Playing with the Phenomenon of the (Un)playable

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Abstract

Developmental Transformations (DvT) is an embodied, spontaneous improvisational practice, used primarily in therapeutic settings with a variety of clients and populations. The "unplayable" is a term coined by the creator of the method: David Read Johnson. In this paper the term will refer to material, situations, and moments that are difficult in therapy, primarily for the client, but not excluding the therapist. This research study explores the lived experience of DvT practitioners, as they encounter their clients' "unplayable" material in therapy. Data collected from interviews with a group of four DvT practitioners is examined. Titled *Play/Unplay,* the final component of this research culminates into a multimedia presentation, performed in front of a live audience. *Play/Unplay* incorporates live footage of interviews with practitioners, and the researcher's bias and personal experience with the phenomenon, in the form of drama/movement vignettes. This research builds on existing data regarding the phenomenon, and focuses primarily on how the "unplayable" is defined, felt, and encountered, from the perspective of DvT practitioners.

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Introduction

The main intent of the method of Developmental Transformations (DvT) is to reduce an individual's fear, specifically the fear of life's many instabilities (Johnson, 2013). This is achieved by having the DvT practitioner; known as *playor*, play with their clients, known as *players*. Just as in play therapy, where the therapist is a witness, a participant, and a leader, able to be involved in the play yet remain aware enough to provide framework (Jennings, 1982; Johnson 1992), in DvT the therapist is additionally a guide, placing themselves fully in the play, guiding their clients through the realm of play and helping them maintain it (Johnson, 1992). As the playor and players play together over time, more and more is experienced and shared, and barriers between the two decrease (Johnson, 2013). In a DvT session clients are invited by the therapist to enter a playspace: a liminal and imaginative space where embodied and playful encounters take place (Omens, 2014). In real life, much anxiety and pain is caused by encounters with others, and DvT uses the playspace as a practice space where similar interactions and encounters with others can take place. Life is constantly changing and this is mirrored in the playspace by giving all participants maximum freedom to transform a scene at any time, and change it, in any way they wish. The freedom for transformation, created by the playspace, allows the client and therapist discover the client's world together, thereby understand the client's difficulties in different areas of their lives. This is achieved by the process of deconstruction, as Johnson (2013) explains: "In a world - both personal and social - encrusted by territories and compelled by exercises of power to defend these threatened territories, DvT attempts to open the boundaries between territories through various processes of negation, deconstruction, and destabilization" (p. 43).

The process of deconstruction or negation, attempted in DvT practice, originated from Grotowski's theory of *via negativa* as it applies to training actors in theatre (Grotwoski, 1968; Johnson, 2000; Johnson, 2009). *Via negativa* is a process of eradication of blocks, used as a way to train actors to focus on getting rid of the pause between their impulse and their action (Lavy, 2005). Grotowski was seeking truthfulness and purity in both the production of the play as well as in his actors' performance and felt this could be achieved by removing the sets, costumes, lighting, etc., so that what remains is the encounter between the actor and the spectator (Grotowski, 1968). This approach was also applied to the actor, who would work directly with their body to remove any psychological or physiological blocks: "We must find out what it is that hinders him [the actor] in the way of respiration, movement and - most important of all - human contact. What resistances are there? How can they be eliminated?" (Grotowski, 1968, p. 209). In DvT, the attempt is similar; the playspace, where the therapy sessions take place, is stripped away from objects, costumes or any materials, and the participants use only their bodies as play-objects. Like Grotwoski's actors, participants in DvT are encouraged to work from a level of impulse and to react without editing their expression by overthinking.

By freeing up the mind, the focus is on the body, where spontaneity and free improvisation leads the way, with a guiding therapist that acts as a witness, a participant, using the playspace as a container for the session. Often, this process reveals the client's personal material some of which is difficult and unplayable. The term "unplayable", in this paper, will refer to any material, situation, or moment that is difficult for the client and/or the therapist to play with, engage with, or even acknowledge in the playspace.

Literature review

The "Uplayable" in Psychotherapy and Counselling

In psychotherapy and counselling literature, terms that encompass the phenomenon of the "unplayable" include: resistance, rupture, and impasse (Messer, 2002; Karlsson, 2004; Safran, Muran, Proskurov, Levy & Ablon, 2009). Resistance in therapy, in the broadest terms, can be seen as a way for the client to both reveal and hide aspects of themselves regarding their interpersonal relationships including the relationship between themselves and the therapist; as a way for the clients to both avoid and express drives, fantasies, feelings, and behaviors that are perceived as unacceptable by the client (Messer, 2002). The therapists themselves, who may be imposing expectations and demands on their clients, can also bring on resistance. Resistance in therapy can be a healthy way for the client to express their behaviors, patterns, as well as their need for autonomy (Messer, 2002). It has been found that a heightened awareness, on the therapist's part, may reduce the client's resistance or at least create an opening (Mahrer, Murphy, Gagnon, & Gingras, 1994). Resistance in therapy can be seen as a normal by-product of the therapy process of change, and is most likely to occur when the client experiences loss of freedom or choice (Moyers & Rollnick, 2002).

Ruptures in the therapeutic alliance between a client and a therapist were defined by Safran & Muran (2006) as: "breakdowns in collaboration" and "poor quality of relatedness" (p.289). The authors maintain that there are *confrontation ruptures*, such as when a client directly confronts the therapist with their concerns, and *withdrawal ruptures*, where the client does not share their concerns with the therapist (Safran & Muran, 1996, 2000, 2006). Ruptures can have many variations, and range from minor tension between client and therapist to major breakdown in communication or collaboration (Safran, Muran & Eubanks-Carter, 2011). In their research, Safran Muran, & Proskurov (2009) found that when therapists and clients work through ruptures (also called strains, breaches, and tears) in the therapeutic alliance, it is pivotal and

valuable for the therapeutic process; providing the therapist with an opportunity to explore the client's expectations and beliefs, and the client, an opportunity to correct their dysfunctional interpersonal schemas. Similarly, it has been shown that when the therapist stays in the rupture and deepens its meaning for the client, instead of avoiding it or ignoring it, the client is able to grow awareness and better understand their presenting issue (Takens, 2005). As a way to repair ruptures in a therapeutic alliance, Safran et al. (2011) suggest that the therapist first needs to be aware of ruptures when they occur, and initiate an exploration of possible ruptures with their clients, since some clients may hesitate sharing their negative feelings with the therapist.

