*IS THAT ALL THERE IS?* EXPLORING JUNG’S ACTIVE IMAGINATION THROUGH ROLE IN DRAMA THERAPY

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

June 30th, 2018

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**CONCORDIA UNIVERSITY**

School of Graduate Studies

This research paper prepared

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Entitled: *Is that all there is?* Exploring Jung’s active imagination through role in Drama Therapy

and submitted in partial fulfilment of the requirements of the degree of

**Master of Arts (Creative Arts Therapies; Drama Therapy Option)**

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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*June, 2018*

**ABSTRACT**

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This theoretical inquiry explores the potential relationship between Carl Jung’s technique of active imagination and the use of role in drama therapy. Jungian psychology and drama therapy are first familiarized through identifying what sets each apart from other therapeutic modes, and proceeds to explore how both active imagination and role can be understood as tools that allow for explorations into the principles contained within their respective therapeutic paradigms. Efforts are then made to see both the similarities and differences between the techniques, both in how they operate and what their intentions serve. As such, the goal of this research is ultimately to offer new clinical knowledge for drama therapists interested in how Jungian concepts and techniques might be applied in the practice of drama therapy. This paper can therefore be used to further research in the application of Jungian concepts, theory, and techniques in the field of drama therapy.

**ACKNOWLEDGMENTS**

For my parents, Greg and Susan Griffiths who, of course, I have every reason to thank for any achievement I could ever realize. For my Eva, for everything. For Yehudit Silverman’s grounding presence throughout this undertaking, and for the creative process itself –without which none of my efforts on this path could be realized.

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**Chapter 1. Introduction**

For some individuals, there exists a need to strive toward meaning-making that exists outside of what is typically seen and known. A *raison* *d'être*, a reason to be, a reason *of* being. Some consider such preoccupations a distraction —an irrelevant means of understanding, a futile effort of inquiry. Perhaps we can then suggest, for the sake of argument, that individuals can be divided into two distinct groupings; one that finds their understanding in the apparent, in the actual, and the other who seeks explanation from behind the veil of the concrete, from more implicit influences. As such, psychology’s study of mental processes contains these two distinctive areas of interest, comprised of therapeutic modes which seek to engage with the unknown, while others commit themselves to studies in more behavioural and substantiated sciences. This paper will engage with the former, exploring how one might access the unknown, specifically through Jungian theories of the unconscious. Through an analysis of Jung’s technique of active imagination, this theoretical inquiry will offer an examination of how this tool is used to engage with the unconscious as a means of psychological growth.

The transferability of this technique will then be considered through another therapeutic modality –drama therapy. Through the concept of role, this aspect of drama therapy will be defined so to understand when and when not role is used to engage with unconscious psychological factors. Through this analysis, an understanding of when role-work in drama therapy, and Jung’s technique of active imagination, do and do not overlap in both their intention and application.

**Chapter 2. Methodology**

**Rationale of Method**

The theoretical research method - specifically the historical-documentary frame - best suits this inquiry as this method is defined as the attempt to bring together two disciplines in a way that has yet to be suggested. This echoes the rational according to the *Art Therapy & Drama Therapy Research Handbook* (2015), which states that theoretical methodologies work in “delineating interrelationships between various fields in a historical context” (p. 7). This method permits the proposed research question to be explored, allowing all an initial connection to be made —establishing “links between theory, research and practice” (p. 7). This research frame speaks to how the interrelationship of the data must first be theoretically suggested before it can be therapeutically applied.

**Ethical Considerations and Bias**

Brinkmann and Kvale (2008) suggest to their readers to investigate the impact of stepping into their research: “there is always an ethical why in research, related to the ends of the research activity… who gains (if anyone) and who loses (if anyone) as a result of the investigation?” (p. 265). The theoretical nature of this research restricts its impact, as it is only able to suggest potential meaning based on the analysis of the data. This mitigates the risk or harm more commonly encountered in other research methodologies which may incorporate the use of participants. However, ethical considerations remain in the bias of meaning-making inherent in selective data collection and analysis. I must therefore disclose my subjective interest in making a valuable link between active imagination and the use of role in drama therapy, as it is my wish to create a resource that is meaningful for drama therapists interested in integrating Jungian theory and practices into their work. There is, therefore, a hopeful assumption that the findings of this research will hold relevancy to the field of drama therapy. I am aware that this bias is difficult to account for or audit, and hope that the transparency of my intention can bring credit to the efforts made in this paper. Confounding data that speaks to the limitations between active imagination and its connection to drama therapy’s use of role will be included to offer a critical and objective scope to attend to this bias.

**Data Collection/ Analysis**

Junge and Linesch (1993) state that in a theoretical inquiry - such as the one this paper pursues - the “theory is the data” (p. 66). This research will therefore first offer an extensive literature review of both Jungian theory and of role’s use in drama therapy, allowing the discussion that follows to be as well-informed as possible. Definitions will be triangulated and operationalized through this review of literature, and inferences of potential links will be synthesized from there in the discussion.

Regarding the literature review, since the primary sources of Jung offer inconsistent definitions of terms, this research will also triangulate definitions through secondary sources of more contemporary Jungian theorists. This approach offers useful clarity and conciseness, especially in defining the concept and application of active imagination. This effort seeks to create a *thick* definition of active imagination, which Brinkmann and Kvale (2008) define in qualitative research as “the ability to understand the contextual and relational features of the phenomena we are concerned with” (p. 276). The development of a thick definition of active imagination will strengthen the transferability of the data, in hopes that its analysis in relation to role in drama therapy can offer relevance to the drama therapy field, which fundamentally, is the goal of this research. As such, the writer has included data from both Jungian analysts and Jungian-oriented therapists, with the conscious intent to show that those without a complete formal training through Jung can also work with and appreciate his techniques and concepts. This is to show the potential accessibility of active imagination, illustrating to drama therapists that they too can weave together Jungian principles into their practice if they remain respectful and attentive to their confidence and efficacy in the approach. Limitations of the accessibility of Jung’s active imagination will also be included, to again account for the bias of this hopeful outcome.

The literature review of role’s use in drama therapy will also be a triangulation of different sources and approaches from several drama therapists, to account for the variation of how this concept is theorized and worked with in the field. The data collected will speak to both when and when not it may coincide with active imagination —to map confounding variables to offer the most reflexive and objective discussion possible.

**Procedure**

The procedure of data collection was as follows. The writer (a) read the resources from both Carl Jung and Jungian theorists and clinicians that spoke to the concept and technique of active imagination; (b) read resources from drama therapy that theorized the use of role in the field; (c) proceeded to read case examples that described both the use of active imagination in various therapeutic disciplines, and the various uses of role in drama therapy, so to identify similarities and differences between them; (d) read about the limitations of active imagination in practice. The resources used were divided between published texts and peer reviewed articles found on PsycARTICLES, ProQuest, and PsycInfo databases. The same key terms of: *active imagination*, *role in drama therapy*, *depth psychology*, and *the unconscious* were used throughout the data collection so to strengthen the dependability of the research, as the resulting data could be replicated by other researchers who use the same search criteria. The online data was stored on the software Mendeley, and were organized according to the two disciplines.

**Possible Conclusions**

As previously stated, it is my hope that this research will suggest a relevant and meaningful connection between active imagination and role in drama therapy. My aspiration is to see the potential ability drama therapy might have to explore the ineffable parts of human nature that Jung explored through his technique of active imagination. Despite this intention, I remain open to the possible conclusion that there may be no significant relation between the two fields. Since applying the suggested findings in a clinical setting goes beyond the scope of the theoretical methodology, the discussion and conclusions of this paper will remain hypothetical.

**Chapter 3. The Mark of Depth Psychology**

**Depth Psychology’s Epoch**

To begin, it is first necessary to define and situate depth psychology, and identify Jung’s uniqueness within it. Before the end of the nineteenth century, psychology’s focus was mostly directed toward the actions of the conscious mind (Goldbrunner, 1966). A perceptual shift however, took place through the efforts of Austrian neurologist Sigmund Freud. Through his clinical work, he began to identify that “there is a life of the soul that cannot be explained by the contents of consciousness” (Goldbrunner, 1966, p. 3), thus founding the field of psychoanalysis.

Carl Jung was early in his practice as a psychiatrist at the time, and the two began a meaningful correspondence that blossomed into a working relationship at the beginning of the twentieth century (Jung, 1963/1989). Together, they explored and elaborated on ideas surrounding how the unconscious might be shaping our conscious drives and motivations (Mattoon, 2005). Jungian analyst June Singer defines this correlating relationship between the interests of Freud and Jung as the “means of systematically drawing upon the resources of the unconscious and progressively integrating these contents into consciousness; at the same time letting go of the contents, attitudes, modes of behavior, that are no longer necessary or desirable” (1973, p. 12). Therapists who orient their practice toward these unconscious factors typically situate their work within the field of *depth psychology* –a field of psychology focused on unconscious process (Goldbrunner, 1966). Ira Progoff, who studied with Jung, defines depth psychology by “its emphasis upon searching out those factors that are active beneath the surface of behavior. It is especially interested in what has been called the *unconscious*” (1969, p. 5).

**The Splitting of Jung & Freud- the Splitting of the Unconscious**

By 1913, differences in their understanding of the contents of the unconscious were becoming apparent, as “the unconscious, it seemed to Jung, consisted of two parts or layers” (Hopcke, 1999, p, 14). Jung began conceptualizing these two parts as two distinct but interacting layers –the *personal* and *collective unconscious*. The personal unconscious, remained similar to Freud’s understanding in that it contained “the memories of everything that an individual had experienced, thought, felt, or known but now was no longer held in active awareness, whether through defensive repression or because of simple forgetting” (Hopcke, 1999, p. 14).

Jung devoted his life’s work to understanding the idea of this unifying unconscious –one that contains “the ultimate psychic source of power, wholeness, and inner transformation” (Hopcke, 1999, p. 14). Jung’s efforts brought him to consider this second, collective layer as the realm of the *archetype*, which he understood as “patterns of psychic perception and understanding common to all human beings as members of the human race” (Hopcke, 1999, p. 13). This unifying layer exists outside of conscious awareness of the ego, allowing archetypes to “function autonomously, almost as forces of nature, organizing human experience for the individual in particular ways without regard to the constructive or destructive consequences to the individual life” (Hopcke, 1999, pp. 15-16).

