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**An Ethnography of Choice:
Active Imagination in the Service of Self-Directed Change**

Lisa Sokil

**A Research Paper
In
The Department of
Creative Arts Therapies**

**Presented in Partial Fulfillment of the Requirements
For the Degree of the Master of Arts
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Montréal, Québec, Canada**

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Abstract**An Ethnography of Choice:
Active Imagination in the Service of Self-Directed Change****By Lisa Sokil**

This paper presents two techniques of active imagination, embodied psyche and Internal Family Systems Therapy, as they were used in a drama therapy context with people who had suffered non-death loss. The practical context of this work is described, and the Jungian framework from which it is derived is presented. Ethnographic research method and ethics were used in conducting this research, forming a bridge between the roles of therapist and researcher. The links between ethnography in self-initiated change projects and therapy research are explored. Many verbatim transcripts from two case studies are used to illustrate embodied psyche and Internal Family Systems, and to discuss the application of these techniques in this context. The validity of the research is explored in terms of the ethnographic qualities of veracity, objectivity, and perspicacity. It is concluded that both active imagination techniques and the ethnographic approach to research are useful in creating structures and experiences supportive of personal responsibility and self-directed change.

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Table of Contents

<u>Context</u>	
Site and Population	1
Non-Death Loss	2
My Own Context of Loss	4
The Project	5
Jungian Framework	6
Active Imagination	9
Drama Therapy Framework	10
Relationship of Frameworks	12
Defining Ego, Self, and Transcendent Function	15
Conclusion	16
<u>Method: Ethnographic Research</u>	
Goals	17
Method	18
Research Relationship	19
Ethical Criteria	20
Fair Return	23
Ethnography in Self-Initiated Change Projects	25
Conclusion	27
<u>The Cases</u>	
Richard: Embodied Psyche	28
Cecelia: Internal Family Systems	38
<u>Discussion</u>	
Validity	46
Veracity	46
Objectivity	50
Perspicacity	56
Taking it Further	61
<u>Conclusion</u>	
An Integration of Frameworks	63
A Final Comment	66
<u>Epilogue</u>	68
<u>References</u>	69
<u>Appendix: Sample Consent Information and Form</u>	73

Perfection is a divine state, not a human one. To heal the deep wounds so many of us bear, we must gain access to the darkness and irrationality of real emotions, humbly grounding ourselves in the flawed human condition that lets the soul go free.

Dallett, 1988, p. 130

**“That which you have within you will save you
If you bring it forth from yourself.”**

(Gnostic) Gospel of Thomas, quoted in Singer, 1994, p. 314.

“Friday, March 26th”

**I hate you / I love you
I’m up and I’m down
If I stand on my head,
My smile is a frown**

**My world’s upside down,
I’m falling through space
My mummy won’t catch me
There’s a smile on my face**

**I’m sitting with Cecelia
She hasn’t hurt me yet
I’ve smacked her and pushed her
She doesn’t mind a bit**

**She just wants me with her
I’m important and tall
I have nothing to give her
It matters not at all.**

written by Cici

**An Ethnography of Choice:
Active Imagination in the Service of Self-directed Change**

Context

Site and Population

The Bereavement Centre, an informally structured agency, developed over the past decade from local support programs for complicated mourning. One professor supervises approximately 20 volunteers and student interns, most with training in fields such as social work, nursing, and psychology. I was placed at the Bereavement Centre for my second-year graduate internship in creative arts therapies (drama therapy).

The Bereavement Centre advertises support groups for those who have “experienced a recent loss in their life”. People self-refer in response to this ad, and additional referrals come in from local counselors. Potential clients are contacted by a volunteer, who then matches them with an appropriate group or counsellor. Numerous closed groups run simultaneously, weekly or biweekly, usually on weekday evenings. The groups are distinguished by the specific type of loss and by age group: for example, non-bereavement loss, perinatal loss, suicide bereavement, adult, young adult, teen, and child bereavement. When clients are assessed as needing more intense work or more individual attention and support, and when an appropriate counsellor is available, family and individual therapy is also offered. Because of my interest in non-death loss and my training in therapy, I was assigned many of the individuals and families who needed such care. I also facilitated a non-death loss group each term, and several more bereavement-oriented groups.

The majority of clients are high functioning, well-adjusted people who have experienced a tragedy. The overall goals of the agency are to allow and encourage expression of emotions within a supportive environment. The Centre also expects that group participants will experience the social benefits of participating in a group, including social interaction and a normalization of their emotional reactions to loss.

The Centre expresses unfaltering respect toward its clients, and firm belief in their strength. Nearly all the bereavement groups work on a *grief counselling* model (Worden, 1982/1991), which stresses that grief is a normal process and one in which support, not therapy, is required. Most people referred for individual counselling required *grief therapy* (Worden, 1982/1991): their grief was complicated by multiple losses, or by strong negative emotions and/or experiences, or their grief was continual and unabated and they needed more active support and assistance to resolve it. Although I offered therapy as opposed to counselling, I appreciated the normality of my clients' reactions to grief, and followed the Centre's focus on strengths.

Non-death Loss

Loss can be seen as the quintessential, shared human experience since it is something that happens to everyone; death of a loved one is just one form that experience takes. Non-death loss is a term created at the Centre to categorize the numerous callers who do not have death-related loss as a central issue. The term, *non-death loss* encompasses many experiences. Some examples are separation, ending of a relationship,

loss of custody of children, and loss of contact with older children. Other clients related their feelings of loss around health, trust issues, status and security.

In working with this population, I found them to be mainly “worried well” – that is, they were in most cases well enough to work, study, or attend other programs. I also found the non-death loss clients to share several psychological traits. These were people who had experienced numerous losses, compounded over the years. Cecelia, whose case will be explored in detail later, had grieved the deaths of her mother, father, stepmother and good friend, as well as the endings of two relationships and an estrangement from her teenage son. Donna, another client, covered a 4’ x 8’ sheet of paper with a litany of her losses. Some began to identify commonplace experiences such as arguments with friends, minor disappointments, etc. as “another loss I have to deal with”. They seemed to have a predisposition to feel loss. I was intrigued by what I saw as a mixture of emotional numbness and sensitivity.

The people who called the Centre for help in dealing with their non-death loss also seemed to have a shortage of social support, both currently and developmentally. Several clients commented that they had a hard time confiding in people, and finding people they felt they could trust. Cecelia’s mother had died when she was six, leaving her with a harsh, abusive father. She had lost her last confidante when her close friend died, a year before beginning drama therapy. Likewise, Richard, another client whose case will be discussed in detail, described himself as always the outsider as a child and youth. Even now in his late thirties, he had few friends and none close enough to confide his anger and shame to.

Finally, the people who called the Centre were nearly all at a turning point – a situation in which it was clear to them that their old patterns of attitude and behavior were no longer working. They desired to change their identity in some way. For example, Richard entered therapy when a social club he had helped start, asked him to leave and never come back. He recognized a need to change some of his behavior in social situations.

My Own Context of Loss

I conducted therapy and research in the context of the site and population I have just described. I was an integral part of that situation, a tool of both therapy and research process. Therefore I find it important to declare who I am and how I relate to the issue of non-death loss.

The loss issues faced by my clients corresponded closely to many of my own. A few years previous to beginning this work, I had experienced a serious betrayal in a long-term relationship, which led during the course of this work to the eventual breakdown of that relationship. Approximately a year before starting, I had also experienced a sudden, traumatic loss of physical home and community. My losses continued during my internship. Having moved only for graduate school, my closures with clients were just one phase in a long series of goodbyes - to classmates, associates, groups and friends, followed by another 5000km move into my own apartment, alone with my children (without their father) for the first time.

Dallett (1988, p. 152) wrote about the wounded healer as therapist:

They have remained close to their wounds, without making woundedness a virtue, and are thereby blessed with singular compassion and a fundamental knowledge and trust of the primitive psyche lacking to most of us....

The least one could say about me in this year of internship, is that I was not unconscious of my own wounds, so it was impossible for me to pretend to be perfect and undamaged. I could certainly identify with many of the issues of loss that my clients were facing. My own experience of a few years earlier had convinced me that loss can be an (albeit traumatic) opportunity for change and growth. After all, if a situation stays static there is little room for growth. I drew from my life a faith that the most effective way to handle this opportunity hidden in loss is by trying to make choices based on needs and reality but not on fear. I was also learning first-hand that grieving is important, and will happen sooner or later, no matter how hard one tries to avoid or deny it.

The Project

In working with issues of non-death loss with a high-functioning population of individual clients, I experimented with various approaches and techniques, attempting to find what best suited my clients and myself. Because my training and interest lie within the creative arts model of therapy, I particularly tried to integrate creative expression within my sessions. Over the year, I became acquainted with two techniques, embodied psyche and Internal Family Systems [IFS], which both derive from Jungian theory.

Embodied Psyche is a technique developed by drama therapist and Jungian analyst Penny Lewis (1993). Internal Family Systems [IFS] is a system of individual therapy developed by R.C. Schwartz (1995, Goulding & Schwartz, 1995), who was trained in family systems theory. Both techniques use role, story and improvisation

within a metaphorical world to work toward therapeutic goals reflecting Jungian ideals of wholeness and integration.

In both methods, intrapsychic “parts” of a client are distinguished and embodied. These parts are equivalent to Landy’s (1994) internal role system, and also to Jungian ego, complexes, and archetypes, which will be defined in the next sections. Following Schwartz (1995; Goulding & Schwartz, 1995), I prefer the term “part” because clients use it naturally, as in “one part of me feels happy, but another part feels sad.” In both embodied psyche and IFS, there is a conscious intent to tell the story of the interaction of these roles, and explore the relationships between various parts.

I have introduced these methods very briefly here. I will go on to present them through the cases of Richard and Cecelia¹, exploring how the techniques facilitated self-directed change in my clients. Features differentiating the techniques will be made clear at that time. Before entering into a detailed explanation of either technique, I will first explain the Jungian framework, define terms and present the method I used in conducting this therapy as research.

Jungian Framework

Jung defined consciousness as those aspects of ourselves that we are fully aware of, and unconsciousness as all other aspects. This includes memories and roles that were once conscious, and those which have never been conscious. The ego, the decision-making faculty, is roughly equivalent to consciousness although there are other aspects to

¹ Names have been changed at the clients’ request.

consciousness as well. One example is the persona – the part of ourselves we consciously reveal to others.

Jungian analysis has a primary vision of people working towards wholeness, accepting and integrating all aspects of themselves. I found this ideal an excellent match for my own attitude towards change and personal growth. Dallett (1988) clearly illustrates the difference between the Jungian ideal of wholeness, and the more traditional, behavioral psychotherapeutic ideal of perfection.

To reclaim the unconscious parts of oneself, including what is unacceptable, serves wholeness rather than perfection. A person may appear to darken as a result of this process, becoming less perfect but more real, more substantial and human. (p. 78)

While someone seeking perfection will disown and dissociate from the aspects they feel are unacceptable, a person seeking wholeness will try to find a way to safely integrate these aspects into consciousness. Jungian theory asserts that when an aspect is consciously denied, it does not disappear but rather continues to be expressed unpredictably, outside of conscious control. When this happens, a person might claim, “I don’t know what came over me.” It is much more responsible to admit one’s tendencies and try to find ways to contain, prevent, or safely express them.

Authenticity is another ideal Jungian trait. People are authentic when what they present to others is close to the reality of who they are, and represents their emotion and experience fully (Dallett, 1988). People become consciously disturbed or neurotic when they are unable to live authentically. A psychotic break occurs when the parts that have been denied expression, suddenly and overwhelmingly take over (Dallett, 1988). Thus living authentically, accepting all parts, will minimize the risk of both neurosis and psychosis.

An overall goal of Jungian psychotherapy is to increase the psyche's fluidity, allowing it to change and grow (Jung, 1929b, in Stein, 1982, p.51). The primary means of accomplishing this is facilitating a dialogue between the conscious ego and the unconscious (Dallett, 1982, 1988; Jung, 1944, in Stein, 1982, p. 51). The person will ideally develop insight into the relation between these parts of him- or herself, and a sense of "some conscious control and mastery" over the entire system (Stein, 1982, p. 36).