Impasse in therapy is defined as difficult in-session moments where a therapist feels lacking in competence or efficacy and therefore 'stuck' and unsure about how to proceed (De Stefano et al, 2007). Karlsson (2004), regarded impasse as resistance to change, which he explains depends at large on the therapist's ability to connect with their client. Whereas, a therapist who manages to communicate and emotionally connect with their client establishes an interaction, a therapist who fails to connect falls into a therapy impasse (Karlsson, 2004). Karlsson argues that an impasse between a therapist and his/her client is caused by projective identification, where an unwanted part of the self is projected onto another (Ogden, 1982; Karlsson, 2004). However, according to Bion (1976; Karlsson, 2004), the recipient of the projection, in this case the therapist, can act as a container and metabolize the experience so the "projector", in this case the client, can interject. This analogy places the therapist in a position where they can resolve the impasse, allowing them to reconnect with their client.

DvT - A Drama Therapy/Creative Arts Method

In creative arts therapies, expression and containment are balanced under the guidance of the skilled creative arts therapist, allowing for a discovery of creative resolutions to pressing

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problems (Robbins, 1980; Emunah, 1990). Creative arts therapies utilize the arts to effectively externalize, transform, and then reintegrate unwanted or unknown parts of the self, with the guided help of the therapist (Johnson, 1982). The North American Drama Therapy Association (2015) defines drama therapy as the intentional and systematic use of drama and theatre processes in order to achieve therapeutic goals. One core process, often used in drama therapy, is known as dramatic projection, where individuals project parts of themselves into the dramatic material in the form of masks, puppets, character work, stories telling, and metaphors (Jones, 2007). Another tool particular to drama therapy is distancing, where balance is maintained between separation and closeness (Landy, 1983). The use of distancing allows for clients to expand their role repertoire, and enhance their ability to separate themselves from some roles while identifying themselves with other roles (Landy, 1983). In general, drama therapy focuses on the creation and maintenance of an imaginary realm where the client's personal material can be explored (Johnson, 1982; Landy, 1983; Emunah, 1994; Jones, 2007; Pendzik, 2008). These processes and approaches are used in many drama therapy methods including Developmental Transformations.

Developmental transformations (DvT), is a drama therapy method based on the fundamental assumption that experience - in the form of every lived moment, is unique and can never be exactly repeated (Johnson, 2013). The theory of DvT is based on the notion that because every moment is new and never before experienced, life is regarded as unstable and unpredictable. This instability is often confronted by a human tactic to try and create stability through structure. However, one eventually realizes that life's unstable nature is never fully eradicated, as humans cannot entirely control or stabilize their lives. DvT attempts to change what can be controlled: reducing an individual's fear over the instability of life (Johnson, 2009).

DvT practitioners work with a variety of populations including the elderly dealing with death anxiety (Smith, 2000), adults with PTSD (Dintino, 1997), adults with schizophrenia (Johnson, 1984; Butler, 2012), as well as child psychiatric inpatients (Reynolds, 2011). DvT theory has been influenced by a variety of frames, one of which is client-centered psychotherapy (Johnson, 2005). In client-centered therapy, the most satisfactory therapeutic relationship can be acquired when the therapist assumes the internal frame of reference of the client, thereby perceiving the world as the client sees it (Rogers, 1951). In order to discover and eventually remove the client's blockage, the therapist needs to become an active participant in the client's experience, absorbing themselves completely in the client's schema, this way the therapist is in a position where they can easily see the changing nature of their client (Rogers, 1951). In DvT practice, the therapist becomes a play-object for their client and the primary vehicle for engaging the client (Johnson, 2000; Schnee, 1996). Consequently, the therapist models risk taking as they sacrifice their privileged position as experts and give up a degree of control, placing themselves in the discomfort and instability of the constructed world of the client (Mayor, 2010). To an extent, the readiness and ability to play that the therapist demonstrates, can reduce the anxiety the client may face regarding their own readiness and ability for playing in the playspace.

The "unplayable" in DvT Literature

As a term, the phenomenon of the "unplayable" is mentioned and discussed in the article: Towards the Body as Presence (Johnson, 2000), where the author and creator of the method explains that the goal of a DvT practitioner is to help the client maintain a state of play by eventually playing with the "unplayable". As clients encounter the same unplayable moment, ignore it, and eventually come across it again, the "unplayable" becomes a cliché and the grip it has over the client becomes looser (Johnson, 2009). In recent literature on DvT theory, the term

"unplayable" is not used, however, qualities that are similar to those of the "unplayable" in that they can be perceived as a difficulty, and/or a block for the client and the therapist, are known as "the instabilities of life" (Johnson, 3013). The main sources of the instability of life, as described in the second edition of the DvT Text for Practitioners (2013), are that our experience of life is inaccurate, inexact, intermittent, and incomplete. Furthermore, when life is experienced as incomplete, the source of instability expands to the unknown which has never been perceived, the absent which is no longer present, and the obscured which is present but not shared with others (Johnson, 2013). In other words, life is unstable because it is in a constant state of flux, and because it is often unpredictable, and this reality can be difficult and thus unplayable for many clients. In a DvT session these instabilities are regarded as excellent subjects of play, and therapists are encouraged to play with their clients' difficulties, fears, and instabilities (Johnson, 2005, 2013).

In terms of practice, DvT literature reveals that practitioners respond differently when encountering their clients' difficulties in therapy. Some DvT practitioners use the term "impasse" when the client and/or therapist struggle to move on or transition during treatment (Johnson, 1982; Poter, 2003). Impasses, at times, cause DvT practitioners to bring the play to a stop, due to the discomfort and difficulty it causes the therapist who struggles to maintain the dramatic play during these moments (Porter, 2003). In other cases, practitioners transform to the here and now, by addressing the client as the client in reality, as opposed to a player in the playspace, and by reflecting on thoughts and feelings regarding the present moment (Johnson, 2005; Omens, 2014). Often, DvT therapists used play as a way to engage their clients' difficulties, and incorporate the "unplayable" into the therapy as a way for the client to gain understanding and control over their difficult and personal material (Dintino, Steiner, Smith, & Galway, 2014).

