

On dramatic reality and its therapeutic function in drama therapy¹

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Abstract

Dramatic reality is a core concept in drama therapy, and perhaps also the most genuine feature of the field. All drama therapists draw on dramatic reality in some form, both in their clinical practice and in their theoretical thinking. This paper explores the concept of dramatic reality in drama therapy from a philosophical angle, in a way that is unattached to a particular model or a specific approach: First, the article defines the concept's scope and boundaries, with reference to its modes as informed by Schechner's notion of *performance activities*; then it describes the main features and properties of dramatic reality, while looking at their implications in a therapeutic setting. Finally it points out the four main tasks that drama therapists are called on to perform in connection with dramatic reality.

Keywords

Dramatic reality, drama therapy.

Introduction

As a drama therapy teacher and supervisor I'm often asked questions, such as: When does the therapy *really* occur in drama therapy? Is it in the verbal processing that follows the enactment? Is it possible to do drama therapy without acting? What about without working on roles? Do I have to use tales, plays, or projective tools or can I work directly on the client's personal story? Can playing chess with a client be thought of as doing drama therapy? What about basketball? My answer to these questions is essentially linked to the presence and form of dramatic reality in the therapeutic interaction: As long as we and our clients are involved in dramatic reality, we are doing drama therapy.

Dramatic reality is a core concept in drama therapy and perhaps its most genuine feature. Many writers – both drama therapists and theorists from related fields - refer to a category of experience that is unique to dramatic interaction, which involves a tangible entrance into an imaginary realm, engaging in make-believe play, in *as if* behavior, etc. Compared to verbal psychotherapy, where interventions are made primarily in the actual situation (or via the transference process) through the therapeutic relationship, in drama therapy interventions are made mainly within or through dramatic reality. Although there are probably as many ways of doing drama therapy as there are practitioners in the field, all drama therapists engage in dramatic reality in their work. The drama therapy journey invariably entails some form of contact with this category of experience, whether it is through roles (Landy, 1993, 2000, 2001), improvised transformations (Johnson, 2000), scene work and dramatized personal stories (Emunah, 1993 & 1994), plays, tales or

myths (Gersie, 1997; Jenkyns, 1996; Jennings, 1993 & 1999), ritual structures (Grainger, 1990; Jennings, 1994; Mitchel, 1994; Snow, 2000), or projective tools.

The expression *dramatic reality* has been employed by many drama therapists (Duggan & Grainger, 1997; Jennings, 1998). However, as I have stated in a previous article in this journal (Pendzik, 2003), the notion has been called various names, both in drama therapy and in related fields: Early in the 50's Moreno coined the term *surplus reality* to indicate a level where reality can be simulated through drama, so as to include “the intangible, invisible dimensions of intra- and extrapsychic life” (1987, p.7). Johnson (1991) speaks of the *playspace*, which he defines as “an enhanced space where the imagination infuses the ordinary” (p.289). Lahad (2000) refers to *fantastic reality* as a realm “where time and space are suspended and where the impossible is made possible” (p.16). Courtney (in Cattnach, 1994) speaks of the *fictional present*, as a reality that is both present and past, real and symbolic. Blatner & Blatner (1988) suggest the term “liminal field” to represent the dimension in which objective and subjective reality meet, where the mind “is inextricably interactive with matter” (p.58). The notion is akin to Winnicott's (1971) idea of the *potential space* – an *intermediate zone* that lies between behavior and contemplation, between *me* and *not me*, and which is the natural site of play. From the theatre side, dramatic reality is informed by Stanislavki's (1936) concept of the *as if* – the conscious mechanism by which performers brings themselves into the realm of the imaginary. In Boal's (1995) terms, the *aesthetic space* refers to “a space within a space, a superposition of spaces” (p.18) in which the dramatic space takes up the subjective qualities of reality. Borrowing a theory from semantics, Elam (1980) speaks of *dramatic worlds* as *possible worlds*, as hypothetical constructs that are recognized as

“counter-factual (i.e., non-real) states of affairs but are embodied *as if* in progress in the actual here and now” (p.102).

In spite of the diversity of names ascribed to it, the idea is equivalent. More than expressing a discrepancy concerning the essence of the concept, these variations probably reflect different modes of approaching it. Thus, for instance, Johnson’s improvisational style emphasizes the *play* element; Lahad’s use of stories stresses the *fantastic* aspect, while Boal’s theatrical outlook calls attention to the *aesthetics*. In order to explore the concept in a way that is not attached to a particular orientation, I chose the term *dramatic reality*, as in my view, it has a more generic connotation. Being a core aspect of drama therapy, the concept needs to be clarified independently of any particular style of working with it. This article attempts to define the concept of dramatic reality, and to explore its qualities, in order to reach a better understanding of how to use it as a therapeutic tool.