Filtering through our consciousness and unconsciousness are complexes and archetypes. Jung defined complexes as "little inner personalities, each with an emotional nature of its own" (Sandner & Beebe, 1982). They can also be thought of as oppositional standpoints in our minds, having their own feelings, images, and reactions to events (Dallett, 1982; Sliker, 1992; Jung, 1935/1968 in Schwartz, 1995). They are considered to have a certain degree of autonomy, in that they can sometimes cause the entire person to react physically, emotionally, or behaviorally in an otherwise unpredictable way. According to the theory, they typically desire both recognition and integration with the ego (Sandner & Beebe, 1982). Archetypes are similar, but are sometimes defined as more positive or growth-oriented standpoints (Sliker, 1992; Schwartz, 1995). Archetypes are also thought of as having an intense, mythical, or even superhuman quality (Dallett, 1988).

Jung claimed that it is normal to split off painful feelings into complexes (Sandner & Beebe, 1982). This process, which is essentially neurosis, only becomes a problem when "the split is too wide and too deep and the conflict [between the now-divided parts] too intense" (Sandner & Beebe, 1982, p. 297). The healing of neurosis involves finding

ways that the split off parts can be returned to closer contact and dialogue with the ego (Dallett, 1988; Sandner & Beebe, 1982).

Another influential part of the Jungian framework is the idea that “the patient must endure the illness in order to become well; the illness contains the some of the ‘germs’ of wholeness.” (Sandner & Beebe, 1982, p. 298) A therapist’s job is to create an “enabling situation” (Singer, 1994, p. 307) in which the answer, which already exists within the unconscious, can be revealed. In this system, defining internal standpoints and facilitating communication between the ego and the complexes are means of attaining positive personal transformation (Dallett, 1988, 1982; Singer, 1994). Everyone is thought to have the information and capacity to become more whole, given appropriate support.

Active Imagination

Active imagination is one style of work within the Jungian framework. It is not a technique, but rather “an attitude toward the unconscious” (Singer, 1994, p. 288). It is conscious engagement in creative expression for the purpose of creating dialogue between the unconscious and the conscious ego (Singer, 1994; Dallett, 1988). As such, it is clearly linked to many forms of today’s creative arts therapies. Within this approach, there is a strong appreciation of the seriousness of work with the unconscious (Singer, 1994; Dallett, 1982). The client creates drama, visual artwork, music, movement, poetry, or any other creative expression, allowing the conscious mind to step aside for a moment. The stories and images that arise are seen as significant in their “allegoric and symbolic” reference to present reality (Whitmont, 1982), regardless of whether they refer to real or

imagined events. They are explored with the goal of negotiating a more integrated and productive relationship between ego and unconscious parts.

Dallett (1982) stresses the presence of the ego during the creative process. The reference to the ego role allows the client to remain differentiated from the other complexes, much as de-roling allows actors to differentiate from an acted role. Singer (1994) emphasizes that while ego and unconscious are equal players, active imagination requires a third role - the "transcendent function" (p. 314). This is the observer element, which can stand outside both ego and complex and mediate their relationship. If the ego is the protagonist of the play, the transcendent function is the director. This role ensures boundaries and mutual respect between the players.

Drama Therapy Framework

As an intern in the creative arts therapies, I used a practical framework drawn mainly from drama therapists, in conjunction with Jungian framework and techniques. As a theoretical explanation of drama therapy, I find Landy's (1992) three essential elements very useful: stage, story, and role. To this list I add the element of metaphor as discussed by Jones (1996). In practice, I did not experience these categories as clear and distinct as they may appear on paper. Rather, I found them to all flow together. As soon as a role is embodied, the element of stage is present. As soon as that embodied role speaks, moves, or indicates emotion, the seed of a story is sown, and as soon as a symbolic connection is made to real life, metaphor is in use.

The element of stage refers to "the process of entry into a theatrical/ dramatic world and state" (Jones, 1996, p. 99), and can also be thought of as the presence of the

liminal space or playspace (Johnson, 1992). In this metaphoric container, nothing is predetermined. It is a time and space where normal rules for time and space do not apply. Spontaneity, play and imagination allow us to experiment, stepping outside our normal patterns of behavior and attitude. My drama therapy practice frequently occurs within the playspace.

Each of the four essential elements can function as a container for projections by clients, and offer access to what Lewis (1993) calls the creative unconscious. New perspectives may result from this “imaginative, dramatic exploration” (Jones, 1996, p. 243). By performing, telling a story, enacting a role, or thinking through a metaphor, a person can shift their emotional distance to an issue, define and clarify ambivalent feelings, express themselves and try out new ways of thinking or behaving without making commitments or facing real-life consequences.

Using the above four elements, I found myself able to adapt my style of work to suit many people. Richard was happy drawing and telling stories, given a structure. He was able to improvise dramatically and enjoyed working with clay. The roles which filled our sessions were mainly fantasy characters. Richard had a very serious attitude towards ritual and only used dramatic ritual once for our final session, which he took three weeks to plan. Cecelia wrote poetry and journals and liked to stay very focused on what was happening in her internal world. Her cast of characters involved a lot of the people in her life who had died. We conducted many improvised miniature memorial rituals during our process. I assessed what modalities each client might be comfortable with for various purposes, and worked in those media.

Each client used each element in unique ways. For example, Richard told a story about nearly every role he created. The stories were discrete and seldom referred to each other, like a collection of fairy tales. For Cecelia, there was one major ongoing story: the transformation in the relationship between Cecelia, Cici, the Censor, and the Father. The roles she created all related to this story, which resembled a soap opera in its intensity, complexity, and continuity.

Relationship of Frameworks

Each person's inner world can be "represented by a system of roles" (Landy, 1994, p. 35). While Landy defines that system as the sum of all roles which the person has enacted or taken on through identification with others, the role system can also be thought of as a metaphor for the system of complexes and ego that constitute a psyche. The goal of the role method of drama therapy is to "discover and/or recover the most functional role system" (p.45) – one which can adapt, grow, and contain ambivalence. There are clear parallels here to the Jungian goals of wholeness and flexibility.

The four components of the active imagination process (Von Franz, 1980, in Dallett, 1982) illustrate further parallels to the process I engage in as a drama therapist. The four components are the entrance into a liminal space, the emergence of images from the unconscious, the reaction of the ego to these images, and conscious reflection on the process.

The liminal space corresponds directly to the element of stage; the dramatic playspace in which the conscious editor is restrained and the client can improvise freely. Within that metaphoric space, roles and stories emerge. In the techniques I used, those

roles interacted among themselves and with the ego part, satisfying the third component of active imagination.

By enacting roles, one can gain mastery over them (Landy, 1994). This happens in two ways: either the actor identifies with the role and integrates it, mastering it by bringing it into conscious control; or the enactment allows the role to be externalized, objectively seen, and questioned. In this case, the power rests firmly with the actor, who remains outside the role. Either way, the actor can be seen to work toward the Jungian goal of dialogue with and integration of complexes.

Drama therapy respects the power of events in the imaginal realm, with some argument about the degree of conscious, verbal integration that must occur for integration of the material (Jones, 1996). Active imagination requires a conscious reflection outside of the playspace to complete the process. For clients who can verbally reflect – like the adult clients of the Bereavement Centre, this is easily incorporated, and is usually productive.

Embodiment is an aspect of drama therapy that I find very important. By embodiment, I mean the physical taking on of a character: standing as, moving as, and speaking as them. In active imagination, this may be referred to as enactment. Some Jungian theorists utilize the powerful level of affect-invested understanding (Whitmont 1982) added by the physical, whole-body experience of a role. Others emphasize the original techniques of active imagination, in which

. . . one must remain clearly anchored and in one's own skin, precisely not identifying with other figures Only when differentiation has occurred is it possible to relate to the archetypes in a meaningful way. (Dallett, 1982, p. 184)

The process of embodiment can both reconnect the ego to the role played, and also allow dissociation from the role (Whitmont, 1982). While embodying a role, an actor gains empathic understanding of that role in the most direct way. Embodied, the role is also externalized and defined as different, or separate from the ego. Finally, in the process of shifting from the ego to the role and back again, the ego is differentiated experientially from the role, and the boundary between them becomes more defined. The paradox is that in identifying with a role, we also define ourselves as separate from it.

As a drama therapist, I am more actively present in clients' metaphoric worlds than many more conventional psychotherapists (Landy, 1992). Specifically, I may double their characters as in psychodrama, temporarily take on roles they create, or appear in their worlds, in role as an outsider. I enjoy participating in the creative and dramatic aspects of the work, as well as the reflective aspects. In this way, my therapeutic interventions can take place in the roles and stories within the playspace as well as in my interactions with the client in the role of therapist (Johnson, 1992). Shifting between roles and managing the role of therapist in addition to improvisational or client-assigned roles, I am also modeling role flexibility (Landy, 1992) and a Jungian sense of wholeness and authenticity.

My technique as a drama therapist compares to the style of active imagination known as *guided imagination* (Whitmont, 1982). In this style, the therapist takes on a very active role, participating directly in the client's imagined world as a companion and guide. This is not the same as *guided fantasy* or *guided imagery*, in which the therapist supplies images (Dallett, 1982). In guided imagination, the client creates the images and the therapist accompanies them into the metaphoric playspace. The therapist can compare

her experience – for example, of a posture or an imagined situation - with the client, offer reassurance and prevent avoidance of uncomfortable but potentially productive conflict. As with all interaction with a therapist, guided imagination can be helpful or it can be interfering and manipulative, and the therapist must be careful to respect the client's self-determination (Whitmont, 1982).

Defining Ego, Self, and Transcendent Function

Common usage of the words *self* and *ego* make for confusion when discussing active imagination. It is important to distinguish between the ego and self, which can also be called the transcendent function. The Self, a higher, spiritually guiding entity, is not addressed by the techniques I used.

In general, ego can be thought of in terms of the ethnographic idea of “gatekeeper” (Dobbert, 1982; Ely, 1991). This is the effective leader in any social group – the one through whom interaction is arranged or approved, the one with whom a researcher must negotiate risks, benefits, and goals, and the one to whom feedback is given. Within an individual's inner system, the ego is the part of that person that fills the decision-making role, negotiating interaction with the outside world (Sliker, 1992; Singer, 1994). It is also the element that one usually thinks of as oneself: one's conscious aspect.

The self transcends all other parts, including ego, and relates to each with tolerance and compassion. It is “a state of mind to be achieved – a place of nonjudgmental, clear perspective” (Schwartz, 1995, p.5). Active imagination techniques shift this element from observing into actively directing or leading the individual.

Context: Conclusion

I have attempted to fully describe the context of the cases I will present. I have described the context concretely in terms of the agency and population the cases were drawn from, and I have also described the personal, theoretical, and practical context in which I did the work.

The techniques of embodied psyche and IFS, which will be fully explained in the case study section, are both examples of active imagination. They apply essential elements of drama therapy to tasks defined by Jungian goals. Weaving together the strands of these frameworks, I was able to create a whole cloth that was strong and flexible.

There is one more thread which needs to be woven in: ethnography, the research method I used. This method was very important to my study. I derived from it much more than a method of collecting and organizing my data. The ethics espoused by today's ethnographers, emphasizing respect for the self-determination and practical interests of those being studied, are very relevant to therapy. The process of doing ethnography, especially with groups who have self-identified change projects, is very similar to the therapeutic work I did with voluntary adult clients, who had identified ways they wanted to change. I came to see my method of doing therapy as intrinsically ethnographic, and the roles of therapist and researcher became intertwined and indistinguishable.

Method: Ethnographic Research

Goals

I chose to use an ethnographic model for my therapy research for many reasons. Among these were the goal and methods of ethnography, which I found parallel to my own process. Ethnography is a research style in which “messy experience” is sorted into patterns of structure and concept (Wolf, 1992, p. 129; see also Dobbert, 1982). Ahmed and Shore suggest that a relevant goal for postmodern ethnography is making sense of the fragmentation, chaos, and “crises of identity” we see on individual, community, and cultural levels (1995, p. 15). This focus is clearly relevant to my study, which attempted to make sense of the complexity of experience of people who identify as having suffered non-death loss.

Postmodern ethnographic fieldwork has been described as “confrontation and dialogue between two parties involved in a joint creation of otherness and selfness.” (Dwyer, 1977 in Hastrup, 1992, p. 118) Through dialogue, this research explores constructs of self and other, and the way those categories are constructed in the context of their relationship. While I was working with clients who had suffered non-death losses, and in developing therapeutic work with internal parts, I came to see that my clients perceived some of their own parts as Other. Our work became to explore and accept Otherness as part of the individual’s whole system. Since my intent in this work became an examination of Self and Other through dialogue, ethnography offered me an appropriate model of research in which this exploration is seen as basic.