Methodology

Husserl named his philosophical method 'phenomenology', the science of pure phenomena, where the aim of this methodology is to return to the concrete and capture the essence (Groenewald, 2004; Husserl, 1913). A phenomenological lens is suited for this research, as I am interested in understanding and describing the phenomenon of the "unplayable" by capturing the essence of it from the lived experience of practitioners who encounter it with their clients in therapy. My phenomenological research question is:

What is the lived experience of DvT practitioners as they encounter the "unplayable" with their clients in the playspace?

Although there are various views on phenomenological research, the approach this research aligns with most is an interpretive phenomenology, where the researcher's role is an active one, and the participants of the research try to make sense of their world; while the researcher is trying to make sense of the participants' attempt to make sense of their world (Smith, Jarman, & Osborn, 1999).

This research utilized several art modalities including, music, movement, and drama as a way to provide an image for an audience regarding the phenomenon of the "unplayable". Arts based research provides a heuristic lens that can deepen our understanding regarding complex interactions in the world, by providing an image for these interactions and thereby making them noticeable to others (Barone & Eisner, 2012). By creating a multimedia presentation, I will attempt to creatively express the lived experience of encountering difficult material in the therapy space, from the lens of seasoned therapists, as well as from the lens of an emerging drama and DvT therapist. My phenomenological arts based question is:

How can a multimedia presentation be made to capture the lived experience of DvT practitioners as they encounter the "unplayable" with their clients in the playspace?

In arts based research, the researcher seeks credibility more than validity, and the core of this credibility can be found in how the arts based research deepens the conversation and yields to an array of questions more complex than what was originally undertaken (Barone & Eliot, 2012). Phenomenologists believe that through an interaction between participants and researcher, knowledge can be achieved (Reiners, 2012). This research fuses a phenomenological inquiry with the arts in the form of a multimedia presentation , allowing the researcher's personal bias interweave with the participants' lived experience, as an attempt to gain insight into the phenomenon from both perspectives, in one collective piece.

Research design & data collection

The data collected for this research was gathered primarily from a focus group consisting of four DvT practitioners, recruited for this study from the Montreal DvT institute. All members sighed an informed consent, which was reviewed and approved by the Research Ethics Unit of Concordia University (see Annex A). An invitation was sent out to qualified Montreal DvT practitioners via the director of the Montreal DvT Institute. The level of experience and expertise of the participants had to meet specific requirements for participation set forth by the researcher, to ensure that the information provided by the focus group pertained to a working DvT practitioner's lived experience of the "unplayable". The requirements for participation in this study include: a minimum of three years in practice as a creative arts therapist, majority attendance to monthly DvT trainings over the last two years, holding a Level 1 certificate in the method or higher, and currently practicing the method with clients. Four individuals meeting all qualifications, agreed to participate in this study where practice and experience among them

range from 5 to 8 years. Data was gathered by videotaping a 90-minute group discussion that included all four members of the focus group, followed by one-hour individual interviews with each of the participants, which was also videotaped. The participants gave full consent for this footage to be used in the multimedia presentation. Both the group discussion and individual interviews were semi-structural (see Annex B). The main findings that emerged are described in the section titled "Findings".

Creating a multimedia presentation

The purpose of the multimedia presentation was to incorporate the data collected from the participants, with the researcher's personal bias, known in descriptive phenomenology as 'bracketing'. A researcher's bracket in a phenomenological study can be compared to brackets used in mathematical equations, whereas what is in the bracket is not placed there to be ignored or unaccounted for, but is there because it needs to be dealt with (Van Deurzen, 2014). Inspiration for my bracketed experience came from the "Constructed World"(Johnson, 2013). In the playspace, the therapist plays in the client's "Constructed World", which includes the client's own identity, personal life, feelings and desires, as well as their perception of difference (Johnson, 2013). In DvT theory, the "Constructed World" is made up of four areas of play, upon which a DvT playor and players simultaneously encounter each other. These areas mirror four main areas that essentially make up for the real world where humans meet and interact. Using free improvisational play, the therapist along with the client, enter various areas of the client's world, allowing the client to gain awareness on how they construct their own identity and the world around them (Johnson, 2013). The four areas of play in the "Constructed World" are: power, possessions, passions, and presence (Johnson, 2013). In Play of Powers, participants become aware of their roles and play with the difference in power, status, appearance and other

separating features (Johnson, 2013). In Play of Possessions participants explore their role repertoire, personal neurotic, family history, as well as their general preferences (Johnson, 2013). In Play of Passions participants explore their relationship with the therapist including desire and awareness for likes and dislikes toward others, (Johnson, 2013). Finally, in Play of Presence, a mutual acceptance and awareness is exchanged between all participants appearing as they really are, and not as players and playor in the playspace (Johnson, 2013). These areas of play serve as theory and are not explicitly discussed with clients in session, however they create a clear picture of the playspace, in terms of the different topics that come up during play, many of which can seem unplayable or difficult to play with. My intent was to explore the phenomenon of the "unplayable" from each of the four areas of play, using contemporary songs and drama/movement vignettes.

This spontaneous artistic journey began when I listened to a song from the 90's, which I often listened to as a teenager, called "Get in the Ring" by the band Guns and Roses. This song took on a new meaning and perhaps, a new understanding, as I listened to it with a DvT ear, searching for the "unplayable" in songs. The lyrics of the song captured my attention immediately, as it clearly represented a struggle in the area of power. In this case, the struggle was between music artists and the music industry namely music producers, who hold much control and power over the music artists without whom, their employment would not exist. The spirit behind the song, of reclaiming power and control, was inspiration for the first embodied vignette representing the "unplayable" in Play of Power. My creative journey continued when I landed on a piano instrumental version of this fast pace rock song, which then inspired me to record my own vocals on the instrumental version of this song. This creation gave rise to a vignette performed by two players portraying the struggle of sharing power in the playspace.

