Finding Catharsis in Fairy Tales:
A Theoretical Paper Exploring the Roles Catharsis Plays
When Fairy Tales are used in Drama Therapy for Children with Anxiety

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ABSTRACT

Finding Catharsis in Fairy Tales:
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This paper explores where catharsis may be found within work with fairy tales, why therapeutic work with fairy tales may be appropriate for children with anxiety, and what roles catharsis may play when fairy tales are used with this population. This paper explores possible connections between fairy tales and catharsis, and considers how these connections may or may not be beneficial in drama therapy for children with anxiety.

While some research has suggested that catharsis may be harmful, such research has defined catharsis as just the expression of emotion. For this paper, Catharsis is defined as the process of emotional discharge that brings about relief of emotional tension. Catharsis can be an internal process that does not necessarily result in visible expressions of emotion. While catharsis is not necessary for therapeutic change, according to the definition used in this paper, catharsis is necessarily therapeutic.

In combination with the action oriented drama therapy methods, fairy tales provide the necessary stimuli for catharsis to occur within children with anxiety. The themes, structure, and fictional world of fairy tales help to establish an aesthetic distance between the client and the material being explored, which allows catharsis to occur. Catharsis channels emotion, relieves anxiety, and brings children a new understanding of their anxiety.

ACKNOWLEDGMENTS

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Introduction

"Then all anxiety was at an end, and they lived together in perfect happiness."

~Hansel and Gretel (Grimm & Grimm, 2000, para. 19)

Anxiety is part of the human condition and it is a universally experienced phenomenon (Campbell, 1985; Eley & Gregory, 2004). In children, extreme anxiety is considered to be the most commonly occurring psychological problem (Cartwright-Hatton, 2006; Vasey & Dadds, 2001). Even with the presently expanding research, it has yet to be confirmed which of the many available treatments are most effective for children with anxiety (Cartwright-Hatton, 2006; Ollendick & King, 2004). This paper will explore why therapeutic work with fairy tales may be appropriate for children with anxiety, where catharsis may be found in such work, and what roles catharsis may play when fairy tales are used with this population.

There has been a large quantity of research on fairy tales and their potential uses in clinical practice (Bettelheim, 1989; Bouzoukis, 1999; 2001; Brun, Pedersen, & Runberg 1993; Dieckmann, 1997; Franks & Fraenkel, 1991; Herman 1997; Lubetsky, 1989; Silverman, 2004). Similarly, there has been a large quantity of research on cathartic therapies and the potential uses of catharsis in clinical practice (Breuer & Freud, 1895/1961; Duggan & Grainger, 1997; Kramer, 1987; Nichols & Zax, 1977; Scheff, 1979; Scheff & Bushnell, 1984). However, there have been few attempts to examine the relationship between catharsis and fairy tales, and how this relationship may benefit the client in clinical therapy. This paper will explore connections between fairy tales and catharsis, and consider how these connections may or may not be beneficial in drama therapy for children with anxiety. Through a literature review, the relationship between

anxiety, fairy tales, and catharsis will be examined in the hope of answering the following question: *What role does catharsis play when fairy tales are used as drama therapy interventions for children with anxiety?*

Outline

The first section of the paper will delineate relevant working definitions (*anxiety, population of interest, catharsis,* and *fairy tales*). The second section will contain a literature review. The literature review will begin with an introduction to the research methodology (*theoretical research*) and perspective (*developmental psychopathological perspective*). This will be followed by an exploration of anxiety and the current available treatments. The literature review will then continue with an examination of relevant theories of catharsis. Next, the review will briefly examine literature on fairy tales and their applications in psychotherapy. Finally, the literature review will conclude with an introduction to drama therapy, and an overview of the connections between drama therapy and anxiety, drama therapy and catharsis, and drama therapy and fairy tales.

Following the literature review, this paper will explore where catharsis may be found when fairy tales are used in drama therapy for children with anxiety, and the roles catharsis plays in such processes.

Definitions

Anxiety defined.

Anxiety has been defined differently throughout the psychology literature (deCatanzaro, 1999). Feiner (1988) explains that anxiety is a "general state of apprehension that is unclear, unfocused, and unrelated to any present or realistic threat" (p. 108). Other authors (Campbell, 1985; Csóti, 2003) similarly suggest that anxiety is

often general and non-directed. The term *anxiety*, for the purposes of this research, will refer to *excessive worry that interferes with daily functioning*.

This general definition of anxiety is appropriate since the focus is on children who experience difficulties as a result of worry, and there is no focus on a specific disorder. In addition, this definition is fitting since it is usually the difficulties with daily functioning that motivate caregivers to seek treatment for children with anxiety (Silverman & Kurtines, 1996). It is not usually *feelings* of anxiety in children that cause disruptions in the family life, but it is the accompanying problematic behaviours (such as rituals or school refusal) that motivate the families or caregivers of children with anxiety to address the problem (Csóti, 2003; Silverman & Kurtines, 1996).

Population of interest defined.

This research will focus on children with anxiety specifically between the ages of 7 and 11. It is necessary to identify a specific age group since anxiety is experienced differently at different stages of development. Relevant information on this stage of development will be elaborated on in the literature review of this paper.

Catharsis defined.

Catharsis is a construct that has taken on many definitions throughout history. For this paper, the definition will be drawn from Scheff's (1979) theory of catharsis. In this paper (unless otherwise indicated), *catharsis* will refer to *"the process of emotional discharge which brings relief to emotional tension"* (p. 47). Simply put, catharsis is an emotional experience. It is "a discharge of feelings which succeeds in changing the nature of an existing feeling-state, freeing it from elements that disturb or distort it" (Duggan &

Grainger, 1997, p. 73). While it is an emotional experience, there is also a cognitive

component to it. Catharsis is dependent on the individual's relationship to the material

being witnessed or explored; it is this relationship that brings about the emotional

experience, which in turn brings about the subjective feelings of relief and/or clarity

(Duggan & Grainger). Alternative definitions of catharsis, along with a deeper

exploration of Scheff's theory, will be explored in the literature review of this paper.

Fairy tales defined.

Fairy tales have also taken on various definitions throughout history and

throughout the literature (Hallett & Karasek, 1991; Holbek, 1987; Lüthi, 1976). For the

purposes of this research, a *fairy tale* must meet three criteria, which are based on

Bettelheim's (1989) descriptions of fairy tales.

First, within a fairy tale, no specific time or place is indicated (von Franz, 1996).

Bettelheim (1989) points out that fairy tales can, more often than not, be recognized by

the first sentence of the story. The well known, "Once upon a time," is a typical

beginning. Other examples include: "There once was a poor prince," (Hallet & Karasek,

1991, p. 182), "There once was an old castle" (Grimm & Grimm, n.d., para. 1), and,

"There was once a man who had three sons" (Grimm & Grimm, 2005, p. 181). This lack

of a specific time and place is often what distinguishes fairy tales from folk tales

(Bettelheim). Similarly, the principle characters in fairy tales are seldom named; they are

more frequently referred to as king, queen, boy, girl, tailor, or some other title.

To meet the second criteria, a fairy tale must contain fantastic events. The magic

of fantastic elements within the story make it clear to the readers or listeners that the story

is happening outside of their present reality. Within the fairy tale, the fantastic events are

treated as normal, and the events in the story are not presented as anything other than ordinary. In addition, few magic or fantastic events take place at the opening of the story or at the conclusion of the story (Bettelheim, 1989).

Finally, a fairy tale must have a happy ending. Specifically, at the end of the story, the hero should be content. This definition of fairy tales necessarily excludes some stories which are often categorized as fairy tales. For example, the Grimm brothers' (2005) "The Willful Child," which ends with the suffering and punishment of the protagonist, would not be considered a fairy tale. However, Andersen's (1999) "The Little Mermaid," which ends with the physical death of the protagonist who then obtains an immortal soul, would be considered a fairy tale because the protagonist is clearly content at the conclusion of the story.

Many different theorists have outlined differing criteria with which to define fairy tales. Some definitions emphasize the importance of archetypal motifs in fairy tales (von Franz, 1970, 1996). Other theorists (Bettelheim, 1989; Brun et al., 1993) have used criteria similar to the ones outlined above to define fairy tales. For the purposes of this paper, any story which meets the above criteria will be considered a fairy tale.

Literature Review

Research Methodology

The research methodology for this paper is both qualitative and theoretical. Qualitative research, in general, is appropriate for the investigation of complex social phenomenon (Marshall & Rossman, 2006). Since this research will examine the complex phenomenon of catharsis, and since this research will not be focusing on measurable change, a qualitative methodology seems the most appropriate.

More specifically, a theoretical approach has been chosen. Junge and Linesch (1993) define theoretical research as the integration of existing theories in an attempt produce new theories, ideas, and knowledge. In other words, theoretical research is the critical evaluation of preexisting research which involves finding connections and contradictions between already produced works and theories. There have been diverse theoretical works on the separate subjects of catharsis (Duggan & Grainger, 1997; Meisiek, 2004; Nichols & Zax, 1977; Scheff, 1979; Scheff & Bushnell, 1984) and fairy tales (Bettelheim, 1977; 1989; Brun et al., 1993; von Franz, 1996); however, little attempt has been made to integrate these multiple theoretical works either within or between these subject areas (Bridges, 2006; Brun et al., 1993). Exploring connections between these diverse theories will elicit a greater understanding of the roles that catharsis can play in fairy tales, and it will also elicit a greater understanding of how catharsis may be relevant in drama therapy work with children with anxiety.

The literature review will explore the research on anxiety, catharsis, fairy tales, and drama therapy. However, given the extensive amount of research and information available on all four of these subjects, the literature review will not be exhaustive. While this may seem to limit the credibility of the conclusions of this paper (Lincoln & Guba, 1985), the research will be sufficiently strengthened by the focus on the relationship between these areas of study.

