

**Embodiment of Health:  
Using Dramatherapy to Heal from Cancer**

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## Abstract

### Embodiment of Health: Using Dramatherapy to Heal from Cancer

Gwynneth Gorman

Thousands of people will be diagnosed with cancer this year however, due to advances in medicine it can be assumed that the vast majority of these people will live for many years after their initial diagnosis, if not in fact, their entire expected lifetimes. The experience of living with and being treated for, a life-threatening illness can be for some people physically and emotionally damaging. In recent years research has begun to recognize the effect that the mind/body connection has in regards to healing.

In response to the needs of those living with cancer, therapeutic support groups are beginning to use mind/body techniques such as visualization, yoga, and creative arts more frequently. This research paper examines how dramatherapy's own process of embodiment can facilitate healing in individuals who have completed treatment for cancer by enhancing the communication between their minds and bodies. Jones' three main areas of focus within the embodiment process (potential body, body transformed and social body) serve as a structure through which to examine in what way this mind/body connection may occur.

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## Chapter Organization

*Chapter One* introduces the subject, problem, and question that will be considered in this paper. The main themes that will be explored are outlined and definitions of some preliminary terms have been given so as to provide a foundational understanding.

*Chapter Two* provides a debriefing of the particular biopsychosocial issues faced by post-treatment individuals. Following this is a review of therapeutic support groups, which then leads into an explanation of the basic ideas involved in somatic psychology.

*Chapter Three* introduces the reader to some concepts, objectives, and theories in dramatherapy. Validation of the appropriateness of this modality as a supportive therapy for post-treatment individuals will be given along with a look at what the specific goals and considerations would be in initiating a therapeutic group for this population. Also included is an explanation of what the term ‘embodiment’ means within dramatherapy method and theory. Different innovators of dramatherapy frameworks will be reviewed and a look at the primary elements that provide embodied experience will be clarified.

*Chapter Four* holds Jones’ three areas of focus in embodiment work as a structure through which to explore the types of dramatherapy techniques and exercises that may be used to facilitate a mind/body connection. Explorations and discussion moves us towards an understanding of how this process facilitates healing.

*Chapter Five* concludes this research paper with a sample session plan to show the reader how the material explored can be used in a practical sense. A final summation of what can be accepted as an answer to this theoretical question will be clearly presented. Future directions are considered.

## CHAPTER ONE

### Introduction

Cancer is a chronic illness that is prevalent in our society (Harpham, 1994).

Statistics from the National Cancer Institute of Canada reported that in 2001 cancer was the leading cause of premature death (Moorehouse, 2002). According to the National-Canadian Cancer Society (2002) approximately 40% of Canadians will develop cancer in their lifetimes. In the past the diagnosis of cancer often meant inevitable death.

However, in recent years advances in medicine have made major improvements in early diagnosis and treatment of this multi-faceted disease (Harpham, 1994), therefore allowing more people to survive their initial diagnosis. This in turn has created a distinct type of population which has a unique set of difficulties and needs. This is due to the fact that “cancer creates life-long physical, emotional and psychosocial changes” (Nessim & Ellis, 1991, p. xx).

“Until recently, health professionals assumed that the only post-treatment problems that cancer patients had to endure were physical in nature. But with the dramatic increase in survival rates, it has become apparent that the psychological consequences of the disease are at least as important as the physical ones” (Nessim & Ellis, 1991, p.17). Some of the common difficulties shared by survivors of cancer include anxiety, depression, fear, grief, anger, guilt, distorted body image, altered self-identity, loneliness, and shame. So, although some people may be temporarily or even permanently cured, from this disease, it is in fact *healing* from this chaotic experience that should be given more emphasis.

Anna Halprin (2000) distinguishes the difference between a 'cure' being the medical practice of surgery, radiation, or other treatments for the body whereas 'healing' entails finding a healthy connection between mind, body and spirit (p.15). The idea that a healthy mind leads to a healthy body, and vice versa, is of course as ancient as innate human wisdom. However understanding the 'how' and 'why' is only beginning to take shape and in recent years more research has begun to recognize the effect that the mind/body connection has in regards to healing. At the same time, the practice of using mind/body techniques such as yoga, dance/movement therapy, meditation, and Tai Chi, as methods to enhance health is becoming more popular in modern western society.

Somatic psychologists study the connection between mind and body and they believe that it is only through embodied techniques, such as the ones previously mentioned, that direct therapeutic change may occur (Caldwell, 1997). In particular it is when individuals encounter 'here-and-now' experiences that they are able to build the communication between mind and body (Caldwell, 1997). These same techniques as well as a few others are gaining increasing popularity in therapeutic support groups for people who are living with cancer.

I believe dramatherapy is one particular creative modality that can offer healing to post-treatment cancer survivors by connecting mind and body through the process of embodiment. In fact it is very much an embodied model of health in the fact that it requires us to be aware of the present moment and calls upon us to use both our bodies and our minds in creative and transformative ways. Therefore, the question that will be considered in this paper is; how can the process of embodiment in dramatherapy facilitate healing for people who are in a post-treatment phase from cancer?

## Purpose and Rationale

Phil Jones (1996), mentions that, “a number of practitioners have begun to call for work which tries to summarize from a theoretical viewpoint how dramatherapy is effective” (p.95). Therefore my intention is to explore from a theoretical perspective how dramatherapy’s process of embodiment is effective in helping individuals who have completed treatment for cancer to heal from the experience.

Jones in particular works to clearly underpin and validate the invaluable existence of the embodiment process in dramatherapy. For Jones “embodiment in dramatherapy involves the way the self is realized by and through the body” (1996, p.113). Clients work in the ‘here-and-now’ thereby enhancing the possibility of therapeutic change as it allows them to understand emotions, the language and identity of their bodies and in turn build a stronger understanding of themselves. Jones describes three main areas of focus within the embodiment process, which are: developing the potential body, the body transformed and the social body. I intend to use these three areas of focus as a structure as I expand upon what kinds of approaches and techniques would be used in each. I will explore the theoretical basis for each choice and make connections through hypothetical examples as to how each area of the embodiment work addresses the needs of the population in consideration.

Nessim & Ellis (1991) agree that the post-treatment individual and the mid-treatment individual are at two distinctly different developmental stages in that the focus of a post-treatment individual is no longer on fighting for your life or having to deal with impending death. Instead it is about the struggle to adapt to the changes that have occurred while trying to establish a new sense of identity. A therapeutic approach pulls

away from crisis intervention and moves into a more existentially based program.

Dramatherapy could potentially act as a resource for individuals to transform and build a stronger, healthier sense of self and body.

It is an assumption that there is a demand for the application of dramatherapy as a complementary supportive therapy by and for individuals who are in a post-treatment phase from cancer and that these people would even be interested in a dramatherapy experience. It is also an assumption that the process of embodiment in dramatherapy would in fact be an effective way to facilitate healing. However, it remains to be seen in the unfolding of this paper if it is in fact a reasonable theory.

Limitations of this research lie in the realization that the study of emotions and how they directly impact our health is only just gaining momentum (Sarno, 1998). Also, in trying to explain concepts of neurobiology and somatic psychology, relatively simplistic definitions are made. However, care is taken not to compromise validity.

This paper discusses the theoretical application of dramatherapy and specifically the embodiment process to one specific population of people. This population of individuals who are post-treatment from cancer is chosen due its rapidly increasing size and it is hoped that this paper will help to inform the general public of the issues that are predominantly experienced by these people yet are often left unrecognized. Furthermore, this population was chosen as the focus of the study due to the belief that the initial “fight” with the disease is either temporarily or permanently over. Therefore, attention is now given to reintegrating back to a regular life routine and achieving a balanced and/or healthy emotional state.

Dramatherapy is an emerging field of study that is currently in the process of defining itself as an important addition to major therapeutic schools of thought. It is a creative alternative to more traditional forms of supportive therapy and psychotherapy, which continues to prove itself successful and useful in increasingly more areas and with diverse populations. Although some dramatherapy literature exists in regards to individuals living with cancer, it is amazingly insufficient considering the magnitude of the population. This particular topic of individuals who have completed treatment for cancer is one that is rarely addressed in dramatherapy literature. In regarding that fact, this research report aims to continue to support the validity of the modality while exploring applications to an ever increasing population that needs to be considered.

#### Definition of Terms

In this paper the term *cancer* is understood to be “a general term for over 200 diseases that are characterized by an abnormal and uncontrolled malignant growth of cells (Harpham, 1994, p.305). A cancer *survivor* is “someone who is diagnosed with cancer and is still alive”(p.21). “Cancer survivors include those who have been just diagnosed, those who were cured of cancer decades earlier [and] those who have been living with cancer for years” (p.21). Therefore the word survivor in this paper implies someone who continues to live and grow. It does not support the stereotypical notion of “struggle” which is often associated with the word “survivor”, as it may be understood to be derogatory. Although, I should point out that the whole purpose of this paper is to help those who are not only suffering but are also searching for a place to access their own healing potential and process the changes that requires them to find new meanings in

life. Cancer as an illness does require individuals to adapt and change in some way or another. Mehl (1988) feels that in living through a serious illness a small death and rebirth always occurs. “The person who is recovered is not the same one who came down with the disease” (p.136). The death may be an ending of a significant relationship or the loss of a job, or the drastic change in a belief system, but always there is a metaphorical death that is experienced.

*Remission* refers to the partial or complete shrinkage of cancer and therefore a post-treatment individual could be in remission. *Post-treatment* is a term reserved for people who have already completed initial surgery, radiation or chemotherapy and are no longer actively seeking routine treatment.

## CHAPTER TWO

This chapter begins by examining the factors that effect individuals who are in the process of returning to a regular life routine. From this we will gain a basic understanding of what the goals of a therapeutic support group needs to be. Following this is a review of eight different support programs, which provides a look at the kinds of holistic healing approaches that are being used. Finally an explanation of how mind/body techniques affect our health and emotions will be discussed. Explanations arrive from the field of somatic psychology and neurobiology.

### Biopsychosocial Issues

This outline of the multitude of physical, psychological and social issues that can affect people who have completed treatment for cancer serves as a map of the possible range of problems experienced. It is important to keep in mind that every individual experiences his or her disease differently. Cancer is a disease that manifests itself in an uncountable number of ways as it can affect any part of the human body with any degree of severity. Two people diagnosed with exactly the same type of illness will physically respond differently to the medical treatments due to differences in immune system, age, and health prior to the illness or any number of other factors. Each person's emotional response to the illness and the kind of social experiences they encounter will also be unique due to particular circumstances in his or her life. I will address the three areas of physical, psychological and social factors separately in an attempt to organize the complexity of the topic.

