Exploring Distancing and Communication in Drama Therapy: A Case Study of a Mother-Daughter Dyad

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Abstract

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This qualitative case study investigates how the manipulation of distancing as a basis for the choice of action-oriented drama therapy interventions used in a clinical setting can help facilitate communication between a mother and her at-risk adolescent daughter. The therapy incorporates two phases where the mother and daughter work individually, before reconnecting for dyadic therapy. R. Landy's (1983) concept of distancing is manipulated to give the mother and daughter opportunities to experience communication at a level of aesthetic distance so as to promote change in communications both inside and outside of their therapy. Y. Silverman's (2004) Story Within Process is one of the drama therapy approaches utilized, the clients explore the metaphors in their stories at a safe distance and eventually connect the challenges in their stories with personal issues and communication problems. Strength-based and resiliency approaches are embedded in the principles and philosophies of drama therapy and are used to empower strength and foster resiliency in the dyad. The developmental stages of adolescence and motherhood are explored with a particular focus on separation anxiety, relationships, identity, self-concept, and communication. The adolescent's at-risk behaviours of self-harm, depression, suicidal ideation, and post traumatic stress are specifically addressed. Changes in mother-daughter communications and at-risk behaviours are highlighted.

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Thank you Mum for holding the joy and pain of motherhood, this paper is dedicated to you.

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Chapter One – Introduction

Introduction of Research Question and Literature

The focus of this research is to investigate the question: How can the manipulation of distancing through specific drama therapy techniques help facilitate communication between a mother and her at-risk adolescent daughter? In the following section there is a review of the literature relevant to this study. The literature on the development of adolescent girls, and their mothers will be appraised with particular focuses on identity, self-esteem, self-concept, and communication. The review begins with descriptions and explorations of relevant literature and empirical research regarding the topics of adolescence, at-risk youth, and at-risk behaviours. Self-harm, depression, suicide, and post traumatic stress are addressed specifically, as these are the at-risk behaviours demonstrated and encountered by the adolescent female at the centre of this case study. Next, the developmental phase of motherhood is illustrated with mother-daughter relationships, and the relevance of parents and caregivers being explored. The review defines family and summarizes effective and deficient parenting styles. Family communication is investigated and connections are made between communication and drama therapy. Strength-based and resiliency approaches are delineated and connected to the principles and philosophies of drama therapy. Finally, the concept of distancing is reviewed and linked to drama therapy in an attempt to demonstrate how drama therapists can use the concept of distancing when facilitating communication between mothers and daughters. My research will endeavor to highlight some of the relevant studies to demonstrate past and present research in the hope of determining the legitimacy of using the concept of distancing as a basis for the choice of action-oriented drama therapy

interventions used in clinical settings to facilitate communication with mothers and daughters.

Before the 1980's researchers believed that the causes of behavioural and emotional problems were universal and could be directly transferred from boys to girls (Bell, Foster, & Mash, 2005). Bell, Foster, and Mash evaluated the quantity of research conducted on boys compared to girls and they found that girls have been relatively neglected. The lack of attention given to girls has had negative implications on the knowledge and understanding of girls' development and psychopathologies. "Given epidemiological evidence that's girls and boys differ in the types and rates of adjustment problems" (Bell, Foster, & Mash, p. 5) in the last few decades approaches have moved away from the limiting views of male-oriented research and concentrate more on gender specific studies. The review of the literature that I have outlined below looks explicitly at gender specific studies to demonstrate theories and research relevant to the female participants (mother and daughter) in this case study. I have used the term *girls* to refer broadly to female youth throughout childhood and adolescence. I used the word *divorce* to refer to the separation of the mother's relationship. Although the mother in this study was never officially married to the man who fathered her daughter, they were living as common-law partners for approximately seven years, they separated when their daughter was six years old and the mother became the primary caregiver. I have used divorce literature and research to give an overview of how girls cope with their parent's separation and with living in a one-parent family where they irregularly see the other parent.

Chapter Two - Literature Review

Adolescence

Adolescence is a transitional time of growing into adulthood (Steinberg, 1993). Younger children tend to focus on parents and siblings but as they mature their attention shifts to adults and peers outside of the family (Curtis, 1990). Adolescence is a time of physical, emotional, and social change where adolescents are experimenting with and searching for their own identity while still trying to fit into peer groups (Cossa, 2006). Cossa defines adolescence as being inclusive of preteens and young adults; he focuses more on social context and maturity than specific age groupings.

In the ages ranging from 11 to 20, there are three phases of adolescence: early (11 to 14), middle (15 to 17), and late (18 to 20). Early adolescence is dominated by pubescent changes and the individuals' response to these changes (DiNello & Thobaben, 2004). Brown and Gilligan (1993) believe that in early adolescence girls start to discover things about the world and form new opinions, but they are afraid to jeopardize the important relationships in their lives and consequently they withhold their insights. They avoid disagreements by silencing themselves; this can lead to a drop in self esteem, loss of identity, relationships, and feelings of isolation, disappointment, and depression (Brown & Gilligan; Kenemore & Spira, 1996). Middle adolescence is a time when teenagers become more fixated on music, dress, appearance, sex, language, and behaviour. Late adolescence includes the introduction to the work roles, relationships, and the political and economic responsibilities of adulthood (DiNello & Thobaben, 2004). According to Blos (1967) the process of individuation is the main task of adolescent development. Blos says: "Individuation implies that the growing person takes

increasing responsibility for what he does and what he is, rather than depositing this responsibility onto the shoulders of those under whose influence and tutelage he has grown up" (p. 168). Researchers disagree that complete separation from parents is the ultimate goal of adolescence, especially for girls "to suggest that adolescence, as a whole, is focused primarily on autonomy, separation, and independence ignores a woman's way of being and growing (Kaplan & Klein, 1985; Kaplan, Klein, & Gleason, 1991)" (Owen, Scofield, & Taylor, 2003, p. 897). In the opinion of Novick and Novick (2005) the goal of late "adolescent development and hence of treatment is not separation, but transformation of the parent child relationship and integration of the new self-representation" (p. 122). This mirrors what Knauth (2003) says about the goal for adolescents as developing cognitive and emotional autonomy while sustaining key social and familial relationships.

Developmental stages are cumulative but they do not necessarily follow a linear progression. As adolescents develop there is overlap, repetition, and traveling back and forth, between the stages (Cossa, 2006). Throughout the literature there is strong support for using drama therapy with adolescents (Bannister & Huntington, 2002; Boal, 2000; Cossa; Dunne, 1997, 1998; Emunah, 1990, 1994, 2005; Gallo-Lopez, 2005; Gold, 2000; Guldner, 1990; Harvey, 2000; Jennings, 1987, 1990; Johnson, 1991; Kruczek & Zagelbaum, 2004; Liebmann, 1996, Trafford & Perks, 1987; Wiener, 1994, Van der Wijk, 1996). As Cossa states (2006) "during adolescence, there is a unique opportunity for therapeutic intervention that exists at no other time in the life cycle" (p. 21). Kaczmarek (2006) agrees that adolescence is an optimal time to intervene. Adolescence is a time to revisit the developmental challenges of childhood and create new awareness

with a greater emphasis on peer support, rather than family support. Rehashing earlier challenges can offer adolescents resources for coping with current developmental demands. The transition from childhood to adulthood is a difficult process and during this transition adolescents test the safety of the adult world. For these reasons, it is optimum for adolescents to be supported by thoughtful and caring adults as well as peers (Cossa, 2006).

Although therapists recognize the importance of adolescents having supportive and caring adults, especially parents, in their lives, in treatment most therapists do not work with parents and adolescents together. Bowlby (as cited in Holmes, 1993) is credited with having introduced the technique of treating adolescents and their families. Novick and Novick (2005) believe working with parents and adolescents makes therapy work (Chazan, 1992 & 2006; McNab & Kavner, 2001; Sturges Steinman, 1998). According to Novick and Novick (2005), the main goal of parents in life and in therapy "is to transform the relationship into one that can incorporate the realities of biological and psychological change in adolescence and middle age" (p. 122). In treatment, one of the critical aspects of parents' work is for the therapist to offer ongoing support for the parents' primary responsibility for their adolescent child.

> The utility of such transformation is that the young adult can continue to use his parents as a support and resource in the difficult lifelong task of personal growth from being a child to becoming a responsible, creative, loving, and fulfilled adult, able eventually to parent others. The aim is not separation or solipsistic self-sufficiency, but increasing mastery, responsibility, interdependency, and interrelatedness. (Novick & Novick, 2005, p.123)

Adolescents report spending more time with their mothers than fathers (Hosley & Montemayor, 1997; Larson & Richards, 1994; Montemayor & Brownlee, 1987, as cited

in Shearer et al., 2005), studies show that adolescents have closer relationships with mothers than fathers (Larson & Richards, 1994; Laursen, Wilder, Noack, & Williams, 2000, as cited in Shearer et al., 2005), and possibly due to mothers greater involvement in adolescents lives, adolescents reported more conflicts with mothers than fathers (Collins & Russell, 1991; Laursen, 1995, as cited in Shearer et al., 2005). Adolescence and young adulthood are periods commonly fraught with emotional turbulence (Everall, Bostik, & Paulson, 2006) and the onset of certain mental illnesses often occurs during these stages of development (Health Canada, 2002).

Defining At-Risk Youth

Smith (2006) defines at-risk youth as "young people whose life situations place them in danger of future negative events" (p.14). In contemporary times many adolescents have multiple risks and stressors in their lives (Benard, 2005). At-risk youth come from all ethnic and socioeconomic backgrounds; even the most privileged adolescents could be at-risk of developing problematic or antisocial behaviours (Sapp, 2006; Siqueira & Diaz, 2004; Smith, 2006; Vera & Shin, 2006). Vera and Shin (2006) believe that some youth might be more vulnerable than others due to their environmental influences, while Siqueira and Diaz (2004) acknowledge that some adolescents may be hardier than others.

According to Taffel (2006) contemporary adolescents are experiencing a fragmented existence of themselves that he calls the "divided self" (p.34). Often adolescents are disconnected from their emotions, they come across as mean and detached on the surface (cool) but underneath they are concealing *healthy passions* "the kid culture itself has defined passion—to be enthusiastic about some activity or topic—as

uncool" (p. 36). Technology and online chatting play a dominant role in adolescents' lives (Taffel; Whitlock, Powers, & Eckenrode, 2006) which puts them at-risk of disconnecting emotionally from themselves and others (Taffel, 2006), yet, little is known about the developmental consequences of adolescent internet use and the effect the internet has on the feelings of at-risk youth (Wartella, Caplovitz, & Lee, 2004, as cited in Whitlock et al., 2006). Taffel (2006) believes that "children surf down the slopes of media-stimulated consciousness, habitually split off from their own feelings" (p. 34). When adolescent emotions do come into consciousness the experience can be jolting and unpredictable. Without an awareness of *emotional intelligence* adolescents are at-risk of hurting themselves and others (Taffel). Mayer and Salovey, 1997 (as cited in Mayer, Salovey, & Caruso, 2004) define emotional intelligence as the ability to "understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (p. 197).

Adolescent relationships to urban environments, school, parents, and friends all play an influential role in the development of at-risk behaviours (Cho, Hallfors & Sánchez , 2005; Siqueira & Diaz, 2004). Peer rejection is connected to at-risk behaviours, including delinquency, drug abuse, and depression (Hartup, 1996; Merten, 1996, as cited in Whitlock et al., 2006). Studies have shown that parent-child conflict contributes to the development of antisocial behaviours (Curtis, 1991). The communicates and families young people grow up in may be "socially toxic" (Vera & Shin, 2006, p. 81) and threaten their health, capacity to trust and have hope, development of identity, behaviour, and other factors (Garbarino & Bedard 2001, as cited in Vera & Shin, 2006). Garbarino and Bedard believe that some of the toxins in the environment that negatively influence

adolescents are: "poverty, absence of adult supervision, television violence, isolation of children from their communities, and exposure to racism" (as cited in Vera & Shin, p. 81). Siqueira and Diaz (2004) describe these social risks as "social morbidities" (p. 148). Girls have a tendency to internalize idealistic expectations from society, parents, and peers which in turn pervades their sense of self, and increases their chances of engaging in at-risk behaviours (Siqueira & Diaz).

"Despite changing roles and greater equality of women in recent decades, girls today often fall into traditional patterns of low self image, self-doubt, and self-censorship of their creative and intellectual potential" (Siqueira & Diaz, 2004, p. 150). In comparison to boys, girls' self-image declines in adolescence (Curtis, 1990; Kenemore & Spira, 1996; Siqueira & Diaz, 2004), they often view their sexuality and body as "objects of the boy's sexual needs" (Kenemore & Spira, 1996, p.232), and this raises their vulnerability in relationships with boys. Girls are more susceptible to depression (Health Canada, 2002; Kenemore & Spira, 1996; Seligman, 1991, as cited in Brown & Gilligan, 1993; Siqueira & Diaz, 2004), suicidal thoughts (Siqueira & Diaz), suicidal attempts (Health Canada, 2002; Kenemore & Spira, 1996), sexual harassment (Herman, 1981, as cited in Brown & Gilligan, 1993; Kenemore & Spira, 1996; Siqueira & Diaz, 2004), eating disorders (Siqueira & Diaz; Steiner-Adair, 1986, as cited in Brown & Gilligan, 1993), substance abuse (Kenemore & Spira, 1996; Siqueira & Diaz, 2004), and self-harm (Conterio & Lader, 1998; Favazza, 1999, as cited in Whitlock, et al., 2006; Kemperman, Russ, & Shearin, 1997; Herpertz, Sass, & Favazza, 1997, as cited in Yip, 2005; van der Kolk, Perry, & Herman, 1991, as cited in MacAniff, Zila & Kiselica, 2001). However, Whitlock et al., (2006) states that it is difficult to assess gender differences in regards to

self-harming behaviour. Gender differences are dependant on how male and female self-harmers are identified, how they injure themselves, and whether or not they seek help.

At-Risk Behaviours

I. Self-harm.

"Self-mutilation is a serious public health problem, yet there is very little empirical evidence showing that treatments can reduce this maladaptive behavior" (Brown, 2001, ¶ 1). The incidence of self-harm is approximately the same as that of eating disorders yet it is carefully hidden and rarely discussed by self-injurers (Focus Adolescent Services, 2007). Some youth are very good at concealing problems such as self-harm to avoid punishment, labels, or to protect family and friends from worry (Vera & Shin, 2006). Self-harm is sometimes motivated by suicide thoughts but focuses on one part of the body rather than the whole body, to evade actual death. Females who are most at-risk of self-mutilation are those that have difficulty verbalizing their emotions (MacAniff Zila & Kiselica, 2001) and often have a history of trauma (Baylis, 2005). Self-injury is commonly accompanied by symptoms of depression, impulsive aggression, post traumatic stress syndrome, and anxiety (Focus Adolescent Services, 2007; Brown, 2001). Self-mutilation is an especially prevalent problem among those diagnosed with borderline personality disorder (Brown, 2001; MacAniff Zila & Kiselica, 2001; Yip, 2005). Self-injurers state that cutting gives them a temporary feeling of control over their emotional problems and brings a momentary sense of relief. Some claim that the endorphins that rush through the body create a soothing or meditative effect (Baylis, 2005).

In the last 5 years, hundreds of self-injury message boards have surfaced on the internet (Whitlock et al., 2006). Whitlock et al. suggest that internet self-injury message

boards may provide a unique opportunity to examine interactions between adolescents who self-harm and offer a place to execute web-based interventions. The majority of self-harming adolescents who frequent such online sites identify themselves as females between the ages of 14-20 years. The young people in Whitlock's et al. study appear to use online chatting as a way to exchange support and share personal experiences. The anonymity of the internet seems to provide secretive self-mutilating types, a safe and trusting place to disclose their inner struggles and may leave them feeling less marginalized. The use of internet self-injury message boards are not entirely positive, Whitlock and collogues are concerned that the results of their study also suggest that these styles of online interactions have the potential to normalize and further encourage self-injurious behaviours. Previous studies support Whitlock's et al. findings that self-injury is addictive and socially contagious, therefore researchers are fearful that vulnerable adolescents looking for a place to belong may be wrongly encouraged to engage in self-destructive behaviours as a bonding ritual.

II. Depression.

Studies consistently show higher rates of depression among females than males. Females are also more likely to be hospitalized for depression, especially in the ages ranging from 15-19 years (Health Canada, 2002). According to Health Canada some of the symptoms of depression are: "feeling worthless, helpless, or hopeless; loss of interest or pleasure (including hobbies or sexual desire); change in appetite; sleep disturbances; decreased energy or fatigue (without significant physical exertion); sense of worthlessness or guilt; poor concentration or difficulty making decisions" (p. 33); decreased academic and employment performance; interpersonal impairments (Apter,

Kronenberg, & Brent, 2005). Depression is frequently accompanied by other mental illnesses such as: anxiety disorders, personality disorders, substance abuse, and dependencies. Also, young people struggling with depression are at higher risk of suicide (Health Canada, 2002).

Kraut, Kiesler, Boneva, Cummings, Helgeson, and Crawford, 2002 (as cited in Whitlock et al., 2006) found that the effects of internet use on depressed adolescents was different for introverted and extroverted personality types. Extroverted young people felt stronger social connection through internet use, yet introverted youth became more depressed and withdrawn. Other studies support the use of the internet for socially isolated and depressed adolescents as a way to connect with their peers, explore identity, express feelings, and exchange strategies for coping with depressive symptoms and other risk factors (Whitlock et al.). Not only is there disagreement about the effects of internet use on depressed youth, but there is also debate about whether anti-depressants should be prescribed to young people, as researchers have discovered that antidepressants can increase suicidal risks.

There is controversy about the use of Selective Serotonin Re-uptake Inhibitors in the under18 population due to the risk-benefit ratio (Apter et al., 2005; Trowell, Joffe, Campbell, Clemente, Almqvist, & Soininen et al., 2007). In 2003 the US Food and Drug Administration (FDA, 2007) and Health Canada (2003) signed a Memorandum to allow for closer collaboration between the two regulatory authorities. In 2005 Health Canada and the US Food and Drug Administration (FDA, 2007) asked manufacturers to add a black box warning on the labeling of all antidepressants. The warning described suicidal risks in children and adolescents who use antidepressants. In 2007 the FDA proposed an

update to the existing black box label to include warnings about increased risks of suicidal thinking and behavior, in young adults aged 18 to 24, during initial treatment (FDA, 2007). Trowell et al. (2007) calls for alternative treatments to be identified, Health Canada (2003) and the FDA (2007) state the need for careful monitoring of young people taking antidepressants, and Apter et al. (2005) supports the combination of Cognitive Behaviour Therapy (CBT) and antidepressants. Trowell and colleagues (2007) argue that while CBT demonstrates promising results in the short-term, studies have discovered high rates of relapse in the long-term (Birmaher, Brent, Kolko et al., 2000; Brent, Holder, Kolko et al., 1997; Wood, Harrington, Moore, 1996, as cited in Trowell et al., 2007). Results from a study comparing individual psychodynamic psychotherapy and family therapy provides promising evidence for the use of both focused individual psychodynamic therapy and family therapy for children and young adolescents with moderate to severe depression (Trowell et al.). "In follow up six months after treatment had ended, 100% of cases in the Individual Therapy group, and 81% of cases in the Family Therapy group were no longer clinically depressed" (Trowell et al., p. 157). The findings in this study suggest that both forms of therapy may be more effective in the treatment of childhood and adolescent depression than CBT, antidepressants, and CBT combined with antidepressant treatments (Trowell et al.).

III. Suicide.

Suicidal ideation is alarmingly high in adolescent females (Siqueira & Diaz, 2004) "depression is the single most salient risk factor for both attempted and completed suicide" (Apter et al., 2005, p. 113). Suicide is the second leading cause of death in young people aged 15 to 24 years in Canada (Health Canada, 2002; Everall et al.,

2006).Young women in this age group are more likely to attempt suicide whereas young men are more likely to complete suicide (Health Canada, 2002). Adolescents are at higher risk of suicide due to mounting despair over emotional and physical changes as well as family, peer group, and societal pressures at this age (Everall et al., 2006). Other factors that contribute to the higher risk of suicide in adolescence are the "impulsiveness of youth and their lack of experience in dealing with stressful issues" (Health Canada, 2002, p. 98). The results of a study entitled "Being in the Safety Zone: Emotional Experiences of Suicidal Adolescents and Emerging Adults" states that many participants attributed difficulties with emotional expression and emotional control to parent-child interactions. The adolescents described their family environment as one where parents did not display emotions or discuss feelings and personal issues. The adolescents stated that this lack of open communication prevented them from telling parents about their suicidal ideations (Everall et al., 2006).

IV. Post traumatic stress.

"Trauma is inescapable in today's world" (Hudgins, 2002, p.vii) and traumatic experiences can penetrate adolescents' psychic inner worlds. Trauma breaks down coping mechanisms and defenses and can leave the individual feeling helplessly burdened by their feelings. "When emotions overwhelm thinking, traumatic experience does not simply go away. It becomes stored, without words, in the emotional centers of the right brain" (Hudgins, p. 13). Hudgins endorses action-oriented experiential therapy methods as an effective way to access the unprocessed material stored in the trauma patient's brain. Trauma survivors fluctuate between avoidant and explosive emotional reactions. To protect themselves survivors commonly withdraw into their own isolated worlds and

they loose confidence in themselves. Trauma survivors put all their energy into containing the unprocessed emotions left over from their traumatic experience and as a result their resiliency can decrease. People who experience trauma have multiple difficulties with attachment and separation in intimate relationships. Adolescents are at-risk of encountering external traumas which can lead to the development of Post Traumatic Stress Disorder PTSD and consequently influence adolescents to indulge in other at-risk behaviours (Hudgins).

Motherhood

A mother's development is similar to adolescent development, in that it does not follow a straight developmental path (Kenemore & Spira, 1996). Kenemore & Spira define motherhood as "a complex and dynamic biopsychosocial process that includes the mother's development, the child's development, the mother's relationship with the child and the relationship between the parents (assuming a two parent family)" (p. 228). According to Kenemore & Spira the age and context in which a mother becomes pregnant is also an important factor. It is believed that if a woman has completed the essential milestones of adolescence and young adulthood she has a better chance of being able to cope with the complexities of motherhood (Kenemore & Spira).

For most people the birth of a baby marks the beginning of a new developmental phase. Emotionally both parents connect to their child as a mental part of themselves, but the mother also makes the child a part of her own body. However, from the very beginning of an infant's life mothers also see their babies as separate people (Furman, 1993). A mother aims to be a *good enough mother*, Winnicott (1971) describes this type of mother to be one who is devoted to her child and is highly adaptable according to her

infant's needs. The mother's necessity to adapt lessens as the child becomes better able to cope with maternal failure and frustration. The mother helps prepare the child for external reality and failures by slowly showing the child (when they are developmentally ready) that mothers are not always perfect and able to adapt to the child's demands (Winnicott). This makes the child more aware of the imperfections in greater society. When mothers act from their own initiative to be connected as well as separate, they are better able to view the emergence of their child's independence and self-reliance as a positive developmental phase (Kenemore & Spira, 1996). Mastering self-care and mental self-esteem are believed to be the key elements in early childhood separation from the mother (Furman, 1993). Therefore a mother should strive to be a 'good enough' mother rather than a 'perfect' mother so her child has the opportunity to be loved and nurtured, yet given space to be self-sufficient (Benjamin, 1986, as cited in Kenemore & Spira, 1996). Beebe & Lachman (2002) found that very high levels of maternal responsiveness to infant signals are connected to anxious attachment styles later in life whereas a medium level of responsiveness is ideal for secure attachment and an easygoing temperament. As the child grows, the balance between separation and closeness better prepares children and mothers alike for the developmental task of individuation (Blos, 1967) or transformation (Novick & Novick, 2005) in adolescence.

Fraiberg, Adelson and Shapiro's (1976) psychoanalytic approach uses the metaphor of *ghosts in the nursery* to describe problems of impaired infant-mother relationships. These ghosts represent memories of the mother's early experiences of helplessness and fear. The ghosts signify past experiences of abuse and neglect that are being repeated in the present. Negative learned behaviour is passed down through

generations. Lieberman, Padron, Van Horn, & Harris (2005) believe that Fraiberg's et al. (1976) approach does not address the question of "why many parents do not repeat with their children the patterns of abuse and neglect they were subjected to while growing up" (Lieberman et al., 2005, p. 508). Lieberman et al. argues that motherhood provides an opportunity to access their children's pain as a way to prevent them from repeating their parent's mistakes. They believe that there are both ghosts and angels in the nursery. Angels carry messages of intrinsic goodness and unconditional love and remind the mother of the nurturing relationships in her past. The memory of early nurturing experiences enables the mother to repeat positive and loving interaction with her child (Lieberman et al).

Hill, Stein, Keenan, & Wakschlag (2006) state that the connections between mothers' childhood experiences and current parenting practices are highly complex. Hill's et al. research suggests that conditions of stress heighten the chances of mothers turning to "automated patterns of emotional responding and scripts for parenting behaviour" (p. 416). The study found that "mothers with histories of emotionally available parents were observed to be more behaviourally responsive to their children under both high and low stress conditions" (p. 417). In contrast stressed mothers with negative histories appear to display less effective behaviour management strategies and coping styles (Hill et al.).

For mothers of pubescent children, there is a revival of feelings from their own adolescent histories (Novick & Novick, 2005). Walsh (2002) says: "Clinical experience demonstrates that many families function well until they reach a point in the life cycle that had been traumatic a generation earlier" (p. 130). A mother in this situation may

become fixated on the past or alternatively disengage emotionally from her painful memories (Novick & Novick, 2005; Walsh, 2002). Benedek (1970, as cited in Kenemore & Spira, 1996) believes that parents have a unique opportunity for integration and transformation as their children pass through critical developmental stages that they themselves found challenging (Novick & Novick, 2005). Mothers of adolescents are still needed but they are needed in a different way. Mothers tend to feel an uncertainty in themselves (similar to the feelings felt by adolescents) as they adapt their mothering style to cater to adolescent's needs. At this stage of development both adolescents and mothers find new relationships and activities outside the family (Kenemore & Spira, 1996).

In 2001 Steinberg asked for more research to be done on the experiences of parents of adolescents, examining if and in what ways the transition into adolescence is stressful to parents. Shearer et al. (2005) conducted a rare study with white, middle-class, intact families, that focused on parents' perceptions of changes in mother-child and father-child relationships during adolescence. The parents tended to look at the changes in their adolescents rather than the adjustments in their parenting practices in characterizing changes in their relationships. Mothers reported changes in their adolescent's personal qualities, communication, and conflict whereas fathers identified changes in time spent together and in shared activities (Shearer et al.). Shearer et al., suggests that similar studies should be done with single-parent households or in different socioeconomic and cultural settings. Shearer and colleagues were surprised to find few differences between parents' perceptions of sons' versus daughters' transition to adolescence, Shearer et al, believe that there should be further studies conducted on gender specific experiences of parents of sons versus parents of daughters.