Dramatic reality: definition and modes

Dramatic reality is imagination manifested. It is an *as if* made real, an island of imagination that becomes apparent in the midst of actual life. Dramatic reality involves a departure from ordinary life into a world that is both actual and hypothetical: It is the establishment of a *world within the world* (Fig 1). Following Peter Brook’s (1981) definition of the stage as “a place where the invisible can appear” (p.42), we might say that dramatic reality is what inhabits such a stage.

Dramatic reality exists between reality and fantasy: it partakes of both and belongs to neither. Although it is closely connected to the fantastic, it is different from

fantasy. While fantasy exists primarily in the private realm, dramatic reality belongs to the public domain. Fantasy is a subjective, internal, and personal experience that occurs within a person's head. In order for fantasy to qualify as dramatic reality it has to be made visible, to be conveyed in a *real* form, not just fantasized or talked about. Dramatic reality needs to be manifested in the here and now, and experienced as a legitimate and alternative form of reality which is also different from ordinary life.

The creation of a dramatic reality can take different forms – and not all of them are necessarily *acting* in the strict sense of the term. Take for example activities such as plays, games, or rituals: Do they not involve an “*as if* made real” of some sort? In her groundbreaking work, *Improvisation for the theater*, Spolin (1983) quotes Boyd saying that “playing a game is psychologically different in degree but not in kind from dramatic acting” (p.5). Likewise, Huizinga (1976) questions the differences between play and ritual, and concludes that ritual could be conceived as “sacred play” (p.64). From a drama therapy point of view, Jennings's (1998) EPR paradigm presents embodiment, projection, and role not only as stages of dramatic development, but also as different manners of engaging with dramatic reality. The question then is: where does one draw the line between what constitutes dramatic reality and what doesn't?

Schechner (1988) puts forward an interesting theory that may help to clarify this point. Challenging the notion that theatre derives from ritual, he proposes that there are certain human activities which are primeval, have developed horizontally as autonomous genres, and share some basic characteristics. There are seven *performance activities* – as he calls them – and they include theatre, dance, music (comprising the aesthetic genres), ritual, play, games, and sport. These activities share a common ground concerning

various aspects of reality, such as time, objects, productivity, rules, and space. According to Schechner (1988), in performance activities time is not uniform and linear as in real life, but “is adapted to the event, and is therefore susceptible to numerous variations and creative distortions” (p.6). Objects are invested with a significance which they do not possess in ordinary life, and which usually does not match their actual market value. He asserts that in spite of the big time economics and professionalism that has developed around sports and theatre, performance activities in themselves are non-productive of goods and are separated from productive work. Still, they absorb the attention of those involved in it, perhaps because they seem to be ruled by the *pleasure principle* rather than by plain economics. Special rules are instituted in performance activities that help to define their boundaries by *setting them apart* from ordinary life: “What rules are to games and sports, traditions are to ritual and conventions are to theatre, dance and music” (Schechner 1988, p.11). Finally, special spaces are set up or sometimes even purposely designed – like sacred spaces, stadiums, auditoriums, etc – so as to permit a full rendering of the *other world* that these activities want to hold.

Schechner’s (1988) ideas can be helpful in order to delineate the borders of what constitutes dramatic reality; for any of the performance activities cited above possesses the capacity to manifest a world within a world. As mentioned earlier, dramatic reality is not about imagining, but about manifesting the imagined in the here and now. Thus (without attempting to diminish their therapeutic value in any way), techniques such as meditation, guided imagery, or visualization, would not be considered as dramatic reality. They could of course be turned into dramatic reality – if and when they become apparent in the here and now. On the other hand, playing basketball or monopoly with a client

would qualify as establishing a dramatic reality, as they involve the materialization of another level of reality within actual life. One may have questions about the quality of the dramatic reality generated by activities such as “monopoly playing” (a point which I will address later). Clearly, performance modes such as the aesthetic genres (theatre, music, and dance), symbolic play, and ritual, often lend themselves more naturally to therapeutic interventions, than sports or games. However, provided that these activities are performed within a context that takes into consideration the meta-reality they create, and in as much as this level is used for therapeutic purposes, they would definitely constitute a dramatic reality in drama therapeutic terms.