*Physical Issues:*

Treatments have greatly improved through recent years but the fact remains that the effects of surgery, radiation and chemotherapy are often in themselves very aggressive on the body. Harpham (1995) describes in detail the kinds of physical aftereffects one may experience. She defines aftereffects as being “any changes or problems that occur after completion of cancer treatment and are due to the cancer or to the treatment received. These changes can occur weeks, months or many years after completion of cancer treatment” (pp.98-99).

Some aftereffects that may occur from chemotherapy include; the development of diabetes, anemia, and minor hearing loss. As well as, changes in reproductive functioning (which may cause sterility or early menopause), changes in hormone-secreting glands (e.g. adrenal glands or thyroid), injury to kidneys, heart muscle or scarring of the lungs, injury to nerves or changes in cognitive functions (Harpham, 1995).

Radiation therapy also may cause aftereffects to areas of the body; even those not directly radiated. Dry mouth, swollen salivary glands, sore throat, cough, radiation “sunburn”, anemia, changes in thyroid functioning and changes in normal cells that cause them to become cancerous are some example side-effects (Harpham, 1995). Chances of developing a secondary cancer increases due to the damage often caused to the body from these treatments. An example might be the development of throat or stomach cancer due to the oral ingestion of the radioactive substance.

Other physical issues may be prolonged pain or stiffness from surgery. A decrease in mobility may be caused by the loss of a limb or due to the slow repair of nerve or muscle damage. Lymphedema is a condition brought on by radiation in which

the lymph nodes in a limb begin to swell with fluid. This is a painful sensation and the limb could become gangrenous if it is not properly cared for and circulation adequately maintained. Cognitive impairment can be recognized in the form of memory loss, or difficulty in doing simple math calculations, disorientation or dizziness.

*Psychological Issues:*

Characteristic emotions and feelings that are experienced by people who have completed treatment for cancer include, fear, anxiety, depression, anger, grief, shame, and loneliness. It is also common to have feelings of loss. Loss of control over one's own body or life or emotions, loss of self-esteem due to an altered body image, loss of self-identity as well as the sense of abandonment from the loss of significant relationships.

Some of these emotions would have been experienced throughout the treatment phase for many individuals. However the ending of treatment does not allow them to magically disappear. Nessim sees the obvious distinction between a person who is still "fighting for her life" and a person who has to now try and "get on" with her life. It is common for a person who has completed treatment to hear comments about how "lucky" they are to have survived and it is generally expected that individuals will be feeling elated at the completion of their treatment. But this expectation leaves no room for expressing more painful emotion. One may feel they have no right to feel worried or sad or angry about the experience if he is constantly hearing messages such as, "What are you complaining about? You survived, it's over!" It is often only at the end of treatment that a person may have the first opportunity to get a perspective of what really happened and a

chance to recognize how life has changed for him or her. Not having a chance to share these confusing and overwhelming emotions is what may cause people to feel isolated and lonely.

In fact, it is at the completion of treatment that many individuals experience the most anxiety and fear. For many, the routine visits to the hospital offered a sense of comfort as it represented receiving help to fight the illness. Ending treatment may seem like a lifeline is being cut (Harpham, 1995, Nessim and Ellis, 1991). Throughout the illness a sense of loss of control over one's body occurs and by the ending of treatment one may be unsure of how to regain that sense of control. It is also at this point that an intense fear of a reoccurrence may emerge.

Loss of identity occurs as a person begins to re-evaluate what has just happened and how it has caused permanent change. Altered body image, confused and overwhelming emotions, severe changes in life, (such as job or relationships), all may contribute to no longer knowing who you are. Many personal accounts from Nessim and Ellis (1991) document the changes in values that may occur. What was considered important in life may change due to the experience of having such a serious illness. These intense and chaotic changes in life and self-identity may cause one to feel angry towards him or her self, towards doctors or even family members. Depression may occur in someone who feels they are no longer the same person. Shame and guilt can be a result of having been dependent for help or perhaps at not having been able to financially support the family during treatment. These emotions may also be the result of other social relationship pressures, which will be mentioned in the next section.

*Social Issues:*

Although cancer is becoming increasingly recognized and demystified, it isn't entirely uncommon to feel stigmatized. Often society reacts poorly due to an ignorance in the understanding of the disease, thus causing those living with it to feel ashamed of their diagnosis, or angry at the lack of support and understanding from others. The truth is, it is difficult for others to really empathize if they haven't experienced a serious illness themselves. Family and friends may offer too much, or not enough, support. A person who has completed treatment may find that family members continue to treat them as though they were sick, or on the other hand, may expect that person to be immediately "back to normal" as soon as treatment is complete.

Marital relationships are put under strain when one person has been intensely ill, and it is even more drastic if there were marital problems dating from before the diagnosis. Besides financial strain and changes in role relationships, intimacy can be another major issue. Sexual issues may arise if there is guilt or sadness connected with the loss of fertility. Sexual interest may be low due to stress and fatigue. The spouse of the person living with cancer may feel turned off by the loss of a breast or perhaps worry about physically hurting the spouse that was ill. Family and social relationships may change or perhaps end, due to the new roles one is playing in life.

Aside from the personal difficulties, one may have to contend with work issues as well. Nessim and Ellis (1991) and Harpham (1995), describe the problems that arise from insurance companies in response to a cancer diagnosis, such as problems in obtaining life insurance or extended health benefits packages. Perhaps biases may arise in regards to promotions or choices made at job interviews; as employers worry about the

success of the company if the individual becomes sick again in the future. These kinds of social prejudices do exist and can cause a great deal of anxiety and frustration.

In considering the range of possible physical, psychological, and social issues that may be experienced, it is possible to imagine how terribly stressful and chaotic it could be for people who have completed treatment for cancer and are now trying to re-establish regular lives once again. It is also possible to understand why providing therapeutic support groups for this population is so utterly necessary. In the next section we will take a look at what kinds of support groups exist and why they are helpful.

### Therapeutic Support Groups

Group therapy in cancer support centers has begun to develop and change over the past thirty years. The emphasis however, has always primarily been on those who are mid-treatment or who have a poor prognosis (Kaufman & Micha, 1987). Now, with the increasing number of people who are living longer with cancer and beyond treatment it is becoming more common to see support groups that include people whom are both mid-treatment and post-treatment. This section will review the benefits of the group dynamic itself as being a meaningful experience as well as taking a look at some programs that do put emphasis on using techniques to enhance mind/body connection.

In Halprin's (2000) review of cancer support, she notes that,

In the 1970's Carl O. Simonton, M.D., and Stephanie Matthews-Simonton, psychotherapist, pioneered the use of visualizations with meditation and therapeutic techniques in their treatment of people with terminal cancer.

In 1975, this approach was not taken seriously. The idea that visualizations

could affect the course of an illness was considered ridiculous. Since then, additional research has more than substantiated the validity of their pioneering work...Dr. Spiegel did a research study in the 1980's that...gave credibility to the important link between the way our emotions influence our health (p.16).

Two other particularly influential voices in the mind/body connection and healing from cancer are Dr. Chopra (1989) and Dr. Siegel. (1986,1989). Both have dedicated themselves to educating medical and layman communities about how emotional health can directly influence our healing capacity. Along with the current rise in the field of somatic psychology and the creative arts therapies, new research continues to support the mind/body connection.

Group psychotherapy itself has been found to be beneficial for cancer patients because it offers mutual support, validation of experience and an opportunity for catharsis (Kaufman & Micha, 1987). Baron (1985), a group psychotherapist in cancer support, has found studies that show “that the role of support can be crucial in the overall healing process, and can, subsequently, have a positive influence on our physical body” (p.28). Dr. Kabat-Zinn (1990, 1993) and Dr. Spiegel (1993) have both found that social and emotional support has a tendency to improve health; emotionally and physically. Not only have they found that the immune system appears to become stronger, but the social support itself tends to encourage people to adopt a healthier life-style in terms of dietary choices, exercise and sleep.

The following is a review of eight different support programs. Four of them are inclusive of people who are either mid- or post- treatment for cancer. Two are intended for people who are in the midst of treatment, and two are specifically for people who are

in a post-treatment phase of the illness. All were chosen so as to show a general cross-section of the types of therapeutic support programs that are in existence.

*Cancervive* claims to be the first organization to specifically address the needs of people who have completed cancer treatment and have not yet healed. It was fifteen years after Nessim's own experience with cancer that she began to build the foundations for a specialized support group. Nessim recognizes that cancer survivors need to be able to make sense of the experience of having a life-threatening illness and that the transition back to a regular life routine is difficult. For some people it can take years. Nessim herself spent many years pushing away fears and intense anger towards how her life had changed. She had continued to be affected even though she was technically cured of cancer. Nessim feels that "in many ways, being a survivor is much harder than being a patient" (p.254). In their book *Cancervive* (1991), Nessim & Ellis provide a clear examination of the various psychological difficulties that may be faced. It is irrelevant the type or severity of the cancer, the thread holding the group members together is the universal experience of struggling to rebuild a life-style free from emotional strain. The group structure is traditional in nature. Members verbally share their questions and concerns. Support and emotional expression are key elements that make the groups a success. The focus of the group remains educational and no formal research has been conducted to validate its effectiveness, although the personal accounts given by those who are members will attest to the positive and well-needed emotional support that they received. It is through these personal stories that we can see the value of *Cancervive* as a support group.

*Commonweal Cancer Help Program* is a retreat for people living with cancer located north of San Francisco. Michael Lerner, the founder of the program, started Commonweal because he “was interested in what conditions allow people to explore physically, mentally, emotionally and spiritually [and] what they can do to recover from life-threatening illness” (1993, p.327). Lerner adamantly states that the program at Commonweal is not a therapy. Instead it is described as an educational program. The intention is to provide people with an opportunity to explore new ways of experiencing life (1993).

The framework of the program includes yoga, deep breathing, meditation, muscle massage, the writing of poetry, and sand tray work. Individual counseling is also available. Through the experiential nature of the activities, Naomi Remen, the program’s physician, witnesses the transformative effects that take place in those who are searching to heal their minds and bodies, even if many of them will never find a cure for the disease. The activities included in this program were chosen for their inherent beneficial qualities to induce healing, which include stress reduction, social support and emotional expression. Remen feels that “creativity and healing are very close to each other” (1993, p.352). In her opinion, the chance to practice a different mode of self-expression can uncover wisdom and tacit knowledge that is not easily accessible to the conscious mind, and that this can help a person become whole. Her idea about this is right. Creativity does in fact enhance a healing effect as it facilitates a mind/body connection. This is explained more thoroughly in the third section of this chapter.

*Supportive-Expressive Group Therapy*- For the last twenty years Dr. David Spiegel has been researching the effects of group psychotherapy with people living with

cancer. Spiegel “concluded that social support and effective emotional expression are beneficial in promoting health and psychological adjustment for women with breast cancer” (Gore-Felton, 1999, p.274).