Mother-Daughter Relationships

Psychology, history, literature, and popular culture are overflowing with images, myths, and complex stories of mother-daughter relationships (Kenemore & Spira, 1996; Phillips, 1991). Throughout history mother-daughter interactions were often depicted as tumultuous and problematic, mothers were the target of their adolescent daughter's ambivalent feelings, while psychiatry and psychology blamed mothers for their children's behavioural and psychological problems (Kenemore & Spira, 1996; McNab & Kavner, 2001; Phillips, 1991; van Mens-Verhulst, 1995). There were contrasting images of mothers and daughters throughout history; they were presented as best friends and as enemies (Whitaker, 1992).

By the 1980's feminism and the women's movement transformed North American and European society (Phillips, 1991), thus the inequalities and oppressions faced by women were recognized (Phillips; van Mens-Verhulst, 1995). According to Phillips (1991), this made it easier for mothers and daughters to acknowledge the damage done to their relationships by patriarchal myths. Today, newer feminist theories state that mothers and daughters have the difficult task of: renegotiating their connections to each other (Kenemore & Spira, 1996); promoting the new image of the contemporary woman to greater society (Phillips, 1991); readjusting and balancing traditional gender-role constraints (Walsh, 2002); and redefining the mother-daughter relationship (van Mens-Verhulst, 1995, Whitaker, 1992). Currently, mothers are faced with the daunting task of juggling workplace, household, parenting, and eldercare demands (Hocheschild, 1997).

Lerner (1989) claims that a daughter's relationship with her mother is never easy, yet it is the most influential relationship experienced in her lifetime. Achieving the

developmental tasks of adolescence is highly dependant on the type of relationship the adolescent has with their parents and in particular the same sexed parent (Knauth, 2003). Winnicott (1967) believed that the antisocial behaviour exhibited by youth is directly related to a deprivation in the mother-child relationship. Starrels (1994, as cited in Shearer et al., 2005) states that mother-daughter relationships are more intense than any of the four possible parent-child dyads, mother-daughter relationships are the closest of parent-adolescent relationships (Russell & Saebel, 1997; Steinberg & Silk, 2002, as cited in Shearer et al., 2005). However, mother-daughter relationships are also known as being the most conflictual, especially at the beginning of puberty (Steinberg & Silk, as cited in Shearer et al., 2005). Owen et al. (2003) perceives the "conflict that adolescents express during this developmental phase … as a means by which young women learn to work out differences within familial relationships … guiding and preparing them to confront differences openly within future relationships." (p. 899). Kaplin et al. (1991, as cited in Owen et al., 2003) believe that conflict is a necessary part of the mother-daughter relationship and should be identified as a powerful engagement rather than a sign of detachment from the mother. Girls crave intimacy and usually seek to remain in close contact with their mothers while forming their identity (Macfie, McElwain, Houts, & Cox, 2005; Owen, Scofield, & Taylor, 2003; Siqueira & Diaz, 2004).

Winnicott's developmental theories all pertain to the mother-child relationship and the sense of self that develops through early maternal care (Modell, 1985). Curtis's study (1990) highlighted the relationship between the self-concept of mothers and the self-concept of their at-risk adolescent daughters. Curtis (1991) discovered that mothers have the potential to be significant role models for their daughters, not only during early

childhood but throughout adolescence and later life. The credibility of mothers as parents and role models determines the influence mothers have on their daughters' self-concepts (Curtis). A mother's credibility is highly dependant on her own self-assessment (Rogers, 1959). Rogers states that a mother's ability to accept herself positively increases her chances of accepting her daughter. According to Owen et al. (2003) "the mother-adolescent relationship has been deemed critical for the positive development of self-esteem for both males and females, but especially for adolescent girls" (p. 896). Self-esteem and self-worth are linked; the terms self-esteem and self-worth can be used interchangeably as self-esteem concentrates on feelings of personal worth and the level of satisfaction an individual feels towards the self (Neil, 2003; Walz, 1991). Neil believes that esteem is innate, but the level of self-worth felt at any given time can be influenced by other people at work, at school, or at home. Self-esteem is connected to self-concept (Curtis, 1991) and Phillips (1991) defines self-concept as the way humans see themselves, it is a "complex, organized, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about his or her personal existence (Purkey, 1988)" (Walz, 1991, ¶ 4).

According to Bowlby (as cited in Holmes, 1993) the four main types of attachments are: secure or insecure, avoidant or ambivalent. Skynner (1976, as cited in Holmes) counterbalanced Bowlby and Winnicott's emphasis on mothers and introduced the role of the father in family attachment patterns. He claims that in the early stages of development a father's role is to protect the mother-child dyad so they can securely bond to one another. Later the father's role is to interrupt the intimacy between the mother and infant so as to promote attachment between himself and the child. Consequently the child

should feel safe to go off with the father knowing that the mother will be there when the child returns. Bowlby developed "psychoanalytic ideas about the importance of infancy, and the mother-child relationship, as a determinant of later mental health" (Holmes, p.127).

Results from a study conducted by Allen, McElhaney, Kuperminc, and Jodl (2004) on stability and change in attachment security across adolescence, showed that for teenagers with one or more risk factors in their environment, there were significant declines in security for intrapsychic interactions and family communication. Conversely, adolescents with no major stressors in their lives demonstrated an increase in security attachment. Over personalized or enmeshed mother-child interactions, adolescents who exhibited depressive symptoms and poverty status in adolescence, were all predictors of decreased security across adolescence (Allen et al.). McElhaney and Allen (2001) performed a study that examined family and adolescent functioning and the effect risk factors have on adolescent autonomy processes. "The study found substantial evidence that the level of risk experienced by adolescents and their families altered the process of autonomy negotiation within the mother-adolescent dyad" (McElhaney & Allen, p. 229).

The Importance of Parents and Turnaround Caregivers

Much of the information presented to parents and caregivers about raising teenagers is confusing, false, or misleading (Steinberg, 2000). Historical and psychological pressures have made mothers and parents alike terrified of ruining their daughters lives. They have been led to believe that they are solely responsible for helping adolescents develop strengths and negotiate the path towards a healthy adult life. Although it is true that families are children's first teachers (Benard, 2005) and that

parenting styles matter, they are not the only influence (Benard; Curtis, 1991; Lieberman et al., 2005; Smith, 2006; Vera & Shin, 2006; Wolin & Wolin, 1993). "A child grows up in many settings beyond the home – preschool, schools, community-based organizations, youth groups, and friendship groups, which can also play a powerful role in their healthy and successful development" (Benard, 2005, p.204). Wolin and Wolin (1993) discuss the positive influence of a *turnaround caregiver* to help youth access their strengths and to think differently about their lives. Parent, surrogate parent, coach, social worker, mentor, friend, teacher, therapist, and other adult community members are turnaround caregivers who can help at-risk adolescents to stop viewing the adversities in their lives as personal, permanent, or pervasive (Benard, 2005).

In the past, parents of infants have been given extensive guidance; Steinberg (2000) believes that there needs to be the same effort put into educating parents of teenagers. Parents and caregivers alike "need to know what healthy adolescence is, how to access whether their child is on a healthy trajectory, how to facilitate their adolescent's healthy development, and how to get help when problems arise" (p. 176).

Adversity and risks threaten the ability to satisfy basic human developmental needs. Benard (2005) identifies three environmental protective factors as the key elements for fostering resiliency, these protective factors are: "*caring relationships, high expectation messages,* and *opportunities for participation and contribution*" (p. 199). According to Steinberg (2000) the three main qualities for effective parent-child relationships are: "warmth, firmness, and psychological autonomy-granting" (p. 173). The environmental protective factors and the qualities for effective parent-child relationships are closely

connected and "perhaps more importantly, they match precisely what young people say they want from their parents/caregivers" (Benard, 2005, p. 200).

Caring relationships are based on unconditional love, trust, support, and active listening. Caregivers who foster resilience are compassionate people, they love without judgement, they realize that underneath negative behaviour is pain and suffering, and they do not take this behaviour personally. Person-centered expectations are at the heart of caring relationships, they help to guide and motivate people. High expectation messages are grounded in the strengths, dreams, and hopes of young people; therefore they are not based on what the caregiver wants the teenager to be. Strength-based caregivers not only communicate inspiring and challenging messages they also recognize individual strengths and mirror them back (Bernard, 2005, Wolin & Wolin, 1993). Caregivers can help generate empowered feelings by providing opportunities for young people and their families to express themselves creatively (Benard; Smith, 2006; Wolin & Wolin, 1993) and participate in meaningful activities and discussions (Smith, 2006).

Defining Family

There is not one unified definition of family, however most theorists agree that families are unique minicultures. Usually, definitions of family address form, function, and interaction (Segrin & Flora 2005). Wamboldt and Reiss (1989 as cited in Segrin & Flora) classified definitions of family into three types - *structural* (form), *task-orientated* (function), and *transactional* (interaction). Structural definitions concentrate on who is in the family, task-orientated definitions address performed tasks and family duties, while transactional definitions focus on communication processes within the family (Segrin & Flora). According to DeGenova and Rice (2002, p. 2, as cited in Segrin & Flora):

> ...family is any group of persons united by the ties of marriage, blood, or adoption, or any sexually expressive relationship, in which (1) the adults cooperate financially for their mutual support, (2) the people are committed to one another in an intimae interpersonal relationship, and (3) the members see their individual identities as importantly attached to the group with an identity of its own. (p.10)

Closed family systems function on rigid rules, they are dominated by power and advocate dependency and obedience. Deprivation and conformity are achieved through instilling fear, rejection, humiliation, punishment, or guilt. Closed family systems are frightened of adversity and are overwhelmed by problems. They are innately pessimistic and view the world as a threatening place. *Open family systems* function on flexible rules and encourage autonomy, the balance of self-reliance with reliance on others, and are accepting of difference. Problems are interpreted as challenges that are a natural part of the growth process and open family systems have confidence in their ability to overcome adversities (Neil, 2003). Families are not always united and often separate because of conflict, deception, or an inability to cope with family responsibilities.

Divorce is prevalent in contemporary Western societies (Benard, 2005; Buchanan, 2005); it separates families, weakens the protection of the family system, and can lead to increased vulnerability of the family structure (Wallerstein, 1983). Gender specific studies have been conducted on the effects of divorce on females' verses males. Girls are prone to react to divorce with internalizing problems, they may have difficulty with educational attainment, and there is an increased risk of psychopathology (Buchanan, 2005). Other attributes related to divorce can be generalized to both males and females. A child with separated parents living in a one-parent system (Ayalon & Flasher, 1993) "faces a special set of challenges and carries an added burden" (Wallerstein, 1983, p. 231), the child is often expected to support the remaining parent and assume the role of

the missing partner (Ayalon & Flasher, 1993). Role reversal occurs if the parent looks to the child to meet their unmet needs, the child's focus is on the parent rather than themselves, the parent seeks to keep the child dependant on them, and this type of family structure impedes the child's self-development (Macfie et al., 2005). In one-parent families the responsibility is placed on one particular parent. The other parent may develop exaggerated ways of protecting the relationship with their child, such as paying inflated attention to them, taking them on unexpected outings, showering them with extravagant gifts, or making superficial promises (Ayalon & Flasher, 1993). "As a result, an unrealistic relationship develops, casting the visiting parent in the 'angel' role and the custodial parent – the one who is constantly present, feeds, educates, and makes demands – in the 'demon' role" (Ayalon & Flasher , p. 13). Contrastingly the parent who leaves the family home might try to erase the past and hence is not interested in seeing their child, which consequently damages the child's self-esteem. The parent's guilt may cause them to fluctuate between periods of spoiling and ignoring, leaving the child feeling confused and frustrated. In this situation the child is incapable of understanding their parent's true feelings or the motives behind their parent's perplexing behaviour (Ayalon & Flasher).

Parenting Styles

It is a myth that one family form is better than another, what matters most is the process by which families function (Benard, 2005; Segrin & Flora, 2005; Walsh, 2002). Family functioning and adolescent well-being is determined largely by parenting styles. *Authoritative parenting* is favoured for healthy development and psychological functioning of young people (Benard; Segrin & Flora; Steinberg, 2000; Walsh, 2002).

Authoritative parents are described as caring and involved, yet firm in setting limits for their children. They establish appropriate expectations and grant opportunities for psychological autonomy (Benard, 2005; Steinberg, 2000). According to Steinberg "psychological autonomy-granting functions much like warmth as a general protective factor, but seems to have special benefits as a protection against anxiety, depression, and other forms of internalized distress" (p. 173-174).

It is often difficult for parents to balance autonomy with guidance and control (Benard, 2005; McElhaney & Allen, 2001; Steinberg, 2000) especially in high-risk environments (McElhaney & Allen). "Psychological control refers to control attempts that intrude into the psychological and emotional development of the child (e.g., thinking processes, self expression, emotions, and attachment to parents)" (Barber, 1996, p. 3296). Psychological control can lead to enmeshment which in turn results in a lack of separate parent and child identities. Psychological control has negative effects on adolescents sense of well-being and increases internalized problems (Barber, Olsen, & Shagle, 1994; Baumrind, 1991 as cited in Barber et al.; Barber, 1996; Benard, 2005) "such as depression, suicidal ideation, withdrawn behavior, eating disorders, and passive resistance" (Benard, p. 212). Barber (1996) views psychological control as a negative type of control, she believes parents should avoid manipulative discipline techniques that: induce guilt; threaten the withdrawal of love; isolates the child, inhibits individuation (e.g. possessiveness or over protectiveness); involves blaming or shaming.

Communication

I. Family Communication

Segrin & Flora (2005) define communication as "a transactional process in which individuals create, share, and regulate meaning" (p. 15). According to Watzlawick & Beavin (1967) *symbols*, *intersubjectivity*, *feedback* and *reframing* are important aspects of family communication. Symbolic messages are often unique to each miniculture. Intersubjectivity is characterized by shared meaning or the ability to draw on family history and experience to better understand each family member. Feedback is essential to the success of family communication; feedback refers to the positive and negative interpretations and evaluations of messages received within interactions. Reframing is the process of stepping outside the situation and looking at the family or situation from a new perspective. All communication has a *content* and *relationship* aspect. Content messages refer to what is actually said and relationship messages refer to the way it is said and the impact it has on the relationship (Segrin & Flora, 2005). Watzlawick & Bevin (1967) coined the term *metacommunication* which is the process of communicating about communication.

According to Neil (2003) metacommunication is usually expressed nonverbally, although sometimes it is also expressed verbally: "nonverbal behaviour, such as gestures, posture, tone of voice, and facial expression send metacommunications involuntarily" (p. 62). Communicative dysfunctions occur when the verbal and nonverbal messages are incongruent. In family communications children have to choose the correct meaning, often they choose to believe the metacommunication which may be the opposite message than the parent intended. Incongruent communication has the potential to break down the

attributes that make a child or family resilient, it leaves them feeling uncertain, distrusting, questioning their autonomy, and weakens their ability to develop initiative. In congruent communications internal feelings match outward expressions, conversely incongruent communications consist of *placating, blaming,* becoming *super-reasonable,* or becoming *irrelevant* (Neil). Satir (1988, as cited in Neil, 2003) states that people utilize these four incongruent communication stances when they feel threatened, they attempt to protect their self-esteem by hiding honest reactions and thus blocking real contact with family members or people in general. These four incongruent styles of communication are based on survival and on the biological responses of fight, flight, or freeze. In the face of emotional stress people most commonly placate, meaning they sacrifice their opinions, feelings, wants and needs to please others. They avoid rejection by seeking the acceptance of others and to be able to depend on them. At the extremes, this type of communicator either becomes overly agreeable or turns to suicide as an escape. The next most common stance in communication is to blame others when things do not work out as planned. They seek to gain a sense of importance at the expense of others. They try to avoid helplessness and are highly confrontational. At the extremes blamers move beyond disagreeable and on to persecution and homicide. Being super-reasonable is a style of communication that is common among intellectuals; they tend to focus on the task rather than their feelings. They use logical computer-like language rather than emotive human language. Outwardly they present as calm and together but inside they feel vulnerable. A smaller percentage of the population chooses to become irrelevant in their communication styles. They behave in a manner that is irrelevant to the context, people around them, and their own personal feelings. Often they use distracting

behaviours to avoid being noticed at all. They come across as off balance on the outside but internally they feel and think that nobody cares about them. The extremes of irrelevant and distracting behaviour can results in psychosis, where an alternative reality is viewed as safer than actual reality. Satir's model aims to transform incongruent stances into congruent ones. Congruent communicators share their feelings of helplessness and vulnerability, they turn to humour as a way to accept their humanity. They do not conceal their true reactions. Within a family context they are strong in the face of adversity (Neil, 2003).

Greene and Ablon (2006) have developed a three plan method for dealing with explosive children for both therapists and parents. Although the authors specialize in communication and discipline techniques for handling explosive children, their work can be easily transferred to all types of family communication. *Plan A*, involves parents insistence that their expectation be met. *Plan B*, involves the parent and child problem solving together to resolve the issue and *Plan C* requires parents to spontaneously reduce or remove expectations. Plan B is most advised and requires the parent to act as a *surrogate frontal lobe* for their child, to model and teach skills of flexibility, tolerance, and problem solving. The *frontal cortex* or *frontal lobe* "is the home of the so-called 'executive functions' [responsible for]: planning, organization, judgment, impulse control, and reasoning" (Underwood, 2006, p.50). When acting in the role of frontal lobe parents try to view the issue from their child's perspective. Parents put words to a situation or feeling that their child can not understand or articulate. There are three steps to be followed within Plan B: empathy, defining the problem and inviting the child to brainstorm ways to solve the problem in a mutually accepted way (Greene & Ablon,

2006). Pediatric neuroimaging researchers (Giedd, et al., 1999; Thompson, et al., 2000) used Magnetic Resonance Imaging "to understand how the brain develops from childhood through adolescence and into early adulthood" (Underwood, 2006, p. 50). The studies found that the frontal and temporal lobes were the last to mature. The research outlined in Underwood's article "The Teenage Brain" reiterates Greene and Ablon's (2006) emphasis on the importance of parents assisting adolescents to fulfill the role of the frontal cortex in communication by helping them understand their overwhelming feelings, making sense of and organizing their thoughts, essentially assisting them with emotional intelligence and open communication.

Knauth (2003) recognizes the importance of open communication and bonding within the family system, yet Knauth maintains that each individual member should keep a clear sense of self. According to Wolin and Wolin (1993) competent parents monitor what they say and how they say it, to cater to the needs of their children. Ideally, family conversations should be clear, flexible, open, and responsive. If parents are skilled communicators their children should feel comfortable to express their thoughts, feelings, doubts, wants, and needs. Parents should encourage their children to say when they don't understand something or to challenge parents respectfully when they disagree with their opinions (Wolin and Wolin).

II. Communication and Drama Therapy

Play is a major component of drama therapy "play is both a vehicle and a facilitator of communication with our young patients" (Terr, Deeney, Drell, Dodson, Gaensbauer, Massie, et al., 2006). According to Jones (1996), theatrical performances in all cultures highlight the body as the primary means of communication. In everyday life,

the body is a vehicle for communication between people (Jones). In therapy, understanding the use of body language facilitates the interpretation of the therapists' and clients' unconscious communications (Mohacsy, 1995). "Both verbal and non-verbal communication can be explored and if necessary learned in drama sessions" (Langley & Langley, 1983, p. 16). In drama therapy, dramatizing the body fulfills an important role. Drama therapists pay particular attention to the messages conveyed through the conscious and unconscious communications of the body. Embodiment engages the mind and body in physical enactment in the here and now and assists individuals to discover knowledge and insight regarding issues and identities. Individuals can explore personal material in a more indirect way and experiment with different styles of communicating through enactment and reflection. Clients have the opportunity to communicate in role through vocal and gestural expression and outside the role through discussions of metacommunication (Jones, 1996). "The physical change in identity and experience in the dramatic world can result in changes in the client's usual identity and real life" (Jones, p. 114).

Drama therapy offers a *healthy* model of communication. "Health, like drama, is about doing, feeling and communicating. Drama has the added advantage that it allows rehearsal and experimentations during a temporary suspension of reality" (Langley & Langley, 1983, p. 173). In drama therapy sessions, symbolic messages are explored, subtext is interpreted, feedback is articulated both verbally and physically through discussion or dramatic mediums, and clients are given the opportunity to stand in the shoes of others or completely step outside the situation to gain perspective. All communication in drama therapy incorporates content and relationship aspects, thus what

is being said – "message" (Bateson, as cited in Grainger, 1995, p. 125) and how it is said – "meta-message" (Bateson, as cited in Grainger, p. 125), is widely explored through a variety of dramatic interventions. "The interplay of message and meta-message is the mode of normal human communication "(Grainger, p. 125). There are numerous opportunities for metacommunication to occur in drama therapy, especially when clients have discussions or reflect on dramatic interactions. *The Story Within* (Silverman, 2004) process exemplifies drama therapy as a model for communication. The process coexists with metaphors and symbols and explores the subjectivity hidden behind the stories and characters. Silverman's approach puts the client in the role of choosing the story, embodying a character and being the director; the client has the opportunity to instruct someone else to embody their character and receives feedback about what it feels like to play this role. Opportunities for metacommunication occur when clients discuss the fictitious interactions between the characters in their chosen stories and make connections to their real life experiences.

Strength-Based Counseling and Resiliency Approaches

The *strength-based counseling model* recognizes the clients' positive attributes rather than their deficiencies, and acknowledges the power culture has in influencing people's evaluations of human strengths (Smith, 2006). Smith's work is supported by numerous theorists (Kaczmarek, 2006; Lightsey, 2006; Sapp, 2006; Vera & Shin, 2006), the model does not focus exclusively on positive aspects nor does it ignore concerns or fabricate strengths. Smith's strength-based model provides an uplifting and practical application for working with at-risk youth. The therapist's role in strength-based counseling is to facilitate the client's ability to identify their strengths and resiliencies.

Strength-based programs support the belief that clients have the resources to learn new skills and to solve problems, therefore strength-based therapy concentrates on instilling hope and assisting clients to find solutions to their problems.

Resiliency frameworks for therapy and research can be integrated with strength-based approaches (Benard, 2005; Kaczmarek, 2006; Lightsey, 2006: Satir, as cited in Beaudry, 2002, & Neil, 2003; Smith, 2006: Walsh, 2003). Resilience is defined as the process of withstanding adversities and stressors. Resiliency is derived from the Latin word meaning to "jump or bounce back" (Smith, 2006, p. 53), it pertains to a person or families struggle to adapt and reach developmental milestones regardless of the challenges that are faced (Smith). In 1990-1995, Grotberg (as cited in Andrews, 2000) conducted a study that found that girls tend to become resilient by building strong, caring relationships. Wolin and Wolin (1993) have compiled a list of seven resiliencies, it is rare for resilient survivors to acquire all seven attributes, but studies have shown that even grasping one or two can lead to positive outcomes. The seven resiliencies are titled: insight, independence, relationships, initiative, creativity, humour and morality (Wolin & Wolin).

Humour is viewed as a therapeutic tool that can help therapists connect with their clients (Lahad as cited in Jennings, 1994b; Taffel, 2006). "Humor remains one of the most protective strengths a person can have in terms of physical and mental health" (Benard, 2005, p.210). Wolin and Wolin (1993) consider playing to be a "common ancestor of humor and creativity" (p. 168). Playfulness is central to the development of a resilient child (Vygotsky, 1978), and is essential for clients of all ages to fully enter into the process of therapeutic treatment (Winnicott, 1971), especially children and

adolescents (Terr et al., 2006). Vygotsky (1978) states that clear boundaries, high expectations, meaningful participation, care and support are critical factors for developing strength. "Self esteem develops in resilient children because they have opportunities to participate in play activities where they can receive rewards and recognition for their efforts" (Patterson, 2004, p. 30). By openly admiring coping skills in the face of adversity, caregivers can help children and adolescents see that they are strong and can handle unexpected problems that develop (Patterson).

Frydenberg and Lewis's (2004) study aimed to identify and understand which coping strategies were associated with adolescents least able to cope. The adolescents involved in the study were required to use a table of 18 coping strategies to rate 79 questions in a confidential questionnaire. The results of the study were ambiguous; however the researchers were able to identify coping styles that were non-productive versus those coping methods that were productive. Worry, self-blame, tension reduction, keeping to self, ignoring the problem, and wishful thinking were identified as non-productive coping tactics, whereas relaxing diversions, social support, working hard, and solving the problem, were characterized as effective coping strategies. To develop greater resilience in adolescents, Frydenberg and Lewis advised counselors "to minimize adolescents' use of non-productive coping strategies while simultaneously increasing the frequency and effectiveness of those coping responses that appear more productive" (p. 34).

Connecting Strength-Based and Resiliency Approaches with Drama Therapy

Transpersonal drama therapists believe all clients have the aptitude for *self-actualization*; the process of self-actualizing involves the client embracing the light and shadow parts of themselves in order to become a whole person in mind, body, and spirit

(Lewis, 2000). Drama therapists often apply a strength-based approach to their work. Lahad's (1992) six-piece story-making process is one example of this. Lahad focuses on the client's strengths rather than their weaknesses and in turn boosts autonomy functioning. Lahad's work concentrates on stress, coping styles, and resiliency through creative story-making. Lahad believes that "...creativity is the source of life: the ability to play, the ability to use humour, colours, stories – that is the flame of life. Once you get in touch with that, I think you can help the person heal" (Jennings, 1994b, p.180). Jennings (1994a) reiterates drama therapy's success in facilitating greater autonomy in clients through the development of artistic skills. Drama therapy clients "...report feeling more confident, behave more assertively, are more articulate, have greater unity of body and mind, of liking themselves more" (p. 100). According to Jennings many clients are in an antipodal position where they recognize only one side of their feelings or functioning. Herein lays the importance of introducing and exploring polarities in drama therapy through dramatic image and metaphor (Jennings, 1994a; Mann, 1996; Whitaker, 1992). Jennings (1994a) states that all myths and dramas build upon opposites, therefore drama therapists can assist clients to recognize polar opposites, such as gaining awareness of their strengths rather than their weaknesses. Whitaker (1992) investigates the specific polarities in mother-daughter relationships such as "love-hate, approach-avoidance, acceptance-rejection and dependence-independence" (p. 41) and suggests that therapists facilitate understanding and healing of the mother-daughter relationship through the therapeutic use of poetry, fairy tales, and stories (Whitaker).

Silverman's (2004) approach to therapy also shares similarities with strength-based models and encourages autonomy, "clients who use *The Story Within* method

choose their own stories, and become heroes in their own personal mythic quest" (p. 128). The method follows a creative process where clients deeply identify with the story and character they have chosen. Eventually clients make life-drama connections and the metaphors and symbols in the clients chosen myth or fairy tale are interpreted according to the clients own personal experiences and unique connection to their chosen story and character. The client gradually unveils and explores personal issues and traumas, while the therapist acts as a guide and witness to their process. According to Silverman, this "provides clients with the autonomy and courage to face their inner demons" (p. 133) thus clients are viewed as having the solutions to their own problems.

