

WITNESSING IN DRAMA THERAPY: A THEORETICAL STUDY

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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

APRIL 1, 2019

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**CONCORDIA UNIVERSITY**

School of Graduate Studies

This research paper prepared

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Entitled:     Witnessing in Drama Therapy: A Theoretical Study

and submitted in partial fulfillment of the requirements for 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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*April 2019*

## **ABSTRACT**

### **WITNESSING IN DRAMA THERAPY: A THEORETICAL STUDY**

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This theoretical study seeks to understand the therapeutic functions of witnessing in drama therapy, and if they are unique to the modality, through synthesis and analysis of literature in the field and across a broad spectrum of psychotherapy modalities. The research finds that the most salient functions of the witness in drama therapy are to build a client's inner-observer, and to validate and acknowledge their resolution of inner-conflict or transformation towards the realization of a desired future-self. While the research identified that the therapeutic function of the witness is largely similar across many modalities, there are unique approaches to utilizing these functions in drama therapy, including integration with other core drama therapy processes such as embodiment and dramatic projection, as well as a focus on mutual transformation.

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## **Chapter 1: Introduction**

Prominent researcher and practitioner in the field of drama therapy, Phil Jones, identifies and defines nine core processes of drama therapy in his text *Drama as Therapy* (Jones, 2007). These core processes outline drama therapy's individuality as well as efficacy in the field of psychotherapy. Among these core processes is witnessing (Jones 1996), or active witnessing (Jones, 2007). It is defined as "being an audience to others or to oneself within a context of personal insight or development" (Jones, 1996, p. 110). This definition is succinct, however it leaves questions about the processes behind this phenomenon. Jones (1996) himself notes that drama therapy literature lacks adequate reflection on the role of audience, pointing out that the word does not even show up in the indexes of prominent texts on the modality.

While witnessing is acknowledged as a necessary element of the drama therapy process (Bailey, 2009; Bleuer & Harnden, 2018; Emunah, 1994; Jones, 2007), research in the field lacks clear and comprehensive exploration of its purpose in drama therapy. This research paper seeks to address this; its task to fully understand the function of the witness as a role and action, as well as its efficacy and uniqueness to field of drama therapy. Ample knowledge on the various elements involved in any given phenomenon serves to nourish the field as a whole. This research paper hopes to do this with witnessing through creating a resource for practitioners or those interested in drama therapy to understand the use of this core process.

### **Methodology**

The primary research questions of this paper are: what are the therapeutic functions of the witness in drama therapy, and are these functions unique to drama therapy? The research methodology for this will be theoretical. A theoretical research design derives its data from theory through a process of ample data collection, analysis and synthesis (Junge & Linesch, 1993). As such, an extensive literature review makes up the bulk of the research, followed by critical discussion of the themes and findings of this literature (Creswell, 2013).

### **Data Collection**

Literature was collected through searching the electronic databases PSYCHinfo and Google Scholar, while print articles were searched and gathered through Concordia University's library database. Key search terms included witness/witnessing/audience in art/creative arts/dance movement/drama/music/poetry therapy, witnessing in psychotherapy and witnessing in

narrative therapy. As well, many of the articles and journals included in the data were found through the reference pages of other articles.

In addition to drama therapy literature, this data collection looked for witnessing as is written in the larger field of psychotherapy to examine how the concept of witness is utilized. This intention assumed a basic hermeneutic similarity for the word witness among these fields, yet each having individual bodies of research that could be added to the data on witnessing in drama therapy. Specifically, this research includes in its literature review witnessing in the context of trauma-informed and psychoanalytic psychotherapy, as initial database searches showed strong correlation to the word witness. The research also includes narrative therapy, as the researcher had prior knowledge of the field's use of a culminating presentation that is witnessed by an invited group, similar to some drama therapy practices. Lastly, this research includes data from other creative arts therapies, as the collaboration between drama therapy and other creative arts modalities (Mazza & Hayton, 2012; Silverman, 2004; Young & Wood, 2018) suggests that some concepts can be shared or informed by the other.

### **Ethical Considerations and Bias**

In endeavoring to create a comprehensive synthesis of a wide body of research about both the role and act of witnessing, I must be careful of how my own bias and frame may inform my interpretation of the terms witness and witnessing. My frame of reference is predominantly as a training drama therapist, and this informs my use and understanding of the terminology. Despite an extensive reading, I cannot claim to be an expert or thoroughly versed in many of the modalities I have included in this research, and must consider that I may be misinterpreting or unaware of hermeneutic complexities to the role or act of witnessing in these modalities. I must acknowledge that my conception of the witness in the context of drama therapy may add bias to how I have written about the witness across the spectrum. With this in mind, the research takes precautions such as reflexivity and source checking to ensure that I am reproducing the ideas and concepts found in my sources with complete accuracy. Reflexivity is a constant internal process of the researcher to identify and monitor personal bias', challenge them, and be patent in disclosing how they may affect data collection (Savin-Baden & Wimpenny, 2014).

## Chapter 2. Literature Review

### The Witness in Trauma-Informed and Psychoanalytic Psychotherapy

Among what would be considered traditional talk therapies, theorists and researchers in psychoanalytic and trauma-informed frameworks were the ones to make explicit mention of the concept of witness, based on the literature found. The summarized understanding of witnessing in both these modalities is that it is an action of the therapist, who receives and accepts the retelling of a client's experience when these experiences are so profoundly emotional, or traumatic, that intervention or interpretation is put on hold and the therapist is there solely to be a present other to what is being disclosed or experienced by the client (Boulanger, 2012; Poland, 2000; Weingarten, 2000). Particularly in regards to severe trauma, "a witness is necessary to validate the extent of the psychic distress. Without this necessary validation the survivor doubts the significance of her experience" (Boulanger, 2012, p. 319). This act, according to Boulanger (2012), is a moral imperative but can come with great risk. The nature of the risk for "psychoanalysts who undertake this particular kind of moral witnessing, lies in the inevitable exposure to a painful and intimate knowledge of horror that is a struggle to bear in mind" (Boulanger, 2012, p. 319).

Weingarten (2000), a psychologist who works often with traumatized clients, emphasizes "we are all always witnesses. People speak, we hear, whether we choose to or not. Events explode in front of us, whether we want to see or not. We can turn on television, see people in moments of extremity, and know their fate before they do" (p. 392). Weingarten also highlights the function of witnessing as a means for testimony on behalf of those who share first-hand experience. Speaking of her colleagues in the field, she states "they have made a commitment to feel in the cells of their bodies what it is like to be touched against one's will, to be penetrated beyond one's ability to imagine a way to make it stop. And, they have made a commitment to try to render that experience to others on behalf of their clients" (Weingarten, 2000, p. 394).

Briggs (2015), a psychoanalyst who also works with traumatized clients, in the psychoanalytic frame, defines psychoanalytic witnessing of a client as simply seeing their implicit need to communicate their experience and have it accepted as truth. According to Briggs, this is a precursory step before analysis or interpretation of a client's material can even begin. He notes this through his case study research with a young male client who had for years been using overt hostility and violent behaviour with all therapists or medical professionals who

had previously attempted to work with him. In fact, as Briggs discovered through his extensive time working with the boy, his threatening aggression had been a mask for a very painful, unexpressed secret - years of sexual abuse as a child from older members of a gang he had been a part of. Briggs states how, prior to knowing his client's hidden suffering, his many attempts to voice his countertransference of feeling alienated and frustrated by his client's hostility only served to further alienate and destroy their alliance. Any attempts to reflect feelings, or interpret and analyze the client's thoughts and actions were met with increased opposition. It was not until Briggs began to be a present witness to the non-verbal story his client was trying to tell him that he was able to build the foundation that all the future therapeutic growth was based upon. This came from not only witnessing the way his client protected himself, but also witnessing the pain he the therapist felt within his own body. Briggs attuned to the way his client subconsciously always protected parts of his own body. The therapist was able to use what he was feeling, both in his client and himself to ask the needed questions that communicated to his client that this boy's inner secret and pain was being seen and accepted, communicating acknowledgement and belief in the trauma. According to Briggs' study, without this essential seeing there was no trust, and no future growth.