In Spiegel’s groups the format is standard. The leader introduces a theme for discussion, which specifically addresses cancer problems. Group members are encouraged to share personal material such as emotions, concerns, stories, or reflections in regards to the topic. The sessions follow a traditional verbal style and end with a ten - minute visualization exercise.

This existential model of supportive therapy was taken further by a study that combined a multi-modal approach to the supportive-expressive approach. The use of dance/movement, art, and storytelling transformed the groups into an experiential process that worked in the ‘here-and-now’. Emphasis was on support, connection, authenticity and developing one’s own healing imagery (Serlin, Classen, Frances & Angell, 2000).

Issues of spirituality, fear, body image, and mood are the main focus of the groups. “Self-empowerment and self-acceptance of each person is considered to be crucial in healing” (Serlin et al., 2000, p.129). Through the development of creativity and spontaneity, participants reported a decrease in depression and anxiety and an increase in energy. This study notes that most research examines the psychosocial effects of therapeutic support, and that there is now a need to take a closer look at the benefits of using movement and imagery in facilitating healing.

*Tampla Institute: Center for Expressive Arts Education* was co-founded by Anna Halprin in 1986. It is here that Halprin uses dance therapy to help cancer patients heal. Her program includes deep breathing, sensory awareness exercises, expressive

movement, visualization, art, writing, and drama. She feels that providing a framework that allows one to explore and express creatively is an effective and appropriate way to begin to heal.

A cancer survivor herself, Halprin began to understand first hand the power that art and dance/movement can have in helping to connect mind, body, and spirit.

“Movement affects the way we feel (and) the way we feel affects the way we move” (Halprin, 2000, p.19). And it is through this connection, she believes, that healing can be nurtured.

“*The Creative Journey* is a 10- week group art therapy program offered to post-treatment cancer patients at Memorial Sloan-Kettering Cancer Center in New York, since the fall of 1995 to help patients regain self-confidence and readjust their self-identity after the trauma of cancer diagnosis and treatment” (Luzzatto & Gabriel, 2000, p.269).

The framework of this program is well structured and participants are guided through directive sessions that provide opportunities for success as each person discovers his or her own unique images that are meaningful to them in the healing process. It is designed for people who feel they lack creativity or imagination, and is open to people “of any age, with any type of cancer and treatment experience, and all prognoses.

Patients have to be outpatients and must have completed their initial course of treatment, whether surgery, chemotherapy, or radiotherapy” (Luzzatto & Gabriel, 2000, p.266).

Evaluation of the program is achieved by giving each participant a questionnaire upon its completion. Written feedback is then analyzed. Increased feelings of joy, freedom and self-expression are frequent comments. Also reported is an increase in self-understanding, self-expression and self-awareness (Luzzatto & Gabriel, 2000).

*Living Art* is a non-profit organization in Montana that provides expressive arts therapy groups to cancer survivors (Ferris & Stein, 2002). Workshops are run for ten weeks and are lead by qualified creative arts therapists. Art, drama, poetry, movement, ritual, myth, and mask making are used to enhance creativity and facilitate new understanding of one's self-identity. Living Art believes that the use of expressive art can help participants to find a deeper understanding of themselves and the chaos in life. The goal of Living Art is to assist people in finding meaning in their lives and to reconstruct their self-identity.

Common outcomes of the workshop series reflect that participants have learned to respond creatively to their emotions, "to respect the body and listen more closely to its needs"(p.49), and to find meaning in various aspects of life (Ferris & Stein, 2002).

*Changing Attitudes Towards Cancer (CATC)*, is a program run by Penny Baron (1985) at a psychoanalytic institute from December 1983 to February 1984 and from March 1984 to May 1984. Working with a co-therapist, Baron offered a twelve session series for people who had been either recently diagnosed, or who had been in remission for years. Her intention was to provide tools for group members to access and strengthen their own innate power to heal themselves. In her framework she used relaxation and guided-imagery, which was followed by drawing exercises. Results concerning the effectiveness of the program indicated resistance towards using the projective techniques of drawing, and the guided imagery. Baron noted this was likely due to problems in her timing with the introduction of various techniques. She did find that the space to allow for emotional expression and social support was essential.

In examining these support programs we can see some common denominators. Psychosocial support and emotional expression are considered essential by all eight of the programs. All programs seem to agree that healing is not about improving physical health so much as improving psychological and spiritual health. Cancervive is the only group that is framed as a traditional talk-style type of support. The other seven groups find creativity to be an invaluable part of the therapeutic or healing process.

Commonweal uses poetry writing and sand tray techniques as creative activities, while Spiegel uses visualization techniques. Serlin et al, Halprin, The Creative Journey, Living Art and CATC all use a combination of creative arts techniques including dance/movement, drama, storytelling, visual arts, music, and guided imagery. We can conclude from this that the use of creativity in healing is being found to be an effective and powerful tool.

All of the groups, aside from Cancervive, also use mind/body techniques as their vehicle to use creativity and promote healing in their clientele, however Halprin is the only person to acknowledge this important fact. Remen and Lerner at Commonweal are aware that they are connecting mind and body, however it is not discussed as being their primary intention in order to enhance healing. This is also true of the other support programs that are using creative arts and guided imagery techniques. The fact is, it simply isn't being recognized. This is where the gap lies. People are intuitively working to connect mind/body communication to facilitate healing, but why they are doing this is not being specifically addressed. Questions that need to be answered now are; why does a connection between mind and body, facilitate healing? And, why does creativity enhance this process?

## Mind/Body Connection

In this section we'll examine what the mind/body philosophy is, and how it works from a neurobiological perspective. To begin with, I will formulate an understanding of embodiment from an existential perspective. Then through the explanation of somatic psychology and its goals and methods for treating mind/body dysfunction, I intend to strengthen the conceptual notion that embodiment is the natural and fluctuating source of our living experiences.

Emma Van Deurzen-Smith (1997), an existential psychotherapist, works to help individuals find meaning in their lives by guiding them to find answers to their own major questions of existence. She notes that it is through the body that we find meaning. She refers to Nietzsche's insistence that we are nothing but one intelligent body. Nietzsche had

...observed and investigated his personal experience and came to the conclusion that his body was the location and the key to all that he was. He found that to pay adequate attention to it and to heed its advice was the secret of being at one with oneself, the way to oneself or, as he put it, to become what you are. (Van Deurzen-Smith, 1997, p.24).

This means that the body and the mind are one and the same. It means that we are not minds housed in bodies, functioning as two separate yet co-operative systems, but that we are in fact 'intelligent bodies' or 'thinking bodies' (Caldwell, 1997). It is our physical sensations, our movement sequences, and physical/behavioral reactions and responses that formulate who we are.

As human beings we are aware of obvious phenomenon. Our palms may sweat when we are nervous or some of us may feel “butterflies” in our stomachs before standing to make a speech. This is how our bodies react to emotions, but we also develop emotions from physical sensations. We experience the emotion of happiness when we are snuggled in a soft fluffy blanket in a warm comfortable bed after a long tiring day. We are constantly interpreting, thinking, feeling, and understanding our bodies. It is a biofeedback system that works as a single unit. Memories can cause physical sensations and movement can recall memories. In fact, memories are not only housed in our brains. They are housed all over our bodies (Bertherat & Bernstein, 1977; Caldwell, 1997; Halprin, 2000). Examples of this are; wincing in remembering when the dentist hit our nerve while drilling a cavity or feeling sexually aroused when remembering the touch of a lover.

The ideology of a split between the two as separate functioning units has only developed with the rise of scientific modern medicine. Caldwell reminds us that “in most traditional cultures, this splitting up of the human into parts is seen as laughable and a symptom of Western craziness” (1997, p.2). The body functions as a whole and realizing that the mind/body functions as a whole changes the way we will view healing (Kabat-Zinn, 1993). Halprin (2000) has witnessed countless times the healing of an integrated body system and she states that “when we become ill, we may feel that our body...has suddenly betrayed us. At this time it is crucial to return to our bodies (and) reawaken our senses, so that the natural healer within can renew its strength and power” (p.21).

Somatic psychology is the study of the connection between the mind and body. It could be re-phrased as ‘body psychotherapy’. The primary goal is to enhance a

body/mind reunion for the purposes of healing and transformation. For somatic psychologists, it is through direct physical experiences that change may occur (Caldwell, 1997). Caldwell explains that it is not only through movement, but also creativity that is the key to producing change. This is always accomplished by engaging the client in experiences of the 'here-and-now'. This term 'here-and-now' means keeping the client engaged in the present moment. This can be accomplished by having someone verbally describe the physical sensations being experienced in a massage, or the emotional memories that come to mind during a push/pull movement. If the memory dates back ten years the client is encouraged to recall it in the present tense and to embody the memory by expressing it through vocal sound and movement. Keleman (1987) describes the process of an embodied experience as having two main elements: feeling and form. He describes the way in which emotions are translated into muscular patterns and movement sequences, and that the key to helping change an emotion is by re-organizing the muscular movement patterns (Boyd, 1998). This means, if my learned muscular response to someone saying "no" to me is to shrink my chest, and lower my head then it is conducive for me to continue feeling hurt, and powerless. If I change this muscular response by standing tall, and expanding my chest outward, it is likely the resulting emotion may be more powerful. Therefore, putting me in a better place to make a choice as to whether I am going to challenge the "no", or accept it without feeling hurt.

Now I will shift into a more neurobiological understanding of this discussion. In pointing out the three main layers of the brain and their different functions I will begin to explain how mind/body techniques facilitate healing. Information for this section has

arrived from Christine Caldwell's Somatic Psychology Lectures at Concordia University, May 2002.

In a conceptual partitioning of the three main parts of the brain we have the brain stem, the mid-brain and the neo-cortex. The brain stem is the first to develop and it is responsible for monitoring movement and sensory awareness. This is the part of the brain that regulates our body systems and autonomic functions that we are not usually conscious of, for example breathing, digestion and reflexes. This part of the brain ensures survival. It is not capable of registering emotion or language because it is purely a sensory-motor center. This means that if this part of the brain is traumatized than cognitive therapy would be completely useless. The brain stem grows and strengthens through the experience of sensory-motor skills. Therefore experiential and movement based therapies would be the most effective in creating change.

The mid-brain is the area responsible for learning ability, the storage of memory and the organization and interpretation of emotional responses. This part of the brain also is not capable of verbal language comprehension, which means that once again a more experiential based therapy needs to be applied. Sensory awareness activities and movement exercises are also the most effective at accessing and understanding this part of the brain.

The third and last to develop is the neo-cortex. This part of the brain is capable of language, thoughts, imagination, and creativity. This is the only part of the brain that can respond effectively to cognitively based therapies. But cognitive therapy alone takes a long time to be effective especially if the problem manifests itself in other areas of the

brain or body. This is why simply talking about how one might make a change is less likely to promote a transformation than if one actually practices or embodies it.