Method

Ethnographic method involves immersion into a field, followed by a repeating cycle of observation and recording, alternating with reviewing and organization of the information into a framework, with some assessment of the process and generation of new questions thrown in. This is an adequate model for my process of meeting clients for weekly therapy sessions, writing detailed, often verbatim reports, and discussing these with a clinical supervisor.

Ethnographers give great consideration to how a research site is selected, and how, when, and to whom they initially present themselves at that site. I was very thoroughly involved selecting a practicum site and negotiating my participation there. It was only afterward that I realized that entry into the field is a critical component of the ethnographic process (Dobbert, 1982; Ely, 1991; Smith & Kornblum, 1966).

Ethnographic interview technique is distinct from those forms in which the researcher's agenda is primary. The aim of this conversation is to uncover value patterns, concepts, and beliefs (Dobbert, 1982), and to learn to "[see] the world from the eyes of the person being interviewed" (Ely, 1991, p. 58). "The person being interviewed is a full partner in the endeavor and often provides the surprising and useful directions not allowed by other, more researcher-centred interviews." (Ely, 1984, in Ely, 1991, p. 59) One-on-one drama therapy is similarly a situation in which therapist and client are each "capable of surprising the other" (Landy, 1992, p. 102). As a therapist, I appreciate clients as self-experts. I attempt to gain access to their inner worlds, and I expect to be surprised by what I find there. I approach people with a genuine sense of curiosity about their unique way of understanding the world.

Through paying attention not only to what a client or informant chooses to bring up, but also to the way in which they choose to present it, we learn our interview subject's history and historiography: the way in which they conceptualize their history (Wolf, 1992). Conducting loose and unstructured interviews/sessions, I likewise found the historiography I discovered more useful than the history. After all, it is historiography that therapy changes, not history.

Like many therapists, I chose to differentiate between observation and interpretation in my process notes (Higgins, 1996). Ethnographers have labeled these distinct categories fieldnotes and headnotes (Ottenberg, quoted in Wolf, 1992). I understood the hermeneutic cycle to take place during the entire series of therapy sessions, in a spiral of data collection alternating with interpretation and generation of questions. In ethnographic terms, I would interview, record fieldnotes, and only then make headnotes in which I would attempt to organize my data, and create and adjust my own conceptual framework to fit it. I would then return to the next session with the client, and collect more data. This conforms to the hermeneutic analysis and natural history methods favored by ethnographers (Ely, 1991; Dobbert, 1982).

The Research Relationship

While the goals and methods of ethnography were useful in confirming my choice of research model, I was originally drawn to this form because of the relation of the researcher to the informant or research participant, and the ethics that govern their relationship. An ethnographer is a learner who is present in the field. Similar to a therapist, and in contrast to an empirical researcher, the ethnographic fieldworker is

subject to “self-exposure, self-reflection and self-doubt” (Bosk, 1996, p. 130), and is affected by the “physical, relational, and emotional realities of the setting as they exist for members” (Dobbert, 1982, p. 103).

Although ethnographers are thought of as “quasi-therapeutic” (Bosk, 1996, p. 132), descriptions of their role bring them very close indeed to some therapists. An ethnographer is a nonjudgmental, curious and “interested other” (Ely, 1991, p. 229; Dobbert, 1982), a “sounding board” (Bosk, 1996, p. 132), and a “trusted outsider” (Sterk, 1996, p. 91). They offer “attentive observation, empathic listening and courageous analysis” (Ely, 1991, p. 41). Their interaction can extend so far as providing emotional support, validation, and encouragement (Ayala, 1996), the keeping of confidences (McNamara, 1996, in Smith & Kornblum, 1996; Sterk, 1996), initiation of discussions, education, and referral (Sterk, 1996). Speaking to an ethnographer, one can explore and express self-representation (Simpson, 1997) in a reflective, liminal space (Hastrup, 1992). Ethnographers have even begun to discuss how understandings of self (the ethnographer) and other (the informant) assist each other in complementary cycles (Cohen, 1992), comparable to the use of transference and countertransference by therapists. The many parallels between ethnographers’ and therapists’ roles suggest that the two categories of researcher have significant overlap.

Ethical Criteria

The relationship between ethnographers and their informants is governed by the clear ethical criteria set out in the American Society of Anthropologists’ code of ethics (see Dobbert, 1982). The first three ethics are standard to any research with human

subjects: confidentiality; honesty about risks, benefits, and intent; and responsibility to minimize any risk.

An ethnographer is also responsible “to protect the community’s interests . . . lives, well-being, dignity and self-respect” (ASA, 1973, in Dobbert 1982) at the expense of the funding agency’s or institution’s agenda, and even at the expense of the ethnographer’s employment. While I believe that therapists should make a similar vow, it is unfortunately not always the case. However, White (1995; 1997; see also Freedman & Combs, 1996) has suggested and implemented many changes in the way therapy is conducted, with a similar vision in mind. For example, he argues that “pathologising discourses” (1995, p. 115) and labels serve institutions and the medical profession more than the people who are labeled. Therefore he uses a diagnosis only as it is used by his client, while overtly reinforcing that it is their choice to take on that label, and inquiring as to why they currently find it useful.

I also tried to incorporate this ethic in my practice. At one point, Cecelia reported that she was scared about a hypothetical authority’s opinion of our work.

- Cecelia: I was scared that someone outside, someone would tell you that this line of therapy was all wrong and that Cici [a part] can’t speak any more, that we have to just talk about the real things like [my son] Jay. But I’ve never come so close to doing the things for myself, that I have done for others . . . looking after myself.
- Lisa: Cecelia, I see that you feel so strongly about this and that you can tell me why this work we’ve been doing is so useful to you, and how it relates to your feelings to Jay. (#11)²

² Throughout the paper, excerpts from session transcripts will be formatted as quotations, with the session number indicated in brackets directly following. This information is given to clarify the chronology of conversations.

I tried to reinforce that it was Cecelia's own authority that would decide whether we would continue a certain "line of therapy". In fact, my clinical supervisor did on occasion encourage me to finish up with "this Cici business" and get on to more practical goal-setting. I chose instead to continue to ask Cecelia whether she felt what we were doing was relevant, and to make her options clear. In the final session, she commented: "I think I'm coping better with my grief about that relationship [with Jay]. So much of that was old grief . . . I really worked through that here, and that's been a real release." (#23) Only Cecelia herself could judge whether our work was useful and relevant to her needs. Encouraging her to recognize herself as the expert, was part of the therapy. In privileging Cecelia's judgement over my supervisor's, I acted in accordance with both narrative therapy and ethnographic ethics.

Narrative therapy and ethnography both also encourage researchers to consider the impact of power on their process and defuse it where possible. This is done by bringing questions of power into the open, and by consciously ensuring clients' involvement in assessment, decision-making, and evaluation. I did this with my clients most constantly by checking in with them, asking if our process was useful and if so, why. I also encouraged them to create project statements outlining their goals for change in a way that clearly came from them, not me. Near the end of my placement, I asked each client to evaluate themselves and the progress they felt they had made, in terms of these project statements.

Active imagination uses metaphor to evoke a client's transcendent self, and to create a situation in which that self can shift from observing to active decision-making (Schwartz, 1995). The narrative tactics I incorporated into my work accomplish this on

another, more concrete level, ensuring that power and self-determination rest with the client.

Fair Return

The principle of fair return is a final critical element of the ethnographer's code of ethics. It has been pointed out that even the most removed and "neutral" research involves motivation and gain for the researcher, whether through money, prestige, a degree or tenure (Manz, 1995). If we do not make fair return, if at least part of the research intent is not to directly benefit the subjects of that research, then we are in danger of being exploitative (Manz, 1995; Olujic, 1995, Wolf, 1992). Olujic makes this danger clear in her discussion of the meeting of sensation-seeking journalism and Croatian survivors of ethnic cleansing. Some were so traumatized by the re-telling of their own stories, that they committed suicide. One woman commented, "Once again I feel like an object, but now in different hands. They are stirring up the wounds in my soul. Our tragedies are their stepping-stones [ladders] in their careers." (p. 197)

Simpson's (1997) article illustrates how "pure" anthropology can come close to being this exploitative, by not making fair return. He examines the narratives about mothering, family, and choice, which are constructed by one woman, her ex-husband and his new wife. The study is single-case anthropology: the case is explored as an example demonstrating shifts in cultural narratives. However, the process is definitely not therapy. The people interviewed volunteered that speaking to a nonjudgmental, uncritical listener had been helpful to them, but any resulting change was not part of the researcher's intent. The reader is encouraged to consider how "Wendy's" feelings of guilt

are promoted by dominant cultural expectations of what a mother does and how she does it. But Wendy was not led to consider these ideas, nor were her ex-husband and his new partner. Thus, the privileged, probably university-educated reader benefits, and Wendy is left to her own devices. I don't feel this is a fair return for what Simpson gained: a published article, the associated status and professional gains.

In contrast, I do feel that I made fair return to the clients who were my research subjects. A minimal return to a studied community is the presentation of a copy of the completed research findings (Dobbert, 1982; Ely, 1991). I gave copies of transcripts when requested, and will make a copy of the final paper available.

I also functioned as confidante to my clients, many of whom had minimal social support. However, my clients and I recognized the therapeutic elements of reflecting preferred identities and facilitating desired change as the most important return for my research. Richard wrote in a note to me: "The main difference between our therapy sessions and friendship is that the goal of the sessions is to make me a better me, a better person, capable of being a better friend. The goal of our sessions is not to make our friendship better, or to entertain each other or just have fun." (#8)

When ethnographers are solicited for assistance with projects that a community initiates themselves, the ethic of fair return is easiest to resolve. Ayala (1996), Enslin (1990, in Wolf, 1992), and Huizer, 1979, in Wright, 1995) offer clear examples of ethnography in which research questions and goals are determined by the research participants, with the ethnographer as a sort of process guide. This type of ethnography not only satisfies the criteria of fair return, it also exemplifies the blending of research and applied work, and serves as a model for similarly blended work in therapy.

Ethnography in Self-Initiated Change Projects

Dobbert (1982) concisely outlines anthropologists' involvement in "self-initiated change projects" (p.341). A group or community embarks on self-directed change, and hires an ethnographer to assist them in making and maintaining the desired shift. In this situation, "the researcher functions as a partner, facilitator, and clarifier, who tries to help set in motion the necessary actions enabling the client group to work for itself." (p.341) This was exactly my intent in working with voluntary, high-functioning clients at points of life transition such as separation. My clients were involved in a process of change that they had initiated because they were uncomfortable with old patterns of behavior and attitude, and they saw that they would need to change in order to have a better life. They had consulted me, an outside observer, to assist them in achieving their goals.

The change-oriented ethnographer is obliged to help determine the group's goals and values and their "desired future change" (Dobbert, 1982, p. 341) – what narrative therapist White would term their preferred reality. The researcher should then evaluate how the desired change will affect all aspects of the group's life, and facilitate the adjustment of the vision until it is most comfortable. I did this by checking-in and assisting clients in fine-tuning their project statements.

The ethnographer should give information about setting up new structures that will support and maintain the intended change, and ideally, remain on the scene while the changes are implemented. I did this in numerous ways. For example, I supported Cecelia as she slowly began to indulge her childlike appreciation for sensuous pleasures such as jello and the smell of lilacs. These were concrete ways for the symbolic role of Cici to be

more integrated in her life. Another example is revealed by this conversation with Richard, in which I play his ego, Whole Cat, and he plays Love:

- Richard: (as Love) I am always with you.
 Lisa: (as Whole Cat) But sometimes I forget, sometimes I can't find you. How can I remember?
 R: Just think of me and I'll be with you.
 L: Can you think of something for me, can you do something to remind me to look for you, when I need you but I've forgotten?
 R: Well, you could sing this song (hums Come Sail Away). (#27).

I asked Richard, in-role, to find a solution to a problem he had brought up earlier in the session. Responding to my questions, he defined a concrete action which would reinforce the decisions he had made within his drama therapy session. In therapy and in ethnography, affirmation of the new structures builds the possibility that the innovations will be maintained. These affirmations can be cognitive and verbal, or concrete and practical.

In this form of ethnography, the process and goals of research are intrinsically connected to the community's project. As a method, this does not constitute a framework but rather a holistic approach, infusing itself across all levels of work, from data collection and interpretation to goal-setting and evaluation. The ethnographer becomes a facilitator of change, and the research process is an integral part of that facilitation. Applying this to work with individuals, my work as researcher became identical to my work as therapist.