It can be said, therefore, that Jungian depth psychology renders itself unique through the understanding that archetypes, outside of conscious understanding, have an impact on the drives and motivations of our conscious actions. In this way, Jungian depth psychology can be defined through its “attempts to bring the content of the archetypes into conscious awareness and establish a relationship between one’s conscious life and the archetypal level of human existence” (Hopcke, 1999, p. 16).

**Chapter 4. Symbol: Jung’s Language**

*“He saw that each man’s consciousness emerges like an island from the great sea in which all find their base, with the rim of wet sand encircling each island corresponding to the ‘personal unconscious.’ But it is the collective unconscious- that sea- that is the birthplace of all consciousness, and from there the old ideas arise anew, and their connections with contemporary situations are initiated.”*

–June Singer, *Boundaries of the Soul*, 1972

After considering how Jung’s work in depth psychology had taken an alternative trajectory from those of his psychoanalytic contemporaries, understanding how Jung took to understanding both layers of the unconscious is paramount in understanding the relevance of his active imagination technique.

Because he theorized that archetypes were beyond the conscious awareness of the *ego*, his work made strides to recognize the impact of such archetypes through representational means. In Jungian terms, the ego can be defined as “the center of consciousness– initiator, director and observer of one’s conscious experiences” (Mattoon, 2005, p. 19). Hopcke (1999) defines this Jungian concept as “how one sees oneself, along with the conscious and unconscious feelings that accompany that view… the ego represents the very hard-won self-awareness that makes us human” (Hopcke, 1999, p. 79). Under these parameters, it is important to note that our conscious ego awareness is influenced by the unconscious feelings related to it, but largely remain unknown to the ego’s perceptual limitations.

Jung believed that although severed from direct access, the conscious ego has the ability to experience hints and fragments of the unconscious through the use of *symbols*, which for Jung, is the language of the unconscious (Neumann, 1989). For Jung, symbolism acts as “*the best possible representation of something that cannot be fully known*” (Hopcke, 1999, p. 29).Shaun McNiff (1989) defines symbols as “images which refer to something other than themselves… it suggests both personal and universal meanings” (p. 52). It is therefore necessary to keep in mind that the symbol is never identical to the archetype it might represent: “the archetype is the psychic mold of experience, while the symbol is its particular manifestation… our capacity for transcending our consciousness” (Hopcke, 1999, p. 29). Jung devoted much of his life to symbolic creation and meaning-making, both in his self-analysis and his work with his patients, which included his work through active imagination (Jung, 1970, 2009).

In pursuit of demonstrating the various ways such symbolism can be employed in therapy, Jung initially worked through interpretations of dream series. Dream interpretation is by no means unique to Jungian analysis, as Freud was equally invested in psychoanalytic investigations of sleeping states (Singer, 1975). A distinction is blatant when considering Jung’s focus was on archetypal symbols, contrary to Freud’s approach which was grounded in the premise that the central driving force in human motivation is mainly the libido and sexual drives (Jung, 1963/1989). Jung’s analysis of dreams, and his overall assessment of symptoms were not “from the point of view of determining where it came from, why it got started, and how it worked, as he perceived that Freud had done. Jung also wanted to know where the symptoms might be leading the patient, that is, what unconscious purpose might be operating” (Singer, 1975, pp. 30-31).

This schism between Freud and Jung acknowledges a more forward-focused engagement in Jung’s relationship to the unconscious –as his work sought to understand both how the unconscious might be inducing symptoms, while believing it also contained the insights to guide us out of them (Fordham, 1985). This active and animated momentum of locating, isolating, extracting, and working-through unconscious symbols catalyzed the necessary spark needed to ignite his technique of *active imagination*. Unlike dreaming, Jung’s active imagination is not a passive receiving of unconscious symbols; rather, it intends “to straddle the border between passive, receptive awareness of inner unconscious material and active, elective responding to this material in whatever form” (Hopcke, 1999, p. 34).

Similar to the way in which Jung and Freud’s interpretation of dreams diverge, Schaverien (2005) considers active imagination as a departure from Freud’s free association technique. Free association is the Freudian process through which “the patient is asked to observe and report his thoughts but to refrain from selecting material” (p. 130). In active imagination, however, Jung calls for the active engagement of the conscious mind, as its intentional interaction with the unconscious material is paramount (Chodorow, 1997). It is a technique that remained central to Jung’s core intention of calling forth the unconscious into conscious awareness, and is the tool that is, in part, the subject of this research (Jung, 1955/1970).

**Chapter 5. Active Imagination: Jung’s Tool**

*“Creative man is distinguished by a heightened tension between the conscious mind and*

*the unconscious.”*

–Enrich Neumann, *The Place of Creation*, 1989

**The Beginnings**

How Jung came to use this technique is seemingly undisputed among Jungian theorists, as his writing in *Memories, Dreams, Reflections* (1963/1989), published just after his death, clearly details his initial development of the method. After Jung’s split - both personally and professionally- with Freud in 1913, Jung fell into a period of crisis, uncertainty, and intense inner tension, and took to self-analysis in search of understanding (Fordham, 1977). He writes that dream analysis, as he was habituated to at the time, “could not help me over my feelings of disorientation. On the contrary, I lived as if under constant inner pressure” (Jung, 1963/1989, p. 173). Lacking direction from his dreams or past memories, he decided to “simply do whatever occurs to me, thus I consciously submitted myself to the impulses of the unconscious” (Jung, 1963/1989, p. 173).

Aimlessly and without premeditation, Jung found himself by a riverside where he began to stack rocks on top of one another, and was suddenly taken by a memory of playing with building blocks as a child –a moment that brought with it associations of deep emotional resonance (Fordham, 1977). Jung (1963/1989) reflected that “this moment was a turning point in my fate… there was nothing to be done except play childish games” (p. 173). Steward and Chodorow (2000) describe this initial engagement with what he would later refer to as active imagination, as Jung’s “most important discovery… it proved to be his personal salvation, and it provided him with the prima materia for a lifetime of study and research” (p. 43). It is perhaps advantageous to qualify any one thing as Jung’s most important discovery, but there remains a valid claim in that active imagination is what brought Jung out of his period of crisis and deep confusion after ending his working relationship with Freud. Steward and Chodorow posit that this initial moment by the riverside lead Jung “to play as a child might, and then to make paintings of the images that arose, and finally to have interactive conversations with imaginary individuals, just as children address their imaginary or symbolic companions in childhood” (p. 43).

The incredible depths integral to his formulation of active symbolic engagement excavated from this period of intense self-analysis were later published - in all its magnificent contribution to his legacy - as *The Red Book* (2009), which wove together manuscripts from this experience and his later reflections of it. Jung emerged from this episode of dark turmoil and psychological suffering utterly transformed –this radical change a product of having worked through what was arguably a psychotic state by engaging in a creative process (Jung, 1963/1989). From this work, he developed his own theoretical understanding of the unconscious, galvanizing it into such components as: the shadow, the anima and animus, complexes, and Self archetype (Jung, 1963/1989, 2009). The details of these discoveries is beyond the scope and intention of this research, yet what remains essential is that Jung emerged from this active imagination process with his own unique understanding of meaning and purpose –the process of *individuation* (Hall, 1986).

**Individuation: Jung’s Objective**

Jung proceeded to further develop, write, and explore his unconscious theories, and his core value of individuation, which can be described as “a principle and a process that he understood as underlying all psychic activity” (Hopcke, 1999, p. 63). This process can be defined as coming to terms with oneself –as coming into psychic balance through feeling the wholeness of being, which Jung understood through the *Self archetype* (Fordham, 1985). Goldbrunner (1966) remarks that in the individuation process, “the tensions and opposites fade and alternate, and the Self is born, the goal of individuation. Insoluble problems lose their urgency as a higher and wider interest arises on the horizon. The problems from which one suffers are not solved logically but simply fade out in the face of a new and stronger direction in life” (p. 144). Through Jung’s explorations of active imagination, he was able to discover this sense of purposefulness, offering direction and hope to the experience of suffering. From this, we can claim that individuation, striving for the Self archetype, is a central purpose in one’s life according to Jung, and is aided through techniques such as active imagination.

Jung postulates that individuation is a process that takes place in the second half of life, as June Singer (1973) writes, “while the first part is directed toward achievement, the second part is directed toward integration. Where the first part is directed toward emergence as an individual, the second part is directed toward harmony with the totality of being” (pp. 269-270). Mattoon (2005) however acknowledges that “some Jungians maintain that individuation begins in infancy and continues throughout life. The disparity of opinion seems to be due, in part, to differing definitions of terms” (p. 175). This research wishes to consider that it is perhaps less important *when* active imagination is explored, placing the emphasis instead on *how* it is done, as, in regards to individuation, the “realization of the [S]elf, is the aim of a whole life” (Fordham, 1985, p. 41).

**Active Imagination: Defining the Technique**

Mattoon (2005) takes measures to caution us how difficulties and complications are prone to arise when applying Jungian concepts in clinical practice, due to the way definitions of Jung’s principles have changed and evolved throughout his career, and because his terms are not perfectly fixated, Jung’s conceptualizations can become easily construed. Singer (1973) echoes this concern, arguing “it is understandably hard to get at Jung in any methodical way. And, where “methods” have been devised, they tend to schematize the abstractions at which Jung arrived, without maintaining the vitality of the flesh-and-blood experiences from which his theories were generalized” (xii). How then might active imagination be understood as a clear process? This research will offer some definitions that both compliment and contradict each other, so to develop an inclusive and comprehensive an understanding as critically possible, with the goal of finding the threads that remain intact across various works.

Fordham (1956), both a child psychiatrist and Jungian analyst, highlights the intricacies inherent in the critical conundrum of defining active imagination, and the dangers that follow when its definition is rendered to loose terms or ambiguous terminology. He calls for the use of the term active imagination only when it “means a manifestation of the individuation process” (p. 208). Fordham outlines what for him is a key disparity between active imagination and *imaginative activity*. Through differentiating between a mid-life adult seeking individuation and child’s play he writes:

The play of /children is altogether more plastic; its emphasis is upon the imaginative activity and little, if any, on the active induction of the imagination by the ego… in favorable circumstances, imaginative activity leads to growth of the ego, active imagination to consciousness of the [S]elf. Therefore, each form of imagination leads to different conclusions and to different treatment of the material.” (pp. 207-208)

As noted earlier, Michael Fordham considers individuation - realizing the Self archetype - as an intention held throughout one’s whole life. However, it is important to note his belief that conscious attempts to actively call upon and work toward understanding individuation can only occur in adult development.