Action Methods

Action methods such as those underlying drama therapy interventions are experiential techniques that incorporate movement and artistic expressions. Valente and Fontana (1990, as cited in Meldrum, 1994) conducted a study on the nature and practice of drama therapy. They interviewed twenty leading drama therapists and discovered that all of the therapists agreed that drama therapy is action-based. Drama was not identified as the central action, but rather the simple act of doing. Action is viewed as an essential component to working with adolescents (Beaudry, 2002; Block, Harris, & Laing, 2005; Cossa, 2006; Gold, 2000; Guldner, 1990; Harvey, 2000; Kaczmarek 2006; Jennings, 1990; Johnson, 1991; Knauth, 2003; Leveton, 1991; McKelvie, 1987; Moreno & Moreno, 1969; Neil, 2003; Özbay, Göka, Öztürk, & Güngör, 1993; Sapp, 2006; Remer, 1986; Rozema & Gray, 1987; Satir, as cited in Beaudry, 2002, & Neil, 2003; Starr, 1977; Terr et al., 2006; Taffel, 2006; Werner-Wilson, 2001; Wiener & Oxford, 2003). Action techniques physically involve participants in activities rather than just talking and

listening (Cossa, 2006). Action methods take preference over talk therapy for families as they present opportunities to challenge and modify family narratives, resulting in a direct and lasting effect on behaviour, relationships, and interactions (Harvey, 2000; Wiener & Oxford, 2003).

Distancing

I. Theoretical Views of Distancing

Distancing has been explored in the fields of drama, theatre, sociology and psychology. The theories of distancing are relevant to interpersonal and intrapsychic interactions in drama, theatre, therapy, and real life. In interpersonal interactions people separate from or connect to one another on physical, emotional, and intellectual levels. Intrapsychic interactions are based on the closeness or separation one feels to roles they play in theatre, therapy, or in their own lives. Intrapsychically people engage or disengage from their own feelings, thoughts and physical self-image (Landy, 1983). In an interview with Jennings (1994b), Landy (1983) said he was inspired to contemplate the paradigm of distancing through the work of Brecht.

Historically Brecht is considered the master of theatrical distancing. In Brecht's *Epic theatre*, distancing is characterized by *Verfremdungseffekt* or alienation-effect (Landy, 1983). Brecht developed alienation techniques to help the actor and audience resume an attitude of detachment (overdistance), thus, reason took precedence over emotion (Willet, 1964). In Brechtian theatre the "actor does not allow himself to become completely transformed on the stage into the character he is portraying" (Willett, p. 137), Brecht expected his actors to convey their thoughts and judgements about the roles they played rather than identifying emotionally with them (Jones, 1996). He encouraged his

audiences to be critical of the world, through what they saw at the theatre (Jones). Brecht wanted spectators to view the theatrical experience as a universal and dramatic representation of life and not as something real or unique to one particular theatrical experience (Landy, 1983).

In *Naturalistic theatre*, distancing is based on the metaphor of "the world as stage or the stage as world" (Landy, 1983, p. 176). Viewers identify with the action on stage as if it were real life, creating a state of underdistance. "An actor is under the obligation to live his part inwardly, and then to give to his experience an external embodiment" (Stanislavski, 1936, p. 15). Contrarily, in Epic theatre, the world is not considered to be a stage but rather like a stage. This allows more space to study the distance between the stage and the world (Landy, 1983). Epic theatre conveyed didactic messages relevant to modern society. Brecht's pedagogical aim was to show through parables, representations of society, society's evils, and the modes of behaviour most relevant to the human race. After attending the theatre, Brecht wanted viewers to think objectively (Emunah, 1994), and to be proactive in making decisions, communicating opinions, and taking actions to change society (Willet, 1964). "The Stanislavskian approach emphasizes emotional expression and release, whereas a Brechtian approach emphasizes emotional containment and the development of the observing self, both of which are primary therapeutic goals in drama therapy" (Emunah, 1994, p. 9).

Landy did not base the manipulation of distancing in drama therapy entirely on Brecht's theory of distancing. According to Landy (1983), Brecht's model was incomplete; it did not consider the human need for a balance of attention, however, Brecht's theory was not fulfilled as he intended it to be. Spectators identified with the

characters at times yet were also emotionally removed at other moments during the performance, therefore his audiences experienced a balance of attention (Landy, 1983). Scheff (1979) called this *aesthetic distance*, which he defined as "the simultaneous and equal experience of being both participant and observer" (p. 60).

Scheff's (1979) model of distancing has its roots in sociology, psychotherapy, drama, and ritual. Catharsis and distancing are the core concepts of Scheff's theory. Scheff's ideas were derived from the theories of: Aristotle, 1968; Freud & Breuer, 1895, as cited in Scheff, 1981; and Jackins, 1978. Scheff argues "that cathartic crying, laughing, and other emotional processes occur when an unresolved emotional distress is reawakened in a properly distanced context" (1979, p. 13). When emotions are too painful, they are repressed. Finding a balance of distance in a therapeutic setting allows repressed emotions to be exonerated, permitting catharsis to occur. Freud and Breuer (as cited in Scheff, 1981) called this phenomenon *abreaction* and considered it to be responsible for therapeutic change. Scheff (1979) believes there are four phases to catharsis. The first phase involves the balance of attention between overdistanced and underdistanced stimuli. The second phase is determined by the participant's response or ability to find a balance between past distress and present safety. The next phase is characterized by emotional responses such as crying and laughing. Finally, in the fourth phase, tension is decreased, insight is gained, and there are feelings of satisfaction (Scheff).

Interpretations of catharsis exist historically in theatre and psychotherapy (Aristotle, 1968; Boal, 2000; Freud & Breuer, 1895, as cited in Scheff, 1981; Moreno, 1946; Nichols & Zax, 1977) yet there is ambiguity about the exact meaning and

effectiveness of catharsis (Scheff's, 1979). The idea of *katharsis* as it is spelt in Aristotle's book "Poetics" is derived from medicine but Aristotle appears to be the first to write about the *katharsis theory of tragedy* (Lucas, 1968). "The verb *kathairo* means to 'cleanse' or 'remove impurities'" (Lucas, p. 276). Aristotle believed that theatrical tragedy purified spectators by releasing them from unpleasant or excessive emotions. Ultimately, tragic catharsis was seen as helping to purge emotions. According to Aristotle pity and fear play the most significant roles in the cathartic process. The aesthetic distance between theatre and real life is at play here (Lucas). The spectator experiences emotions vicariously through the tragic hero. The spectator empathizes with the mistakes of the tragic hero that leads to his/her demise. The spectator is shocked by a sudden turn of events and learns from the characters moment of recognition. The catastrophic ending leaves the spectator feeling terrified and thus cleanses the spectator of his own emotional errors in real life (Boal, 2000). Moreno (1946) expanded upon the ideas of Aristotle and moved the focus of catharsis from the spectator to the actor. In psychodrama the actor is the patient who enacts his own drama. Psychodramatic theory developed catharsis in the four areas of somatic, mental, individual, and group, claiming that the synthesis of these four elements allowed total catharsis to occur (Moreno).

"Nichols' study demonstrated that the techniques of cathartic therapy produced dramatically high levels of somatic-emotional catharsis (crying, angry shouting, and laughing)" (Nichols & Zax, 1977, p. 202). Nichols and Zax investigated the presence of catharsis in ancient religious and magic healing; their findings suggest that catharsis is a basic mechanism for changing human behaviour. They believe catharsis is most effective when it consists of both cognitive and somatic aspects. For Nichols and Zax the desired

outcome of cathartic therapy is to increase the clients "freedom of expressivity and action" (p. 233).

Jackins (1978) states that when people are hurt emotionally, it is important for them to express and release their feelings in an underdistanced way otherwise they are left with a predisposition to being more easily upset when they are reminded of the hurtful experience. If children are not given the space to cathartically release their feelings, they grow up to repress their emotional discharges. They feel shameful and embarrassed about their hurtful experiences and are triggered by the hurtful experiences of others. Jackins *re-evaluation* approach to counseling addresses the recovery process, he believes that if therapists, caregivers, and parents, can be trained to respond to children or clients discharge of emotions in a relaxed, aware, and attentive manner free from distress and embarrassment, then the person can drain their distress, see the information for what it is, evaluate what happened, and store the information in a way that can help them understand later experiences (Jackins).

II. Distancing in Drama Therapy

Distancing is particularly pertinent to the field of drama therapy. Drama therapists use a variety of creative interventions, some involving the projection of self onto an object, story, or role, alternatively, interventions focus directly on the self (Landy, 1983). Landy views distancing as a pivotal concept in drama therapy; he believes that distancing acts as a vehicle for treating clients and understanding their needs. For therapy to be effective, Landy highlights the importance of understanding the manipulation of distancing as a tool for informing the choice of techniques used in the therapeutic process, establishing goals, and understanding the client-therapist relationship. The

distance scale spans the extremes of overdistance, underdistance, and everything in between (Landy).

Underdistance is a state where there is a surplus of emotion, the expression of this emotion, brings neither release nor awareness. A state of overdistance is void of emotional expression, it relies more on reason and logic. One of the main goals for drama therapists is to facilitate the client's journey towards healthy expression and communication at a level of aesthetic distance. Experimenting with variations of distance throughout the therapeutic process encourages clients to recognize the extremes yet aim towards finding cathartic relief through a balance of distance (Landy, 2001). The manipulation of distance is an intervention used in drama therapy. Drama therapy media extend from overdistanced techniques such as: story telling and story-making (Dunne, 1997, 2000; Gersie & King, 1990; Lahad, 1992; Whitaker, 1992); projective (Jones, 1996); myth and fairytale (Brun, Pedersen & Runberg, 1993; Courcoucli-Robertson, 1998; Jennings 1990; Mann, 1996; Silverman, 2004; Snow, 1996; Whitaker, 1992); improvisation (Emunah, 1994; Johnson, 2000; Salas, 2000; Wiener, 1994); and family play (Gold, 2000; Harvey, 2000), to underdistanced techniques such as: sociodramtic (Sternberg & Garcia, 2000); solution orientated drama (Boal, 2000; Landy, 1996); and psychodramatic (Cossa, 2006; Garcia & Buchanan, 2000; Hudgins, 2002; Leveton, 2001; Moreno, 1946; Moreno & Moreno, 1969; Starr, 1977; White, 2002).

Jones (1996) names *drama therapeutic empathy and distancing* as one of the nine core processes in drama therapy. According to Jones empathy and distancing are critical for dramatic portrayal, relatedness, and assessment of the client's level of engagement. Specific dramatic exercises, some of which are mentioned above, can be used to evoke

desired responses, yet many exercises are capable of producing both empathic and rational responses, making each exercise and the response dependent on the client and other therapeutic considerations (Jones). Emunah (1994) states that underdistanced techniques are better suited to clients who are disconnected from emotions associated with their past experiences, who intellectualize rather than feel, or with clients who have trouble empathizing with others. Clients who are negatively affected by a flooding of emotions or who have difficulty viewing personal situations objectively are better paired with overdistanced techniques (Emunah). Jennings (1990) believes that the closer therapists work to the client's real life experiences the more limiting it is. Jennings states that working with greater dramatic distance provides access to a wider range of therapeutic styles.

Numerous drama therapists follow Landy's theory of distancing when working with different populations. An example of this can be observed in the work of Glass (2006). Glass works with adult victims of trauma; she uses drama therapy and the paradigm of distancing to prepare clients for exposure therapy. Glass believes that it is more effective to begin the therapeutic process with overdistanced techniques that build a sense of trust and safety for the client, while developing their observing ego. Underdistanced techniques are utilized in the later phases of therapy. Glass does not however, limit the use of overdistancing techniques to the initial phase of treatment; she recognizes the benefit of using overdistancing techniques throughout the therapeutic process, especially when a client becomes overwhelmed with emotions. The therapists overall aim is to help trauma survivors find aesthetic distance when remembering their past experiences. Pitruzzella (2004) defines aesthetic distance as the place where mind

and heart intersect and the client is able to simultaneously balance emotional involvement and the ability to step outside the situation and observe.

Silverman (2004) believes that working with metaphor and fiction provides security and distance (Couroucli-Robertson, 1998; Mann, 1996). Clients can remain overdistanced and engrossed in the metaphor for as long as they need to. "The process of finding and working with the right story, character, and dramatic moment provides a safe container within which to connect the challenge in the story with the clients own personal problem" (Silverman, 2004, p. 133). Silverman points out that the insight gained throughout therapeutic processes can often be overwhelming and anxiety provoking at first. According to Mann (1996) "metaphor provides a structure within which material and emotions that are too overwhelming to be tolerated can be contained and engaged with at an aesthetic distance" (p. 3). Taking this into account, the story within process facilitates the client's gradual awakening. Space and time is allocated within the creative process for releasing initial anxieties. Once the client has had time to digest their new insights the therapist guides the journey towards an underdistanced path where insights can be incorporated into their dramatic and real life experiences and transformation can safely occur (Silverman, 2004).

Chapter Three – Methodology

Introduction of Methodology

The primary research question is: How can the manipulation of distancing through specific drama therapy techniques help facilitate communication between a mother and her at-risk adolescent daughter? The therapy was guided by a strength-based approach, which aimed to help clients identify their strength and resilience to overcoming

life's adversities. My intent in pursuing this research was to explore working with the manipulation of distancing in drama therapy as a treatment modality for mothers and their at-risk adolescent daughters. I used the concept of distancing as a basis for the choice of action-oriented drama therapy interventions utilized in this study, to facilitate communication between the mother-daughter dyad. I attempted to assess whether working with distancing was effective by identifying changes in communication between the mother-daughter dyad and assessing if the clients understood what it felt like to express their emotions and thoughts at a level of aesthetic distance. I was examining if the clients could communicate at a level of aesthetic distance. If the clients communicate at a level of aesthetic distance they would experience a balance of attention, have the ability to find an equilibrium between past trauma and present security, attempt to cathartically release their emotions, and gain insight into their communication problems by experiencing them directly (being inside the action) and indirectly (stepping outside the action) (Scheff, 1979).

Currently there appears to be limited research on using drama therapy interventions with mother-daughter dyads. My investigation and its outcomes were presented as a qualitative descriptive case study. My case study had both an *intrinsic* and *instrumental* focus. The intrinsic aspect of the study focused on the uniqueness of using drama therapy interventions with a mother-daughter dyad. I was aware that dysfunctional or ineffective communication between mothers and daughters was not unique to the participants in this study. The instrumental aspect therefore focused on the issue of mother-daughter communication while remaining cognizant that the way this particular mother and daughter communicated was intrinsic to their human experience or case.

Statement of Purpose

I intended to fulfill the dual-role of therapist and researcher and to view the subjects as research participants and as clients. My qualitative research project incorporated two phases of therapy, in the first phase I intended to separate the mother-daughter dyad for one hour therapy sessions for approximately four weeks. For the second phase I planned to work with the dyad together for one and a half hour therapy sessions for approximately ten to twelve weeks. Theorists agree that the mother-daughter dyad is the most influential relationship for girls while forming their identities and self concepts, for building open communication, and in regards to the positive development of self-esteem. "Yet there appears to be a lack of information available that translates research about mother-daughter relationships into application within clinical settings" (Owen, Scofield, & Taylor, 2003, p. 896). There are however, some clinicians attempting to bridge the gap between theory and practice by working with mother-daughter dyads in therapeutic contexts. Novick and Novick (2005) and Sturges Steinman (1998) recommend including the mother in the child's treatment. Working with mothers and their adolescent daughters separately, before reconnecting them in therapy, is supported by McNab and Kavner (1991). Chazan (1992 & 2006) supports simultaneous separate treatment of mothers and their adolescent daughters, Owen, Scofield, and Taylor (2003) endorse conducting groups with female adolescents and their mothers, whilst Kabat (1998) approves of working with adult mother-daughter dyads within the context of the mother's individual treatment.

The purpose of separating the dyad in my study was to nurture the therapeutic alliance, to allow the participant's time to identify their individual and dyadic goals, to

share their personal stories, to develop their creative self expression, and to "explore their own particular constraints in a less emotionally charged atmosphere" (McNab & Kavner, 1991, p. 197). The rationale for reuniting the dyad was to continue to nurture the therapeutic alliances, to permit time for sharing, to highlight new perspectives, to find solutions together, to explore communication issues, to elaborate upon creative expression, and to work towards shared goals. The purpose of underlying the study in strength-based psychology was to instill hope and build resiliency. The primary focus of the study was to facilitate communication in the mother-daughter dyad through the manipulation of distancing in drama therapy. Self concept, identity, at-risk behaviours, strength, and resiliency were addressed as secondary focal points. My inquiry analyzed and reflected upon the data collected from the short-term drama therapy process.

Confidentiality

To ensure the confidentiality and anonymity of the clients, their names were replaced with pseudonyms and identifying information was adjusted. Client quotations were recorded verbatim. I followed ethical guidelines and made sure the participants signed consent forms at the beginning and end of the therapeutic process to authorize the use of: audio recordings of the sessions; photographs of the art work created in the sessions; and all case material (see Appendixes A & B).

Sources of Data

I used a variety of data collection methods, while being attentive to the strengths and weaknesses of these methods. I collected data that pertained to the primary and secondary research questions with a particular focus on strength-based characteristics. I gathered data from: the participants' initial assessment; the adolescents medical history

file; my case notes and observations; in-depth interviews; follow-up assessments and evaluation notes; direct participant quotes; supervision notes; audio recordings of sessions; photographic records of client art work; the client chosen native stories; goddess mythology; client writings and art work. There was some degree of analysis happening throughout the entire process however, the majority of critiquing was completed once all the data had been collected. My analysis connected theory and practice, the data was analyzed through the conceptual lens of an eclectic mix of literature from drama therapy, communication theories, psychotherapy, psychoanalysis, strength-based and resiliency approaches, at-risk adolescent research, adolescent brain research, mother-daughter studies, developmental psychology, attachment theories, goddess mythology, and Native American totem beliefs. The analysis was not only inclusive of my perspectives and reflections but also incorporates the opinions of the psychiatrist, family therapist, and the clients themselves.

Participants

The mother and daughter in the case study were referred from my second year practicum site. The site was a psychiatric setting in a community children's hospital, see section entitled "structure of therapy" in chapter five for further information about the hospital setting and psychiatric team. I did not set strict delimitations for eligibility into the study; my only restriction was that the adolescent had to exhibit at-risk behaviours. The participants and I met for approximately six months from November 2006 to May 2007. I treated the participants with respect and their safety and therapeutic needs took precedence over research requirements.

Drama Therapy Interventions

The concept of distancing is a pivotal concept in my research. I assessed the clients "range of distance in terms of their abilities to express and withhold emotion" (Landy, 2001, p. 57) to inform the choice of drama therapy techniques used in the therapeutic process, to establishing therapeutic goals, and to understand the mother-daughter relationship and client-therapist relationship (Landy, 1983). I used a variety of projective techniques to allow the clients to project the self onto symbols, metaphors, objects, images, stories, and roles, with a safe enough distance for the clients to feel contained. The main goal for using specific intervention based on the mother and daughter's level of distance was to facilitate their journey towards healthy expression and communication at a level of aesthetic distance (Landy, 2001). In dyadic therapy I adapted Silverman's (2004) story within method and we worked though the metaphors in their stories to connect the clients personal issues with their real life experiences, feelings, and communication styles. Both clients chose a native story, created masks, participated in an imaginary conversation with their mask, chose significant moments from their stories to reenact, utilized role-play and role reversal techniques, and were given the opportunity to step outside their scenes to observe and gain insight into their personal issues at a level of aesthetic distance. Working through the symbols and metaphors in their stories provided a safe springboard from which to launch into discussions about the clients personal issues. I used a variety of embodiment (Jones, 1996) and action-oriented activities (Ayalon & Flasher, 1993; Carrell & Wiens, 1993; Emunah, 1994), to encourage communication and I applied a strength-based approach (Jennings, 1994a; Lahad as cited in Jennings, 1994b; Lahad, 1992; Lewis, 2000; Silverman, 2004) to my work to assist the

mother and daughter to gain an awareness of their strengths and weaknesses so as to learn to embrace themselves as whole persons. I incorporated play, humour, and artistic skills to facilitate greater autonomy, communication, and to encourage the clients to recognize their resiliencies so they could move towards a place of healing. I was hopeful that participation in drama therapy techniques could help the mother-daughter dyad to develop their self-concepts and identities, identify problems, express emotions, and problem solve creative ways to improve their communication through the manipulation of distancing techniques. I anticipated that the exploration of these aspects would build resiliency and diminish at-risk behaviours. I expected that the participants would gain insight into their communications styles from their involvement in the study.

Relevance to Drama Therapy in Clinical Practice

To my knowledge, there are no published studies in drama therapy that focus on distancing as a tool for assisting communication in mother-daughter dyads and the concept of distancing is fundamental to the practices of drama therapists. For these reasons the relevance of my research to the field of drama therapy was heightened. Mother-daughter relationships and communications were considered highly influential and were thought to impact intergenerational family patterns, self-concept, and mental health. This exemplified why my research was relevant to clinical practices in drama therapy and in the creative arts therapies in general. Drama therapy was supported as an appropriate treatment modality for at-risk adolescents (Bannister & Huntington, 2002; Boal, 2000; Cossa; Dunne, 1997, 1998; Emunah, 1990, 1994, 2005; Gallo-Lopez, 2005; Gold, 2000; Guldner, 1990; Harvey, 2000; Jennings, 1987, 1990; Johnson, 1991; Kruczek & Zagelbaum, 2004; Liebmann, 1996, Trafford & Perks, 1987; Wiener, 1994,

Van der Wijk, 1996) however, there has been little research conducted on mothers and their at-risk adolescent daughters. Whitaker's (1992) article investigated the multifaceted mother-daughter relationship and presented "creative therapeutic means to facilitate understanding and healing through the use of poetry, fairy tales, and stories" (p. 35), Whitaker proposed that these creative interventions be used with individuals, families, and groups as a way to "redefine and transform the mother/daughter bond" (p. 35) but she did not provide case examples. Although the concept of distancing was not directly discussed in Whitaker article she articulated the efficacy of using poetry, fairy tales, and stories to unblock hidden themes, wounds, attachments, communications, mythic images, and polarities relevant to mother-daughter relationships, which created a link between the use of creative interventions and the concept of distancing. Whitaker's endorsement of the therapeutic use of creative interventions to extricate relationship messages from mothers and daughters illustrated the benefit of my research to the field of drama therapy.

Limitations of Study

There were several limitations to this research, the first limitation was that I am not a mother; the second constraint was that this was my first attempt at this type of therapy. Fulfilling the dual-roles of therapist and researcher was another limitation which could have potentially created conflicts of interest and ethical concerns, whereas the fourth restraint pertained to the mother's frequent cancellations. In an attempt to rectify these limitations I regularly consulted my supervisors and the multifaceted crisis intervention team I was working with at the hospital to assist me in identifying any conflicts of interest, or ethical concerns of inhabiting a dual role as therapist and researcher, to help me gain varied perspectives, and to contend with any ethical concerns

in my role as therapist to both mother and daughter. The issues that came up were addressed and are explained below.

I approached my supervisor about the mother's cancellation of her individual therapy sessions and she advised me to continue seeing the daughter alone but to make contact with the mother briefly in the hall. My supervisor interpreted that the daughter needed extra time in therapy separate from her mother. Before dyadic therapy began, my supervisor instructed me to encourage the daughter to join a group for internalizing adolescents that was being facilitated at the hospital, but the daughter refused this offer. When I told my supervisor that the mother had approached me to continue seeing her daughter alone as well as in dyadic therapy my supervisor assured me that I had made the right clinical decision to continue seeing the daughter alone. In regards to the role of therapist and researcher my supervisor recommend that I listen to the tapes, analyze the data, and work on the case study, after the therapy was completed so as to stay focused on my role as therapist while working with the clients. Both of my supervisors looked at the interventions I had chosen and assessed the clients' level of distance against my treatment plan. They offered support and shared opinions on the manipulation of distancing and suggested interventions. The team helped improve the credibility of my study by assessing the severity of the at-risk adolescent's diagnoses and whether or not I should tell the mother about her daughter's at-risk behaviours. I explained to the team that as therapist to both mother and daughter I felt I was betraying the mother by not telling her. The team assessed the seriousness behind the daughter's suicidal ideation and self-mutilation and instructed me to refrain from breaking my confidentiality agreement to the daughter. They assessed that the daughter was not in eminent danger and therefore

coached me not to tell the mother. As well, I arranged two follow-up assessments to evaluate the daughter's suicidal ideation, to address her diagnosis of depression, and to appraise the clients' security and functioning. The Psychiatrist and family therapist reiterated many of the issues I had already addressed with the clients which further legitimized my role as therapist to both mother and daughter.

The following limitations focused on the challenges of qualitative research: I only worked with one mother-daughter dyad therefore generalizing the findings wasn't possible. I was unable to standardize the drama therapy techniques, as the choices of interventions were dependant upon the level of distance the clients needed to work with. The manner in which I facilitated the interventions could not be exactly replicated by another therapist or researcher. Furthermore, the subjective decisions I made throughout the therapeutic process would prevent subsequent researchers from being able to replicate the study.

Chapter Four – Case Presentation of Mother and Daughter

Reason for Referral

Mother, identified as Sophie for the purposes of this study, contacted the crisis intervention team of a major city's children's hospital, seeking help for her 15 year old daughter, Tammy. The team is comprised of a child psychiatrist, psychiatric nurse, social worker, two family therapists, and numerous interns. The three team members present at Sophie and Tammy's family assessment were the psychiatrist, family therapist, and drama therapy intern. Sophie came to the hospital because she was concerned about Tammy's low self-concept, lack of social skills, and her inability to cope independently with everyday situations such as taking public transport or sleeping in her own bed.

Sophie believes that Tammy's father's attempted suicide had a negative affect on Tammy. The crisis intervention team assessed the mother and daughter and recommended follow-up treatment in individual and dyadic drama therapy. Initially Tammy was diagnosed with PTSD, depression, suicidal ideation, and separation anxiety disorder.

Presenting Issues

In 2004 Tammy's father, Jack, attempted suicide; he was high on cocaine when he tried to jump off a building and was admitted to hospital. Sophie and Tammy were on their way to visit Jack when they got a phone call to explain what had happened. Tammy was traumatized by the experience. After the incident Tammy started sleeping in her mother's bed for protection; she felt anxious and unsafe in her own home and was scared to go out alone. Tammy is worried that her father might attempt suicide again or visit in the middle of the night and try something unexpected. Since the incident with her father, Tammy reported symptoms of suicidal ideation, depression, and self-harm. Tammy said her mother's stressed and aggressive attitude after work contributes to her inability to cope and be happy. Tammy reported feeling sad most of the time and having little interest in socializing with friends.

When Tammy first started cutting she confided in her cousin but her cousin disclosed this information to Tammy's mother. Tammy felt betrayed by her cousin and as a result she has trouble trusting people with personal information. Tammy revealed these details to the team while her mother was waiting outside the room. Tammy wants to protect her mother from worrying, she made it very clear in the interview that she does

not want her mother to know about her depressive symptoms, cutting, or suicidal ideation.

Adolescent's Personal History

Tammy is 15 and attends high school, her average is between 70- 80 percent. Tammy only has a few close friends, but she rarely socializes with them after school or on weekends. Sometimes she talks to her friends and mother about personal issues but mostly keeps things to herself. Tammy loves horse back riding and has been taking lessons every Sunday for the past two years. She works at the stables one day a week to pay for her lessons and occasionally she is paid to fill in for absent stable workers. She has ambitions to be a horseback riding instructor. Tammy's favourite companion is her cat she described her cat as "an angel sent from God". Tammy does not have a lot of male figures in her life however she is close with her older cousin's boyfriend. Tammy said she would like it if her mother had a boyfriend, but it would depend on what he was like as she was not fond of her mother's previous boyfriend.