Thus, cognitively based therapies aren't as effective at addressing emotional or sensory needs. Each of the three areas of the brain responds to different stimuli. Movement and sensory stimuli activates the brain stem. Emotions and memory are processed in the mid-brain. Language and imagination works the neo-cortex. Therefore, the key to effective therapy is to be able to activate the entire brain at the same time. This is what is happening in mind/body techniques. Meditation is about focusing on the movement of the breath, the awareness of emotions in your body, and the presence, or absence, of thoughts in your mind. Dance therapy uses creativity to express movement (brain stem), emotion (mid-brain), and then to be able to express it verbally or through an image on a page (neo-cortex). Caldwell explains that during a creative experiential process the whole brain is in use. Play can also activate the entire brain. This is because play and creativity involve movement, emotion, and language. Once again this supports experiential and movement based therapies, such as dramatherapy, as being effective at changing patterns in the body, or accessing and expressing emotion.

It is also important to understand the important role that movement plays in our development and learning process as humans. Movement is essential because it, ...awakens and activates many of our mental capacities. Movement integrates and anchors new information and experience into our neural networks. And movement is vital to all the actions by which we embody and express our learning, our understanding and ourselves (Hannaford, 1995, p.96).

We move from the moment of conception and never stop. Life is always in movement. We are breathing, our hearts are beating and our hair is growing. (Caldwell, 1997, 2002, Hannaford, 1995). Movement is what occurs in the body when we experience any kind of emotion. Therefore recognizing how the body physically responds to emotional content allows for a deeper understanding and connection to ourselves. Caldwell explains this personally through the following example,

When someone compliments me, blood rushes to my cheeks and makes them hot. My stomach feels fluttery, and I label this energetic event as embarrassment. If I have been criticized, I will shrink in my chest area. Or, if I shrink in my chest area, I am likely to interpret someone's words as criticism. This energy is then discharged into the environment in the form of behavior, such as emotions, speaking, gesturing, and movement. Any of these energetic discharges can be spontaneous and healthy responses to the moment, or they can be reactive and conditioned reenactments of our historical relationship to energy. Whether we use our energy in responsive or reactive ways is seen as one of the core themes of somatic work (1997, p.8).

Movement is also what helps us to grow and develop. Play is what helps children develop their senses. In particular, rough-and-tumble play develops our proprioception, which is the sense that teaches us sense of balance, control of muscle tone, and body position. Without your proprioception you would be unable to close your eyes and bend down to touch your toes without feeling disorientated. Development of the proprioception sense is what helps us to develop a body ego. "I know who I am because of my body positions and movements" (Caldwell, 2002). We can recognize others

through their body positions and movement patterns more easily than their appearance at times. Often we can recognize a familiar friend walking towards us long before we can see her face, just because of her gait.

Sensory awareness is also developed through movement experiences. In this day and age we have taken our senses for granted and we often overload them. For some people dinner is eaten just for the sake of grabbing some energy in a five-minute dash. Loud noises, heavily perfumed or polluted air, and desk jobs in rooms with no natural light are some contributors to the decrease in our ability to appreciate our five senses. Kabat-Zinn (1993) is famous for having clients learn how to see, taste, smell, and feel a raisin in their mouths. He claims that many who experience this exercise comment that it is the first time they have ever really noticed a raisin.

Therefore, we can see that different parts of the brain respond to different stimuli of movement and sensation, to emotion and memory, to language, creativity and imagination. Due to this, we find that a creative and experiential process can effectively activate all the brain centers at once and therefore be more effective at inducing authentic self-expression and change. But why do the expression of self and/or the expression of emotion have a healing effect?

Candace Pert (1993) is a molecular biologist who has been scientifically proving the mind/body connection. What she has discovered so far is that “emotional states are created by the release of chemicals called endorphins”(p.189) and these are located throughout the body, not just in the brain. They create a psychosomatic (mind/body) network of information therefore the mind is really located throughout the body. So, the brain, or more specifically the mid-brain, serves the purpose of interpreting the emotions

and perhaps then communicating them to the neo-cortex where they can then be translated into the metaphor of language. Or retrospectively, the mid-brain could communicate a response back to the brain stem therefore creating a physical response. For example, a large man steps on my toe. Immediately the toe feels pain and this information is communicated to the brain stem (movement center), which causes me to react by pulling back. It's also communicated to the mid-brain (memory and emotion center) where it may be interpreted as anger because I remember this happening many times before by the same man. Then information is translated to the language center (neo-cortex) where I would then say "ow..Sir, that hurts". By expressing the "ow" I may feel better than if I hold my mouth shut and say nothing at all. This is because it is only through expressing our emotions that the endorphins are produced. Not allowing the expression of emotion causes us to disconnect emotionally from ourselves therefore, attention needs to be given to learning how to communicate one's inner experiences accurately (Caldwell, 1997).

This discussion is an important one to clarify, as there has been a trend in some of the cancer support ideology that it is the possession of emotions such as anger, fear, and sadness that can precipitate the growth of the cancer in our bodies. These emotions have been labeled as being "negative" emotions, thus distinguishing happiness, joy, and love as "positive" emotions to express. Harpham (1995) and Spiegel (1993) both discuss the danger of promoting such false belief. It implies that someone who feels a "negative" emotion is going to prevent them selves from effective healing. It implies that if someone doesn't heal and they were feeling angry, then perhaps they are responsible for their own illness. This can cause a tremendous amount of stress and anxiety. This can

leave a person feeling 'lost' emotionally and lead to the repression of emotion instead of healthy expression.

The truth is, emotions can't be labeled as "positive" or "negative". Emotions are natural, and exist because they are needed for our survival as human beings. The expression of emotion, any emotion, is a healthy act. Ignoring, denying, or hiding them can only lead a person to feeling misunderstood, lonely, guilty, anxious, or depressed. A natural physical response to sadness involves low energy, fatigue, increased sleeping patterns, and slow movement. The evolutionary function of this is to help protect the human from danger. The autonomic defense mechanisms of fight, flight, freeze and faint (Caldwell, 2002), are also examples of how the body responds to ensure protection. Survival is why we, as humans, are still alive as a species. Emotions exist because they help ensure survival (2002). These biological instincts need to be embraced, not manipulated and rejected by ignorant social beliefs. The bottom line is, we don't need to learn to overcome our emotions. We need to learn how to feel them and understand them (Van Deurzen Smith, 1997).

This chapter began by revealing the multiple and complex issues experienced by a population of people who have been treated for cancer, and are at a point of trying to heal physically, emotionally, and reintegrate back into their regular social atmospheres. We then acknowledged the benefits and need for finding emotional and social support through group therapy venues. Next, we examined a selection of supportive therapy groups that exist for people who are either living with or are recovering from cancer. I clarified that all the groups identified emotional expression and social support as key benefits of the group, increasing confidence and self-identity were often primary goals,

and various views of healing were identified. Although a few actively practiced the use of mind/body techniques, only one (Halprin's dance-movement program) acknowledges the importance and benefits of connecting mind and body as an effective way to heal emotionally and physically from cancer.

The last section of this chapter moved into a broad discussion of the mind/body philosophy by encompassing the topic of somatic psychology. From this we can make some general conclusions about what elements of mind/body techniques facilitate healing. We see that the expression of emotion is important, that movement is important, creativity is important, and that experiences in the 'here-and-now' are important for transformation to occur. Caldwell also pinpoints creative art modalities as being effective in implementing these therapeutic elements due to the inherent qualities they hold of creativity, movement, and emotional expression. In next chapter I will define dramatherapy and point out the key elements of this modality that correspond with these conclusions, therefore showcasing it as an appropriate and benefited mind/body technique.

## CHAPTER THREE

This chapter begins with a definition of dramatherapy that can clarify in what way this modality proves itself to be a valid type of mind/body technique. Following this is a look at the concept of embodiment and how it is manifested in various dramatherapy methodologies, which will lead us into a deeper examination of Jones' vision of the embodiment process. The chapter concludes by bringing us back to the needs of individuals who are post-treatment from cancer. It is here that the first connections are made to show how Jones' embodiment process may act as a model to address the biopsychosocial issues of this population.

### Dramatherapy as a Mind/Body Technique

Dramatherapy is a creative modality that is beginning to rapidly develop. During the last thirty years many pioneers of the field have been very successful at providing research and developing dramatherapy theory in ways that allow it to be recognized as a valuable and innovative approach to psychotherapy. I believe that it is only a matter of time before this will not simply be thought of as a psychotherapy but in fact be considered an excellent form of body psychotherapy due to its inherent qualities as a mind/body technique.

“Dramatherapy is the involvement in drama with a healing intention” (Jones, 1996, p.6). It is an approach to therapy that encourages participants to become actively involved in the present moment by allowing connections to be built between mind, body and spirit. Like somatic therapies, dramatherapy uses mind/body techniques as a vehicle

to enhance cathartic change and healing. Practitioners agree that memory and emotions are stored in the body and “can be recovered through embodied enacted experiences” (Lewis & Johnson, 2000, p.419). “Things are not simply remembered, but remembered and relived” (Warren & Grainger, 2001, p.227). Creativity is an essential component of dramatherapy that is not accounted for by more traditional therapies. In dramatherapy creativity “is the ability to think beyond personal limitations and see the world in a new way” (Lewis and Johnson, 2000, p.455). Creativity is just one of the factors mentioned by Caldwell as being essential in helping to induce transformation. Caldwell also explains that “movement is the common feature of all creation” (1997, p.108). Through movement we access our creativity, which allows us to develop new perspectives.

Movement, emotional expression, and ‘here-and-now’ experiences are key elements of any dramatherapy experience. Whether these elements manifest through improvisation, dramatic play, character development, role-drama, storytelling, dramatic ritual, or any other technique, facilitators and therapists aim to provide embodied experiences that allow clients to re-evaluate their existence, their self-identity, and find new meaning to their life experiences.

By nature of the modality dramatherapy is an embodied model of health. “Dramatherapy is a way of encouraging people to look more courageously at the challenges and rewards of becoming more involved with life” (Anderson-Warren & Grainger, 2000, p.17). “For people who are anxious, confused, depressed, emotionally exhausted or numbed by what has happened to them, dramatherapy provides an experience very different from the way of being themselves which they have grown accustomed to and can see no prospect of ever being released from” (p.129).

## Embodiment in Dramatherapy

Earlier, in chapter two, we began to look at the concept of embodiment from both an existential perspective and from a somatic psychology ideology. The concept that we are an “intelligent body” was introduced. Our existence, our self-identity and our understanding of the world is obtained through our bodies. It is the function of our five senses: taste, smell, touch, sight and, sound, as well as proprioception (balance and body position in space) that feeds us with the information we need to make sense of our environment and our emotions. We are also familiar with the idea that when embodying a feeling we form it into a behavior or a muscle pattern (Keleman, 1987).