The song "Bullet with Butterfly Wings" by the Smashing Pumpkins was inspiration for the depiction of Play of Possessions, as it describes an individual questioning themselves in terms of their wants, needs, and place in society. The struggle in this song is described as feeling trapped inside a cage, despite the desire to individuate or separate and be free. This is in line with the "unplayable" that can surface in Play of Possessions, where one may struggle to accept themselves as a collection of both good and bad qualities (Johnson, 2013). The embodied vignette inspired by this song was performed by three players, where one player placed in between two other players, is struggling with a personal conflict of wanting to be both included and separated from the other two players. The song "Death and all his Friends" by Coldplay was picked to depict the "unplayable" in the area of Passion, as it describes passion between two individuals, and a struggle resulting from resentment and mistrust created by this desire. Play of Passions is about becoming aware of all our passions, and this is beautifully displayed in this song by the band's energy as they play the piece, and by the various changes in rhythm throughout the song. The performance vignette inspired by this song portrayed two players, at times delighted to be connected, at times frustrated and separated.

It was fascinating to discover that the "unplayable" was only to be found in three of the four areas of play. "Play of Presence" is where the therapist and the client meet as themselves without "playing" someone or something else (Johnson, 2005, 2013). Since play is absent, the "unplayable is absent as well. In order to capture the lack of play and unplayable found in "Play of Presence", no song or embodied vignette was used for the performance part of this section, instead footage of water rapids was displayed on the screen, representing the researcher's idea of *presence*, which includes silence and nature. Water rapids also play as a metaphor for the playspace, where the water continuously running represent the "flow", and the rocks in the rapids

causing whitewater represent the "unplayable". The entire presentation combined footage from the focus group and individual interviews, intertwined between performance vignettes representing the researcher's bracket. The intention of the multimedia presentation, titled "Play/Unplay", was to showcase the findings regarding the phenomenon of the "unplayable" as well as showcase what encounters in the playspace could look like. The multimedia presentation was influenced by DvT elements and practices, such as using minimal props and lighting for the set of the performance vignettes, and the use of symbolic features of the playspace such as the witnessing circle, used in individual DvT sessions, as a spot the therapist can step into and observe the client, while recollecting their own energy (Johnson, 2009, 2013).

Findings

The "Unplayable" Defined & Expressed

When asked to define the "unplayable", one participant expressed that the unplayable can be described as: "Material and images that spontaneously arise in the playspace that create impasses that go beyond the superficial" (Anonymous, personal communication, April 26, 2015). Another participants expressed their perception of the "unplayable" and its place in therapy: "The idea for me would be that we continuously go from playable to unplayable..once I've established a rapport, a relationship with my client, then my sessions should be full of unplayable and difficult to play with moments...those bumps, those speed bumps in the flow" (Anonymous, personal communication, April 26, 2015). Participants expressed feeling both positive feelings of surprise, excitement and delight, as well as unpleasant feelings such as feeling terrified, scared, shocked, insecure, worried, and tense when encountering the "unplayable" in the playspace with their clients (Anonymous, personal communication, April 26, 2015). Some participants mentioned feeling a sense of responsibility over their clients: "I feel a heightened

sense of responsibility, that as aware as I am that these are really potent and pregnant moments when you reach the edge, I feel worried and responsible to get us over this edge safely" (Anonymous, personal communication, April 26, 2015).

It was argued by a couple of participants that the "unplayable" can show up physically and not only verbally: "Sometimes it's not an image or word or not even something that I feel I did, sometimes the client just happens to be in some kind of physical configuration in the space in some proximity with me and all of the sudden the flow is broken and impasse is there... I feel that it was not a moment where I was actively intervening or provoking something" (Anonymous, personal communication, April 26, 2015).

Words associated with the phenomenon, described the "unplayable" as a halt or an abrupt stop: "Unplayable – that the play stops, and the playspace is no longer existent when an extremely unplayable image or memory comes up" (Anonymous, personal communication, April 26, 2015). Shut down, stuck, stopped, impasse, blocked, avoidant, dis-engaged, and disconnected were some of the words participants used to describe their feelings and sentiments, provoked by experiencing the unplayable as a therapist in the playspace (Anonymous, personal communication, April 26, 2015). However, regardless of the feelings and sentiments described, the participants agreed that the "unplayable" is a vital and even a necessary component of DvT therapy, and hitting moments of unplayability or having the "unplayable" enter the playspace unexpectedly, allows for real work to take place: "We're finally getting to work now that we're not flowing", "I just feel everything about that moment for me heightened, because here's the moment to reengage, reconnect, reestablish the flow, it's exciting" (Anonymous, personal communication, April 26, 2015). In some cases the therapist will actually invite unplayable material into the playspace, and use it as building blocks for the therapy: "We kind of want to
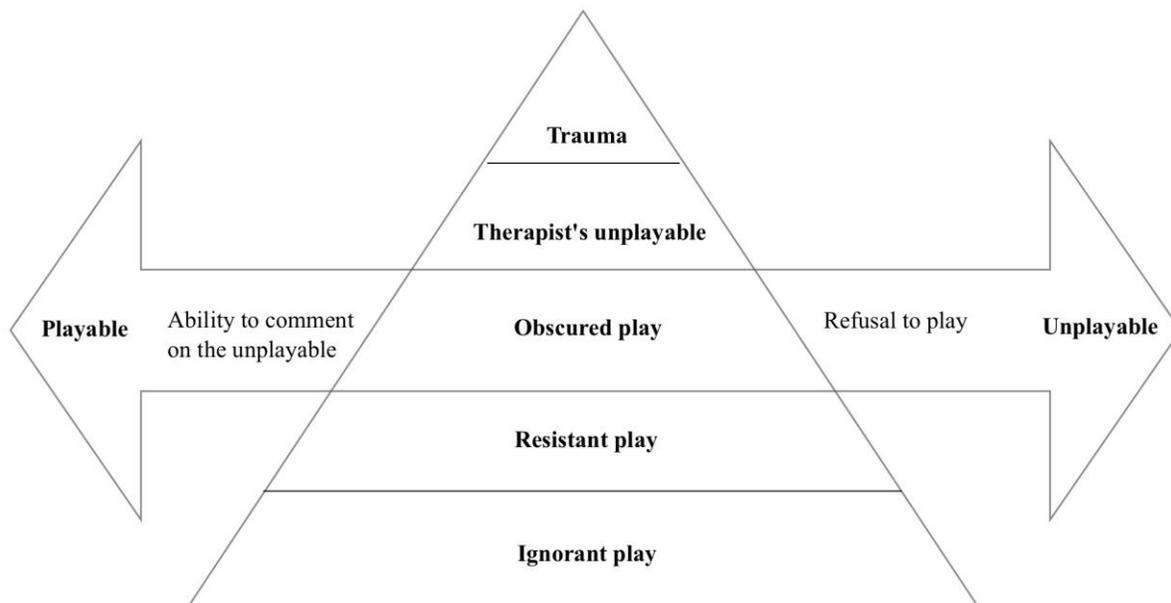
invite that terror, we want to give [the clients] the opportunity to coast with that for a little while" (Anonymous, personal communication, June 22, 2015).