Participants in self-initiated change projects are fully involved in project design and implementation, and must take on responsibility for the change to be successful (Goodenough, 1963, in Dobbert, 1982). Clearly, participants in such projects are active

and accountable. The project structure encourages self-awareness and self-authority. Projects like these demonstrate of how the structure of therapy or applied anthropology research can assist in empowering participants.

Lincoln and Guba (1985, in Ely, 1991) and Freire (1970, in Ely, 1991) demand that such structure be a requirement of research.

The social responsibility of qualitative researchers is to avoid seeing and treating participants as passive objects, and, instead, to work with them so that they become increasingly knowledgeable, active, responsible and therefore, increasingly liberated. (Ely, p. 229)

By incorporating ethnographic ethics and narrative therapy ethics and techniques, I intended to create structures in the therapy setting that would increase my clients' active responsibility for their lives. It was interesting to me that the fourth step of active imagination also speaks to this ethic and goal:

Once the ego has confronted the voice of the unconscious, the final step – drawing conclusions and putting them to work in life – requires full acceptance of the responsibility for oneself What began as the play of a child leads now to the most profound ethical consequences in terms of how an individual life is lived. This is the hardest part (Dallett, 1982, p. 182)

Method: Conclusion

I chose the ethnographic research method because of a general sense that it suited the way I prefer to deal with clients. Ethnography has incorporated ethics, methods, and structures that deliberately support self-initiated change. The process of research itself enables people to make decisions and plan and carry out change. Through active imagination, I attempted to create a therapy milieu with similar ethics, structures and intents.

Embodied psyche and Internal Family Systems were two techniques I used in this project. For simplicity's sake, I am presenting Richard's case as illustrating embodied psyche work, and Cecelia's case as representing IFS. I do so even though there were elements of both techniques in each case. I have also filtered my presentation of these two techniques through the lens of my narrative and ethnographic ethics. With a different code of ethics the therapist could misuse these techniques, taking on a firm director's role and limiting self-direction by the client. Although possible, such misuse of the techniques would work against the intrinsic goal of active imagination stated above: the client's "full acceptance of the responsibility for [him- or her-] self" (Dallett, 1982, p.182).

The Cases

Richard: Embodied Psyche

In *embodied psyche* work, a client makes some symbolic representation of their inner psyche: for example through a drawing, a sand tray, or a dream. Within this physical representation lies a story which the drama therapist then draws out, using techniques of interviewing in-role, embodiment, and dialogue between parts. Each character, animate or inanimate object within the representation is accepted as part of the psyche, and the goal of any intervention is made clear by the relationships of those parts or characters. The drama therapist can participate directly in the imaginal world of this representation, by speaking to any of the parts as "the therapist" or as any of the other roles identified by the client.

Lewis' technique is geared towards many goals of active imagination, including the primary aspect of creating dialogue between parts in order to integrate the parts in a way that supports the entire person, with the ego given some preferential treatment. There is respect for each part and the boundaries of each part are clarified through projection and embodiment. My work with Richard illustrates the steps of this technique, which incidentally align with Dallett's (1982) four components of active imagination work.

Richard, 37, was unemployed and on welfare at the start of our sessions, and later enrolled in a job training and life skills course. He identified with the idea of non-death loss on the level of relationships. He had never had a good or long-term romantic relationship, and was having trouble with friendships and social skills in general. He described a youth marred by being the one everyone picked on at school. He was ridiculed, beaten up, and shoved into lockers. He survived this by retreating into his imagination and the world of fantasy novels. Richard had received several diagnoses in his lifetime, from "laziness and a bad attitude" when he was a teenager, to depression and self-destructiveness as an adult. Some years ago, he had attempted suicide. We worked weekly or biweekly for nearly a year, 31 90-minute sessions in all.

In our first session, Richard drew elements of a structured story (based on Lahad's six-part story assessment technique, 1992) in which a dragon and fairy helped a man who was trapped inside a spherical energy shield. This shell was supposedly protective, but in fact allowed hate and anger to cross its barrier, while preventing the man from receiving anything positive. Using wisdom, love, and power, the dragon and fairy did release the man and he was able to go on to a more positive situation. When he initially told this story, Richard got "stuck" on the page where the man was trapped. His attention was

riveted there. I understood this to mean that he identified strongly with that feeling. Later he told me that the storytelling “had been a game until that point, but then, when I saw myself as that man in that shell, I wanted to say ‘I don’t want to play anymore.’” (#2) At this point, he recognized the seriousness of his story.

In the following session, we took turns embodying the shield and the man inside it, and spoke a few words in each role. I then asked Richard (as himself) if there was anything he wanted to say directly to each character. To the man inside the shell, Richard said, “I love you. I understand. And you shouldn’t be so scared.” To the shield, he said,

Thank you – you’ve been useful. Now you need to let more in, to open up. You need to let the man make choices; you can’t be his mother. He needs to move from being a child to being an adult. You don’t need to go, but you do need to change. (#2)

Out of the metaphoric world, we discussed the nature of this change that Richard desired to see in the shield.

Richard created a metaphoric world when he began to tell his story. He entered it fully when he realized the significance of the symbols he had chosen. The second step was distinguishing relevant characters - in this case the man and the shield. Embodying these two parts helped to define their characters further.

The third step involved Richard speaking as himself, to each of the parts. Since Richard clearly identified with the trapped man, I could also have directed him to speak to the shield as that man. I decided that the man-character was more vulnerable and that Richard was more able to speak clearly and directly to the shield. Although Lewis does not distinguish ego from transcendent function, in this example we see the difference. While the man-character contained the role of ego, Richard was able to respond as his transcendent function, the part able to be compassionate to both man and shield.

In a final step, we left the dramatic playspace and reflected out of role. We spoke directly after the enactment, and between sessions Richard reflected and wrote ideas about how the shield would need to change to progress to the final pictures in the story.

This technique demonstrated the usefulness of the element of role. Embodiment and interviewing of roles offer a bridge between naming a part and knowing what, as the therapist, to do next. The physical experience and verbal processing generated in role point out contradictions, distractions, and hidden agendas among the parts. This information can then be shared with the client and used to suggest appropriate directions for change, set goals, and create structures which will support the intended change.

Each character in embodied psyche work is seen to have its own motivations, which may or may not benefit the ego part. For example, Lewis would say Richard's shield had the goal of self-preservation (preservation of the shield), which was negative for Richard's ego. The shield also apparently had a misguided goal of protecting the ego by making decisions for him. Intervention in such a case seeks to limit the negative influence the shield or any other part has on the ego, and to help it find a better outlet for its abilities.

Another goal may be to make a clear link of trust and mutual support between the ego part and other vulnerable parts. In this case, Richard overtly identified the vulnerable part, the trapped man, as his ego. He did, however, represent a supportive link of love and understanding between his transcendent self and his vulnerable ego. Intervention goals are accomplished by questioning, revealing motivations and implicitly recognizing the ego or transcendent function's ability to direct change.

Richard seemed to have some difficulty expressing his affect. He would often evade personal, emotional discussions by becoming very intellectual, talking about issues like rape or sexuality in a global, philosophical way. When he did touch on a deeper emotional chord, whether hurt, shame, or anger, he would often seem to retreat into himself, sitting in stony, frozen, inexpressive silence, with no eye contact. At these times he would breathe in a deep, controlled, trance-like pattern. In many of our middle sessions, Richard drew structured stories similar to the first one, centering on characters that felt emotions such as fear, anger, and love. The work seemed unfocussed and relatively unproductive. Stories and embodiments allowed Richard to experience his emotions, but did not generate much insight.

It was only when I began to read about active imagination that I realized why these stories felt so different than the first. Richard's ego was not present in our middle stories. The fearful Man in Black struggled with Rage, but Richard was nowhere to be seen in the metaphorical world. Drama therapy role method did not give me a framework in which to understand this difference, but active imagination did. The third component of active imagination is the reaction of the ego to the revealed parts (Dallett, 1982).

It is only from this moment that we can legitimately speak of the process as active imagination, and it is only now that the personality can be deeply changed by it. Now is the time for the ego's questions, reservations, doubts, and judgements, as well as its emotions and its understanding.
(p. 180)

There were many parts of Richard's psyche in his metaphorical world. But because Richard's ego was not actively present, there was a limit to what could be achieved. Finally, in the 21st session, an activity sparked a situation in which Richard responded directly and emotionally to an image he'd created.

I asked Richard to draw a shield to represent our process and his goals for the remaining months. Richard drew an idealized self, the intended goal of his work, and then felt dread when looking at it. He was concerned that “I might have to give up some elements, that make myself me, in order to become that person.” (#21) I asked him to add to his shield, the qualities that made himself him. He drew inanimate symbols he equated with love, ideas, flexibility, an ability to perform for others, and finally, scrunched in the very corner, a satyr, whom Richard identified with “passion, lust, desire, and drive”. He got very involved talking about this character, whom he said was “the part of myself that desires physical contact, intimate relationship, and sex” (#21) and often desires things and people that are unavailable.

Richard himself identified this as “a part of myself” and said he felt sorrow and shame in relation to this part. In talking about the satyr, Richard showed much more emotional involvement than usual, and since the character also seemed to crystallize what I felt were key issues for Richard, of desire and shame about those desires, I decided to try to explore this further.

Richard drew and embodied the Satyr, and responded as him in an interview. Richard revealed that in his experience, the Satyr “gives me images that are wrong”, “sends me thoughts” (#25), for example of raping me, the therapist. I noticed that his idea of their relationship featured himself as an object of the Satyr’s actions, while he de-emphasized his resistance to these “wrong” or “bad” images. Continued focus on how Richard felt and acted / refrained from acting in relation to these “impulses” and “images” led me to suspect that there was another part in the equation.

- Lisa: The satyr gives you these scenarios, about forcing me. But, you haven't done that, because that would be wrong. There's a value there, that's not stated, of something that would be right. Forcing a person to have sex is wrong, so what's right?
- Richard: The only thing that comes to mind is love.
- L: Cause that's what you want. But there's not much love in rape.
- R: None at all.
- L: But there can be love in sex. So, you have this part of you that upholds this value, of love, and then there comes the Satyr, screaming, "but I want sex!"
Would you draw the character, of the part of you that values love? (#25)

The next three sessions were excitingly fluid explorations of the relationship between Satyr, the character who took on the name of Love, and a third, ego-linked character called "the Whole Cat".

A sample of this work shows the fluid improvisation and rapid role-change that Richard and I developed during this phase of our work. We indicated these role changes verbally and with our voices and postures. The contrast with the quiet, slow middle sessions could not be greater.

- Lisa: Is there anything that you [Satyr] want to say directly to her [Love]?
- Richard: (as Satyr) I'm happy you're there, and I want to work with you to fulfill Richard, so that he leads a good life, not just good for himself, but ethical and helping and . . . if we work together, we can accomplish this. And then no one should get hurt anymore.
- L: (as Love) Yeah, we don't want to hurt people anymore.
- R: (Satyr) No, we never did.
- L: (Love) So you need me. I'm love, and you need me, so we don't hurt people.
- R: Yeah.
- L: Well, I need you too.
- R: Yeah, I'm learning that, because without me, you have no, no goals to work for. Love with no goals is just . . . stagnation.
- L: I feel like I have some goals, like for humanity, and peace on earth and that. But you were telling me the other week, that you remind me that I have to eat and sleep and get some physical affection here on this planet, and I think that's important too. So thanks.
- R: Welcome.

- L: (as Whole Cat) I found this reading, Satyr, and it made me think of you. Can I read it to you?
- R: Yeah, of course.
- L: Satyr, I hear you gladly, you are a deep and wonderful part of me. You signal life and strength and the gift of love. At this time, when I cannot give you direct expression, I ask that you to send your powerful force of vitality to my whole self so that I can do my work with empowered love.
- R: (dreamily) That's nice.
- L: It is nice. Could you do that, Satyr, could you send your force? You have such strength, you have such, such vitality, we could really use that power.
- R: OK.
- L: (as therapist) Role reverse, now you're Whole Cat. How are you feeling, Whole Cat?
- R: (Whole Cat) Kinda scared.
- L: What are you scared about?
- R: I'm still a bit scared about all the decisions and choices I have to make.
- L: (as Love) Well, whenever it seems hard to decide something, you can always ask for my help.
Do you have any questions for me [Love] now?
- R: No . . . Stay with me. (#27)

Once we began using a model that was closer to embodied psyche, the shift in Richard's imaginal realm was rapid and clear. Love embraced Satyr; he cried. Love found her way to Whole Cat, leaving Satyr isolated. Through active imagination, interviews, projection onto clay and animation of the resulting sculptures, the three parts eventually expressed their mutual need and respect for each other and their intent to work together. Whole Cat continued to represent Richard's ego, and so therefore he was completely involved and present in this world.