Tammy's parents were never married, they separated when she was six years old; Tammy does not remember these early years. Sophie has essentially raised Tammy as a single parent; Jack does not pay child support and does not present himself as a responsible, caring, and loving father. Throughout Tammy's upbringing she has had irregular visits with her father. Before Jack's attempted suicide Tammy began visiting more regularly as she had established a close connection with her father's girlfriend, Karen. If Karen agreed to be home, Tammy visited every second weekend. Karen ended the relationship with Jack after his suicide attempt but Tammy remained in contact with Karen (with the support of her mother).

Since Jack's suicide attempt and separation from Karen he has moved in with his mother. Tammy currently sees her father once or twice a month and talks to him on the phone whenever she wants to. Tammy dislikes smoking and her grandmother is a heavy smoker, consequently Tammy does not enjoy visiting her grandmother's house. Tammy and Jack usually meet in public places during visitations. Tammy's father also smokes but refrains from doing so around Tammy. The relationship between Tammy's mother and grandmother is complicated, in the interview Sophie said it is common for Tammy's grandmother to play the role of "victim" and Tammy agreed with this statement. Tammy sees her grandmother and family members on her father's side a few times a year with the support of her mother.

Family History

Sophie is 49 years of age and was born and raised in the province of Québec, in Canada. When growing up Sophie's father was rarely home due to work commitments. Sophie's mother was the disciplinarian in the household; she was often angry and spoke with a harsh loud voice. Sophie did not have a particularly close relationship with her mother. To Sophie's knowledge there is no history of diagnosed mental illness in her family. Her mother passed away a few years ago but did not inform anyone that she was ill until a week prior to her death. Sophie's father is still alive; Sophie and Tammy visit him on weekends, special holidays, and family events.

Sophie is a production manager at a factory, her job is stressful and she often brings this home. Despite the pressure at work, Sophie claims to like her job. She has a couple of close friends, she visits them occasionally but she infrequently has visitors over to her place. Sophie likes entertaining but does not like to socialize at home because her

apartment is too small and is far away from where friends and family live. She finds it frustrating that Tammy sleeps in her bed as she has limited privacy. Although she is frustrated by their sleeping arrangements, she is willing to do whatever it takes to ensure that her daughter feels safe and loved, therefore continuing to allow Tammy to sleep in her bed.

Sophie is nine years older than Jack. Sophie and Jack's relationship had deteriorated long before Sophie found the courage to leave the relationship. Sophie was fearful that she would not be able to look after Tammy alone, therefore postponing the ending of their relationship. She hit the breaking point, when she felt as though she was raising two children and the financial burden of supporting Jack with his habits became overwhelming. Jack has repeatedly borrowed money from Sophie. To assist Jack's financial needs, Sophie sought help from family and friends and she is still paying off these debts. According to Sophie, Jack has no intention of paying back the money. She reported feeling betrayed by Jack because he was not being honest with her about his drug use. Sophie knew that Jack smoked marijuana but she had no idea that he was using cocaine; she only learned this information when he attempted suicide. She described Jack as irresponsible, unemployed, and incapable of caring for their daughter. Despite her negative feelings towards Jack, she often does him favours and is drawn into helping him against her better judgment. She is afraid that Jack is going to hurt Tammy emotionally. Sophie has usually cooperated with Jack and his family to make visitations with Tammy possible. During the interview, she said she was tired of protecting Jack and expressed the desire to make Tammy see her father for who he really is. Sophie has not had a

boyfriend for two years, but she would like to be in a relationship. Sophie said she is reluctant to pursue a relationship in case she chooses the wrong man again.

Mother-Daughter Functioning

Tammy and her mother get along reasonably well. In the assessment interview Sophie did most of the talking. Tammy tended only to respond when directly addressed, and was more open to talking about her presenting issues when her mother was out of the room. Tammy expressed a positive interest in therapy. The mother and daughter were caught in an enmeshed attachment. They spend most of their spare time together and rarely socialized independently with friends. These attachment issues hindered Tammy's individuation or transformation process. Protection was a common theme in their communications with each other where Tammy protected her mother from worrying by concealing her symptoms of depression and self- harm. Sophie was over protective of her daughter, wanting to shield Tammy from being emotionally hurt by her father.

Therapeutic Goals

Tammy was open to discussing her emotional disposition with me and using art as a way to further release her feelings. She expressed resistance towards trying dramatic techniques. Tammy's goals for therapy were: 1) to talk about her feelings (especially sadness) and self-injurious tendencies. 2) To find ways to understand and resolve these feelings and self-harming behaviours. 3) To have a closer and more honest relationship with friends, especially a particular male friend at school. 4) To find alternative ways to feel safe other than sleeping in her mother's bed. 5) To address the issue of fighting with her mom when she gets home from work.

Sophie was willing to discuss her emotions and temperament with me and was open to using creative interventions with either an artistic or dramatic focus during our sessions. Sophie's goals for therapy were: 1) to help Tammy to see her father's true identity, so as to avoid being hurt by him in the future. 2) To help Tammy to recognize and appreciate what she has done for her. 3) To worry less. 4) To interact differently with Tammy after work. 5) To process the anger she harbours towards Jack, and to be less influenced or manipulated by him. 6) To fulfill her aspirations to be romantically involved, yet she was insecure about the appropriate timing for pursuing such a relationship. 7) To understand her daughter better. 8) To learn to approach Tammy with an open mind.

Structure of Therapy Sessions

The structure of my qualitative research incorporated two phases of therapy as originally intended but the duration and structure of therapy was adjusted to suit the needs of the clients. The mother's issues with control permeated the therapeutic process, she tired to take control and direct how the structure of the therapy would proceed. She frequently cancelled her individual sessions yet brought Tammy in for her sessions and waited in the hall, either avoiding dealing with her personal issues or allowing Tammy more time to see me in individual therapy. At the beginning of the second dyadic session Sophie spontaneously requested that Tammy continue seeing me individually as well as in dyadic therapy and she often changed the time we had available to meet, dependant on her parking metre.

Tammy had six individual sessions before we began dyadic therapy. She attended therapy even on days when she felt sick and was absent from school. Sophie and I met for

two full sessions, before her attendance began to decrease. We met for a total of three full-length individual sessions before we began dyadic therapy. For the third, fourth and sixth weeks Sophie and I met briefly in the hall, and weeks seven and eight were cancelled by Sophie with neither mother nor daughter attending therapy.

Towards the end of Sophie and Tammy's first individual sessions they outlined their preferences for the structure of therapy. I suggested warm-up, action, and closure interventions and the clients chose activities that they felt comfortable doing. For the warm-up, Tammy was resistant to trying dramatic activities so she proposed that we revise the themes and exercises from the previous session. During the action part of the session she requested that we do art activities and have discussions. She specifically asked me to pose direct questions for her to answer. For the closure she chose the *Goddess* activity I adapted from Bair's (2002) book *The Book of Goddesses*. Tammy said she would choose a goddess image and articulate what stood out to her about the image. She then requested that I tell a story inspired by the goddess image and session material. After the story I suggested we turn over the card and read the description and affirmation on the back and maybe discuss the relevance to Tammy's life experiences, emotions, and desires.

For the warm-up, Sophie chose the intervention *Emotional Greetings* (Emunah, 1994, p. 150) and specified that the feelings she portrayed should be emotions that she commonly experienced. During the action part of the session she requested that we do creative activities and engage in discussions. For the closure she also chose the goddess activity, Sophie decided she would choose a card and then tell a story about the goddess

on the card. She intended to emphasize why she was drawn to the image. She then wanted us to turn over the card and read the text and discuss the relevance to her life.

Sophie and Tammy attended seven dyadic therapy sessions out of a possible 13 sessions. In session one the clients shared the structure of their individual sessions before choosing suitable warm-up, action, and closure interventions for dyadic therapy. They chose the *Magic Box* (Emunah, 1994, p. 234) intervention for the warm-up, the story within process (Silverman, 2004) for the action, and the goddess activity for the closure. As mentioned earlier, at the beginning of session two Sophie requested that Tammy continue individual therapy with me as well as dyadic therapy. I agreed to adjust the structure of the sessions to accommodate Tammy's needs and we met for a further five sessions, making Tammy's individual therapy a total of 11 sessions. At the end of Tammy's eighth individual session, Sophie joined us to discuss setting up a follow-up assessment with the psychiatrist and family therapist. After session three of dyadic therapy, the clients attended a follow-up assessment with the psychiatrist and family therapist and Tammy was prescribed anti-depressants. In session five of dyadic therapy, I expressed concern regarding the clients' frequent cancellations, and they promised to attend the two remaining sessions. Despite my intention to follow Silverman's (2004) advice not to interpret the clients' stories, "but rather allowing the client to discover his or her own story within" (p. 129), I felt obliged to focus the clients attention to particular themes in their stories in session five due to repeated cancellations and the lack of continuity that this created. I identified themes from both stories that were relevant to the clients lives, communication, and functioning, to concentrate on in the session. I carefully selected dramatic interventions that focused on the themes through metaphor, projection,

movement, *Role-play*, and *Role Reversal* (Emunah, 1994, pp. 125-126). The activities were inspired by a workshop facilitated by Phil Jones in March, 2007. The psychiatrist made his last assessment of Tammy's progress during session six where he slightly increased the dosage of her medication. During the assessment the doctor recommended that Tammy continue therapy and I passed on a recommendation from the family therapist for a private therapist that Tammy could see until space became available at a Centre Local de Services Communautaires (CLSC). The doctor also advised Sophie to continue individual therapy at a CLSC. In session seven of dyadic therapy and session 11 of individual therapy, we reflected on the entire therapeutic process.

Chapter Five - Major Drama Therapy Interventions Throughout Therapeutic Process

In the previous chapter I introduced the participants in the study, summarized the clients' therapeutic goals, and described the structure of individual and dyadic sessions. The current chapter focuses on the manipulation of distancing through a variety of action-oriented projective techniques that pertain to the clients' personal goals and the overall research goal of facilitating the clients' communication. According to Landy (1986) "the concept of distancing leads most directly into practice through the use of projective techniques" (p. 135) and for this reason, projection is featured extensively in the drama therapy techniques described in this chapter. The literature review highlights action-based approaches as essential components to working with adolescents and as a way to challenge and modify family narratives, in the hope of effecting behaviour, relationships, and interactions. This justifies why I have used action methods throughout the therapeutic processes illustrated below. Chapter six will discuss and analyze the effectiveness of the

dramatic techniques outlined in chapter five in facilitating communication between the participants with a secondary focus on strength, self concept, identity, and at-risk behaviours.

Drama Therapy Techniques in Daughters Individual Sessions

I. Creating an Image of Inner Feelings

In session one I asked Tammy to draw and title an image of her inner feelings. She drew a flower and titled the piece *Dead* (see Figure 1). I had intended to ask her to create embodied sculpts of her emotional responses to the image but due to her reluctance to use dramatic techniques, we discussed the image instead. The image was a projection of how Tammy felt inside; looking at the image prompted Tammy to discuss the frequency of her self-harming behaviours. She said that she felt torn between wanting to stop cutting, yet also feeling compelled to do it. After cutting she reported feeling confused. Cutting helped Tammy to feel something other than her emotional pain but afterwards there was no clarity of thought, or purification of her emotions. In Tammy's final individual session we looked at the image of the dead flower. She remembered she told me in session seven that she stopped cutting and she showed me the scars on her arms that were yet to heal. Upon reflection Tammy said she felt more alive inside nowadays, she only felt dead inside sometimes as opposed to all the time. I gave her the opportunity to create a more appropriate projection of how she presently felt inside, but she declined my offer.

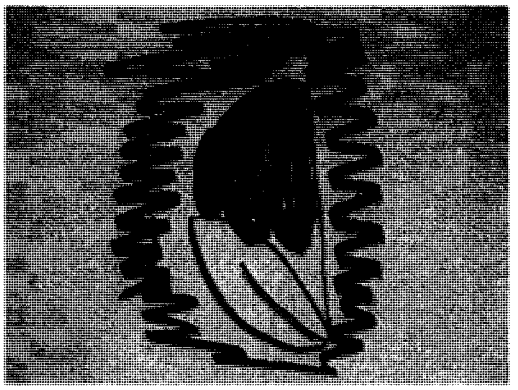

Figure 1 - Dead

II. Card Game

The focus of the second session was to explore Tammy's identity and sense of self, separate from the identities of her mother and friends. I adapted Carrell & Wiens (1993) *Group Card Game* (p. 150) for individual therapy. I dealt the cards with unfinished phrases (P) on them and Tammy completed aloud her answers (A) to the phrases written on the cards (see Appendix C). I encouraged Tammy to give honest answers and participate in discussions about each response. During the card game, Tammy declared that she was ashamed of her self-harming behaviours. She described her feelings of sadness and anger and revealed her desire to commit suicide. It was a positive sign that she was able to discuss her aspirations and ambitions for the future but she admitted that she was uncertain about how long she could contain her feelings before giving up on life. Tammy opened up about why she was fearful of sharing her emotions with people. In the past Tammy reluctantly approached her cousin for help and support, but she felt betrayed and rejected by her cousin. This contributed to Tammy's mistrust in people, being extremely cautious about asking for help or sharing feelings. She does not feel as though her friends care enough about her to truly listen and be there for her when

she needed them. She also discussed how she censored her opinions to please her family and friends and to avoid confrontation with them. The card game uncovered Tammy's deceptive communication with her mother, as she expressed guilt over frequently lying.

Tammy's responses revealed that her self-worth was low and thus she did not confidently claim an identity separate from the identities of her mother and friends. She fitted into the traditional pattern for girls of a low self-concept and self-doubt. Surprisingly, she shared her ideal identity for the future; she said she would like to be a happy, honest, and loving person with a career in horse back riding instruction. She hopes to one day own a house on acreage, marry, and have children (boys). She believes that some people think she is weird while others perceive her to be happy and content with what she has. She claimed not to like people who are dishonest, which indicated that she despises herself for not being honest with others. In session 11 we revised Tammy's feelings towards this intervention. She said she enjoyed the card game as it helped her to better understand and shape her identity.

III. Self Box

The second creative intervention applied in session two was the *Self Box* (see Figures 2 & 3). Tammy created her own self box, the outside of the box represented how others perceived Tammy and the inside of the box represented how she viewed herself. Tammy chose the smallest box from a variety of choices. The exterior of the box was painted with bright colours and images (see Figure - 2) whereas the interior was painted with dark colours and images (see Figure - 3). Tammy said that people at school had a false image of her. They thought she was happy, talkative, and sweet. In contrast Tammy viewed herself as "sad and mad". The boxing gloves on the outside of the box represent

her protective or "mean side", the part of herself that protests when people are disrespectful to her or her friends. Tammy said she felt sad and empty when she looked at the self box she created.

In Tammy's final individual session we reviewed her feelings in regards to the self box intervention. Tammy claimed that she was sharing her inner feelings with friends more often (since session eight) especially with friends online. She said her friends at school were able to identify her moods and she was more willing to discuss her feelings with them. She claimed that she wasn't as confused about her feelings of sadness or anger anymore. Before coming to therapy she used to feel sad all the time without knowing why, but upon leaving therapy she had a better perception of why she felt sad.

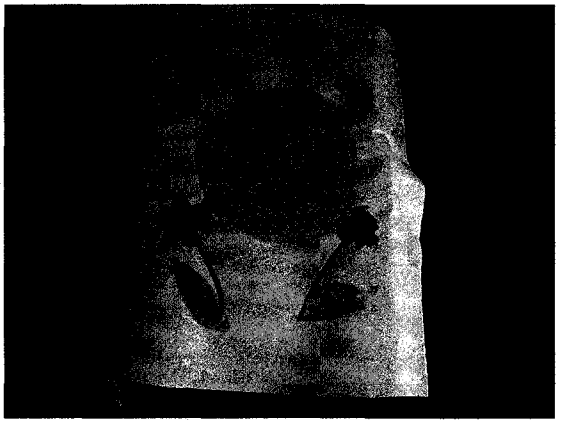

Figure 2 – Exterior of Self Box

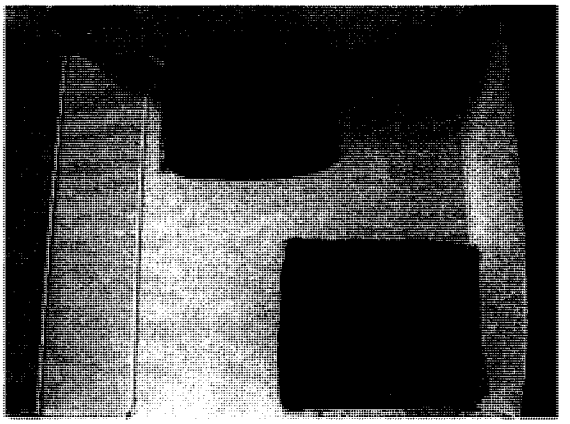

Figure 3 – Interior of Self Box

IV. Music Messages

In session one Tammy described the strong connection she felt to music, she said she often listened to music that related to her life experience. In session two I asked Tammy to bring in music for the next session, songs that she listened to at home when she was sad. Session three was the final session before the break, Tammy instructed me to listen to the three songs she brought in, pay special attention to the lyrics and then

relay the message of each song to her. The songs had positive messages of finding the courage to continue living even when life seemed overwhelming. The songs also communicated the message of needing to be loved and supported. I reflected these messages to Tammy and we discussed using music as a coping strategy when she felt sad or had suicidal thoughts over the break. In session 11, Tammy revealed that at home she regularly listened to the music she shared with me, to foster strength and resilience.

V. Guided Imagery

Tammy expressed anxiety about the break from therapy and in response to her anxiety I led a visualization to help her create *A Safe Place* (Ayalon & Flasher, 1993, p. 72) in her mind where she felt happy, safe, and calm. Similarly to the music intervention, we discussed using this special place as a coping strategy when she felt sad or had suicidal thoughts over the break. In session four Tammy said she tried to go to the special place in her mind over the holidays but without much success. She said she felt sad during celebrations so she drifted off to her special place. Her mother's friends or family commented that she was day dreaming and missing out on what was going on, so she stopped trying to use the special place in her mind when she felt sad. In session 11 Tammy reiterated that she rarely visited the imaginary place she created through the guided imagery, to calm her feelings.

VI. Embodied Sculpts

During session four we used the intervention *Sculpting* (Emunah, 1994, pp. 211-214). I instructed Tammy to use my body to sculpt moments from her holiday. She created two contrasting images with her mother and father. For the image of her mother she directed me to stand with my mouth open, to create an image of her mother yelling.

For the tableaux of her father she directed me to put my hands in the air as if cheering, to create an image of a happy moment at a hockey game.

In session 11, when Tammy thought about the contrasting tableaux's she created of her holiday experiences with her mother and father, she realized that her attitude towards her parents had changed. She said the fun she had with her father was superficial and fake, when she looked beyond the surface she realized that it was her mother who made most of the fun activities and visitations possible with her father. For example Sophie was given tickets to a hockey game through her work and kindly suggested that Tammy go with Jack. It was also her mother who paid for Tammy's 16th birthday dinner with her father. She said her father was irresponsible, and inept at fulfilling his duties as a father. She felt an accumulation of hurt and anger towards him, she said she did not want to continue regular visits with him and that she hoped that one day she would have the courage to communicate to him how he had disappointed her. I suggested that instead of directing her anger onto him, she had directed it internally onto herself and she agreed that this was a possibility. She said that she wanted to be in control of when and how she saw him and wanted her mother to stay out of this process. She gave me permission to discuss this in dyadic therapy with Sophie. She also claimed that her mother was still grumpy when she got home from work and had stopped taking time alone when she arrived home. Tammy also granted me permission to discuss this in dyadic therapy. In general she said her mother was yelling less, was trying to improve her self-esteem and self-concept, was excited about moving into the new apartment, and was easier to talk to about her feelings.

VII. Journal

In session six, Tammy initiated a way for her and I to stay connected during the dyadic therapy. She brought in a *Journal* and suggested giving it to me every week to read at the end of the mother-daughter sessions so she could continue to reveal her private thoughts and feelings to me. She asked me to read the journal and tell her what messages I gained from reading it. Her journal exposed her self-harming behaviours, her suicidal thoughts, and her low self-concept. I reflected how sad I felt after reading her journal and thanked Tammy for letting me into her private world. I hypothesized that Tammy did not value herself or think that she was worthy of peoples love and attention. Her journal suggested that she didn't understand why people would want to care about her and that it would make it easier if they didn't because then she would feel less guilty about hurting herself. I reflected how scary she must have felt, empathized with her position, highlighted her strengths, and tried to help her understand why people cared about her.

VIII. Creating an Image of Inner Feelings

Tammy cathartically cried during session six, she said it had nothing to with anything I said but that she just felt really sad. I sat with her while she cried and reassured her that it was okay to let it out. After she sopped crying she created an image of a broken heart (see Figure 4). She said she didn't feel anything when she looked at the sculpture. I asked if she felt

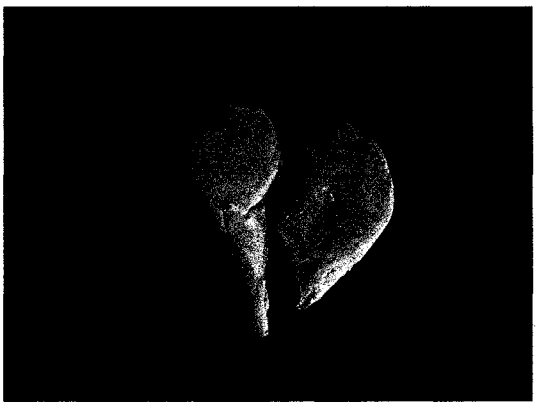

Figure 4 – Broken Heart

empty inside and she agreed. In our seventh session I discovered more about her relationship with a boy online and the reason she felt broken hearted. She had become attached to the boy, she trusted him with personal information, and found herself fantasizing about being in a relationship with him. She told a friend from school about her feelings. Her relationship with him changed when her friend (who was also chatting to the same boy online) told the boy that Tammy liked him. Tammy had not intended to tell him about her feelings and she felt betrayed by her friend, she also felt rejected by the boy's reaction, he said he only liked her as a friend. Although she was aware that he lived too far away to pursue a relationship with him she felt unloved and hurt by his reaction. She then told me her history with boys, revealed that she currently had a crush on a boy at school and cried numerous times throughout the session.

Drama Therapy Techniques in Mothers Individual Sessions

I. Emotions Greetings Warm-Up

At the beginning of session one Sophie was nervous so I suggested we do a short drama therapy exercise titled emotional greetings. I chose emotions that Sophie may have been feeling at the time. The purpose of this exercise was to break the ice and investigate Sophie's attitude towards using dramatic interventions in our sessions. Sophie reacted positively to the activity. For the rest of the session I intended to address whether Tammy's adolescence had revived feelings from Sophie's own adolescent years. However, Sophie seemed reluctant to talk about her adolescence. I stayed in the here-and-now where Sophie seemed to be most comfortable. I empathized and reflected Sophie's traumatic experiences while highlighting her strength and resilience to survive.

In the warm up of session four Sophie said she was feeling "for the first time, ok, not sad, not angry, just, ok. It's true I feel different today, its funny everything just kind of left when I walked in here". The emotions expressed in the warm up provoked Sophie to tell me that while she was waiting in the hall she spoke to my supervisor and told her that she could see a difference in Tammy. She claimed that it was not as stressful at home, and that she herself felt less grumpy. Sophie said that Tammy told her that the therapy was helping "so if it is helping her it's helping me". Sophie revealed her new year's resolution in session four; she vowed to try and like herself more and to routinely exercise. Sophie acknowledged that an improved self-concept could benefit both herself and her daughter. This accentuated her longing to be a good role model for her daughter.

II. Creating an Image of Inner Feelings

At the beginning of session two Sophie entered the room and asked me if I had a punching bag. This prompted us to explore the anger and hatred she felt towards Jack. I suggested that she create a drawing of her anger. At first she had trouble constructing the image so I asked her to close her eyes and touch a place on her body where she felt the anger. She pointed to a place on her body between her chest and stomach. I asked her to concentrate on what colours appeared and to see if an image formed in her mind. When she could visualize the image I asked her to open her eyes, shake off the feeling of anger, and draw the image (see Figure 5). Jack made her feel like there was steam coming out her ears and as if she was going to explode. I asked Sophie to respond to the image with an embodied sculpt accompanied by sound. Then I mirrored her movements and sounds.

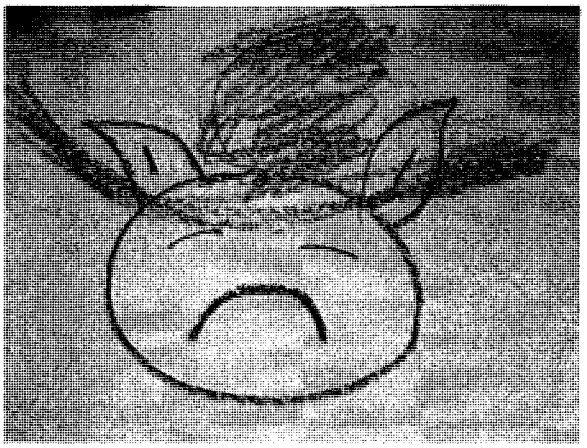

Figure 5 - Anger

After creating the image and embodied sculpts we moved on to discuss other issues that related to the theme of anger. Sophie said that although she had noticed a change in her interactions with Tammy since beginning therapy, she wanted to further improve her communication with Tammy. Sophie claimed that Tammy had been more helpful around the house that week and there had been less conflict between them when she arrived home from work. After commuting home from a hard day at work Sophie felt tired, hungry, and short tempered, Tammy wanted her attention but the dishes needed to be done, the dinner needed to be made, and the table set. I assured Sophie that this was a time commonly "fraught with stress and chaos" (Stack, 2008, ¶ 4) in most families. I explained to Sophie that numerous work-family experts label the transition from work to home or from school to home, as the *Witching Hour* (Stack; Flynn, 2008). Sophie was relieved to hear that she wasn't alone in her feelings and we brainstormed possible ways to feel rejuvenated after work. Sophie decided that she needed a few minutes alone when she got home from work, where she could take time for herself.

III. The Magic Box

After Sophie created an image of her anger (see Figure 5) in session two, we used the dramatic intervention the magic box to symbolically contain her emotions. We pulled down an imaginary box; Sophie put her anger in the box and took out hope, we closed the box and sent it back up where it came from. Sophie's quest for hope demonstrated her willingness to change. We brainstormed positive ways to overcome her feelings of anger towards Jack. Sophie focused on exercise and socializing as possible solutions. She also discussed the importance of limiting her contact with Jack to decrease the chance of being manipulated by him.