Developmental Psychopathology Perspective

The *developmental psychopathology perspective* can be seen as an organizational framework from which one can view psychological difficulties experienced by children (Vasey & Dadds, 2001). This perspective is based on three primary assumptions. Firstly,

dysfunction or pathology is the result of the interaction of psychological, social, and biological processes. Secondly, whether or not dysfunction or pathology occurs is influenced by positive and negative factors over time. Thirdly, as developing organisms, children have a transactional relationship with their environment; that is, they have a mutually influential relationship with their surroundings (Shirk, Talmi, & Olds, 2000; Vasey & Dadds).

The developmental psychopathology perspective postulates that there are multiple causal factors which may lead to anxiety in children (Vasey & Dadds, 2001). According to this perspective, some risk factors may give children a predisposition for the development of anxiety. These predispositions (which may either increase or decrease the likelihood that a child will develop anxiety) may take the form of genetic factors, neurobiological factors, temperament, emotion regulation skills, cognitive biases and distortions, early experiences of mastery and control, parental responses, and experiences with various stimuli (Vasey & Dadds, p. 15). According to the developmental psychopathology perspective, anxiety in children may develop, be maintained, and subside in various ways. Because this perspective takes into account many possible theories about the development of anxiety, this will be the perspective from which anxiety will be viewed within this research paper.

The developmental psychopathology perspective views pathology as a *process* (Shirk, Talmi, & Olds, 2000). Subsequently, one can also examine psychotherapy in terms of what processes will result in adaptive or maladaptive behaviour in children in treatment. Developmental psychopathology has been integral in examining models of the psychotherapeutic process for children (Kazdin, 1997; Shirk & Russell, 1996). In

addition, this perspective has been used to examine specific interventions used for children in therapy (Kazdin, 1997; Shirk, Talmi, & Olds, 2000). By using this perspective, one can appreciate multiple ways of working with certain interventions. Catharsis and fairy tales will be examined critically based on the understanding of the possible risks and benefits involved for children with anxiety.

Anxiety

Anxiety is thought to be a necessary part of life (Campbell, 1985; Csóti, 2003; deCatanzaro, 1999). While certain levels of anxiety may be beneficial, a high level of arousal may be troublesome (deCatanzaro). Anxiety is often viewed and quantified in many ways; as a result, estimates of the prevalence of high anxiety within the general population have varied between 1% and 20% (Silverman & Kurtines, 1996; Vasa & Pine, 2004; Weiss & Last, 2001).

As mentioned above, for the purposes of this research, anxiety will refer to excessive worry that interferes with daily functioning. Problematic thoughts and feelings often prevent the individual with anxiety from performing certain activities; for children, the avoidance of certain activities typically results in problems with their family, peer group, or school system (Silverman & Kurtines, 1996). Failure to address problematic behaviours may result in further disruptions in the lives of children with anxiety (Csóti, 2003).

The given definition of anxiety bares a resemblance to a description of Generalized Anxiety Disorder (GAD), which is characterized by unfocussed worry (American Psychiatric Association [APA], 2000). Individuals with GAD often experience excessive general worry that is hard to control and that interferes with daily

living (APA; Silverman & Kurtines, 1996). Approximately 5% of the general population will personally experience GAD at some point in their life (Mennin, Heimberg, Turk, & Fresco, 2005). It is important to note the similarities between GAD and the previously given definition of anxiety. However, there is still some debate as to whether GAD should be officially diagnosed in children (Silverman & Kurtines), so this specific disorder has not been included as part of the given working definition of anxiety.

In the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV-TR*), the only listed childhood disorder which relates to anxiety is Separation Anxiety Disorder (APA, 2000; Silverman & Kurtines, 1996). Separation Anxiety Disorder, characterized by developmentally inappropriate anxiety surrounding separation from caregivers, is listed under "Other Disorders of Infancy, Childhood or Adolescence." Other, perhaps more relevant, anxiety disorders not dealing directly with children are listed under "Anxiety Disorders" (APA). Within the *DSM-IV-TR*, there seems to be a lack of appropriate child specific models of anxiety. In clinical practice, adult models are often generalized or modified to be used with children (Cartwright-Hatton, 2006).

The experience of anxiety.

Physical symptoms of anxiety can include perspiration, headaches, abdominal pain, muscle tension, frequent urination and excretion, rapid heart rate, increased blood pressure, and increased respiration (Csóti, 2003, p. 40; deCatanzaro, 1999). When an individual is in a state of anxiety, the sympathetic nervous system is activated. This activation prepares the body for a fight-or-flight response. When the sympathetic nervous system is activated, the adrenal glands release epinephrine (commonly known as

adrenaline) and norepinephrine; this is followed by a chain of events throughout the body which may result in some of the more common experienced symptoms which accompany high anxiety (Csóti; deCatanzaro). In a state of anxiety, the body is prepared to escape from danger, and the mind is alert and ready to respond to threatening stimuli (Csóti; Vasa & Pine, 2004). The arousal of the mind and body is experienced by both adults with anxiety and children with anxiety (Vasa & Pine).

When anxiety is experienced in a situation that does not require a physical response, the anxious individual may not have a way of releasing the anxiety and finding relief from these symptoms (Csóti, 2003). The individual may be uncomfortable with the feelings of anxiety and may become anxious *about* the feelings and sensations of anxiety that he or she is experiencing. If an anxiety provoking situation arises again, anxiety may be created in anticipation of further anxiety (Feiner & Yost, 1988; McNally, 1999). Anxiety is somewhat problematic in that the fear of anxiety begets further anxiety.

Anxiety in children.

Children may experience anxiety differently than adults. There is some debate over whether or not children are capable of experiencing anxiety as it is described in the *DSM-IV* and the *DSM-IV-TR*. Children have different cognitive abilities than adults, and they are often not capable of abstract thought. It has been hypothesized that because they experience the world differently, they must also experience anxiety disorders differently (Silverman & Kurtines, 1996). To illustrate, it has been hypothesized that children are not capable of having the internal constructs necessary to misinterpret internal feelings of panic, which is a central feature of Panic Disorder (APA, 2000; Silverman & Kurtines). Similarly, with Post Traumatic Stress Disorder (PTSD), it has been demonstrated that

children are more likely to relive the traumatic event through thematic play and through nightmares, rather than reliving the experience through dissociative flashbacks as is common in adults with PTSD (APA; Silverman & Kurtines). Children may be capable of having the same anxiety disorders as adults, and they may display some similar symptoms, but it is important to note that children may experience anxiety quite differently.

Possible origins of anxiety in children.

A number of children experience excessive and unnecessary anxiety. Many different hypotheses have been proposed in attempts to explain the origins of this anxiety. The behavioural model suggests that anxiety is a result of conditioned fears (Vasa & Pine, 2004), while the cognitive-behavioural model suggests that anxiety is a result of discrepancies in information processing and "distorted beliefs about the dangerousness of certain stimuli or situations" (Vasa & Pine, p. 12). According to the social learning theory, the development of anxiety may be strongly influenced by parent-child and familial interactions (Dadds & Roth, 2001; Rapee, 2001). Others postulate that anxiety is a result of social *and* developmental influences including attachments to parental figures, parental behaviour, modeling, and peer interaction (Morris, 2004).

Several of the proposed hypotheses about the origins of anxiety contradict each other. It has been proposed that the onset of extreme anxiety is often triggered by a threatening (stressful) event, while it has also been proposed that children with anxiety do not experience more external stress than typically developing children, but children with anxiety simply respond with greater stress to similar stressors (Rapee, 2001). In connection with the latter hypothesis, it has been determined that there is a genetic

component involved in the development of anxiety. Specifically, it has been found that

for most measures of anxiety, genetics will account for approximately one-third of the

variance (Eley & Gregory, 2004), so it can be concluded that some children have a

genetic predisposition to the development of anxiety. The possible genetic-environmental

interaction, which may trigger anxiety in children, has yet to be fully investigated (Eley

& Gregory).

Current treatments.

The majority of treatments for children with anxiety are not developmentally

oriented (Holmbeck, Greenley, & Franks, 2004). Although diverse treatments have been

developed in order to work with specific anxiety disorders, there are a wide variety of

specific treatments recommended for children with general feelings of anxiety.

In psychoanalytical psychotherapy, children are given verbal therapy in the form

of individual psychoanalysis. The true effectiveness of this form of treatment is difficult

to evaluate (Lewis, 1985). Pharmacological treatments are also available, but are usually

only considered an option when children seem very resistant to other forms of treatment

(Stock, Werry, & McClellan, 2001). The most commonly administered drugs for anxiety

are designed to suppress the central nervous system. Pharmacological treatments are

usually administered concurrently with other forms of therapy (Stock, Werry, &

McClellan).

Cognitive-behavioural therapy (CBT) is often used with children with anxiety to

help them understand their anxiety and to teach them appropriate coping strategies. CBT

can be either child-focused or family-focused (Hudson, Hughes, & Kendall, 2004). CBT

involving the family has been found to be more effective (Hudson, Hughes, & Kendall,

2004). There is still some ongoing debate about the use of CBT with children, as practitioners and therapists sometimes have difficulty keeping children engaged in the process (Graham, 2005).

The family systems approach to treatment looks at children's anxiety in the context of their surrounding family. In this approach, the treatment is not focused on children's symptoms, but on the functioning of the family unit (Feiner, 1988). The treatment may explore the family's responses to the anxiety, as it may be the 'responses to the anxiety' which are not allowing the anxiety to subside. When working from a family systems approach, family involvement is essential and the therapy is considered beneficial for all parties involved (Morris, 2004).