What was most interesting was that through these characters, Richard was finally freer in his expression of emotional states, sticking out his tongue as Satyr and verbally expressing both exasperation and compassionate warmth as Love. When I last "saw"

these three, they had agreed to embark on a canoe voyage down an ever-changing river. Whole Cat would steer, Love would navigate, and Satyr would contribute his endless enthusiasm for the ever-changing landscape.

Richard was much more actively self-determining in his outer world after the work with Satyr and Love. The image of the canoe trip was especially poignant considering the images he used a month earlier:

Richard: I always have felt so weak; I have not wanted to drive my own ship or make decisions. I have had my hands on the wheel but I let others control it. It's like I have always let others drive my ship, because I don't think I could do it myself or because if they are in charge then I don't have to take responsibility for what I do, if they make the decisions then if things go wrong, it's their fault not mine. Now I realize that I am making a decision to let them control the ship, even if I . . . I'm fooling myself.

Lisa: So who's been driving the ship?

R: Well, my parents, the government, all kinds of people.

L: It doesn't look like you're very happy about what you're saying.

R: It's hard, now I want to take control but that's scary because I have to take responsibility for where I end up and what I do, before if things went wrong it would be because of what someone else said. (#23)

Jung described a client who was the opposite of self-determining: "The attitude of [his] conscious mind perceives and passively endures" (1928 in Dallett, 1982, p. 181). This passivity was reflected in his imaginal world as well, by ego characters who would not take action. Someone not ready to take an active standpoint in relation to the unconscious material that emerges in active imagination work is neither able to engage fully in that world, nor reap the full benefits of interaction. Until Richard said, "now I want to take control", his ability to use embodied psyche technique for his change-project was limited. After this point, the work progressed rapidly and satisfyingly. Richard

“drove his own ship” (which turned out to be a canoe) in terms of his fantasy world, and also in terms of finally creating a concrete project statement.

In all previous sessions, Richard had had great difficulty defining his goals for our process. Finally, in the 26th session, we wrote the following statement of intent, which both clarified what Richard felt we had been working on and set out objectives he would continue to hold once our sessions ended. Richard spoke and I distilled his ideas into these words, which he then refined and approved.

Richard’s Project: Self-Validation

I want to be more objective about myself.

I want to understand why I react the way I do.

I want to understand why I want to do what I want to do.

I want to stop needing approval from others: I want to do what I feel is right, because it’s right, and not just to get approval.

I want to be able to motivate myself to do what I feel I need to do, to better my life.

This project will be done when my own opinion and self-observation is [sic] enough to say if I’m okay or not.

Elements of self-observation and self-determination, hallmarks of the transcendent function, are obvious in Richard’s project statement. The biggest change in Richard was in his shift to taking on a directive role in his own life, setting goals and taking responsibility for achieving them. It is possible that the metaphoric activity of embodied psyche work allowed him to become aware of these abilities on a metaphoric level, before attempting them in real life.

Richard’s final ritual was a metaphor of birth and the start of a new life. He was the epitome of responsibility in his 3 weeks of planning for this event. He stated that he wanted this ritual to recognize the journey he was embarking upon:

I see it as that everything we've done up until now, we've charted the journey, and I have the tools, and I have the destination, I have a method of transportation, the general idea of the course to take. I'm not sure where I'm headed, but I think I know how I'll know when I'll be there. (#30)

Richard's ritual, which he called "Leaving the Sanctuary" signified his intent to continue to "drive his own ship" and his experience of the lasting impact of his metaphoric work.

Cecelia: Internal Family Systems

In *Internal Family Systems* [IFS], systems theory is applied directly to an individual, with the parts of their psyche acting like members of a family or group. Unlike embodied psyche work, IFS does not begin with creative expression. Instead, parts are distinguished during the course of conversation with the therapist. Once the parts are defined and embodied or otherwise allowed to speak, for example through journaling, the client assesses the relationship between the parts and sets goals in terms of that relationship. Much of my work with Cecelia offers an excellent example of IFS.

Cecelia is a woman in her mid forties. She has a daughter, Renee, 12, and a son, Jay, 21, who had not contacted her for several years when she approached the Bereavement Centre. Cecelia has chronic fatigue syndrome, and had recently lost all her savings in gambling. I saw her for 23 90-minute sessions, approximately once a week, for six months.

Cecelia has an incredible history of loss. She was given up by her biological mother at birth, and was adopted by a couple several months later. Her adoptive mother, Hester, died when Cecelia was six years old. Her father remarried shortly thereafter. Five years later, the stepmother developed serious health problems and eventually died when Cecelia was 25. Cecelia was married briefly to Jay's father, and was engaged to Renee's

father, but does not have contact with either now. Several years ago, Cecelia's father died, and a year ago a close friend of hers succumbed to cancer. Cecelia's relationship with her son, although close during his childhood, disintegrated when he became aloof, disruptive, and verbally abusive as a teen. She finally asked him to leave, and he cut off contact when he did. By the end of the sessions, they had reestablished tentative and somewhat strained contact.

In our second session we had created a psychodramatic memorial ritual for her stepmother, in which Cecelia spoke to Flora and Flora responded to Cecelia. Two weeks later, Cecelia was remembering her mother Hester's death. I suggested we try something similar to what we had done earlier, and Cecelia said with impulsive anger, "I don't want to talk to Hester, I want to throw a temper tantrum and demand that she come back." (#4) There was a noticeable change in her body and emotional tone as she said it. I noted that Cecelia "appeared confused between what Cecelia-today wanted to say to Hester, and what Cecelia-six-years-old wanted to say." Although I offered Cecelia the chance to act on this at the time, she refused for the time being. In the next session, however, she said,

Almost since our last session I've had something on my mind. You know you asked if the child who was grieving Hester wanted to speak, and I said no. But that was right, she should have spoken and she wants a chance to speak. (#5)

At this time, Cecelia identified that child as "she" – that is, someone other than herself or her ego. In drama therapy terms, a role has emerged; in Jungian terms a complex has been identified. In terms of IFS, a part has been differentiated and has expressed what it needs – opportunity to speak.

Other, more pressing issues intervened and another two meetings passed before the child role did have a chance to speak. Finally, I set up a psychodramatic scene

involving six-year old Cecelia, who we called Cici, and present-day Cecelia.

Unfortunately, I was as yet unacquainted with the guidelines and goals laid out in IFS. The scene was confused and unclear; Cecelia alternated between playing herself and playing Hester. When I look back on it, I wonder if the scene was unsatisfying because I decided the two should speak to each other, rather than consulting Cici about who she wanted to talk to.

Schwartz (1995) advocates revealing the hidden conversations, dialogues, or arguments that are already happening within someone's mind. In the scene I described above, I did not follow this guideline. The discussion in Cecelia's inner world was not between Cici and "Cecelia who is a good parent" – in fact these two roles were not even speaking to each other. I had taken on too much of a director role and was using drama therapy technique to interfere in Cecelia's world, not to reveal and reflect. In retrospect, a better choice would have been to say, "Cecelia, you say that this child wants to speak. Let her speak now. Cici, who do you want to speak to? And what do you want to say?"

Later, when additional parts were identified, I followed Schwartz's technique more closely, exploring the relationships of the parts to Cecelia, to each other, and to other people in Cecelia's external world such as her son. I also entered her internal system through the two methods Schwartz (1995) outlines.

One method is *direct access* – it is direct because the therapist interacts directly with parts, or the client embodies parts and the therapist observes their interactions. It is very similar to embodied psyche work, except that in IFS the therapist is always in the role of therapist, never taking on any of the client's roles. Schwartz compares this style of

work to Gestalt empty-chair work. The scene described above, between Cecelia and Cici, was direct-access. The following example is from the 17th session:

- Lisa: Can I speak to the censor, and can you answer for him?
 Cecelia: Well, ask the first question and I'll see.
 L: (brightly, to empty chair) Hi, Censor!
 C: (walks to Censor's chair) Go to hell.

(C walks back to her own chair; C and L laugh)

- L: (sincerely, to empty chair) Censor, I wanted to ask you to tell me a bit about yourself. What do you feel is your greatest strength?
 C: (returns to censor's chair and remains there) Well, I'm good at what I do. I have taught Cecelia well, so now she does some of my work for me and I just sit back and watch.
 L: Cecelia feels that your goals for her are that she feel worthless and in pain. Is that true?
 C: Yes, I want her to be alone, in pain, and aware of her worthlessness, her pathetic uselessness . . . I hate her.

(later in conversation)

- L: And what do you think about Cici?
 C: I know she needs to stay alive, but I would like her to be quiet and not moving. Just breathing.
 (C's body shape changes completely, from rigid and erect to folded over. She cries and nearly gasps, and says, as Cecelia:) I always hated to have my arms held down.

(still later, Censor discusses a journal entry which Cecelia and Cici co-wrote, in which they poked fun at him)

- C: They made fun of me! They called me . . . (begins to cry) They said I was like the wizard!
 L: The wizard of Oz.
 C: (crying) Yes.
 L: A tiny little man behind a huge wall of . . . mask. I have to say, Censor, that's what I see as well, a whole lot of bluff hiding someone who is little and hurt and scared.
 C: (role is indistinct, tears become laughter) It's true, it's true.

The benefits of direct access work are seen above. Embodiment brings clarity and insight through physical experience, and allows a vivid and intimate experience with the parts – for both client and therapist. The parts are clearly defined by the physical shifting

that occurs when the client changes role, as I tried to describe in my transcripts. The parts that are present can express themselves fully, in the relative safety of a personal relationship with the therapist. In Singer's (1994) terms, the therapist is taking on the role of the transcendent function, which is useful when the client's ego is not up to the task. For example, Cecelia would not have been able to ask such direct questions of the Censor, as she was very angry at and intimidated by this part. As well, because of his relationship to Cecelia, the Censor would have been unlikely to confide to her his reaction to being compared to the wizard. Direct access can also permit the therapist to intervene directly as a family therapist when two parts are interacting.

These dialogues were already happening in Cecelia's inner world; the drama therapy merely exposed and embodied them. Each segment of the Censor's interview revealed his existing relationship to Cecelia, to Cici, and to their journal entry.

The second method IFS focuses on is *in-sight* or non-directed imagery, which is described as an internal focus through which "the client is entering and seeing a world that already exists" (Schwartz, 1995, p. 112). Schwartz compares this method directly with classic active imagination and finds them similar. In this technique, the client does the imaginal work and reports to the therapist, who remains outside. An example is given below:

- Lisa: I want to check in with you that one of our big goals for today is to start to switch over the direction to you. The last few times, we have been talking to the other parts and I have been asking a lot of questions, so this time I'd like it to be more within you that it happens, so that everyone knows that you are in charge and that needs to be respected.
- Cecelia: Oh good. Yes. I was thinking about that as well.
- L: Where do you think would be a good place to start?
- C: Well, the censor was very happy about talking last time and I asked you, if he could talk again.

- L:** Ok, so let's start there. What I'll do this time, is ask you to imagine you are talking with him, instead of going over to the chair and becoming the censor. But before we start that, I want you to just relax for a minute and remember that feeling of being in Aunt Emma's kitchen, the safety and the strength that you have there. You are special, you are cared for, you are safe.
- L:** And now, if it feels right, find yourself in the kitchen again, with the censor outside the window on the balcony.
- C:** He's much more of a human figure this time, last time he was dark and huge and looming but now he looks like a man. He is just kind of waiting there, as though it's a waiting room. I don't know if he expects to be let in or what.
- L:** Well, that's up to you. How do you feel about him being there?
- C:** I'm not terrified like last time, and he's not pressing up against the glass, but I'm still kind of . . . I'm glad he's out there, and I still feel kind of anxious because he could break the window, I guess.
- L:** Ok, just take a moment and tell me if Cici is there too.
- C:** Yes. Funny, because she hasn't been around all week, I haven't felt her since last Friday, but she's here at the table.
- L:** Ok, I want you to find a place for her where she'll feel safer. Where does she like to be?
- C:** (smiling) Oh, well, Emma's bathroom. With the soap and the mirror...
- L:** Just take her there, and ask her to stay there while you deal with the censor.
- C:** Should I tell you? Out loud?
- L:** Whatever you want.
- C:** (to Cici) Ok, you just stay here, and you can comb your hair or look in the mirror, or just sit and look out the window, and you'll be okay. And there's a key for the lock, it goes on the inside, so you can lock your own door.
(to Lisa) She likes the key. That's very important, to have the key.
- L:** Of course it is.
Okay, come back to the kitchen now.
Tell me what you see when you look out the window.
- C:** He's still waiting. He is much less frightening.
- L:** What do you want to say to him?
- C:** Oh, I do not want to talk to him. I have nothing to say to him at all. It's like I am just starting to crawl out from under his oppression . . . I don't want to talk to him.