IV. Role-Plays

In session two we role-played how Sophie could communicate to Tammy the difficulty she had shutting off her work related stress. In the role-play she wanted to propose that she take at least five minutes alone when she got home from work and that she and Tammy should make dinner together more often. Sophie played herself in the role-play and I played the role of her daughter. We tried the role-play three times. In the first role-play Sophie bombarded me with information. In the role of daughter, I reflected to Sophie that I felt overwhelmed by her communication style and consequently I wasn't sure how to respond. The second role-play allowed for more give and take in the conversation but in the role of daughter I felt obliged to agree with Sophie, rather than stating my opinion. We discussed the type of phrasing that Sophie used ("You need to give me…") and how this may have contributed to the way I felt. In the final role-play Sophie used more "I" statements, took responsibility for her anger, and asked Tammy what she thought about her ideas. She praised Tammy's efforts to be more helpful around

the house and especially emphasized how much she enjoyed it when they cooked together. I reflected that in the role of daughter I felt happy and appreciated, I was willing to accept Sophie's ideas and offer my opinions about cooking together. In session four Sophie reported that she had the conversation with Tammy. She said the discussion went well and that since their conversation Tammy independently cooked dinner. Sophie reported being pleased with Tammy's efforts to be helpful and cooperative in the kitchen. She also said that taking some time alone when she got home from work had been successful in that she has been less inclined to take her frustrations out on Tammy.

V. Communication Diagram

I made a diagram in session four of the communication between mother, father, and daughter to explain their current family dynamic. I wanted to accentuate how Sophie had positioned herself between father and daughter to try to prevent Tammy from being hurt. We discussed the importance of Sophie limiting her advice giving and interaction with Jack so she could concentrate on being there for Tammy emotionally. I emphasized Winnicott's (1971) theory of good enough mothering and assured Sophie that it was not her responsibility to prevent Jack from making mistakes; instead she needed to be there for Tammy if he did. I drew on the reading I had given Sophie before the break "Your Teenager's Mind" (Underwood, 2006) and *How to Talk so Kids will Listen and Listen so Kids will Talk* (Faber & Mazlish, 1999). I encouraged her to listen and empathize with Tammy when she talked about her feelings and act as a surrogate frontal lobe, to help Tammy make sense of her emotions, to model skills of flexibility, tolerance, and problem solving. I helped her to see that it was her duty to show Tammy that mothers are not always perfect and able to control everything in their child's lives. I explained how this

could help Sophie reach her therapeutic goal of Tammy seeing her father for who he really is and help Tammy to be more aware of her father's deficiencies as well as the imperfections in greater society.

Drama Therapy Techniques in Dyadic Therapy Sessions

I. Magic Box Warm-Up

Before we even began the first dyadic session Sophie threatened to leave the room because Tammy was laughing at her. I diffused the situation and we began the therapy session with the magic box intervention. Sophie dumped her stress from work into the box. Her expression was overdistanced because she shared something that she frequently and openly talked about. Tammy did not help to imaginarily remove her mothers stress to be deposited in the box. Initially, Tammy asked to put something secretive in the box but I encouraged her to choose something that she felt comfortable sharing. Her expression was underdistanced as she disclosed feelings that she often kept concealed from her mother, she emptied her feelings of anger into the box. Sophie took sunshine out of the box to help with her stress, while Tammy took out the uplifting feeling that horses gave her. Sophie sarcastically took out horse manure to give to Tammy and made a joke about it. I took out reassurance that the therapy would progress successfully and be meaningful and helpful. When I asked if we needed to remove or add anything else from the box, Sophie said "I have a weird feeling that us working together is not going to be as easy as I thought it was going to be. She'll laugh too much (pointing at Tammy)." Tammy assured her mother that it was a "...good laughter not a bad laughter. It's not like when you hurt yourself and I laugh at you". I suggested that we needed to give the therapy a

chance; we took patience out of the box and vowed not to be too sensitive to small things that happened in the sessions.

During the warm-up of the final mother-daughter session (session seven) Sophie politely asked Tammy if she wanted to take her turn first. For the first time Tammy accepted her offer without hesitation, and I suspect that it was because of the courteous way in which her mother asked her and her increased comfort in the therapeutic space. Sophie was surrendering some of her control and was aware of her tone of voice when communicating with Tammy. After the warm-up we discussed the mother-daughter therapy and their impression of the therapeutic process. Sophie said "yeah I've had a blast, (she laughed) I come here and I just let it all hang out. It is one place where I didn't feel too shy". Tammy said "it was ok, at first it was weird but then it was ok".

For the final dyadic therapy session I described the warm-up as the clients' last chance to dump anything they didn't want to carry around with them into the magic box. Tammy put in her worries about her upcoming horse riding competition while Sophie unloaded her tendency to worry about everything and commented that the box must be overflowing with all her worries. I put in my concern that the clients still had work to be done to fulfill their therapeutic goals. Tammy took out power and luck for the competition, her mother jokingly took at horse manure and gave it to her for good luck, and I took out an imaginary first prize to give to Tammy. For herself, Sophie took out less worry, she said "I want to have a worry free and stress free life". For both clients I took out a wonderful home environment with a positive energy, a home that was social, loving, and comforting. Sophie's attitude seemed to be considerably more positive than at the beginning of the therapeutic process; she discussed creating a more balanced lifestyle

for herself and made the following statement "when you change your outlook on life you attract more positive experiences".

II. Name a Song That Represents How You Feel

In the second mother-daughter session Sophie was in a happy mood. She entered the room singing *Love is in the Air* and exclaimed that the song was indicative of how she was feeling. I asked Tammy if there was a song that best represented how she was feeling and she nominated *American Idiot*. The session seemed well balanced between light, playful topics and deep, serious issues; there was laughter and discussions about dreams or fantastical ideas, interspersed with honest disclosures. Sophie identified similarities between their adolescent experiences and their comparable struggles with self-esteem issues. Sophie shared her belief that life was slowly changing for the better, and she articulated some of the positive changes she had noticed in herself and Tammy. Sophie had been exercising more, she had noticed a different atmosphere at home, she didn't feel as grumpy as she used to, and the prospect of finding a boyfriend seemed attainable as two men had asked her out on dates in the last two weeks. As for Tammy, she noticed that she had made a new friend at the stables, she had invited friends over next week to socialize, she was talking about working regular shifts at the stables to save money for a horse, she was helping more around the house, and although she felt her heart was breaking, she was revealing her interest in boys for the first time. Sophie made a bet with Tammy that by the end of the year she would have a boyfriend. Tammy was convinced she would loose the bet but her mother remained playful and hopeful and said that Tammy would be pleasantly surprised when she won the bet. There seemed to be a strong focus in the session on the similarities and differences between mother and daughter,

there also seems to be positive movement towards becoming separate individuated people.

III. Fluid Sculptures

We used the playback theatre technique *Fluid Sculptures* in session three to embody the clients' feelings about Tammy's impending 16th birthday. Sophie expressed feelings of excitement mixed with sadness because she was thrilled yet miserable about her little girl growing up. Tammy also expressed ambivalent feelings towards her birthday. She was excited about celebrating, but worried that her 16th year might repeat the experiences of the previous year. Tammy attempted to embody her emotions for the first time in the therapeutic process, she gave it her best attempt but was inhibited, she preferred watching her mother and I perform for her.

III. Embodiment Activities

The warm-up of session five titled *Line Repetition* (Emunah, 1994, p. 146) focused on the themes of control, conflict, projection, and status. The second time we did the warm-up, Sophie challenged Tammy to take her turn first. When Tammy refused, Sophie questioned why she was always expected to lead each activity. Tammy demonstrated her powers of manipulation to get her own way, whilst Sophie exhibited her stubborn yet surrendering temperament. Sophie eventually gave in when Tammy insisted that she go first, Sophie said to me "see, this is what I get, when she wants something she starts whining".

For the action part of the session, the clients participated in a variety of embodiment interventions. Throughout the session Sophie complained of having a sore knee but was certain she could participate in physical activities. The clients began by

massaging eachother's hands. I demonstrated the techniques to use when massaging and instructed the person being massaged to keep their eyes closed. At first Sophie had to tell Tammy she was being too rough. When it was Tammy's turn to be massaged Sophie tried to lift up her sleeve but Tammy quickly pulled it down to cover her scars. After massaging, they were instructed to stand together with their fingertips touching and to mirror eachother's movements, taking turns leading and following, and experimenting with separating and coming back together. During the mirroring exercise Tammy did not seem to want to let go, at first Sophie encouraged her to release herself, she asked her if she understood what we were doing, but after a short time Sophie became anxious when Tammy wouldn't separate from her and she asked me to elucidate the instructions. Next, the clients were requested to create sculpts to show their feelings about the activity. I took turns replacing the clients so they could witness the tableaux. Sophie said she felt "silly in a good way, it was fun" but Tammy's image represented that she felt "weird" doing these activities. The activity that followed required the clients to mold each other one at a time into frozen positions, they took turns *Witnessing* (Jones, 1996, pp. 109-112) and counting down from ten to one as their partner moved. Afterwards they discussed the meaning they obtained from the *Ten Second Movement Sequences* and shared what it felt like to witness and be witnessed. We repeated the activity and surprisingly Tammy volunteered to go first. The third time we repeated the activity the witness incorporated herself into her partner's story.

IV. Finger Puppets

We used *Finger Puppets* in the warm-up of session six, Sophie chose a toucan bird and the puppet told us about her stressful day at work. The Toucan said it was a

demanding day because her bosses were planning for a business trip and ordered Toucan to fly around and do lots of jobs for them before they went away. The Toucan said her bosses were vultures that preyed on the weak then she added that they were ugly creatures, half vultures, half hyenas that preyed on the frail and the dead. Tammy chose the giraffe. Mr. Giraffe told us that Tammy found out that day that her best male friend has known the boy she has a crush on (John) since pre-school. She was worried that some of her friends knew John because now when she spoke about him they would know who she was talking about. The Toucan suggested she use a code name and they brainstormed possible names to use. I asked if John had a girlfriend and Mr. Giraffe said he did.

V. Imaginary Toast Closure

We closed the final session with a dramatic closure exercise titled *Toasts* (Emunah, 1994, p. 245). We made a toast with plastic wine glasses, Sophie toasted us and said "I'm glad for the time that we had and I hope we can keep in touch in the future. I think it helped me, I don't think she is as sad as she used to be (gesturing towards Tammy). We are changing the shit in our lives". Tammy kept it short with a simple "thank you". I said "I think you are both very brave, very strong, very resilient, very powerful women, I think you have both been through a lot of struggles but you've managed to come out on top. There is work to still be done but we have started something good here and I wish you all the best in your future endeavors".

The Story Within Process in Individual & Dyadic Therapy Sessions

I. Choosing the Stories

The clients' inability to select stories in their own time postponed the commencement of dyadic therapy. I was hesitant to collect stories for the clients to

choose from due to Silverman's (2004) statement about the importance of clients personally selecting stories that are right for them. The clients however, requested that I bring in stories for them to decide from; I collected a variety of traditional fairytales, native stories, Greek and other ethnic myths. When selecting the stories I tried not to choose ones that I thought had relevance to the clients, instead I picked stories and anthologies randomly. In their final individual sessions before dyadic therapy, the clients chose their stories. Sophie decided upon *The Ghost and Lone Warrior* (Taylor, 1991), she chose the story quickly and without much contemplation. Sophie was drawn to the title and picture on the front of the book. At first Tammy chose *American Horse* (Erdrich, 1983) however, in the first mother-daughter session Tammy changed her mind and selected *Little Water and the Gift of the Animals* (Taylor, 1992) instead of her original choice.

II. Making the Masks

The clients were asked to work independently on making their masks in session one. Tammy created a mask of the Wolf in her story (see Figure 6); the Wolf was a companion to the young hunter named Little Water and both characters had special gifts. Little Water was able to talk to the animals but unlike the other animals the wolf could read Little Waters thoughts without a word being passed between them. Sophie made a mask of the main character in her book called the Lone Warrior (see Figure 7). At the beginning of the story the Lone Warrior was the leader of the hunting group but by the end of the story he was named the chief of his tribe by the spirit of his ancestor. At the end of the session Tammy commented that her mask looked more like a cat then a wolf, whereas Sophie seemed to be proud of her mask.

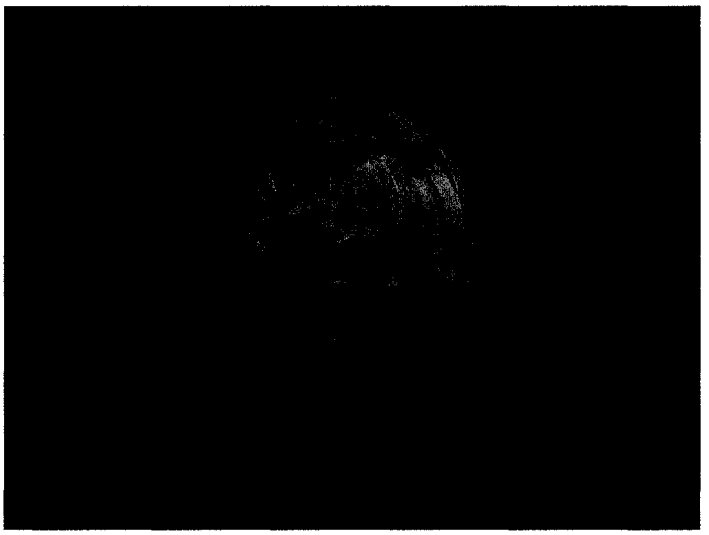

Figure 6 – The Wolf

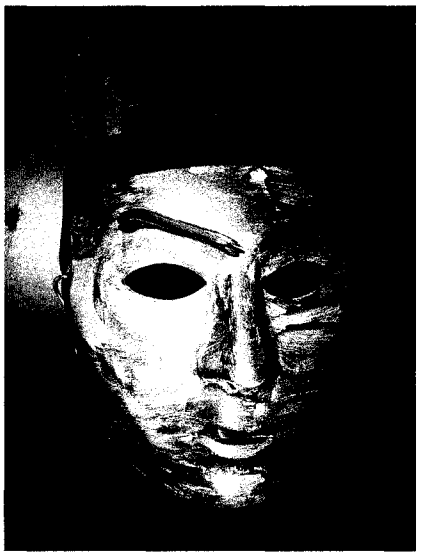

Figure 7 – The Lone Warrior

The clients worked quietly and independently while making their masks, but toward the end of the session Sophie revealed that she felt uncomfortable with the silence in the room and asked if we could talk as we worked. Tammy agreed and we talked about her ambitions for the future. In the discussion I learned that since grade six Tammy had been placed in programs for children with learning disabilities because she had difficulty with reading, writing, and mathematics. Sophie praised Tammy's intellectual ability but gave possible reasons why she was not excelling at school, such as infrequently completing her homework. Tammy was convinced that she wanted to work with horses in the future but she wasn't sure of the specific job she wanted to do and she was concerned her school results would limit her choices of careers.

Tammy told us that she was inspired by a television documentary that she watched where animal-assisted therapy was implemented with children who had disabilities. She said that she wanted to do something similar but with "kids that have problems at home, but they can't speak to anybody" about their problems. She shared her

idea of facilitating a program where at-risk youth interact with animals and learn about the animals past experiences. Tammy explained that numerous horses at the stables where she worked came from "bad backgrounds" they had been mistreated by their previous owners and some of them were visibly scarred. Tammy was convinced that being at the stables had helped the horses to build their strength and to heal both their psychological and physical wounds. Tammy was hopeful that learning about the animal's traumas could encourage the young people in the program to open up about their own traumatic experiences and consequently help them to feel less marginalized. Sophie agreed that "horses are good therapy" and she opened up about her own dream to run a soup kitchen. I reflected on their compassionate natures and their similar goals to help people and animals.

III. Conversations with Masks

At the beginning of session three we discussed the importance of trusting the creative process without looking too deeply for a message. I instructed the clients to set up their masks in separate parts of the room and have an imaginary conversation with their mask. I asked them not to force the conversations and to wait until the words just began to flow naturally. The clients recorded their conversations (see Appendixes D & E) and discussed their experiences of the creative intervention. Sophie said she treated the mask like an old friend; their conversation was about Sophie's overwhelming stress at work and lack of sleep. The mask told Sophie that she needed to take better care of herself and treat herself to more relaxing and rejuvenating activities. The masks recommendations reminded Sophie of advice she was often given by friends. She said she enjoyed talking with the mask however eye contact and facial expressions were usually

important aspects in her communication with people, so it felt strange and somewhat cold to look into the hollow eyes of the mask. At first Tammy felt uncomfortable talking to the mask, but as the words began to flow she relaxed into the conversation. She said she usually felt uncomfortable making eye contact when communicating with people but she felt less threatened talking to the mask. The mask complained about how unattractive it felt and Tammy tried to convince the mask that this wasn't true. She said the conversation reminded her of how her friends reacted when she called herself "ugly" or put herself down.

IV. Creating the Environments

In session four I asked the clients to select a specific moment from their stories that they felt most drawn to and create the physical environment where this part of the story took place. The clients transformed the therapy room and built the settings with art work, fabric, musical instruments, objects, or whatever was needed to bring the characters environment to life. When they had created their environment they were asked to photograph them and state an emotion that the place evoked for them (see Figures 8 & 9). Next the clients enacted short scenes and took turns directing eachother. The clients also directed the therapist in their scenes. Tammy chose the moment in her story when the storm had just passed and the moon came out and cast light over the forest, Little Water lay near the rock where he had fallen and hit his head. The boy's friend (the Wolf) found Little Water and howled for all the animals in the forest to rush to Little Water's aid. Each of the animals gave a part of themselves or secret medicines to save Little Water's people from the sickness that plagued them (Taylor, 1992). Sophie's scene was the moment when the Lone Warrior's friends were setting off to hunt. It was the morning

after the Lone Warrior had hurt his ankle and it was so swollen and hurt that he could not walk on it. His friends made him comfortable by building a *lean-to*, a shack supported at one side with an inclined roof, against the mountainside, and left him with firewood and food to eat (Taylor, 1991).

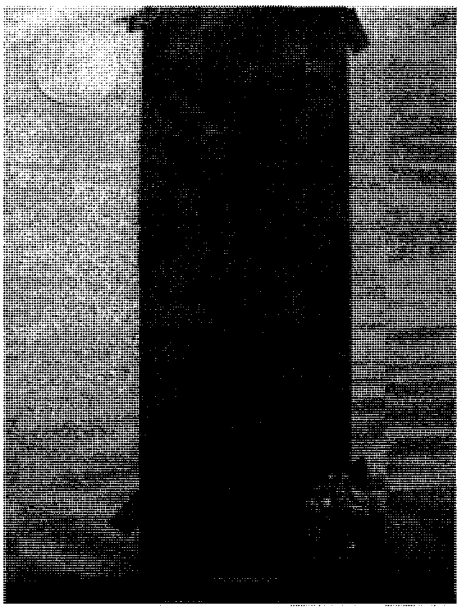

Figure 8 – The Wolf Environment

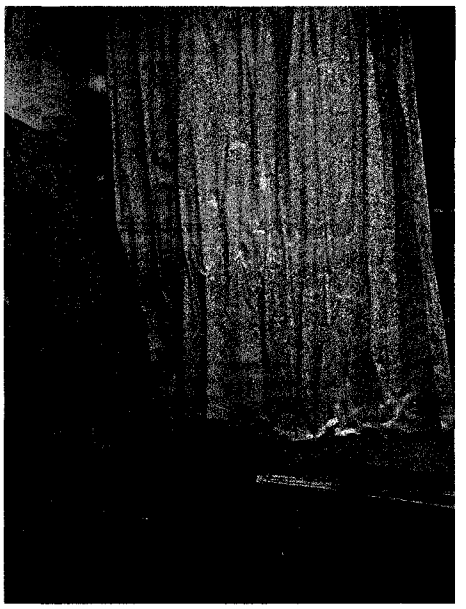

Figure 9 – Lone Warriors Environment

The clients each made up one line of dialogue for their scenes. The Wolf said in a worried tone as he lent over Little Water's unconscious body "you've got to get better soon because you have to save the village". Tammy did not want to put the mask directly against her face so she held it a few inches away from her face while in character. Tammy enacted the scene first and then directed her mother in the role of the Wolf while she played the role of Little Water then Tammy stepped outside of the scene and directed me in the role of Little Water. She witnessed the scene and made changes until it felt right. In the roles of the Wolf and the boy Sophie and I reflected upon how it felt to play these characters, Sophie said she felt worried about Little Water and I said I felt helpless

to change the situation. Tammy agreed that she felt the same as her mother and therapist in these roles.

In Sophié's scene the Lone Warrior said painfully to his friends as they waved him goodbye "I hope I feel better soon, I'll come and join you for the hunt when I am better". First, Sophie enacted the scene in the role of her character and then directed her daughter in the role of the Lone Warrior while she played the role of his friends. Subsequently Sophie stepped out side the scene and directed me to enact the role of friends. She witnessed the scene and made changes until it felt correct. Tammy had difficulty describing how she felt in the role. I reflected that in the role of the Lone Warrior's friends I felt worried about him because I had never seen him so vulnerable before. I was also happy to have been given the opportunity to help him because he was usually too stubborn and independent to accept my help. Sophie reflected that in the role of the Lone Warrior she felt a great deal of pain, helplessness, and guilt when her friends went off to hunt without her, but she was hopeful that she would get better soon and be able to help her friends complete the hunting expedition.

V. Role-Plays and Role Reversals

In session six, I pointed out to the clients that protection was a theme common in both stories; we used character development, role-reversal, and role-playing techniques to explore this theme. Both the Lone Warrior and Little Water were protected in the stories but left to carry out their final tasks alone. The Lone Warrior was protected by the ghost of his ancestor who was once a great chief of his people. The ghost informed the Lone Warrior that his friends were killed by enemies in an ambush while hunting; he said he had made him fall and hurt his ankle to protect him from being killed because his people

needed a strong leader. The ghost told the Lone Warrior that he believed in his leadership skills and sent him home alone to fulfill his destiny. Whenever the Lone Warrior was tired he would go back to the place where the ghost had appeared to him and he would feel the ghost with him, encouraging him (Taylor, 1991). Little Water awoke after hitting his head and the Wolf explained that the animals had shown him what he must do to save his village's people. Little Water could not remember the animals' secrets but the Wolf assured him that he would know what to do when the time came (Taylor, 1992). When we enacted the scenes Sophie's character denied needing protection at first and then she asked the ghost if he was sure she could lead her people, whereas Little Water was worried that he needed more help and protection to complete his task, he exhibited signs of self-doubt. The Wolf comforted the boy and convinced him that he believed in him. Both the Wolf and the ghost said they would always be there for the protagonists in spirit so they could draw on their strength whenever they needed to.

VI. Connecting the Themes in the Stories to Real Life Experiences

In session six the issues of control, projection of emotions, protection, communication, separation anxiety, socialization, adolescence, dating, and sleeping arrangements were discussed. At the beginning of the session we focused on the positive impact they anticipated that moving would have on their lives and their ability to achieve their relationship and personal goals. We also made comparisons and connections between the dramatic work done in the previous sessions and the client's real lives.

Sophie and Tammy discussed their collective and individual feelings towards the man Sophie was dating. Sophie and Tammy chatted about the relationship excitedly; they were especially energized when they spoke about their outing last Friday night for dinner

and furniture shopping in preparation for moving. At a point in the discussion, Sophie asked Tammy's permission to go out with him, alone, one Friday night. Tammy said no, because she didn't want to be home alone at night. Tammy compromised when her mother pointed out that this would become problematic because he was going to want to have some time alone with her. Tammy replied "you can stay out until nine or ten o'clock". Sophie exclaimed while laughing "I have a curfew?" Sophie said to me "that's why I want her to go out, well not that I want her to go out, but, like, let's say I want to go to dinner and we don't go to eat until seven o'clock I won't be home at nine, you know? Maybe she should have a little friend over". Tammy interrupted in an annoyed tone at first but then she became more excited when she realized there was a television program on late on Friday nights that she wanted to watch, so she changed her mind and said her mom could go out. I emphasized that there seemed to be a reversal of mother-daughter roles. Tammy tried to convince us that she was joking but I disputed this and said that there seemed to be some seriousness behind what she was saying and her mother agreed. Tammy reconsidered her position and said "if it is a Friday, ok, but other days, no, other days I like it when you're home". Sophie replied "well during the week I like to be home, I work early in the morning". Tammy responded "Friday you can go out, I don't care, just don't come home at one o'clock drunk or something". I reflected on Tammy's juxtaposing potions, on the one hand she felt scared of being left home alone at night but contrastingly she wanted her mom to have a boyfriend. I outlined the steps involved in beginning a romantic relationship, for example, the process of balancing family, work, and friends with dating, privacy, and intimacy. I emphasized how the Friday night dating and curfew restriction could hinder this process. I asked Tammy how

she felt about inviting a friend to sleep over on a Friday night. She said that all her friends had boyfriends and wanted to spend time with them rather than with her.

After the follow-up meeting with the psychiatrist we discussed the theme of protection present in Tammy's native story and made connections to her real life experiences. I put emphasis on Sophie's tendency to overprotect Tammy and Sophie launched into a monologue on this topic. She claimed that in the past friends had told her that she was over protective; she revealed how much this annoyed her because she felt as though she was doing the best job she could to raise her daughter. She began to cry for the first time in the therapeutic process. She said "it is really hard to hear criticism". She justified her over protective behaviour by saying that she was by herself and she didn't want anything to happen to her daughter, she always felt as though she had to compensate for Jack's irresponsibility and incapacity to protect his family.

Until recently Sophie didn't believe her friends, but lately she has come to the realization that her friends may have been right. She said she wished she could have been more open with Tammy earlier in her development but she admitted that she was afraid it would have done more damage than good. Sophie claimed that she started being more open and honest with Tammy after the incident with Jack three years ago. She became conscious that she couldn't protect Tammy from everything that happened, it made her realize that she had to be truthful with Tammy, and recognize that she was growing up. Jack disagreed with Sophie on this issue but Sophie recently told him that she couldn't continue to deceive her daughter and deprive her from knowing the truth about her father and the misfortunes that transpire in life.

In the session she revealed that even though she was over protective she wanted Tammy to socialize with friends. She offered to drive Tammy to places and pick her up, she said "even if you had a boyfriend and you wanted to go out on a date, I'm not going to chaperone you, I'll drop you off and I'll pick you up later, that's all". Tammy fantasized about what it would be like to have a boyfriend and receive her first kiss. Tammy said she didn't want to go out because she didn't feel good enough within herself. Her mother used the metaphor of it being a chore for her to go out and Tammy agreed. Her mother suggested that she invite friends over instead, with no alcohol involved. This prompted a discussion about drinking, dating, sex, and socializing with friends. Sophie said her mother didn't talk to her about these issues but she wanted Tammy to be better informed than she was at her age.

We discussed the theme of protection present in Sophie's native story and made connections to her real life experiences. I suggested that Tammy often protected her mother but Sophie was unaware of how Tammy sheltered her. I explained that when the ghost appeared to the Lone Warrior and told him he had protected him from being killed, the Lone Warriors initially reacted aggressively and tried to convince the Ghost that if he had been with the others maybe he could have prevented their deaths. I proposed that Sophie often reacted this way when Tammy tried to talk to her about her feelings. Sophie said she worried about everything and Tammy nodded her head in agreement. I hypothesized to Tammy that when she tried to talk to her mother about her emotions Sophie reacted abruptly, exhibited signs of stress and worry, and scrambled to solve the situation. As a consequence Tammy felt guilty for saying anything to her mother and tried to cover up her emotions by pretending it wasn't true or telling her mother to forget

about it. Consequently the roles were reversed with Tammy taking on the role of caregiver. Tammy tied to calm her mother's anxiety but as a result she walked away from the situation feeling worse.