Typical play for children with anxiety.

Between the ages of 7 and 11, children go through physical, social, and psychological changes. Throughout this stage of life, most children will experience necessary anxiety (Vasa & Pine, 2004; Vasey & Dadds, 2001).

Changes in play are often seen at this age as well. Play becomes increasingly complex as the child ages. By the age of 7, the typically developing child is capable of group play, character play, and basic improvisational abilities (Courtney & Schattner, 1981). At the age of 7, the features and themes of the play begin to change. Chazan (2002) explains that between the ages of 7 and 9 "the child plays at many different roles and narrates long and varied stories, describing many-faceted characters" (p. 68). The pretend-play becomes less obvious, and there is a greater emphasis on narrative play. It is also at this stage that gender differences become more apparent in play: girls tend to play more in groups while boys tend to have more active and competitive play (Chazan).

Children with extreme anxiety are often described as self-isolating, rigid, and withdrawn (Irwin, 2005). As a result of minimal interaction with others, children with anxiety may have a lower level of developmental play than a typically developing child. When playing, children with anxiety generally display less symbolic play, less communication, and less social interaction than other children of a similar chronological age (Chazan, 2002).

Catharsis

Catharsis has historically been associated with both drama and anxiety. The word catharsis has roots in the Greek word *kathairo,* meaning *to cleanse* (Nichols & Zax, 1977; Singal, 1977). Catharsis is a construct that has taken on many definitions throughout history. The definition of catharsis has typically included the concept of purgation and purification, as well as rebirth or transformation (Nichols & Zax).

Catharsis was first associated with drama in healing and ritual (Meisiek, 2004; Nichols & Zax, 1977; Scheff, 1979). Many historical healing rituals contained a cathartic ingredient (such as dance or embodiment) that provided a physical and emotional release for the body and mind. Aristotle developed the first formal definition of catharsis; he defined it as the purgation of emotion that results in purification of the emoter (Aristotle, 1967; Miall & Kuiken 2002; Nicholas & Zax, 1977; Singal, 1977). He suggested that through observing theatrical tragedy, the emotions of audience members could be aroused, peaked, and purged, leaving the post-cathartic individual in a more pure and virtuous state.

Breuer and Freud (1895/1961) were the next key thinkers to further develop theories of catharsis. Breuer and Freud named this process of cathartic expression and

healing, *abreaction*. Breuer and Freud described abreaction as "a whole series of voluntary and involuntary reflexes, ranging from crying to an act of revenge, through which according to experience affects are discharged" (p. 5). They postulated that clients can be relieved of hysteric symptoms by reliving memories of an event and expressing previously repressed feelings associated with that event (Breuer & Freud; Meisiek, 2004). At the time, Breuer and Freud thought that it was unexpressed emotions that were the source of the hysteric symptoms. Despite the fact that Breuer and Freud defined the process of revisiting and re-experiencing memories as a "cathartic method," they did not define "catharsis" with their text.

Moreno (1946/1985), the next to add to the theories of catharsis, also noted that repeating and reliving memories can be liberating. Moreno began to explore catharsis in the actor, and through this exploration, he developed psychodrama. Moreno was the first to relate the construct of catharsis with the field of psychotherapy. Moreno noted that catharsis was not the end of a process, as Aristotle had suggested, but the gateway to further learning, exploration, and healing. Moreno moved catharsis away from the spectator (a passive catharsis) and examined catharsis in the actor (an active catharsis). He stated that any human activity has the potential to cause some catharsis, but not *complete* catharsis. Moreno theorized that a "full catharsis" would benefit both body and mind. He found that it was possible to bring about full catharsis using his psychodramatic techniques involving "spontaneous dramatic action" (p. 18). He stated that the important cathartic components of his techniques were the use of the body, the use of speech, interactions with others, fantasy, and, most importantly, spontaneity.

Scheff's theory of catharsis.

Scheff (1979) came up with an improved working definition and theory of catharsis; it is his definition, "the process of emotional discharge which brings relief to emotional tension" (p. 47), which will function as the working definition of catharsis for this research paper.

Scheff (1979) believed that catharsis is a natural and healthy part of life. It is a physical and psychological reflex which restores balance to the body and mind through the release of emotional tension. He explained:

> . . . the distresses of embarrassment, anger, fear, or grief [which may be brought about by any number of external stimuli] are, in part, bodily states of tension, of which the person may be aware or unaware. These tension states can be exactly resolved through catharsis, whose outward signs [include] involuntary laughter (for embarrassment or anger), hot sweat (also for anger), shivering and cold sweat (for fear), and sobbing with tears (for grief). (p. 59)

Once the discharge process occurs, the individual's internal balance is restored.

According to Scheff's (1979) definition, catharsis is related to the internal feeling state of an individual. While one's internal feeling state can often motivate one to behave in a certain way or display certain affect (including yawns, smiles, laughter, and tears), catharsis has little to directly do with observable behaviour. While observable behaviour or affect can be indicators of catharsis, catharsis can also occur without any visible indicators. Therefore, it is not always possible to determine from simple observation whether or not someone has experienced catharsis.

Scheff (1979) believed that humans are both biologically and psychologically driven to seek out cathartic experiences. He stated that humans seek out catharsis in order to relive emotional experiences. Catharsis can involve "the reexperiencing of past emotional crises in a context of complete security" (p. 23). However, Scheff explained that a direct link to memories is unnecessary. Scheff acknowledged that the emotional experience of catharsis *can* be linked to some specific experience of distress, but no conscious connection to previous experience is necessary. More often, Scheff explained, "the individual is unaware of the unconscious source of the distress" (p. 68).

Scheff (1979) explained that catharsis can only be experienced by an individual when they are at an *aesthetic distance* from the material they are encountering. Scheff defines aesthetic distance as "the balance between distress and security" (p. 13), where the individual has "the simultaneous and equal experience of being both participant and observer" (p. 60). While experiencing catharsis, the person is necessarily balanced between being underdistanced (emotionally overwhelmed) and overdistanced (not emotionally effected). The person experiencing catharsis is emotionally aroused, but they are not overwhelmed by their emotions.

Scheff (1979) described aesthetic distance by using an example of a cathartic experience. He explained that catharsis typically happens in children when they play monster games with their father, such as when a father pretends to be a monster and chases his daughter who laughs and screams in response. Such reactions are cathartic because the child is stimulated and excited by the chase and the danger of getting caught, while simultaneously, the child feels secure because she recognizes the father as "father," and she realizes that she is not in danger. Catharsis occurs when the child achieves an

aesthetic distance within the game, effectively achieving a balance between danger and safety. However, this balance is very delicate. If the father, in this example, put on a mask and could no longer be recognized as "father," or if the role of the monster was played by a complete stranger, aesthetic distance would not be achieved and catharsis would no longer be experienced. In such situations, the child would be underdistanced and may no longer feel safe. She would likely react with fear and anxiety. Similarly, the child would not likely achieve an aesthetic distance if she attempted to play the monster game with her own reflection in a mirror. In such situations, the child would be overdistanced, and would not likely become emotionally involved in the game.

Distancing elements are any elements that indicate that a threat is not real (Scheff & Bushnell, 1984). For example, in a tickling game, the distancing elements include the expression on the attackers face, the light or complete absence of touch, and playful noises and words of the 'attacker' (Scheff, 1979). Essentially, anything that reminds an individual that what they are experiencing or witnessing is not real can create more distance. Scheff pointed out that fantasy and fiction are both distancing; they are far more distanced than straightforward explorations of reality, which are generally more underdistanced.

Scheff (1979) explained that in psychotherapy, the therapist is responsible for helping the client maintain appropriate distance from the explored material and redirecting the client to the appropriate aesthetic distance. In psychotherapy, when an aesthetic distance is achieved, "distress which seemed unbearable can be relived in a context in which the person knows that the pain can be escaped should it become overwhelming" (p.60). At an aesthetic distance, the client's attention is safely split

between past stressors and the present reality. In therapy, aesthetic distance is often found in the balance between remembering and reliving past experiences (Scheff & Bushnell, 1984). Scheff believed that catharsis is an essential component of psychotherapy and that it is necessary for therapeutic change.

The process of catharsis.

According to Scheff's (1979) theory, there are four different components to catharsis:

1. There must first be *appropriate stimuli* that must be *optimally distanced*; that is, there must be a balance of "distressful stimuli and reassuring stimuli" (Scheff, 1979, p. 66). It is these stimuli that establish the aesthetic distance.

2. There must then be a *response of the individual*; the response must contain both an emotional and cognitive component. The response must be balanced so that there is "a deep emotional resonance, but also a feeling of control" (Scheff, 1979 p. 64).

3. The individual must have an *emotional experience*; this is often, though not necessarily, accompanied by visible expressions of emotion, such as laughter or tears.

4. The individual must experience a *decrease in tension*. This is often accompanied by the acquisition of insight.

Scheff (1979) described the process as, overall, not an unpleasant experience, and he added that "one feels refreshed when it is over" (p. 64).

Is catharsis harmful?

Some researchers have argued that catharsis is both unnecessary and dangerous (Bushman, 2002; Bushman, Baumeister, & Stack, 1999). Research on catharsis has primarily dealt with the emotion of anger. It has been found that venting anger through rumination and physical activity only serves to increase the anger experienced by the individual (Bushman; Bushman et al.). To date, there has been minimal research on catharsis in combination with other emotions (Myers & Spencer, 2006).