Features of dramatic reality and their therapeutic implications

One of the main attributes of dramatic reality is its capacity to hold and bring together the imaginary and the real, the virtual and the concrete: It is *virtuality made concrete*. According to The Oxford Advanced Dictionary of Current English *virtual* means: “being in fact, acting as, what is described, but not accepted openly or in name as such” (Hornby 1980, p.958). By providing concrete forms to virtual contents, dramatic reality allows these contents (some of which may not be accepted openly or named) to have a legitimate place in the world of concrete things. This turns dramatic reality into a good arena for expressing difficult feelings, testing hypotheses, or re-living memories. In fact, it functions as a laboratory where people can explore and experience *possible worlds*: Not only past, present and future events, but also, as Schechner (1985) would call them, *nonevents* – i.e. subjunctive, virtual, fictional events.

The transferring of virtual contents into artistic forms is in itself the locus of a powerful therapeutic occurrence – whether it is processed verbally or not. First and foremost, this process involves an *act of creation* – something which has long been acknowledged as possessing an intrinsic healing value (Blatner & Blatner, 1988; Hillman, 1972, Jung, 1971 Maslow, 1977; Moreno, 1987; among others). It is perhaps meaningful and illustrative in this regard that the Hebrew words “creation” (*beriah*) and “health” (*beriyuth*) derive from the same root. Similar ideas about the healing power of the creative act are held by many cultures. Indeed, it was probably this deep-rooted belief in the therapeutic value of the creative act that fuelled the development of all the creative arts therapies in the 20th century.

Yet the act of creation is only the ignition of a process that drama therapists seek to maximize through their use of dramatic reality; for as we try to infuse the imaginary into the real, some of its deeper, complex, tricky, or inadequate features become apparent. For example, I used a fantasy-reification technique with a client who felt inadequate and rejected, but in her fantasies, played a version of herself as “cool and successful.” As she embodied “the character of her dreams” in dramatic reality, she realized how flat, superficial, and irritating this character was. As long as the contents were kept as fantasy, they compensated for her feelings in ordinary life and prevented or obstructed therapeutic change. As they took on an actual form in dramatic reality, they were transformed, and the defensive use of the fantasy was shattered. The opposite may occur as well, when people experience that the contents of their imagination are not as scary or threatening as they assumed they would be prior to bringing them into dramatic reality. Whether it is

about letting go of a fantasy or about daring to try it out, there is always a fruitful dialogue at work when the virtual meets the dimension of the real.

But the other side of the coin is: how *real* is dramatic reality? Certainly, it has a quasi-real flavor that closely resembles “the stuff reality is made of.” As Elam (1980) claims, to the extent that they are representable, dramatic worlds are based on the actual world, and unless specified otherwise, will be assumed to obey the logical and physical laws of ordinary life. Being so akin to actual life, theatre is the art form that reproduces more faithfully the nature of ordinary reality. However, as Artaud (1958) wisely reminds us, theatre is not a mirror of life but its double – and herein lays its cathartic force: Theatre can free the darkest aspects of human nature precisely because it expresses them for real while negating them in actuality at the same time. The contents are truly embodied; but in a dimension of reality that destroys itself as soon as those involved in it stop what Coleridge called the “willing suspension of disbelief” (Duggan & Grainger, 1997). Dramatic reality is an *embodied construct*. It is real because it is *embodied* in the here and now, and by virtue of the fact that it takes reality as its reference. On the other hand, the fact that it is a *construct* implies that – unlike most aspects of ordinary life – it can be simply deconstructed.

This paradox confers dramatic reality an ontological status that is precious in a therapeutic context; for there is always a paradoxical safety in knowing that what one does in dramatic reality is both real and not real. As Oren (1995) suggests, the therapeutic secret of make-believe play lies in the fact that it is based on a set of contradictory claims about reality. Boal’s (1995) ideas support these premises from another angle. He claims that one of the gnoseological properties of the aesthetic space, which stimulates

discovery, recognition and experiential learning, is that it is inherently dichotomous, and therefore it “creates dichotomy” (p.23). Clearly, dramatic reality is a crossroad where me/not me, real/imaginary, private/public, virtual/concrete, and many other paradoxes, meet. Thus, a dialectical relationship between life paradoxes is established in dramatic reality, which has both emotional and existential implications. Holding a paradox is always an empowering experience: It helps us tolerate our inner contradictions and cope with the paradoxical nature of life. Hence, the fact that dramatic reality holds basic life paradoxes has a tremendous healing effect. As Landy (1993) suggested, the ontological state of being and not being comes to a resolution in dramatic reality, because one can experience both simultaneously.

