

“Bringing Voice to the Pain”
Embodying the Fictionalized Stories
of
Sexually Abused Children
Ayse Nilgun Turkcan
A Research Report
in
The Department
of
Creative Art Therapies

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ABSTRACT

Bringing Voice to the Pain:

Embodying the Fictionalized Stories of Sexually Abused Children

Ayse Nilgun Turkan

The purpose of this study is to explore how the embodiment of fictionalized stories, based on my work with sexually abused children, can help me to achieve a deeper understanding of my own process as a therapist. I used the EPR (Embodiment, Projection, and Role) and the Creative Expressive Model as drama therapy methods during the sessions. These methods not only provided the children with safety and distance but also enabled them to disclose their feelings and become empowered. By applying these same methods in my creative process and performing fictionalized excerpts of clients' stories I also was provided with enough safety and distance to allow myself a deeper understanding of my counter-transferences.

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DEDICATION

I dedicate this paper to my spiritual guides and mentors. Thank you for giving me love, hope, support and inspiration in my journey. I also dedicate the paper to my parents, Metin and Gulseren Turkcan who believe in me and provide with their unconditional love and support.

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INTRODUCTION

Statement of Purpose

The purpose of this study is to explore how the embodiment of fictionalized stories, based on my work with sexually abused children, could help me to achieve a deeper understanding of my own process as a therapist. The EPR (Embodiment, Projection, and Role) and the Creative Expressive Model were used as drama therapy methods during the sessions. Through the embodiment of their imaginary stories, children were provided with safety and distance. This enabled them to draw closer to their feelings, to disclose and become empowered.

I applied these same methods as I embodied the children's fictionalized stories to gain a deeper understanding of my own process. As a drama therapist, utilizing these methods also provided me with enough safety and distance. Embodying their fictionalized stories (common characters, themes, and metaphors) and performing them in the frame of storytelling allowed me to have deeper understanding of my counter-transferences.

Method of Research

This inquiry is based on my experience with girls and boys (between 4 to 10 years old), who were sexually abused by their family members and relatives. I met with them in the course of my internship which was carried out in collaboration with the Sexual Abuse Team.

In this work, the use of the heuristic research method enabled me to reflect and explore my own counter-transferences based on my process and progress notes, the

client's fictionalized stories, the rehearsals and the performance of a play. Douglass and Moustakas (1985) indicate, "heuristic research is a search for the discovery of meaning and essence in significant human experience. It requires a subjective process of reflecting, exploring, sifting, and elucidating the nature of phenomenon under investigation" (p.40).

The EPR approach was used with these children who have been sexually abused. At the beginning of every session, I provided figurines for the children to tell stories with. Role-play and art-making activities followed the storytelling, and was always in relation to these stories. In my heuristic inquiry, I used the same approach: I embodied their fictionalized stories and characters, did a role play and drew the stories. Finally, I summarized and reflected my thoughts and feelings in a journal. This journal has been an important part of the research process for me both in enabling me to reflect on my practice but also in the act of the writing of the journal I have been able to gain additional clarity as to my learning. This process gave me an opportunity to explore my own process as a therapist and to deepen my understanding of my counter-transferences.

At the last step of the heuristic inquiry, in the creative synthesis phase, I performed the fictionalized excerpts of clients' stories. Data culled from my journals and the art works which were compared from the ones completed before the performance and the ones done after the performance. In this way, I could distinguish how my understanding had deepened and how I had transformed. The performance was based on this extremely powerful and enriching experience which enabled me to have further understanding of my process and to be aware of my counter-transferences.

Introduction to the Chapters

Chapter One consists of my literature review which includes sexual abuse in children, Embodiment, Projection, Role (EPR) and The Creative Expressive Model, storytelling, transference & counter-transference and the heuristic research method. In Chapter Two, I discuss the rationale behind choosing the performance option. In Chapter Three, I explain my creative process under the heuristic investigation which includes the following phases; initial engagement, immersion, incubation, illumination, explication and creative synthesis. In Chapter Four, I talk about the findings of the study, how the original goals are met or not met, and limitations of the study, usefulness of the inquiry to my professional development and finally the contributions of the inquiry to the Creative Arts Therapies. In the conclusion, I summarize the process and result of my study, and the findings.

CHAPTER 1: LITERATURE REVIEW

Sexual Abuse in Children

Sexual abuse occurs when an adult or youth uses a child for sexual purposes, including exhibitionism, fondling, sodomy, intercourse, commercial exploitation, and prostitution (Child Maltreatment in Canada, 2001). The effects of the abuse will vary depending on the age of the child at the time of the abuse, the severity, the age difference between the child and the offender, the nature of their relationship, and whether or not the child has a protective parental figure (Furniss, 1991).

Another definition of child sexual abuse is “ the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles” (Mayes, Curie, Macleod, Gillies, & Warden, 1992, p. 16). Possible indicators that a child has been sexually abused include sexualized or seductive behavior such as sexual play with toys or dolls, self-mutilation, running away behavior, fear and anxiety, depression, aggression, and low self-esteem.

Sexually abused children develop all the symptoms of PTSD that has been clearly recognized by the American Psychiatric Association in 1994. While children expect protection from family members, or friends of the family, it often can be these very people who betray the children. It is very traumatic for the survivors. (Kellerman & Hudgins, 1988, p.98). According to Bannister, all sexually abused children have similar symptoms such as anger, self-injury, dissociation, and amnesia for traumatic events. (2001, p.97).

a) Child Sexual Abuse and Anxiety:

For girls anxiety appears as avoiding all males, re-visualizing and re-experiencing the trauma, having nightmares, and sexually acting out. Sexually abused children show more severe symptoms, which last longer than those of adult rape victims do because the children are assaulted sexually more frequently and for a more prolonged period (Green, 1993, p.578).

b) Child Sexual Abuse and Dissociation:

Dissociation, or alteration in consciousness resulting in an impairment of memory or identity, has also been observed in children traumatized by physical and sexual abuse: amnesia, excessive fantasizing and daydreaming, trancelike states, somnambulism, the presence of an imaginary companion, sleepwalking, and blackouts (Green, 1993, p.578).

c) Child Sexual Abuse and Depression:

Many children who are sexually abused experience depression as a result of the trauma in addition to low self-esteem, self-destructive behavior, apathy, and runaway behavior. (A. Green, 1993, p.579)

d) Child Sexual Abuse and Impaired Impulse Control:

Sexually abused children show difficulty in controlling and combining sexual impulses. Many have difficulty understanding the difference between loving from sexual relationships and becoming aroused by routine physical and emotional closeness (A. Green, 1993, p.579).

Overall, children who are sexually abused have a tendency to feel worthless and powerless with regards to what happens to them (Cattanach, 1996, p.123). This inevitably

leads to serious self-esteem issues. There is an additional risk of re-victimization which translates as an inclination for the child to think of himself as responsible for the abuse. Many survivors feel self-hatred, a consequence of having hated the abuse in their mind, yet concurrently experiencing physical pleasure. As a result of this paradox, they end up blaming their body and, in turn, their whole person is left feeling guilty. Since these children are frequently abused in their natural environment by someone they knew and trusted, they have a hard time trusting others.