Such studies of catharsis and anger seem to equate catharsis with the hydraulic model of emotional expression; these studies examine the quantity of emotion and ignore other qualities of the emotional experience (Kennedy-Moore & Watson, 1999). Scheff and Bushnell (1984) pointed out that has been a problem in the research literature on catharsis, and that empirical studies put too much emphasis on visible behaviours rather than the subjective experiences of emotion. Scheff and Bushnell clarify that the potentially damaging catharsis which these experiments refer to is not equivalent to the construct of catharsis as defined by Scheff (1979). Scheff also noted that catharsis is not always directly related to visible displays of emotion. Whether or not the expression of emotion is harmful is dependent on a number of factors (Greenberg & Safran, 1990; Kennedy-Moore & Watson, 1999) which are still being explored in the research to date (Diener, Hilsenroth, & Weinberger, 2007); full examination of this area of research lies outside of the scope of this paper.

It has also been suggested that catharsis can be damaging if it is not elicited properly. According to Nichols and Zax (1977), if the origins of the client's emotions are not first discovered and explored, then any expression of emotion, if not clearly directed,

will only intensify undesired emotions. They believed that catharsis has the potential to be countertherapeutic. However, while the intensification of undesired emotions is entirely possible, such an experience would not be an example of catharsis. Instead, it would seem to indicate an imbalance between the individual's cognitive and emotional involvement in the exploration of the material.

It is the position of this researcher that, given the working definition of catharsis provided, catharsis itself is not harmful. In fact, by definition, any catharsis that is harmful would not be catharsis at all. However, it should be acknowledged that difficulties may arise if an aesthetic distance is not achieved when clients work with emotional material. When one is too close to emotional material it can be overwhelming and potentially traumatic. Still, if an aesthetic distance is not achieved, this would mean that catharsis cannot occur.

It is important, then, to distinguish between when catharsis is happening, and when clients are in distress. A subjective way to determine this is to verbally check-in with clients; therapists can inquire and observe how much control clients feel they have over their emotions. If they are crying uncontrollably and cannot stop, the experience is likely causing them distress and they are not experiencing catharsis (Scheff, 1977). However, if they are expressing emotion, but seem to have control over that emotion, then they are more likely having a cathartic experience. Similarly, if clients find the experience of emotional expression extremely unpleasant (this does not include mild feelings of discomfort), then it is not likely a cathartic experience. Catharsis, as defined in the opening definition, is necessarily therapeutic, but unsuccessful attempts to achieve catharsis can be countertherapeutic.

Fairy Tales

Many theorists postulate that the sharing of fairy tales is an essential part of healthy life (Bettelheim, 1989; Jones, 2002). Fairy tales can be used and enjoyed by all ages; they can help readers and listeners explore inner conflicts while gaining a better understanding of themselves and the people around them (Bettelheim, 1977; Brun et al., 1993; von Franz, 1996). Viewed collectively, fairy tales illustrate the complexities of life and the trials and tribulations of the human experience.

According to Jones (2002), there are three distinct categories of fairy tale themes, all of which deal with the human experience, and as such, are relevant to all readers. At the core of fairy tales are themes of "the sociology of the community" (Jones, p.19), which explore how to conform to society's expectations; themes of "the cosmology of the universe" (Jones, p. 19), which explore spiritual guidance; and themes of "the psychology of the individual" (Jones, p. 19), which explore the psyche and individual feelings. It is this last core theme that is of most relevance to the field of psychotherapy. The psychological issues addressed within fairy tales include feelings of jealousy, oppression, and rejection, as well as personal relationships and family dynamics. Jones specified that fairy tales often explore separation anxiety, sexual anxiety, sibling rivalry, and parental rivalry. Jones believed that the primary purpose of fairy tales is to address such human concerns symbolically.

Fairy tales in psychotherapy.

Fairy tales are thought to be reflections of the basic structure of the mind or psyche (von Franz, 1996). As such, fairy tales are a valuable psychotherapeutic tool. Bettelheim (1989) suggested that fairy tales provide a way in which to journey through

the unconscious, and that fairy tales are able to help people sort out their feelings and internal dilemmas. Similarly, von Franz (1996) noted that the telling of fairy tales brings peace to listeners' unconscious.

Many clinicians have discovered that fairy tales seem to have a natural therapeutic power. Agosta (1980) pointed out that fairy tales serve much the same purpose as many forms of psychotherapy in that they have "the common intension of promoting the coherence, integrity, and completeness of the human being" (p. 287). Agosta stated that stories, such as fairy tales, are useful for therapists in that each narratively depicts "crucial emotional experiences that occasion growth and the acquisition of self-understanding" (p. 287). Agosta believed that since fairy tales seem to have the same goals as psychotherapy, fairy tales can be useful tools in psychotherapy.

In dance movement therapy, Franks and Fraenkel (1991) have used fairy tales in their work. They explain that fairy tales are particularly useful for psychotherapy in general because they (a) are non-threatening; (b) are rich in symbolic content; (c) allow for multiple interpretations; (d) contain wisdom about what it means to be human; (e) promote fantasy, imagination, and creativity; (f) invite playfulness; (g) are optimistic (this fosters faith in one's own power of healing); and (h) work on a number of different levels (p. 313). All of these truths about fairy tales suggest that they can be useful in psychotherapy, and that they can be particularly useful in the creative arts therapies which often work with creativity and metaphor (Duggan & Grainger, 1997).

Fairy tales are used differently in therapy by different psychotherapists. Some psychotherapists use fairy tales to help clients identify problems (for example, helping clients pinpoint sources of anxiety), while others work from the belief that fairy tales in

and of themselves have a healing and calming quality and that there is no right or wrong fairy tale to use for specific clients (Brun et al., 1993).

Brun et al. (1993) outlined four separate approaches for working with fairy tales in psychotherapy: the interpretive approach, the creation approach, the naïve approach, and the fairy tales as play therapy approach. In the *interpretive approach*, fairy tales are interpreted within the therapeutic process and connections are made between the fairy tale(s) and the clients' personal material. There is a great deal of literature on the interpretation of fairy tales (Holbek, 1987; Lüthi, 1976; von Franz, 1970; 1996), and there are many different, sometimes contradictory, interpretations of the same fairy tales. This researcher takes the position of Brun et al. in postulating that "there is no single correct interpretation of a fairy tale" (p. 35), but that interpretations are useful to the extent that they allow connections to be made between fairy tales and personal experiences.

The *construction approach* is somewhat self-explanatory and involves the creation of new fairy tales. Though this has become a more common practice in some forms of psychotherapy (Brun et al., 1993), this particular approach is not highly relevant to the central research question of this paper.

In the *naïve approach*, no direct interpretations are attempted by the client or the therapist, instead, "the patient gets into contact with the fairy tale in an intuitive and spontaneous way" (Brun et al., 1993, p. 35). This approach is not very limiting and suggests a number of possibilities for working with children with anxiety.

In the *fairy tales as play therapy approach*,

. . . the patient is allowed to identify with fairy tale figures and to live or relive

passages of his own life through the figures. In the same way, fairy tales help him

[the therapist] to understand important aspects of the emotional relationships

between the child and important persons in his life, such as parents, siblings, and

friends. (Brun et al., 1993, p. 43)

This approach draws on projective techniques; problems are able to be identified and can

be seen in a new way.

Some therapists draw on aspects from the four different approaches when using

fairy tales in psychotherapy. This research will focus primarily on the latter two

approaches.

Are fairy tales harmful?

Fairy tales have often been rejected by parents in modern Western society for

supporting beliefs that someday-my-prince-will-come, or instilling false hopes for a

happily-ever-after (Dieckmann, 1997). In reality, fairy tales support and instill, in readers

and listeners, necessary optimism and hopes for the future. Fairy tales can often help

children maintain a positive outlook, which can help them find internal balance and

subjective feelings of peace. Bettelheim (1989) elaborated on this:

It has been argued that when a story raises unrealistic hopes, the child will

necessarily experience disappointment and suffer the more because of it. But to

suggest to the child reasonable—that is, limited and provisional—hopes for what

the future has in store is no palliative for the child's immense anxieties about what

will happen to him and his aspirations. *His unrealistic fears require unrealistic*

hopes [italics added]. (p. 133)

Unrealistic hopes are *necessary*. Fairy tales are comforting to children and not misleading or psychologically damaging.

Some argue that fairy tales should not be used for children with anxiety, specifically because some fairy tales may *create* anxiety. To illustrate, Agosta (1980) pointed out that "The Boy Who Set Out to Learn Fear" (Grimm & Grimm, 2005), can create fear and anxiety in the reader. This story tells the tale of a boy who did not feel fear and sought it out; on his journey, among other things, he encounters corpses and ghosts. It is important to acknowledge that any story, or any experience for that matter, has the potential to make a child anxious. As Bettelheim (1989) pointed out:

> A particular story may indeed make some children anxious, but once they become better acquainted with fairy stories, the fearsome aspects seem to disappear, while the reassuring features become ever more dominant. *The original displeasure of anxiety then turns into the great pleasure of anxiety successfully faced and mastered* [italics added]. (p. 122)

Fairy tales can evoke initial anxiety, but they can subsequently demonstrate to children that such anxieties can be overcome and mastered.

Drama Therapy

Drama therapy is a form of therapy which uses drama and dramatic processes as a medium in which to facilitate change and work towards client goals. Within drama therapy, it is understood that the dramatic processes themselves are therapeutic (Duggan & Grainger, 1997; Emunah, 1994; Jennings, Cattanach, Mitchell, Chesner, & Meldrum, 1994; Landy, 1993). Drama therapy is essentially the use of drama and dramatic processes with "a healing intension" (Jones, 1996, p. 6). Though the intentions and goals

of the therapy overlap with other forms of psychotherapy (Wampold, 2001), it is the engagement with the creative dramatic processes which is unique to the field of drama therapy (Duggan & Grainger; Emunah).