Joy Schaverien (2005), a Jungian analyst, also calls for a limiting of the use of the term active imagination, considering that it “is sometimes applied rather uncritically to describe all forms of creative activity that take place in depth psychology. Whilst there are many forms of expression that evoke or are evoked by active imagination, they cannot automatically be classed as active imagination” (p. 127). She emphasizes that active imagination is not dependent on the art form, however, it might occasionally reflect it. For Schaverien, the critical distinction between active imagination and other creative processes is in the focus of the person’s ego. Active imagination is defined through the *conscious* *intention* of the person –meaning “in order to travel this journey a psychological split is necessary; one part of the personality enters into the fantasy material, whilst another observes the process” (p. 129). Like Fordham, Schaverien (2005) also explicates the way imaginative activity and active imagination diverges through considering the former as contained more exclusively in the shallower realm of conscious experience. She asserts that active imagination requires directed attention from the conscious mind and “a suspension of disbelief that permits… unconscious imagery to flow” (p. 131).

Schaverien (2005) does not, however, delineate an age restriction between these two uses of imagination as Fordham does. For her, the difference surfaces in the directed courtesy and active involvement of the conscious ego. In her own clinical practice, Schaverien defines the technique as:

The deliberate lowering of consciousness [that] permits images from the unconscious to rise to the surface and, as these emerge, it may be as if the visualized event is actually taking place… the image generates psychological movement whilst the ego is held in a suspended state. Then, gradually as they are assimilated these images come into relationship with the conscious mind. The protagonist mentally travels from surface to depth and then returns but in an altered state. (p. 131)

In several case examples, Schaverien (2005) describes clients sitting with their eyes closed and speaking to various archetypal symbols that emerged from their unconscious, functioning as a therapeutic intervention to render conscious these otherwise unknown forces.

Mattoon (2005), another Jungian analyst, also defines active imagination by the active induction and participatory effort from the conscious ego, arguing that this is how the process is initiated: “verbal and non-verbal methods are combined when the client starts with a dream image or spontaneous fantasy, watches the image develop and converses with it” (p. 110).

Barbara Hannah (1981), a member of Jung’s original circle of practicing analysts, was guided through active imagination by Jung himself, and later incorporated it into her own clinical practice. She points out very carefully that Jung did not consider himself as having invented the technique, “for active imagination is a form of meditation which has been used, at least from the dawn of history, if not earlier, as a way of learning to know his God or gods” (p. 3). The examples from her own clinical practice shares details similar to Schaverien’s (2005) work, as they both recount conversations between their patients and the archetypal symbols that emerged through the process. Both analysts most often allowed their patients to work through the experience uninterrupted, maintaining a one-on-one encounter with the patient’s conscious mind and the unconscious symbolism that surfaced. Hannah (1981) notes that typically, the initial work of active imagination often fosters an encounter and engagement of symbols representing forgotten aspects contained within the personal unconscious. Following this work, the first personal layer is more “cleared away”, allowing the archetypal symbols from the collective unconscious find their way to the conscious mind that awaits them.

**Active Imagination: Stages of the Process**

Dance/movement therapist and Jungian analyst Joan Chodorow (1997) compiled a complete volume of all Jung’s writing on active imagination, and argues that “all the creative arts psychotherapies (art, dance, music, drama, poetry)… can trace their roots to Jung’s early contribution [of active imagination]” (p. 1). Ergo, the single method of active imagination can be expressed through a plethora of artistic forms. Chodorow compartmentalizes the method into two important stages: first “*letting the unconscious come up*; and second, *coming to terms with the unconscious*” (p. 10).

Chodorow insists the first stage requires an emptying of the conscious mind to create space for the unconscious to surface into a position of exposure and control, while staying curious and active to the experience —acting as an “attentive inner witness” (p. 10). In the first stage, the conscious ego follows behind whichever mood, dream, fantasy, or image that is brought from the unconscious, and non-directivity focuses there. The second stage is then lead by the conscious ego, which actively engages with the emerged material. Chodorow describes that this can proceed as a series of insights that “must be converted into ethical obligation– so to live it in life” (p. 10).

An important distinction must be made here between Chodorow’s (1997) and Mattoon’s (2005) definitions of active imagination. Where Mattoon (2005) begins the process by asking the client to consciously start “with a dream image or spontaneous fantasy” (p. 110), and watch the unconscious develop from there, Chodorow initiates her work through an emptying of the conscious mind, and waits for the unconscious to bring forth the material that will be explored. In other words, Mattoon's methodology requires the patient to conjure a simulation to catalyze the therapeutic process, whereas Chodorow begins the process by subduing conscious activity to stage an invitation for the unconscious to arise and pilot the subject through the following stages. Chodorow acknowledges that each therapist has their unique way to explore these steps, noting that many incorporate additional stages, such as engaging in a ritual before the conscious ego steps into its moral engagement with the unconscious. She reaffirms this sentiment by stating all clinicians using the technique of active imagination must “find their own way” (Chodorow, 1997, p. 11).

What remains important for Chodorow is the crucial task of preventing the subject from becoming stuck in either stage —to not get consumed with the artistic process of the unconsciously-led first stage, nor allow an overly-cognitive working-through of the ego in the second stage. No matter what creative art form active imagination takes, Chodorow calls for “both the aesthetic passion for beauty and the scientific passion to understand. The task is to express both, yet not be consumed by either” (p. 12).

Marie Louise von Franz (1976/2016), trained by Jung, further distills the steps outlined by Chodorow in a beautiful talk given at the Jungian institute of Los Angeles in 1976. Her words emphasize the need for the conscious ego to remain *authentic* in the moral engagement of the second stage. She states that the conscious ego needs to relate with the unconscious material in the way it would typically behave, as clients “should not simply do what the voices tell them to do, nor should they repress the voices as schizophrenic and crazy. That is the ethical confrontation in which one has to have one’s own opinion” (p. 302). Von Franz amplifies the role of authenticity because when one agrees to or promises something to an unconscious symbol that emerges, “it is just the same as if you promise it to a real human being. It counts, and you have to follow through and completely integrate the experience” (p. 303).

Each of these Jungian analysts provide us with some understanding into what makes active imagination unique to other creative processes by defining the stages in the process, and offering clinical examples of what it can look like as a therapeutic technique. Despite some contradicting limitations on when active imagination can be used (Fordham, 1956 & Schaverien, 2005), some chief considerations remain useful to carry forward:

1. Active imagination is contingent upon the intention of the conscious ego, in that it is first required to either quiet or focus itself, so to allow for the unconscious material to flow.
2. The conscious mind must then, without direction, follow the unconscious symbolism and allow it to manifest in shape and significance.
3. The conscious mind must then be prepared to actively engage with said unconscious material, so to participate in a working through that fosters new insights and meaning.

The final words to define active imagination will be left to Jung himself, taken from *Mysterium Coniunctionis* (1955/1970), his last great work written before his death, and his final account of the method. He describes the process as a union of opposites, the conscious and unconscious acting “*symbolically* in the truest sense of the word, doing something that expresses both sides, just as a waterfall visibly mediates between above and below. In an open and unresolved conflict dreams and fantasies occur which, like the waterfall, illustrate the tension and nature of the opposites, and thus prepare the synthesis” (p. 495, par. 705). Through this union, he describes that “a chain of fantasy ideas develops and gradually takes on a dramatic character: the passive process becomes an action” (p. 496, par. 705). He beautifully declares that:

The piece that is being played does not want merely to be watched impartially, it wants to compel his participation. If the observer understands that his own drama is being performed on this inner stage, he cannot remain indifferent to the plot and its dénouement. He will notice, as the actors appear one by one and the plot thickens, that they all have some purposeful relationship to his conscious situation, that he is being addressed be the unconscious, and that *it* causes these fantasy-images to appear before him. He therefore feels compelled, or is encouraged by his analyst, to take part in the play. (p. 496, par. 706)

It is from this reflection, this theatrical call to action from Jung himself, that we turn now to the use of role drama therapy —so to illuminate this method’s place in relation to it.

**Chapter 6. The Mark of Drama Therapy**

*“The metaphor of life as theatre has been so powerful throughout history because so much of human existence concerns a struggle between opposing desires and opposing levels of consciousness.”*

– Robert Landy, *Role Theory and Role Method in Drama Therapy*, 2009

**Drama Therapy’s Epoch**

Similar to the work of Jung, it is important to first situate and define the field of drama therapy, so to locate the use of role within it. Johnson, Pendzik, and Snow (2012) consider that “drama therapy did not evolve as a formal discipline until the 1970s” (p. 7), however, other clinicians cite its origins as less recent; “the emergence of dramatherapy as a specific discipline and as a profession has taken place since the 1930s” (Jones, 2007, p. 44). Theatre and its capacity for healing and therapeutic resolution can most certainly be traced back to much earlier periods than either date –yet it is interesting to note that drama therapy’s development as a modality was born out of the 20th century, placing it in tandem with the unconscious explorations of the psyche attributed to the field of depth psychology.

In defining drama therapy, clinicians also seem varied in their understanding, as Phil Jones (2007) writes, “a one-size-fits-all definition would ill serve clients with very different needs and capabilities” (p. 8). Susana Pendzik (2012) invites us to consider that this diversity is a strength of the field, as it breeds clinicians that are adaptable, capable of modifying diverse psychological standpoints to suit their needs. Each drama therapist’s approach is therefore able to function “within a number of theoretical and therapeutic paradigms” (Jones, 2007, p. 16). Simply put –while remaining true to its diversity– drama therapy can be defined by its ability to facilitate “change through drama processes. It uses the potential of drama to reflect and transform life experiences to enable clients to express and work through problems they are encountering” (Jones, 2007, p. 8). Robert Landy (1984) offers another definition via. the uniqueness of its clinicians:

Drama therapists use dramatic and theatrical processes to help clients develop a more

satisfactory and functional existence. Unlike verbal psychotherapists, their methods are grounded in the aesthetic experience of making dramas, of dramatization. Like the director, the drama therapist helps clients discover appropriate imagery to guide them through the dramatization of their personal experience. (p. 79)

Just as a theatre director, each drama therapist is able to offer their own unique artistic integrity to the creative process, making the diversity of the field a source of strength rather than a pitfall.