Another important feature of dramatic reality is its flexibility; for although it possesses the substantial appearance of ordinary reality, it still retains the qualities of the fantastic realm. In other words, dramatic reality is not ruled by the laws and limitations that govern actual life, but by the laws of imagination. Much like in the oneiric world, in dramatic reality time and space do not necessarily obey the natural laws of physics: a person can be in two places at the same time, can be younger and older at once, objects may appear and disappear, dead people may come back to life, and so on. In Boal’s words, “this extreme plasticity allows and encourages total creativity” (1995, p.20).

In therapeutic terms, this flexibility is what makes dramatic reality an invaluable tool for making interventions, for in a world where everything is possible we are only bound by our own limitations and restrictions. Nothing, not even as final as death, can “stop the ball from rolling” in dramatic reality. I will illustrate with an example: An eight year-old boy plays a recurrent scene with miniature soldiers, in which invariably, they all

get killed. After witnessing a couple of rounds of his repetitive play, the drama therapist intervenes, by picking up one of the “dead bodies” and saying from his role:

“Wow... gee...! Am I dead? Am I *really* dead...? Hey John...! (*Signaling to the boy to pick up another soldier*) Are you dead too? My God...! Do you get it, man? We’re both dead...! Well, now this could be fun here... both of us dead...you know? Let’s see what’s going on in the world of the dead... I’m dead hungry...! What about you, John...?” (*And the scene moves on*).

Unlike actual reality, dramatic reality is as flexible as dough, and can be made into almost anything. Being so elastic, dynamic, and manageable, it lends itself to be modified and transformed by an act of will. Problems and conflicts that are hard to solve in ordinary life may find a solution (or at least explore several options) in dramatic reality. As Jennings (1998) claims, even the mere formulation of hypotheses is an act of dramatic imagination, for it requires an ability to frame ideas in the context of an *as if reality*. Thus, practicing, rehearsing, and exploring are always a possibility in dramatic reality. In the *Book of Life* metaphor, dramatic reality has the quality of a draft that can be always worked and re-worked; in the *World’s a Stage* analogy, it has the status of a rehearsal. These features grant dramatic reality a remarkable therapeutic potential as a testing ground for any behavior, expression of emotions or ideas. Moreno (1972) already pointed to this direction when he defined the function of drama in psychodrama as

an extension of life and action rather than its imitation, but where there is imitation the emphasis is not on that it imitates, but upon the opportunity of recapitulation of unsolved problems within a freer, broader and more flexible social setting. (...). Within the infinite number of imaginary worlds life itself appears as but one strained variety. The patient-actor is like a refugee who suddenly shows new strength because he has set foot into a freer and broader world (p.15-16).

Because dramatic reality is essentially ruled by the laws of imagination, and it retains its properties, it is an excellent container of all subjective experiences. Subjective processes such as memory, imagination, affects, and dreams, are easily projected onto dramatic reality (Boal, 1995). But its capacity to contain them is not merely a matter of being a passive recipient of these contents. In fact, there is an active ingredient in the relationship between dramatic reality and the subjective world; for dramatic reality actively invites, stimulates, welcome, and shelters subjective reality. Fantastic, extraordinary, inner experiences find their home when they enter dramatic reality, not only because they are liberated there, but also because they encounter a hospitable habitat – an alternative dimension of the real to which they can belong. Thus dramatic reality gains ontological validity due to its capacity to embody “the full continuum of “reality” by encompassing the range of human experience” (Blatner & Blatner, 1988, p.59).

The therapeutic implications of this are that dramatic reality allows for the inner world to be expressed, in such a way that it validates subjective experiences and provides a bridge between them and the outer world. This idea can be further anchored in the context of narrative therapy theory. White and Epston (1990) assert that people organize their life-experience as a narrative that tends to reinforce only certain aspects of it. This version of experience is ascribed with meaning, and it becomes the “official” discourse that guides the way in which people story their lives. Anything that doesn’t support or fit the dominant discourse is usually discarded or suppressed. Thus, in their view, one of the main goals of psychotherapy is to help people acknowledge and then integrate alternative versions of their experience into the narrative. Since subjective experiences are generally composed of fantasies, dreams, feelings, and bits and pieces of other “unreal” contents,

they tend to be regarded as fragmented, chaotic, or at least, qualitatively different from, and therefore less valid than, objective reality. This places subjective experiences in a position from which they find it difficult to acquire a place in the dominant discourse. By bringing them closer to a dimension of reality that can be seen and experienced by others, dramatic reality helps to integrate subjective experiences into the narrative.