Sophie said that she thought my supposition was highly possible "cause no matter what happens, it doesn't matter how old she's gonna be, she's gonna be my baby, so if something happens to her I want to go there and beat the crap out of that person. I'd say what the hell is the matter with you? What were you thinking? She's my kid" Tammy said quietly "yeah but I can beat that person up myself, I don't need your help." Sophie replied "no you don't need to beat up anybody, it is just an expression." Speaking over the top of Tammy she asked "you can take care of yourself?" Tammy said hesitantly "yeah". Sophie replied "well sometimes I don't see that, that's the problem". Tammy challenged her mother to come and see the way she stood up for herself at school. She explained that since last year she had a reputation for standing up to people, especially boys, she claimed that this gained her more respect amongst the boys. Sophie said she would like to see Tammy being more assertive outside of school. Tammy admitted that she was scared that if she was more forward at the stables, for example, people wouldn't like her. I explained to Tammy the difference between being: mean and assertive; taking initiative versus controlling; or self-confident as opposed to self-doubting.

I reflected to Sophie that she was giving Tammy contradicting messages such as "I want you go out there be independent but if you can't handle the situation I will be there to fight your battles for you, instead of stating that you'll be there to support her". I explained that Tammy needed to hear reassuring words from her mother such as "I know you can handle it, I trust that you can do it". Sophie said "you're right. I see what you're

saying". I modeled ways to communicate this message to Tammy. I explained to Sophie's that her feelings of worry and doubt could be shared with her adult friends or therapist but in front of Tammy she would support her by saying things like "I trust you, I know you can go out there and do it on your own, you can defend yourself, you can have fun, you can be independent". Sophie explained "she's telling us she's one type of person at school but I don't see that person, so that's probably why I'm saying that, you know? If you can't handle it, I can". Tammy assured her mother more confidently that she could deal with these situations on her own. We continued the conversation with a stronger focus on how Sophie reacted when Tammy tried to talk to her about her feelings. Sophie shared what she had learned from the readings I gave her. Tammy explained that her mother usually yelled at her at these times. Sophie was reminded of her own mother when Tammy said this and Sophie stated that she didn't want to be like her mother. We concluded that yelling made Tammy feel anxious and Sophie agreed that yelling didn't help. Sophie highlighted what triggered her to respond to Tammy aggressively and anxiously and she listened carefully to the way Tammy needed her to react in these situations. We brought the conversation to a close. I reflected that we were engaging in open communication and that I thought we had discussed important issues in today's session and both clients agreed.

In the final session we reflected upon last session's discussion on communication, Tammy described an example of how their interactions had improved since last week's discussion. She described a situation in which she cried and opened up to her mother about an issue that had been upsetting her at school. She complimented her mother on the way she handled the situation. Sophie appreciated her daughter's praise

and told us how hard she had tried not to "stuff it up", she said she could hear my voice in her head telling her to be patient and listen without trying to solve the situation or becoming too anxious. Tammy said she felt a sense of relief after she shared her feelings with her mother. I warned the clients that these interactions might not always go as smoothly. I encouraged them to remind one another if they noticed that they were falling back into old patterns of behaviour. I guaranteed the clients that they would see improvements in their interactions if they continued to work towards a common goal of communicating in a clear, flexible, open, and responsive manner.

I gave Tammy the opportunity to tell her mother what we had discussed in individual therapy but she asked me to relay the massage to her mother. She said she would correct me if I said something she didn't agree with. I explained to Sophie that Tammy didn't want her to organize her visits with her father anymore. I said that Tammy was aware of the anger her mother felt towards her father and she recognized that maintaining close contact with him reminded her of negative past experiences, inhibited her from releasing these experiences, and moving on with her life. I emphasized that Tammy thought she was old enough to take control of her relationship with her father. I said "Tammy wants to grant you permission not to be the mediator or piggy in the middle anymore". Sophie said "I don't want to be stuck in the middle, but if he doesn't get what he wants, he is always stressing me out because he thinks I have everything to do with it. The man does not understand that she is sixteen years old, she's a teenager and she can decide what she wants, but I am always to blame for everything". I empathized with her position and restated that if she stopped or limited her contact with Jack, then he wouldn't have the opportunity to wrongly accuse or manipulate her. Tammy added that she didn't

blame her mother for her father's mistakes. Sophie released her emotions through nervous laughter, was appreciative of her daughter's initiative to communicate this message, and thanked both of us for granting her such freedom.

Goddess Closure Activities in Individual & Dyadic Therapy Sessions

I. An Example From Daughter's Individual Therapy

For the closure of session one, we spread the goddess cards on the floor and Tammy chose the goddess *Tiamat* (see Figure 10). I told an impromptu story of my own creation about a girl named Tammy with dragon wisdom who had a hazy mist all around her. She felt as though she was disappearing and loosing her identity because she was always trying to conceal her true feelings to protect friends and family. The memories, feelings, and experiences buried inside her were deeply painful. But goddess Tammy had made a brave decision to reach for her inner wisdom, to share her true feelings with someone and to try to, and face her quests with strength. Tammy's response to the story was one of cathartic release; she began to cry because she said it was true to her life experience. We turned over the card and read the description and affirmation (see Figure 11). The affirmation talked about facing adversities with courage. I took this opportunity to reiterated Tammy's capacity to be strong. Tammy was comfortable in the session; she opened up about deeply personal, emotional, and traumatic experiences. In fact, it offered her a sense of relief to share these intimate details with me. She left the session feeling happy with her decision to attend therapy.

II. An Example From Mother's Individual Therapy

For the closure of session one, Sophie chose the goddess *Fortuna* (see Figure 12). She was drawn to the goddess image because she looked hopeful and appeared to be

reaching out to something or someone. Sophie related the metaphor of reaching out, to her own desire to reach past anger, to a hopeful place, full of love and forgiveness. Sophie linked the affirmation to her personal goals while the goddess description (see Figure 13) reconnected Sophie with her compassionate nature. She reminisced about old plans to run a soup kitchen and help those less fortunate. Sophie left the session feeling hopeful.

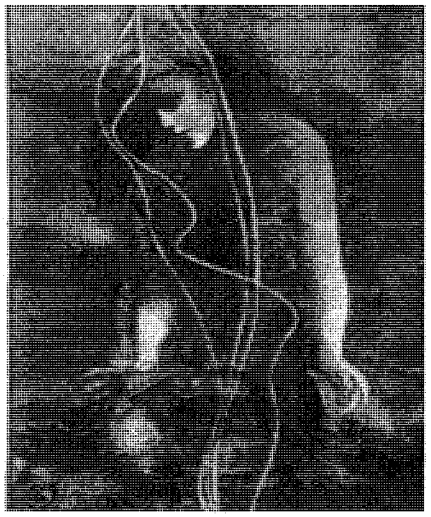

Figure 10 – Tiamat - Dragon Wisdom

TIAMAT
Dragon Wisdom

"Babylonian myth said that before the world was created, there was only Tiamat, dragon of the bitter waters and sweet springs. In the deepest dark, before all being arose, she gave birth to light. Dividing her body, she then became both heaven and earth, water and air, fire and roots" (Blair, 2002, p. 42).

AFFIRMATION

"I make life-enhancing decisions. I face my fears with courage, seeing them for what they are. I am Dragon Wise, I show my power" (Blair, p. 45).

Figure 11 – Tiamat - Dragon Wisdom

Figure 12 – Fortuna

FORTUNA

"In Roman times, Fortuna was the force behind all propitious events. She used her special magic to create abundance wherever she smiled. Her powers of fertility and increase were called upon in all human affairs" (Blair, 2002, p. 108).

AFFIRMATION

"I am enough. I do enough. I have enough I am blessed with many gifts and I am grateful. I easily take care of my finances. I am healthy, wealthy and wise in all ways. I attract supportive, loving relationships and joyful situations" (Blair, p. 111).

Figure 13 – Fortuna

III. Examples From Dyadic Therapy

For the closure of session one Tammy chose goddess *Astarte* (see Figure 14 & 15) whereas Sophie chose goddess *Medicine Woman* (see Figure 16 & 17). I told individual stories about both clients, using their images and material from the session as inspiration. For Tammy I told a story about a goddess who was surrounded by a circle of 16 stars that represented her upcoming 16th birthday. The white dress signified the innocence she still held but her flowing hair symbolized freedom and change. The galaxies swirling around the goddess depicted her new thoughts about her career, love life, and relationships with family, friends, and horses. Although there was so much going on in goddess Tammy's life she was beginning to feel like it was all coming together. Tammy reacted positively to the story and Sophie commented on the parts of the story that she found to be particularly true.

Figure 14 - Astarte

ASTARTE

"For thousands of years, the Night Sky was the realm of the Goddess. In Her sky and star aspects She was known as Astarte, Isis,, Ishtar, Nut, Hathor, Stella Maris, Venus and Queen of Heaven. She gave birth to the entire Uni(yoni)-verse from Her Heavenly Body. Her cosmic breath inspires all things with a rhythmic harmony. And at the end of Time, She escorts the souls of the deceased back into Her Galactic Black Cauldron for transformation and rebirth" (Blair, 2002, p. 50).

AFFIRMATION

"In the Galaxy of the Goddess I shine like the Moon, Sun and Stars. When there are no apparent answers to the issues I face, I trust Not Knowing. I feel inwardly guided and outwardly protected. Darkness always gives birth to light" (Blair, p. 53).

Figure 15 - Astarte

Sophie chose the image of the Medicine Woman as she related to the idea of sitting all alone and contemplating her life and because of her interest in indigenous cultures. She said the stars above her head represented "the light bulb" going on and shining a laminating path towards realization. I created a story about a goddess named Sophie, who had too much on her mind and was juggling with contradicting thoughts that clumped together in one big mess. She often felt as though there wasn't enough time to differentiate what she really thought or how she truly felt. One day goddess Sophie began to realize how unhealthy and unhappy she was. To find clarity in her cloud of thoughts she sat alone on a planet far away from everyone else in the universe, to think and to plan a new future. Sophie resonated with the story and said that she often felt as though she was "caught in a storm" of jumbled thoughts.

Figure 15 – Medicine Woman

MEDICINE WOMAN

"The word medicine has its origins in ancient Goddess cultures. The Babylonian word for Mother Wisdom was me. Me also means the magical power of Fate, the sacred presence of the Goddess, Healing Magic or medicine Women were the first midwives and shamans, welcoming the newly arrived and preparing sacred rituals for the departed. The Medicine Woman holds the Moon in her hands; she trusts Divine Timing. She knows that all things that once were will be again" (Blair, 2002, p. 166).

AFFIRMATION

"I take the time I need to listen to the whirrings of my soul. I pay attention to my biological signals, staying present with discomfort long enough to hear its healing medicine. I then change behaviour patterns, creating harmony from the inside out (Blair, p. 169).

Figure 16 - Medicine Woman

Chapter Six – Discussion and Analysis

The previous chapter gave an overview of the major drama therapy techniques utilized throughout individual and dyadic therapy. Chapter six will look back over the therapeutic process and discuss and analyze according to the theories provided in the literature review. To show support for my ideas I will reference my arguments with the appropriate corresponding theorists. There will be some additional theories introduced in this chapter on the topics of totem animals, the self, transference, and countertransference. I will attempt to demonstrate the effectiveness of manipulating distance through drama therapy techniques to facilitate communication between the mother and daughter, as well as addressing strength, self concept, identity, at-risk behaviours, transference and countertransference. The chapter is divided into five sections with an overriding focus on drama therapy. Separation anxiety, depression, self-harm, suicidal ideation, and PTSD will be discussed and analyzed under the heading of *At-Risk Behaviours,* as these are the issues posing the most threat to the adolescent's development.

Distance and Strength

The main goal in relation to the concept of distancing was to help both clients understand what it felt like to express their emotions and thoughts in balanced ways. When Tammy began therapy she was overwhelmed by her emotions and experienced her emotions in an underdistanced manner (see Appendix F). When Tammy expressed her emotions neither reprieve nor comprehension was gained (Landy, 2001). She internalized her feelings, had trouble expressing her emotions in healthy ways, and had difficulty gaining perspective. She was "at the mercy of her feelings" (Underwood, 2006, p. 51)

internally, yet she chose to wear an external mask that felt alien to her. She was experiencing a fragmented existence or divided sense of self (Taffel, 2006). Ideally, Tammy needed to work with greater distance, yet she seemed resistant to functioning in an overdistanced style. Tammy feared working with her body and metaphor so I waited until we had established a stronger alliance before asking her to take a chance with embodiment or role-play. In individual therapy we discovered ways to be in action without focusing on the body. We focused on creating objects and participating in exercises that created enough emotional distance to avoid Tammy feeling emotionally overwhelmed. The individual sessions gradually prepared Tammy for working with embodiment and metaphor in dyadic therapy. For example, in session four of individual therapy I instructed Tammy to mold my body to create tableaux from her holiday. This showed that in the earlier sessions, I was acting as a model for Tammy demonstrating how to embody feelings and situations, but in later sessions she demonstrated willingness to try this on her own. The ten second movement sequences in session five of dyadic therapy opened the way for creative gestures and spontaneous movements to emerge from Tammy's true self and it gave both her mother and I the opportunity to witness and mirror Tammy's creative movements back to her (Winnicott, 1971). This allowed the clients to communicate non-verbally *inside* the action and verbally *outside* the action when discussing the messages of the movement sequences. By this stage in the therapeutic process, Tammy felt less threatened by embodiment and she even volunteered to try the activity first. The exercise enlivened her capacity to be spontaneous and playful.

Tammy expressed the desire to conceal her at-risk behaviours and emotions from her mother in dyadic therapy. I did not want to limit the clients' therapeutic process by

working too closely to their real life experiences (Jennings, 1990). I began the mother-daughter therapy with overdistanced techniques that built a sense of trust and safety for the clients, while developing their observing egos (Emunah 1994; Glass, 2006; Landy, 2001; Silverman, 2004). I plotted the interventions on a distance scale to visually show the clients level of distance from their personal material at the beginning and end of therapy, the scale demonstrated that by the end of therapy the clients were moving closer to a balanced level of distance (see Appendix F). The other distancing scales demonstrated the manipulation of distancing used throughout the therapeutic process in an attempt to estimate the level of distance, the mother and daughter were experiencing in individual (see Appendixes G & H) and dyadic therapy sessions (see Appendixes I & J). In dyadic therapy I chose to work with story, allowing the clients distance from their personal issues in the hope that they could view these issues differently (Courcoucli-Robertson, 1998). I adapted Silverman's (2004) story within approach, providing security and distance from their real life dramas. I wanted the clients to remain engrossed in the metaphor for as long as they needed to, but unfortunately the frequent cancellations made this difficult to achieve. The use of metaphor created juxtaposition. Tammy thought she was hiding her issues and emotions from her mother by playing a fictional character, yet without realizing it, she was actually revealing more of herself. Mann states (1996): "such dramatic metaphors contain projective aspects which allow an individual to interpret consciously or unconsciously according to needs, emotions and imagination" (p. 2). Underdistanced techniques were utilized in the later phases of therapy and eventually we connected the challenges in the stories with their own personal problems and communication styles.

Tammy appeared to possess some wolf-like qualities, yet it seemed more pertinent to view the wolf as a messenger or totem symbol of strength. The wolf was a projection of her mother and, at times, me which may have been Tammy's subtle way of showing us how she needed to be cared for in order to heal and as a way of asking for help and guidance. Tammy may have subconsciously chosen to make a mask of the wolf to hide her identification with the character of Little Water. Similar to the protagonist in her story, Tammy talked to the animals and treated them as friends and confidants. The scene where Little Water was injured and needed help to recover his health, wisdom, and belief in his self-worth, seemed especially relevant to Tammy's identity and therapeutic issues. The grandfather in Tammy's story might have been a projection of the ideal parent, as he entrusted Little Water with the responsibility of finding a cure for the sickness that threatened their community. Both the grandfather and the wolf in Tammy's story demonstrated effective parenting styles, they balanced autonomy granting with guidance and control (Benard, 2005; McElhaney & Allen, 2001; Steinberg, 2000). Ayalon and Flasher (1993) stated that the story "becomes a mirror, safely reflecting both virtues and drawbacks... [allowing Tammy to project her]...hopes and frustrations onto fictional characters, and then reclaim those very same feelings" (p. 50) in reality based discussions.

Sophie was distanced from her personal material and experienced her emotions in an overdistanced way (see Appendix F). She had difficulty expressing emotions other than anger with those around her and she had a tendency to describe emotional or traumatic experiences matter-of-factly. She did not like to show people her vulnerabilities and she often used humour or sarcasm as a defense mechanism, concealing her real

emotions. She only cried once throughout the entire therapeutic process. This was in reaction to observations of her over protective parenting style. The cathartic release of her emotions enabled her to gain insight into communication problems between herself and her daughter.

Sophie was fixated on work related stress rather than personal stressors and used this as a way to avoid dealing with her daughters anxiety. In session one of dyadic therapy, Tammy refused to help put her mother's stress into the magic box. This may have signified that Tammy was tired of carrying the burden of her mother's work related stress coupled with feelings of guilt about her mother having to work to provide. Tammy's reaction to her mother in the warm-up demonstrated her need to have further distance from her mother's problems at work.

Early on in the therapy process, Sophie gave the impression that adult stressors and experiences were more damaging and important than adolescent experiences. She couldn't remember much about her adolescence, yet she brushed it off as if it wasn't important. She was reluctant to reveal what little she remembered, but as the client-therapist alliance developed, she began to share significant experiences about her adolescence. Sophie presented a false image of herself to other; she characterized as out spoken, impetuous, and quick witted. Underneath she was sensitive and kind hearted and she held a great deal of suffering inside. In close relationships she was inclined to play the role of protective mother. In the past she had been manipulated by people she cared for and consequently developed a guarded personality. From these observations I perceived that Sophie ideally needed to work with less distance from her personal material in the drama therapy sessions.

In session four, both clients selected scenes from their stories where the protagonist was injured and needed to recover in order to save their communities. There were common themes of pain, despondency, worry, friendship, and hope. These themes were relevant to the clients' own experiences and may have been a projection of the clients' desires to heal so they could fulfill their personal goals. The drama therapy techniques of witnessing and role reversal played a significant role in helping the clients to move freely from overdistanced to underdistanced feelings and gave them the opportunity to see and experience each other's strengths and vulnerabilities within the safety of the drama.

Mann (1996) believes that "Operating within the metaphor allows the therapist to indirectly gather information" (p. 3) and permits the therapist to adjust the therapeutic process to suit the needs of the clients (Couroucli-Robertson, 1998; Mann, 1996). I discovered that working creatively with the clients began to permeate all of our interactions. Even when we weren't engaged in dramatic play we used metaphoric and symbolic language to describe situations or feelings. We were in action (without the use of our bodies) creatively and playfully even when we were engaging in discussions. Sophie especially felt less inhibited when expressing herself creatively. In the second mother-daughter session Sophie came in singing the song *Love is in the Air*, this was a creative way to symbolize her new-found optimism towards romantic relationships. Later in the session she disclosed that two men had asked her out on dates and that this helped build her self-esteem, whereas Tammy chose the song *American Idiot* to symbolize the rejection she felt from boys. I was able to gather information about their contrasting feelings toward the opposite sex in the session in a distanced way through the safety of

the song titles. I knew to only pursue the issue further with Sophie because Tammy's choice of song highlighted the awkwardness she was feeling.

The goddess closure activity became a ritual for individual and dyadic therapy sessions and utilized distancing and strength-based approaches. My role in the goddess closure activity was to facilitate the client's ability to identify their strengths and resiliencies, without ignoring their doubts and weaknesses. The goddess offered an image of strength, she was the "most potent exemplification of divine power" (Downing, 1981, p.13). The goddess herself represented dualities and encompassed qualities of the feminine and masculine, with both graciousness and venom. Similar to the goddess, the mother and daughter possessed dualistic qualities "perhaps it is the greatest gift of the goddess to teach us that good and evil, life and death, are inextricably intertwined" (p. 12). For the closure activity, I invited the clients to project whatever thoughts came to mind onto the symbol of the goddess (Mann, 1996). Sophie elected to create her own stories inspired by the goddess images, whereas Tammy needed more distance and she requested that I take an active role in telling stories about her. Storytelling provided "a way to balance the distance between the world of reality and fantasy" (Landy, 1986, p. 150) allowing the clients to identify with the goddesses. Goddesses were traditionally honored because feminine energy was recognized as transformative. In the first mother-daughter session, both clients chose goddesses that signified transformation or journeying. This was representative of their willingness to transform their relationship and metaphorically come out of the darkness and into the light. Downing stated that the goddess was known as the provider of "dreams and omens" (p. 13), she offered understanding of that which is hidden, and she was the birthplace of both "vision and of

lunacy" (p. 13). The affirmations read aloud in each session validated the truths of the clients' convictions, offered positive goals to aspire to, and confirmed hidden emotions. Instinct and intuition were aroused during closure activities, as both mother and daughter unknowingly chose goddesses with mythical meanings that related to the themes of their sessions.

Communication

Tammy was an incongruent communicator with family, friends, and teachers. With her mother, she mostly placated and sacrificed her opinions, feelings, wants, needs, in order to please her. She sought acceptance and dependability from her mother consequently avoiding telling her anything that might result in her mother's rejection. Before coming to therapy, Tammy did not feel emotionally contained so she turned to suicidal ideation and self-harming behaviours to escape her overwhelming feelings of sadness. At school Tammy chose to be irrelevant and placating in her communication with peers. She behaved in a manner that was extraneous to the context, people around her, and their own personal feelings. Often she used distracting behaviours such as presenting a mean image or pretending to be overly happy to avoid her true feelings being noticed. Internally she felt and thought that nobody cared about her (Neil, 2003).

According to the literature on brain development the frontal and temporal lobes are the last to mature (Giedd, et al., 1999; Thompson, et al., 2000; Underwood, 2006) therefore the frontal cortex in Tammy's adolescent brain was still developing. This impaired Tammy's ability to identify her emotions, organize her thoughts, apply reasoning, and articulate her feelings. The interventions I chose and the way I communicated with Tammy in sessions was focused on modeling effective

communication and reflective functioning skills. I acted in the role of surrogate frontal lobe, I tried to view issues from Tammy's perspective in an attempt to help unravel her thoughts and feelings. I put words to situations or emotions that Tammy couldn't understand or articulate. I empathized with the way Tammy felt, helped her to define her problems, and encouraged her to brainstorm ways to resolve these issues (Greene & Ablon, 2006). Tammy used a limited vocabulary to describe her feelings and found it difficult to go beyond observable behaviours to explain her own or others actions. Tammy had trouble with reflective functioning because of the way her parents interacted with her. Tammy had a lack of exposure to open discussions about emotions and her parents did not share the thought processes behind their actions (Fonagy & Target, 1997).

Sophie needed assistance with her parenting and communication styles. Before coming to therapy Sophie was either dismissive of Tammy's feelings because of the painful memories they evoked in her, or she reacted anxiously to Tammy's attempts to express her emotions. Sophie's anxious reactions left Tammy feeling guilty. Tammy's internalizing behaviours of suicidal ideation and depressive symptoms fitted theorists' models for an adolescent with a psychologically controlling parent (Barber, Olsen, & Shagle, 1994; Baumrind, 1991 as cited in Barber et al., 1994; Barber, 1996; Benard, 2005; McElhaney & Allen, 2001). In the final session Sophie commented on how little Tammy spoke both in and out of therapy, but from what I saw in the mother-daughter sessions, it was difficult to get a word in edgewise with Sophie. She dominated discussions, spoke over the top of Tammy when she shared her perspectives, and used sarcasm to wound Tammy or I when she didn't like the direction the session was headed. There were numerous times where I had to mediate mother-daughter interactions, subtly

draw attention to Sophie's cynicism, and address Tammy directly to allow space for her to speak.

Sophie was over protective and did not allow space for Tammy to formulate her own ideas about the world. This interfered with Tammy's ability to individuate. Sophie overcompensated for Jack's inadequacies as a parent creating an enmeshed mother-daughter attachment. Kolbenschlags (1979, as cited in Whitaker, 1992) believed that daughters are mirror images of their mothers and Tammy emulated this theory. For example, she rejected males because of her mother's history with men and was influenced by her mother's teachings that she should not allow men to dominate or take advantage of her. Sophie had been secretive with Tammy about her emotions, psychological issues, adolescent problems, and issues with Jack, but she was not secretive with Tammy about work related stress, economic hardships, or Jacks lack of interest in fathering Tammy. Tammy reciprocated her mother's uncommunicativeness and turned to the anonymity of the internet rather than friends or family to share her secrets (Whitlock et al., 2006).

Following Novick and Novick's (2005) approach, I respected that there were issues in Sophie and Tammy's lives that were private and not necessary to share with each other, but I noted the large quantity of secrets in their relationship as signs of "pathological defenses" (p. 124). According to Knauth (2003) "the presence of secrets represents intensity and anxiety in the family" (p. 336). The secrecy in my clients' family was indicative of how they avoided authentic contact with one another (Novick & Novick, 2005). After two failed relationships with men, Sophie put up a protective wall around herself and Tammy, she withheld any information that may have raised Tammy's

anxiety levels and formed a fused relationship with Tammy (Knauth, 2003). In such a family "communication tends to be closed [and] more secrets exist" (Knauth, p. 336). Sophie lived in an area secluded from friends and family, rarely socialized or dated and became defensive if anyone attempted to help her or commented on her over protective parenting style. Neil (2003) states "families that suffer from dysfunction tend toward an innate pessimism, seeing the world as a threatening place" (p. 54). Tammy learned from her mother that people outside of the dyad were not to be trusted, and as time progressed, while Sophie's negativity grew Tammy's introversion worsened. Jack's attempted suicide caused much anxiety and upheaval in Sophie and Tammy's lives, but it also signified a turning point. Sophie felt betrayed by Jack's dishonesty about his drug abuse; she realized that she had isolated herself too much from friends and family when they were not there to help during this crisis. Most importantly she became conscious that no matter how hard she tried to protect her daughter there would always be situations that were beyond her control. After the incident with Jack, Sophie began to be more honest with Tammy about her father, asked for and accepted help from friends and family when offered, and allowed Tammy to pursue her interest in horse back riding. Still, Tammy became depressed, lost faith in humanity, and thought her life was pointless. Everything she knew and trusted had changed, she didn't feel safe anymore, and the truth hurt. She was scared of what might happen next, of catching public transport, and of sleeping alone. According to Bowen (1978, p. 305, as cited in Knauth, 2003) "the greater the fusion, the more [one] is vulnerable to physical illness, emotional illness, and social illness, and the less [one] is able to consciously control [one's] own life" (p.336). In Tammy's story Little Water was given secret cures from a variety of native animals. The

animals may have represented the secrets Tammy was keeping from her mother, whilst the secret cures signified what Tammy needed to heal her at-risk behaviours. Using drama therapy techniques in the mother-daughter therapy allowed the clients to explore otherwise hidden issues, beginning the process of mending their communication problems.

Sophie's communication style was complicated for me to define; at times Sophie was a congruent communicator, where she sometimes reacted openly and honestly. When using this style of communication she commonly used humour as a way to show acceptance of life's misfortunes. In the role of mother Sophie was strong in the face of adversity; however, Sophie had a tendency to blame others when things did not work out as planned and used sarcastic humour to cut people down, thus signifying an in-congruent communication style. She gained a sense of importance at the expense of others and was often confrontational as a way to avoid appearing helpless or vulnerable. Sophie also showed signs of being super-reasonable in her style of communication. She was inclined to focus on the task rather than her feelings and used logical language rather than emotive verbalization to describe situations (Neil, 2003).