Vladimir Iljine (as cited in Jones, 1996), Jerzy Grotowski (1968), and Augusto Boal (2000, 2002) arrived at an organic understanding of the connection between conditioned muscle patterns and self-identity long before the writings of Caldwell (2002) and Keleman (1987). In the early twentieth century Iljine developed a therapeutic theatre program in which improvisation training was a crucial element. He valued increasing the creativity, spontaneity, expressivity, sensitivity, and ability to communicate of the clients with whom he worked (Jones, 1996). “The idea was that the body is essential to the expression and exploration of emotion. By training clients in using their bodies and voices in drama, the aim was to enhance their ability to express and explore emotions in the Therapeutic Theatre sessions and in their lives in general” (Jones, 1996, p.58).

Grotowski shared the view that it was only through the physical body that one could really connect with the inner self. He believed it was essential for an actor to make an authentic connection with the audience by revealing the true-self rather than masking it. He believed it was essential for the actor to “let go of stereotyped societal masks” and

that this could be done by working directly with the body (Johnson, 1996, p.293). He thought of the body as “a vehicle that needed to be cleansed” (p.294) in order to give way to pure expression of the soul (1996). Through deep self-exploration of the body it is possible to discover the nature of one’s true self and it is only at this point that an authentic encounter may occur.

Augusto Boal “sees the body in drama as the key to meaning, understanding and power” (Jones, 1996, p.155). In Boal’s method of theatre and therapy, a high priority is placed on training the body and encouraging individuals to truly know, and have an increased amount of control over, their bodies (in both an emotional and behavioral sense). This increase in self-control and self-understanding arrives from having a greater self-awareness and leads to more effective self-expression and communication abilities (Boal, 2000; Jones, 1996).

Over the years of our existence in the world we begin to habitually react to certain thoughts, or certain environmental stimuli the same way. “By always carrying out the same movement, each person mechanizes their body to execute these movements as efficiently as possible, thus denying themselves the possibility of an original action every time the opportunity arises” (Boal, 2002, p.30). Iljine believed that a lack of spontaneity and creativity in a person would lead to ill health, and that through the use of improvisation training, one would learn to use their bodies more effectively and therefore function in a healthier way (Jones, 1996). Grotowski felt that these learned reactions and habitual movement patterns were developed by the roles one played in society and thus masked the true, authentic self. Through re-training the muscles in the body, exploring new facial expressions, vocal exercises, and exploration of gesture he hoped to help

reveal a truer self. These innovators of experimental theatre knew that it was through working with the body that one could know their minds.

“Embodiment in dramatherapy involves the way the self is realized by and through the body” (Jones, 1996, p.112). The use of embodiment is diverse among various dramatherapy frameworks and methodologies. However, the intention behind embodiment work is always the same: to enhance a deeper understanding of the self and create transformation through work in the “here-and-now”. A dictionary definition of the word “embody” is “to give concrete form to ideas” and to “express tangibly in actions” (Fowler & Fowler, 1959). This is precisely what occurs in the embodiment process in dramatherapy. Individuals literally take the form of a character, an object, a concept, even a feeling and express these ideas through physical movement, gesture, and sound. It is the act of combining movement, emotion, and imagination and/or memory together that allows an embodied experience to occur.

For David Read Johnson the “Body [sic] is the source of thought and feeling, of physicality and energy. It is how we are present in existence” (2000, p.89).

Developmental Transformations is a methodology that uses improvisation and expressive movement as its means of working through and eliminating disorders of embodiment.

“Therapy sessions usually begin with pure bodily movements and then sounds. Placing the clients in touch with their bodily-felt sensations...out of this continuous body movement, images, and then roles are evoked and allowed to transform” (p.298).

Through this physicalized or embodied process an emphasis on bodily expression is valued over language, since “language is inherently a social construction containing the prejudices, definitions and directives of the dominant culture” (Johnson, 1996, p.289).

This way of working allows for creativity, spontaneity, and a quality of playfulness. In building communication between mind and body the client learns to respond to naturally evolving roles and imagined situations. The use of spontaneous play, repetitive movement, evolved improvisations, and role-plays is a naturally occurring developmental process that allows the client to feel safe in discovering his or her inner self-identity. It is only upon these embodied discoveries that transformation may occur.

In Robert Landy's role theory and role method it is the embodiment of archetypal roles and fictional characters that is the main focus in the therapeutic process. Scenes enacted in his therapeutic process are not initiated from events of the client's everyday life, although they may indeed reflect aspects of it, or act as a metaphor for real life situations. Clients "project aspects of themselves onto an object or fictional role such as a puppet, character in a story, or a miniature figure in a sandbox" (1993, p.30). Therefore, it is through projective techniques and character development that one begins to explore "self" and strengthen a personal identity.

Like Johnson, Landy uses the body as the primary place to induce a role to work with. Clients are asked to focus on one "part of their bodies and to allow a movement to extend from that source, for example a prominent belly may lead to a slow and heavy movement. From there, [he asks] people to extend their movements further and allow a character to emerge from the belly" (1993, p.47).

The Creative Expressive model as developed by Sue Jennings and Ann Cattanach incorporates a developmental process known as embodiment, projection and role (E.P.R.). These stages are chosen to reflect the natural progression that children take in learning to play. The first stage of embodiment play is about "experiencing one's own

body through the exploration of one's own senses" (Cattanach, 1996, p.93). These "initial sensory experiences lay the foundation of our sense of self and our pleasure in the physical world" (p.5). Following embodiment play children naturally proceed into projective play. This is realized by the child's ability to use objects to "replicate things in the real world" (p.6). For example, using a mop to be a "horse". Children also begin to project emotions and thoughts into objects, for example, "Mr. Teddy is sad because it's raining today". From here, role-play begins, in which the child begins to 'pretend' to be other characters and identities that are not his own.

Jennings and Cattanach use their understanding of developmental play stages to provide a frame through which to help their clients explore and express themselves. The aim of E.P.R. is to discover the healthy parts of an individual and to strengthen them. The goal is to build confidence, self-esteem, and increase a sense of identity. It is a non-threatening type of work that is very good for people who have a limited experience with drama. For people who have "experienced intrusive treatment on their bodies it is often a pleasure to experience sensory explorations of self and environment as a balance for those negative experiences" (Cattanach, 1996, p.93).

"The way the body relates to an individual's identity is an important element in dramatherapy work" (Jones, 1996, p.114). Jones finds that by dramatizing the body, and by "physically participating in a dramatic activity the body and mind are engaged together in discovery" (p.113). Jones describes three core areas of focus in the working with the body. These include developing the potential body, the body transformed and the social body. The first area of building the potential body aims to improve how one relates to and uses his or her body as a tool of expression and/or communication.

Changes in this area may reflect improvement in self-esteem, confidence in using one's own body as a tool for expression, or an increased awareness and ability to use the body in creative ways. Secondly, the body transformed aims to help the client take on another identity and to experiment with different modes of expression that are not his/her own. "The aim would be to enable the client to achieve a different relationship with their bodily selves through dramatic work" (p.164). The third area, the social body, works to help the client evoke memories linked to the body and to help the client recognize social and external influences that affect the body. It is at this point that a person may begin to reflect upon the roles one plays in family, work, and peer relationships.

In this explanation of embodiment in dramatherapy, the thread tying everything together is the importance of the body as a tool of expression. The body is a vehicle through which to represent ideas and feelings in a concrete fashion. The body in movement, sound, and gesture can reveal our inner selves, our personalities, and roles that are underdeveloped or over used. It can reveal pain, joy, and everything in between. It can be disguised, transformed, and thus through this altered mode of expression, allow a deeper connection to our self-identities and provide freedoms for alternative modes of authentic expression. Our bodies are powerful instruments of communication. And, as is the case with any kind of power, it is essential to understand it so as to use it honestly and respectfully. Through working on the body in the embodiment process we can begin to heal as we physically reintroduce ourselves to our bodies, as we emotionally rediscover how we respond to life and as we realize how to navigate ourselves more effectively in our social environments.

### A model of dramatherapy for post-treatment individuals

The main intention of using the process of embodiment with post-treatment individuals is to establish a process that is conducive to healing. Two definitions of health arriving from a dramatherapy perspective are; “health is the capacity to be fully embodied” and “health is the capacity to utilize play, creativity, spontaneity, imagination, resourcefulness and hope in the present and the future” (Lewis & Johnson, 2000, p.427). The job of the therapist is to provide “a safe environment for the clients that encourages and supports self-exploration, dignity, respect, and personal empowerment in a non-invasive manner” (p.439).

Sourkes (1982) discusses the issues facing people as they complete treatment. She often finds cancer becomes the identity of the person. Therefore, an important goal would be to help the individual separate them selves from the identity of cancer so as to reclaim a healthier sense of ‘self’. Each person needs to be able to determine the meaning of the disease and the experience of such an illness for themselves. Each person experiences different degrees of loss. Loss of control, loss of identity, and loss of relationships are three main categories described by Sourkes. The losses can manifest themselves in every kind of way through physical, emotional, and social changes.

Goals of the group would be to increase self-confidence and self-esteem, to strengthen self-identity, and increase self-expression. Enhancing a sense of self-empowerment helps participants have a meaningful experience of personal discovery. Objectives for the group to achieve these goals would be to increase an awareness of the body’s range of movement and expressive ability, increase communication skills,

creativity, and spontaneity skills. This process also facilitates the freedom to explore and experiment with new personality traits or emotional responses.

Dramatherapy is assumed to be a valid choice since it functions at its best as a group orientated therapy through which social support and emotional expression are fostered. The proposed framework for a group is modeled after Jones' three areas of embodiment work. A description of the kind of material that can be used in each area and an explanation of how it would specifically facilitate healing by addressing the needs of these individuals will be explored in the next chapter.

## CHAPTER FOUR

Without even realizing it, from the first months of life you have reacted to family, social, and moral pressures. *Stand like this, like that. Don't touch things. Don't touch yourself. Be nice. Defend yourself. Hurry up. Don't run...* Confused, you bent your will and your body as much as you could. To conform, you deformed yourself. (Bertherat and Bernstein, 1972, ix).

### The Potential Body

Our bodies are what connect us to this world. The problem is, we often don't treat our bodies well. Continuous late nights, overtime at work, eight hours a day in front of a computer, (even the apparent joy of going to a theme park with roller-coasters); can all be contributors to the damage of our bodies. We abuse the power of our minds by rationalizing reasons why it's all right to be putting these kinds of physical demands on our bodies. Of course there are many significant reasons why we do these things however, more often than not, we completely ignore the messages of complaint our body sends, for example a cramped back, aching shoulders, or perpetual fatigue.