**Dramatic Reality: Drama Therapy’s Frame**

How then does drama therapy use dramatic processes to facilitate therapeutic change? If role is one of the dramatic tools used in this form of therapy, how is it considered? The work of Susana Pendzik (2006) attempts to weave together the field’s diversity through what for her is its most genuine feature –*dramatic reality*. She defines this core concept as “imagination manifested. It is an *as if* made real, an island of imagination that becomes apparent in the midst of actual life. Dramatic reality involves a departure from ordinary life into a world that is both actual and hypothetical: it is the establishment of a world within the world” (p. 272). With this elucidation of dramatic reality, Pendzik argues that regardless of which psychological theories a drama therapist identifies with, the mark of the modality is maintained through the therapist’s commitment to applyingtheir theoretical preferences *through* dramatic reality —the *as if* space of being. Governed by the client’s imagination, the frame of drama therapy offers “the creation of an area set apart from, but connected to, the everyday world” (Jones, 2007, p. 93). The signature of this liminal space is held in its ability to be both real and not, imagined but nonetheless actively experienced, offering a new landscape for a client’s inner-world to be expressed, worked through, and transformed. This is the environment through which this research will position the use of role in drama therapy.

**Chapter 7. Role: Drama Therapy’s Tool**

*“The dramatic mode provides a vehicle for the symbolic expression of repressed feelings. Aspects of one’s inner life than cannot yet be articulated, assimilated, or even tolerated on conscious, verbal levels can be safely approached via drama.”*

–Renee Emunah, *Acting for Real*, 1994

**The Theory Self as Role**

For some drama therapists, the symbolic expression of role is the primary means through which they engage with clients. As previously mentioned, the diversity of the field allows for some to dedicate their clinical practice to its use, whereas others work more through play, narrative, or improvisation. Irrelevant to what the drama therapist’s specific focus may be, exploring ideas of what is *me and not me* is a core concept found in all mediums of drama therapy (Landy, 1993). Phil Jones (2007) insists that any use of role in drama therapy “makes the assumption that the self can assume different, fictional identities… a relationship between the enacted fictional self and the client’s usual identity, and this dynamic; active relationship is seen as the basis of therapeutic change in role-based work within dramatherapy” (p. 192). The “active relationship” of role, housed within dramatic reality that is both real and not, marks the fundamental departure drama therapy takes from more traditional forms of psychotherapy. But what is the benefit of seeing oneself in this way, in this milieu?

Robert Landy (1990), perhaps the most influential drama therapist committed to understanding the use of role in the field, conceives of “the idea of self as a performed role” (p. 226). He speculates that this understanding of “self as performative” exists beyond the world of drama therapy, as social science and critical theory frequently operationalizes *the self* in similar terms. For his purposes in conceptualizing Role Method, Landy (2006) assumes that “human beings are role takers and role players by nature. That is, the abilities to imagine oneself as another and to act like the other are essentially unlearned and genetically programmed” (p. 67). Jones (2007) agrees with the social importance of identity formation, considering that individuality is the result of interaction, “people in life are said to play different roles, they use props to portray and arrive at their identity” (p. 40). Role can therefore be understood as a means to conceptualize the development of personhood.

Chris Doyle (1998) explores this relationship between self and role in drama therapy, arguing that “in a therapy geared toward the enactment of roles, more of a client’s self is made available. Much more information is put out in the open for the client and therapist to work on –and the work can be done within the symbolism of the role” (p. 230). Through this employment, role-work in drama therapy offers clients a symbolic means of mapping out, understanding, and working with parts of their identity.

Renee Emunah (1994) extends this investigation of the composition of self through role, by unveiling the parts of an individual’s make-up that are hidden from both themselves and those around them, yet “can be unleashed via the dramatic role… in the process of expressing unloved and unacknowledged parts of ourselves, we discover our shared humanity” (xv). The humanity of considering oneself as a role, the universality through which this notion can be applied- philosophically speaking - need not to exclude any subjectivity from its definition. Emunah also pays homage to the unconscious nature of role as “most social actors – that is, people playing roles in real life – are unconscious of the parts they play and of the influence their actions have on fellow players” (p. 13). Drama therapy can therefore take this language of identity, and bring it into the safe and illuminating arena of dramatic reality –which remains endless in its possibilities of experience– so to discover causal links that might otherwise remain overlooked –rendering these unconscious parts conscious. Bringing the roles we play into this kind of therapeutic setting also provides the opportunity to reimagine and transform them, illustrating drama therapy’s capacity to evoke an alteration and expansion of oneself as a means of facilitating psychological growth.

**Chapter 8. Role: Drama Therapy’s Theory & Method**

Landy (1991), the founder of both the role theory and Role Method of drama therapy, considers that the benefit of the method “occurs as clients are able to uncover an embedded role structure that in many ways determines their behavior, and move toward a reordering of that structure in order to take control of those functional roles that serve them well, while at the same time, diminishing the power of controlling, dysfunctional ones” (p. 4). As previously mentioned, Landy (2009) considers one’s identity as a composite of roles, and uses his method to understand a client’s embedded role system or repertoire –meaning the roles one has access to in their life– so to both nourish and discard of the roles that speak to the strengths and weaknesses of the client. He situates this work, and its potential for healing, in the way it is held up against the liminality of dramatic reality, offering the client “permission to move in and out of two contiguous realities: that of the imagination, the source of unconscious imagery, and that of the everyday, the domain of grounded daily existence” (1993, p. 46).

Landy’s principle text on role in drama therapy titled *Persona and Performance* (1993), details the steps of his Role Method as the following:

1. Invocation of the role
2. Naming of the role
3. Playing out/working through the role
4. Exploring alternative qualities/ subroles
5. Reflecting on the role play
6. Relating the fictional role to everyday life
7. And finally, integrating roles to create a functional role system

Landy emphasizes that although these steps can be understood sequentially, the process is not rigid to this order in clinical application. He came to develop this technique of Role Method through the research and considerations of his role theory, formulating both a philosophical frame and a technical application of role in the field of drama therapy.

In his elaboration of role theory, Landy (1991) cites and sources Jung on several occasions, as he defines his concept of *role type* in terms similar to Jung’s notion of the archetype. According to Landy, the conceptualization of both role type and Jungian archetype refer to “universal aspects of thought, feeling and behavior, essential dramatic patters that appear consistently throughout dramatic literature” (p. 5). He proceeds to identify himself with Jung’s objectives of calling upon archetypes, as Landy (1993) too holds the “need to specify many of the role types that inform our lives and that, when imbalanced, block the development of an integrated personality” (p. 140). In tune to Jung’s ambitions of making the unconscious archetypal impacts onto one’s conscious life apparent, Landy too wishes to consciously identify the role types which are and are not available to the client —so to demonstrate their impact and influences on the psychological growth and well-being of the subject.

Landy (1993) notes that within a client’s role system, there are roles easily accessed by their consciousness and are able to be played with ease. But other roles within one’s system can be more covert, and cannot be easily played out due to the trauma the roles are associated with, or the neglected use of them. Landy writes, “roles that are not called out will not be played out, even though they may exist within. They will be activated when given the proper social or environmental circumstance” (p. 71). This brings us back to the notion that identity is socially constructed, and that the roles one is most confident in playing are likely the roles most frequently called upon as reactions to one’s external environment. It is precisely at this juncture the idea of a “proper circumstance” to bring about these more covert roles can remind us of the principle of dramatic reality –where whatever situation conducive to calling forth a role in need of being played out– may be manifested.

Often beginning with an embodied warm-up, Role Method is typically applied through improvised and fictional means (Landy, 1990). Roles are commonly explored through a sound, gesture, or story that “informs the therapist or group therapy members as to the nature of the client’s role” (1990, p. 223). Remembering the principle of exploring what is *me and not me* that is inherent to drama therapy, Landy believes that “when those thoughts and feelings are given a dramatic form and safely played out, one has the potential of seeing oneself clearly, but not as a self, not as an “I”. It is in the doing and seeing and accepting and integrating of all the roles, the “me” parts, that the person emerges intact” (1990, p. 230). This active and conscious working through of one’s identity, generated by the symbolic representation of a role type, might have indeed impressed Jung, had his career overlapped with Robert Landy’s work.

**Developments in Role Method**

Landy’s (2009) more recent writing on role offers a crucial update and reworking of his method that introduces the concept of the *Guide*. This new role-type aids the integration of drama therapy treatment, a process wherein which “clients are challenged to recreate their inner guides which, once developed, can lead them through difficult territory” (p. 69). The method’s revision employs the drama therapist to initially embody the Guide role until the sought-after transition where the client him/herself can assimilate it into their own role system. Landy conceptualizes the Guide role as the final part of a trinity; unifying the role types of the *Role* and *Counterrole*. To briefly operationalize these terms, they can be understood most simply through narrative means. The Role can be seen as the hero or protagonist the client has chosen to work with, whereas the Counterrole (CR) can be conceived of as the antagonist. It is important not to reduce these two role types as exact opposites, i.e., good and evil, as the CR manifests “other sides of the [R]ole that may be denied or avoided or ignored in the ongoing attempt to discover effective ways to play a single role” (p. 68). In tradition with understanding the social construction of roles, the protagonist Role might symbolically represent the way in which a client may be forced to play the same limited story over and over again in their real life —pushed into repeating behaviours that bring about suffering, short-sightedness, and trepidations that might hold the meaning of what brought the client into the therapy in the first place.

The work of the Guide role can then bridge the two complementary role types of Role and CR, allowing either one to use its wisdom, so to foster insight and integration (Landy, 2009). As previously mentioned, the Guide role is often initially played by the therapist as “one comes to therapy because there is no effective guide figure available in one’s social or intrapsychic world” (p. 69). This development in Landy’s method provides clients with a working through of opposites, a deconstruction of tensions that might exist in one’s identity or role system, offering a way into seeing oneself as re-constructible, dynamic, and capable of change.