Embodiment, Projection and Role

Bannister (1997) states that drama therapy is especially helpful for children to disclose the details of the abuse by providing safety. "This, in itself, is therapeutic...once the child sees that memories can be controlled by herself and when she sees also that the therapist understands what has happened, then she can start to process the traumatic events" (p.54).

Drama therapy, specifically EPR, can be beneficial with sexually abused children because of the difficulty to disclose the abuse. EPR (Embodiment, Projection, and Role) is the developmental paradigm of play developed by Sue Jennings. *Embodiment* includes explorations made through the body via the senses such as touching various media, and making rhythmic movements and sounds. These actions are very important as they teach the child to have control over his or her body and they foster self-confidence (Jennings, 1988, p.67). *Projection* involves placing experiences, feelings, thoughts, and wishes onto toys, pictures, stories, and other various sorts of media. The objects take on roles and relationships that the child deems important and worthy of exploration. They are a way

for children to explore experiences within the framework of the story which provides safety. *Role* is the embodiment of a character by the child; he can take on the role of a character and, within the context of enactment, story or game, he can move on to integrate different roles.

In therapy, the child first gathers information through his/her senses; for example, before choosing certain figurines, he looks, touches, and smells them. When he tells a story, he is projecting what he feels and thinks. While in-role, he becomes the character, pretending to be someone else by modifying his movement, voice and so on.

EPR uses projective techniques to provide distancing such as story telling, role-play, and art making. This creates a context of safety for the child. "Distancing is a way to move a client closer or further away from the role in order to discover balance and aid in healing, growth, and role expansion through style changes and externalization" (Lewis & Johnson, 2000, p.455).

In EPR, figurines are great tools for children to create their story in safety. For instance, when the drama therapist uses figurines as a part of story telling, the child can project his fear, anxiety and guilt onto the figurines or imaginary characters. The child will thus be released by divulging and reworking these negative feelings in safety. "Re-working seems to be an important activity which enables us to move on in our lives. When people come for therapy, we may find that they have become stuck at a particular event that they were unable to re-work" (S. Jennings, 1998, p.123). Through drama, the child can then explore and nurture the positive aspects of his being.

The Creative Expressive Model

The Creative-Expressive Model is effective in decreasing trauma and empowering sexually abused children's ability to find their own coping strategies. This model focuses on the healthy aspects of the individual (Cattanach, 1996). Cattanach states, "this way of working builds up the confidence of the individual and the nurturing power of the group and can enhance self-esteem" (p.11). So the experience of drama can be very helpful for children who have been abused by helping them to build a more positive sense of self.

The other advantage of the Creative- Expressive Model is to invite and promote self-expression. Normally, it can be very hard for a child to disclose the abuse in 'reality'. Through 'as if reality', which provides distancing in drama therapy, the child can express her/his pain by projective techniques. The Creative-expressive model gives a chance for the child to express and explore the sexual abuse in safety through play. This model also enables him to discover his creativity, spontaneity and playfulness.

The Creative-Expressive Model is also effective at enabling the sexually abused child to foster the ability to find their own coping strategies. Abused children believe that they are invisible and their body is dirty and unwanted. Through embodiment, role-play, and movement, they become visible because they start to develop a more positive perception of their body: they start to see themselves from a healthier perspective.

Storytelling

Story telling is the live, person-to-person, oral and physical presentation of a story to an audience. It is an effective way to express one's ideas, feeling and thoughts. "In the act of telling we allow another human being access to our experience of life, our inner world, the journey on which we have been" (Gersie & Kings, 1990, p.32) The tradition of storytelling is ageless and known to most cultures as an experience vital to the health of individuals, the community and the environment.

Stories help people to make sense of the world and life's experiences, dilemmas and hardships. "If we can not put any kind of story together which seems to make sense to us-sense about ourselves- we are confused and restless" (Andersen-Warren and Grainger, 2000, p.169). Stories can also be very beneficial in exploring other ways of doing, feeling, thinking and behaving. When we tell our stories, we find a way of living with our pain, a way of transcending the sorrows and tragedies through the creative process in order to heal.

Stories are constantly changing and being rewritten, reconstructed, even discarded from the moment we are born until we die. Creating a story enables one to find meaning in the loss and to put pieces of a shattered life back together for understanding and recovering from pain. "Stories... are powerful symbols of completeness" (p.171). Thus they also help us to assimilate major traumatic change. Developing a narrative allows a person to weave together their life changes into a new more cohesive story. Creating and telling the story about one's experiences can provide the opportunity to gain a deeper understanding of these experiences and oneself.

"Telling" involves direct contact between a performer and an audience. It mandates the direct presentation of the story by the performer. The performer's role is to present the story by creating needed characterization, vocalization, and movement to effectively and efficiently embody the images of a story. During storytelling, listeners let go of defenses and relax into the known, safe environment of story. A shift in consciousness takes place. Those who listen, actually live the story adventures in their imagination. The storytelling experience invites people to draw upon their memories and allows them to add new information to the old memories when listeners view their life in the context of the story.

As a result, stories of courage and bravery provide hope, reminding us that even in the face of evil, the human spirit prevails. Following pain or a life-changing traumatic event, many people have a strong desire to understand how the events fit into their life. Creating and telling the story about one's experiences in life can have beneficial effects in terms of understanding, healing and transforming.

Transference and Counter-Transference

Transference and counter-transference are phenomena related to projection that occur naturally for every client and every therapist. These concepts will be reviewed based on client-centered therapy.

Transference

Transference has to do with certain feelings which originated from your past interactions with others and that you transfer into current relationships. "Transference is the psychodynamic relational construct which occurs when the patient reenacts the past

by transferring a prior relationship onto the therapist” (Lewis & Johnson, 2000, p.463).

Transference not only occurs in therapy, but in all of our relationships. According to J. Schaverien (1990, p.44), “although in analysis, an intense transference develops, all human relations contain elements of transference, which is primarily unconscious” According to Rogers (1951, p.203).

The client-centered therapist accepts and understands client’s transferred feeling and attitudes just as s/he does any other feeling and attitudes of the client. When the therapist accepts the client's transference while holding the boundaries and frame of the therapeutic relationship clear and firm, a secure playing field is established where the client can express all of his feelings in the security that the therapist will not act out against him. Such a relationship gives a client the possibility to observe his own feelings and reactions. Acceptance and awareness lead, naturally, to understanding and separating the past relationships with others from the current relationship with the therapist.

Counter-Transference

Counter-transference takes place, when the therapist, during the course of therapy, develops positive or negative, behaviors, thoughts, and feelings toward the client. “Counter-transference occurs when the therapist consciously or unconsciously acts upon the material received from the transference or projection consciously or unconsciously sent by the client” (Lewis & Johnson, 2000, p.463). Unresolved conflicts from the therapist’s past may evolve as counter-transference. For example, a client who displays childlike dependency toward a therapist may evoke a parental attitude from that therapist, depending on the meaning that he or she assigns to the relationship with the client, and if

past conflicts are significant to the present situation. The therapist may be completely unaware or only minimally aware of the counter-transference as it is occurring.

Counter-transference phenomena can interfere with therapy if therapist is not aware of them. If counter-transference is contaminating therapeutic relationship with the therapist's unresolved problems, then it can be harmful. Working with counter-transference is much the same as transference, with the addition that the therapist has a responsibility to his clients to deal with his own issues, to minimize counter-transference in the therapy.