When our bodies are impaired by intense illness we seek the medical treatments, which in themselves are extremely traumatizing to the body. Dissociation from the body happens naturally as a way to protect or rationalize pain. This is one of the most immediate concerns in recovering from cancer treatments. Surgery itself is very traumatizing to the body, and it can cause long periods of muscle stiffness and nerve damage afterwards. Radiation and chemotherapy treatments kill cancer cells, but are in

the most basic sense, a toxin, a poison to the body. The intense discomfort, nausea, and fatigue that are usually experienced from these treatments can be spiritually demoralizing. Another issue that is currently growing is the long-term affects of these treatments. In the past, people being treated for cancer were not expected to survive as long as they have in the past. More aggressive treatments were being used. Now, doctors are discovering long-term damage as secondary cancers are occurring due to the radiation amounts given in the past. Also respiratory problems, diabetes and, kidney failure are some examples of physical consequences. The bottom line is that the body's natural cycle is interrupted from intense illness and medical treatment. Things that often brought the body pleasure may now do the reverse. Eating may no longer be enjoyable, the skin may be sensitive, and muscles may feel unwilling to perform the way they used to. It is at this point that rediscovering pleasure in one's body is crucial.

Defining the body's possibilities and limitations allows one to reclaim control over the body after having experienced a loss of control due to the illness. Discovery of pleasurable experiences of touch rather than the often harsh or painful experiences from needles injecting fluid, drawing fluid, sewing stitches, drainage tubes being pulled out, adhesive tearing from the skin, cold hands, cold metal interments that having an unforgiving feel. There may come a point in a patient's experience that s/he almost cringes the touch of the doctor, even though he or she is being as gentle as humanly possible and that it is for the good of long-term health. How does one heal from this?

Developing the body's potential involves learning to re-inhabit the body. The aim is to build a healthy relationship with your body, to improve the quality of communication between your body and your mind, and between your body and others

(Jones, 1996). This can be achieved by increasing sensory awareness, observing the body in motion and in stillness and, concentrating on muscle movements. Understanding the information that the physical body gives us is how we can help care for ourselves.

The goal is to help individuals not feel alienated from their own bodies. Exercises and activities that dramatherapy can offer to accomplish this are orientated toward increasing sensory awareness, creativity, and spontaneity, through participation in play. In dramatherapy, this can be named developmental play, dramatic play, improvised play, embodiment play, creative-expressive play, and many other labels. Here we will call it building the potential body. It includes the accessing and explorations of playfulness, creativity, spontaneity, imagination, and sensory/muscular memory.

Play, is identified by Caldwell (2002) as a natural and effective way to connect mind and body. The involvement in play activity simultaneously activates the entire brain. Movement (brain stem), emotion and memory (mid-brain) and thought, imagination and language (prefrontal cortex) are all in use during a simple play activity. The act of play itself can be very foreign to many adults who have not “allowed” themselves the freedom of such enjoyable activity since perhaps their childhood. Some adults may not have even discovered the full potential of play as children. No matter the play history of a person, it is never too late to discover the benefits of play and no matter the age of a human being, play activity continuously develops the nervous system, muscular system, neural pathways, etc... (Caldwell, 2002).

The most common definition of spontaneity arrives from Moreno who explained it as a new response to an old situation or an adequate response to a new situation. In other words they way we respond to each moment by moment experience, or situation

should always be with “new eyes”. That doesn’t require us to be perfect, it requires us to be adequate in trying something new, to explore untried possibilities. How do you really know anything until you’ve tried it yourself? Something only thought about remains a theory, however something experienced can be understood.

What we’re trying to do here is erase labels. Labels plague us in our existence in the world. And physical labels can also act as barriers in our ability to feel like a whole person. You’re “constipated”, “an insomniac”, “nervous”, “frail”. It is common for us to form an identity of ourselves based on words (Bertherat & Bernstein, 1972). Imagine the possibilities lost when you dismiss the idea of going on an outing with a new (and good-looking) acquaintance only because your brain immediately pops up the words, “I can’t, I’m constipated and frail”. How charming that thought is. How about, “I’m excited that this person recognizes my intrigue and adventure for life. I was tired last night, but I feel strong today. I will listen to my body and rest when I feel I need to.”

The following is a description and explanation of the kinds of sensory awareness and muscular exercises that one can begin with. As well as, the examples of useful dramatic and improvisational play activities that would be effective in building the body’s potential strengths. Exercises cited here arrive from various sources including Spolin (1986), Boal (2002), Emunah (1994), and Warren (1996).

It is often helpful for people who have had no previous experience with drama to begin with more concrete, non-threatening types of activities before moving into more abstract or symbolic kinds of experiences. Beginning with concentrated movements such as stretching, pulling, pushing, twisting, crawling etc...can be incorporated into creative themes that allow for personal interpretation and expression. Quality of movement can

be explored, meaning that a stretch can be lazy, energetic, delicate or restrictive. A gesture of pushing can be powerful, tentative, or controlled. Concentrating on these movements is a valuable part of the experience however incorporating them into more imaginative themes can activate emotional responses or perhaps retrieve memories, thus making the activity more meaningful.

Muscular/Sensory Awareness: Mime is a very effective way to increase the awareness of one's senses and muscle movements. Participating in mime activities calls upon the use of both memory and imagination. A useful exercise to introduce the skills involved in mime is suggested by Boal (2002), and requires participants to choose an object, place it on the ground and then to slowly pick it up and hold it in their hands. In the process of this participants are concentrating and observing what muscles they are using to bend down, grab, lift etc... They are focused on the weight, shape, texture, and feel of the object. They are listening to the information they are receiving from their bodies as they move and make contact with a physical object. After repeating this a couple of times, participants are then asked to *mime* picking up and holding the same object. This perpetuates the use of muscle memory and sensory memory. The body is now communicating from the mind to the body. The mind is instructing the body how to move and influences the body to "feel" an imaginary object. This is a good example of moving from concrete to symbolic activity, and is an introduction to opening communication between mind and body.

Moving into more playful experiences of mime and sensory and muscle memory include games that involve observation, imagination, and creative expression.

Liar's Tag Group joins together in a standing circle. One participant begins by miming an action for example brushing teeth, planting a flower, twisting and shaking out a wet piece of clothing etc...The person the their right asks "What are you doing?" The participant in action replies by naming a false action. Meaning that if they are miming eating they might say, "I'm washing my face". Upon receiving the answer the person on the right begins to wash his or her face, until asked what she is doing, and she will answer with a new action to be mimed. This exercise encourages individuals to use imagination, muscle memory and sensory awareness.

Transforming the Object The group sits in a circle and the facilitator, or another participant, will mime holding a particular object of their imagination in their hands. This imaginary object is then passed to the next person who, in taking it, must acknowledge how this object feels before then transforming it into something different. The participants must make the newly transformed object clear to the group by showing through mime, the size, weight, and shape of the object. They may also use it in some way. Imagination is enhanced along with basic miming skills. It increases the focus of sensory memory and allows for creative expression.

In Boal's work (2002), he suggests that observation and embodiment of another's movement patterns can play a more important role than simple mimicry. In concentrating upon duplicating the muscle patterns of another person, attention must be given to how the muscles in you own body move and respond to trying something different.

Walk My Walk One person begins by walking around the room, in either a regular or exaggerated manner. After some observation, participants will begin to copy the walk of the initiator as precisely as possible, until the entire room is walking the same way. It

is interesting to note how many differences will be observed between each person, and if all the group members actually accomplish this perfectly, then they are really doing very well!

Follow my Dance is a similar exercise in which the group stands in the circle and dances to music. People take turns at being the leader, during which time they initiate a movement or dance, and the group copies. This exercise not only enhances the use of new motor skills, it also provides an opportunity for creative self-expression and tends to be extremely playful.

Eye Am Master Partners take turns directing their partner to move around the room and perform simple tasks, however all the direction must be given non-verbally. It is only through body language, facial expression and vocal sounds that the directions can be given. An advanced version of this exercise (as suggested by the title) requires the same thing to happen although directions must be given through eye movements alone. This last example switches our attention to communicating with the body.

There are any number of activities that can be chosen to increase one's communication skills. And, a great deal of them are also geared towards learning about body language itself as the primary mode of communicating an idea (non-verbal communication as it's called). These are always an enormously fun. I mention the qualities of playfulness and fun so as to underline the importance of making sure they are present in the process. Building trust between group members is a key component in providing a place where they may feel complete freedom to take personal risks in expressing themselves in new ways. The building of self-confidence and ego-strength prepares individuals for deeper work later in the process when the group will need to be

able to tolerate the examination of more painful personal material (Emunah, 1994).

Having the resource of “play” can be enormously helpful in relieving tension, or creating distance when needed.

This area of work strives to help individuals feel physically whole once again. Examples of some dramatic play activities such as mime, expressive-movement, and non-verbal communication exercises were given to show their usefulness in helping to increase sensory-awareness skills, develop new muscle movement, and create and generate diverse ideas in regards to communicating through body-language. Other techniques not mentioned that should be considered are, relaxation exercises and guided imagery and/or visualization techniques, as they also are invaluable for enhancing sensory awareness and mind/body connection. It is expected that individuals will benefit from these activities by demonstrating an increased level of confidence in using their bodies as tools of expression and communication. And, in doing so build a stronger sense of physical identity as well as a strengthened relationship to their own body and its abilities.

### The Body Transformed

For some people completing treatment for cancer is an achievement, for others it represents the beginning of another stage of the healing process, one that's equally challenging, and perhaps at times more difficult to navigate. Especially for those who find that some of the roles they play in life have either changed or need to be changed. It's a myth that life will continue as though nothing happened. Earlier in this paper I began to explore some of the many situations and emotions faced by people who have completed treatment. Common emotions include grief, fear, loneliness, anger, anxiety,

shame, depression, and guilt. All of these emotions can be experienced in any combination at any particular time. Many of these emotions are initially experienced at the onset of the disease and needless to say, ending treatment doesn't make them "magically" disappear. Fighting a life-threatening illness makes for a very chaotic time in one's life. Trying to figure out what all of it means, and preparing to continue "life as usual" can also be substantially confusing and difficult.

Many times individuals may fear being a burden on their families, while others may actually find their families asking them to "quit complaining and get on with life". What happens if you feel so ashamed of what happened to you, that you can't even bare to discuss it out loud. Or, what if you are angry but no one else can relate. What if you are made to believe that feeling emotions such as anger, resentment, or guilt, will actually prevent you from healing, or worse yet, that it might perpetuate the onset of a re-occurrence. If you are being conditioned to believe that some emotions are good and others are bad, and you can't control the way feel, then it is exceedingly difficult to heal emotionally when you have all your emotions bottled up inside. Some biases may stem from one's own inner critic who may be placing harmful labels on one's self. Inner messages predetermine how we are going to interact in the world and what roles we play. So, what would it mean if we could learn how to play different roles?

