Six keys for assessment in drama therapy[1]

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Abstract

This paper discusses the issue of assessment in drama therapy. It provides an overview of its development in the field and reviews five drama therapy-based models currently in use. The article presents an integrative framework for assessment based on the notion of dramatic reality, using six parameters to organize drama therapy material. These parameters are seen as *keys* that intersect with other drama therapy-based models, thus guiding the drama therapist to select an appropriate model for further assessment and/or intervention. A short case study is provided in order to illustrate the model.

An overview of assessment in drama therapy

The use of drama as an assessment tool in the social sciences began to develop long before the term drama therapy was coined. According to Bernstein (1978), Binet conducted research with dramatic scenes as a means to examine psychological types in children in 1893. As social scientists started to incorporate theatre concepts, drama emerged as an option for assessment. The use of role-playing and projective techniques as tools to assess human behavior caught the interest of researchers throughout the 1940's and 1950's (Jones, 1996). Kelly's (1955) role-construct repertory test and Moreno's (1959) spontaneity and role tests are some examples of these earlier forms of assessment through drama. Assessment techniques were also developed in the field of creative drama, which served as a basis for subsequent drama therapy endeavors (Sutton- Smith & Lazier, 1971; Lazier & Karioth, 1972, in Courtney, 1981).

Drama therapists have considered the issue of assessment since the field's onset. Schattner and Courtney (1981) opened their pioneer two-volume work by addressing the subject. In a thorough essay, Courtney (1981) explains the importance of assessment and reviews the different approaches available to drama therapists from related disciplines. Assessment methods were developed around specific aspects of drama therapy, such as puppetry (Irwin and Shapiro, 1975), the content and form of children's stories (Irwin and Kovacs, 1979), role-playing and improvisational styles (Johnson, 1981; Sandberg 1981), etc. However, in spite of these and other valuable studies, most drama therapy literature during the 1980's was devoted to describe the application of drama therapy with various

populations. Comparatively speaking, few articles addressed the issue of assessment.

Several reasons may account for this fact. First, drama therapy evolved mostly out of fieldwork, thus there was a lot of excitement about what was being done and a need to share it with other colleagues. Also, as a craft that incorporated professionals from various disciplines, drama therapists tended to lean on their own backgrounds concerning the assessment methods they used. As Courtney (1981) put it:

> Drama therapy is an all-inclusive field, overlapping with many fields, such as psychiatry, psychology, sociology, social anthropology, and others. A drama therapist who works mainly from drama and psychology is liable to have different criteria (and thus different forms of assessment) from one who works largely from drama and sociology. While this makes drama therapy an exciting field, because new methods of assessment and different techniques are continually evolving, it can provide some confusions. (p.8)

This eclectic approach is perhaps one of the main attributes of the first assessment methods put forth by drama therapists: While some strove to bring the field closer to psychology, others looked for inspiration in creative drama or drama in education. Hence, most of these methods still show the *stitches* between drama and therapy.

It took some time until practitioners began to develop a genuine drama therapy language with which to assess their work, and it is mostly in the last decade that this process began to bear fruits. Although various drama therapy-based assessment methods are currently in use, I will briefly summarize five models, which I consider broad in scope and applicable to a wide range of populations.

We are indebted to Sue Jennings (1995,1998, & 1999) for contributing to the field with two models, which can also be applied for assessment purposes: the *EPR Paradigm* and the D*ramatic Structure of the Mind*. EPR (embodiment-projection-role) is primarily a

developmental model that describes the natural stages of dramatic play development in infancy. The first year of an infant's life is characterized by embodiment play; projective play evolves around the ages 1-3, followed by role. By the age of 6-7 the development of dramatic play is usually completed. E, P, and R become then *modes* that the person is able to re-visit throughout life. The basic assumption of the EPR theory is that a fully developed individual would be able to operate in any of these modes, according to the circumstances. However, a person's progress through these stages might be hindered due to trauma, shock, neglect, or other reasons. Drama therapists may assess individuals on the basis of their ability to operate in each mode. Thus the model offers a criterion which may guide drama therapists to select interventions that would strengthen the person's developmental foundations.