Also from a psychoanalytic frame, Poland (2000) identifies that a core essence to this seeing is witnessing the client from the perspective of an other, separate from the therapist. Effective witnessing requires empathy for the client's experience, while still holding the fundamental truth that they are a separate person. As Poland (2000) puts it:

In witnessing, the analyst is at once both part of what is unfolding and apart from the patient's unique singularity. In witnessing, we acknowledge the genuineness of what we grasp of the other while at the same moment acknowledging that we can never fully know or grasp what is essential in our patient's otherness (p. 17).

According to Poland, this separation is what helps clients to strengthen their own inner-observer. Through the therapist's act of witnessing and acknowledging the client's separateness, they are able to see this separateness in themselves, and that they are in control of their thoughts and their lives.

However, Poland (2000) warns of the natural inclination of the therapist to seek to merge with the client and to lose clear boundaries of self and the other as strong emotions or tragic stories begin to emerge from a client and empathy is sought. On the other hand, Poland



references the nature of interpretation of client's material, a core aspect of psychoanalysis, as being inherently distancing and causing separation between client and therapist, or self-other differentiation. While this is a useful and essential tool at times, in instances of a profound tragedy and trauma being disclosed, it is not appropriate to witnessing. In Poland's view, "as the patient opens into his private world, the analyst forgoes a bit of self-other differentiation in an effort to stay at one with the patient" (Poland, 2000, p. 26). Thus, it is important for a therapist to take steps in self-reflection and boundary setting to ensure that they do not become enmeshed with their client, nor too separated (Poland, 2000). In addition to this danger of merging oneself with the client's regression or trauma, Boulanger (2012) notes there is also the need to fight the natural inclination for dissociation and denial, which is often the reaction of people to protect themselves from internalizing the horrors of another's testimony and becoming vicariously traumatized. He states, "there is a need for involved otherness. Both joining with and remaining separate are essential" (Boulanger, 2012, p. 322).

### **The Witness in Narrative Therapy**

In her comprehensive book on narrative therapy, Madigan (2011) describes how Australian therapists David Epston and Michael White developed their narrative approach in the 1980's through a unique framework focused on anti-individualism and the client's inseparability from complex societal and social dynamics. As such, a core element of their therapeutic model is that it utilizes the presence of significant people in the client's life to participate as witnesses throughout the process. Madigan describes the basic theoretical concept of narrative therapy as people being defined by the stories they have of themselves, and that these "stories are shaped by the surrounding dominant cultural context" (Madigan, 2011, p. 29). According to Madigan, these dominant narratives may not be accurate of the person's lived experience, and the work of narrative therapy is to help the client re-author a new story. This therapy focuses on unique outcomes, which are events in the re-authored narrative of the client's life that are usually overlooked, and defy the oppressive narrative the client has internalized.

Freedman and Combs (1996) note that this process of performing preferred stories often culminates in the retelling of the client's new narrative to an audience selected by the client. This audience is an important and essential element of narrative therapy, as they state:

Once they exist, such audiences make up local subcultures which construct and circulate alternative knowledge-knowledge that provides new lenses through which to interpret

experience. As preferred stories are circulated and shared in a subculture, *all* the participants in that subculture construct each other according to the values, beliefs, and ideas carried in that subculture's preferred stories (Freedman & Combs, 1996, p. 237).

Carey and Russell (2003) develop this reasoning further in noting that the act of inviting significant people in the client's life to serve as witness means that it is much more likely that the therapeutic strides made will be upheld and integrated beyond the therapy. Furthermore, Carey and Russell that maintain a client proclaiming this new identity in isolation will lack a sense of reality and be difficult to uphold. The witness in this case serves to concretize and "reflect back to us what it is we wish to claim for ourselves" (Carey & Russell, 2003, p. 3).

Freedman and Combs (1996) include a case study in their book that emphasizes an active and participatory view of those who serve as witnesses. In the case study, a school principal is invited to sit in on the therapy of one of the teachers at his school recently. Upon witnessing the teacher describe great difficulty in envisioning herself having the ability to overcome her struggles with speaking to people, the principal commented from where he was sitting on the strides he had noticed the teacher take in social interactions at the school. The therapist asked the client if she was aware that others had noticed this unique outcome, and the client stated that she had no idea. The school principal in this account came as an outsider-witness, but had an active role in helping the teacher to re-author her narrative. Freedman and Combs also state:

Although people may or may not contribute to the therapy conversation, their bearing witness to alternative stories and preferred versions of selves is often important to the people we are working with. Also, this witnessing almost always makes a difference in the witnesses' perceptions of the people they witness. This difference then becomes a part of the subsequent interactions (Freedman and Combs, 1996, p. 245).

Finally, according to Freedman and Combs (1996), this active and participatory role of witness in narrative therapy is structured into the therapeutic process through a reflection portion where the therapist will address and ask the outsider-witnesses questions about what they have witnessed and their perception of the client. Usually this is a moment of awakening new perspective for a client, as they learn of the profound and positive impact their re-authoring and alternative story has on others.

## **The Witness in Other Creative Arts Therapies**

Reviewing the literature in the creative arts therapies shows many congruencies between drama therapy and the other creative arts therapies. Young and Wood's (2018) research finds linkage between dance movement therapy's (DMT) use of Laban movement and drama therapy's role theory. Silverman's (2004) practice of drama therapy using myth and fairytale incorporates other creative arts modalities such as art, poetry and music. Jennings and Minde (1993) have dedicated an entire book to exploring the relationship between art therapy and drama therapy. Given the collaboration and inspiration that creative arts therapies give to each other, it is wise to study how a concept such as witnessing may be experienced in the context of these modalities, as a way of adding robustness to understanding its function in drama therapy.

**Dance movement therapy.** DMT has, according to McGarry and Russo (2011), looked heavily at neuropsychology's discovery of mirror neurons as a way of understanding the efficacy of the modality. McGarry and Russo also state that mirror neurons in the limbic system of the brain are responsible for processing the movements and emotions of others, as similar neurons will activate both in watching a movement as when actually doing the movement. McGarry and Russo explain that this is a key to the human capacity for empathy in DMT, as the mimicked movements of therapist to client, or client to other clients, shows increased empathy for them and also communicates this empathy. The phenomenon of mirror neurons indicates a reciprocal relationship between the one who commits action and the one who witnesses action, each activating neurons in the other and creating empathy. Fischman (2009), paraphrasing from DMT therapist Janet Alder, states "empathy happens in the bodies of the witness when watching the dance of the dancer while focused on their own corporeal experience... picking up and understanding the other from their own felt experience" (p. 46). Counter-transference is then, in this context, understood as happening on a somatic level, where the emotion expressed in the client's body can be seen and felt by the therapist through checking in and communicating with their own body (Fischman, 2009).

Fischman (2009) also speaks of this in the formalized concept of kinaesthetic empathy, considered one of the primary additions from DMT to the practice of psychotherapy. Kinaesthetic empathy, in terms of what the DMT therapist utilizes to promote healing and therapeutic transformation, is a process of being present with what the client is expressing in their body, often mirroring it as a way of communication. Describing the intuitive mirroring

techniques of DMT pioneer Marian Chance, Fischman (2009) states “by making the spontaneous movements of the patient her own, acceptance showed in her body” (p. 43). Much of this is achieved through mirroring the client, and witnessing them as they move, and it is a process likened to the attunement of the parent-child relationship (Fischman, 2009).