With counter-transference, one still has the first tool of acceptance, which is often harder to do, as some therapists have difficulty accepting their humanness in the therapy relationship. If the therapist listens with "free-floating attention", aware of his/her own feelings s/he can understand more of what is behind what patient is saying. Weigert (1952, p.465-480) discusses that when a therapist accepts and resolves his/her counter-transference, s/he can be emotionally free and spontaneous with a client. Then s/he can be more comfortable in the therapy. This why a good supervisor is always needed, so that we can both learn and feel secure in sharing our counter-transference concerns, and be open to counter-transference confrontations.

In every relationship we enter into, we always react according to the influences from our past experiences, whether it is with a friend, a mother, a therapist or a teacher etc... The only danger with transference and counter-transference is that their existence can be denied or labeled as "bad" or "not real". When these, and any other feelings, are

accepted and seen as natural and logical and when they are worked with therapeutically, there is only potential for growth.

Heuristic Research Method

In this inquiry, the heuristic method was an effective one in view of the fact that I was exploring the meaning of my unique experience, which cannot be easily generalized. "Heuristic research is a search for the discovery of meaning and essence in significant human experience. It requires a subjective process of reflecting, exploring, sifting, and elucidating the nature of phenomenon under investigation" (Moustakas and Douglass, 1985, p.40). Patton also mentioned that to perform heuristic inquiry, the researcher must "have personal experience with and intense interest in the phenomenon under study" (1990, p.71). Using this method in my journey enabled me to be aware and to gain insights into my own experiences.

In this inquiry, I will be using the six stages of heuristic methodology as identified by Moustakas: initial engagement, immersion, incubation, illumination and creative synthesis.

1. Initial engagement is where the researcher discovers an intense interest, a passionate concern that calls out and that holds important social meanings and personal compelling implications
2. Immersion happens once the question is discovered and its terms are defined and clarified. The researcher lives the question in waking, sleeping, and even dream states.
3. Incubation is the process in which the researcher retreats from the intense, concentrated, focus on the question. "Incubation is a process in which a seed has been

planted; the seed undergoes silent nourishment, support and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities." (Moustakas, 1990, p.29)

4. The illumination process may be an awakening and adding new dimensions of knowledge. This may involve corrections of distorted understandings or the disclosure of hidden meanings.

5. The purpose of the explication phase is to fully examine what has awakened in consciousness, in order to understand its various layers of meaning. Ultimately a comprehensive depiction of the dominant themes is developed.

6. In creative synthesis, having mastered knowledge of the material that illuminates and explicates the question, the researcher put the components and core themes into a narrative description using accurate material and examples. It may also be expressed as a poem, story, drawing, painting, or by other creative forms. "Knowledge of the data and a period of solitude and meditation focusing on the topic and question are the essential preparatory steps for the inspiration that eventually enables a creative synthesis" (Moustakas, 1990, pp.31-32).

CHAPTER 2: THE ART-BASED METHODOLOGY

Rationale

In the art-based inquiry a researcher explores and expresses an issue by using artistic forms. Arts-based research as reflexive inquiry focuses on creativity and interpretation which allows using metaphor, fable, riddles, poetry, personal narrative, story, puppetry, dance, painting and other arts forms. This method gives an opportunity for the researcher to see beyond the habitual ways of thinking and provides new perspectives. “Art-based representations have the potential to break through the limits of conscious understanding to speak even beyond their maker’s means” (Lather, 1995). Green also stated that “(an artistic inquiry) can release imagination to open new perspectives, to identify alternatives. The vistas that might open, the connections that might be made, are experiential phenomena; our encounters with the world become newly informed” (Greene, 1995, p.18).

I chose an Art-based method because it was the most effective one for me to portray my creative journey. In this method, the ‘self’ is the only reality that can be known and verified. The main focus was self-exploration as a therapist by the use of embodiment of the client’s fictionalized stories. Using this method helped me to recognize my subjective feelings and to differentiate them from the clients’ feelings and led me to have a deeper understanding of my counter-transferences.

Embodying my work as a performance also would provide me an opportunity to convey my work not in a descriptive way but in a “being” way. McNiff indicated that “the artistic process has yet to be embraced as a mode of inquiry (as it) offers

opportunities for communication and understanding outside the limits of verbal expression” (1997, p.87). In this manner, the viewer not only witnesses my thoughts about my inquiry but also my emotions in the power of the present.

Storytelling and Story as a Container

Story is a very important aspect of drama therapy. Andersen and Grainger pointed out that “drama therapy helps us rearrange our stories as a way of reordering our lives” (2000, p.196). The story as a container can hold intense feelings by the use of metaphor; this creates the distance and safety. According to Jones “distancing encourages an involvement which is more oriented towards thought, reflection and perspective” (p.106). This allows for another point of view to emerge. In my inquiry I found that the use of story and metaphor also provided me with a sense of boundary and safety. This allowed me to feel comfortable dive into the client’s fictionalized stories which were so painful.

As mentioned in the literature review, stories help people to make sense of the world and life’s experiences, dilemmas and hardships. “If we can not put any kind of story together which seems to make sense to us-sense about ourselves- we are confused and restless” (Andersen-Warren and Grainger, 2000, p.169). Stories can also be very beneficial in exploring other ways of doing, feeling, thinking and behaving and helps a person to assimilate a major traumatic change. As Gersie pointed out, “the potential for positive, projective identification between a story –character and oneself does inspire new ways of being” (1991, p.242).

In this study, developing a narrative allowed me, as a therapist, to weave together my client’s fictionalized stories into a new, more cohesive story. Creating and telling the

story about my experiences in the creative process provided me the opportunity to gain a deeper understanding of my experiences. As a result, stories of courage and bravery provided hope reminding us that even in the face of evil, the human spirit prevails.

Audience-Witnessing

Being heard, listened and witnessed by audience can be a very validating experience for a performer. According to Jones (1996, p.100), a performer and an audience are in an active relationship, “an actor takes on a role, involves the self and projects the self into role. They stop being themselves yet remain themselves. Audiences in theatre (also) project themselves into the dilemmas and emotional situation of character”. This dynamic relationship between a performer and an audience transforms both the performer’s and the audience’s experiences.

“By transforming her story into theatrical performance, the performer hopes to transcend the personal level, touching the audience through universal themes. The audience’s witnessing of and empathy for the performer’s personal material is internalized by the performer who feels validated and accepted” (Rubin, 1996, p.10).

Overall, the use of the art-based method, the performance in a frame of storytelling and having an audience as a witness not only enabled me to enhance my understanding but also provided me with safety.

CHAPTER 3: CREATIVE PROCESS AND HEURISTIC INQUIRY

Phase I: Initial Engagement

Initial engagement is the phase in which the researcher discovers an intense interest, a passionate concern that calls out to her and holds important social meanings as well as compelling, personal implications. This stage encompasses a two year period during which I discovered my interests in working with sexually abused children through the use of the following drama therapy methods: EPR (Embodiment, Projection and Role) and the Creative Expressive Model. I began to review the literature and decided to work with sexually abused children as part of my internship. In this stage, although I was aware of my passion and commitment to this journey, I knew neither why I had these feelings nor the exact nature of my inquiry.