Categories of Unplayable

The participants felt that the "unplayable" needed to be divided in some way, into levels, degrees, or categories (see Figure 1). During the panel discussion, when asked what these different levels are, an image of a spectrum came up and each participant described a type of "unplayable" and where it can be placed on the spectrum: "On one end, when the client says: 'You - don't use that weapon', and still has the ability to comment on what is happening, versus someone deeply in tears not being able to do anything" (Anonymous, personal communication, April 26, 2015). Trauma was described as being a 'top level' unplayable, along with a client's disorder, or anything else that is personally affecting them which has yet to be fully worked through or resolved: "Trauma is hard to play with and it's at a different level" (Anonymous, personal communication, April 26, 2015).

An example of a secondary level of the "unplayable", placed somewhere in the middle of the spectrum, is when a client is playing with something potentially unplayable without disclosing what it is to the therapist (obscured play). Here the client has the ability to remain in play and engage with their unplayable but internally and secretly; whereas the therapist can sense that there's a hidden meaning behind what the client is playing with: "those moments where you feel like you connected with something but you don't know what you connected with, and they won't give it up, cause they will just keep playing at a fairly superficial level, and you're tracking them, and despite what you're throwing out they won't bite" (Anonymous, personal communication, April 26, 2015).

On the lower end of the "unplayable" spectrum are clients who refuse to fully engage or play with the therapist, this can occur during early sessions when clients begin therapy and are not comfortable enough with either the therapist, the method or both. Here, the clients hold the ability and knowledge of how to play, but are resistant to the playspace (resistant play). Finally, at the lesser end of the spectrum, is someone who doesn't know how to play, or how to engage in the playspace (ignorant play), at times impeding some clients from even entering the playspace: "When you throw the magic ball and the person doesn't even know what to do with it, they don't know how to engage" (Anonymous, personal communication, April 26, 2015). Other categories of the "unplayable" mentioned by the participants, include unplayable that never actually shows up in the playspace possibly because it is repressed by the client and is inaccessible (unknown play), unplayable caused by physical harm - where someone gets physically hurt in the playspace, and the play has to stop, and unplayable that emerges from the therapist, such as when the client's material resonates with the therapist and brings up something that is unplayable for the therapist (therapist's unplayable). This last category of the "unplayable" is one that a couple of the participants expressed as the hardest unplayable to experience in the playspace: "Where it's still hard for me, is when my stuff gets evoked, when my own unplayable runs into my client's unplayable, and then all of the sudden it's not as easy to maneuver around because I don't have the same perspective, because I'm kind of at an impasse myself" (Anonymous, personal communication, April 26, 2015).

Trauma

Therapist's unplayable

Playable — Ability to comment on the unplayable — Obscured play — Refusal to play — Unplayable

Resistant play

Ignorant play

Figure 1. Levels & degrees of unplayable

Reactions and Techniques

When it comes to dealing with clients' unplayable material showing up in the playspace, the participants of this study agreed that in general when the "unplayable" shows up unexpectedly, one of the more helpful techniques is to bring the play into the here and now by either commenting on the present moment or pointing it out in some way: "One of the big tools that we use is commenting on the here and now, and that idea of transparency in order to say: 'you're feeling this', 'I'm noticing this', and 'this is happening' in order to give them an opportunity to act on it or to do something about it, to make something unplayable playable" (Anonymous, personal communication, April 26, 2015). Bringing the play to the here and now serves two purposes; to provide transparency to the client by not avoiding discomfort or uncertainty caused by the presence of the "unplayable", and to show the client that they are not alone in the presence of this potentially difficult and scary moment. This technique gives the

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therapist an opportunity to be there together with the client, in any way they may need: "Commenting on the here and now also calls attention to the relationship in the room, it gives that opportunity to remind the client that we're here together doing this, this is not something that you're experiencing alone by yourself" (Anonymous, personal communication, April 26, 2015). Overall, the commenting on the here and now gives the client a chance to continue the flow in any way they see fit, and so this is a chance for the client to either go deeper and continue playing with the "unplayable" or to reset the play and move onto something else. By giving clients these options they become empowered and in control of the session, which can then be translated into being more empowered and feeling more in control in their personal lives.

Another way therapists engage with their clients as they encounter the "unplayable", is by pointing out "tools" in the playspace that the client can use: "To get out of that unplayable moment, I would say something like: 'looks like you're pretty upset, did I say something true?' Then pointing out the playspace in those moments: 'whatever you do, don't punch me, or take those feelings out on me!' So giving them the option to come back into the playspace by pointing out options of bringing the real feeling back in" (Anonymous, personal communication, April 26, 2015).

Suggesting imaginary objects that can be used in the playspace, or pointing out areas in the room where the "unplayable" can be placed, offers a way for the client to either put aside the "unplayable" by acknowledging its presence, or to deepen the encounter with it, if they feel ready to do so. In either case, the "unplayable" is at least acknowledged and not avoided. On a similar note, a few participants expressed that amplifying the "unplayable", either by making it bigger, or intensifying the moment, is another useful way to engage with unplayable moments: "By trying to play more, making it bigger, by expanding on it more" (Anonymous, personal

communication, April 26, 2015). "By being both transparent and discrepant we give our clients hopefully as much as they can use, to play through whatever it is they need to play through" (Anonymous, personal communication, April 26, 2015).