**Art therapy.** Barak and Stebbins (2017) found connection between the art of prisoners and the personal importance they put on witnessing to their work. Their research study collected data through interviews with inmates transitioning out of the prison system who had made art while incarcerated. Based on the inmates’ accounts, Barak and Stebbins’ data found that those in isolation, without access to outside witnesses, would compensate for this by engaging in various types of dialogues with themselves as witness to their artistic work. The participants in the research stated that they took comfort and healing from imagining a witness to their work in absence of an actual witness. The three most common levels of self-witnessing included a self that witnessed their creations of art as though from a distanced outsider perspective afterwards, a self that fantasized about a witnessing public who would be supportive and learn from the work, and the self that fantasized encounters with other artists to connect with over their shared appreciation of artistic creation, despite perhaps widely different backgrounds otherwise. In this last conception of a particular type of witness, Barak and Stebbins touch on a social component to the act of witnessing. The discussion of their study advocated for the importance of facilitating witnessing from wider communities, particularly communities with power to affect positive change for those from more marginalized and oppressed communities, and the importance for facilitators to be aware of the impact of creating these opportunities for clients.

**Poetry therapy.** Maddalena’s (2009) grounded theory study found that those who performed poetry that they had written, at public events with an audience, described a process of working through inner-conflict and that having an audience there for this process was important for them in validating it. Alvarez and Mearns (2014) found that, when creating poems to be performed, the poets had preference for narratives of an idealized-self overcoming conflict. Their research also highlighted that many performers were motivated by a reciprocal relationship with the audience, and a feeling of connection and mutual impact. Within theoretical models of poetry therapy, such as Mazza’s (2017) Responsive Expressive Symbolic (RES) model, there is incorporation of performance elements that are often witnessed, specifically ritual storytelling

using symbol and metaphor. A survey of creative arts therapists, conducted by Mazza and Hayton (2012), found that drama therapists employed these RES interventions most often.

### **The Witness in Psychodrama**

According to Kedem-Tahar and Felix-Kellermann (1996), psychodrama and drama therapy share core philosophies and approaches, centered in a belief in the efficacy of drama for therapeutic means. Furthermore, many drama therapy techniques were developed from psychodrama, founded in ideas of spontaneity and role-taking as basis for action in group therapy. According to Haworth (1998), as a group therapy, psychodrama also addresses group dynamics and the ability of each member to contribute to another individual's and the entire group's transformation. While the term witness is not used explicitly, the technique of role-reversal is cited as a core technique of psychodrama, and the "engine which drives psychodrama" (Bannister, 1998, p. 119), because it is a way of having a member be able to view themselves through how others see them (Bannister, 1998). Touvon (1998) tells us that the concept of encounter is central to psychodrama, and predicated on the belief that each individual has the ability to see through the eyes of the other, or "being as present and aware as is possible and each being capable of mentally reversing roles with the other" (p. 32). Encounter puts dyadic relationships at a forefront in terms of shaping psychodrama around interpersonal relationship (Touvon, 1998). According to Touvon (1998), through the use of auxiliaries, who are informed and manifested by the protagonist to be encountered in the scene, the protagonist is in fact encountering themselves. It is because of these auxiliaries playing aspects of the protagonist's self, which they are doing even when playing another person in the protagonist's life because the character still is dictated and informed by the protagonist, that the protagonist encounters and experiences themselves externalized through other clients. The primary element of transformation for clients is to have this experience to witness themselves.

### **The Witness in Drama Therapy**

As stated in the introduction of this theoretical research, drama therapist Phil Jones offers the most seminal identification of witnessing as a core process of drama therapy. Jones (1996) sees audience and witness as interwoven concepts in drama therapy, their definition broadened further by the fact that, in many drama therapy groups, the audience members are clients themselves and the role of client and witness can shift rapidly and fluidly within the course of a session. Jones (2007) indicates that the act of being witness to the self is of equal importance to

witnessing another. Furthermore, witnessing of the self and the other can exist in many contexts, be it a closed drama group with other participants as witnesses, a therapeutic theatre production with a wide array of possible audience members to witness, or the dyadic relationship of one therapist and one client. As such, the literature in this section has been grouped into three types of witnessing a client may experience in a drama therapy process: Audience as witness, therapist as witness, and self as witness.

It is also important to note Jones' (1996) operational definitions of audience and witness, audience being a role a member has and witness being the action they do within this role. However, these appear to be used interchangeably for the most part in the literature, and audience can have multiple interpretations. Performance theorist Schechner (2003) identifies two different kinds of audience, the accidental and the integral audience. The accidental audience is one who is from the general population who comes to see a show/spectacle independently, for their own motivations. The integral audience is usually made of those who know the people in the spectacle, and are there for the specific purpose of being, in their way, a necessary part of it. As Schechner states, "an accidental audience comes 'to see the show', while the integral audience 'is necessary to accomplish the work of the show'" (p. 220). According to Schechner (2003), integral audiences are mostly associated with ritual performance, such as ceremonies or initiations. In the context of the audience who is necessary for the accomplishment of the ritual, he describes their act as witnessing. Keeping in line with both Jones and Schechner's definitions, in the context of this research paper, the use of the term audience refers to the role of an integral audience who is there to complete the work of the drama therapy process through their act of witnessing.

**Audience as witness.** Snow (2009) notes two fundamental forms of drama therapy: process oriented and performance oriented. While process oriented is contained principally within a closed therapy group, performance oriented drama therapy is what is primarily associated with a witnessing audience to a performance, such as therapeutic theatre for example. Therapeutic theatre has many of the hallmarks of a traditional theatre production, with the casting of roles and a rehearsal process overseen by a director, and finally the culminating act of full production for an audience. There are key differences however in that the director is often also the therapist, and the primary intention of the performance is therapeutic growth (Snow, D'Amico, & Tanguay, 2003).

Bailey's (2009) chapter on therapeutic theatre, in the textbook *Current approaches to Drama Therapy*, notes that in performance oriented drama therapy such as therapeutic theatre, though the audience is typically invited from outside the therapy group to come and witness as a culmination of the process, being friends and family or even members of the general public, they are in some way aware that a therapeutic process has preceded the performance and that the main intent of the performance is healing, either for the actors, the audience or both. For Bailey, the presence of an audience to witness a given client's performance serves the main function of validating the experiences and emotional journey of the actor-client, and can also be a strong symbol of completion of their therapeutic journey. In embodying their roles on stage and experiencing the applause and recognition of the supportive audience, their efforts and achievements are acknowledged and respected.

Snow, D'Amico and Tanguay (2003) indicate that, in their work with clients in therapeutic theatre, the intention is to cast their clients in roles that are different from the client's presenting self that is seen by their friends and family, or roles that will develop beneficial aspects of the client through rehearsal and performance. In witnessing the client embody one of these roles, the audience members too are able to see the capacity for expansion and hidden capabilities, and in this frame are able to view them in a different light after the production. Snow et al. (2003) comment on mutuality as well, saying that participants in their therapeutic theatre productions reported having the sense that the audience had been changed by the performance and had learned something.

***Self-revelatory performance.*** Renee Emunah developed self-revelatory performance, a specific form drama therapy and autobiographical theatre that builds into the rehearsal and performance process the conscious working through of an issue that the client is currently struggling with (Emunah, 2015). According to Emunah (2015), the act of performing and having a thoughtful witnessing audience offers some healing in of itself, however a more important healing comes from the process of working through in rehearsals with the therapist-director, a process that is then completed through the performance. Emunah notes that the audience who sees this performance must be considered at every moment, as they are expected to carry the vital role of empathetic and supportive witness into the final stage of this working through. Often they are instructed beforehand on the importance and necessity of this role they have.