Phase II: Immersion

Immersion occurs once the question is discovered and its terms are defined and clarified. The researcher lives the question while awake and asleep. I discovered my question while I was working with sexually abused children during my internship with the Sexual Abuse Team. My inquiry was based on my experience with the three children with whom I worked.

As mentioned above, I used EPR and the Creative Expressive Model. At the beginning of every session, I provided figurines for the children to tell stories with. After creating the stories, we would do a role-play and then some drawings which were always in relation to these stories.

During the therapy with these children, my short term therapeutic goals were to provide a safe and comfortable space and to assess their interests (for using the proper projective technique/s) as well as their current internal states (if they are still under the risk of abuse or not). My long term therapeutic goals were to build a therapeutic alliance which would help them feel safe, to help them discover their creativity and strength (The Creative Expressive Model focuses on the healthy aspect of the self), and to encourage them to explore their resilience and coping strategies which would consequently empower them.

The first child, S., was a four year old boy who was sexually abused by his father at the age of two. I worked with him one hour per week for the duration of nine months. S. was referred to me by my supervisor, an art therapist, because he was very expressive non-verbally and enjoyed enacting characters such as the ones he saw on television and films. According to S's mother, S was having severe nightmares and was also unusually aggressive and anxious in his daily life, especially in play.

During our sessions, S. was very engaged in most of the activities. The characters he created were inspired by the story of The Lion King with S. identifying with the central character, a lion named Simba. Mainly, his stories were about his struggles with "Scar", who represented the monster. At the beginning of our work together, Simba was weak, small and voiceless (his own projection onto the character). Scar was constantly hurting him. This was disclosed through the use of metaphor in his fictionalized stories. For instance, "Scar takes Simba under him. It hurts, it really hurts... Scar is bouncing on Simba's bum, the sticky fire bombs are coming from Scar's body and they are

exploding...Scar is biting Simba's tongue". Exploring his experience within the framework of the story provided a safe container for material that most likely would have been too disturbing to express directly.

Throughout our sessions, Simba gradually became more empowered until he found a blue magical power in his feet and became increasingly able to successfully confront Scar. "Scar cannot trap and hurt Simba anymore because he has his blue magical power". Concurrent to Simba's evolution in the stories, S. also became empowered in his life as was confirmed by his mother. According to her, S. became calmer and ceased to have nightmares.

The next client on which I will focus is D., a six year old girl who was sexually abused by her two step-brothers as well as her father. I used the same process with her: she used figurines to tell a story, we enacted a role-play in relation to these stories and concluded with drawings. D. was six years old but her appearance and attitude seemed to be that of a young adolescent. She was more feminine and precocious compared to others of the same age. In addition, D. had difficulties recognizing boundaries. For example, most of the time, she liked to take the play outside of the play mat and when she was near others, including strangers, she did not seem to be aware of her own or their personal space. However, D. was very engaged in all of the activities and gradually improved her sense of boundaries during the course of our sessions.

In her fictionalized stories, the main character was called Soap and this was the figure with whom D. identified. This character had a mother, father and two brothers. During most of our sessions, D. created scenes in which the figurine (Soap) was engaging

in sexual activities with two boy figurines who she identified as Soap's brothers. After the sexual play with the figurines, Soap would express her anger toward her mother by stating, "I cannot understand why mommy is not letting me play with my brothers. I love them and they love me".

I viewed these stories, in part, as projections of her confusion relating to the physical pleasure of the abuse. As mentioned above, many survivors feel self-hatred which can be a consequence of having both hated the abuse while concurrently experiencing physical pleasure. I believe that through the progression of our sessions she became empowered, as well as clearer about the negative effects of the abuse, which led her to be able to testify her painful experience in a court hearing.

The last child on whom I will focus is R, an eight year old girl who was sexually abused by her neighbor. R. created a story about the neighbor monster who came to her house everyday to steal food from the refrigerator. Throughout the sessions, she consistently used the same story frame. The neighbor monster was coming and asking each family member if he could steal the food and nobody, including Nelly (the character with whom R. identified) could say, "no" to him. Although R. was literally afraid of the figurine who represented this monster, it seemed necessary for her to always include him in her story. It appeared that she was looking for an opportunity to face and encounter him in an "as if reality". During the first couple of months, R. asked me to embody the monster but gradually she began to adopt this role herself.

During one particular session which took place at some point in the latter half of our time together, the story began as usual with the monster coming to the house. R.

added a new piece to the story in that this time the monster did not only want food from the refrigerator- he wanted to eat Nelly. I asked her what she wanted to do. She responded that she was unsure. I wondered out loud if she would give Nelly to the Monster and she answered “yes”. I asked her if she really wanted this. She answered “no”. Then I inquired about why she didn’t tell him “no” instead of “yes”. She said she could try. In her first two tries, she was unable to say “no” to him.

I thought it would be beneficial to give her a chance to practice her assertiveness skills in the context of a safe play-space. For her third attempt, she was able to say ‘no’ but in a very polite way. I asked her to say it louder. She said it louder. Again I wondered if she could say ‘no’ more convincingly. Gradually, she was able to express herself more assertively. She told me that this enactment was very satisfying for her.

During the art making process that followed, she sang for the first time in our time together. I found this incident very surprising as she was quite shy. Unfortunately, because her family was moving away from Montreal, she was not able to continue the sessions. At our final meeting, she said that she was sad to end but that creating stories and playing had made her feel “so good”.

Overall, these three children projected their fear, anxiety and guilt onto the figurines and the imaginary characters. This gave them an opportunity to disclose and to release these negative feelings and to rework them through the use of metaphor. As a therapist, I witnessed how projective techniques (story-telling by using figurines, role-play and art-work) provided these children safety which gradually enabled them to disclose and to feel empowered. During my work with these children, I also applied these

projective techniques to my own processing of the sessions to improve my clinical understanding of them. I embodied their fictionalized characters and the stories which gave me more empathy. This experience led me to consider that this way of working can be a helpful tool for a therapist.

After my internship ended, I began to apply these same methods to further my inquiry, which again included using embodiment, role-play and artwork related to the children's fictionalized stories. During this creative process I become conscious that using these methods gave me an opportunity to gain insights into my clients as well as my own experiences as a therapist. This understanding helped me to clarify my quest which generated my question: "How is performing fictionalized stories that are inspired by my work with clients an effective way for me to deepen my understanding?" At this relatively early stage, I had yet to become fully cognizant of what form this understanding would take.

Phase III: Incubation

Incubation is the phase in which the researcher retreats from the intense and concentrated focus on the question. "Incubation is a process in which a seed has been planted; the seed undergoes silent nourishment, support and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities." (Moustakas, 1990, p.29).

In this phase, which transpired between the months of August and November, 2004, I found myself becoming lost and exhausted in this inquiry. It seemed that my question was too vague, so I decided to distance myself for a short time with the hope

that this would enhance my perspective. However, I still continued to work with children in a day care using similar creative drama methods. Interestingly, I found that these methods were also very effective with these children. In addition, I engaged in discussions with my colleagues as well as with my Supervisor, Yehudit Silverman. I also persisted in keeping a journal in order to reflect my thoughts and feelings.