When we discussed setting up a follow-up assessment with the psychiatrist and family therapist. Sophie reacted defensively and aggressively during this discussion and I suspected that Tammy had seen few people stand up to her mother in a calm and communicative manner. I was confident that the way in which I handled her mother's outburst was an effective model for Tammy on how to voice her inner feelings to her mother, even when her mother was being confrontational. In times of stress Sophie turned to behaviours she learned from her mother. This supported findings that mothers

with histories of emotionally unavailable parents cope less effectively and turn to programmed patterns of behaviour when faced with stressful situations (Fraiberg et al., 1976; Hill et al., 2006). In Sophie's case she yelled in a loud and harsh tone of voice, she showed her own anxieties, and her inability to cope and contain her daughter's emotions.

Session six modeled open and honest mother-daughter communication; we reflected on the story within process and explored the metaphors, symbols, and characters in the clients' native stories. Metacommunication occurred when the clients and I discussed the fictitious interactions between the characters in their stories and then connected them to their real life experiences. Mann (1996) stated that:

> Metaphor and symbol provide a way to reach back and re-examine one's own narrative at a distance which is non-threatening. They build bridges linking a cultural and personal past to the here and now. Through this process individuals are enabled to move towards being themselves in an integrated and balanced relationship, allowing for expression of the past and the present, light and dark, clarity and confusion within a safe space. (p. 5)

Tammy felt comfortable in the session to reveal her perspective on what happened when she tried to speak to her mother about her emotions. In contrast to the therapeutic setting, at home, Tammy was not given space to cathartically release her feelings and therefore she was more easily upset when reminded of hurtful experiences (Jackins, 1978). When listening to Tammy's interpretation of what happened in these situations, Sophie made the insightful intergenerational connection between her mother's behaviour and her own. Sophie's mother did not support her emotionally and as a result she had grown to repress her feelings. Sophie was triggered by Tammy when she tried to express emotions that Sophie had also experienced during her own adolescence (Novick & Novick, 2005). The safety of working through the metaphor in their stories provided "the appropriate distance

needed before expression is enabled and [clients' are] freed from the constriction of repression" (Mann, 1996, p. 3). Sophie listened very carefully to the way Tammy needed her to react in these situations because she was determined to be more emotionally available to her daughter than her mother was to her. I coached Sophie through role-playing, role-reversal, modeling, and discussions, to be more aware of her non-verbal communication and explained that often vocal tone, body posture, gesture, and touch conveyed as much or more than words (Grainger, 1995; Jones, 1996; Mohacsy, 1995; Neil, 2003; Wolin & Wolin, 1993). In the final session, Tammy praised her mother's improvement in this area. This demonstrated the effectiveness of drama therapy techniques to facilitate communication between the mother and daughter at a level of aesthetic distance (see Appendixes I & J). We explored the themes relevant to the mother-daughter relationship indirectly through the safety of the drama and then directly through discussions that related the themes in the stories to the client's real life situations. This helped them to gain insight and change the way they interacted.

Throughout the therapeutic process the clients' communications and functioning began to change and show signs of growth. Sophie was more open, flexible and supportive when listening to Tammy talk about her emotions, she revealed personal details about her adolescence, her attitude changed to be more positive, she started dating again, encouraged Tammy to be more social, and had decided to move into a new apartment to be closer to friends and family. After weeks of sharing her feelings and having her emotions reflected back in therapy, Tammy's communication also began to change. Session seven was a turning point for Tammy as she had lost the internet friend that she confided in and stopped cutting, as a result she began to turn to adult caregivers

and friends for help instead of keeping her feelings hidden. Unconsciously, she started revealing her real emotions to her friends; they began to notice through her facial expressions and body language that there was something wrong with Tammy. To her great surprise, her friends did not reject her but instead were ready to listen and support her. By the end of therapy Tammy was less placating when communication with her mother, was more willing to share some of her inner feelings, and was further inclined to take the initiative to lead topics of discussion.

Self-Concept and Identity

In this section I have used Native American symbolism and totemic identification to offer insight into Tammy's identity, self-concept, and to interpret the significance of the wolf in her story. According to Ayalon & Flasher (1993) "children often identify with characters in animal stories as well as fictional beings, when the animals have believable human traits" (p. 50) and this was true for Tammy' experience. The Legend of Little Water demonstrates the appreciation the Seneca Iroquois Indians had for the natural world; they depended on animals for food, clothing, shelter, and medicines (Taylor, 1992). The Seneca Indians devotion to animals was mirrored by Tammy throughout the therapeutic process. She had a deep appreciation and love for animals, she symbolically described her cat as "an angel sent from God" and she believed that horses had the ability to help people heal. In session one of dyadic therapy, Tammy created a mask of the wolf in her story with characteristics similar to that of a cat. When making the mask she revealed her future aspirations to work with horses and at-risk youth, and was hopeful that the techniques of animal-assisted therapy could help young people to uncover their traumatic experiences, build strength, and foster resiliency. When Tammy revealed this

information in dyadic therapy she was indirectly communicating the powerful role animals played in her life and healing process. Unconsciously, she was satisfying the totemic duties bestowed upon her by the wolf in her story to fulfill responsibilities to herself, family, friends, community, and those less fortunate (Steiger, 1997).

The characteristics and behaviours of the wolf include "curiosity, intelligence, playfulness, fierce protectiveness, and allegiance of the pack" (Werness, 2004, p. 435) as well as stamina, endurance, and strength (Andrews, 1993; Steiger, 1997). Similar to Tammy's feelings of marginalization, wolves are greatly misunderstood and ostracized. Wolves have inherited the reputation of being cold blooded but in actuality they are friendly, social, and favour snarling or posturing over being actively aggressive or violent (Andrews, 1993). Before attending therapy Tammy gained a phony reputation for being mean and antisocial with people outside of her small group of friends at school. She preferred to be known as ferocious rather than gloomy, she chose to wear a threatening mask to scare people (especially boys) away and to disguise her inner suffering. American Indians believed in the wolves' loyalty and protectiveness to the pack (Rupert, 2000, Sax, 2001; Werness, 2004). In contrast, wolves were also respected for their ability to sustain individuality. A lone wolf personified freedom, while in a pack the wolf signified community (Andrews, 1993). Hierarchically, Tammy viewed herself to be worthless amongst her peers at school, yet she demonstrated strong wolf-like qualities when it came to defending herself or friends from criticism (Farmer, 2006). Away from her friends, Tammy spent much of her time alone, feeling weak and defeated by her emotions. Tammy also protected her mother from knowing her true feelings and was intertwined with her mothers stress and responsibilities. Ayalon and Flasher (1993) stated

that "parents often involve their children in struggles over custody, economic support or visiting rights, while children feel totally powerless to stop these struggles. Lack of control generates helplessness, pessimism and depression" (Ayalon & Flasher, 1993, p. 23) and this was true for Tammy's experience. Farmer (2006) advised people to call on the wolf when they either felt "isolated and alone or overly enmeshed with family and friends" (p. 399) or if they wanted to be more expressive in their communication. The wolf was revered as a teacher (Andrews, 1993; Farmer, 2006; Steiger, 1997); the wolf teaches humans to know who they are and to develop strength, confidence and security in their identity so they don't have to waste energy on proving themselves to others. Wolf medicine teaches: respect for family and children; balancing the responsibility of family needs without the sacrifice of personal identity, honouring their inner voice, and to secure attachments (Andrews, 1993). Like all good teachers, the wolf is a skilled communicator both verbally and non-verbally. The wolf instructs people on how to empower their verbal communications with the appropriate body language (Andrews). According to Andrews, if a wolf turns up on your life path it is directing you to balance your life between friends, family, and self, "to find a new path, take a new journey, take control of your life" (p. 325) and "reminds us to keep our spirits alive" (p. 325). These pedagogical aims are reflected in the messages of the wolf in Tammy's story. The wolf's totemic qualities and teachings emanated the messages that the psychiatrist, family therapist, and myself were trying to communicate to Tammy. We encouraged Tammy to: balance her life and emotions; transform her mother-daughter relationship for greater autonomy; be more social with friends; know and accept her identity; outwardly communicate her feelings rather than internalizing them, and believe in her strength to overcome adversity.

Tammy's negative self concept affected her ability to cope, be energetic, and take chances. Ayalon & Flasher (1993) supported my ideas and said "people with negative self-concepts tend to abstain from coping, avoid effort and lack initiative" (p. 75). In session six of mother-daughter therapy Tammy uncovered a part of her identity of which her mother was unaware and revealed her fears of showing initiative. I used the safety of the metaphors to help Tammy connect the themes in her story to her real life experience; she conveyed her feelings about her mother's over protectiveness and had the opportunity to explain to her mother that she was capable of standing up for herself at school. This was a skill Tammy learned from her mother but due to her low self-concept and lack of modeling from her parents, Tammy had difficulty differentiating between being mean versus assertive. Sophie showed her approval of Tammy's attempts to be self-confident at school and encouraged her to be more assertive outside of school. Tammy admitted her fear that people wouldn't like her if she did this. Because Sophie had a tendency to be confrontational and controlling with people, Tammy had learned that this was the only way to get what she wanted. My explanation of assertiveness helped Tammy to feel more confident, I encouraged her to be less placating and take initiative. With friends I encouraged her to suggest social outings and with adults I encouraged her to politely voice her opinions when she was not in agreement with their ideas (Wolin & Wolin, 1993). In session six Tammy showed another side of her identity to her mother and me. By the end of the therapeutic process Tammy was moving towards the adolescent goal of transforming her relationship with her mother and incorporating her multilayered identity (Novick & Novick, 2005).

Tammy displayed a lack of self-confidence in her ability to articulate her feelings and preferred to communicate to her mother through me rather than directly with her. Ideally, if I had more time to work with the clients, I would have slowly relented my role as mediator to allow Tammy to do most of the talking herself, but at that stage in the therapeutic process Tammy was not ready to take that kind of control. In our final mother-daughter therapy session, Tammy communicated to her mother, through me, her desire for her mother to surrender control of Tammy's relationship with her father. The emphasis on Tammy's identity as a sixteen year old capable of managing her relationship with her father and seeing him for who he really is, was a positive representation of Tammy's identity. It was optimistic in terms of Tammy's goal of individuation and Sophie's goal of Tammy gaining an awareness of her father's real identity. My subconscious use of the metaphor "piggy in the middle" to describe Sophie's position of feeling stuck between Jack and Tammy, was an image Sophie could identify with. In session two of individual therapy Sophie created an image of an angry pig (see Figure 5) as a representation of her feelings towards Jack. Sophie articulated that Jack's inability to recognize Tammy's age and maturity made it more difficult for Sophie to treat Tammy according to her appropriate stage of development. As a result Sophie had a tendency to baby Tammy. Sophie praised Tammy's initiative to release her mother from her feelings of guilt and worry surrounding her parental choices in regards to Tammy's father. Sophie cathartically released her emotions through nervous laughter, she articulated her appreciation, and moved towards a place of healing.

Sophie was willing to take responsibility for the prospect that her negative self-concept and modeling may have influenced Tammy's self-concept and behaviour.

Tammy identified with her mothers negative attributes and incorporated them into her self-concept and feelings of self-worth (Curtis, 1991). Throughout therapy, Sophie was determined to be a better role model for her daughter. She was trying to have a more positive attitude towards life and men, she ceased calling herself fat, she was exercising, taking pride in her appearance, practicing accepting complements from people, recognizing her strengths, working on her issues with anger, respecting herself, working towards gaining the respect from others that she deserved, and generally trying to like herself more. Sophie also recognized that the lack of support from Tammy's father may have been another negative influence on Tammy's self-concept and behaviour. Although Curtis did not explore the presence of the father in the home in her study, she did however, acknowledge that the father's "presence may be important since 64% of the high self-concept daughters, compared with 38% of the low-self concept daughters, had fathers living in their homes" (p. 392).

Tammy craved close contact with her father but in the years since her parents' separation, her father had been distant emotionally and disinterested in being a responsible father (Wallerstein, 1983). According to Wallerstein it is common for adolescents with separated parents to feel "unloved or unlovable" (p. 232). In session seven Tammy equated the rejection from the boy on the internet as proof that she was unlovable, she was fearful that no male could ever love her, she compared herself to her peers (Curtis, 1991), and she described herself as ugly and stupid. She discussed her past and present experiences with boys and there were themes of rejection, embarrassment, low self-concept, and self-esteem. Santrock and Warshak (1979, as cited in Ayalon & Flasher, 1993) believe that separation from the parent of the opposite sex hinders the

development of the daughter's sexual identification. In the follow-up assessment the psychiatrist discussed the lack of supportive male role models in Tammy's life and speculated about the impact this had on her relationship with adolescent boys. He characterized her father as unloving, validated the anger she felt towards her father, reflected her other feelings, commented on her tactics to scare boys away, and gave her some information about the way adolescent boys' minds worked. Tammy cathartically cried in response to the doctor's interpretations, it appeared to be a significant and rare moment in Tammy's life, a man was caring for her and understood the way she felt. The family therapist's interpretations as to why Tammy was sleeping in her mother's bed seemed to also give Tammy some release and ease her guilt. During the assessment Tammy articulated that it felt strange yet comforting to know that we cared about her, understood her feelings, and believed in her ability to overcome the adversities in her life. The psychiatrist, family therapist, and drama therapist were role models or turnaround caregivers for Tammy (Benard, 2005; Curtis, 1991; Lieberman et al., 2005; Smith, 2006; Vera & Shin, 2006; Wolin & Wolin, 1993), helped her to access her strength (Smith, 2006; Wolin & Wolin, 1993), make sense of her feelings, provided justifications for her behaviour, and gave her reason to stop viewing the adversities in her life as personal, permanent, and pervasive (Benard, 2005) .

Metaphorically speaking, when Sophie and Tammy came to therapy they were existing rather than living, but through creative experiential work they began to come alive again and knew to trust their true identities. Winnicott states (1971) "it is only in being creative that the individual discovers the self" (p. 54). Winnicott (1960, as cited in Stevens Sullivan, 1987) believed in the notion of the true and false self

> The false self shields the true self from the impinging toxic environment. To the extent that the individual lives out of a false self, his or her life is based on complying with the demands of the external reality; the result is a sense of futility, a pervasive doubt about the value of living. (p. 41)

When the mother and daughter began therapy they existed from a false self, they gave the impression that they were surviving rather than living. Winnicott (1960, as cited in Stevens Sullivan) thought that providing a safe, creative, and comforting environment for clients and allowing them to develop trust in the therapist-client relationship, were the essential tools needed for clients to regress and essentially reconnect with their true selves. Mann (1996) states that in drama therapy healing takes place through a combination of belief in the therapist, the mythic world, and in the self. This allows the "unwell individual to make connections between what is 'within' and 'without'" (p. 5). Both Winnicott and Mann would have agreed that the clients true selves grow so they can live out their existence creatively rather than acting in accordance with the burdens of the outer world. Grainger states (1985, p. 34, as cited in Mann, 1996) that "healing comes to us in the action by which we move creatively away from the past into the life which lies ahead of us" (p. 5). Both clients showed signs of growth and movement towards the future rather than the past. In Tammy's final individual session when looking at the image of the dead flower she created in her first individual session (see Figure 1) she claimed to feel more alive. In session six Sophie used the finger puppet to describe herself as lifeless and to explain how her bosses contributed to her stress. In session seven she revealed that she asked for a raise and complained about her heavy work load, and her bosses agreed to get her help. Both Sophie and Tammy were beginning to see their own self-worth and had a better understanding of how they deserved and wanted to be treated in the future.

The card game (see Appendix C) and the self box (see Figures 2 & 3) interventions in Tammy's second individual session provided insight into her identity and sense of self separate from the identities of her mother and friends. The card game gave Tammy the opportunity to build and share her ideal identity for the future, which was separate from her mother's and her friends' identities (Curtis, 1991). It was however a glimpse of who Tammy wanted to be without the influence of who she thought her family or friends wanted her to be. The self box activity highlighted the incongruence of Tammy's feelings and communications internally versus externally. In session three of dyadic therapy the projective mask activity created enough distance for Tammy to safely reveal her low-self-concept and self-esteem in the presence of her mother and me. She inadvertently described herself as unattractive and related her conversation with the mask to her real life experience. She described her friends' reactions to her image and identity issues. By session six of dyadic therapy Tammy demonstrated positive changes in her self-concept. Some examples of this were the ways she described herself as beautiful, her new found determination to get the boy she liked at school to notice her, and she made a comment about being a good singer. Sophie's self-concept was also improving as she was learning to accept people's complements and was beginning to believe in herself. In session six, Sophie discussed the positive changes she noticed in herself and Tammy since beginning therapy, especially in the last few weeks. Towards the end of the therapeutic process Tammy was also beginning to voice her opinions more at school and in therapy with her mother.

At-Risk Behaviours

Sophie demonstrated ambiguity about her feelings towards separating from Tammy. She wanted to discover new connections and activities outside of their relationship (Kenemore & Spira, 1996) but conversely she was fearful that her daughter wouldn't need her anymore or that something dangerous would happen to her. Sophie's over protectiveness of Tammy was a form of psychological control, which led to an enmeshed mother-daughter relationship that had negative effects on Tammy's sense of well-being and increased her internalized problems (Barber, Olsen, & Shagle, 1994; Baumrind, 1991 as cited in Barber et al.; Barber, 1996; Benard, 2005) of depression, suicidal ideation, and withdrawn (Benard, p. 212) and self-harming behaviours. Tammy had separation anxiety issues; Novick and Novick (2005) believe such issues "can usually be traced to feelings that one is unloving and unlovable" (p. 72). According to Ayalon and Flasher (1993) it is not uncommon for children trapped in a one-parent system to sleep in their mother's bed and to interfere in her relationships with men. Tammy showed evidence of being over protective of her mother in relationships with men. She didn't like her mother's previous boyfriend and made her feelings known. Contrastingly, Tammy liked the man interested in her mother at present but her strict curfew, sleeping arrangements, and dating rules were restricting Sophie from fully pursuing a relationship with him or other men.

During the mirroring intervention in session five, Tammy wouldn't separate from her mother and in response to this, Sophie became anxious. This may have been representative of the separation anxiety the clients were experiencing in their own lives as they tried to transform their enmeshed attachment to a secure attachment with greater

autonomy. In the second mother-daughter session the news that Tammy had made a new friend and had invited friends over to visit were positive indicators that she was becoming more social and autonomous. However, it was evident that she still had reservations about the task of transforming the relationship with her mother and learning how to self-parent (Novick & Novick, 2005). Her separation anxiety surfaced again in later sessions regarding sleeping alone and being more social. We talked at length about the new apartment and preparing Tammy to sleep in her own bed when they moved in. It was a positive sign of healing and change that the clients were looking to the future rather than dwelling on the past (Grainger, 1985, as cited in Mann, 1996).

As the literature suggests being a girl made Tammy more susceptible to depression (Health Canada, 2002; Kenemore & Spira; Seligman, 1991, as cited in Brown & Gilligan, 1993; Siqueira & Diaz), suicidal thoughts (Siqueira & Diaz), and self-harm (Conterio & Lader, 1998, & Favazza, 1999, as cited in Whitlock, et al., 2006; Kemperman, Russ, & Shearin, 1997, & Herpertz, Sass, & Favazza, 1997, as cited in Yip, 2005; van der Kolk, Perry, & Herman, 1991, as cited in MacAniff, Zila & Kiselica, 2001). The drama therapy treatment was effective in helping Tammy achieve her goal to stop cutting, but I can not be sure that she continued with this goal after completing therapy. Before Tammy came to therapy, she was very good at concealing her self-injurious behaviours from family and friends, protecting them from worry (Vera & Shin, 2006). At a low point in her life, before coming to therapy, she confided in her cousin and her cousin betrayed her trust and told Tammy's mother. I was surprised then that Sophie never mentioned this with me in therapy. This may be reflective of Sophie's inability to cope and unwillingness to face her daughter's issues. Focus Adolescent Services (2007)

and Brown (2001) stated that self-injury was commonly accompanied by symptoms of depression, PTSD, and anxiety and these were all issues that Tammy grappled with. Tammy fitted MacAniff Zila and Kiselica (2001) category for females who were most at-risk of self-mutilation, as she had difficulty verbalizing her emotions and had a history of trauma (Baylis, 2005). As time progressed Tammy began to reach out to her friends and the internet as sources of support, she confided in one of her friends at school, confessed to a friend online, and joined a self-injury message board on the internet (Whitlock et al., 2006). In session seven, when Tammy revealed that she had stopped cutting, she seemed to be more insightful about why she harmed herself. She was able to make connections between cutting and her feelings, low self-concept, and lack of control in her life. Originally, cutting made Tammy temporarily feel as though she had control which helped her to feel stronger and to experience something tangible to match the intense emotions that overwhelmed her thinking (Baylis, 2005). Yet after weeks of therapy, Tammy claimed that cutting took too much of her energy. I praised her efforts to reach out to people and stressed the courage it must have taken to allow her friends to see her vulnerabilities, to ask them for help, and to channel what little energy she had into getting better. Reaching out to people was a significant turning point for Tammy and demonstrated that her communication style was changing as she was showing more of her true self.

It was difficult to quantify the effectiveness of drama therapy techniques in changing Tammy's depression in both the individual and dyadic therapy contexts, especially due to the combination of therapy and medication. Sophie denied the seriousness of her daughter's depression and was against Tammy taking anti-depressants.

Although there is controversy about the use of anti-depressants in the under18 population due to the risk-benefit ratio (Apter et al., 2005; Trowell et al., 2007; FDA, 2007) a positive aspect to the psychiatrist prescribing a low dosage of medication to Tammy was the serious message this conveyed to her mother. In Tammy's final individual session, she declared that she had greater clarity when it came to her feelings, she cried less, and didn't feel as sad as she used to. These changes were indicative that drama therapy had been helpful in reducing her depressive symptoms but there was still work to be done towards addressing Tammy's depression.

Before attending therapy, the lack of open communication between Tammy and her parents prevented her from telling them about her suicidal ideations (Everall et al., 2006). By the end of the therapeutic process Sophie and Tammy were beginning to engage in open communication but Tammy still did not feel safe enough to tell her mother about her suicidal thoughts. Unfortunately, Tammy's father seemed reluctant to acknowledge her age and maturity and therefore did not engage with her in open discussions. The music intervention in session three of individual therapy validated Tammy's interest in music as a positive coping strategy, which she continued to use at home whenever she felt suicidal. Although the guided imagery intervention in session three was successful in helping Tammy feel relaxed, it wasn't something she was able to utilize effectively as a coping strategy in her day-to-day living. In her final session, Tammy said she was less preoccupied with suicidal feelings.

Jack's attempted suicide threw Tammy's life into disarray and she was unable to make sense of why her father attempted suicide. Her parents did not try to help her understand her father's motives nor did they help her comprehend the overwhelming

emotional response she had to this traumatic event. Tammy experienced an influx of emotions that she couldn't cognitively make sense of, and accordingly, her self-concept changed, she chose to isolate herself from friends, she concealed her feelings because she had no vocabulary to describe the way she felt, and she unhealthily clung to her mother for security. This traumatic experience put Tammy at-risk and led to the development of PTSD, depression, self-mutilation (Hudgins, 2002), and heightened the separation anxiety issues that had already existed since the separation of her parents (Ayalon & Flasher, 1993). Coming to therapy gave Tammy the opportunity to acknowledge, understand, and work towards overcoming the feelings and experiences that led to her at-risk behaviours. The safety of the metaphor allowed me to access feelings that I would not have had admission to through talk therapy alone. There were signs throughout the therapy that were described earlier in the analysis and discussion section of this paper, that indicated that Tammy had a better understanding of her emotions and where they need to be directed as she moved away from internalizing to externalizing her emotions. I am not convinced that Tammy conquered the final task of overcoming her feelings and experiences, but I am confident that through continued therapy she could achieve success in this endeavor.

Transference and Countertransference

Transference and countertransference happens on an unconscious level. Gelso and Fretz (1992) define transference as "a repetition of past conflicts with significant others such as feelings, behaviors, and attitudes belonging rightfully in those earlier relationships are displaced onto the counselor or therapist" (p. 131). Countertransference can be defined as "the therapists' emotional attitude towards his patient" (Storr, 1990, p.

68) or "the counselor's transference to the client's material – to the transference and nontransference communications presented by the client" (Gelso & Fretz, 1992, p. 135). I was involved in my own personal therapy while working with the clients to develop a deeper knowledge of myself (Yalom & Leszcz, 2005) and to make sure that my own unresolved mother-daughter issues were not played out or projected onto the clients (Storr, 1990). I was highly aware of these dangers; hence I remained attuned to my reactions to the clients. Throughout the therapeutic process I was constantly assessing and re-assessing my feelings. I tried to be aware of what feelings were being stirred up in me and whether these feelings belonged to me or if they were evoked by the clients (Yalom& Leszcz, 2005).

Both mother and daughter transferred their feelings onto to me as therapist and cast me in the roles of mother, father, daughter, and friend. Sophie cast me in the role of daughter for the role-plays we created in her second individual session, which helped me to gain perspective into Tammy's feelings. In the discussion about setting up a follow-up appointment for Tammy, Sophie transferred her feelings of anger and worries onto me and seemingly placed me in the role of daughter or employee. Sophie attempted to control me and the topic of discussion in the sessions on numerous occasions; she also strived to control her daughter's treatment as she frequently cancelled, perhaps because she was fearful of facing personal issues or because she wanted Tammy to have more time alone with me. The frequent cancellations left me with feelings of failure, inadequacy, and loss. At first I was unable to make sense of what I was feeling, yet, as time went on I made connections between what I was experiencing and the client's feelings. In Tammy's tenth individual session I used words or phrases to describe these

transferred feelings and directly asked Tammy if she ever thought or felt this way. Tammy was relieved when I articulated her feelings; she confirmed that she often felt this way and that some of the phrases I used were identical to comments that she often said to herself. This opened a door for me to explore why she felt this way and gave me the opportunity to demonstrate her strengths and ability to overcome her misfortunes.

In relation to countertransference, as a daughter myself, I related strongly to many of Tammy's feelings. I am not yet a mother, but previously to becoming a therapist, I was a high school teacher and could also relate to Sophie's concerns about her adolescent daughter. I tried to remain neutral by not taking sides (Gelso & Fretz, 1992); I reflected the client's feelings and encouraged them to see things from each others perspectives. I am however, only human and am sure there were times when I voiced my opinions or related more to one client than the other. I hope that my humanity was not too detrimental to the clients' growth and that my positive attributes as a therapist outweighed my negative attributes.

Chapter Seven: Conclusions

In telling the story of a mother and daughter's therapeutic journeys I can conclude that the manipulation of distancing through specific drama therapy techniques did help facilitate communication between this mother and her at-risk adolescent daughter. Both mother and daughter had the opportunity to communicate at a level of aesthetic distance. They experienced a balance of attention, found equilibrium between past trauma and present safety, emotions were cathartically released, and they gained insight into communication problems by experiencing them directly and indirectly. The mother and daughter experienced changes in their communication beyond the therapeutic frame.