Self-revelatory performance is complex in its approach to witnessing, as it gives large

consideration to the aesthetic of the performance and overall quality of the experience for the audience, and aims to create a therapeutic culmination that is also on par with professional productions, with the belief that this aesthetic consideration enhances the witnessing experience for both performer and audience (Emunah, 2015). Part of this consideration is ensuring that the emotional material is not too unresolved, as Emunah states:

The audience's identification with the performer and natural inclination to 'root' for him/her need to be balanced by the performer's capacity to therapeutically master the presented issues and artistically master the piece. Without this therapeutic and artistic mastery, the audience could bear unnecessary concern or even pity for the actor and feel weighted down rather than fulfilled by the piece... The evocation of the audience's empathy for the performer and his/her struggles must be intertwined with the performer's capacity to create out of, if not transcend, these struggles... when the performer is reaching for self-awareness and healing, the audience is enlivened and moved... caring with, rather than caring for, the performer. Theatrically speaking too, it is not the disclosures but rather the healing strands that tend to be the most poignant and riveting moments for the audience, and where the universality of the capacity for human resilience is illustrated (Emunah, 2015, p. 79)

Emunah relates this to Robert Landy's (see Landy, 2009) concept of aesthetic distance in saying it is important that the client-actor is in a place of deep emotional connection to the material while performing, yet without becoming overwhelmed. When done effectively, self-revelatory performance is intended to be as transformative for the witnesses as it is for the client-actor (Emunah, 2015).

***Effect of witnessing on audience.*** In her phenomenological study, Wood (2018) researches the effect on the witnessing audience of performed, lived experience within a family context. Her research sought to answer the question of what elements of a performance of lived experience would arouse either a feeling or reflecting state. The performance was done by Wood, about lived experiences of alcoholism and addiction within her family. The witnessing audience was put into three types, a community audience, an audience of professionals and colleagues, and an audience of family members of those being treated for alcohol addiction. Wood found, both through a review of relevant literature and her own performed lived experience, that cultivating within the performance a balanced state between emotional feeling



and cognitive reflection for the witnessing audience was key to a transformative experience for them.

Wood's (2018) study also found transformative potential for the witnessing audience in that "watching someone else share their personal story appears to give the audience permission to think about, feel, and share their own stories" (p. 28). When allowing post-performance talkbacks for the sharing of thoughts and feelings, audiences to performances of lived experience felt compelled to reflect on and share their own experiences back to the group who performed, and the results suggest that the benefits of this witnessing were mutual transformation for performers and audience (Wood, 2018). Wood suggests this happens when the witnessing audience shares with the performers the transformative affect the performance had on them, and this enhances and strengthens the performers' feelings of validation and being seen. The witnesses to these performances also reported that the theatrical conventions of being a removed observer of the material in the performance gave them a sense of safety to feel and reflect their own emotions (Wood, 2018). At the same time, Wood's participants also reported that they felt the many sensory aspects of the performance made it more effective to witness than talking about the issue.

***Issues of the audience as witness.*** Emunah and Johnson (1983) express that, in their work with patients in mental health facilities, they found the clients form a community and culture within their role of patient at an institution, and further within their rehearsal group. When this culture is met with the reality of being seen by an outside group of witnesses, with their views or judgments unknown, the lack of knowing about how they will be perceived can be deregulating for the patients. The positive self-image that is being built by the rehearsal process is fragile, and the thought of revealing themselves to an outside community is threatening. Emunah and Johnson note however anticipating this phenomenon in their clients, and that the group working through this sensation is an important part of the therapy and preparation for the witness, which often results in satisfaction after the performance and realization that the audience is validating of the client's presenting self.

Nisha Sajnani's drama therapy research also addresses marginalized communities being witnessed by an audience with greater societal power and privilege, and uses a social activism framework concerned with how traditional structures of the witness in therapeutic performance can be harmful to the client as well (Sajnani, 2010). Sajnani's (2010) case study of South Asian

women who performed their lived experiences of systemic and domestic abuse, argues that the tellers of stories can become harmed by the experience of being witnessed if the audience “is not able to resonate, recognize or identify with the experience staged as a result of their differing social status and correlating social power” (p. 190). According to Sajnani, such a situation may render the transformative experience ineffective, and serve to reinforce social norms of power and oppression towards the person telling their story. Furthermore, Sajnani notes that since the exchange is marked by the teller as a vulnerable revelator and the witness as receiver, in control of giving or withholding empathy, the unequal power dynamics experienced by marginalized people in everyday life are recreated in the theatrical space.

Sajnani (2010) suggests that the solution is for drama therapists to understand and address the cultural or social gaps that can exist between the witness and the performer/client, in order to ensure the empathy needed for a transformative experience is achieved. Sajnani (2012) identifies an inherent divide in the viewer, who is perceived as healthy, and the performer, who is perceived as sick when looking at the pedagogy of the witness and the performer. She points to the work of theatre practitioners such as Augusto Boal and Antonin Artaud, whose socially conscious approaches to theatre sought participatory audiences who were not simply observers of the performers and message, but participants in it as well. Sajnani references Phil Jones in referring to this as active witnessing, framing the term to focus on the participatory and collaborative role that the witness can have (Sajnani, 2010).

Sajnani, (2012) implies that the responsibility to inspire an active witness falls on the shoulders of the performers and drama therapist. There are several techniques that drama therapy might use to facilitate the creation of an active witness, often involving audience participation and the inclusion of events ancillary to the performance, such as talkbacks and questionnaires. In Sajnani’s (2010) case study referenced earlier, the participants in the production created forum theatre as a means to engage the audience. There was cognizance of how the witnessing audience might perceive the actors as they portrayed scenes of their being intimidated by threatening husbands. They took care to avoid reinforcing cultural stereotypes of male violence and female victimhood, and used audience engagement and feedback to reflect the complexity and difficulty for anyone to navigate such experiences.

Johnson (2010) also looks at the limit of what can be shared to a witness, and states that certain stories cannot be told as they may wish to be told, or parts must remain unspoken.

Johnson uses the example of war and Vietnam veterans, stating that their stories often cannot be fully told, in part due to the true graphicness of the atrocities needing to be diluted in order for many to permit themselves to hear it, and also because the meaninglessness of war cannot be fit into the inherent human desire for meaning and story in performance. Johnson asks:

If by definition a trauma narrative cannot be fully understood because it is unrepresentable, then are we not placing our clients in a situation of certain defeat, for after their performance will they not sense that the audience did not fully comprehend? (p. 62).

Indeed, Johnson (2010) found that, though the veterans reported many benefits of the therapeutic performance, including validation of their trauma experiences and identities, they felt that the audience did not truly witness their experience, and that they could not know fully. Johnson's final critique on the limits of witnessing and testimony in performance is that the very convention of the audience in a theatre space, which dictates silent observation and not intervention, can instead be a re-creation of the trauma narrative in which there was also no intervention against the perpetrator. Johnson also questions the nature of editing a trauma narrative to fit into common theatrical conventions, questioning:

Is it possible that the cuts and gaps within the trauma narrative are best understood as signs of the perpetrator? When the trauma testimony remains within the established boundaries of aesthetic convention where the gaps and discontinuities have been smoothed out and filled in, the active presence of the perpetrator remains hidden. Without his presence, there need be no call to action (p. 72).

Johnson (2010) finishes his chapter by stating that it is only the fully realized testimony that will activate a witnessing audience to intervene on behalf of victims of trauma, and this is the challenge for therapeutic theatre, to work towards an experience that heals the victims who share, and engages action in those who witness.

**Therapist and group as witness.** Landy's (1996) conception of therapist as witness in individual drama therapy explores the dichotomy between active and passive engagement. Using his basis of role theory (see Landy, 2009), he suggests that a defining quality of the witness role is that it does not instigate or interact with the client like other roles the therapist may take, but rather just observes (Landy, 1996). Like the client, the drama therapist works within a series of roles that include provocateur and trickster, and while it is often the case that

the therapist will rely on these active roles to help guide a client towards discovering new roles or integrating two polar roles, there are times when the drama therapist must know to retreat to this observer role of witness (Landy, 1996). In Landy's view, the witness is the follower, seeing the client interact, for example with a puppet or mask, and compassionately observing them explore an inner world. Landy also speaks of the importance of not analyzing what is being witnessed at this time, and focusing on presence with the client.