This point also leads to another defining feature of dramatic reality – namely, that it is a *shared experience*. According to Grotowski (1968) theatre can be defined as “what takes place between spectator and actor” (p.32); thus, encounter is the most essential component of theatre. The same applies to dramatic reality, which is fundamentally a social, interactive form. As stated above, dramatic reality differs from fantasy – and for that matter, from dreams, visions, and other altered states of consciousness – precisely in that it becomes apparent in the public domain. In order to exist, dramatic reality requires a mutual agreement between parties – whether between performer and audience or among players: At least two different entities have to concur about the fact that the invisible world that is being manifested is truly material – for a given time. This mutual consent is what permits or hinders the creation of dramatic reality, because whenever this agreement is impaired, it would fail to be established. In other words, dramatic reality is always a co-creation: It takes at least two to embody a construct. As Boal (1995) points out, even a performer rehearsing alone holds an implicit audience in mind; and this is also true for children playing on their own, or for a shaman performing a secluded ritual.

Since human relationships and interactions is a core factor in psychotherapy, the fact that dramatic reality is interactive by nature is extremely significant in this context. Because it requires the presence of an *other* in order to be established, dramatic reality

calls for an experience of co-creation (Blatner & Blatner, 1988). Furthermore, issues connected to relationships, communication, cooperation, acceptance, judgment, or any relational aspect that psychotherapy is generally concerned with, are naturally elicited when working with dramatic reality. Transference and counter-transference contents are channeled and mediated via dramatic reality. As Jennings (1987) suggests, transference is in itself “an act of dramatic imagination,” as it engages therapist and client “in an *as if* communication (p.11). Whether the therapist chooses to be in a position of witness, player, or performer, there is always a relational aspect at work when engaging in dramatic reality, which can be used therapeutically.

Another attribute of dramatic reality is that it has a reflective quality. Boal (1995) refers to this aspect as the *telemicroscopic* property of the aesthetic space, “which magnifies everything and makes everything present, allowing us to see things which, without it, in smaller or more distant form, would escape our gaze” (p.28). As a construct that holds significant contents, dramatic reality is always mirroring something: It allows people to see things in a different light, get perspective, and observe their own experience and behavior. In its reflective capacity, dramatic reality works as distancing device that makes use of the aesthetic distance paradigm, as presented by Landy (1996).

Figure 2 summarizes the process that occurs when dramatic reality is established within a therapeutic context: As personal and/or interpersonal contents are projected onto dramatic reality, they are expressed, explored, experimented with, owned, looked at, etc. By the time client and therapist return to ordinary life, these contents have undergone a transformation. This transformation may not be final, sweeping, or entirely clear to the conscious mind; but when dramatic reality is *invested* with significant contents, it rarely

hands them back as they were before. This transformation is probably supported by the fact that something was literally *done* with the contents. As the etymological meaning of the word *drama* implies (from Greek, *to do*), dramatic reality is a *doing reality*: it is an invitation to act, to do, to manifest, and therefore, to change and transform.

Working with dramatic reality

In order to make the most of the therapeutic potential inherent in dramatic reality, the drama therapist has to perform four main tasks in connection with it: 1) Facilitate the transition between ordinary and dramatic realities; 2) sustain, support, and enrich the materialization of dramatic reality; 3) make therapeutic interventions in dramatic reality; and 4) help individuals to integrate dramatic reality and everyday life.

1) Facilitate the passage between realities:

As a *specialist in dramatic reality*, the drama therapist is responsible for facilitating the client's transition to and from dramatic reality. Regardless of the contents brought into therapy, and of whether they are clear or loosely defined, people often need assistance in the translation of their issues into dramatic images that can be embodied in dramatic reality. Thus, the drama therapist's first task is to be alert and receptive in order to suggest possible and effective entries, or to follow their clients into dramatic reality.

However, for some individuals (notably for children and psychotic populations), exiting dramatic reality could be as difficult a task as it is for others to enter it. Therefore the drama therapist is also responsible for helping the clients return to ordinary life – just

as a shaman would be in charge of bringing back a person's soul from another cosmic region.

In order to be effective therapeutically, the borders between dramatic and ordinary reality should be clear and distinct. As Jennings (1998) claims, "it is important, especially for vulnerable people, that these two realities are maintained as separate worlds albeit worlds that inter-connect" (p.118). This can be done in various ways: The session may be structured as a journey that involves three phases: 1) a discussion of the person's issues in ordinary reality, 2) a segment of work in dramatic reality, and 3) a processing of the journey back in ordinary life. De-roling techniques are also useful for this purpose: asking clients to state their actual names, talk about the role they played in third person, put the objects back in their "regular" space, summarize the action with a few lines, find a title for the enacted piece, speak about it as if they had been watching a movie, etc. Some drama therapists use physical space as a means to define the borders between realities (Cattanach, 1994a; Mitchell, 1996). However, as it is known from children's games or sport events, magic words or special sounds agreed upon beforehand, may also help to break the spell and bring people out of dramatic reality.