In this area of work, the focus is on learning to inhabit different character types and roles. This acts as a distanced way to experiment with emotional expression while continuing to increase improvisational skills. It may also provide an opportunity for individuals to objectively look at their emotions, behavior, and roles they play in life. The quintessential element that makes this stage of the embodiment process unique is the

paradox of revealing your authenticity through disguising your identity. Here is where the dramatic “magic” is its most powerful. By altering one’s identity by inhabiting the qualities of a character, one feels safe to experiment with alternative modes of self-expression (Jones, 1996).

Entering into this kind of work does require a certain level of skill (Jones, 1996). These skills are ones developed in the previous stage. Mimetic body skills, movement abilities, creativity, and spontaneity allow one to feel comfortable being able to adequately portray a role type or character due to an increased awareness and understanding of their own body’s abilities. Emunah (1994) does a great deal of work with character development and the building of role-repertoire. It is important that the group are “playing roles other than reflecting one’s own life” (Emunah, 1994, p.37). This gives additional permission to be different and this induces a very liberating experience. “Within the dramatic context, latent aspects of the self can emerge and suppressed emotions can be expressed. Wished for qualities or characteristics can be tried on and embodied” (p.37). In other words, the goal is role-expansion and self-expression, by projecting aspects of your self into a character or role type. It is “you” and “not you” at the same time and this where the element of safety reveals itself (Landy, 2000) since there is always a level of anonymity involved when playing a character. Embodiment of non-human entities can also be effective. The embodiment of an animal, an object, a concept (like love), or something abstract (like heat or energy), gives new qualities of being, that can be experienced.

In beginning work in this area, improvisations may revolve around simply experimenting with emotional expression. The examples below arrive from Emunah (1994) and are described in a progressive order of skill difficulty.

Emotional Greetings: “Group members stand back to back. The leader calls out an emotion or attitude, at which point everyone turns around (facing her partner), and greets the partner in the manner of that emotion” (p.150). Emotions or attitudes that may be called could be ‘angrily’, ‘shyly’, ‘obnoxiously’, ‘seductively’, or ‘curiously’, etc... This exercise “is an excellent way of giving clients in early sessions a sample of the experience of expressing and dramatizing feelings in an interactive and playful context.” (p.150).

Line Repetition: With the group in partners, two lines are given by the leader to work with. For example, “I want it” and “You can’t have it” or “I can do it” and “No, you can’t”. Partners take a line and repeat it back and forth to each other, as the leader facilitates the group through various emotional and/or intonation changes. Repeating a line as a whisper produces a very different feeling than when it is yelled out, as does saying the line with laughter vary from saying the line with fear. This exercise is about exploring different types of emotional expression and a very effective way to begin a simple non-threatening form or scene work.

Calling Out Emotions. As two actors engage in an improvisational scene, the audience calls out emotions that the actors must immediately “take on” and incorporate into the scene. For example, two actors begin a scene in which they play a husband and wife celebrating their anniversary at a restaurant. An audience member shouts “romantic”, and the actors instantly interact with one

another in a romantic fashion. Later, another person in the audience calls out “sad”, and the actors shift their mood, [etc...] (p.192).

The emphasis in these activities is on embodying different emotions. Moods and behaviors can also be another option in the playing of the scene. It gives participants the opportunity to explore various kinds of emotional expression. A discussion following the improvisation may address how it felt to express the different emotions. A person who experiences a great deal of shame and grief in everyday life may find that having “permission” to be obnoxious, proud, or innocent in the course of an imaginary situation is a great relief. And to take that idea one step further, that same person may begin to want to incorporate some of those qualities into his or her everyday experience if they are qualities that he or she finds pleasurable or useful.

Animals: Halprin (2000) uses the embodiment of an animal in her work. She asks participants to visualize a place in nature. It could be in the mountains, the sea, the desert, or a forest etc... Gradually, individuals are encouraged to visualize an animal in this environment, make contact with it, and then meld with the animal so as to become this animal. Music is played in the background to help enhance the focus and facilitate movement. Participants are encouraged to explore what it means to be this animal. What sound do they make, how do they move, what do they eat, and what are their behaviors? They begin to interact with other animals in the room and often scenes spontaneously develop.

This embodiment exercise gives individuals a chance to explore and inhabit an animal entity through their imagination and senses. They are engaged in a process of discovering natural responses, reactions, and qualities of an animal that could be

incorporated into their everyday experience. In the same way they may learn, due to their responses as the animal they chose to embody, aspects of their personality or emotional states that hadn't been so obvious to them before may now be exposed. The embodiment of a rabbit could perhaps indicate to one person that they are running away and hiding when they experience fear, whereas for another person, embodying the same animal might mean something entirely different. Strengths can be drawn from these embodiments as well. A person who often suffers from extreme fatigue and weakness may feel energized while in role as a cheetah, incorporating the qualities of speed and muscular strength while at the same time, realizing that even the cheetah requires time to rest and recover after using energy.

Improvised Scenes with Archetypes: Jones (1996) suggests using more extended group improvisations in which a theme is given, and archetypal roles chosen. Participants then take turns rotating the roles so as to have a chance to experience each one. An example may be engaging the group in a scene about a group of people who must survive on a desert island. Roles chosen to be embodied could be ones such as, "the optimist", "the pessimist", "the leader", "the clown", "the martyr", "the warrior" etc... Predetermining the roles acts as an additional container for the person when embodying the role. The participants will feel free to exaggerate the characteristics of each role, without feeling like they are revealing too much of them selves.

"De-roling from characters or creations is important in order for the client to re-inhabit their own body and to consider the relationship between the 'two bodies'" (Jones, 1996, p.164). An example of the kind of life-drama connection that can be made might be realizing how your own behavior is impacting your family at home. Imagine a woman

who is struggling to re-establish her old life and in doing so, constantly pushes her self too far by doing too much around the house, leaving her exhausted and her family feeling badly. While in role of the “martyr”, she may experience the same kind of reactions and feelings from others in the improvisation as she receives at home. After de-roling and reflecting on the experience, she may see more clearly how her behavior at home is affecting her family.

“Role playing in a drama therapy process can provide a powerful, transformative experience” (Doyle, 1998, p.223). “Through playing roles we are able to unleash parts of our selves which we are usually not willing to express. We are also given the opportunity to express parts of ourselves which we long to express but have no other means to do so”(p.230). Through working in this area of the embodiment process individuals should experience a strengthening of their self-identity, an increased capacity for varied emotional expression, as well as a deeper relationship and understanding of their body as a tool of communication and expression. The improvisations of this area, the body transformed, will gradually shift towards more personal material, thus leading the group naturally into the third stage of the embodiment process.

### The Social Body

We are created selves through the roles we play. Often we define ourselves through the roles we play and occasionally through just one or two. A sudden change in these roles can disrupt our identity (Van Deurzen Smith, 1997). For post-treatment individuals, this is when one will begin to explore how their roles in life have changed. The loss of a limb might mean a career change, or perhaps the perpetual fear of

recurrence is damaging one's marriage. In fact, the loss of relationships tends to be a very major theme (Nessim&Ellis, 1991; Harpham, 1995; Sourkes, 1982).

Imagine losing your fiance only months before the wedding because he can't bare to look at you with only one breast. Imagine feeling overwhelming guilt because after ten years of waiting to have children, you now have to tell your wife you're infertile. Friends might avoid you because they don't know what to say anymore, and your best drinking buddy feels guilty smoking around you now, what if you start lecturing him. Employers might worry you don't have the energy to do the job with the intensity you once had, and one of the parents from the Little League you coach has asked you to stay away from his kid because he thinks cancer is contagious. Your spouse no longer makes love to you with same passion for fear that you might "break" and this false idea is driving a wedge between the two of you romantically. Sounding difficult to take? Well, it is. Many of our feelings about ourselves originate from the external social influences that we encounter in everyday life.

In this area of the embodiment process the work becomes less distanced and more focused on the real issues faced by the clients in the group. "The basic task of this area of work is to find the appropriate dramatic vehicle which enables the client to explore their experience of their body" (Jones, 1996, p.164). In other words, exploring and understanding how personal and external (or social) influences affect the body/mind. The aim is "to enable the client to achieve a different relationship with their bodily selves through dramatic work" (p.164). This can be accomplished in a number of ways, including role-play and other projective techniques that encourage a more personal inward reflection of the self in everyday situations.

As mentioned previously, it likely clients will naturally make their own transitions toward providing more intimate material to work with. However, this can also be gently evoked in the process itself by the kinds of activities the leader facilitates the group. As an example, beginning with an image or metaphor that leaves room for individuals to either stay distanced or reveal more personal fears, and/or emotional material. Cattanaach (1996) describes an example she does precisely this. In her experience she finds that “one of the more powerful images for adults is about the ‘monsters’ ever present in our lives, be it, time, money, people” (p.140). Depending on one’s point of view, cancer, or even the treatment itself could be that ‘monster’. Many avenues can be chosen in working with this theme. If this activity had been initiated during the previous area of work (body transformed), then group members may be encouraged to visualize the image and then embody the monster in its “beastly” form. Scene work could revolve around killing the monster, or negotiating with it. In this area of work however (social body), the ‘monster’ is a metaphor for a real life problem that the group would like to explore. An improvisation can be played out in which this metaphorical ‘monster’ is dealt with in a way that is satisfactory to the group. Members may then reflect on this process later to identify any personal connections they may have had with fighting or taming the ‘monster’ in their own lives.

Role-play: The group may collaborate to choose a common theme or concern, or if trust is established, one person may request to work on a specific issue of his or her own. For the sake of this example, imagine the situation chosen is about a man who is struggling with the fact that before his illness he was a very confident and successful businessman. Intense chemotherapy treatments have left him feeling helpless and

vulnerable. His wife is no longer sympathetic to his needs. She has had to take on a second job to help pay the bills, look after the house, and care for their two children. She is exhausted and unable to provide any more of herself for her husband you desperately wants her support to help him self heal emotionally. She, on the other hand, desperately needs his support to help her under all the strain. Both need each other, neither are able to understand or relate to each other in an effective or loving way anymore, which is tearing the marriage apart.

After the scenario has been identified, group members may volunteer to play the different parts. In this case, the roles include the wife, the husband, and perhaps the children. A beginning scene is established. While playing out the scene, the group facilitator may employ various techniques so as to help the flow of the action. For example, asking players to reverse-roles with each other so as to experience the other's point of view, or asking someone to clarify the inner (unspoken) thoughts of one or more of the characters in the scene.