Advantages to drama therapy include the use of metaphor and the *'as if'* reality (Duggan & Grainger, 1997). Clients may work with their personal material entirely in metaphor, without necessarily making a connection between the metaphor and reality (though this connection is sometimes overtly made). Through taking on characters and roles, clients can also explore and experience the world from a new perspective; they can explore and experience the world *as if* they were a particular character or role. Such processes allow clients to express what they would not necessarily express as themselves (Duggan & Grainger).

The exact form which drama therapy takes is dependent on the needs of the individual client or group, as well as the style and approach of the therapist. Drama therapy may include work with puppets, characters, roles, scripts, stories, masks, and theatre (Duggan & Grainger, 1997; Emunah, 1994; Jones, 1996; Landy, 1993). Despite the diversity of techniques within the field, there are several core concepts which are at the heart of drama therapy. The two central concepts most relevant to this research paper are *dramatic projection* and *dramatic distancing*.

Dramatic projection.

Jones (1996) defines dramatic projection in drama therapy as "the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalise inner conflicts" (p. 138). Feelings may be expressed within the projection and then explored by the projector; ideally, this

results in client insight and the founding of a new relationship with the projection. Since drama therapy is often done in metaphor, dramatic projection is understood to be one of the core processes that are quintessential to the effectiveness of drama therapy (Jones). Dramatic projective techniques include work with puppets, masks, small worlds, and stories (Grimshaw, 1996; Jones). Through dramatic projection, drama therapy provides a way for clients to deal with their problems indirectly, and as such, drama therapy may be especially beneficial for individuals that need distance from their personal material.

Dramatic distancing.

Landy (1983), inspired by Scheff's (1979) concept of aesthetic distance, developed the concept of *dramatic distancing*, often simply referred to as *distancing*. He explained that distancing is "a means of separating oneself from the other, bringing oneself closer to the other, and generally maintaining a balance between the two states of separation and closeness" (p. 175). Distance can be physical, intellectual, or emotional. The "other" can also be a part of the self, meaning that distancing can be an intrapsychic process, and clients can create a distance between themselves and their internal dilemmas. Landy (1996a) theorized that from a dramatic distance, clients are able to identify with a character, object, or event and have a cathartic moment while simultaneously feeling that the character, object, or event that they are identifying with both *is* and *is not* them. This experience of dramatic distance is related to Duggan and Grainger's (1997) description of the *as if*, "whereby we put ourselves in someone else's place, thinking and feeling as if we actually were that person" (p.99).

Jennings (1998) described a parallel concept which she refers to as the *ritual-risk paradigm*. In order for drama therapy to be therapeutic, she stated that clients must have

an optimal distance from their personal material; they must be able to approach their own material, and engage with their material without being overwhelmed by it (Duggan & Grainger, 1997; Jennings). Regardless of the title of the construct, (dramatic distancing, *as if* reality, ritual-risk paradigm) having distance from the material is one of central concepts in drama therapy (Landy, 1996a). Distancing techniques include all projective techniques mentioned earlier (Landy, 1996b).

Dramatic distancing exists on a continuum (Landy, 1996a). On one end of the continuum, when clients experience little distance from their personal material, they are said to be *underdistanced*. When at the underdistanced end of the continuum, clients may feel emotionally overwhelmed. On the other end of the continuum, when clients are only thinking about their personal material and only cognitively processing this material, they are said to be *overdistanced*. When at the overdistanced end of the continuum, clients tend to be emotionally uninvolved in the process. According to Landy, drama therapists should assist their clients in finding a balance of distance.

Drama therapy for anxiety.

Anxiety is a very common symptom among individuals seeking therapy (Wampold, 2001). As such, drama therapists often work with clients with anxiety. Children with anxiety can present a unique challenge for drama therapists because children with anxiety are often seen and experienced as *non-players* (Irwin, 2005). Compared with other children at a similar developmental level, children with anxiety are often less spontaneous and less prone to engage in imaginative play. Children with anxiety are unlikely to be initially comfortable with activities involving physical and verbal forms of expression they are not accustomed to.

In drama therapy, specific interventions for anxiety and approaches to anxiety have been varied. Some drama therapists have combined their approach with other forms of therapy. Rubenstein (2004) chose to combine his drama therapy work with CBT. Documented work with children with anxiety has included the use of small worlds (Irwin, 2004), masks, role-play, and the creation of stories (Rubenstein), and work with fairy tales (Bouzoukis, 1999; 2001).

In working with children who experience anxiety as a result of trauma, drama therapy has also been used in combination with crisis intervention techniques to help children cope with stress (Haen, 2005; Lahad, 1999), and to assess strategies of coping with stress (Lahad, 1992). Recently, drama therapy has also been used in work with children with Selective Mutism (Irwin, 2005; Oon, 2006), which has been linked with anxiety in the current literature (Cohan, Price, & Stein, 2006). Drama therapy has also been used to work with anxiety in other populations. Smith (2000) used developmental transformations to explore death anxiety in older adults.

Catharsis in drama therapy.

Landy (1986), acknowledged that catharsis is an important, though not necessary, component of drama therapy. Like Scheff, Landy believed that the process of catharsis in drama therapy could be internal, so there may not be visible expressions of emotion which accompany catharsis. He saw catharsis as "the recognition of psychological paradox" (p. 101), such that the person experiencing catharsis gains insight and understanding, and this psychological experience is accompanied by a release of tension.

Landy (1986) suggested that working with characters in stories can lead to catharsis, because work with characters can provide a perfect aesthetic distance for

clients. While in role, clients remain aware of their own existence and identities.

Catharsis is the emotional experience the clients go through when they feel and express

emotion *as if* they were their character, while not losing touch with their own personal

reality.

Duggan and Grainger (1997) saw catharsis in drama therapy as "the crisis brought

about by our recognition of what is fictional in ourselves and our world" (p. 76). In

working in a fictional reality, through story or fantasy, catharsis is the moment at which

the explorers of the fictional reality recognize (not always consciously) the connections

between the fictional world and their personal reality, thus they gain a new understanding

of their own vulnerabilities and personal truths.

Duggan and Grainger (1997) postulated that, in drama therapy, "distance is

instrumental in bringing about catharsis" (p. 75). Specifically, in drama therapy it is the

fictional reality that creates distance, which can then lead to catharsis. In drama therapy,

clients have the opportunity to face their own issues in a fictional reality without owning

them. Duggan and Grainger pointed out that when catharsis happens, it happens because

clients feel a *connectedness* with an issue presented in the fictional reality. Duggan and

Grainger believed that this connection is then fully experienced through catharsis. When

working in metaphor, catharsis occurs at the time in which clients become personally

involved in the fictional reality. According to Duggan and Grainger, in drama therapy, it

is the fictional reality that makes it possible for the explorer to experience catharsis.

Unlike Scheff (1979), Duggan and Grainger (1997) believed that the experience

of catharsis will be necessarily disturbing or unsettling. However, as long as appropriate

distance is established, catharsis cannot result in harm to, or destruction of, the individual. Catharsis, according to Duggan and Grainger, is unpleasant, but therapeutic.

Duggan and Grainger (1997) associate catharsis with the concept of *as if*. This concept seems to equate with Scheff's (1979) idea of aesthetic distance, in that Duggan and Grainger saw a balanced 'as if' experience as necessary in order to experience catharsis through embodiment or role-play. While in role, or while embodying a character, clients behave *as if* they were the character; however, in a balanced state, clients are continually informed by their own vulnerabilities and experience. In embodiment and role-play in drama therapy, this inner balance would then lead to emotional expression: catharsis.

Fairy tales in drama therapy.

Fairy tales stimulate the imagination (Gersie & King, 1990) and allow for individual interpretation (Crain et al., 1983), as such, they are an invaluable tool in drama therapy. Fairy tales can easily be projected onto. Fairy tale characters (especially secondary characters) are often not named. Instead, they are often simply referred to as "queen" or "king," "mother" or "father" (Bettelheim, 1989). Also, character's thoughts and feelings are often not developed in depth (Bettelheim). The absence of breadth of information makes it easier for clients to project their own thoughts, feelings, and identifications onto the story (Bettelheim). Because fairy tales can easily be projected onto, they are often used in drama therapy to express and explore client material (Grimshaw, 1996).

In drama therapy, work with fairy tales is thought to provide clients with an inherent distance (Brun et al., 1993; Duggan & Grainger, 1997). Clients can identify with

fairy tale characters while simultaneously being able to recognize themselves as being separate from the fairy tale characters. In this way, when taking on a role (and experiencing the as if reality), clients can experience emotions and reactions without owning them (Landy, 1986; Grossman, 1981). Sometimes drama therapists use fairy tales as an intervention when they observe that their clients need more distance from the material being worked with (Landy, 1993).

Many drama therapists use fairy tales intermittently throughout their work (Donavan, 1996; Gersie, 1997; Holloway, 1996; Landy, 1993). For others, fairy tales play a more prominent role in the drama therapy process. In Silverman's (2004) approach, *The Story Within*, clients can work in depth with a fairy tale and a character they connect with. She explains, "*The Story Within* approach provides safety and distance, so clients can immerse themselves in the creative process, and not have the anxiety of directly facing their personal problems" (p. 133). Because a distance is kept between the material and the client, the client's anxieties and difficulties can naturally emerge from the fairy tale, and clients can then identify their own struggles.

Fairy tales have also been used in drama therapy by Bouzoukis (1999; 2001), who used fairy tale enactments in an effort to reduce stress and symptoms of separation anxiety in chronically-ill children between the ages of 6 and 11. Bouzoukis worked with Landy's *role method* and had children enact relevant fairy tales which she prescribed. The results of the study suggested that fairy tales can successfully reduce stress in individuals with chronic illness.