2) Sustain, support and enrich the manifestation of dramatic reality

As an embodied construct, dramatic reality is fragile, requiring a shared effort of constant elaboration. Because it is the arena in which contents are expressed, explored, and transformed in drama therapy, and as mentioned earlier, given the fact that it cannot be sustained by only one party, it is imperative that the drama therapist supports and maintains the manifestation of dramatic reality.

Moreover, as I pointed out in a previous paper in this journal (Pendzik, 2003) a *good enough* quality of dramatic reality is necessary in order for the therapeutic work to be effective. Thus, the task of a drama therapist is not only to support the materialization of dramatic reality but also to enhance its quality. Using the metaphor of dramatic reality as dough, I would say that part of a drama therapist's task is to ensure that the ingredients are right, sufficient, balanced, appropriate, etc., so that the dough would be workable.

There are many ways of altering the quality of dramatic reality, among them, modifying the aesthetic distance, role reversing, switching from embodiment to projection or role, etc. Keeping in mind Schechner's (1988) notion of *performance activities*, one can also effect a change in the quality of dramatic reality by switching the mode of the activity – for instance, turning it from game to symbolic play.

In this context, I'd like to comment briefly on the modes; for while it is true that all the modes stated by Schechner (the aesthetic genres, ritual, games, play and sport) are able to generate a dramatic reality, its quality differs from mode to mode. This is particularly true of sports and games, where the rules are quite rigid and the roles rather fixed. A drama therapist can certainly use the dramatic reality created by a sport contest in order to work on issues of aggression, competition, cooperation, acceptance of rules, and so on, with a group of adolescents. However, the players in this mode would stay in the role of *me-as-player*; whereas in the aesthetic genres or in symbolic play, there is always the possibility of embodying a *not-me* figure, which would give more freedom and help to establish the necessary aesthetic distance. I will illustrate with an example: A drama therapist is playing pick-up sticks with a black child (game mode). It turns out that there is only one black stick. At some point, the drama therapist suggests that instead of

playing by the usual rules (i.e., each trying to pick-up as many sticks as possible without moving the rest), they both try to help the black stick out of the bundle. The game then becomes a “rescuing operation,” in which both child and therapist may assume a *not-me* role, thus effecting a change from game to symbolic play.

Truly, symbolic play, creative ritual, and the aesthetic genres, have much more amplitude and therapeutic potential. Yet, in our contemporary, dominant culture, these activities are usually charged with a load that makes it difficult for some people to perform them without reservations: Symbolic play is emotionally linked with childhood – thus connected both with a vulnerable stage and with a regressive activity that grown up people don’t do. Ritual is interwoven with faith, and may be considered either as an intimate, serious act, or as nonsense, primitive superstition; the aesthetic genres are a profession – reserved for the specialist and the talented. Since games and sports are culturally perceived as more customary and accepted performance activities, some individuals may feel less threatened to go into *as if* territory, if called to engage in a game than if requested to enact a scene. However, although they are more accessible, these modes are also more limited in terms of quality. In the dough metaphor, the sport and game modes would be comparable to using a ready made pizza crust: It is quick, easy to prepare, it might be edible, and you can always add other toppings to make it tastier; but it cannot be compared in quality to home-made dough. Thus sport and game modes are good ice-breakers and can be resorted to when the drama therapist senses that their clients have difficulties creating their own dough; but they are not as good as the other modes in terms of the quality of the dramatic reality that they offer.

3) Making interventions in dramatic reality

Formal theatre also seeks to create a high-quality dramatic reality. However, in formal theatre dramatic reality is produced for aesthetic, didactic, entertaining or even commercial purposes, whereas in drama therapy the main purpose is therapeutic – even if the experience is aesthetically pleasing, entertaining, and educating as well. In the same way as a shamanic journey to another cosmic region would never be carried out “just for fun,” but with a restorative purpose in mind (Pendzik, 2004), a drama therapy journey into dramatic reality is performed with the intention of making a therapeutic intervention in it – even if the intervention is “having fun.” On occasions, teaching someone how to create a dramatic reality constitutes in itself an intervention – as for example, when a drama therapist helps a child to develop playing skills.

Johnson (1992) describes a variety of positions in which drama therapists can place themselves in relation to dramatic reality – which range in degree of involvement from being witness, director, side-coach, leader, guide, to shamanizing for a client. Although they differ greatly in style, all these varieties represent the diverse ways in which a drama therapist can choose to make therapeutic interventions in dramatic reality.