Although this is certainly the most well-developed means of exploring role in drama therapy, it is important to keep in mind the diversity of clinical practices that exist in the field. Some drama therapists might focus on one step of the method as their entire therapeutic process (i.e., basing a treatment series around invoking different roles), while others might depart from Landy’s method entirely. Even without it, drama therapists still have access to various ways of exploring role-work with clients.

**Chapter 9. Role: Drama Therapy’s Application**

Similar to drama therapy’s overall strength as a modality for therapeutic self-discovery, role-work can be adapted and reevaluated to suit the capacities and therapeutic goals of the client, and can be tailored to the interests and unique skills of the therapist. All contained within the liminality of both real-and-not inherent to drama therapy, roles can be enacted as both representations of a client’s real life or brought in to be worked through the world of fantasy (Emunah, 1994). Roles are also able to be explored both through a client’s body, or protectively through working with objects, as Landy (1984) writes “imagery generated in drama therapy has both external and internal sources” (p. 180).

**Projection**

Jones (2007) defines dramatic *projection* as “the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts. A relationship between the inner state of the client and the external dramatic form is established and developed through action” (p. 84). Role in drama therapy can be explored projectively by way of working with puppets, doll and objects, or projecting onto an artistic media such as a mask or a drawing (Landy, 1984). In customary projective work, a drama therapist has objects available that contain a range of positive, negative, and neutral charge (Landy, 1984) —allowing clients the option to project a role onto say either a friendly-looking elephant or a villainous action figure. The projective use of artistic media can be either made by the client through a creative process in session (i.e., creating a mask or a drawing), or be chosen by the client from works whose creation was not a part of their treatment.

Jones (2007) posits that it is through projective externalization that problems can be worked through, deeper perspective and insights can be accessed, and new representations which foster psychological growth can be attained. He emphasizes that reintegrating the worked-through material that was projected allows for a transformation of the object’s meaning. Projective techniques– making sense of one’s inner world through externalizing it into an active process– of course, might sound very familiar to Jung’s process of active imagination. This link can be deduced only *if* that inner world is being understood through Jung’s theories of the unconscious. It is crucial to remember that this *is not* the only way in which drama therapists can consult their clients. Consider the variation in how a drama therapist can make meaning of the “inner world” of a client another nod to the diversity of the field.

**Embodiment**

As projective work lends itself to working through objects and materials, *embodiment* is achieved through the client’s dramatic explorations enacted through the body. Unlike talk therapy, drama therapists often insinuate that one's corporeal body has access to knowing and knowledge that verbal processing simply is not privy to (Root, 1989). Embodiment brings a client’s problem to the here and now of the session, offering an immediately felt experience, and an active working through.

Role pursued in an embodied form might look like a role sculpt (sculpting the body to create an image of a role), or like a role play —both with and without the use of props, masks, make-up, and costumes. Although objects and art materials are not personified to *become* the role (as is seen in projection) they are often used to enhance the representation of the role as a departure from how the client normally looks and perceives themselves. When enacting roles in the therapeutic space of drama therapy, Emunah (1994) writes that “clients simultaneously act and watch themselves in action, a feat difficult to accomplish on a regular basis in real life. The bit of distance from reality afforded by drama stimulates the functioning of the self-observing ego” (p. 39).

Embodied role-play can be either improvisational or premeditated through first creating scripts or monologues to give voice to the role. Roles can also be chosen from existing stories, myths, and fairytales that the client feels called toward. Identical to its projective uses, embodied role-work is very much dependent on the goals, needs, and capacities of the client and the interests of the drama therapist.

**Chapter 10. Distancing: Drama Therapy’s Mediator**

Now that we have seen how role can be applied as an intervention in drama therapy, it is important to see how a drama therapist might decide which process to explore role-work through. What informs the choices behind which creative process is used?

*Distancing* is a drama therapy technique that seeks to mediate the choices of creative process available to a client, and is typically understood on a spectrum of between states of over and under-distanced (Landy, 1983). As related to role, distancing speaks to the closeness or separateness of a client’s relation to a role, both interpersonally and intrinsically (Landy, 1984).

Jones (2007) considers how distancing encourages the client to orient themselves to achieve perspective, a more reflective and thought-based means of exploring the role. Gaining distance is understood by Landy (1983) as moving toward the over-distanced side of the spectrum, where the client is less engaged with the emotional, feeling-states of the therapy. A dramatically over-distanced client is barred from accessing meaningful emotional range. The emotional, more feeling-based side of the spectrum, tilts the client into leaning towards being under-distanced, which, when pushed to its extreme might overwhelm the client and impair their ability to observe and process what is being worked on. Idealistically, Landy postulates that a balance between the two is what allows for successful therapeutic work —where a feeling state is accessed, but the observing ego is online to remember and integrate the experience. Both thought and feeling are necessary to explore and integrate a therapeutic process; the balance of which is the objective of a drama therapist’s use of role-work (Landy, 1984). Again, we can see that if an acknowledgement of the Jungian unconscious is prioritized, this balance between thinking and feeling, of experiencing and integrating, can sound very similar to the unconscious and conscious mediation of active imagination.

To mark the middle-point between the two states of under and over-distanced in drama therapy, Landy uses the term *aesthetic distance*, which he defines as the experience “of simultaneously playing creator and observer roles” (Landy, 1984, p. 86). Landy conceives that projective work (ie., working with dolls or puppets) often offers a readily over-distanced means of working through material, whereas more embodied work typically generates a means of accessing more of a feeling state.

Landy (1983) emphasizes it is through the variation of distancing in drama therapy, “that the therapist bases much of his work in examining the dialectics of actor and observer, self and role, one role and another role: and it is in exploring the degree of separation and closeness within these relationships that the therapist realizes his therapeutic goals” (p. 175). This quote situates role within the core concept of distancing, while also speaks to the importance of a client’s therapeutic goals. It is imperative to understand that role-work is tailored ultimately to the needs of the client. For example, Pam Dunne’s (1988) work with traumatized children and adolescents in drama therapy uses projective techniques “to distance the client from the material and create a safe environment where the client does not feel exposed and threatened” (p. 139). Root (1989), conversely, uses embodiment in drama therapy when working with individuals suffering from bulimia. Through working with their families, Root invites them to physicalize a body sculpt of their experiences related to the illness so to “show and emphasize the conflict and tension in the family in a concrete, three-dimensional “picture,”” (p. 84). Without the use of props or words, Root’s work offers ““show me” vs. “tell me” intervention to heighten affect and facilitate its expression” (p. 78) —clearly acting as an under-distanced approach. The tool of role in drama therapy, in both its intention and application, is liberated in both its service of the client, and the strategies of the therapist.

**Chapter 11. Transformation: Drama Therapy’s Intent**

“*There was a star riding through clouds one night, and I said to the star,*

*'Consume me’.”*

–Virginia Woolf, *The Waves*, 1931

As is inherent in all therapeutic modalities, the desire to facilitate insight and transformation is a core intention in drama therapy. From transforming perspectives in unhealed trauma, to transforming one’s way of interacting with others; drama therapy can guide a subject to and past the threshold of strengthening one's awareness in the capacity to transform ­—and to also equip them with the profound ability to accept what cannot be changed.

When engaging in role-work in drama therapy, Jones (2007) notes that this reimagining occurs both in the creative process of the role, and through the *de-roling* process. He writes that both parts allow clients to move “under the skin of a role by playing the part and then looking at the role during de-roling [which] can engender insight, and a changed perspective upon the role and the situation the role has encountered during the enactment” (p. 101). To define the de-roling process, Jones qualifies it as less of a “routine separation or severance of the role from the player, but a time to establish relationship… saying what is different, and what is the same” (p. 216).

Pendzik (2006) sees this de-roling process through her notion of dramatic reality, as when the client returns to ordinary reality, their relationship to the material worked through within the dramatic space has been transformed. She notes that “this transformation may not be final, sweeping, or entirely clear to the conscious mind, but when dramatic reality is invested with significant contents, it rarely hands them back as they were before” (p. 276). Jones (2007) suggests this insight surfaces in different stages and moments in role-work, and the way in which it is fostered is dependent on each client's varying experience with the therapy. For some, it is contained in the spontaneous experience of the creative process itself, rather than the cognitive reflection afterward, explaining that “this change might not be made overt within the session, or even be made conscious” (p. 119). The variation in how transformation is generated in role-work again speaks to the diversity of the field of drama therapy, and to the endless capacities of exploration available in dramatic reality.

Emunah (1994) recognizes the relational element in the transformation process of group drama therapy. She elucidates how the enactments of roles, when witnessed by others, “in this process of sharing and showing one’s internal world, a burden is lifted, an inner weight removed. What was private is now witnessed. This often leads to an experience of intense acceptance and forgiveness, as clients expose what had previously been hidden, even from themselves” (p. 43). In this vulnerable exposure, witnessing this process can offer its own transformational impact on the group-therapy members —evoking feelings and memories that arise from the symbolism of the enactment.

However direct or indirect the process of transformation might be, the change accessible through work in drama therapy touches upon the innate healing process of theatre, which serves to fulfill “our need to give evidence to our individual emotional lives but also performs a more fundamental emotional service: it satisfies the basic human emotional need for connection, for feeling not alone” (Hurley, 2010, p. 32). Ergo, the process of projecting, embodying, and falling witness to the explorations of role-work in drama therapy, allows us to take part in a creative expression that meets the needs of our shared humanity —fostering new perspectives of identifying and relating to one’s place in the world.

**Chapter 12. Unconscious Intent of Role in Drama Therapy**

*“I don’t want realism. I want magic! Yes, yes, magic!”*

–Tennessee Williams, *A Streetcar Named Desire*, 1947

As mentioned throughout this research, the field of drama therapy is comprised of clinicians who are able to practice the modality through the psychological paradigm that calls to them. Because of the diverse methods in which it can be utilized, it is helpful to provide examples so to distinguish when drama therapy employs role-work for unconscious, depth-based means, and when it does not.