At the start of this excerpt, I explain one of the major benefits of this technique.

As limited-time therapy draws closer to its conclusion, it is important to transfer the role

of director or transcendent function over to the client (Landy, 1992) so that they are the ones responsible for their health. In-sight technique achieves this, as this transcript emphasizes. Cecelia controls both what she does in her session, and how she presents that to me. When I explain that Cecelia's leadership will be demonstrated to "everyone" by this interaction, I refer to Cecelia's ego and myself as well as all her other parts. Schwartz also claims this style of work is much more time-efficient than direct-access work, in particular when clients have an easy time accessing their internal images.

IFS is clearly linked to active imagination. The four steps - entering a liminal playspace, allowing images to emerge, allowing the ego to react to those images, and reflection from outside the metaphoric world – are all clearly present in Schwartz's method.

Like embodied psyche, IFS applies generalized categories to the parts of an individual. But while Lewis' categories (ego, shadow, internal object) are drawn from Jungian theory, Schwartz's categories (wounded children, managers, firefighters) were developed phenomenologically from his work with this technique. The images suggested by the category names are more vivid, and the categories themselves seemed clear and close to the reality of what I saw and heard from Cecelia. However, I would be hard pressed to apply the same categories to Richard.

I found the IFS approach very useful in several ways. Active imagination's goals are fairly abstract: facilitate dialogue and work towards wholeness and authenticity. IFS broke these down into simple, clear guidelines. For example, if a part was extreme, I sought the opposite extreme to balance it. Cecelia's psyche was dominated by a part called the Censor, who devalued Cecelia and made her feel worthless. Listening to

Cecelia talk about how important she felt when I gave her transcripts of our sessions, I thought I heard a different voice, a voice that felt worthy. Exploring this feeling as a role or a part gave us the character of Alice-Ten-Foot-Tall. Making this feeling into a role emphasized its importance and potential equality to the Censor.

If a client's "self part" is not compassionate to another part, Schwartz suggests asking which other part is influencing it, and working to make that frightened or angry part more comfortable. This was useful for Cecelia in becoming more objective towards her inner Censor part. At first she was very frightened of him, and Cecelia described him as an amorphous monster. When I asked her to imagine Cici, the vulnerable child part, in a safe place away from Cecelia and the Censor, she imagined the Censor as smaller and more human-looking. Using active imagination to separate her vulnerable part from her objective part allowed Cecelia to think about the Censor more calmly and gain more insight, from a transcendent perspective.

Schwartz also suggested specific techniques for externalizing parts, for example asking protective parts to allow access for a limited time. In accessing Cecelia's child part Cici, I asked permission from the Censor, who normally kept her hidden and restrained. This not only allowed me access to Cici, but also built rapport with the critical, cynical Censor part, which was useful when I interviewed him later. Placing the Censor outside the window on the balcony, to allow Cecelia to be more differentiated and emotionally distant, was another helpful idea borrowed from Schwartz.

Finally, I found that Schwartz's grounding of his work in family systems helped me feel more confident about using this approach with individuals. Since family systems theory is well established and accepted by mainstream psychotherapists, and Schwartz

was trained in it before attempting to apply it to an individual's internal system, he has worked out an approach that is well-grounded in theory. This approach suggests clear interventions aimed at depolarizing extreme parts, building strong, supported leadership, and bringing all parts towards harmony and balance.

Discussion

Validity

In general, ethnographers judge validity by very different measures than empirical scientists, and they often give different labels to distinguish the quality of validity that they seek. Geertz (1988, in Wolf, 1992) seeks fidelity to what was experienced, and verifiability, which is most often judged by review and auditing of the ethnographer's fieldnotes. Dobbert (1982) looks for clarity and representativeness, and reliability, qualities that correspond roughly to Geertz's. Stewart (1998) redefined validity as it applies to ethnography, dividing it into three categories: veracity, objectivity, and perspicacity.

Veracity

Veracity seeks to answer the question, *how close does this study come to the truth of the situation?* This sort of trustworthiness is gauged by the length, depth and quality of relationship the researcher develops with his or her informants (Dobbert, 1982; Ely, 1991; Lincoln & Guba, 1985, in Ely, 1991; Glesne & Peshkin, 1992; Stewart, 1998). The relationship can be judged in part by how the informant gives information. If someone

seems comfortable and willing to speak to the interviewer, gives answers that stay on topic and provide reasonable detail, and is reflective and thoughtful about what they are saying, then chances are, that they are giving data which is valid and reliable (Dobbert, 1982).

By these measures, my work with Richard and Cecelia was credible. I met Cecelia over 20 times over the span of more than six months, and Richard more than 30 times, over nearly a year. This length of engagement shows their commitment to the process. They both became very comfortable with me, and both indicated that they were being more frank and open with me than they were with anyone else. Cecelia demonstrated how seriously she took our conversations by bringing in her journal each week, in which she had further processed what we had been speaking about and her reactions to it. While Richard was less emotionally involved in his process, and tended to forget what happened from week to week, in sessions he thought his answers through carefully and tried to explain them thoroughly to me. Richard commented directly to me about the uncritical atmosphere of our sessions: "Here, there was no judgement Here I felt I could try out anything, say anything without it being judged." (#23) Since Richard was free to "say anything", it is unlikely that he was editing or inventing what he thought I would like to hear.

Richard and Cecelia each continued with their process, and although it was stressful for them, they let me know that it was also worth the effort. Cecelia showed her stress at first with two attacks of chronic irritable bowel syndrome en route to our sessions, and later in more conscious ambivalence: "I battled myself to phone you [to cancel our appointment] . . . I really wanted to come today" (#16). Richard wrote:

Right from that first session where we did the first story I have felt like my head has been ripped open and my true self revealed for all to see. This is a good thing. I think we are getting closer to me, and finding out why I do what I do. (#8)

Agar (1980) and Lincoln and Guba (1985, in Ely, 1991) recommend actively seeking “anticoherence” as a validity check. This is done by consciously looking for evidence contrary to what is desired, either with recorded data, or by asking informants leading questions which might “encourage them to disagree with what you think you’ve learned.” (Agar, 1980, p. 94)

There was one point at which I seriously questioned the usefulness of working with internal parts. This was when Cecelia had an insight that Cici had been responsible for her gambling. I had been interacting with Cici, discussing death as I would when counseling any child whose parent had died. As Cici, Cecelia said, “Nothing’s worth anything anymore”, and then, beginning to sob cathartically, as her adult self, she said, “And that’s why she [Cici] came out and threw all my money away at the casino.” Later she added,

I kept her down, I held her tight and wouldn’t let her speak or be angry. And then finally she got out and she just went wild. I tried to get her to stop because I knew I needed the money, but she wouldn’t.” (#9)

I was disturbed by this for two reasons. Cecelia was presenting a situation in which her reasonable, gatekeeper ego was not in control. In her experience, she was not in control of her actions in that moment. Furthermore, Cecelia was feeling victimized by this. I didn’t want to encourage this by continuing to define her parts and allowing them to express themselves. On the other hand, I felt that Cecelia’s insight was valid; her feeling that “nothing’s worth anything anymore”, tied through the character of Cici to her grief over her mother’s death, may well have precipitated her gambling. I also felt that

the metaphors offered by the parts presented fairly the intensity with which denied and repressed emotions or complexes can indeed break out into consciousness, be overwhelming, and “go wild”.

In my response to this situation, I affirmed her insight, and reflected on why I thought a more open relationship with Cici might prevent such out-of-control feelings and actions. Cecelia had experienced an *intrusion* of Cici into her daily life (Dallett, 1988, p. 134), because there was no outlet for that complex. By intentionally bringing the feelings and images she associated with Cici into her life, Cecelia could more consciously control how those feelings and images were manifested. Cici expressed her sense of despair and grief metaphorically through fingerpainting and puppetry. Her feelings were validated by our reading of a children’s story in which a little girl grieved her mother’s death. It is my understanding that both Cici and Cecelia preferred these expressions to gambling. Expression of the Cici part through active imagination allowed Cecelia’s ego to interact with Cici and move toward a preferred relationship, while gambling had only expressed the feeling of valuelessness without making any change possible.

Ely (1991) distinguishes between negative and discrepant cases. Cici’s intrusion was not a negative case - it did not disprove or invalidate this method. Rather, it was a discrepant case, which helped her and I to understand and refine our approach.

Stewart suggests ongoing attentiveness to multiple modes of data collection, to promote veracity. During my process, I triangulated my observations of Cecelia, Richard, what they said, and their artwork and embodiments. I checked out any apparent dissonance:

- Lisa: This character [in a drawn story] has a big smile, it looks like maybe he feels good about himself. Would you say that is true?
- Richard: I don't know, maybe he just wants people to think that he feels good about himself.
- L: You're suspicious of him?
- R: (nods) (#23)

In this excerpt, my second question was in reaction to Richard's body language and tone of voice, as much as to what he was saying. I also triangulated using information the clients had given me in a previous session. For example, I could bring up statements Cecelia had made earlier about her evolving relationship with Jay to check if they were still valid or not.

Objectivity

Objectivity is concerned with how observations and conclusions may be influenced by the ethnographer's own perspective, and the informants' perspectives as well.

The problem is not whether the ethnographer is biased; the problem is what kinds of bias exist - how do they enter into ethnographic work and how can their operation be documented. By bringing as many of them to consciousness as possible, an ethnographer can try to deal with them as part of methodology and can acknowledge them when drawing conclusions. (Agar, 1980, p. 42)

Awareness of, and bracketing of, the ethnographer's assumptions is basic to ethnography. It is also encouraged by the child or student role that researchers place themselves in. Since all the information comes through the researcher, one way to assure objectivity is to "make those steps of translations and 'filtering' more and more explicit and open to critical review by other researchers" (Pelto, 1992, p. 263). When analysis is shared with colleagues who audit the work, as I did with my clinical supervisor and colleagues, then a study can be seen to be more valid (Dobbert, 1982; Ely, 1991; Stewart, 1998). We often

discussed ways that our own biases as researchers might interfere with what we observed. Finally, checking conclusions with the informants themselves “is at the heart of establishing credibility” (Ely, 1991, p. 165). I did this on an ongoing basis with my clients, asking questions and observing their nonverbal response as well as listening to their answer.

My reaction to Richard when he diagnosed himself with Attention Deficit Disorder [ADD] shows how I bracketed my bias and attempted to understand a situation from my client’s point of view. Based on experiences I had had with youth diagnosed with ADD, I was biased against this diagnosis in particular as something that could be used to excuse controllable, inappropriate behavior and limit the responsibility people took for their actions. I also understood pathological diagnoses in general to be negative in that they “contribute to experiences of marginalisation, . . . subtract from a sense of personal agency, and . . . undermine an appreciation of one’s authoritativeness (White, 1995, p. 122). Into this bias strode Richard, very enthused over his discovery of the idea of ADD.

- Richard: You got my e-mail, about ADD?
 Lisa: Yeah. I did. So, that answers some questions for you?
 R: Well, if I have it, yeah. It explains a hell of a lot that’s happened in my life. Why I’m still where I am now, instead of successful at whatever career I would have gone into
 L: You seem to be almost excited about getting this potential . . . diagnosis or label.
 R: Well, yeah, because if it is [if it does apply to me], I know one of the bigger problems I have in my life, and I can go about repairing it. Rather than going about it piecemeal like I have been doing. Like, most of my problems could be related to that Like, the reason that I’m with you, it was because of what happened at [that social group]. Well, one of the reasons that happened, is because I, I have very little tolerance. I’m very impatient. These are classic symptoms of ADD. Had I

- known years ago that I'd had it, I would have dealt with the impatience in a much better way.
- L: But how does, how does saying that this is the impatience from ADD, how is that different from having impatience just because you happen to be impatient.
- R: Uh . . . In most people, if they're impatient, it's a behavioral habit. People with ADD, it's a neurological disorder, therefore it's not a question of they're [sic] behaving in a bad way. By having it, they're behaving in a bad way because that's how they're wired.
- L: So, it has a little bit less judgement?
- R: Well . . . let's say, you know a person has been practicing piano for 20 years, and you can't see him, you've never seen him. And you're listening to him play, and it sounds not that good. But you'd feel different if you found out that he only had one hand. It's not just that I had bad behavior, obviously I did have bad behavior, but I had a major handicap. (#27)

Although my bias is clear to me in this passage, I did sincerely try to see Richard's viewpoint and reflect that back to him. I understood that Richard hoped that with proper medical and "psychosocial" therapy for ADD, he would be less impatient, less distractible, and able to accomplish more. I encouraged him to continue to look at the collection of symptoms, treatments, and self-help ideas and use what helps him, regardless of the outcome of his official diagnosis.