Impasse versus Unplayable

A rich debate surfaced among the participants when asked about the similarities and differences between moments of impasse and moments of unplayability. Participants of this study defined an impasse as "Something that stops the play, something that is not transforming, or a flow that has been disrupted. You feel like you get to the edge or the end of something, and something else hasn't happened" (Anonymous, personal communication, April 26, 2015). Some participants felt a closer connection between the "unplayable" and an impasse while others saw them as two distinct concepts: "I do differentiate between impasses and unplayable, because built into the word unplayable is that which cannot be played with, and so as soon as it starts to be played with does it revert to an impasse? Does it get downgraded from unplayable to impasse?" (Anonymous, personal communication, April 26, 2015). It was agreed among all the participants, that not all unplayable moments create or lead to an impasse, in that not all unplayable moments or situations stop the flow of the playspace. One participant pointed out that: "Sometimes you play with the unplayable, it doesn't stop. Sometimes we both know that when you're talking or when you do that movement this physicality is unplayable for now, but we can play with the idea of it, like 'let's put it in the corner over there and not touch it' so we don't really play with the thing but we play with the thing around it" (Anonymous, personal communication, April 26, 2015).

As stated, sometimes when the "unplayable" shows up, the client and therapist are able to continue and play with the "unplayable" either directly or indirectly and therefore there is no stop

in the flow or in the play, thus there is no impasse. This made the researcher curious to ask if all impasses point to something that is unplayable. It was here that the group was divided where two participants felt that all impasses are an indication of something unplayable, while the other two participants felt that in many cases, these impasses are simply part of the group process and are not necessarily connected to something that is unplayable: "Kids usually bring the impasse: 'so what do we do next?' so it's not really an unplayable, it's just waiting for something else, they just want to make a switch, they want to change" (Anonymous, personal communication, April 26, 2015). "When the energy dies in a group process, sometimes, we need to put our hands on the impasse and give it texture and smell and fire up the flow again. Those are very pedestrian impasses, they happen all the time, they're an essential part of a group process so that we can get comfortable with degrees of ambiguity...so that kind of impasse doesn't necessarily point at the unplayable" (Anonymous, personal communication, April 26, 2015). In response to this, another participant asked: "But does it indicate that the ambiguity of the space is unplayable, that there needs to be structure, that what the group is indicating is that they can't play with this ambiguity and with this lack of structure" (Anonymous, personal communication, April 26, 2015). This participant later explained that if we were to videotape a DvT session and dissect it, we would be able to find the source of the impasse and that it would be connected to a group member's individual unplayable. Generally this group member is someone who tends to drive the flow of the group, so when they check out because they hit a personal unplayable, others follow their lead and so all group members check out and the group reaches an impasse (Anonymous, personal communication, June 16, 2015). Due to the spontaneous nature of DvT and the playspace, where multiple actions take place simultaneously and quickly, these unplayable moments pass by unattended, leaving the therapist under the impression that a pedestrian

impasse took place (Anonymous, personal communication, June 16, 2015). Another participant

argued that impasses are a bigger challenge than the "unplayable" for the clients and the

therapist, but that the goal of a DvT therapist is to pass impasse and/or prevent it by playing with

the "unplayable" (Anonymous, personal communication, June 24, 2015).

Group versus Individual

It seems that unplayable material show up differently in individual versus in group

sessions, according to the participants of this study. It is worth mentioning that during this part of

the discussion, the participants referred to difficult encounters in the playspace as "impasse",

"unplayable", and "unplayability" interchangeably. One participant talked about how moments

that stop or interrupt the playspace in group, can show up either in a subtle way, where it is not

noticed or played with, or be obvious and vivid to the entire group: "It can be this very exciting

moment where all eyes are on a single individual and the energy is coming up around this image

for someone whether it's gender, race, sexuality, major relationship, trauma…something is

coming up you can see it and then they stop, they hit a point. Everyone else in the group still

wants to keep playing with that image and the disparity between those two energies is

incredible." (Anonymous, personal communication, April 26, 2015). A few participants

mentioned that by having a co-therapist, impasses or unplayable moments, could be dealt with

separately or without the entire group noticing or even being a part of them. This may happen

during a group DvT session, where the group is split or some members go off to the side, giving

the therapist a chance to address something with only one individual or with a part of the group:

"When you're working with a co-leader, a co-therapist, the ability to attend to different degrees

of impasse or unplayability is more dynamic because you have someone that can be tending to

the major core of the group while, if the unplayable happens on the periphery, you have your co-

leader who's tending to that so the way impasses and unplayability show up can be subtle and off to the side" (Anonymous, personal communication, April 26, 2015).

One participant acknowledged that they feel less of a need to give meaning to the impasse or the "unplayable" when it shows up with a group, as he is more concerned with carrying on the flow of the play, without interpreting why it came to a stop or why the energy dropped: "In a group I feel less responsible for everyone's playability and unplayability because it's the group's responsibility. So if someone consistently falls out of the play, part of the group dynamic is for the group to take care of the group, and address what's going on, it's not just my eyes seeing it, it's other people seeing it so the group naturally starts taking responsibility for what's playable and what's unplayable; testing each other, helping each other, challenging each other" (Anonymous, personal communication, April 26, 2015). This participant elaborated on the difference in responsibility they feel toward the client in individual sessions versus in group sessions: "When I'm with an individual I feel more of a responsibility to interpret the unplayability or to do something meaningful with it for the client" (Anonymous, personal communication, June 16, 2015).

A few participants also acknowledged their ability to notice the "unplayable" in group versus in individual, whereas in a group setting, due to the amount of people playing, some things can easily go unnoticed including moments or situations that are deemed unplayable: "If you're the leader you cannot see everyone at the same time so sometimes you miss things. In individual you are face to face so it's hard to make it go on the side" (Anonymous, personal communication, April 26, 2015). A few participants pointed out, that in a group session, the therapist may notice something that is unplayable for one member but will choose not to engage the entire group in it, as the goal is collective not only personal, and the therapist must choose

when to engage and when to leave out one member's unplayable, if they feel it is not suitable for the rest of the group of for the flow of the session (Anonymous, personal communication, April 26, 2015).

