responded to an essential basic need. They

protected me from facing my vulnerabilities, encompassing lack of self-confidence, fear

of rejection, and deep shame. My focal roles contained sub-roles, which functioned as

assistants to major roles. Landy (1993) emphasizes that the function of sub-roles is to

assist the roles by finding alternative options that will help assist with ambivalences in

chief roles.

The second deduction refers to my awarness that the dominant role I incorporated

was the servant role. Not only did I empathize with the outside symptoms of the role, I

adapted to all its nuances both morals and values which lay behind the role. These morals

and values were non-verbally communicated, they were products of my own observations

of how my own mother acted and behaved within the role. "At a deeper level of role

taking, the child identifies with the mother, taking on not only her external actions and sounds but also her feelings and values"(Landy, 1986, p.94).

I especially identified with feelings of inferiority, feeling as though everyone else was better, and that I must strive to please others. However, this role also enabled control and mastery over my environment. Once I served another exceptionally well, this person could not harm me. How could they harm someone that is fulfilling their needs? The eternal child role evoked the same need for protection. The child role is in a weak position in regards to others. Consequently, individuals felt a necessity to nurture, empathize, and keep me safe from harm.

My third deduction in regards to dominant roles is that they are transformed unto other roles while safeguarding the same necessities. They developed into roles that incurred positive responses from society and provided relief in everyday dealings. These new roles were all sub-roles to the dominant servant. These roles included the warrior role throughout my army years, the clown/fool role for the period of my acting studies, and presently the therapist role.

The persona of the warrior role imparts strength, courage, and fearlessness. A warrior is determined to accomplish his goals. Landy (1993) classifies this role as, "...aggressive, assertive, and moral. Warriors know what they want and are willing to fight to get it, both on the battlefield and on the home front"(p.226).

The roles of the clown/fool stemmed in my early twenties as a result of my choice to study acting. I quickly learnt that society embraces the clown that is able to make others laugh and create pleasurable atmospheres. Landy (1993) classifies the role of the fool as an "...early form of witty servant..." (p.183). The therapist role is one of strength

and wisdom. This is an individual that understands the psyche and heals. This role is greatly appreciated by society and protects me against emotional harm.

The fourth deduction about the dominant roles is that they have huge effects upon both my therapeutic and social interactions. Within the therapeutic room, these role characteristics serve the best interest of the patient. The servant role transforms into the therapist role and allows me to fully contain my clients. Years of serving others have enabled developing heightened intuition, which provides clients with in-depth understanding. The role of the child facilitates my connection towards child clients. This connection is based upon my inner wounded child, which unites with the child client's hurt and permits full containment and support.

Nevertheless, these two dominant roles encompass what I have defined as unfinished roles. The internalization process of my dominant roles also created inner ambivalence. The dark sides of the roles always search for comfort and peace. I became aware of unfinished role, formerly, when realizing I could not remain within "aesthetic distance" as identified by Landy (1994). This implied that I could not remain balanced between my past life experiences and the "here and now" in present relationships with clients. Reviving my inner child is need for comfort, as explained in the Marika case vignette, or as with Phillip in which my inner-servant role felt a strong urge to serve Phillip's requirements, of keeping him in therapy. The two vignettes detailed my inner fulfillment needs causing me to lose sight of the observer role. This observing role has the function of is to reminding the therapist that the client has centre stage.

The vignettes exposed examples of underdistancing, which is described as "...emotional closeness, a lack of discernible boundaries, a high degree of empathy, and a

merging of roles. (Landy, 1994, p.112) From a different angle, this occurrence can also be labeled as being in "role seduction", as I was tempted to remain in my roles in order to respond to my own needs. Landy (1996) depicts *role seduction* as roles that linger attractively with the individual therapist and prevent "…the movements from one role to another, from in and out of the therapist and player roles"(p.91).