Each drama therapy training program is steeped in its own theoretical underpinning, which is often what first molds the interests of the therapist in training. Take for example the Sesame Institute of drama and movement therapy in London, which trains its students through their very own *Sesame Approach*. This approach is directly based on Jung’s theories of the unconscious, and is coupled with developmental and movement-based models. Through various techniques such as movement, role enactment, and use of myth and fairy tales, the unconscious is acknowledged and worked through as a primary means to foster therapeutic insights (Pearson, 1996). Trainees from this institute are taught through the Jungian language of symbolism; allowing them to engage with role-work directly through the concepts of the personal and collective unconscious. It is important to note that this training is equal parts drama and movement oriented —having many ties to the modality of dance/movement therapy. Dance/movement therapy has its own well-developed paradigm of depth dance therapy, and is no stranger to making links between Jung’s theories of the unconscious and their clinical intentions (Lewis, 1996). The remaining drama therapy programs are not expressly tied to Jungian psychology, or to depth work in general, but several clinicians have found their own way to incorporate these means of working into their practice.

**Projecting the Unconscious in Drama Therapy**

Eleanor Irwin (2009) looks at drama therapy from a psychoanalytically orientated perspective. Trained as both a psychoanalyst and drama therapist, Irwin addresses the importance of bringing the unconscious into her practice, “as the unconscious inexorably shapes our lives and exerts a powerful influence on all aspects of our personality” (p. 236). An important distinction is that Irwin conceives the unconsciousness in Freudian terms rather than Jungian —suggesting, for her, there is no personal and collective split of that realm. Irwin’s work links Freud’s theoretical contributions of fantasy and play to drama therapy. She has dedicated much of her career to developing techniques to explore unconscious resistances and defenses through role, via the projective use of puppets —primarily with children (Irwin, 1991). The notion of working through archetypal symbols remains absent from her work.

Mooli Lahad’s (1992) project in the Six-piece story-making and BASIC Ph method, seeks to identify client’s stress and coping mechanisms through projective means. His approach invites clients to draw a story that is broken down into six parts, allowing the client to explore the development of a narrative through symbolic means. Lahad’s method refers to both the work of Jung and Von Franz; as the six-piece story-structure is based on elements that, according to Von Franz, are key to the organization of myths and fairy tales found globally (Lahad, 1992). Through the employment of his narrative structure, it is Lahad’s assumption “that by telling a projected story based on elements of fairytale or myth, I may be able to see the way the self projects itself in organized reality in order to meet the world” (p. 157). Keeping in mind that for Jungians, myths and fairy tales contain archetypal symbols that point to our shared layer of the collective unconscious (Mattoon, 2005), Lahad’s work pays homage to this school of thought.

**Archetypal Symbolism in Drama Therapy**

In relating Jung’s specific theories of the unconscious to the field of drama therapy, it is perhaps most significant to acknowledge the work of the late Penny Lewis. As mentioned earlier, Jung and depth dance therapy has a rich history, to which Lewis contributed substantially (Lewis, 1988, 1996, 2007). Trained as a Jungian analyst, she entered into the creative arts therapies initially as a dance/movement therapist. Later in her career, she trained as a drama therapist and began incorporating role and scene work into her practice —often through the use of mythic stories. She writes that within the imaginal realm of dramatic reality, “the individual may allow an aspect of his or her psyche to fully manifest, and, like an invoked spirit, an angry monster, divine guide, or a tender image self may emerge” (1988, p. 310). It is evident here that Lewis’ role-work is very much engendered by archetypal symbolism. She emphasizes the importance that in all creative arts therapies, the therapist works through symbolic means:

Because expressive arts therapists utilize the symbolic, whether it be image, theme, movement, or sound, they are the modern priests and shamans who neither shy away from ritual process nor from a realm that cannot be touched, analytically reduced, or in any other way be “grasped.” The meaning and hence its transformative impact can only be experienced. (1988, p. 311)

Fostering insight and transformation through actively engaging with symbols is, of course, closely related to active imagination, however the term is not explicitly used in her writings on drama therapy.

**Transpersonal Drama Therapy**

Saphira Barbara Linden (2009) engages with archetypal symbolism in her drama therapy practice through the Omega Arts Network. The network, initially a theatre company, sought to “unite artists of all cultures who are consciously working toward creating a vision of a better world with works that are healing, transforming and uplifting for the spirit” (p. 211). Although work within Omega ranges widely, the process engages clients to transform “their limited sense of self to their essential self by role playing an archetypal character that represented that higher or essential part of them, as a spiritual healing practice” (p. 212).

This ambition of questing for a higher or essential self situates the Omega Arts Network’s use of role within the school of *transpersonal psychology*. Brant Cortright (1997) defines transpersonal psychology “as the melding of the wisdom of the world’s spiritual traditions with the learning of modern psychology (p. 8). Ken Wilber (1996) examines the term transpersonal more closely, describing it simply as the “personal plus” (xviii), and is psychologically explored “in the attempt to more fully, accurately, and scientifically reflect the entire range of human experience, transpersonal psychiatry and psychology take as their starting point the entire spectrum of consciousness” (xviii). Penny Lewis (2000) considers Jung to be “the first of the European/American psychotherapists to bring the transpersonal into the field of psychotherapy” (p. 260), through his expanding of the unconscious layer to hold a collective meaning. As such, Lewis believes that Jung developed an understanding of a “universal pool of wisdom” (p. 260), offering a theoretical understanding to the “plus” of one’s personhood.

Linden’s transpersonal work in the Omega Arts Network discovered how “people can recognize and identify with the archetypal symbols in their psyches, therefore we can help them use these symbols to find healing and transformation” (p. 214). Linden orients this archetypal role play through the spiritual wisdom of Sufism —through its belief of “the path of the heart”. Through this Sufi principle, Omega’s role-work sets out to find “the eternal qualities of the soul” (p. 212) rather than confronting and transforming meaning of the archetypal symbols that emerge, as it would within the parameters of active imagination outlined by Jung.

Saphira Linden and Penny Lewis embarked on a collaboration through their shared interest in transpersonal psychology —developing the school of *Transpersonal Drama Therapy*. In 1998, the two created an alternative route certificate program in this subset of drama therapy. Together they developed a two-step method of working transpersonally in drama therapy. The first step, what they call "recovery," is a process that frees the client from habitual patterns (Lewis, 2000). Their following step of individuation -in line with Jung’s use of the term- offers:

The capacity for self-actualization. This ability supports the process of individuals to become freely and spontaneously more fully who they are. Shadow aspects that have been waiting in the wings can now enter the stage and be integrated into a person’s life. Once this begins to occur, individuals have a better sense of what their personal myth is, i.e., what they are meant to do. (p. 264)

Transpersonal drama therapy solicits the use of archetypal enactment as “often the recovery and individuation process clears personal history allowing the archetypal energy to be accessible to the individual” (p. 278). After working through the recovery stage, clients identify with a role found in a myth, and “in the drama experience, men and women let go of who they were in service of claiming greater wholeness” (p. 278).

Linden and Lewis’ Transpersonal Drama Therapy is very much focused on working with the unconscious to heal past experiences —enriching a client’s ability to make meaning through expanding their “spiritual consciousness” (p. 283), their “personal plus”.

**Enacting the Unconscious in Drama Therapy**

Yehudit Silverman’s (2004) *The Story Within* method, through the use of myth and fairy tale, allows clients to work through their personal material through a therapist-guided creative process. Through working with a specific moment in a story of the client’s choosing, Silverman facilitates an individualized working-through in which “the client takes on and moves deeply into one role for many weeks or months” (p. 128). It is important to note that Silverman distinguishes her method as removed from any established interpretive framework, including a Jungian one, stating that the work instead “interprets the metaphors and symbols within the client’s own personal experience” (p. 128). Silverman’s process allows clients to genuinely identify with the character they are working with —while maintaining a level of distance through the fictional veil of the myth or fairy tale. This therapeutic model allows clients to immerse themselves in the identification made with their chosen role —a process where “the client’s hidden life problem emerges into consciousness and is understood, often for the first time” (p. 129). Her process employs the use of both projective and embodied drama therapy techniques, including - but not limited to - both the creation of and performing through the use of mask-work. Interestingly, in The Story Within method, the client eventually directs another group member to enact the role they have been working with, so to begin perceiving “their character in a way that allows for transformation” (p. 132). This part of the method, prior to the final enactment of the role performed by the client who initially chose it, draws upon the meaningfulness of witnessing creative process that is inherent to group drama therapy.

Alida Girsey (1993) also explores the stories contained in myths and folktales to engage with her clients in drama therapy, but her work diverges from Silverman’s. Rather than having her clients choose their own story, which is a crucial starting point for Silverman, Girsey selects for her clients the story she considers to be relevant to their life circumstances. Girsey therefore offers the story as the structure for clients to then step into the work, and identify with a role pertinent to their own process from there. Girsey examines this way of exploring myth and story structure in her text *Storymaking in Bereavement: Dragons Fight in the Meadow* (1992), which illustrates her process of guiding a bereavement group through a five-part structure, each containing stories surrounding a similar theme related to the grieving process. Her work with myth and folktale empowers her clients to find the universality of their suffering through the tropes and metaphors of story.

Stephen Snow (2010) also explores archetypal enactment in the Ritual/Theatre/Therapy approach of drama therapy. For Snow, the intention is to “help balance the relationship of ego and archetype, either by working through an embodied archetype… or by using an archetypal role as a catalyst to assist the client in developing a more positive self-image” (p. 128). He emphasizes the sense of self-mastery that occurs in the performative aspect of archetypal enactments. Similar to Silverman (2004), the choice of role for Snow is a crucial component that often empowers the client to identify with the archetype in a way that “often brings balance to an otherwise chaotic, disorganized and conflicted personality” (p. 131). The Ritual/Theatre/Therapy approach of drama therapy emphasizes the liminal and imagined nature of the performance space as “conducive to the deconstruction of the personality” —making space for the client to transform and consider new ways of viewing their identity.

Both Knott (1995) and Tornyai (2003)’s work of archetypal enactment of role can also be considered through Ritual/Theatre/Therapy approach. Both drama therapists unpack the influence of the clients’s identity to the role, as well as the role’s influence on the identity. They each acknowledge Jung and Role Method as theoretical sources for their work, but do not identify their efforts to Jung’s active imagination technique.