Discussion

The lived experience of DvT practitioners encountering their client's "unplayable" in the playspace, can be described by examining the experience in terms of how the "unplayable" is felt, defined, and encountered. As a felt experience, the unplayable is a difficult phenomenon where the difficulty can be felt on a cognitive level by verbal communication, and at times on a visceral level, felt in the physical body of the therapist, as they encounter their clients' "unplayable". This is not surprising, given that DvT is an embodied method and clients and therapists use their physical bodies as projective entities. Defined, the phenomenon of the "unplayable" is considered to have different forms, levels, and appearances, where in some cases is can appear as an *impasse* bringing the play, the flow, or the playspace to a stop, and other times, it appears as *transitional* where the play, flow, or playspace does not end, but continue. Encountered in a group, the "unplayable", at times appears in the form of an impasse, and surfaces when there is a variation in energy level among the group members, or when the group needs less ambiguity and more structure. In individual settings, the type and frequency of the "unplayable" depends on the client's experience and relationship to play, as well as the client's relationship to their difficult material, situations, and moments outside of the playspace. In either case, the therapist's ability to play as well as their ability to create and maintain a playspace, is an indicative factor of the frequency and type of unplayable encountered in both individual and group settings. The DvT practitioner sets the tone as to how accepting the client can be towards the "unplayable" when it is encountered. With this intention, the more DvT

practitioners practice and train in the method, the wider their role repertoire, the more likely they are to be open and receptive when encountering their clients' "unplayable" in the playspace. Personal DvT therapy for the therapist is encouraged, recommended, and to be expected, so that the therapist's personal material, including their own unplayable, is worked through and explored, and is then less likely to hinder their ability to play and be present with their clients during sessions.

Conclusion

The data collected from the participants and from DvT literature regarding the phenomenon, reveals that the "unplayable" can be found throughout the playspace, and is not necessarily deeply hidden and rarely exposed. The "unplayable" is as common as play during a DvT session, but may not always be noticed, acknowledged or played with. It can be assumed that the therapist and their clients bring a combination of both playable and unplayable elements to every encounter, embodiment, or transformation in the playspace. Figure 2 illustrates the cycle of possible interactions in the playspace. The first cycle begins once an alliance is formed and the client and therapist mutually agree to enter the playspace, with all their elements both playable and unplayable. The second cycle is "Play" - where the client and therapist flow through spontaneous and improvised encounters in the playspace, with a primary focus on the client's playable and unplayable elements, but not excluding the therapist's. The next cycle begins when "Play" leads to either another playable encounter, an unplayable encounter, or an impasse. In a playable encounter the client and therapist continue to spontaneously transform and expand the playspace, building on the material that is coming up. In an unplayable encounter or an impasse, the therapist and/or client either play with the unplayable or impasse, or move away from it.

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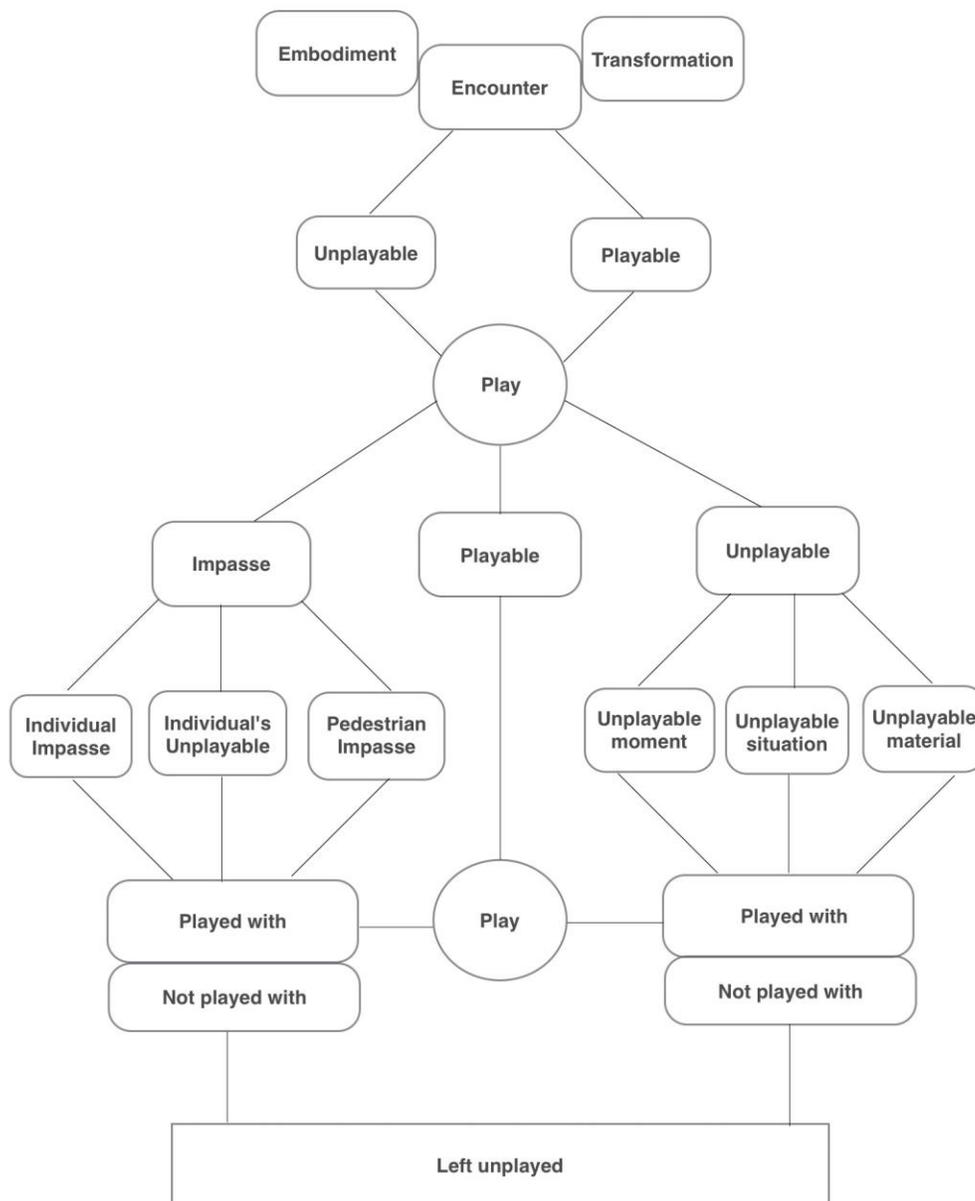
Figure 2. Development of "play" in the playspace

When the therapist misses, avoids, or chooses not to play or engage the client in the impasse or the unplayable, that material is left unplayed; what is left unplayed remains "unplayable". But when the therapist guide the client to engage and play with an impasse or an unplayable, it becomes part of the play, more malleable than before, and may even transform and become playable overtime. This does not mean that the therapist should play with, acknowledge, or expose every single unplayable that comes up, however the therapist needs to be aware of the "unplayable" and of what is left unplayed in the playspace, as these can indicate a difficulty in the client's life that may be worth exploring. The therapist essentially holds the ability to expand

the playspace for the client by expanding "play" and by minimizing whatever is "left unplayed", granting the client the opportunity to play with both the "playable" and the "unplayable".