Phase IV: Illumination

During this next stage, new dimensions of the researcher's knowledge are awakened and illuminated. This may involve corrections of distorted understandings or the disclosure of hidden meanings. Four months prior to the performance, I continued to believe that this journey was about my understanding of my clients. However, in December, when I returned to the embodiment process, I realized that this journey was essentially my own process as a therapist. This allowed me to clarify my question which evolved into: "How is embodying the stories based on my work with sexual abused children an effective way for me to deepen my understanding of my counter-transferences as a therapist?"

Phase V: Explication

The purpose of the explication phase is to fully examine what has awakened in one's consciousness in order to understand the content's various layers of meaning. In this phase, I began to recognize my counter-transferences toward my clients which I will summarize below.

a) My counter-transferences with S.

As mentioned above, S's story involved his protagonist, Simba's, deadly struggle with a monster named Scar. Throughout the course of our sessions, both Simba and S. himself became empowered. However, during my art-based inquiry in which I embodied S's fictionalized stories, I became more aware of the content of my counter-transferences. Before the embodiment process, I was aware of these counter-transferences but I was not fully conscious of how strongly they had been affecting me.

In the sessions, I was attempting to put aside most of the negative elements in his fictionalized stories and to finish the stories with happy endings. His situation evoked in me protective feelings toward him. I was in the role of "Savior", constantly assuring S. of Simba's strength and capacity to successfully confront Scar without considering whether my client was truly ready or not. For the most part, S. let me know if he was ready to confront Scar by bringing him back into the play space in order to explore his own ways to overcome Scar.

Specifically, in one of the sessions, S. placed Scar under his imaginary bed. Then he asked me to be the Monster who was flying and fighting with Simba. In the context of the story, I threw the monster into the garbage. After consulting with my supervisor, at our next session, I informed him that throwing the monster into the garbage was my response and that S. needed to find his own way to face the situation. Consequently, S. retrieved the monster from the garbage and stated "He is back now, I am ready to play". This seemed to indicate that he was ready to discover his own way to deal with the

monster. I was so relieved that my counter-transference did not interfere with his therapeutic process.

In the therapy, my empathy, supportive attitude and belief in S. seemed to have positive effects on him which enabled us to have a strong therapeutic alliance. Nevertheless, becoming aware of my counter-transference through the embodiment of his fictionalized stories, allowed me to have more empathy and respect for his own pace as well as his capacity to make decisions for himself instead of being overly protective of him.

b) My counter-transferences with D.

My realizations inspired by my work with D. differed from those involving the previous client. As mentioned above, D. was six years old but her appearance and attitude seemed to be that of a young adolescent. She was more feminine and precocious compared to others of the same age. During most of our sessions, D. created scenes in which the figurine (Soap) was engaging in sexual activities with two boy figurines whom she identified as Soap's brothers. From the first session until the final one, sexual activity continued to be part of her play with the figurines.

It appeared to be crucial for her to express herself freely in a safe space, while someone was present to witness her experience without judgment. I was conscious of her need to have a supportive therapist and I believe that I fulfilled this role to the best of my abilities. However, I had counter-transferences in the sessions that I could not fully articulate at the time. As a therapist, I found it difficult to know how to respond and have empathy toward her seductive play within the play space. It was during my own process

of embodiment that I became aware of myself adopting the role of the “moralist” which I believe prevented me to understand what she might have been experiencing. During the process of inquiry, I found that embodying her characters and stories proved to be essential in providing me with deep insights about my counter-transferences as well as an ability to have more empathy, appreciation and acceptance toward her.

c) My counter-Transferences with R.

As mentioned in the immersion phase in Chapter Three, in R’s stories, the protagonist was a girl named Nelly who always accepted the Monster’s invasion which involved stealing her food. In each session she continued to repeat the same story. The food seemed to represent nourishment that was crucial to Nelly’s survival but she was afraid to say “no” to him because she felt guilty somehow.

One day again the Monster came to the house, R. said this time the Monster wanted to steal Nelly (the character who she identified with) in addition to the food. I asked her what she wanted to do. She said she did not know. I asked her if she would give Nelly to the Monster and she answered “yes” which meant she was going to obey the Monster’s order. Then I asked her if she really wanted this. She answered “no”. Then I asked her why she didn’t tell him “no” instead of “yes”. She said she could try. In her first two tries, she could not say “no” to him.

I thought it would be beneficial to give her a chance to practice her assertiveness skills in a safe play environment. During the third time, she was able to say it but in a very polite way. Gradually, she got very loud. The outcome was positive, in the art-making process she was singing. She expressed that she was feeling released. However,

again in my creative process embodying her stories made me aware of my counter-transferences. I realized that my role as a therapist with this specific client was a “Provoker” who motivated R. to be more assertive. In the beginning, I had a difficult time empathizing with her fear and her compliant attitude but my embodiment experience led me to have more understanding of her attitude.

Phase VI Creative Synthesis

In creative synthesis, having mastered knowledge of the material that illuminates and explicates the question, the researcher put the components and core themes into a narrative description which can be expressed as a poem, story, drawing, painting, or by other creative forms. "Knowledge of the data and a period of solitude and meditation focusing on the topic and question are the essential preparatory steps for the inspiration that eventually enables a creative synthesis." (Moustakas, 1990, pp.31-32). This last phase includes two stages: the rehearsals (creative process) and the performance.

The Rehearsals

Rehearsals involved the adaptation of the clients' stories and my roles into the fictional frame of fairy-tale. During this phase, the script, the stories and my own understandings, continuously evolved and transformed.

At the beginning of the rehearsals, the script was not completed and there was no frame to the performance piece; I had just an idea about who my characters and what their struggles were, based on my clients' fictionalized stories. I had already written many different scripts but they were not capturing what I wanted to say. Either the characters weren't real and reflecting my clients stories or they were not aesthetically

adaptable for a theatrical piece. This period was very frustrating for me. I thought I had such a strong sense of the characters within myself, yet I was unable to externalize them into a story frame which could also be adaptable for the theater.

I started the rehearsals on the first of February with Muriel Gold, Ph.D. who was formerly the Artistic Director of the Saidye Bronfman Centre Theatre in Montreal. I explained what I wanted to do and showed her the scripts I had written. She found them interesting but she also agreed that they were not ready as a script. In that period and following week, I was stuck. Then I realized that my projected feelings onto clients (my counter-transferences) were still blocking my understanding of the characters. I stopped using words and re-embodied and explored each character through improvisation with my colleague Reva Kominski who had a movement background and with whom I felt safe.

In our work together, we used our body to explore each character and his/her story. We were also interacting with each other as different characters which gave me a chance to see and to understand each character in a different perspective. In addition to these, we mirrored each other which provided me with a distance and safety. Her being a witness to my creative process was very helpful in enhancing my understanding. After working with her for ten days, each character began to take on life of its own.

The first story, *The Story of Simba*, came along relatively easily compared to the other two stories. The story was created by my client and already had a particular plot. It was simple but strong. I just need to make it more theatrical and add myself into it as a storyteller who was in the role of "Saver". Being in the role of the storyteller helped me

to stay distanced, but it was not enough. So I decided to use a mask which made me feel safer and gave me freedom to move. In the role of Simba, I tried to capture his playfulness, innocence, his strength and resilience which are the qualities my client possesses (see appendix B).