Their insights permeated their every day interactions with each other and with other important people in their lives. They uncovered parts of themselves that had been hidden or repressed; freeing these memories and experiences cleared a path for them to discover ways to effectively communicate with one another. The two phase structure of the therapy was especially effective for the mother and daughter at the centre of this case study as one of their therapeutic goals was to untangle their enmeshed relationship, so as to emerge more autonomous and independent. Having time to work on their identities, self-concepts, and inner feelings in individual therapy, helped them to gain awareness of their own individualities and personalities separate from the identities of each other. Without this I believe it would have been considerably more difficult to work with the mother and daughter together. It is my belief that they could not know each other and be ready to work on mother-daughter communication, without knowing themselves separately first. The therapy helped them to understand and redefine mother-daughter roles and to understand the role they needed and wanted to play in order to communicate successfully with each other, free from guilt and excessive secrecy. My hopes and anticipations before beginning the therapeutic process were met as participation in drama therapy techniques did help the mother-daughter dyad to better develop their self-concepts and identities, identify problems, express emotions, and creatively problem solve through the manipulation of distancing techniques. The exploration of these aspects built resiliency and diminished the daughter's at-risk behaviours and, as previously anticipated, the mother and daughter did gain insight into their communications styles from their involvement in this study.

Future Explorations

I used the concept of distancing as a basis for the choice of action-oriented drama therapy interventions and the flexibility of my treatment plan was necessary in order to meet the needs of the clients. The treatment plan and findings of this study are based on my subjective views but they could lead to a more structured and standardized treatment plan and analysis designed specifically for use with this population. Future research could include explorations into a mixed qualitative and quantitative study that uses the distancing scale as an assessment tool to assess changes in communication. The results of such a study might provide support for the preliminary findings in this study.

Applying a strength-based approach to my work was effective in helping the clients to develop consciousness of their strengths and weaknesses so as to accept themselves as whole persons. I believe future research with mother-daughter dyads should be underlined with strength-based approaches in the hope of changing the deficient medical models for assessing clients. Saleebey's (2001) supports my future explorations for research and has further suggested that the most effective way to balance the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) deficit model and to encourage research is to include a new axis in the current diagnostic system which would require clinicians to formally assess client's strengths and not just their pathologies. As stated in chapter three, to my knowledge there are no published studies in drama therapy that focus on distancing as a tool for assisting communication in mother-daughter dyads. The concept of distancing is fundamental to the practices of drama therapists whilst mother-daughter relationships and communications are considered to be highly influential in females' lives and are believed to carry on into future generations.

The limited research on using drama therapy interventions with such an important population to the future of humanity supports the need for more studies to be conducted with mothers and daughters in the field of drama therapy.

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Figure Caption

Figure 1. Dead. Created by client (daughter).

Figure 2. Exterior of Self Box. Created by client (daughter).

Figure 3. Interior of Self Box. Created by client (daughter).

Figure 4. Broken Heart. Created by client (daughter).

Figure 5. Anger. Created by client (mother).

Figure 6. The Wolf. Created by client (daughter).

Figure 7. The Lone Warrior. Created by client (mother).

Figure 8. The Wolf Environment. Created by client (daughter).

Figure 9. The Lone Warrior Environment. Created by client (mother).

Figure 10. Tiamat - Dragon Wisdom. Image created by Helen Nelson- read. © Helen Nelson-Reed. http://www.helenanelsonreed.com/

Figure 11. Tiamat - Dragon Wisdom. Description and affirmation written by Nancy Blair. (2002). © Nancy Blair. http://www.nancyblair.com/

Figure 12. Fortuna. Image created by Mara Friedman. © Mara Friedman. http://www.newmoonvisions.com/

Figure 13. Fortuna. Description and affirmation written by Nancy Blair. (2002). © Nancy Blair. http://www.nancyblair.com/

Figure 14. Astarte. Image created by Hrana Janto. © Hrana Janto. http://www.hranajanto.com/

Figure 15. Astarte. Description and affirmation written by Nancy Blair. (2002). © Nancy Blair. http://www.nancyblair.com/

Figure 16. Medicine Woman. Image created by Karen Watson. © Karen Watson. 14 Blueberry Lane Lexington, MA 02173.

Figure 17. Medicine Woman. Description and affirmation written by Nancy Blair. (2002). © Nancy Blair. http://www.nancyblair.com/

Appendix A

Consent Information

Drama Therapy Student: Louise Leotta
Concordia University

Supervisors: Bonnie Harnden (academic supervisor)
Yehudit Silverman (research supervisor)

Background information
One of the ways drama therapy students learn how to be drama therapists is to write a research paper that includes case material and art work by clients that they have worked with during their practicum. The purpose of doing this is to help them, as well as other students and drama therapists who read the research paper, to increase their knowledge and skill in giving drama therapy services to a variety of persons with different kinds of problems. The long-term goal is to be better able to help individuals who engage in drama therapy in the future.

Permission
As a student in the Master's program in the Department of Creative Arts Therapies at Concordia University, I am asking you for permission to transcribe some of our therapy sessions, to write about drama therapy techniques explored and to photograph and include some of the art work that you create in our therapy sessions in my research paper. I am also asking for your permission to consult your (medical or other) file for a period of one year (or until I have completed my research paper). A copy of the research paper will be bound and kept in the Concordia University Library, and another in the Department's Resource Room. This paper may also be presented in educational settings and or published for educational purposes in the future.

Confidentiality
Because this information is of a personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the name of the setting where your drama therapy took place, nor any other identifying information will appear in the research paper or on your art work.

Advantages and Disadvantages to Your Consent
To my knowledge, this permission will not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your involvement in drama therapy or any other aspect of your treatment. You may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or if you have any questions about this research study, you may contact my research advisor (Yehudit Silverman - Phone: 514-848-2424 ext. 4231 - E-mail address: yehudit@alcor.concordia.ca)

If at any time you have questions regarding your rights as a research participant, you may call Adela Reid, Compliance Officer, in the Office of Research.
Adela Reid, Compliance Officer
Office of Research, GM-1000, Concordia University, Montreal, Quebec h3G 1M8
Phone: 514-848-7481

Consent Information

Title of Research Project: Exploring Distancing and Communication in Drama Therapy with a Mother-Daughter Dyad

Drama Therapy Student: Louise Leotta
Concordia University

Supervisors: Bonnie Harnden (academic supervisor)
Yehudit Silverman (research supervisor)

I agree to participate in the research inquiry conducted by Louise Leotta entitled *Exploring Distancing and Communication in Drama Therapy with a Mother-Daughter Dyad* as part of her Master's studies in the Department of Creative Arts Therapies at Concordia University.

I have carefully read and understood the consent information about the above study. Its purpose and nature have been explained to me. I have had the opportunity to ask questions about it, and I am satisfied with the answers I have received.

I understand that I will participate in 2 phases of therapy over 16 weeks. In the first phase I will work separately in individual therapy for 4-6 weeks while in phase two I will work together with mother/daughter for 8-12 weeks. Throughout the therapy I will have the opportunity to explore through drama therapy and other creative interventions my experiences and issues concerning therapeutic goals and communication with mother/daughter.

I understand that my identity will be kept confidential.

I understand that the sessions will be audio taped. No one will hear the recordings except the student researcher, though the student's advisor may read the transcripts of the sessions with participants identified through pseudonyms. The tapes and artwork will be stored separately at therapy site without any participants' names attached to them. The final report will present information from the sessions in the form of a qualitative case study which will include a summary of the sessions describing aspects of participants' experience, with identities kept confidential. Any artwork or dramatic performance created will be used but my name will not be disclosed in the research paper or in any future presentations or publications of the research. This artwork or performance will be

included in the research paper in the form of photographs. No artwork or performance will be photographed without my written permission.

I understand that I have the right to withdraw my consent at any time. I understand the purpose of this study and that there is no hidden motive of which I have not been informed.

I understand that copies of the research paper will be bound and kept in the Program's Resource Room and in the Concordia University Library.

I freely consent and voluntarily agree to participate in this study.

_____ In addition, I authorize Louise Leotta to photograph my artwork under the conditions of confidentiality outlined above.

Participants Signature:_____

Signature of witness: _____

Appendix B

Consent Form

Authorization for audio recordings, photography, and use of case material related to drama therapy sessions.

I, the undersigned _____

Authorize _____

To take any:	YES	NO
Audio recordings	____	____
Photographs of art work created in drama therapy sessions	____	____

To discuss, utilize and publish case material in research paper and for educational purposes, providing that reasonable precautions are take to conserve anonymity.

However, I make the following restriction(s):

_____

_____

_____

_____

_____ _____

Signature of Patient Date

_____

Signature of Guardian (if necessary)

_____ _____

Witness to Signature Date

Appendix C

Responses to Card Game

P – When alone I think about…	A – lots of things that nobody knows about.
P – I still feel bad about….	A – telling my cousin I cut myself.
P – When I think about the most important person in my life…	A – I don't know…. I think the most important people in my life are my Mom, my cat, and my grandfather.
P – If my mother would only…	A – be less grumpy.
P – The people I like the best are…	A – my best friend and this boy who makes me laugh.
P – When I am not around my friends…	A – I am sad.
P – I like my mother but…	A – I wish she would be more fun and nag me less.
P – What I want most out of life…	A – is to be happy.
P – My family…	A – are good to me.
P – Someday I …	A – want a husband, children (boys) and a house on acreage with horses.
P – It is wrong to…	A – lie.
P – I am ashamed of…	A - cutting myself.
P – I like my father but…	A – he is the reason we have no money today.
P – My greatest ambition is to…	A – be a horse riding instructor.

P – I think that a real friend…	A – always listens and is always there when you need them. I don't have friends like that.
P – My mother…	A – is generous.
P – Some people say I am…	A – weird.
P – At home…	A – it is boring.
P – I am afraid to…	A – talk to people about how I feel.
P – I despise people who…	A – tell lies or talk behind your back.
P – My father…	A – is fun.
P – The worst thing I ever did was…	A – lie to my mom about lots of things.
P – When I disagree with someone…	A – I respect their ideas and don't try to tell them if I feel differently.
P – If I were a child again…	A – I would start horse riding earlier than I did.
P – I've always wanted to…	A – have my own life – it belongs to mom and friends because I don't think I am truly being myself.
P – I wish…	A – I could be happy.
P – I wish…	A – my father had more money and could...
P - I don't like people who…	A – lie.
P – Many of my dreams are…	A – big, I want to own a big house and farm with lots of horses and have a good man and 2 boys who play hockey. I am a bit of a tomboy so I think I can relate to boys better.

P – I look upon myself as…	A – sad and mad.
P – But other people say I am…	A – happy and have everything I want.
P – Most of my friends don't know…	A – that I'm not sure if I can hold it all in without giving up on life.
P – Sometimes I feel like killing…	A – myself.
P – What I like most about being a girl is…	A – the privilege… girls get to go first etc.
P – Other children in my family…	A – are happy (my cousins).

Appendix D

My Very Busy Life - Work Load

Mask: Longtime no see, where were you?

Sophie: I was working!!

Mask: Is that why you look so tired?

Sophie: Well, I am not sleeping very good.

Mask: How come?

Sophie: I am overworked and very stressed.

Mask: You should relax a bit.

Sophie: I am so tired I have no energy for anything.

Mask: You should do something you like.

Sophie: What do you mean?

Mask: maybe go and get a pedicure, maybe a massage.

Sophie: It sounds nice but I need time.

Mask: Well, make some time for yourself, you need it.

Sophie: I do not know where to start, maybe when work is not so busy.

Mask: I think you should take time now because you need it and you'll feel better after.

Sophie: It's easier said then done.

Mask: Sometimes you have to make an effort, do not forget yourself. You are important too.

Sophie: I know all my friends tell me the same thing.

Mask: Your friends are right you have to take care of yourself, because no one else will.

Sophie: Maybe this weekend I'll find time to do something nice for myself.

Mask: I hope so, let me know how it went and how you felt after all that.

Sophie: I'll see what I can do.

Mask: Take care of yourself. You deserve it. Be good to yourself.

Appendix E

The Way I look!!

Wolf: What are you looking at?

Tammy: I'm looking at you. Why you ask?

Wolf: Because I look weird.

Tammy: Now why do you say that?

Wolf: Well did you look at me? I look (horoble) horrible!

Tammy: No you don't, you look perfectly normal to me.

Wolf: Well I don't (thing) think so.

Tammy: Why don't you listen to me? I'm not (lieing) lying to you.

Wolf: But how can I trust your word?

Tammy: Because if you did look weird, (wud) would tell you.

Wolf: You (wud) would say that?

Tammy: Well ya!! I try to tell the truth!

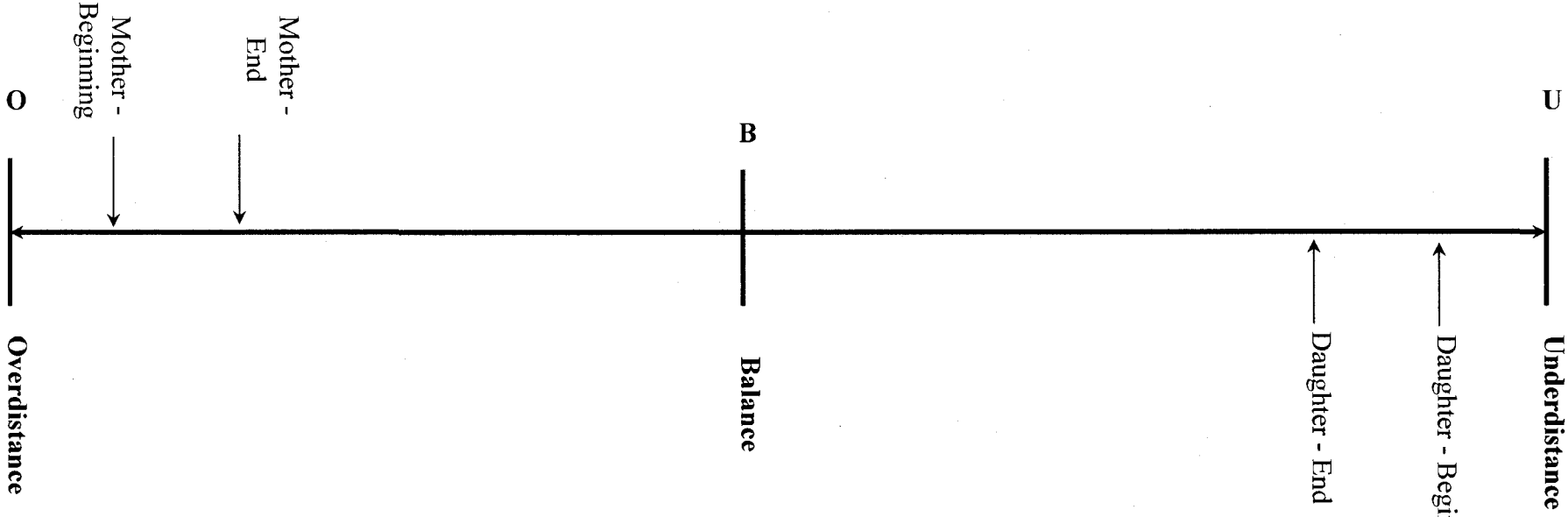
Wolf: Well thanks for the compliment, I will take it to heart!

Tammy: Good because I know I'm right!

Appendix F

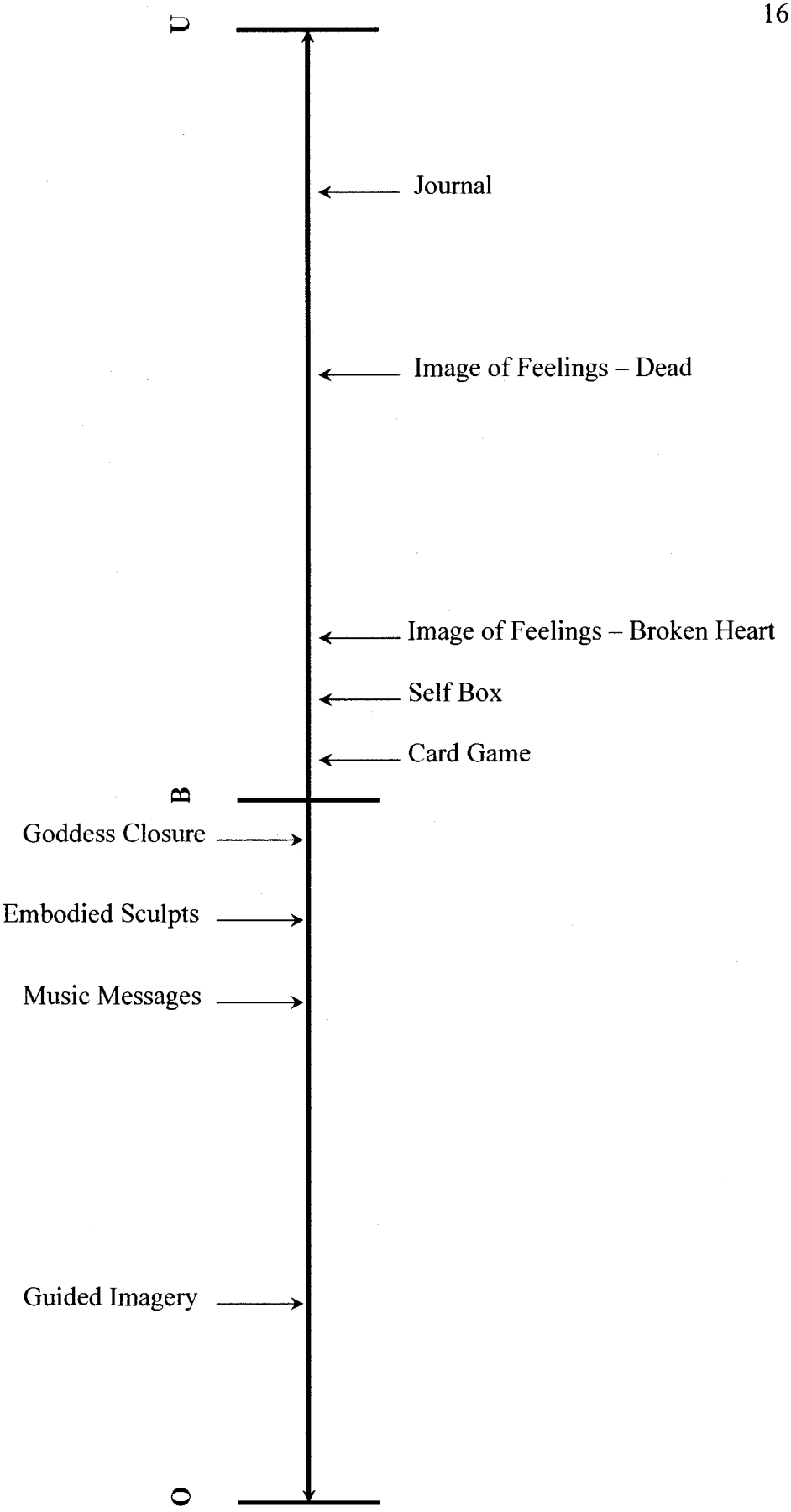
Distancing Scale of Mother and Daughters Level of Distance at the Beginning and End of Therapy

In all of the distancing scale appendixes, I assessed the level of distance based on the clients' relationship to their own material and their affect. For appendixes G, H, I, and J, I also assessed how overwhelmed the clients were by personal material in the interventions, what they disclosed compared to what they kept concealed, the inclusion or exclusion of catharsis, and the level of insight gained. The greater the insight and catharsis the more balanced their expressions were and the closer they came to aesthetic distance.



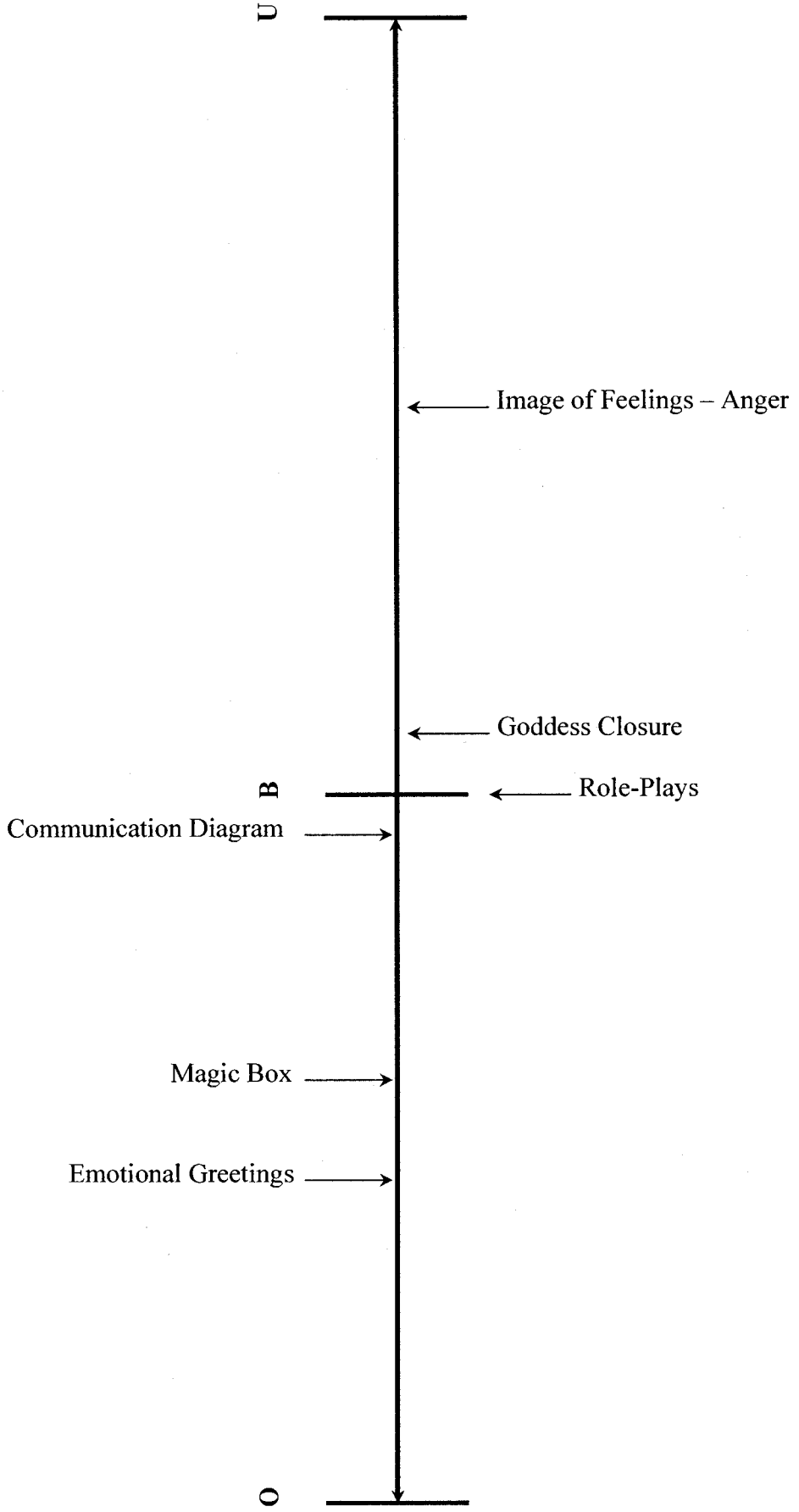
Appendix G

Distancing Scale of Daughters Individual Interventions



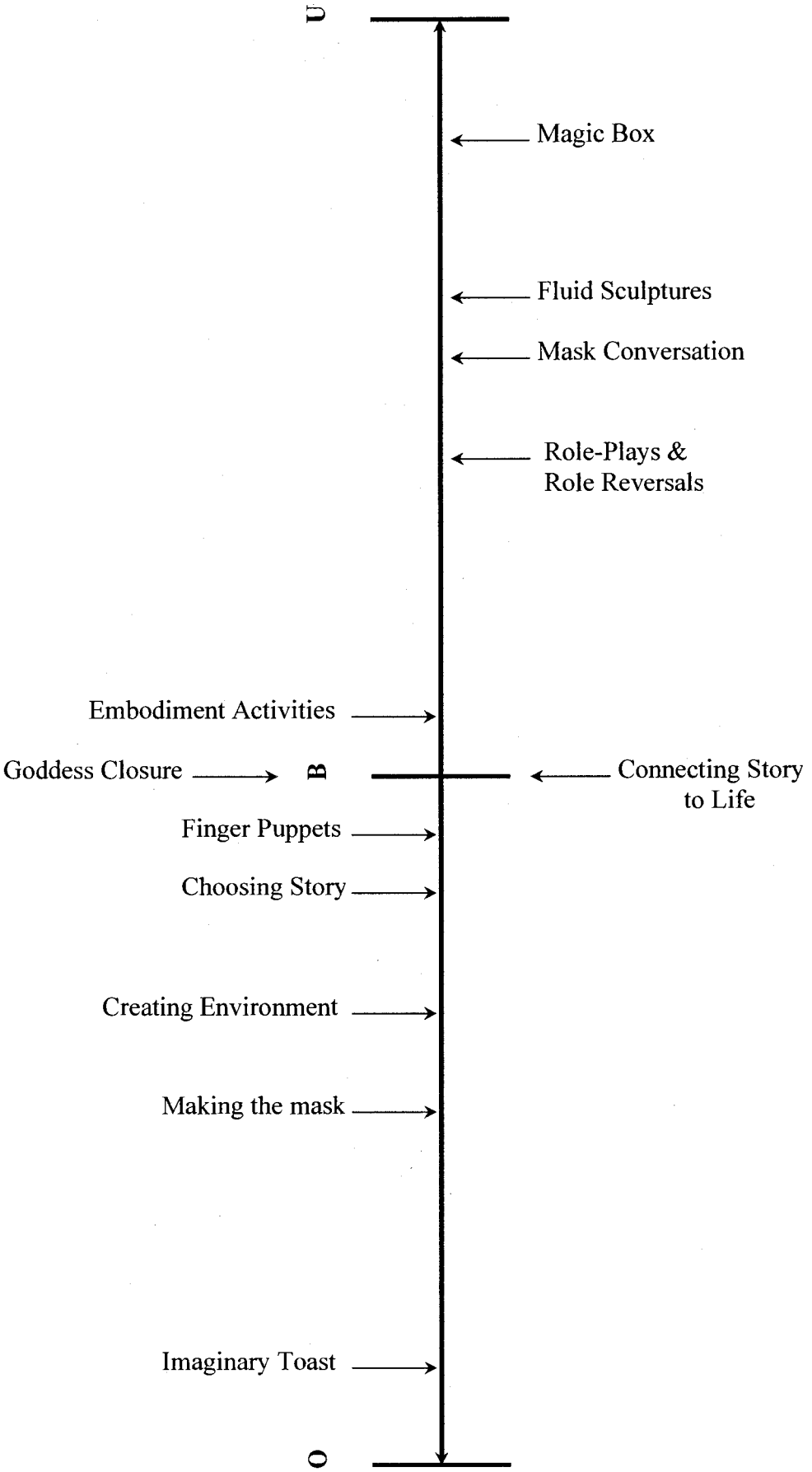
Appendix H

Distancing Scale of Mothers Individual Interventions



Appendix I

Distancing Scale for Daughter of Dyadic Interventions



Appendix J

Distancing Scale for Mother of Dyadic Interventions