Finding Catharsis in Fairy Tales for Children with Anxiety

Catharsis can play several important roles when fairy tales are used in drama therapy for children with anxiety, but before exploring these roles, it is important to understand how catharsis might be elicited and where it might be found when fairy tales are used in drama therapy for children with anxiety. Fairy tales used in drama therapy help to establish an ideal aesthetic distance for children with anxiety, which makes catharsis possible. Catharsis can occur because a number of fairy tale attributes permit simultaneous emotional involvement and distance for children with anxiety. The most pertinent components, which will be explored here, are fairy tale themes, fairy tale structure, and the fictional reality of fairy tales. In drama therapy, these central elements interact to make aesthetic distance possible.

Fairy Tale Themes

Fairy tale themes are relevant to the age group in question. Many fairy tales deal with themes of maturation, the individuation process, and the development of the self; these themes remain ever present even though specific realistic events are never referred to (Deikman, 1997; von Franz, 1996). Fairy tales often deal specifically with developmental issues of competency (Jones, 2002), which, according to Erikson (1975), are pertinent issues for children between the ages of 7 and 11. At this stage of life children tend to become more independent from parents, and they begin to establish connections outside of the family.

Maturation related themes are often represented by *transformation* in fairy tales (Lüthi, 1976). Fairy tales often feature the transformation of a central character, frequently from animal to humanoid form. Examples of such transformations are seen in

"The Frog King" (Grimm & Grimm, 1999), "Beauty and the Beast" (Beaumont, 1999), and "Bearskin" (Grimm & Grimm, 1994). The transformation often happens after a struggle which concludes with achievement or success. For children approaching adolescence, fairy tales prepare children for the physical, emotional, and psychological changes they will experience.

Children often approach maturation with an impending sense of privation (Lüthi, 1976), and appropriately, specific instances of loss are rampant in fairy tales with themes of maturation. Losses frequently seen in fairy tales include the loss of a parent and the loss of a part of the self. In "Rapunzel" (Grimm & Grimm, 1997) the central character loses her hair; in "The Red Shoes" (Andersen, 1999) the central character loses both her mother and her feet. Such losses may represent some of the impending dangers children believe will accompany their maturation (Lüthi).

Development happens in a series of stages, and each impending transition often invokes fear in children. With adolescence pending, these losses presented in fairy tales, and the adaptations which follow, assure children that the dangers they perceive can be overcome, and that further life lies beyond these changes. Fairy tales that deal with themes of maturation and development seem particularly relevant for children between the ages of 7 and 11.

Fairy tales also deal with themes that are of particular relevance for children with anxiety. Relevant and common psychological themes explored include anxieties about authority, sibling rivalry, and separation from parents (Jones, 2002; Lubetsky, 1988). Authority figures are often represented as witch or ogre type characters. Examples of this are found in "Rapunzel" (Grimm & Grimm, 1997) and "Little Tom Thumb" (Perrault,

1961). We see examples of sibling rivalry in "Cinderella," (Perrault) and "One-Eye, Two-Eyes, and Three-Eyes" (Grimm & Grimm, 2005). In both tales the protagonist is tormented and treated unfairly by siblings. In other stories, such as "The Three Feathers" (Grimm & Grimm, 2005), siblings are presented as being in competition with each other. Finally, fairy tales often illustrate abandonment by parental figures. In "Snow White," the protagonist is banished from her home (Grimm & Grimm, 1994); in "Hansel and Gretel," both Hansel and Gretel are deliberately abandoned three times by their father and step-mother (Grimm & Grimm, 2005). Other themes present in fairy tales that may be relevant to some children with anxiety include rejection, death, sexuality, and existential discontent (Bettelheim, 1989; Jones, 2002). Many of these themes are common concerns for children with anxiety (Csóti, 2003; Feiner & Youst, 1988).

Through the presentation of these themes, fairy tales acknowledge the suffering of children. In reading about the anxieties of others, children can recognize that they are not alone with their fears and fantasies (Bettelheim, 1989). The message that 'no one is alone with their anxieties' can be soothing and therapeutic in and of itself (Yalom, 2005). By exploring fairy tales, children with anxiety can have their feelings and experiences validated. Fairy tales often engage children with anxiety because these children are able to identify with the themes.

Applying Scheff's (1979) theory of catharsis, the themes of anxiety in the fairy tales would be referred to as the *distressful stimuli* which would likely evoke an emotional response in the individual. Children with anxiety are more likely to feel a connectedness with fairy tales as a result of the inclusion of these particular themes (Duggan & Grainger, 1997). Fairy tales provide an avenue for exploring issues of

anxiety. There are no solutions to be found in fairy tales; instead they create the opportunity to process conflict and suffering.

Drama therapy helps children easily access these themes. In dealing with various anxieties within the stories, fairy tales help to give a tangible form to the readers' anxieties (Bettelheim, 1989). Children can then project their own anxieties onto the fairy tales. In drama therapy, children can then actively engage with these projections.

Drama therapy allows children to engage with the material on an even deeper level. Through embodiment, they can become physically engaged with the process, which can decrease the distance between themselves and the themes of anxiety (Jones, 1996; Landy, 1996a).

Having experienced some of these themes in their own lives, many children with anxiety resonate with fairy tales. The resonance children experience with these themes and projections brings them emotionally closer to the fairy tale. This emotional resonance is an important part of aesthetic distance, which in turn can lead to catharsis. The themes in the material and the drama therapy process together can evoke catharsis.

"Happy" endings.

While the themes just discussed are likely to be emotionally evocative for children with anxiety, fairy tales are also reassuring. The themes (distressing stimuli) are balanced with the presentation of reassuring stimuli (happy endings). While one could argue that the endings of fairy tales are not always "happy," according to the definition of fairy tales outlined earlier, in order for a story to qualify as a fairy tale, the protagonist must be content at the end of the story. Something happens within the story whereby the central character changes from being discontent to content.

The contentment at the end of the story, given the discontent throughout the story, helps instill hope for the future in children with anxiety. Hope is understood by many to be an essential components for living a content and peaceful life (Cheavens, Feldman, Woodward, & Snyder, 2006; Yalom, 2005), and children with anxiety often lack a positive outlook. Hope can prevent total despair, which is important for any child who is experiencing suffering.

Fairy tales illustrate seemingly impossible odds and still consistently manage to end with contentment (Bettelheim, 1989). Before reaching this contentment, the central character often meets hardships and may undergo transformation, but the ultimate result is contentment. This inspires and reinforces the belief that all of life's despairs are possible to get through and survive. The fantastical or fearsome events experienced in fairy tales

> . . .strengthen the child for meeting the vagaries of life. Though working with
> fairy tales will not change the condition of the world the child lives in, it can
> change the child's view and understanding of that world and the role they play in
> it. Without such encouraging conclusions, the child, after listening to the story,
> would feel that there is indeed no hope of extricating himself from the despairs of
> his life. (Bettelheim, p.144)

As children see characters facing their fears and changing as a result, they too can begin to transform their own internal world.

More specifically, the endings of fairy tales often present a resolution of the anxiety which occurred within the story. For example, separation anxiety is often eased by reunions with parental figures, or in the founding of a satisfying personal relationship

(Bettelheim, 1989). Again, this encourages children to believe that anxieties can be survived and that solutions can be found. In the end, fairy tales provide an appropriate balance for children with anxiety; they present relevant themes while simultaneously giving the child hope for resolution and change.

In his work, Scheff (1979) described the key to establishing appropriate aesthetic distance in therapy in order to achieve catharsis. He stated that it is necessary to provide the client with "a balance of distressful and reassuring stimuli" (p. 66). Fairy tales have both distressful content (themes of anxiety) and reassuring content ("happy" endings) for children with anxiety. Fairy tales have the potential to establish the aesthetic distance that Scheff referred to in his work.

Fairy Tale Structure

While fairy tale themes help children with anxiety to become emotionally involved in fairy tales, the structure of fairy tales helps to create emotional distance. Fairy tales have a very predictable structure. While different researchers and theorists have described the structured pattern of fairy tales with slight variations, there is general agreement that there is consistent format for most fairy tales (Brun et al. 1993; Bettelheim, 1989; Holbek, 1987; von Franz, 1996). However, exact depictions of this structure vary and seem to be dependent on each author's definition of fairy tales.

Children who are familiar with fairy tales come to expect them to follow a certain format. Children expect that within the story the protagonist will experience challenges and hardships (ranging from direct encounters with enemies, to the experience of loneliness), the protagonist will face the challenges and hardships, and the protagonist will emerge content (Wardetzky, 1990). Children seem to have an intuitive understanding

of this structure. When asked to construct a fairy tale of their own, children who are familiar with fairy tales will follow this basic structure (Wardetzky). When children work with a new fairy tale, they are able to predict (unconsciously) the overall structure that the story will have; they are unconsciously aware that the protagonist in the story will be content in the end (Bettelheim, 1989).

In working with children with anxiety in psychotherapy, structure is very important. Structure establishes safety. Children with anxiety often seek out or create structure (including rituals) as self-developed coping strategies for dealing with their anxiety (Evans, Gray, & Leckman, 1999). As such, work with fairy tales seems more appropriate for children with anxiety than some other forms of drama therapy involving more spontaneity. Still, it should be pointed out that there is room for spontaneity within fairy tales when they are used in drama therapy (Duggan & Grainger, 1997). When engaging with fairy tales through enactments or role-play, children are constantly faced with choices as to which characters to play, what lines of dialogue to speak, and what emotions to express. Work with fairy tales, while structured, still requires the client to be somewhat spontaneous.