Johnson (2009) too notes that, in his method of Developmental Transformations (DvT) with individual clients, the therapist is constantly active and engaged with the client in improvised interaction that is the basis of the method. However, there is also what is called the witnessing circle, which is a mat that is placed in the corner of the Playspace. With this convention, the therapist can at anytime step into the witnessing circle and will no longer be interacting with the client, but will instead go into an observing role of witness. In these moments, non-directive and not engaging, but present to witness the client continue the play that has been established, reentering when they feel it is appropriate.

***Dunne's Narradrama.*** Pam Dunne developed narradrama, which is a drama therapy approach heavily influenced and interlinked with narrative therapy, rooted in its main tenet of self perception being constructed from societal and personal narratives (Dunne, 2009). She states, "the stories we tell ourselves about our own lives determine which events we consider important. Our self-narrative determines how we interpret our experiences" (Dunne, 2009, p. 172). The narradrama approach uses narrative therapy's same techniques of honoring special knowledge, externalizing problems, and re-authoring problem-saturated stories of one's identity that have been internalized from an oppressor, and it similarly seeks to find unique outcomes in a clients' stories through sharing (Dunne, 2009). According to Dunne, narradrama combines narrative and drama therapy in that it "adds varied means of communication to traditional Narrative Therapy: art, poetry, music, dance/movement and electronic media... encourages the participant to take on different roles and dramatize the alternative story" (Dunne, 2009, p. 173).

Dunne's (2010) chapter from a book on trauma-informed creative arts therapies explains using this technique with traumatized and marginalized groups. The chapter includes an example from a case study of a teenage girl who discovered a roommate going through her personal property. Rather than retaliating against her roommate in the group home, she stepped out of the room to take a breather. In the sharing of this story, a unique outcome was identified

of the girl stepping away from the conflict to collect herself, reframing her internalized narrative of being aggressive and impulsive.

The narradrama process also relies on ritual amongst the group and culminating performance of both the oppressive and self-authored narratives of the group (Dunne, 2010). According to Dunne (2010), the outsider-witness is an integral part of this process. In this process, the outsider-witness has an active role in witnessing and responding to the group, both verbally and through dramatic enactment. Dunne states “Outsider-witnesses may include people from other groups who have experienced similar struggles. Other members might be therapists, social workers, teachers or members of the larger group” (p. 31). They are given specific instruction on their role as witnesses and the specific type of feedback that their role is suited for, “namely to discourage giving advice, making judgments, rendering interpretation, or formulating healing strategies” (Dunne, 2010, p. 31).

Dunne (2010) suggests that the main purpose of this witnessing group is validation, and that through the outsider-witnesses’ feedback, they reflect what has been seen and perhaps offer perspective on what was not seen. This is referred to as retelling the story, and is done both through verbal feedback and also through creating short, response drama pieces that express symbolically what resonated with them (Dunne, 2010). In the example included, outsider-witnesses also spoke of the positive qualities that they observed about the group members from what was shared.

In the final step, after the group members who had first presented the story hear and see the outsider-witnesses’ responses, they then responded back to what the outsider-witnesses has shared, called retelling the retelling (Dunne, 2010, p. 37). Dunne (2010) gives the example of a group member telling the story of feeling bored at a group home, and then the feedback from an outsider-witness who expressed hearing in this story the desire and drive for something more from the group member. The group member responded with surprise, admitting she always thought of being bored as a bad thing and not considering the perspective of wanting something more. According to Dunne “Observing an outsider witness deeply and emotionally connect to their story may be a new and unexpected experience for marginalized group members who have lost confidence in the possibility of touching and influencing others in their culture” (p. 33).

**Self as witness.** According to Jones (2007), in addition to being a witness to or being witnessed by others, “the client can develop the audience aspect of themselves towards their

experience, enhancing the capacity to engage differently with themselves and life events” (p. 102). This refers both to a person having the ability to observe their feelings and behaviors on a meta level, as well as the practical techniques contained in drama therapy that allow a client to see aspects of themselves, such as embodiment through another person, a mask or puppet, or an object (Jones, 2007). Jones also emphasizes, “in dramatherapy, the therapeutic possibilities of witnessing others and being given the opportunity to be a witness to oneself are of equal importance” (Jones, 2007, p. 101). For example, Jones (1996) includes a vignette of a prisoner/client reenacting a scene in a prison drama therapy group. The scene was of the events that had led up to the murder he committed. In the scene, the client switched from playing himself to playing his victim, meanwhile another group member assumed the role of him. Jones uses this vignette as an example of how participants can be witness to themselves, as the actor plays them in a scene, and both an external and internal witness to their empathetic feelings for the other through portraying the other.

Johnson (2009), in his chapter on DvT in *Current approaches to Drama Therapy*, states that the act of stepping out of the playspace to observe the client from the witnessing circle has the intention of leaving the client with the experience of being observed. Realization of the therapist as observer puts the client simultaneously in a place of playing in role, and being in the here and now reality of themselves in the room, being witnessed by another person. According to Johnston, this helps the client to strengthen their own inner-observer, as it “allows the client to integrate his observing self with his self-in action, rather than splitting them by processing the session afterwards” (Johnson, 2009, p. 97).

Landy (1996) also speaks of this dual participant and observer role with the client in his distancing theory. According to the theory, when one becomes under-distanced, and thus overwhelmed by their feeling states, or over-distanced where they are overly analytical and removed from feeling, they are not in an optimal place for therapeutic transformation (Landy, 1996). By playing with techniques to counter either an over or under-distanced client, the drama therapist will create aesthetic distance in which the client can access, but not be lost by, their feeling self. In addition to the development of techniques to do this in sessions, Landy indicates that it is the strengthening of the inner-observer or witness that serves our ability to achieve this aesthetic distance, and notes one of his students commenting on the sensation of developing their inner-witness through aesthetic distance:

One drama therapy student recently reported an episode where he expressed severe anger and hostility toward his parents. He acted out his rage by screaming, sobbing, cursing, banging his fists on the table and verbally attacking them, all behaviors he had never demonstrated before. As he was acting out his anger and feeling quite out of control, he nevertheless reported an awareness that he would not go too far because he became aware of seeing himself performing his actions as they were occurring. That is, in order to safeguard himself from the fear of losing control and committing an act of physical violence against his parents, he assumed, unconsciously, an observer role to provide a safe margin of distance (Landy, 1996, p. 18).

According to Jones (2007), other members of the drama therapy group also help in the execution of techniques that aid in the witnessing of self, such as role-switching with the individual, or through the technique of mirroring them. The act of witnessing in a group therapy, according to Jones, has a fluid nature in that the group can switch between participant and observer often. Orkibi, Bar, and Eliakim (2014) found, in their study on the self-stigmatization of mental health patients, that the act of working with group members potentially aided in building a client's self-witness. This was due to the fact that the other group members in the same facility, with the same label of mental illness, were considered peers and seeing them portray similar issues helped the clients to see this differently in themselves. Orkibi et al. give the example of family scenes in which various members of the group would create different family dynamics. Their qualitative data showed clients were transformed by seeing the scenes of other members in the group portraying similar family dynamics to their own, and discovering shared experience through this. The study notes that, in such a group psychotherapy, transformation is aided by universality and interpersonal learning, two core therapeutic factors of a group psychotherapy process, which are achieved by discovering the mutual commonalities in each other's presenting material (Yalom & Leszcz, 2005, as cited in Orkibi et al., 2014).