The second story *Delia's Flowers* was the most difficult one. Throughout the rehearsals, the character Delia transformed a lot. At the beginning, I was embodying this character as weak, unhappy, and miserable perceiving her as a victim. Whenever I attempted to take on her character, it was unsuccessful. As I pointed before, my counter-transferences were still interfering my understanding of her. I needed to be more distanced.

Finally, I used a mask which provided me with distance and safety. With the mask, I was more comfortable and capable to get into this character. However, I was surprised that she was not the way I envisioned before. She was, in fact, much stronger. In that experience, I realized that my client D. had seen sex as a way of getting affection. D. was alone and confused. By having this understanding, I had strong empathy and forgiveness for her. Embodying this character, which she created herself in her fictionalized story, was a different way of knowing and appreciating who she is.

To find a story frame for the third character proved very difficult. It was hard to create a story because I wanted to capture my client's metaphor about food that was stolen from her by the monster. She could not say "no" to him because she was feeling guilty. At the same time it was important to emphasize that she was feeling trapped. Once I found a suitable metaphor, which was the relationship between the Rabbit and the Fox,

the embodiment of her character was easier. A relatively humorous approach was taken with this character which took an edge off of the tension and sadness in the story, although the seriousness of the situation remained clear. I believe that using humor also helped me with distancing. Before embodying her fictionalized story, I struggled to understand her attitude not be able to say “no” to him.

However, during the creative process and the rehearsals, my understanding of her transformed and I had more empathy towards her and her experience. It was such a hard experience that she went through and her fear was so understandable. Moreover, I came to the realization that strength and weakness are part of being human. This enabled me to appreciate and respect her more.

Overall, the rehearsals and the creative process transformed me as a therapist to become one who realizes her own counter-transferences and who has much more appreciation and empathy towards her clients.

The Performance

The rehearsal process culminated into a final solo performance in the frame of story telling, presented on March 1st, 2004 at VA 200 to an invited audience. The audience was made up of the Creative Arts Therapy professionals and the students. The play was directed by Muriel Gold, PhD, the lights and the music were done by Thomas Barron. The performance was also videotaped by Eylem Kaftan and Craig Segal.

During the performance, and before the performance, I was very nervous since the subject and the process was very intense. However, when I came out onto the stage, I felt so empowered by having so many people there to witness my journey. It felt like I was

carrying each character in me which was a very profound experience. When I was on the stage, each character seemed to flow through me and liberate him or her self. After becoming aware and having worked with my counter-transferences through the creative process, the performance was a powerful ritual which gave me sense of completeness. My experience made me think of giving birth. I experienced and witnessed each character's birth and liberation.

The Audience

Having an audience was very important in terms of being supported and witnessed especially by the Creative Art Therapy community. I felt they provided me with a container which gave me a chance to externalize my experience and the story in safety.

In the act of witnessing the performance of a new story, the audience contributes to the writing of new meanings; this has a real effect on the audience's interaction with the story's subject. Secondly, when the subject of the story "reads" the audiences experience of the new performance... he or she engages in revisions and extensions of the new story (White&Epson, 1998, p.17).

CHAPTER 4: FINDINGS

a) Through the embodiment of the children's fictionalized stories I gained a deeper understanding of my counter-transferences. This process gave me an opportunity to differentiate my own subjective feelings and thoughts from those of the clients.

b) This process also enabled me to have more empathy towards my clients and their experiences. Based on my journals, my roles, my client's roles as well as my transferred feelings onto clients are viewed as follows;

The Counter-Transferences with S.

Before my research:

The role of therapist: "Savior" (I will kill the monster for you!).

The role of client: "Victim."

Transferred feelings by the therapist onto client were: sorrow, sadness and pain, anger, fear, sense of injustice.

After my research and performance:

The role of therapist: "Guide".

The role of client: "Survivor", "Hero".

Transferred feelings by the therapist onto client were: triumph, resilience.

The Counter-Transferences with D.

Before my research:

The role of therapist: "Moralist".

The role of client: "Seducer", "Dreamer".

Transferred feelings by the therapist onto client were: guilt, doubt, resistance, shame.

After my research and performance:

The role of therapist: "Wounded Healer"

The role of client: "Loner", "Resilient".

Transferred feelings by the therapist onto clients were: empathy, appreciation.

The Counter-Transferences with R.**Before my research:**

The role of therapist: "Provoker".

The role of client: "Victim", "Coward".

Transferred feelings by therapist onto client were: anger, frustration, weakness, powerless

After my research and performance:

The role of therapist: "Insightful".

The role of client: "Learner".

Transferred feelings by therapist onto client were: humorous, naïve, inquisitive

c) I have grown by living each character through embodiment and acting. Each character and scene helped me to discover a new perspective and understanding.

d) This process also helped me as a therapist to increase my self-awareness and confidence.

Limitations of the study

a) Being limited by an academic schedule was restrictive in terms of the amount of work that had to be achieved. Not only was adopting the fictionalized stories into the script very challenging and demanding in terms of time but also rehearsing the piece.

Moreover, I needed to be more distanced to be able to make an analysis of my process in my research report. However, having the time limit gave me a sense of boundaries. This provided me a sense of structure and direction instead of getting lost in the creative process.

b) Limitation of literature, in regards to the availability of Art-Based Inquiry applied in drama therapy, was also restrictive. Having more samples in this relatively innovative approach would enable me to have a chance to compare and to evaluate my work with others'.

c) The nature of heuristic method; this method mainly focuses on the exploration of one's subjective experiences which can not be easily generalized.

d) The nature of the performance; the performance is a unique experience which can not be repeated. Even if I do the same performance again, the experience and the effects would be different than the previous one.

**Usefulness of the inquiry to my professional development
and to the Creative Arts Therapies**

This inquiry was extremely valuable in terms of my professional development. First of all, it helped me to understand my counter-transferences. Since, I plan to continue working with this population, having an awareness of my counter-transferences will definitely help me in terms of not allowing these counter-transferences to interfere with my therapeutic relationships. Schaverien pointed out that “although counter-transference should certainly be resolved, it is useful in gaining more understanding of the patient” (1990, p.52).

Secondly, it provided me with more empathy for my clients. Empathy is the one of the most important aspects of a therapy. According to C. Rogers empathy, warmth and genuineness are the necessary and sufficient “core conditions” for therapeutic change. He defined empathy as “the perceiving of the internal frame of reference of another with accuracy...as if one were the other person but without ever losing the ‘as if’ condition”(1966, p.409).

Finally, completing this creative project enhanced my self-awareness and confidence. Having an understanding of my counter-transferences and working with them empowered me, although I acknowledge that I will continuously encounter with undiscovered ones throughout my professional career. I think this understanding can only increase my effectiveness as a therapist.

This experience is also beneficial to the Creative Arts Therapies because it adds to the existing, yet limited, knowledge of the art- based inquiry in this field. This inquiry is

a good example to improve this pioneering method. This method can be very effective tool for a therapist to have deeper understanding of one's counter-transferences provide a way of working with them.

CONCLUSIONS

The purpose of this study was to explore how embodying the fictionalized stories, based on my work with sexually abused children, could help me to achieve a deeper understanding of my own process as a therapist. For this reason, I embodied these stories in my creative process and then wrote a short solo piece inspired by the clients' fictionalized characters and the improvisations.