I believe my biggest research bias was my attitude toward loss and change, developed through my own experiences. I was absolutely biased toward hope and faith that the process of change would yield positive results. I believe that this bias runs throughout my therapeutic conversations, and is itself a therapeutic element. In final evaluations, several of my clients commented on how reassuring and inspiring my optimism had been to them. This is one bias I would not like to eliminate.

Another bias crept into my work at one other major point. From my readings in embodied psyche and IFS, I had assimilated the idea that each part intends well for the

overall system, however misguided their way of working towards that (Schwartz, 1995; Lewis, workshop, 1999). Jung believed that complexes are created to protect the ego from painful feelings (Sandner & Beebe, 1982). I took this to mean that at their very core, complexes are serving the ego. I believed like Lewis and Schwartz that a destructive complex could therefore be helped to find a more productive role, which both the complex and the ego might prefer.

Cecelia and I had a difference of opinion over this. I presented a plan to reach out to the censor, identify and appreciate the situations in which he had been helpful, and then find a more positive way for him to use his abilities. I said, "I have a lot of faith that we will be able to find a way that everyone's needs are met, and everyone is safe." Cecelia replied, "You talk and that's so . . . moderate. I am not in a moderate space about this. I'm furious with it [Censor] for denying me so much my whole life." (#16) In a journal entry, she wrote that she had considered it carefully and had found no redeeming qualities in the censor whatsoever. She wanted to "eliminate it from my psyche". (#15)

I admit that I was unable to bracket my bias. Cecelia and I continued to try to find ways to accommodate our seemingly opposing viewpoints. Unwittingly, we were also providing a model for negotiating continued relationship in the face of conflict – something that might have been useful to Cecelia's ego in dealing with her Censor. The result of our struggle was that Cecelia differentiated a part that was her internalized father, from the part that was the Censor. Although the two parts were very similar in attitude toward Cecelia, she responded differently to each.

One night following our 17th session, she phoned to tell me that she had had a revelation:

- Cecelia: I figured out that the censor is Cici's cut-off anger. That's why I can't get rid of it.
- Lisa: Because it's part of her, and she's an intrinsic part of you?
- C: That's right. That's why I can't get too far away from it.

In our following meeting, she spoke directly to the Censor, saying, "I'm starting to understand why you did that all these years, so that Cici wouldn't have to feel her anger."

(#18) After this, she could finally identify what positive goals the Censor might have:

- Cecelia: He would do . . . (with glowing smile) something important.
- Lisa: Yeah, but what might that be? Would he fly an airplane, just play, or what?
- C: Oh, no, he's not like that at all. It would have to be something important.
- L: Like, something people would respect him for?
- C: (nods emphatically)

While Cecelia's attitude toward the Censor changed rapidly in response to his new function of considering important things to be done, her rage against her father became clearer. She said, "I want to devalue him and his place in my life. My father doesn't belong in my head like that." In the end, she wrote a letter condemning him and his actions, and symbolically locked it with him in a box, which was put at the back of the closet behind a closed door. She told him:

- Cecelia: (whispers, towards me) You were bad. You were a child abuser.
- Lisa: (assertively, toward closet door) You were bad. You were a child abuser.
- C: . . . I hated you. What you did was wrong. You have to stay in there, you have to stay there forever. You are not allowed out anymore.
This is terrible - even now, it's me who is disturbed that he's not let out. He doesn't care if he's apart from me, it's me who cares that I am separate from him. He never cared!

As Cecelia became reflective, I moved her out of the scene and into our reflection area.

- L: How do you feel now - standing more distant?
 C: I'm okay, I chose to come here. But she, Cici, she's lying there (near closet, where we sat), quite upset. She's moaning and weeping.
 L: Talk to her, tell her what she needs to hear.
 C: (to Cici) You have to come with me. I love you, I'll look after you now. He's no good for you.

Cecelia reported that Cici did come; I moved a chair for her to sit in, right beside Cecelia.

Cecelia fingered the paper key with which she locked up her father, she had folded it up in a tight bundle. She was holding it the whole time she spoke to her father.

- L: So, what are you going to do with that key?
 C: I have to... actually, I wonder if I have to throw it out, or if she has to.
 L: What do you think?
 C: She has to.
 L: Will you sit in her chair?

Cecelia moved to Cici's chair, held the key, rolled it, considered.

- L: It's a very hard choice to make. What would Dr. S [a warm, caring father figure] have to offer for advice, if he knew what was happening?
 C: He'd say... "You're allowed to live."
 L: You're allowed to live, Cici. You don't have to live that way, always waiting and trying to make him love you. He's dead, and you are allowed to live.
 C: (as Cici) I overheard someone telling Cecelia, that you can't lose what you never had.
 (throws the key away, suddenly, gripped by emotion.)
 I never had his love, I never had it. (#21)

For many sessions, the Censor and Cecelia's father had been indistinguishable. The end result of our dispute between my faith in the essential good intent of all parts, and Cecelia's sureness about her anger, was the differentiation of these two parts. Distinguishing the two was crucial for Cecelia to clearly experience and then express her feelings toward her father, and also to allow the censor to find a more useful role. The presence of my bias, then, served a productive role.

As my examples have shown, I have some ambivalence about bias in a therapeutic relationship. I don't believe that a neutral mirror makes an effective therapist. This issue speaks to the difficulty of balancing work as a therapist and work as a (nonbiased) researcher. While in some research styles it may be true that neutrality is ideal, in change-oriented ethnography and in therapy, I believe that a bias that supports the intended change is desirable.

Perspiciacity

Perspiciacity is not exactly the same thing as external validity, which ethnography, like phenomenology, cannot guarantee (Stewart, 1998). Rather, perspiciacity is "the capacity to produce applicable insights." (Stewart, 1998, p. 47) The first place one should look for this quality is in the context of the research itself. That is, did the process enhance the client's ability to achieve their goals? (Dobbert, 1982)

I saw a strong shift in Richard's self-image. He felt much more positive about himself near the end of our sessions, which he showed by simple acts like getting a haircut and wearing cleaner, neater clothes. His facial expressions revealed more alertness, curiosity and playfulness and less fear and guardedness. He joked more often. His lengthy list of "How I've Changed" (#28) showed that he was aware of discovering, developing, and recognizing many strengths over the year. In terms of his own project of "self-validation", Richard evaluated that he had moved from below three on a scale of ten, to between five and seven. In evaluating our process, Richard clearly stated that he saw a strong connection between the imaginative, dramatic work we had done and his new-found sense of responsibility and hopefulness.

The changes in Cecelia's internal, imaginal world were echoed by real changes in her behavior and attitude. She used her parts to express her childhood grief, rage, and guilt, and her interactions with the characters to demonstrate and practice her acceptance of these emotions in herself. She herself made the connection between the repression of these feelings and her over-reactions to her son's actions. When he missed one of her birthdays, years ago, her grief "was too much to be just about Jay, it was more appropriate to a little girl who has lost her Mum." (#10)

Most importantly, Cecelia began to see herself as someone who had riches in her relationships with both her children. She expressed this clearly in our final session, in a story about her birthday two days earlier. Feeling sad, she agreed to go out with Jay for lunch but then asked him to take her to the casino instead. There, they walked around and she told him for the first time about her earlier escapade. She had a strong feeling that she much preferred the renewed contact with Jay to a scenario in which she had won a lot of money but had no contact with him. This was in strong contrast to her feelings toward him at the start of our therapy work. In effect, she accepted the wholeness of the relationship she had with him, while still able to express her feelings of hurt, anger, and guilt that it was not the perfect relationship she had once hoped it would be. Connecting the symbolic work we had done with her internal parts to these outer changes, Cecelia said, "It's precious what you've given me, that let me see myself . . .so much of what was happening with Jay was old grief. I really worked through that here, and that's been a real release." (#23)

In terms of applying insights, ethnographers and other qualitative researchers seek out sites and events which may be "extreme or unique" (Yin, 1984, in Stewart, 1998, p.

58), “ideal or exceptional” (Schofield, 1990, in Stewart, 1998, p. 58). An extreme example will demonstrate a construct in its most radical form, which can then be applied elsewhere.

I chose to present my work with Richard and Cecelia here because I do find their cases unique and exceptional. They were both intensely imaginative people with a strong ability to visualize and communicate their images. They used these abilities to actively imagine themselves and their internal parts in conversation, in action, and in transition. This seemed to open them up to self-awareness that had previously been inaccessible to them, and they applied this to themselves with the compassion of the transcendent function. In session, we called this “healthy self-love”. I offer this record and interpretation with the hope that it will be applied to other, perhaps less ideal cases, in the future.

Part of establishing perspicacity is defining to whom the insights might be appropriately applied. The techniques I used, and the framework I drew them from, were appropriate to my clients in three ways. They were culturally appropriate because of where and with whom I worked, personally appropriate to the individuals described in the cases, and appropriate to myself, my style of working, and to drama therapy.

Authors and workshop leaders such as Bradshaw (1992) have popularized Jungian ideas of complexes, egos, archetypes and inner dialogue. Many people, especially those acquainted with popular psychology and new age thought, are familiar with ideas of “the inner child”. Both Richard and Cecelia were very comfortable discussing these ideas and thinking in this manner. They were also comfortable with dramatic ritual and were willing to suspend disbelief in ideas of psychic communication with dead loved ones,

spirits, and archetypes. They were able to participate in these types of activities with an appropriate degree of seriousness and belief in the potential efficacy of their symbolic actions. I believe this is in part due to their cultural background.

It was interesting to me to read that Jung had developed his schema working with a similar clientele: adult, relatively undisturbed private clients with no clinical diagnoses (Jung, 1929b, in Stein, 1982, p.50). This suggests to me that the method and framework are appropriate because of the population I was working with.

Richard and Cecelia were also very well suited to this work personally. Both were creative people with strong, even florid imaginations. Richard took part in a creative circle in which he told stories, sang, and participated in dramatic improvisation. When we made a plaster mask in session, he developed a fantasy of making and selling masks at festivals. I believe Cecelia was a creative person who had stifled this ability. She did not do any visual art, although she told me she had paints at home and wanted to try them out. She told me she had not done any artwork since she was a child. Likewise, during our process she allowed herself to journal with my encouragement, and she had done this only sporadically in the past decade. Both clients were able to use their particular creative abilities to begin to dialogue with their inner parts. While active imagination might be accomplished using a wide variety of creative expression techniques (Dallett, 1982; Singer, 1994), I feel it would be less appropriate to a very concrete person who does not express themselves creatively, or who finds metaphor difficult to understand.

I was reassured that the approaches I was using were suitable, because of the degree of flow present in sessions. Every session, Cecelia would bring in journal entries revealing that she had considered our work, and more importantly, that it had generated

further insights over the week. While Richard did not do this, there was a real sense of satisfaction in the sessions in which we used embodied psyche technique. It felt as though important things had happened.

I also found embodied psyche and internal family systems to be very appropriate to myself and the way I prefer to work. The four essential elements of drama therapy were highlighted by these methods. The element of stage was present in Richard's imaginal worlds, and physically present in his drawings, clay figures, and embodiment. In Cecelia's work, the dramatic playspace was found in the soap opera-like story she created. Although not physicalized, we developed a "dialect" (Jones, 1996) of images: embodied characters, symbolic settings and objects, which became real in our shared dramatic world.

The element of role was quite primary in this work. There was a real vividness to the characters, which Richard achieved through embodiment, drawing, and sculpting, and Cecelia developed more through allowing the various roles to share her journal. The stories told in session were stories about the client's self, and about the relationship between their parts.

Finally, I was able to participate actively in the imaginal world. Interviewing parts, I appeared as "the therapist" or "an outsider" in the dramatic world. I also took on roles in a psychodramatic fashion, appearing as Love, the Satyr, or Alice-Ten-Foot-Tall. In these roles I could argue with, question, and critique parts without invoking the authority of the therapist role. I found this most useful in evoking and provoking dialogue between parts. I also appreciated being able to embody parts, since that is a process through which I gain much insight. This is a final aspect of applicability: the therapist

attempting this form must themselves be comfortable with symbolic work in the metaphoric, dramatic worlds of role and story.