Although a significant amount of role-work in drama therapy is connected to the conscious effort of calling forth and working with archetypal symbols, no specific work in drama therapy –as far as the scope of this research has recognized – has made direct reference to Jung’s technique of active imagination. Nonetheless, what is so often taking place when drama therapists pursue role-work through archetypal projection and enactment, is a calling forth which has been outlined —a conscious engagement with, and transformation of, an archetypal role for the purposes of discovering new meaning.

**Chapter 13. Active Imagination in Depth Dance Therapy**

As previously elaborated, Jung’s connection to dance/movement therapy through depth dance psychology, has long been established. Active imagination is not excluded from this relationship in its inextricable connection to the practice of Authentic Movement. Chodorow (2015) defines Authentic Movement as a branch of dance/movement therapy, and as “one of the forms of active imagination in Jungian analysis” (p. 258). Authentic Movement offers “ways to contact one’s authentic experience through the senses and emotions in the body, as well as ways to speak about it that are non-judgmental and non-interpretive” (p. 263). Although Authentic Movement exists as unrelated to role-work in drama therapy, Penny Lewis’ (2007) use of Authentic Movement employs the use of role to identify archetypal symbols. In a clinical example, Lewis articulates how “another individual is transformed into a witch, dragon, or primordial creature” (p. 76). She notes how archetypal symbols “find this technique a fluid conduit into the person’s awareness” (p. 76). By this stage in Lewis’ career, she was both a dance/movement and drama therapist, perhaps equipping her with the ability to enhance her understanding of Authentic Movement practices through recognizing the roles that emerge within it. As previously stated, no drama therapy writings have specifically made links to active imagination, however Penny Lewis’ dual role as both a drama therapist and dance movement therapist, and the way her writing on behalf of dance movement therapy carries the implications of these two trainings, is a successful bridge for this research to note.

**Chapter 14. Conscious Intent of Role in Drama Therapy**

Therapists with their feet in the waters of depth psychology may argue that we can never “turn off” the unconscious faucet that impacts our conscious reality, as if this were possible, surely far fewer clinicians would remain invested in this paradigm. However, a large number of therapists are certainly able to offer meaningful and effective treatments without acknowledging or working through the theories contained in this paradigm of thought. In this manner, many drama therapists successfully employ the use of role to work with the more conscious layers of psychology.

As an example, John Bergman’s (2000) drama therapy work in prisons sets out to change the dysfunctional beliefs that exist within the problematic relationships between prison staff and incarcerated individuals, adopting a more cognitive behavioural therapy (CBT) approach. He uses role-work to deepen empathy between the staff and the prisoners. The goal of Bergman’s use of role is for interpersonal improvements, through social engagement, rather than for the sake of accessing unconscious symbolism. His work offers an example of how role in drama therapy can cultivate more meaningful social and environmental conditions through building therapeutic communities that can bring about systematic change.

Paula Crimmens (2006) also uses role in drama therapy to access conscious means through her work in special education. In this environment, with the goals of: increasing attentiveness, improving social behaviour, managing impulse control, and improving self-confidence, Crimmens explores both role and narrative with this population. She notes that when working with impaired cognitive ability, a participant’s capacity to imagine might be compromised. To remedy this, Crimmens applies the use of role through a literal, concrete, and conscious approach.

**Chapter 15. Limitations of Active Imagination**

Returning now to the unconscious, this research thus far has sought to define and understand the value in Jung’s technique of active imagination —identifying it as a meaningful tool to access and make meaning out of the symbols that represent the unconscious. Like any psychological technique, active imagination is not without its limitations, and its components require astute examination.

**Active Imagination’s Definition**

June Singer (1973) speaks to the difficulty of understanding Jungian therapeutic techniques in any concise manner, arguing “where “methods” have been devised, they tend to schematize the abstractions at which Jung arrived, without maintaining the vitality of the flesh-and-blood experiences from which his theories were generalized” (xii). Schaverien (2005) echoes this notion in speaking specifically to active imagination. She writes that in working with the technique, “nothing is linear or logical and yet its process makes sense in an indirect manner… however like so much else in his oeuvre his views on it were fluid and changed throughout his life” (p. 129). Michael Fordham (1977) also scrutinizes the impulse of trying to police the borders around active imagination, arguing “is not used very often by patients. Not all persons having problems of becoming their true selves have such vivid cultural interests as Jung, nor do they have his imaginative capacities” (p. 327). The difficulty of concretizing its definition, and the practicality of its use, even by these Jungian analysts, can certainly play on the side of discouraging its potential relationship to role in drama therapy.

**Active Imagination’s Potential for Harm**

There are also several Jungian analysts, and Jungian-oriented psychotherapists who warn of the dangers of pursuing work through active imagination. Chodorow (1997) emphasizes that a client must feel confident, waiting for the unconscious to emerge while maintaining the standpoint of a well-developed ego, “so that conscious and unconscious may encounter each other as equals” (p. 12).

Similarly, Schaverien (2005) asserts that clients who have been prone to psychotic disturbances might experience difficulty distinguishing the difference between the unconscious archetypal symbols that emerge in stage one and the conscious reality that confronts them in stage two. In such cases, Schaverien suggests that the analyst might “temporarily hold the ego position whilst the patient lives the experience” (p. 136). But what of clinicians who are not trained as Jungian analysts? How much experience and understanding must a therapist have with encountering the unconscious before they can safely allow their clients to work in such a way?

There are those who support the use of active imagination as they see fit. Molly Jordan (2015) offers a literary review on active imagination from the point of view of a non-analyst —for the sake of finding a personal creative practice through the method. She too remarks on the lack of instruction left by Jung to explore active imagination, and recognizes the dangers of its use as well: “the possibility does exist that weak egos can fragment, or that the conscious mind and personality can be possessed if the ego isn’t strong enough” (p. 220). To remedy this concern, she suggests “the way to proceed with active imagination is carefully, thoughtfully. Any resistance—whether it comes from the mind or the intuition—needs to be respected and resolved before engaging in active imagination” (p. 220). After her own personal experience with the technique, Jordan advocates that with cautious consideration how active imagination “can be recognized as a gateway to the sacred and as our passport to the soul” (p. 230).

Mattoon (2005) also acknowledges the potential hazard of active imagination, arguing that the unconscious material surfaced in stage one might “overwhelm the conscious mind” (p. 110), resulting in an inability for the conscious ego to ethically engage to complete the second stage. She hopefully suggests however, that the method will not be dangerous if it is not overused. Mattoon explicates how the therapist can help their client to “seek the meanings of the images as they arise, and help relate them to the conscious life: emotions, behaviors, relationships” (p. 110). In this way, it seems as though Mattoon offers a shortened experiencing of the first stage —disallowing the unconscious calling forth to be given enough space or time to destabilize the client’s conscious ego.

Marie-Louise von Franz (1976/2016) speaks to active imagination as difficult work that can have a destructive impression on the conscious mind, especially in its first attempt. She states that one must be committed to the process in order to explore it properly, but considers it a safer means of exploring unconscious reality than some of the available alternatives. In reference to experimental drug use, she notes how an intoxicated conscious ego might be unable to maintain the active engagement necessary to safely process the impact of unconscious material. She therefore reflects that “Jung’s method for coping with this impact is active imagination” (p. 299).

Barbara Hannah (1981), who as previously mentioned went through active imagination in the presence of Jung himself, has a much less stern opinion of the work. She writes:

Jung once told me that the unconscious itself was not dangerous. There was only one real danger, he said, but that was a very serious one: panic! The fear that grips a person when something very unexpected confronts him, or when he begins to be afraid of losing his footing in the conscious world, can upset him so much that it is really no wonder that so few people embark on the task. Indeed, it is necessary to have very secure roots and to be well established in the outer world before it is wise to make any such attempt. (p. 110)

**Chapter 16. Discussion: Active Imagination’s potential Relationship to Role in Drama Therapy**

*“I think it’s the greatest merit of Jung that he has taught us how we can relate to this weird world of the deeper unconscious without breaking up our human relationships or our marriage or whatever our social situation is. He taught us that our active imaginations should not lead us to become lonely asocial hunters of mysteries.”*

–Marie-Louise von Franz, *Confrontation with the Collective Unconscious*, 1976

Through the review of literature, it is evident that drama therapy has a wealth of clinicians dedicated to exploring both the unconscious (Lewis, 1988; Lahad, 1992; Girsey, 1993; Knott, 1995; Silverman, 2004; Tornyai, 2005; Irwin, 2009; Snow, 2010) and the transpersonal (Lewis, 2000; Linden, 2009) influences on identity and well-being. The way in which these clinicians map unconscious approaches to project the symbolic, and enact the archetypal – both related to and divorced from Jungian theory – enriches the diversity of role-work within the field. Conversely, there exists an entire effort in drama therapy invested in more conscious methods of working with role (Bergman, 2000; Crimmens, 2006) and developing practices which exist outside of the potential impact of this research.

The literature review also points to the extensive bridges already made between depth dance therapy and active imagination, as seen in the authentic movement approach (Lewis, 1996/2007; Chodorow, 2015). With a diversity of processes as the touchstone of drama therapy (Jones, 2007; Pendzik, 2006/2012), is it perhaps simply more appropriate for drama therapists interested in active imagination to weave authentic movement into their practice, rather than using role-work to merge the technique? This points to a question that remains hanging over this research, concerning the importance or relevance of suggesting a new relationship between Jung’s active imagination and role in drama therapy. Does drama therapy need a new technique to be in service to the unconscious? Is there added benefit for drama therapists to align their use of role to this Jungian framework? The following discussion will focus on reconciling these questions.

**The Role, The Symbol, The Intention**

For Jung, symbols are the language of the unconscious (Neumann, 1989; Hopcke, 1999). He considered that any effort he made to access the unconscious could only point toward it, never fully containing it, but granting access to the pieces of meaning held in that collective depth that, for him, is inherently part of each human being. This investment in symbolism, this attempt at meaning-making offers the fundamental rationale for active imagination —an active symbolic technique that aims to dissolve the barriers around our limited consciousness, engendering a dialogue with the expanse of our unconscious influences.