According to Bleuer and Harnden (2018), as informed by their individual drama therapy work with clients, drama therapy has a unique efficacy to assist witnessing the self when it is incorporated with other core principals of drama therapy such as embodiment. They state, "Drama therapy processes themselves offer an additional form of witness. Through embodiment and enactment this process deeply mirrors back, in three-dimensional form, aspects of the client's self and their internal world" (Bleuer & Harnden, 2018, p. 177). Bleuer and Harnden

further note that, in this deep reflection, the client can see how another may see them and build upon their own self-witnessing capabilities from this. Bleuer and Harnden offer this reflection from a case study with a client, alias name Sabine, where they use specific drama therapy techniques in their individual practice:

Through dramatic projection and doubling, Sabine becomes a witness to herself, internalizing the therapist's perspective of herself as good, finding compassion for her early destructive experiences, differentiating the trauma from herself and reformulating her previous understanding of herself as bad to one deserving of love. Here, the core processes enhance Sabine's self-witnessing capacity (Bleuer and Harnden, 2018, p. 177).

***The engendered inner-spectator approach.*** Ronith Heymann-Krengel's engendered inner-spectator is a drama therapy concept and process that is specifically focused on strengthening the client's inner-witness, or inner-spectator as he refers to it, by incorporating several techniques that call attention to what the client may be observing about themselves throughout the drama therapy process (Heymann-Krengel, 2011). His method delineates a conquered and authentic inner-spectator. The conquered inner-spectator, represents "the voices of the introjections, critics or norms, which come from the world outside into the self, but have been integrated as a part of the self, as its own voice, and in doing so have conquered the role of the authentic inner spectator" (Heymann-Krengel, 2011, p. 16). The authentic inner-spectator on the contrary is "a spectator as an internal supervisor that has no elements of critic, or judgment" (Heymann-Krengel, 2011, p. 16). This authentic spectator is further divided into the retroactive spectator, who reflects after the drama therapy, often in a cognitive interpretation, and the present inner-spectator who observes within the drama therapy. This later spectator is the most authentic according to Heymann-Krengel, and the spectator that drama therapy should strive to elicit.

Heymann-Krengel's (2011) drama therapy process involves techniques to activate this inner-spectator in sessions. For example, mid-scene a client might be directed to turn their attention to another person in the scene. According to Heymann-Krengel, directing the participant's gaze to the 'other' splits his attention, creating what is called double attention. Another technique is to instruct the client to step out of the scene and observe it as it continues without them, called observer status. The final technique is purposefully-planned transitions from one artistic medium to another in order to heighten self-observation, called empty space.



Heymann-krengel states “empty space is what I call the space that appears after one has left something, but does not flow with the new thing/action/place yet. This space is emptied from what one knew before but not yet filled up with the new” (p. 17). According to him, this transition is a moment where the inner-spectator is heightened.

Heymann-Krengel (2011) used interviews with clients from his drama therapy practice who had undertaken his engendered inner-spectator approach. He followed this with interviews and self reports. In post session self-reports, his study found that arousal of the inner-spectator was reflected on by the clients as being the most memorable as well as the most internally transformative for them in the drama therapy process. His conclusions suggest among the most significant transformative techniques that can be utilized in drama therapy are those that seek to activate the client’s inner-observer (Heymann-Krengel, 2011).

### **Chapter 3. Discussion**

The literature in this study was collected in relation to the primary research questions, what are the therapeutic functions of the witness in drama therapy, and are these functions unique to drama therapy? Based on a review of the literature collected, the researcher identified that the functions of the witness in drama therapy fit into two concrete categories: building an inner-observer, and validation. This research found common themes and notable similarities that emerged across the various modalities' definitions and approaches to witnessing, and that their function of the witness also fit into these two previously stated categories. This suggests that, for the most part, witnessing has similar function in drama therapy as it does in other psychotherapeutic modalities.

However, while the function of the witness is similar across modalities, the literature suggests drama therapy is unique in its approach to these functions. For example, based on the reviewed literature, the delineation between a passive observing witness and an active and interacting witness is unique to the drama therapy literature (Dunne, 2010; Johnson, 2009; Jones, 2007; Landy, 1996; Sajnani, 2012). To clarify, while other modalities do note a difference between present observation and active intervention (Freedman & Combs, 1996; Poland, 2000), the drama therapy literature is largely unique in suggesting that these are both a type of witnessing. The literature also suggests a unique focus on mutual transformation in drama therapy processes, where the reflection and alteration of the witness along with the one sharing is emphasised as indicator of a successful process (Dunne, 2010; Emunah, 2015; Sajnani, 2010; Woods, 2018). It should be noted that the narrative therapy literature does also indicate that change in the witness' perception of the narrative therapy client is an important part of a successful therapy (Freedman & Combs, 1996).

#### **Building The Inner-Observer**

Drama therapy seeks, as a significant goal, to strengthen the inner-observer of clients, helping them to witness their thoughts and feelings from an outside or different perspective as a means of therapeutic growth and transformation (Bleuer & Harnden, 2018; Heymann-Krengel, 2011; Johnson, 2009; Jones, 2007). This outside view and self-witnessing is also an integral initial step towards internalizing a new perception of the self and therapeutic transformation (Bleuer & Harnden, 2018; Dunne, 2010; Heymann-Krengel, 2011). This view is supported by research in other modalities of psychotherapy as well (Amir, 2012; Bannister, 1998; Briggs,

2015; Freedman & Combs, 1996;). Amir (2012), for instance, states “The function of the inner witness is crucial to the subject’s capacity to shift between the first person and the third person of experience, or between the ‘experiencing I’ and the ‘reflective I’, and its absence leads to a sense of hollowness, emptiness and futility” (p. 879). In drama therapy, a client builds the self-witness primarily from the experience of being witnessed by others, be it an audience or a therapist, or by seeing aspects of themselves as portrayed by others (Bleuer & Harnden, 2018; Heymann-Krengel, 2011; Johnson, 2009; Jones, 2007; Landy, 1996). Two distinct witnessing approaches for building a client’s inner-observer were spoken of in the literature. There is being in presence with the client as an observer who does not interact with the client, and there is being one who offers their own response to the client’s material as part of being a witness, usually expressed in active engagement using drama therapy techniques. Jones (2007) coins the term active witness, implying an active state of self-observation in witnessing, but also the active nature of a group therapy where participants witness as well as become part of the action. Sajnani (2010) also uses the term active witness, in relationship to socially engaged theatre, where the full impact of the audience is not just in observing, but in also having active engagement with the material to invite personal transformation and social change. While passive witness is not a term explicitly used in the drama therapy literature, using the antonym word passive is an effective way to separate and clarify these two approaches to witnessing.

**Building through the passive witness.** Johnson (2009) and Landy (1996) characterize the distinction of the observer from their interventions in a drama therapy session, defining witnessing as an outcome of stepping outside of active engagement with a client during a session in order to be passive yet present to the client before returning to engagement. This is in a similar vein to those who would practice talk therapy when describing their role as witness, such as Boulanger (2012), Briggs (2015), or Poland (2000). In a sense, simply the presence of the therapist to receive what the client shares in of itself can create an experience of separation and the knowledge of being observed, which in turn helps the client to experience the self. This is similar to the inherent healing of the simple presence of an audience as articulated by Emunah (2015), and in greater in depth by Johnson (2009) when describing the simultaneous existence in a playspace and a here and now that allows the client to strengthen their ability to be in a role while also realizing they are being observed in the room performing.

**Building through the active-witness.** An important function of drama therapy is the active component of witnessing, which is associated mostly with the act of reflection and feedback from the witnessing individual or group (Bleuer and Harnden, 2018; Dunne, 2010; Jones, 2007), but can also refer to the call to action after the witness has heard testimony of the sharing individual (Sajnani, 2010; Johnson, 2010). While both the passive and active component have place in a witnessing role, the active component as a function of the witness seems more associated with creative arts therapies, particularly drama therapy. Just as Johnson (2009) speaks of stepping out to view the client in a session and letting this moment inform the action when the therapist comes back into the play, so too do Bleuer and Harnden (2018) describe that the receiving of the client is a means to inform the reflection, but the reflection, embodied through drama therapy techniques, is necessary to the modality. In relation to psychodrama, which drama therapy has taken approaches from, there is a great importance put on the active sharing that comes after a psychodrama (Bannister, 1998). In fact, perhaps one of the more apparent differences between the concept of the function of witnessing in more traditional forms of therapy and drama therapy is that the role of the witness ends at the receiving, and the active component of reflection is a separate act. Reflection or interpretation is an intervention, and to witness is to put intervention aside (Boulanger, 2012; Poland, 2000). Drama therapy literature would suggest that the active reflective aspect functions as a part of the witnessing role.