Using embodiment, projection and role-play, as drama therapy methods with sexually abused children provided them safety and distance. Applying these same methods in my creative process also helped me to feel safe while providing insight about my counter-transferences, and a chance to work with them. As it is well known, counter-transference is a very natural phenomenon. We all enter into, and react, in any relationship with all of the experiences that we've had. When a therapist can recognize, accept, and work with counter-transference, there can be a potential for growth.

As stated earlier, the process of creating a story has a transformative power by loosening up the subjective habitual viewpoint and opening up new ways of seeing. In this inquiry, I gained more empathy towards my clients and their experiences. This information was culled from my journals which were compared from the ones completed before the performance and the ones done after the performance. In this way, I could distinguish how my understanding had deepened and how I had transformed. Not only

does creating story, but also the witnessing of a story challenges our habitual ways of seeing life. The power of the art-based methodology is that it captures the reflexivity throughout time, place and experience. It goes back over the past and enlightens the self in the present and creates a liminal space for new understandings for the future. It is a metaphoric process of becoming. "Using metaphor enables us to cross divides, to make connections between ourselves and others, and to look through their eyes" (Greene, 1997, p.6).

Finally, as a drama therapist, exploration through the art-based method was very enlightening for me. I would like to end my paper with the words of one of my colleague's in response to my performance.

...your aesthetic skill and versatility (with the symbols, roles, masks), the passionate energy and freedom you danced and played with, how much sensitivity and compassion you showed in your embodiment of your clients---they were alive and fully human to me (tortured, blinded and flawed yet hopefully searching for acceptance and love). I also commend you on your obvious courage in going so far in such dreadful and beautiful places... (David Jan Jurasek).

BIBLIOGRAPHY

- American Psychiatric Association (1987). *Diagnostic and statistic manual of mental disorders* (4th Ed-revised). Washington DC.
- Bannister, A. (1997). *Psychodrama and drama therapy with abused Children*. New York: Free Association.
- Board of Directors of the Association for Play Therapy Newsletter, 16 (2), 14.
- Cattanach, A. (1992). *Drama for people with special needs*. London: Drama Publishers.
- Child Maltreatment in Canada* (2001). Ottawa: Health Canada.
- Emunah, R. (1994). *Acting for real*. Levittown: Brunner/Mazel.
- Furniss, T. (1991). *Handbook of child abuse*. New York: Routledge.
- Gersie, A. & Kings, N. (1990). *Storymaking in education and therapy*. London: Jessica Kingsley.
- Gersie, A. & Kings, N. (1991). *Storymaking in Bereavment*. London: Jessica Kingsley.
- Gil, E. (1998). *Play therapy for severe psychological trauma*. New York: Guilford.
- Gold, Muriel (2000). *Therapy through drama: The fictional family*. Illinois: Charles C Thomas.
- Green, A. (1993). *Childhood sexual and physical abuse*. New York: Plenum P.
- Greene, M. (1995). *Releasing the imagination: Essays on education, the arts and social change*. San Francisco: Jossey-Bass.
- Herman, J. (1998). *Trauma and recovery*. London: Pandora.
- Jennings, S. (1988). *Introduction to dramatherapy*. London: Jessica Kingsley.
- Jennings, S., Cattanach, A., Mitchell, Chesner, A. & Meldrum, B. (1994). *The*

handbook of dramatherapy. London: Routledge.

Johnson, D. R. (1982). *Collected papers on the developmental method and transformation*. New Haven: New Haven Drama Therapy Institute.

Jones, P. (1996). *Drama as therapy: Theatre as living*. London: Routledge.

Kellerman, P.F. & Hudgins, M. G. (2000). *Psychodrama with trauma survivors*. London: JKP.

Landy, R. (1991). The dramatic basis of role therapy. *The Arts in Psychotherapy*, 18, 29-41.

Landy, R. (1993). *Persona and Performance*. New York: The Guilford Press.

Lather, P. (1995). The validity of angels. *Qualitative inquiry*, 1(1), 41-68.

Lewis, P. (1993). *Creative Transformation*. Illinois: Chiron Publications

Lewis, P., Read Johnson, D. (Eds.). (2000). *Current approaches in drama therapy*. Springfield, IL: Charles C. Thomas Publishers.

Mahon, L. M. (1992). *The handbook of play therapy*. New York: Routledge.

Mayes, Curie, Maclead, Gilies & Warden. (1992). *Child sexual abuse*. Edinburgh: Scottish Academic Press.

McLaughlin (1981). *Psychoanalytic Quarterly*, 50, 639

Moustakas, C. (1990). *Heuristic research: Design, methodology and applications*. Newbury Park, CA: Sage Publications.

Moustakas, C. and Douglass, B. (1985). Heuristic Inquiry: The internal search to know. *Journal of Humanistic Psychology*, 25(3), 39-55.

O'Connor (1991). *The play therapy primer*. New York: Willey.

Patton, M. (1985). *Qualitative evaluation and research methods* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Registered Nurses Association of Nova Scotia. (1984). *Child Abuse Manual* Halifax: RNANS.

Renvoize, J. (1993). *Innocence destroyed*. New York: Routledge.

Rogers, C. R. (1951). *Client Centered Therapy*. Boston: Houghton

Rogers, C. R. (1966). *Client-centered therapy*. In C.H. Patterson (Ed.), *Theories of counseling and psychotherapy*. New York: Harper & Row.

Schaefer, C. E. & Reid, S. E. (1986). *Game & play*. New York: Willey.

Schaverien, J. (1990). *Transference and countertransference in Art Therapy*. Birmingham: CNA.

White, M., & Epsom, D.(1998). *Narrative means to therapeutic ends*. New York: W.W. Norton& Company.

APPENDIX A

Poster for the play

"Bringing Voice to the Pain"



Written & Performed

By

AYSE NILGUN TURKCAN

DIRECTED BY MURIEL GOLD, Ph.D.

APPENDIX B**The Script****I. Simba's Story**

(Story teller-S.T.- enters the stage with a mask on with music)

S.T: Once upon a time, there was a little lion called Simba. He was living with his mother in a big, beautiful forest, where it was always day and the season was always spring. The sun never set, the moon and the stars lay behind this golden bright light.

S.T: Simba likes playing with his mother!

(S.T transform to Simba, the mask is off and he is playing with his mother)

Simba: You love me mommy right?

(S.T. transforms to the Mommy)

Mommy: Sure I do love you Simba, like all mothers do. **(Look at the audience and touch Simba's head with affection)** Oh Simba, you are the most intelligent and the strongest little lion in this all entire forest. What? Sure you can play in the river but don't be late we will have a dinner soon. I love you Simba. Bye...

(Transforming to Simba) He plays around smells the flowers, tries to catch a fly. Starts playing with the water then sees his reflection in the water and says)

Simba: The most intelligent and the strongest!

(Continues to play with water and sees his best friend red fishy)

Simba: Hi red fishy! How are you today?

(Try to catch the fish but he escapes)

S: Don't worry I will not eat you; I just want to play with you. Let's play tag!

(Simba start playing tag with him)

S: You are it!

(The fish jumps and touches him. Now Simba's turn to catch and touch him)

S: I am coming! I got you!

(In his third jump, Simba thinks that he catches him, but the fish disappears. Simba starts looking for him)

S: Red Fishy! Where are you? I know you are hiding somewhere. I cannot find you.