In drama therapy, role-work is contingent upon the dialogue between the fictional identity of a role within a session, and the client’s usual identity (Jones, 2007). Role-work therefore emphasizes the fundamental exchange between what is *both me and not me*,that speaks to the uniqueness of therapeutic insight found in this field of therapy (Landy, 1993). If we situate this conception of role as a placeholder for Jung’s understanding of a symbol, we see a shared intent. The mutual aim of calling upon and working with something that is not us - but is nonetheless brought forth by our efforts - which contain therapeutic insights that otherwise remain hidden or unacknowledged. Emunah’s (1994) understanding of role echoes this claim, stating that the parts of our identity concealed from our daily life can be unleashed via the dramatic enactment of role within a drama therapy session. Calling forth these unseen, unresolved, or unloved parts of ourselves through role-work can offer a working-through of such pieces of identity that might unknowingly be wreaking havoc on one's well-being. It is Jung (1955/1970) himself who states that active imagination calls forth the invisible, allowing it to take on “a dramatic character” (p. 496, par. 705), allowing passive influences to become conscious, active, and intentional therapeutic insights. Both role in drama therapy and active imagination, when looked upon through this premise, can be held in relationship to Progoff’s (1969) definition of depth psychology, as both are “searching out the factors that are active beneath the surface of behavior” (p. 5).

**Dramatic Reality, a space to call forth the Unconscious**

Chodorow’s (1997) data concludes that amongst all the different approaches taken to use active imagination, there always remains the essential first step of lowering or emptying the conscious mind to allow for the unconscious symbolism to emerge. It is my belief that the environment of dramatic reality - interpreted as the frame of drama therapy - may provide a fertile spring-board that instigates this first step. Reminding ourselves of Pendzik’s (2006) definition of dramatic reality, “the establishment of a world within the world” (p. 272), offers clients a suspension of one’s typical conscious associations, creating an *as if* space where one’s imagination and creative intuition can be brought forth. Clients in drama therapy are therefore already familiar with the idea of suspending ordinary ways of using their conscious mind to engage with therapeutic material. This may equip them with a sense of understanding, fortitude, and resilience to engage with the unpredictability of the unconscious material that active imagination asks us to reconcile with so to complete the technique.

As related to role-work in dramatic reality, this *as if* space of both real and not, contains characters and qualities that are both me and not. Such a space might make clients compatible and perhaps better able to distinguish what roles are arising from the unconscious and what is of their conscious ego if they were to pursue active imagination work during a drama therapy treatment series.

**Transformation, a Shared Objective**

The notion of therapeutic transformation, as previously mentioned, is not unique to role-work in drama therapy nor active imagination, however synthesizing the likeness between *how* they offer transformation is relevant to note. Both work to transform the symbolic image or role brought forth within the session by actively engaging with the material contained within it. If active imagination were to take place in a drama therapy session, allowing the unconscious to manifest via a role, there may exist an interesting opportunity for integrating the transformation that occurs through the process of de-roling.

As Jones (2007) states, de-roling offers insight and reflection on the “changed perspective upon the role and the situation the role has encountered during the enactment” (p. 101). This process might offer a meaningful easing-back into normal, conscious reality after working through an active imagination in a drama therapy session. Although it is noted that insight emerges at different stages of role-work (Landy, 1993; Emunah, 1994; Jones, 2007), adding a ritualized and consistent de-roling process to follow an active imagination work might galvanize the transformation of the symbolic engagement that occurred.

**Distancing, a Safeguard into the Unconscious**

As seen in many of the commentaries of active imagination, several Jungian theorists are skeptical of the safety in exploring the unconscious through the technique. While most remain hopeful despite their misgivings (von Franz, 1976/2016; Chodorow, 1997; Mattoon, 2005; Schaverien, 2005; Jordan, 2015), integrating active imagination into role-work in drama therapy may mitigate its potential for harm through the mediation of distancing. Drama therapy could offer clients interventions that could both bring them toward or distance them from the unconscious material that emerges from work in active imagination. If feeling too overwhelmed by a role brought up from the unconscious, the drama therapist could guide the client to relate to it externally via projective means. Through puppets, dolls, small objects, or art-making materials, the drama therapist could facilitate a discussion between the client and the role evoked through active imagination as a means to maintain an aesthetic distance —the therapeutic balance between thought and feeling in drama therapy (Landy, 1983). Conversely, if the client is feeling unengaged with the working-through taking place during active imagination, the drama therapist may suggest a more embodied approach to achieve a more visceral, less-distanced involvement with the role. Remembering that Chodorow (1997), emphasizes the importance of balancing the involvement between the artistic process and the cognitive working-through of the material during active imagination, distancing may provide the means of ensuring that clients do not get suck in either stage if they were to use role-work as their artistic process.

Just as the literature on distancing and role-work suggests (Dunne, 1988; Root, 1989), the way in which each are applied is fully dependent on the needs and goals of the client. Safety, and the ability to maintain an observing ego are imperative to the creative process of drama therapy, and are built into the foundation of mediating distance in role-work. If active imagination were to be integrated to a drama therapist’s use of role, the skill of attuning to the achievement of aesthetic distance may offer a terrific layer to navigating the unconscious.

**Role Method, a new structure for Active Imagination**

The union of opposites, as in the Jungian engagement between the conscious and unconscious in active imagination, might perhaps be beautifully explored through Landy’s (2009) developments in Role Method, through the role types of Role, Counterrole, and Guide. Through such roles, drama therapy could potentially offer a unique structure to Jung’s technique, visualizing the ego as the Role, the unconscious symbols as the Counterrole, and the informed, ethical confrontation between the two as the Guide. Using these tools of Role Method to traverse the active imagination technique, might beautifully enrich and concretize this Jungian method for both the drama therapist and the client. The drama therapist may also first embody the Guide role, as is initially seen in the typical use of Role Method, until the client is prepared to engage with the unconscious material themselves. This could bring an incredible new relevance to the therapist in the process of active imagination, as traditionally the clinician allows for the client to experience the technique uninterrupted (Hannah, 1981; Schaverien, 2005).

Conversely, this adaptation to active imagination may be to some Jungians too far removed from its original form to still have it be recognized as the same technique. A limitation in this research exists in its theoretical frame, as it would be extremely useful to interview Jungian analysts on whether they find this link between Landy and Jung’s methods a relevant variation to the customary use of active imagination.

**Accessibility of Active Imagination**

The data offers an example of how active imagination can be practiced for personal use outside of a psychotherapy setting (Jordan, 2015). The interest in exploring the unconscious through a Jungian frame was enough for Jordan to engage in the technique with safety and success. This suggests perhaps that with enough reflectiveness and curiosity, active imagination can be implemented in various circumstances, allowing everyone access to, as Chodorow (1997) writes, “find their own way” (p. 11). This sentiment may offer drama therapy’s unconscious role-work the confidence it needs to explore the method despite the potential risks and limitation around age. Fordham’s (1977) skepticism concerning clients’ limited imaginative capacities in relation to using the technique might also be eradicated by the skillset of the drama therapist, who is no stranger to overcoming discouraging comments around creative competency.

**The Question of Individuation**

What remains the most unanswered component to this research, and perhaps the most evident data which supports how role-work in drama therapy and the technique of active imagination are not suited, is the principle of individuation. The data remains undisputed that Jung used the technique of active imagination for the purpose of aiding the process of individuation (Hannah, 1981; Fordham, 1985; Chodorow, 1997; Hopcke, 1999; Mattoon, 2005). The explicit intention behind the use of active imagination is contrary to the data which states that role-work in drama therapy, even when used specifically to explore the unconscious, need not attribute itself to any singular theoretical underpinning (Pendzik, 2006, 2012). A question then arises around whether drama therapists interested in bringing active imagination into their practice must align themselves with Jung’s understanding of individuation as the principle process that exists above all psychic activity (Hopcke, 1999).

**Chapter 17. Concluding Thoughts**

This research sought to offer an exploration between Jung’s active imagination, its roots, its intention, its application, and the use of role in drama therapy, so to recognize if a meaningful relationship may exist between them. This paper concludes that active imagination may potentially work in partnership with role in drama therapy to pursue the unconscious, in a qualified attempt to bring forth new means of fostering psychological insight and transformation. The data remains inconclusive however, whether this partnership would remain true enough to the original form of active imagination to have it still be recognized under its name. Concerns of how much drama therapists would need to identify with the Jungian principle of individuation also remains a potential limitation for its use in the practice of drama therapy. The theoretical nature of this research restricts all claims to remain hypothetical.

Further explorations into the relationship between this role-work in drama therapy and active imagination could make for excellent further research, both as theoretical and as intervention-based inquiries. A possible future study could be conducted to pursue the links made in this research between active imagination and the Role, Counterrole, and Guide trinity contained in the developments of Landy’s (2009) Role Method. Intervention-based research or a case study relating these two techniques could further the clinical relevance of what, for now, remains only a theoretical inquiry.

Research which conducted interviews with the drama therapists currently exploring the unconscious through drama therapy could also provide excellent supplementary material for this research, as it would allow for the opportunity to inquire whether those professionals consider the attempt to integrate active imagination through role-work in drama therapy a useful or relevant edition to the unconscious work of the field. In addition, as mentioned in the discussion, conducting interviews with Jungian analysts regarding unconscious role-work in drama therapy and active imagination could provide more clarity to whether an integration of the two could make for significant advancement in the use of active imagination according to those formally trained in the method.

Further research could also be conducted to explore the potential relationship between active imagination and the method of *Developmental Transformations* (DvT) in drama therapy. DvT is a process of “free improvisation, in which clients are asked to play out dramatic movements, sounds, images, and scenes based on thoughts and feelings they are having in the moment” (Johnson, 2009, p. 94). Although too unrelated to the inquiry of role-work in drama therapy, as was conducted in this research, considerable links between active imagination and this technique in drama therapy still awaits further exploration.

To conclude, it is relevant to return to the reminder of where Jung’s career is situated, recognizing that that his work does not overlap with any of the considerations of role established in drama therapy that were explored in this research. Jung, remains hostage to time, and can now only be carried forth by those inspired by his efforts and feel compelled to utilize his tools in a way that serves their curiosities of encountering the unconscious –making their bridge to Jung, to follow on his bridge into the unconscious.

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