The main means by which this active witnessing enhances the self-observer are that the feedback fosters in the individual who tells their story a sense of being seen as an individual, a person that is separate from others. The experience of being seen and attuned to, introduced by the passive witness, are confirmed and deepened by the active reflection, and while drama therapy recognizes that passive witnessing is in of itself therapeutic, it is the active reflection component that enhances transformation for the client (Bleuer and Harnden, 2018; Dunne, 2010; Emunah, 2015).

The other means comes from moments where feedback given from the witness offers a new perspective for the person who has shared, and this can offer a chance for that person to witness their actions in replay from this new perspective. This was seen in the example given by Dunne (2010) in the narradrama of the teenage girl who gained a new perspective of her boredom as being indication of having drive for a more fulfilling life. Likewise, an individual's inner-observer can be effectively built in a group drama therapy process, as a fellow

participant can play this individual as a role, offering that individual opportunity to see aspects of themselves as an outside witness (Jones, 2007; Tauvon, 1998).

Care is taken in instances of active participation to curate how the witness can give feedback, and caution is given to how the act of the witness reflecting upon what has been shared, especially by vulnerable people, can have the potential for healing or damage. The literature suggests that this is where drama therapy intersects with what may otherwise be purely aesthetic-minded performance, as it is the task of the drama therapist to ensure that the overall affective potential of the witness is guided towards positive transformation (Dunne, 2010; Emunah, 2015; Johnson, 2010; Sajnani, 2010).

### **Validation**

Use of the word validation, or similar words like acceptance or acknowledgement, came up in several of the drama therapy literature sources (Bailey, 2009; Dunne, 2010; Emunah, 2015; Emunah and Johnson, 1983; Snow et al., 2003). Validation as a function of witnessing in drama therapy is often connected to the client experiencing transformation that is beneficial or of value to them. This is often connected to realizing a desired future-self that resolves inner-conflict, or finds acceptance and reframing of the current self-image to one without stigma, and this process of transformation being acknowledged and celebrated by the witness (Dunne, 2010; Emunah, 2015; Emunah & Johnson, 1983).

In a performance-oriented approach to drama therapy, where the witness is an audience, validation comes primarily in the form of applause and reflective feedback of an affirming nature (Dunne, 2010; Emunah, 2015; Emunah & Johnson, 1983; Snow, 2009; Snow et al., 2003). Validation is recognized and identified as a function of the witness for process-oriented drama therapy as well, where either the rest of the participating group or just a therapist will act as witness (Jones, 2007), and also for the rehearsal process that happens amongst a group leading up to a performance (Bailey, 2009; Emunah & Johnson, 1983; Snow et al., 2003). However, for proponents of a drama therapy method that involves a performance as a culminating act, the literature suggests that the validation of an audience has a profoundness and necessity that is not the same as the validation that comes from therapist or group (Emunah, 2015). Taking this further, the literature suggests the audience who creates validation through applause or simply their attention and presence is not as effective as one who is engaged in a reflective feedback

process afterward, provided that this reflective feedback is structured in a therapeutic way by the drama therapist (Dunne, 2009).

In therapies that involved working with severely traumatized individuals, the function of the witness has an added element to acknowledgement and validation. Trauma informed literature spoke of the witness' role in giving voice to the voiceless and serving as testimony to others. Consider the position of drama therapist David Read Johnson, who states "one of the most central functions of applied theatre and drama therapy performances with special populations has been testimony, that is, the performance allows for unheard voices to speak, untold stories to be told, traumatic events to be documented" (Johnson, 2010, p. 61), and Weingarten's (2000) quotation included earlier about the commitment of her colleagues to bear testimony on behalf of a victim. Sajnani (2012) speaks of the imperative for the audience, especially an audience comprised of individuals with more social power, to in some way serve as testimony to the truth of a marginalized person's lived experience, as it is expressed in a drama therapy process, and further to engage in some form of social action to eliminate oppression. To only validate or show empathy for the persons' experience, without some form of action as well, can in fact reinforce oppressive dynamics of confessor and judge.

An important part of validation is concretization for the client, as the client has put their inner-self out to the external world and it is now known and held in the minds of others (Carey & Russell, 2003; Dunne, 2010). As Boulanger (2012) points out, a client can even come to doubt the reality of their experience when it is not witnessed by another, especially with regards to trauma. Indeed, bearing witness to first-hand trauma narratives is also a strong component of the validation that can come from the witness in a drama therapy process, as was noted by Johnson (2010). However, often in the context of a therapeutic and self-revelatory performance, there is inclusion of some sort of presentation of transformation or resolution, or re-authoring of an oppressive narrative to a preferred one, such as is described in narradrama (Dunne, 2010). The prevalence of this element of being witness to resolution, and attainment of a desired self-identity, as well as trauma and oppression can be seen in other creative arts modalities as well, such as performed poetry (Alvarez & Mearns, 2014), suggesting that the relationship between audience and validation has some universality.

Taken from the literature on narrative therapy, part of this concretization exists from an element of accountability, as once the preferred self-image is known, the client is in a sense

accountable to this new self, and more likely to uphold it when others in the client's community have witnessed it (Freedman & Combs, 1996), and this same element can be ascribed to the witness in drama therapy as well. Though this is not explicitly stated in the drama therapy literature, there is allusion to this sense of accountability, for example in Emunah and Johnson's (1983) description of the anxiety of being witnessed from their clients when they realized they would be seen in a new role, and therefore culpable to this new role, which they internalized as a frightening prospect. Worried of the new expectation caregivers and health professionals may have of them, the patients were anxious at the thought of performing, and afterwards resistant to integrate the new self that they had shown on stage in front of witnesses.

Perhaps this relates to Pendzik's (1994) notion of the theatre space as a sacred space, governed by taboos as well as rituals just as other sacred spaces. She states:

A sacred space can be both a place of magic healing and a source of danger. On the one hand it appears to be the safest spot on earth; on the other, there is a fear of being lifted to a level of existence that is higher and beyond the human natural ontological state (Pendzik, 1994, p. 27).

The act of witnessing the alternative role of the client speaks to the transformative power of being lifted to another space. In this context, the witness in drama therapy perhaps also functions as a component of this sacred space, having a part in the individual lifting up towards profound transformation. Like the quote from Pendzik, there is safety to being witnessed and validated by the audience, but also the danger of being lifted into this new role and seen in new light. Johnson and Emunah (1983) spoke of the double-sided anticipation that their clients had of the witnessing audience, as they potentially may validate, but also had the potential to judge and reinforce stigmas and negative self-images the patients were struggling to overcome. However, as Pendzik (1994) points out, there is also perhaps a tacit understanding already from the witness that the theatre is a sacred space and they must uphold rituals and rules of the space, such as to validate and uplift.