Structure is also important for catharsis. Scheff (1979) explained the importance of such structure in discussing cathartic reactions of audience members witnessing theatrical drama. He explained that, in viewing any drama, the audience's foreknowledge of the action is important in that "the effects of even the most distressing events are moderated" (p. 163). Scheff acknowledged that, if the audience had knowledge of the structure of the drama in advance of witnessing it, then this knowledge would create more distance from the fictional presentation. In work with fairy tales for children with

anxiety, the children are already familiar with the fairy tale (or at least, they should be prior to character and role-play work). Because children know the worst that is going to happen, they will not be overwhelmed by anticipatory anxiety when engaging with fairy tales. The predictable structure of fairy tales holds the children at a safe distance from the material and prevents them from getting overly emotionally involved. By balancing emotional distance, aesthetic distance can be achieved.

Simplistic nature.

The structure of fairy tales is also important specifically for children between the ages of 7 and 11. Fairy tales meet children where they are at developmentally. While many forms of psychotherapy often attempt to work with and understand children from an adult frame of reference (Bettelheim, 1989; Cartwright-Hatton, 2006), fairy tales work with frames of reference that children can fully comprehend. In fairy tales, actions and events are presented in a straightforward manner, with little unnecessary elaboration. Bettelheim (1989) explained that fairy tales simplify all situations so that all characters and dilemmas are accessible to children. Bettelheim elaborated, saying:

> The child views existential dangers not objectively, but fantastically exaggerated in line with his immature dread—for example, personified as a child-devouring witch. 'Hansel and Gretel' encourages the child to explore on his own the figments of his anxious imagination, because such fairy tales give him confidence that he can master not only the real dangers which his parents told him about, but even those vastly exaggerated ones which he fears exist. (p. 166)

Fairy tales address the concerns roused in emotionally and cognitively developing children who do not yet have the ability to identify and express their problems and feelings (at least, not in a way that adults can fully comprehend).

By framing the material in a way that children can understand, children are more likely to become emotionally engaged with the material and feel a connectedness to that material. The simple nature of the frame and structure also reassures children that they can understand what is going on and that they are safe. Knowing that they have a solid understanding of their surroundings, children with anxiety are more likely to relax and engage with the material, which will help make catharsis possible.

Action and enactment potential.

Children do not perceive and experience their world in the same way that adults do. Bettelheim (1989) stated that, for a child, action takes the place of understanding. For the typically developing child, it is impossible to *completely* understand emotions prior to puberty. Though children often explain their actions and emotions using adult language, this does not mean that children are capable of the same abstract understanding of emotions that adults have. The child understands and *experiences* emotion differently, as impulses to action.

According to Bettelheim's (1977) theory, children do not think in terms of emotions. For example, children would not reason: "I'm so angry that I'm going to hit you," but simply "I'm going to hit you." The emotions linked with the actions are not part of children's conscious thoughts, any such connections would happen unconsciously. Fairy tales are appropriate for children since they focus on action, not emotion.

Both Bettelheim (1989) and Brun et al.(1993) pointed out that fairy tales do not directly deal with feelings, but instead deal with objects and actions. Fairy tales often outline what happens to characters and how they react through action, but there is little emphasis on the feeling states of the characters. Fairy tales are action oriented, and as such, they can easily be used in enactments in drama therapy.

Action is also appropriate specifically for children with anxiety. As mentioned earlier, when someone is experiencing anxiety, the sympathetic nervous system is activated (Csóti, 2003; deCatanzaro, 1999), and the mind and body are prepared to respond to dangerous stimuli. Drama therapy activities using the body embrace the physical readiness of the body and provide an outlet for nervous energy. Through the engagement of the body, energy is channeled and utilized.

Though it may be beneficial for the child with anxiety to simply have a fairy tale read to them (Crain et al., 1983), by adding a physical component, such as embodiment or enactment in drama therapy, the child has more control over the action of the fairy tale; the client becomes less passive and more involved in the process. The acting out of fairy tales is very common in children's play (Bettelheim, 1989), so for most children, the enactment of fairy tales is not an anxiety provoking activity.

While overall, the structure of fairy tales helps provide distance for children with anxiety, the simple, yet action oriented nature of this structure can fully engage children, and help to create the desired aesthetic distance.

Fairy Tale Fictional Reality

The fictional nature of fairy tales also helps distance clients from their own psychological material. For children working with fairy tales, distance is usually

established within the very first sentence of the story. The typical, "Once upon a time in a land far away," immediately separates the story from the readers' everyday experienced reality. Because the story is set in a time and place far different from that of any child, there is little danger of typically developing children confusing the story with their own reality (Bettelheim, 1989). Simultaneously, the established distance does not take away from the emotional connection children may experience with the story. As Bettelheim explained, "the child intuitively comprehends that although these stories are *unreal*, they are not *untrue*" (p. 73).

Though Scheff (1979) did not elaborate on the relationship between fictional reality and catharsis, he did briefly discuss how cathartic inducing stimuli need not be realistic in nature. In discussing the potential for catharsis in the television viewer, Scheff and Bushnell (1984) explained that "the highly stylized violence in comedy or cartoons is much more likely to have a cathartic effect than realistic violence, being more akin to anger recollected in tranquility than realistic violence" (p. 240). Cartoons provide a better vehicle for catharsis because they are not as close to traumatic reality; they provide the viewer with the distance necessary to experience catharsis.

Fairy tales can be viewed in a similar light. Fairy tales are not realistic representations of reality. They contain elements of fantasy and fiction. Nevertheless, anxieties can be worked through within fairy tales. As demonstrated, fairy tales often deal with themes of anxiety, but they do not approach these anxieties directly. Anxieties remain at a distance in the fictional world.

Drama therapy often provides a way for clients to connect with their emotions indirectly (Duggan & Grainger, 1997), and fairy tales have similar potential. Fairy tales

provide distance because they deal with material in metaphor; fears and anxieties are often dealt with symbolically. Though the story itself is fantastical, children can still empathize with the central themes of the story. Children experience *identification* with the emotional content of the story. Through this process of identification, they are actually identifying their own emotional material which they have projected onto the story. Fairy tales do not describe the psychological or emotional state of mind of the characters (Bettelheim, 1989), thus, detailed understanding of the emotional and psychological state of the characters must come from the reader or client.

In working through metaphor, drama therapy is often more distant than other forms of therapy (Duggan & Grainger, 1997). Specifically, working with fairy tales in drama therapy provides clients with an inherent distance from the material they are working with; they can provide just the right amount of distance such that aesthetic distance can be achieved.

Balance within Fairy Tales in Drama Therapy

It would seem that fairy tales are well balanced overall. They provide opportunities for emotional involvement and distance for children with anxiety. In a way, fairy tales also model psychological balance. Fairy tales demonstrate that there is evil in the world. Fairy tales demonstrate violence, and the infliction of pain and suffering. However, every presentation of evil is balanced with a presentation of good. Many tales contain both good and evil fairies as secondary characters. Such characters often help to both create and resolve conflict. An example of this can be found in "Sleeping Beauty" (Grimm & Grimm, 2005). To children, these characters are an acknowledgement of both the danger and the safety they see in the world (a witch may represent children's views of

their mother as evil, while other aspects of the story or characters in the story, such as a fairy godmother, may balance this by representing nurturance).

Such representations of balance make it easier for children to explore conflicting feelings within themselves. Children with anxiety, and to some degree all children, often experience emotions which they might not feel comfortable expressing directly, or they might not be able to express them directly. Children often experience anger (even hatred) towards parents, but they may fear expressing this. Through the exploration of fairy tales, children may experience, express, and explore these emotions through the guise of interactions with ogres and witches. Children may then emerge from the experience unconcerned about the ramifications of such experiences on their own life. The exploration of fairy tales can leave children feeling internally balanced.

Fairy tales present readers and explorers with a balance of positive and negative experiences, and a balance of good and evil characters and events. This balance helps establish an appropriate aesthetic distance for the child with anxiety, making catharsis possible.

Where is Catharsis Found?

Catharsis, if it happens, will be different for each person and triggered by slightly different events. In drama therapy, when working with fairy tales with children with anxiety, catharsis is *likely* to occur when children take on a role or character. While in role, clients become both participant and observer. If the client is emotionally involved in the fairy tale (which is likely for children with anxiety), an aesthetic distance is easily established. In enacting a fairy tale, children have prescribed roles and know what is expected of them in the fictional reality. Within the enactment, children can choose what

points to emphasize or ignore, which characters to include, and what dialogue to speak (if any). Children experience a balance of freedom and structure within the enactment of fairy tales.

When it occurs, catharsis can be found within these enactments. At an aesthetic distance, with a perfect balance between thinking and feeling, clients may experience catharsis. Through this expression of emotion, clients will emerge from the experience feeling relieved, and have a new understanding (though perhaps not a conscious understanding) of the material they explored.

Landy (1986) also suggested that catharsis can occur through enactments. However, Landy described catharsis as the "recognition of a psychological paradox," and to achieve catharsis in Scheff's (1979) terms, such an overt understanding is not necessary. Children are not necessarily capable of reaching an understanding in the same way that Landy describes as being necessary for catharsis. In fact, such overt recognitions of psychological material could be overwhelming and could trigger more anxiety in children.

Catharsis will not necessarily happen when working with fairy tales, but the potential is there for it to happen. Catharsis is what happens when there is a balance: a balance between safety and danger (Duggan & Grainger, 1997; Jennings et al., 1994, Scheff, 1979), a balance between thinking and feeling (Scheff & Bushnell, 1984), a balance between spontaneity and structure (May, 1975), and a balance between structure and freedom (Duggan & Grainger). The themes, structure, and fictional reality of fairy tales make this balance possible. Bettelheim (1989) described fairy tales as being the "impetus" for catharsis (p. 88), and to a point this is correct. Whether or not catharsis

occurs depends on the connection children feel to the process, and their willingness to invest in the experience (Duggan & Grainger, 1997). As with many other forms of therapy, investment in the process is required for personal growth and catharsis (Wampold, 2001).