Taking it Further

In the interests of the wholeness of this paper, I must also claim its imperfections. There are several ways I would have liked to have carried my work with Richard and Cecelia further.

In particular, my work with Cecelia did not feel finished by the end of the term. I would have liked to support her as she continued to negotiate her relationships with Cici and the Censor, and I would be most interested in knowing what important thing the Censor found to do. I believe that neither of us felt that our process had run its course, although we marked our conclusion with a celebration, gifts and letters.

A therapy process is complete when the client integrates the therapist role, becoming their own healer (Landy, 1992). In retrospect I see that our work felt incomplete because Cecelia had not yet assimilated this role. Even during our final session, she insisted on going over her journal entries with me, so that she could “figure [her thoughts] out properly” (#23) in my presence. I was still carrying the transcendent function on Cecelia’s behalf, despite attempts to shift that to her by using in-sight rather than direct access technique. Cecelia had come to this work with highly charged, archetypal parts that were intruding on her life. She did a great deal of work in differentiating her father and her own ego from the Censor, and in questioning the authoritative discourse that had dominated her life for so long. Twenty-three sessions was simply not enough time to go further.

Another way I would like to take this work further is by integrating the narrative focus on social forces and problems, and their impact on individuals (White, 1995; Freedman & Combs, 1996). Many Jungian analysts have an understanding of the shadow as a social issue requiring social action, as well as an issue for individuals (Dallett, 1988; Singer, 1994). Narrative therapy demands that we focus more deliberately on this, while valuing people over dominant discourses. For example, Richard's project was "self-validation" (#26). His definition of this project made implicit comments about how others judge him, giving or withholding approval. These are topics we could have tackled more directly. In retrospect, I would ask Richard more about the social stigma he experienced in relation to being 37, single and unemployed with no career focus, or stigma associated with any other qualities or life circumstances. I would like to know how he himself judged those qualities and circumstances, regardless of the social value placed on them. I would like to know how those stigmas impacted on him and on his ability and desire to self-validate. I also wonder if the possibility of external validation Richard felt when he hoped to be diagnosed with ADD changed the way he felt about his project of self-validation.

This focus on the interplay between personal experience and social forces would also have benefited the work with Cecelia. Cecelia's father became identified as an irredeemably bad part, to the extent that he had to be locked away forever. But Cecelia's real father was not an archetype. He was a human being with weaknesses and failings, living in an imperfect world. Cecelia had a glimpse of this attitude at one point, suddenly saying, "My father didn't love me . . . maybe that is a myth. Maybe he did, but it didn't look good, you know, to love a sickly little girl, and probably a bastard to boot. . . ." Had

we identified the experiences and social attitudes that may have influenced Cecelia's father's behavior towards her, we would have questioned social injustice while treating the role of Cecelia's father more humanely. The way things were handled, the father was demonized while social injustice went without critique, and Cecelia was left without emotional access to the image of a man who "maybe" loved her.

Conclusion

An Integration of Frameworks

With its focus on and dialogue in the internal world and inherent encouragement of personal responsibility, active imagination was perfect for the tasks of identity making that my clients faced. Embodied psyche and IFS are complementary ways of conducting active imagination. Some aspects of embodied psyche are beyond what Dallett (1982) would call active imagination, because the therapist embodies the client's roles and actively participates in the client's metaphorical world. IFS has more structured ideas in terms of goals and intervention strategies, which could be helpful or interfering, depending on the way the technique is applied. The four components Dallett (1982) used to define active imagination are shared by both techniques. These components are the use of a liminal playspace, the emergence of metaphorical images and roles, a dialogue between ego and other parts, and more emotionally distant reflection by the self. The technique of embodiment, also known as enactment and direct-access, and the role of the therapist as interviewer are also shared by embodied psyche and IFS. Embodied psyche and Internal Family Systems were techniques rich with opportunity for a practice in

drama therapy. The essential elements of drama therapy – stage, role, story, and metaphor - are inherent in the two techniques.

The most important thing I have learned through this work and this research, is the ultimate importance of ethnographic and narrative ethics in working with people on self-directed change. Any time I intervened too much as director, the work went nowhere. Dramatic metaphors were most successful when they were reflecting clients' existing inner experience, and structures were most successful when they reinforced clients' movement toward responsibility and self-leadership.

Ethnography that is oriented towards change shares some goals with Jungian-influenced therapy, specifically with the work that I did with Cecelia and Richard. These goals have to do with opening a cultural or individual discourse up to greater diversity, allowing voices alternative to the authoritative discourse, and listening to them. The result, regardless of level of focus, is that rigid constructions are shaken loose, allowing increasing authenticity and wholeness, growth, and change.

One goal of ethnographers is to “write-in” (Marcus, 1992, p. 113) people who have been marginalized and excluded from dominant accounts of history – for example, women and people of color – and to critique the process by which they are discluded (Wright, 1995). Cecelia and Richard both ended up writing-in parts of themselves that had been long disenfranchised. In Cecelia's inner world, her internalized father had taken on so much power that “He just is, like a deity. We accept his judgements as all-knowing.” (#16) This internal voice had become an “authoritative discourse” (Asad, 1979, in Wright, 1995, p.79): an element that had taken on the structural power to silence opposing voices and ensure that its own constructions were the accepted ones. White

(1995) exposes how internal authoritative discourses operate similarly to those on a social level. By the same token, I argue that the process of recognizing diversity and creating options is the same at all levels of humanity, from the social to the individual. The “writing-in” of alternative viewpoints leads to a more authentic and whole life for an individual, a group or a society.

Feldman (1995) supported ethnography on groups that included the notoriously unethical Argentine military. He argued we need to study and understand people who violate what most of us believe humanity is about. Like Dallett (1988), he found that when shadow elements of society are left unconscious and unexplored, they remain dangerous, unpredictable, and out of control. This occurs on an individual level as well as a social one. In Richard’s process, the Satyr began as a shadow character, embodying uncontrollable lust: “I want it and I want it NOW.” (#22) Only when it was fully explored did it accept the guidance of a more ethical part, becoming more humanized and easier to love and respect in the process. Richard’s attitude toward the Satyr shifted from fear and a felt need to maintain rigid control, to tolerant and amused appreciation. Likewise, Cecelia’s Censor became much more manageable and human after we interviewed him.

In writing-in and accepting excluded shadow parts, Cecelia and Richard each moved towards a version of themselves that was more whole, inclusive, and complex, although less perfect. It matched less with their internalized authoritative discourse of how they “should” be, and more with their authentic self.

If [a client] could reclaim the undesirable parts of himself that he had disowned, they would give him strength and substance, a capacity to accept and deal with ordinary reality lacking in people who want to look perfect and cast no shadow. (Dallett, 1988, p. 64)

When they owned aspects they had previously rejected, Cecelia and Richard became more comfortable and compassionate toward themselves, more able to cope with their stresses, and more hopeful about their futures. The techniques of narrative therapy, embodied psyche, and IFS provided somewhat structured containers in which these originally frightening and despised aspects of self could be represented, externalized, and explored with relative objectivity. The Jungian framework defines an internal system that the client can relate to as director, exercising their transcendent function. Being a director in their inner world rehearses their ability to participate actively and responsibly in the direction of their outer lives – a process equally important in self-directed change projects and in authentic life.

A Final Comment

Ethnography is a series of conversations – between informant and researcher, researcher and colleagues, and finally between text and audience (Rapport, 1997). The cases of Richard and Cecelia clearly illustrate the conversation between client and therapist, and how both structure and content of that conversation can lead towards the client's self-direction and responsibility. Conversations with supervisors and classmates allowed me to process my work with Richard and Cecelia. Writing this paper involved a series of conversations with my advisor. Now, there is a conversation between written word and reader.

I have attempted to be as transparent and authentic as possible, with the reader as well as my supervisors and clients. I decided to use transcripts in the writing to depict the actual experience of the techniques and minimize the filters between that experience and

the reader. I also deliberately chose an accessible language style. My stubborn biases and other limitations stand revealed in the session excerpts, which I also hope will show the liveliness and power of embodied psyche and Internal Family Systems work from a drama therapist's perspective. Ultimately, this paper enters another level of conversation, that of academic discourse. May it speak with a voice that is clear, engaging, and persuasive.

Epilogue:

The Healer on the Mountain, or Bev's Embodied Psyche Story

Once upon a time, there was a woman who needed to get to the top of the mountain to meet the healer. She had been feeling ill for quite some time. She met a wise woman who told her she had heard of the healer on the mountain. So the ill woman packed up the things she felt she would need during the climb and once she got on the mountain. She packed some water, some noodles (in case she got hungry while looking for the healer), some cigarettes and matches, and some rope. When she got to the mountain, she looked up and thought, "Wow, this shouldn't be too hard!" So up she went. The mountain got steeper the higher she climbed. At midpoint, the woman got tired and decided to stop for a few minutes. She looked around and admired the scenery, then looked up.

She panicked because the steep mountain was becoming a more-than-vertical ledge. There was noo way she could climb this. She was so panicked that she was getting the impression she would fall. So she clung to the mountain and cried. She cried until her stomach hurt. Then as she wiped her eyes, she noticed that to the right some 15 feet or so, there was no ledge, just a steep mountain. She then began thinking of how she could move to the right without falling. She saw a stump and pulled her rope out of her bag and used her cowgirl skills and lasoed the rope around the stump (safety). She gave the rope a few tugs, saw that the stump would hold her weight, and proceeded to climb diagonally. The climb got easier because the mountain wasn't as steep here (she needed the break because she was tired from her cry). Finally, she made it to the top and lifted her upper body on to the grass ledge and rested (ahhh).

Then she looked around and was amazed, no, awed by the beauty of this new place. She pulled herself up and walked in the tall wheat field. The rolling hill she was standing on rolled down to a river. There were some wild horses grazing, a beautiful sunset behind rocky mountains. She was struck by the poetic beauty of the scenery. She remembered that she had come looking for the healer. The wise woman had told her that she would find this healer sitting on the top of the mountain. So she waited, got hungry and decided to cook up some noodles. Then she realized she didn't have a pot to cook them in. She bitched a bit about how she should have thought of the pot. But in front of so much beauty, she calmed down and ate her noodles anyways! At least she wasn't hungry anymore. Then she realized that even if things aren't as perfect as she thought they should be, her needs were met and she was still happy!! She wondered about the healer . . . then she wondered why she was looking for the healer. Maybe the healer was hidden so well. Maybe the healer was hidden in the last place she would think of looking . . .

When she started her journey, she was looking for something exterior to cure the illness. When she got to the top, she was not ill anymore. So where is the healer? Three guesses . . .

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APPENDIX: Sample Consent Information and Blank Consent Form

Consent Information Form

Drama Therapy Student: Lisa Sokil, Concordia University

Practicum Supervisors: Christine Novy, Creative Arts Therapies Programme,
Concordia University
(Mrs.) _____, "Bereavement Centre"

Background Information

One of the ways drama therapy students learn how to be drama therapists is to write a research paper which includes case material and examples of artistic work produced by clients during the drama therapy sessions. The purpose of doing this is to help the student, and other students who may read the paper, to increase their knowledge and skill in giving services to a variety of persons. Drama therapists also publish work in professional journals, in order to share this knowledge with other drama therapists and to initiate discussions about methods and the viability of work with various populations. The long-term goal, in both cases, is to be able to better help individuals who enter into drama therapy in the future.

Permission

As a student in the MA in Creative Arts Therapies Programme at Concordia University, I am asking you for permission to describe the sessions we had together. I would also like to use the photos I took of your artwork (pictures and/or clay sculptures) in presenting this information. The research paper would be accessible by students and the general public through Concordia University. I would also like your permission to submit an article about our work to a professional arts therapies journal such as *The Arts in Psychotherapy* or *Dramatherapy*, or to describe our work at a drama therapy conference. You may choose to give me permission for any or no parts of this.

Confidentiality

Because this information is personal, your confidentiality will be respected in every way possible. Neither your name, the name of the setting, nor any other identifying information will appear in any paper. Any example of your artwork will be completely anonymous and your identity will not be revealed.

To my knowledge, this permission will not cause you any personal inconvenience or advantage.

If you have any questions, please call me, Lisa Sokil at 000-000-0000. You may withdraw your consent, without giving any explanation, at any time, by contacting myself or my supervisor, Mrs. _____, at 000-000-0000.