4) Integrate the material from dramatic reality into everyday life

Verbal processing of what occurred in dramatic reality and its connection with actual life events or patterns is a matter of approach, and can be also dictated by the needs of a particular client or population. Johnson (1991) points out that some transformation sessions take place entirely within the *playspace*. Jennings (personal communication) believes that connecting the work performed in dramatic reality with actual life is not

necessarily achieved by means of verbal discussion. In contrast, Landy (2001) asks from his clients to reflect upon the roles they have played in dramatic reality and to link them to their everyday lives, claiming that “reflection and verbal processing are potentially as important as enactment in leading to healing” (p.42). However, verbal processing may be at best ineffective with some populations. For instance, most children seem to possess a natural way of integrating the material without the mediation of verbal processing.

Nevertheless, whether processing is carried out via words, or the contents elicited in dramatic reality are incorporated through symbolic means (such as those employed for de-roling), some form of integration is necessary. In my view, it is also the task of the drama therapist to monitor, or at least be aware that this integration is actually taking place. Otherwise, the journey to dramatic reality would be detached from life, and therefore be ineffective and futile.

Conclusions

The therapeutic gift of drama therapy is closely connected to its access to dramatic reality: Dramatic reality possesses intrinsic healing and therapeutic attributes which are maximized and fully expressed within the drama therapy setting. Dramatic reality is at the core of drama therapy. Regardless of the particular approach taken by a practitioner, doing drama therapy always involves working with dramatic reality in some manner. All the modes that Schechner (1988) calls *performance activities* are at the drama therapist’s disposal – in as much as they are able to generate a degree of dramatic reality, even if they do not constitute *theatre* in the conventional sense.

Going back to the questions mentioned at the beginning of this article, when drama therapists play, their purpose is not “to make their clients feel relaxed, so that they can talk about their lives afterwards” (although this may happen as well!). The therapy is not in the talking, but rather, as Hamlet would put it: “the play’s the thing...” The therapeutic purpose in drama therapy is to reach the realm of dramatic reality, engage clients in some of its forms, make a journey to a place within which whatever contents they bring, can be safely explored, worked on, transformed. Drama therapy can be done with or without props, enactment, stories, or characters; but never without some form of dramatic reality. Dramatic reality is not representative of one single aspect of the field, but is a unifying force underlying all drama therapy theories and models. Furthermore, dramatic reality is a genuine constituent of the field, and as such, it is one of the major contributions of drama therapy to the helping professions.

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Figure legends

Fig 1: Diagram of dramatic reality and ordinary reality

Fig 2: Diagram showing the process of dramatic reality within a therapeutic context