The Role of Catharsis

Scheff (1979) believed that catharsis is necessary for therapeutic change, implying that catharsis somehow plays a role in the therapeutic change process. Therapeutic goals for children with anxiety often include finding relief from anxiety or finding appropriate coping mechanisms for anxiety (Kendall, 1997). What role, then, does catharsis play in the drama therapy process when fairy tales are being used with children with anxiety? When catharsis occurs, it actually plays multiple roles: Catharsis facilitates and organizes the expression of emotion, relieves anxiety, and brings children a new understanding of their anxieties.

Channeling Emotion

In fairy tales, catharsis can organize and facilitate the expression of emotion. Scheff (1979) gave an appropriate example of this when he discussed the cathartic experience of witnessing a play. When a play contains themes that an audience connects with, they identify with the content of the play and simultaneously increase their self-awareness. Specific themes may then evoke specific emotions within the audience. Themes of loss and separation could evoke grief, scenes of danger could evoke fear, scenes of shame and humiliation could evoke embarrassment, and scenes of injustice and frustration could evoke anger. Emotions are roused, and they are then experienced as

catharsis; emotions are discharged and subsequently do *not* cause distress. The emotions are evoked by the fiction, and then channeled by catharsis.

Fairy tales, as mentioned, contain many relevant themes for children with anxiety. If children are emotionally roused by these themes, catharsis is what channels and discharges the evoked emotions. Still, whether or not this actually occurs depends on the children's involvement in the process (Duggan & Grainger, 1997). When arousal does occur, catharsis serves to discharge the emotions that are roused by the themes of the fairy tale.

In drama therapy for children with anxiety, catharsis plays the role of organizer and facilitator of the expression of emotion. As Watson (1994) pointed out, catharsis helps "to organize unfocussed emotions and express them in a harmless way" (p. 34). For children with anxiety, who are frequently limited in their spontaneity (Chazan, 2002), catharsis in drama therapy may result in the discovery of different ways of expressing themselves emotionally. This can be discovered through the enactment of fairy tales, where they can express emotions as a character in the enactment.

Relieving Anxiety

Catharsis plays a calming role for children with anxiety. It has been demonstrated that fairy tales on their own have a calming effect on children (Crain et al., 1983; Lubetsky, 1988). Catharsis facilitates this calming process and reduces anxiety.

How the calming process occurs is largely dependent on the way in which fairy tales are used in the therapy. If fairy tales are read to children, they may experience partial passive catharsis, similar to Moreno's (1985) theory of partial catharsis, and also resembling Aristotle's (1967) construct of catharsis in which the audience experiences

the purgation of emotion as a result of witnessing a performance. While catharsis experienced as a result of listening to a story would not be the same as the experience of catharsis outlined by Scheff (1979), fairy tales can still have a calming effect.

Scheff's (1979) theory explicitly stated that anxiety is one of the key emotions that can be discharged and released by catharsis. As already mentioned, catharsis is a natural process, and Scheff seemed to believe that it is a healthy way to relieve anxiety; however, he also pointed out that, as a result of societal norms, people are often prevented from experiencing such a release outside of psychotherapeutic settings. For example, some children are discouraged from crying, while others are discouraged from expressing anger. Scheff believed that in Western society, people learn that the expression of emotion will not be looked upon favourably, so people defensively learn not to express emotional distress. Catharsis serves as a natural release from the pent-up anxieties of everyday life. Therapy provides a place where it is safe and permissible to experience and express these emotions (note that this does *not* have to include visible displays of emotion). By expressing what is not normally permissible, Scheff believed that people can essentially purge their built up anxieties.

Note that Scheff (1979) suggested that catharsis might only result in the short-term relief of anxiety. Catharsis is an instinctual process (Scheff & Bushnell, 1984), and catharses automatically resolve themselves when the emotions evoked have been expressed. Emotions subside after catharsis is experienced. Catharsis in and of itself does not prevent anxiety from occurring in the future, but it provides relief from the anxieties of the moment, and relief from anxieties of the past.

As anxiety is a necessary part of life, it cannot and should not be entirely eliminated. Catharsis can potentially relieve anxiety. After one has lived through a cathartic moment with aesthetic distance, one may feel "exhilaration, clarity of thought, [and] outgoingness" (Scheff, 1979, p. 65). While such an experience would be therapeutic for anyone, the subjective feelings of relief are especially valuable for individuals experiencing anxiety.

Understanding Anxiety

This final role which catharsis plays is related to the previously mentioned role of relieving anxiety. Essentially, catharsis helps the cathartic individual understand their own anxiety. This gaining of insight may prevent the post-cathartic individual from becoming unnecessarily anxious in future.

Catharsis clears the mind so that people can feel and think clearly. This cleansing is relates to Aristotle's (1967) notion of catharsis as being both the purgation and purification of the individual. The clearing of the mind makes it possible for people to gain new perspectives and understanding.

In drama therapy work with fairy tales, when children with anxiety experience catharsis, the emotions that are discharged will likely involve feelings of anxiety (especially given the themes of anxiety that are rampant in fairy tales). If the emotions discharged are related to anxiety, the new understanding children gain will also be related to anxiety.

Fairy tales provide an examination and reflection of the human experience (Bettelheim, 1977, 1989; Brun et al., 1993; Jones, 2002; von Franz, 1996), and though

fictional, fairy tales provide the opportunity for both personal and profound realizations to be made.

New understanding in children is not quite the same as it is in adults. Children do not have to make direct connections between the fictional reality of the fairy tale and their own daily experienced reality in order to gain valuable insights. Children are capable of understanding material, in this case, anxiety issues, at an unconscious level (Bettelheim, 1989).

The end of the catharsis is not necessarily the end of the learning experience. Catharsis awakens the mind and it can be the first step on a journey of self-exploration which can lead to increased self-understanding in post-cathartic children (Nichols & Zax, 1977).

The most valuable role catharsis plays is helping children with anxiety understand their own anxieties and psychological dilemmas. While it can feel pleasant to express emotion and relieve momentary anxiety, the learning and understanding that children can gain from catharsis can have a lifelong influence on them. In children, this gaining of understanding need not be sophisticated cognitions; children may simply learn more about how they feel. Such information is invaluable to any individual.

Conclusion

Anxiety is a serious problem that many children deal with on a daily basis. As there are few developmentally appropriate interventions designed specifically for children with anxiety (Cartwright-Hatton, 2006), fairy tales may be appropriate psychotherapeutic tools to be used with this population. Fairy tales can provide children with anxiety with hope, validation, distance, and structure. Fairy tales are also

developmentally appropriate for, and can hold the general interest of, children between the ages of 7 and 11.

It is the position of this research paper that while catharsis may bring about therapeutic change, catharsis is not necessary in order for therapeutic change to occur. It is possible to gain insight into, or find relief from, psychological difficulties without experiencing catharsis. Therefore, it is possible for children with anxiety to lessen their anxiety, or learn to cope with their anxieties, without experiencing catharsis.

Work with fairy tales can result in positive changes in the lives of children with anxiety even if catharsis is not achieved (Bouzoukis, 1999; 2000; Lubetsky, 1988). Catharsis *can* occur when fairy tales are used as interventions for children with anxiety, but catharsis does not necessarily occur. Fairy tales used in drama therapy can provide all of the necessary conditions for catharsis to occur. When it does occur, catharsis is therapeutic, but catharsis is not the only therapeutic component in work with fairy tales or in psychotherapy (Dieckmann, 1997; Franks & Frainkel, 1991; Lubetsky, 1988).

Catharsis will occur if an aesthetic distance is established and if the client is emotionally invested in the process. Catharsis is a balance between thinking and feeling, and fairy tales provide the structure and appropriate content to make this balance possible (Brun et al., 1993). Fairy tales used in drama therapy for children with anxiety provide the opportunity for catharsis to occur. The themes and structure of fairy tales seem to balance emotional distance, making aesthetic distance a reality and catharsis a possibility.

Catharsis is not necessary for therapeutic change, but when it does occur it is therapeutic. When catharsis occurs it can channel emotion, relieve anxiety, and bring children a new understanding of their anxiety. Catharsis can be a valuable therapeutic

process. When catharsis does happen, it clears the mind and brings about feelings of relief, which to some extent is the antithesis of anxiety itself.

Catharsis cannot be forced. While catharsis itself is not dangerous, unsuccessful attempts to achieve catharsis can be potentially traumatic. It is the therapist's responsibility to ensure that clients are safe at all times; Scheff (1979) believed that the safety of clients can be maintained if they sustain an aesthetic distance.

Catharsis should *not* be a therapeutic goal for children with anxiety. It is a therapeutic process, but it is not the only appropriate therapeutic construct that should be focused on. Work with fairy tales, the experience of catharsis, or the experience of catharsis *while* working with fairy tales, may help children relieve some anxiety and gain insight; however, this process will not meet all the needs of all children. Outside of the therapy room, children will be influenced by multiple sources that will either increase or decrease the likelihood that they will continue to experience anxiety (Shirk, Talmi, & Olds, 2000). Where appropriate, therapists should attempt to uncover possible sources of stress, and perhaps suggest other additional forms of therapy which will meet more of the needs of the children.

Psychological challenges, such as anxiety, are complex. Hopefully future research will further illuminate the interconnections between anxiety, catharsis, fairy tales, and drama therapy.

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