Role-plays that deal with real life situations provide the chance for individuals to play-out their immediate concerns. They will find they are able to “clarify values, make decisions, gain greater understanding, learn to play roles in more satisfying ways, practice new roles, and become more spontaneous and playful” (Sternberg & Garcia, 2000, p.12). In the process of this, they will reduce feelings of isolation as they discover others who share the same concerns as they have. Insight into the way in which their relationships and other social forces are influencing their lives, will undoubtedly lead to a greater ability to respond in ways that are more satisfying to each individual.

In this chapter, Jones' three areas of focus for embodiment work were examined as being useful for structuring a dramatherapy process for individuals who are trying to heal after treatment for cancer. The first area, "the potential body", begins by helping individuals connect with their bodies, and perhaps re-learn for the first time what the potential of their bodies is. The second area of work, "the body transformed", had as its focus scene work to enhance an experience of an altered identity. The premise being that this can not only be very liberating to experience, but may also perpetuate new modes of self expression and a strengthened sense of self-identity in the client. In the third area of work, "the social body", clients begin to integrate what they have learned about themselves during the first two areas of work and apply it to solving real-life problems that they are encountering. The goal is to try to facilitate an easier transition back into a regular life routine, while healing physically and emotionally from their illness and previous treatment experience.

## CHAPTER FIVE

Trying to recapture the “you” before cancer is a goal destined for failure or at least major frustration. Your body, emotions, and perspective are different. Physically, think of yourself as building up to a new “you”, not back to your old self. (Harpham, 1994, p.297)

### Integration of the Material: A Sample Session

In the previous chapter we saw what kinds of techniques could be used within each of the three areas of embodiment work described by Jones (1996). And through an understanding of the theory and a look at particular examples, we began to see in what way this kind of embodiment work could be helpful in facilitating emotional and physical healing for a post-treatment person.

In using these three areas of work as a model for a dramatherapy workshop series, I would recommend introducing each stage, or area of work, gradually. If, for example, one was to offer a series of twelve sessions, the first three or four sessions should focus entirely on building the potential body. This lays the groundwork, and strengthens the foundations for deeper work later in the process. It is this area that is the most targeted at the biological aspects of healing. On the most general level, the act of moving the body helps loosen muscle stiffness due to surgery, radiation and/or chemotherapy treatments. Movement increases circulation thus helping someone who has lymphedema. Someone who has spent many months not being very physically active may begin to stretch out the body and rediscover its abilities.

It is here that one begins to really concentrate on the communication between mind and body. It is here that the individual really discovers what his or her physical abilities and limitations are, and learns to respect the body. Then, as body awareness and a physical identity of one's self is strengthened, the group will be ready to move into the second area of work, "body transformed".

This may remain the focus for the next three or four sessions as the group continues to build potential body skills, while also incorporating a deeper understanding of emotional expression and how it relates to physical bodily experiences. Through the safety of playing alternate identities, one increases their understanding and respect for their own identity. Those who are plagued with overwhelming emotions such as fear, shame, guilt, or anger can begin to express them in a safe way through the container of a character or a role.

The third area of work would be introduced during the last third of the series when the participants are now able to truly integrate their skills and reflect upon how external and social influences affect their physical being. They will discover how they are using their physical bodies to interact or react in their environment. Through the identification with others, who experience similar difficulties, the group works together to find solutions.

At the same time, each of the three areas of work should be included during the course of one session during the final third of the therapy series. The exercises that comprise the "potential body", serve as a warm-up for the group, and reconnects the members with their physical and emotional selves. The second area of work serves as a

way to focus in on a group theme and pin-point a particular issue for the group to explore, which leads nicely into the role-play work of the third phase of the session.

Below a sample session plan is provided to show concretely how the three areas of embodiment work can flow together during one session. This sample session is designed for the final third of the dramatherapy series, and focuses on the theme of relationships. It is assumed that at this point, the group has built trust and cohesion and is ready for deeper work. Ideas for this session are adapted from Halprin (2000).

Session Outline:                      Time: 90 Mins.

CHECK-IN.....Coming together as a group

POTENTIAL BODY.....Back Conversations

Push, Pull, Press and Yield

BODY TRANSFORMED.....Line Repetition

Scene Work

SOCIAL BODY.....Group role-play

SHARING.....Reflection of the process

Check-In:     This opening ritual would last for approximately ten minutes. The purpose is to allow participants to settle into the group process, and reconnect with each other. It also provides the facilitator with information concerning the group needs.

The Potential Body:

*Back to Back Conversations:* Partners sit back to back with each other and begin to have a non-verbal conversation. Communication exists only through the movement and expression provided through the back. It is a nice exercise to warm-up and move into the

body. Individuals will concentrate of the sensations and muscular movements of their body. This increases body awareness as well as creativity, as one explores more effective ways of communicating with the body.

*Push, Pull, Press and Yield:* Still in partners, the facilitator will guide the group through a non-verbal communication experience in which partners will explore different ways to physically push, pull, press, and yield with each other. Standing face to face, with arms extended against each other's shoulders and pushing with force towards each other, or pulling your partner around the room with his or her eyes closed. Individuals should be alert to how they physically and emotionally respond to each other. The sensation of pushing shoulder to shoulder may raise feelings of aggressiveness or playfulness.

Rocking your partner from side to side might induce a comforting emotion, or perhaps one that is less pleasurable. The point is to notice what you like, and don't like. How does it feel to manipulate another person, or be manipulated etc... Attention is in the experience of the 'here-and-now'. Through movement, one listens to their body's sensations and recognizes their emotional connections to it.

#### Body Transformed:

*Line Repetition:* This exercise was described previously in chapter four. Still working with the same partner, the facilitator gives the lines, "Help me" and "I can't". Partners repeat the lines back and forth to each other while experimenting with different forms of emotional expression and intonation.

*Scene Work:* The above exercise can now be adapted into scene work. Partners may visualize a situation and begin a scene in which these are the only two lines of

communication used. Situations may or may not evolve from a real life experience.

Both partners may be asking each other for help and unable to give it respectively.

Another step may be to have partners do the scenes again but add more dialogue to the scene. Attention should be given to noticing which emotions are being represented and how they are represented physically through the body in a non-verbal manner.

At this point, choose one scene to work with. Ask the pair to redo the scene but without the dialogue. Instead they are to substitute the dialogue with the words “push”, “pull”, “press”, and/or “yield”, while at the same time paying attention to the physical action in the scene. In other words, they are to label their motivations within the scene by naming when a thought or intention was for the purpose of “pulling” the other person closer, or “pushing” them further away. This is where some interesting realizations may occur, as individuals will see the split or perhaps the cohesion between the verbal dialogue the physical dialogue. A scene might reveal that while one was verbally asking for help, their body was pushing their partner away, or perhaps while one person was angrily stating “I can’t” his body was physically yielding, or giving into the power of the other person. Certainly this process becomes more clear when actually practiced, however the point is that group members may begin to make some important life-drama connections as they see how their minds and bodies are either connected or disconnected in the process of communication. This exercise incorporates a creative ‘here-and-now’ experience with movement and emotional expression, therefore continuing to strengthen a mindbody relationship.

### Social Body:

*Role-play:* At least 20- 30 minutes of time should be reserved for this last activity. After reflecting upon the previous scenes, the group may choose one in particular that they would like to work with. Remember the example scenario of a role-play described in chapter four? (p.56). Throughout the embodiment of that scenario, group members have a chance to apply the understanding of the push, pull, press, and yield within the situation. They may discover insight into how the couple can adapt their communication styles to have their emotional needs understood. Through the embodied experience in the ‘here-and-now’, individuals can experiment with alternative modes of emotional and physical expression.

Sharing: This provides the group with an opportunity to reflect upon what they have experienced during the session. Individuals may share personal insights and identify with the experience of other group members. It is a time for closure.

### Summary and Conclusion

This paper set out to answer the question; how can the process of embodiment in dramatherapy help facilitate healing for individuals who are post-treatment from cancer. We began by taking a look at the biopsychosocial needs of this population to gain an appreciation for the kinds of difficulties that can be experienced as one strives to renew a sense of being ‘whole’. From there, an overview of the benefits of participating in a group therapy process was described and eight specific group therapy programs were reviewed. Common elements that appeared to make these programs effective were the

presence of social support and space for emotional expression. Many of these groups used mind/body techniques as tools to enhance healing.

From there, we explored the meaning of mind/body connection and were able to theoretically determine that dramatherapy is in fact a mind/body technique in its own right. Four particular elements identified by Caldwell (2002) as being essential to enhancing a therapeutic transformation or to induce healing, were emotional expression, movement, creativity, and experiences in the 'here-and-now'. Dramatherapy is a modality that easily complies with these criteria.

The process of embodiment in dramatherapy is what specifically makes the 'here-and-now' experience accessible. Embodiment in dramatherapy is translated differently in various methodologies and/or frameworks; however, the main premise is always the same. To engage the body and mind together in movement, emotional expression, creativity and a 'here-and-now' experience. We applied Jones' (1996) three areas of focus within the embodiment process as a framework in of itself so as to explore the kinds of tools that could be used in each area, to enhance a healing experience by connecting mind and body.

Goals of using the process of embodiment with a population of people who have completed treatment for cancer, are to meet their biopsychosocial needs. Building the potential body addresses the biological changes and allows individuals to re-discover their physical abilities and or limitations. Increasing body awareness builds one's physical identity and increases ones relationship to his or her body. The second area, "the body transformed", allows individuals to explore new forms of self- expression through the embodiment of characters and archetypal roles. Therefore, perpetuating a

sense of freedom in expression, and simultaneously allowing for an increased sense of self and a stronger relationship to one's own emotional and physical identity. The last area of work, "the social body", provided opportunity to examine the external stresses in one's social environments. Overall, the participation in an embodiment process such as this should provide individuals with a deeper understanding of them selves. Meaning to one's experience may be more clearly defined, and above all, a stronger relationship with ones' body and mind should be established, thus creating a sense of being whole.

"Feeling whole is a state of mind. If you see yourself as whole, you are whole. An important means to this end is to recognize what makes you "you" (Harpham, 1994, p.247). Dramatherapy is a modality that allows you to see yourself again for the first time. Through creativity and movement, dramatherapy can address the biological, the psychological and the social needs of this population. Although one may never attain perfect physical health, it is possible to attain a deeper acceptance of one's body and emotional needs.

I've discussed the feasible outcomes of using the process of embodiment as an appropriate way to help post-treatment individuals heal. The next step would be the clinical application of this model, to investigate the benefits and implications. Without a doubt this is a population that requires more attention, especially as it rapidly increases in number. However, as mentioned before, something only thought about remains a theory, whereas something embodied can be understood.

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