Exploring these roles of witness further, Johnson and Emunah (1983) noted that connecting to the general population outside their hospital predominantly motivated their clients. The anticipation had the flavor of optimistic excitement, or fear of vulnerability to failure, shame and judgment. At moments, the literature made comparative statements of the audience as the social power, or free of pathology, as opposed to the performer who is there to present pathology

(Sajnani, 2012). The audience then becomes, a microcosm for the larger society. Therefore, it could be argued that to present transformation from alienation, or the perception of pathology, towards an idealized self-image and to have this experience validated by a witnessing audience is to symbolically create acceptance and empathy from society. This idea has some support as well in Barak and Stebbins' (2017) study findings that individuals fantasized about encounters with an outside world of witnesses who would see them as more than prisoners, members of subgroup, and consider them part of the general society. This is a controversial function of the witness however, as Sajnani (2012) points out, in that this very construct of audience as a metaphor for majority, with its implications of social power, has the potential to reinforce oppression through passivity, judgment or withholding of empathy in their witnessing. On the other hand, she indicates that simple validation is a problematic definition of the witness in drama therapy, as it homogenizes an audience, and gives no voice to their individual thoughts and feelings while witnessing. Instead, it frames them purely as "a uniformly supportive entity... to fulfill the therapeutic function of private therapy as public theatre" (Sajnani, 2010, p. 192). All this taken together gives credit to the witnessing audience's symbolic representation of the larger society, given its complexity of perceived roles and capacity for validation or reinforcement of stigma. Then, the desired function of the witness as validation also serves as a representation of society as an affirming entity.

### **Mutual Transformation**

Reviewing the literature revealed emphasis in drama therapy on the transformation that the act of witnessing has on the witnesses as well. This transformation can be in the form of new perspective gained from what was witnessed in the performance, or from the opportunity to reflect and share a personal experience that the performance has reminded them of, or finally their own feelings of validation from witnessing experiences they relate to (Bailey, 2009; Dunne, 2010; Emunah, 2015; Snow et al., 2003; Woods, 2018). The suggestion from the literature is that when therapeutic transformation and growth can be seen in both the witness and those who share, then each can enhance the experience of other, especially when opportunity for feedback and reflective response included, such as through a talkback or audience interaction, and this mutual transformation is an indication of the success of the drama therapy process (Dunne, 2010; Emunah, 2015; Sajnani, 2010; Snow et al., 2003; Wood, 2018). As noted earlier, this phenomenon happens in a group therapy process as well, through witnessing other group



members and having opportunity to reflect, share reflection and experience mutuality and universality (Bannister, 1998; Jones, 2007; Orkibi et al., 2014).

### **Techniques**

In addition to witnessing, Jones (2007) identifies other core processes of drama therapy, including embodiment and dramatic projection. In brief, embodiment refers to using the body for expressive purposes, while dramatic projection is the concept of symbolic projection of one's thoughts and feelings into an object, mask, puppet or through embodied expression. Often in the drama therapy literature included in this study, the concept of witnessing was experienced or identified not solely in of itself, but integrated with these other core processes of drama therapy. In fact, it is suggested that the integration of other drama therapy core processes in witnessing facilitates a deeper connection and mutual understanding that is the foundation of the efficacy of drama therapy (Bleuer & Harnden, 2018; Dunne, 2010). The use of other core processes in drama therapy alongside with witnessing appears to be a unique approach to the functions of the witness in drama therapy, as it did not appear in the other included literature.

Literature in the psychoanalytic section of this paper, for example, describes a goal of the therapist being for the client to feel seen and heard through being witnessed, however this is described as process of mostly presence and receiving, reflecting back verbally only sparingly if at all (Boulanger, 2012; Briggs, 2015; Poland, 2000). Conversely, several examples from the drama therapy literature describe reflecting back through expression of the witness' own creative response, using movement, symbolism and dialogue - in essence, using drama therapy technique (Bleuer & Harnden, 2018; Dunne, 2010; Jones, 2007). The study of mirror neurons in DMT strengthens evidence that supports the notion that reflection and mirroring of a client through an embodied and physical act has a particular affect on the brain, and efficacy for communicating empathy (McGarry & Russo, 2011). It could be argued that the function of the witness in drama therapy is made unique by its propensity for an active, embodied and expressive role of witness, which in turn activates levels of both cognitive and kinaesthetic empathy.

Integration of other drama therapy core processes as a unique approach to the role of witness can be related to the concept of the other that is found in the psychoanalytic understanding of the witness. Boulanger (2012) and Poland (2000), for example, spoke of the challenge for the witness to be neither too merged nor too separated from the strong emotions of the client that they are witnessing, and to be present and empathetic to a client while also being

wary of the urge to take on the experience of the client as if it were their own. There is particular difficulty to this when a client's subject matter is traumatic and disturbing (Poland, 2000). The Drama therapy concept of aesthetic distance, as articulated by Landy (1996), has a strong relationship to the functions of witnessing in drama therapy and helps to address this needed balance between merger and separation. Distancing theory, and maintaining aesthetic distance, can be employed as technique where the therapist uses active intervention with core processes of drama therapy, such as dramatic projection noted earlier, to titrate not only the client's aesthetic distance to their emotional material, but also the therapist's own distance to the client's material (Landy, 1996).

In fact, aesthetic distance is found in the very nature of the divide between audience and performer in drama therapy. Jones (2007) notes there is an impact of distance on the witnessing experience that stems from the physical separation between stage and audience area. This can be true of a huge auditorium, or studio space where the audience area is delineated by collective agreement. This distancing can create a feeling of safety. As Wood's (2018) audience noted, through the safety and containment that was provided by the fact they were audience members in a theatre, not directly confronted by the material but watching a performance, they were better able to experience their empathy and reflection. This led to a more profound experience and depth of reflection after the performance.

## **Chapter 4. Conclusion**

Through a synthesis of research on witnessing, this paper sought to answer the question, what are the therapeutic functions of the witness in drama therapy, and are these unique? A review of the literature showed that the functions primarily mentioned concerned building the clients inner-observer and validation. Building of the inner-observer was facilitated in drama therapy largely through theories of the individual learning to see themselves through others first, and then becoming more aware of their own internalized self-images. These others can consist of an audience, such as in a performance oriented drama therapy like therapeutic theatre or self-revelatory performance, or of members of a drama therapy group in a process oriented approach. In the process oriented approach, the inner observer can be built through witnessing others, as well as through being witnessed by the group, and these two roles are often exchanged in a fluid and dynamic way.

In drama therapy, witnessing has a passive component, characterized by moments of observing and being present with a client without intervention or interpretation, and an active component of giving reflection and reaction to what is being witnessed. In a drama therapy process, this later component may also be expressed using drama therapy core processes, such as embodiment and dramatic projection. In contrast to many other methods of psychotherapy that define witnessing primarily as presence without interpretation or reflection, drama therapy recognizes these elements as an appropriate and effective part of the act of witnessing.

Validation is the second noted function of witnessing in drama therapy. This is mainly in the context of witnessing the resolution of an individual's inner conflict, validating this transformation through attentive and supportive presence, as well as sharing reflective responses in some occasions. In a drama therapy process that culminates in presentation to an invited or public audience, the focus on resolution is informed at least in part by attention to common conventions of theatre, which seek to create an aesthetically suitable production that is in line with the rituals of theatrical storytelling. An important component of validation as a function of witnessing is that it can concretize the experience for the client, as knowing that others have seen and accepted an individual's desired future-self as attainable or realized, these others then can have an active role helping the individual maintain this new self through their mutual shift in perspective. While this usually has a positive effect on the efficacy of the drama therapy

process, it can also trigger resistance and anxiety about being seen as a person transformed or capable of transformation into a new identity.

The function of the witness in drama therapy is not unique from other modalities of psychotherapy, however its particular techniques give it a unique approach to utilizing these functions. One of these is a focus on mutual transformation, which emphasizes that a successful drama therapy process has transformation for both the witness and the one being witnessed. While this concept is present in other methods of psychotherapy, namely narrative therapy, it is particularly emphasized in drama therapy as an integral indicator of a successful process. The other unique approach to the function of the witness is the integration of other core processes from drama therapy. This means that the witness role, particularly the active component of the witness role, will include the use of other core processes in drama therapy as well, such as using embodiment and dramatic projection to reflect empathy with the individual's experience that they have witnessed. Drama therapy practitioners found that the passive component of witnessing that occurs through being present and attentive to what is being shared by an individual is effective, but it is reflecting back to the individual, particularly through drama therapeutic techniques, that will have the greatest impact on helping the individual feel that they have been seen and acknowledged.

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