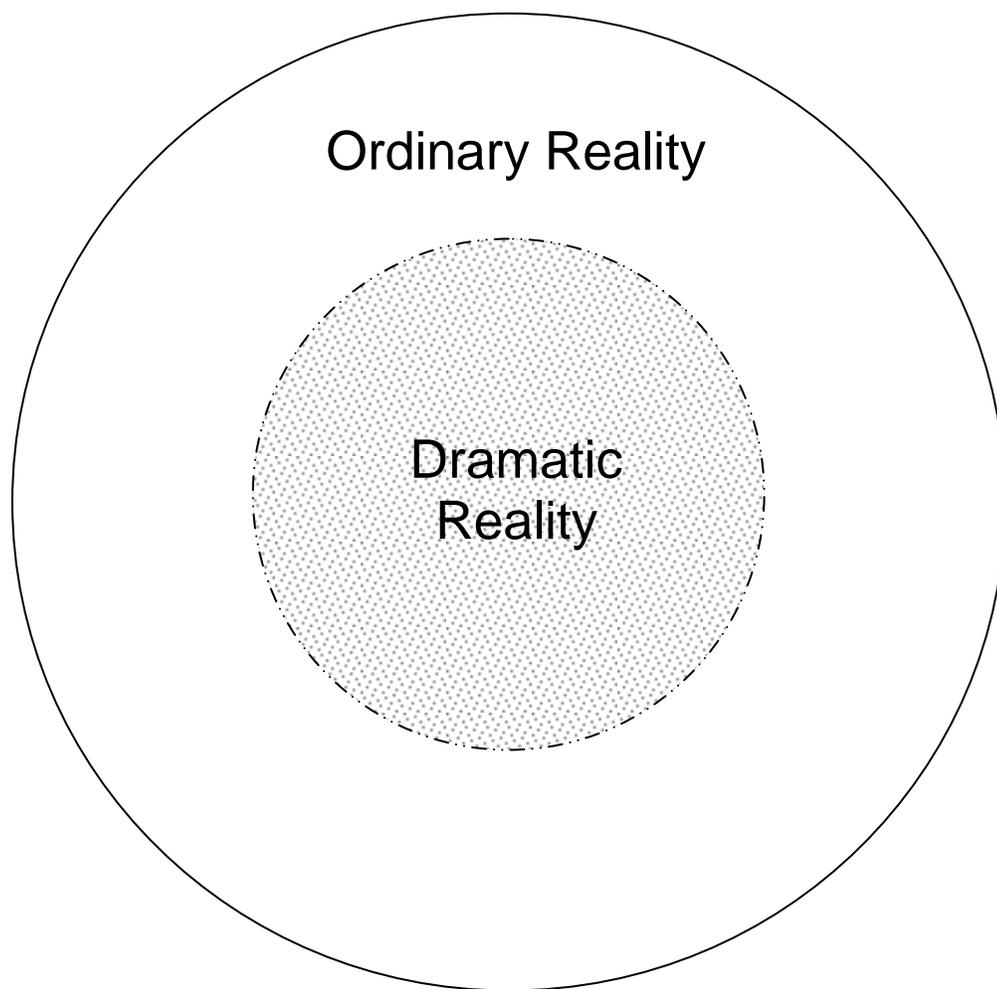


Figure 1

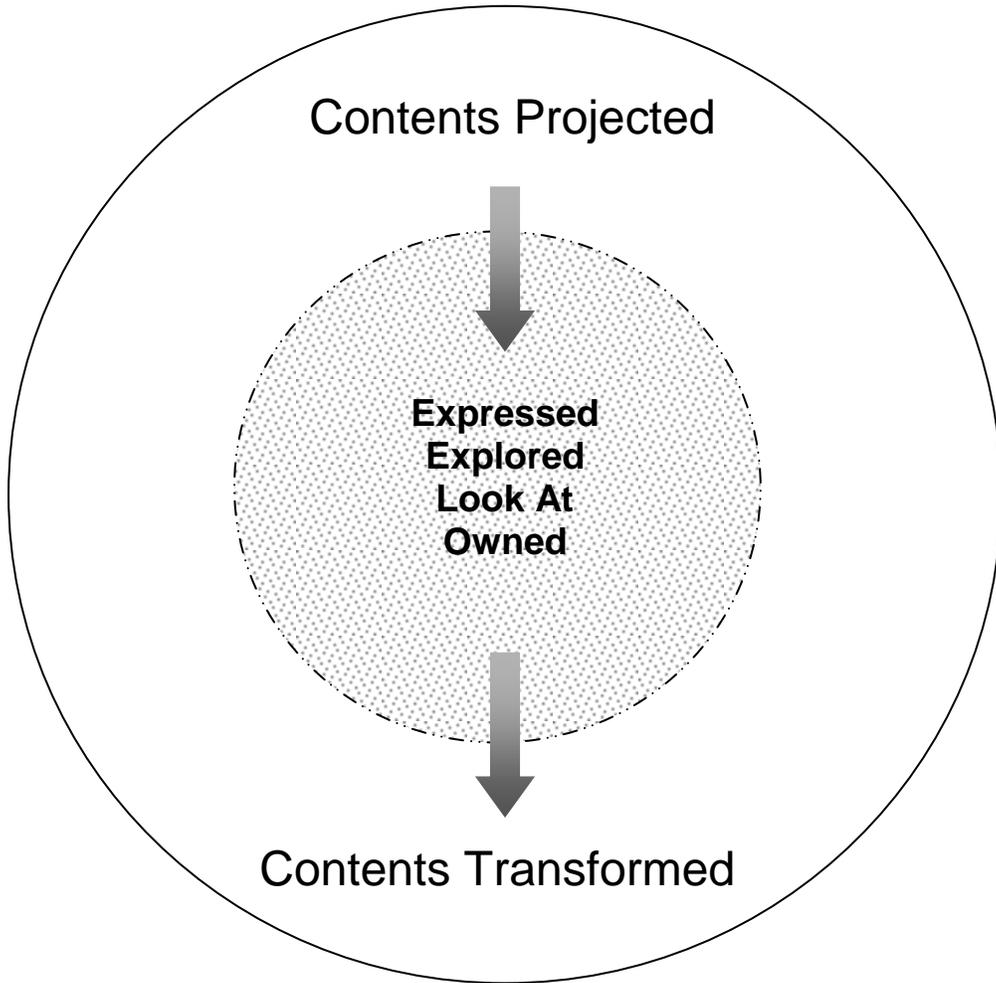


Figure 2