Don't joke please. Fishy! Are you ok?

(Simba gradually gets frustrated; he thinks that he hurts the fishy)

I did not want hurt you. Oh no! Fishy please answer me, I did not want hurt you.

(Transforming to S.T)

S.T: No, you did not Simba. You just need to look closer. That's all.

(Transforming to Simba. Simba is so happy standing in the water. Gradually looks closer and sees the fishy)

Simba: Closer? Here you are? I am so happy that you are ok I love you so much my friend. I have to go too. My mommy is waiting for me. I am already late. Bye!

(Transforming to S.T)

S.T: Yes, Simba was late. So he decided to take the short cut, but he did not know how dangerous it would be.

(Transforming to Simba goes up and down, slowly gets tired and lost in the forest)

Simba: This is the way I came from and this is the one I am going to. No, no! This is the one I came from and this is the way I am going to. Oh no I am lost!

(Transforming to S.T)

S.T: Yes, he was lost. Simba found himself in a dark forest where it where it was always night and the season was always winter. The sun never rose, the trees never showed their green. Simba first heard weird sounds and then saw a big and scary shadow which belonged to Scar who was the darkest lion. At the beginning, Scar pretended to be nice.

(Transforming to the Scar) Listen I can help you to find the way.

S.T: But then, he attacked Simba.

(Transforming to Simba, he is fighting and resisting)

(Transforming to S.T)

S.T: Poor little lion. Listen Simba! Don't worry! It was not your fault. I will get him.

(S. T. take a knife follows him. Scar is sleeping)

S.T: That's good, Scar is sleeping **(She wounds him and watches that he is escaping)**

S.T: We made it Simba, we scared him away.

(Transforming to Simba, frustrated)

Simba: No, I did not do anything. You did it. And he will come back for me. I have to fight with him. I just don't know how to do it.

S.T: Look Simba, look at your feet.

(Transform to Simba and he looks at his feet.)

S: My feet! They are turning into blue. This is my magical power. I know what to do now.

(Transforming to Simba, he kicks Scar, transforming to S.T)

S.T: You are very brave. Simba, Come! Let's go home my little strong friend. I will never forget you!

II. Delia's Story

Hi! I am Delia. I have lived in this house with my grandma. She is very old. She can not walk very well. So I help her a lot. I cook, I clean and I pick some flowers in the garden. There is nobody to help us. My mother and father got killed in an earthquake six years ago, when I was seven. My mother did not work, she was sick, my father was a gardener. He was the best one in this area, he knew each flower's story and he could even talk with them. Since he died I have been taking care of this huge garden.

Today, I am in the garden again, taking care of the flowers. The sun is shining bright and the flowers are blooming perfectly. There are lots of different flowers in this garden: white roses, lilies, sunflowers, tulips, narcissus and the other flowers that never actually bloom at the same time.

White Rose, purity and innocence

This is lily. The symbol of majesty. Like Princess, like me.

That yellow one over there! It is a sunflower. It means devotion

Here is a tulip the symbol of the perfect lover. **(First lays down and starts dancing with it)** And finally my favorite one; narcissus who saw his own reflection in the water and fell in love with it. **(She laughs)**

I love leaning against this plant. But, I am feeling a strange sensation in my back, the plant is becoming soft and yielding and lowering its' flowers. The flowers are twining around me; they are two hands which are squeezing my belly too hard. When I turn to

look at it, the plant has turned into handsome prince. He is telling me how beautiful I am like a princess. He is touching my hair, touching all over my body. I really liked the way of his touching me. I never felt butterflies in my stomachs before. “Stop it. You are hurting me. I have to go.” I am trying to escape but he is holding me too tight. But he does not let me go. “Let me go, please let me go”. “My grandma is waiting for me, let me go”. He says sorry. He will never hurt me again. He says he loves me. He again touches my hair and tells me how beautiful I am. He says he will let me go, if I promise him to spend 3 hours with him everyday. I say yes to him. Why you are looking at me like that. I did not do anything wrong. Nobody loved me like he did. I am telling you he treated me like princess. Yes sometimes it is hard to be princess, but it is worth it. Isn't it?

III. Ubi's Story

My name is Ubi. I am a little rabbit. I am eight years old. I am going to school. My teacher told me that I am a very intelligent girl. But she also said I am little too shy. I am living with my mommy and daddy. My mommy is a tailor. She makes beautiful dresses. My daddy is a shoemaker. He is so strong. I am here because I would like to tell you my story.

One day, I came from school; I was all alone because mommy and daddy were working.

And, I started doing my homework as usual.

(Embodying her in the past. Sitting on the chair)

U: Counting by Threes

0, 3, 6, 9, 12, 15, 18, 21, 24, 27, 30, 33 and so on.

$45+82+67= 194$

(The door is knocking. She stands up go to the door)

Oh, this is my neighbor, Mr. Fox. He comes everyday asks for food for himself, for his wife for his children and for everybody. My family doesn't have that much food. So I give him mine, I can not tell him no. He says he will tell everything to my family. Sssh. My family does not know anything about this. I mean probably they think something is wrong with me. They never see me eat. I cannot tell them the truth. I always tell them, I have already eaten. But, I have nightmares every night. Sometimes I see Fox coming to our house and telling everything to my mommy and daddy. How guilty and disloyal I am. Sometimes, in my dreams my family figures everything out and do not love me anymore. One day as usual, I was doing my homework, he again knocked at the door. This time I was more terrified because there was no food left in the fridge. Without opening the door, I told him the truth "Listen Mr. Fox; there is no food in the fridge". He was so angry. And he told me that if I do not give him any food He would eat me. What could I do? I was already guilty to give my parent's food away. If they find out they will never love me anyway. Ok Mr. Fox you can eat me. And then he started swallowing me. His throat was disgusting, tight and sticky. But when I was in his stomach, I had seen the other small animals swallowed by him a chicken, a cat, a lamb. They were so happy to see me. They all said they went through the same thing. The lamb said they have been waiting for me then we can all climb up to each others shoulders and reach up to Fox's mouth and escape. We did actually, when I came up from his mouth, my mommy and daddy were so sad by thinking that they lost me. I told them everything and they told me that they still love me so much. This is the end of the story!

APPENDIX C

Consent Form

Drama Therapy Research Paper

Nilgun Turkcan

Masters in the Creative Arts Therapies Program

Concordia University

I, _____, the undersigned, give permission to Nilgun Turkcan to photograph and videotape examples of my art/performance work for inclusion in her master's research paper in the Creative Arts Therapies Program at Concordia University. I understand that copies of the research paper will be kept in the Concordia University Library and in the Resource Room of the Creative Arts Therapies Program.

I also give permission to Nilgun Turkcan have access to my (medical or other) file(s) for the purpose of writing her research paper.

I understand that both my name and the setting where my drama therapy session took place will be kept confidential, and that no identifying information will be given in the research paper. I also understand that I may withdraw my consent at any time before the research paper is completed, without explanation, simply by contacting Nilgun Turkcan or her Supervisor Yehudit Silverman _____). This decision will have no effect whatsoever on my drama therapy or any aspect of my treatment.

I have had the opportunity to ask any questions about implications of this consent and I am satisfied with the answers I have received.

Child's Name: _____ Parent/ Guardian Signature: _____

Date: _____

Witness: _____ Date: _____