Limitations & Directions for Future Research

This research serves as an opportunity to increase dialogue and discussion around the topic of the "unplayable" within the DvT community. Participants of this study, valued their experience of openly discussing the phenomenon of the "unplayable", and expressed a need for similar discussions around other topics, relating to the specific practice of DvT and to the profession of therapy in general. This research answered some questions regarding the lived experience of DvT practitioners, as well as regarding elements of DvT theory in relation to the phenomenon, raising many new questions and inquiries that were not further explored or developed. In particular, a differentiation between "impasse" and the "unplayable" began, but was left inconclusive. Other concepts that connect to the phenomenon but left under developed were "flow" and "play", with a question proposed by one participant if the "play" and the "flow" mean the same thing. This question, which intrigued the researcher and other participants, along with other inquiries, go beyond the scope of this paper but can add even more insight and clarity regarding the phenomenon of the "unplayable" and the lived experience of DvT practitioners in the playspace.

In this research, the phenomenon of the "unplayable" is examined from the viewpoint of 'expert' practitioners, with years of experience in both training and practice in the method. A study that incorporates a 'non-experts' lived experience of emerging DvT practitioners, encountering the "unplayable" in the playspace, may provide a clearer picture of how the phenomenon can be experienced by practitioners with different levels of experience and practice. Another limitation to this study is that the participants belonged to the same training institute, in

Montreal, Canada. Further research can expand to the lived experience of DvT practitioners from different institutes around the world, increasing the understanding of the phenomenon and how it is viewed, experienced, discussed, and used in training and supervision in different institutes.

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Appendix A: Consent Form

(Un)playable - a drama therapy research paper
Researched by Shiri Benoualid
Concordia University

PURPOSE

I understand that the purpose of this research is to explore the phenomenon of the unplayable, as it is experienced and viewed by DvT practitioners.

PROCEDURE

I understand that I will be participating in a 60 minute interview session. I understand that this interview will be videotaped by the researcher for analysis. I understand that I will be expected to share my view, interpretation, as well as experiences relating to the given phenomenon. I understand that actual footage from the videotaped interview may be used by the researcher, in the form of a multimedia presentation.

RISKS AND BENEFITS

I understand that participation in this research contains minimal risk. I also understand that sharing information relating to this phenomenon may elicit some distress. I understand that participation in this research can lead to a better understanding of this phenomenon specifically in the DvT community but can also benefit the field of therapy.

CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw my participation from this research at any time.
I understand that if I withdraw my participation, any contribution I've made will not be included in the research.
I understand that there will be no negative consequences for not participating, stopping in the middle, or asking the researcher not to use my information.
I understand that my participation in this study is Participant Choice (able to choose which level of disclosure they wish for their real identity).
I understand that data from this study will be publicly exposed.

PARTICIPANT'S DECLARATION

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this interview.

Participant's signature: _____

Printed name: _____

Date: _____

If you have any questions or concerns about this study, please contact Shiri Benoualid
shirabeno@gmail.com

Appendix B: Interview Questions

1. What does the unplayable mean to you? How would you define it as a term? What words would you use to define it?

2. How do you encounter the unplayable in sessions? How often?

3. Can you recall a time when your client encountered an unplayable moment that was noticeable? What was your reaction? What was the client's reaction? How did it transition into the play? Did you use a particular technique?

4. Do you think there is a difference between the unplayable and an impasse? Do they happen at the same time? Does one lead to the other?

5. What is it like to witness your client encounter the unplayable in the playspace?

6. What do you do when your clients encounter unplayable materials in the therapy space? Is your action/reaction client or material dependent?

7. What happens to the flow of the play when clients encounter the unplayable in the therapy space?

8. Is the unplayable different when it happens with an individual as opposed to when it happens in a group?

9. Can anything become playable, or are some things better left unplayed?

Appendix C: Song Lyrics

Get In The Ring - Guns & Roses
(Used for Play of Powers)

Why do you look at me when you hate me

Why should I look at you when you make me hate you to

I sense a smell of retribution in the air

I don't even understand why you even care

And I don't need your jealousy yeah

Why drag me down in your misery

And when you stare don't you think I feel it

But I'm gonna deal it back to you in spades

When I'm havin' fun ya know I can't conceal it

'Cause I know you'd never cut it in my game- Oh no

And when you're talking about a vasectomy

I'll be writin' down your obituary-

HISTORY

PAIN!!

And that goes for all you punks

That want to start by printin' lies instead of the things we said

That means you

What you pissed off?

You wanna antagonize me

Antagonize me

Get in the ring

You may not like our integrity yeah

We built a world out of anarchy

Bullet with Butterfly Wings - Smashing Pumpkins

(Used for Play of Possessions)

The world is a vampire, sent to drain

Secret destroyers, hold you up to the flames

And what do I get, for my pain?

Betrayed desires, and a piece of the game

Even though I know - I suppose I'll show

All my cool and cold - like old job

Despite all my rage I am still just a rat in a cage

Then someone will say what is lost can never be saved

Now I'm naked, nothing but an animal

But can you fake it, for just one more show?

And what do you want? I want to change

And what have you got, when you feel the same?

Tell me I'm the only one

Tell me there's no other one

Jesus was the only son for you.

And I still believe that I cannot be saved

Death And All His Friends – Coldplay

(Used for Play of Passions)

All winter we got carried

Oh way over on the rooftops let's get married.

All summer we just hurried

So come over, just be patient, and don't worry.

No, I don't wanna battle from beginning to end;

I don't want a cycle of recycled revenge;

I don't want to follow death and all of his friends.