Further findings I have deduced from my research are the parallels between the two triangles. The first triangle represents the child, mother and father model, the second a counterpart of Landy (2000), a triangle, which illustrates role, counter-role, and guide. The key role I internalized was the servant role. My counterrole, a side role to the main role, was the child role. The counterrole was used once the main servant role felt uncertain, vulnerable, and defenseless. The child role helped the servant role help itself in times of servant role failures. The guide should have been a combination of the two assimilated roles. Developing the guide enables balanced navigation between the servant and the child. The guide allows for the positive usage of the child and servant role, especially where I use these roles only in situations which promote my self-interests and not to to my own detriment. I lacked the guide. In my self-exploration section I described at length my beginnings from unfinished roles to lack of guide.

This leads me into my results concerning my secondary question. I clearly recognize the effects of practicing Drama Therapy in the service of the supervisor/therapist for myself, and how my work within the dramatic medium, while evoking different roles and acting scenes, assisted me in countering my unfinished roles. Unquestionably, it led me to discovering my guide. The translating of my thoughts, emotions, and feelings, as written in my journal, into acting/active roles led the process.

Moving in and out of roles facilitated the identifying of ambivalences and conflicts present within my dominant roles. The embodiment of these roles, and my encounters with Bonnie within the play space, were immensely beneficial. The outcome of this dramatic process led to invoking new roles, chiefly that of the guide. I warmly suggest to every drama therapist to, at least once, experience the effects of dramatic dynamics, as clients.

As stated previously, these are only my conclusions derived from my own experiences. I can assume that we Drama Therapists arrive within the therapeutic room, each with a 'role repertoire luggage' of our own; roles we have collected over the years, which have either expanded with our personal growth or were minimized. Our role repertoire luggage is the drama therapist tool box. This is what we have at our disposition to facilitate our work with the client.

I assume that, within that tool box, lay dominant roles; roles that demand center stage. With some of these roles, I assume we have unfinished roles. These unfinished roles can, while in the therapeutic setting, surface and find a voice. This may occur when one has not found proper comfort and release for those roles. I strongly believe that there will always be clients that will stir, within the therapist, inner role ambivalence.

My hope is for as many, drama, and other creative- based therapists as possible, to read this research. Some might find it interesting reading but not relevant to their experiences, while other readers will gain from my findings, if they feel empathy, emotional responsiveness, and become encouraged, and aware of their own unfinished roles.

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Appendix # 1:

Consent Information

Drama Therapy Student: Zvi Nissan
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Montreal, Québec, H3G 1M8 Canada.

Supervisor: Stephen Snow, PhD., RDT-BCT

Background information:
One of the ways drama therapy students learn how to be drama therapists is to write a research paper that includes case material and examples of art work produced by clients during drama therapy session. The purpose of doing this is to help them, as well as other students and drama therapists who read the research paper, to increase their knowledge and skill in giving drama therapy services to a variety of persons with different kinds of problems. The long-term goal is to be better able to help individuals who enter into therapy with drama therapists in the future.

Permission:
As a student in the Master's in Creative Arts Therapies Program at Concordia University, I am asking you for permission to write about your drama therapy sessions for inclusion in my research paper. I am also asking for your permission to consult your medical file for a period of one year (or until I have completed my research paper). A copy of the research paper will be bound and kept in Concordia University Library, and another in the Program's Resource Room. This paper may also be presented in educational setting or published for educational purposes in the future.

Confidentially:
Because this information is of a personal nature, it is understood that your confidentially will be respected in every way possible. Neither your name, the name of the setting where your drama therapy took place, nor any other identifying information will appear in the research paper.; your identity will not be revealed.

Advantage and Disadvantage to your consent:
To my knowledge, this permission will not cause you any personal inconveniences or advantage. Whether or not you give your consent will have no effect on your involvement in drama therapy or any other aspect of your treatment. You may consent to all or just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or of you have any question, you may contact my supervisor Stephen Snow PhD., RDT-BCT: (514) 848-2424 ext. 4641, ssnow@alcor.concordia.ca.

If at any time you have questions regarding your rights as a research participant, you may call Adela Reid, Compliance Officer, in the Office of Research. GM-1000, Concordia University,
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Appendix # 2:

Consent Form