The Dramatic Structure of the Mind is the kernel of a dramatherapy theory of personality. This mandala-shaped model presents "four major areas of personhood" (Jennings 1998, p.124): vulnerability, skills, guide, and artiste. These functions "make up a totality of being a person and they feed and stimulate each other" (p.124). At the core of the mandala is the person's belief-system, which colors and mediates between the four areas. The assumption is that people would usually seek therapy when the balance between the aspects is disrupted. This could happen, for instance, if vulnerability takes over the person's whole structure, one or more functions are distorted, or the belief system is in crisis. The task of the drama therapist is to help people to "restore their internal states to a balanced equilibrium" (Jennings, 1998, p.125). At the root of this model lies the belief that a dynamic balance between all the aspects reflects good psychological functioning.

Mooli Lahad (1992) uses story making as an assessment method. The model was initially conceived as a means to assess the way in which people cope with stress. However, it is also applicable to any therapeutic situation. According to Lahad, people's coping mechanisms can be condensed into six categories of experience, represented by the acronym BASIC Ph: 1) Beliefs and values, 2) Affect and emotions, 3) Social, 4) Imagination, 5) Cognition, and 6) Physical. In fact, the categories encompass more than coping mechanisms: In a brilliant image, Lahad compares them to languages that people speak and into which they translate their experiences. For example, a person whose main mode is *cognitive* and has no access to the *affect* category, would experience alienated by a therapist who tries to make him or her talk in feeling terms - as if being addressed in a foreign language. The tool employed by Lahad in order to detect the languages known by an individual is the six-piece story making (6-PSM) – a technique based on questions that facilitate the creation of a story. The assumption is that the story reveals the languages a person speaks. Thus, the model provides a way of assessing a person's strengths, coping-mechanisms, areas of conflict, and the mode in which the interventions should be made.

David Johnson (1988) and Robert Landy (1993, 1996 & 1997) provide two different assessment models based on the concept of *role*. By studying numerous roles in Western theatre, Landy (1993) devised a taxonomy system in which the roles are ascribed to six domains (which strikingly coincide with Lahad's categories): Somatic, cognitive, affective, social, spiritual, and aesthetic. Within the domains, roles are further classified according to type, subtype, function, etc. In Landy's view (1996) the role taxonomy is a theatrical archetype system that may provide drama therapists with "a tangible framework in which to formulate diagnostic, treatment and valuative strategies, and against which to

evaluate new role phenomena" (p.115). Based on his role-method, Landy (1993) devised a form of assessment that considers seven aspects of a client's role functioning: 1) ability to invoke and name roles, 2) number of roles, 3) ability to attribute qualities to roles, 4) ability to delineate alternative qualities or sub-roles, 5) ability to perceive the function of a role as role, 6) style and aesthetic distance present in role-playing, and 7) ability to relate the fictional role to everyday life.

Johnson (1988) offers a different approach to the use of role as an assessment method. His Role-Playing Test is based on a pre-established series of role and scene improvisations that the individual is requested to perform. The data is then analyzed according to several criteria: role repertoire, patterns of thematic content, role-playing style, space, tasks and role structuring, complexity of interactions between characters, and degree and form of affect. Concurrent with Johnson's extensive work on the use of improvisation in drama therapy (1991), the method is grounded on the belief in the projective nature of role-playing and improvisation. His basic assumption is that improvisation provides information about an individual's personality structure. By observing people's improvised role-playing behavior, their specific therapeutic needs may be inferred, and particular areas can be chosen for intervention.

Difficulties with assessment in drama therapy

Drama therapy does not have a "guru" or single founder figure. Born in a truly interdisciplinary fashion, the field evolved as a plural organism in the tradition of dialogue, in what might be called a feminist or postmodern mode. Although different

assessment approaches are currently in use, not a single one can be crowned as the "official" drama therapy method. As Courtney (1981) pointed out twenty years ago, this, which is a source of strength, can also create confusion.

In addition to the multiplicity, other factors may be confusing. Perhaps one of them is that drama therapy literature often uses terms like *method*, *technique*, *tools*, *approach*, etc. indistinctly in connection to assessment. Valente and Fontana (1997) make a point to discern between "specific assessment tools" and the criterions taken by drama therapists "as indicative of current psychological states" (p.21). I would like to further clarify this difference by proposing the following terminology: We may call t*echnique* or *tools* to the means or instruments utilized in order to generate data, and *method* or *approach* to the criterions by which the data is analyzed. To illustrate from the models presented above, the 6 Piece Story Making is the technique, while the BASIC Ph theory is the assessment method. Thus, for instance, a story created using 6-PSM may also be assessed through Landy's role method; by the same token, Johnson's Role-Playing Test can be read in terms of the Basic Ph theory. Moreover, drama therapy techniques can be employed that are not analyzed using drama therapy-based methods – or vice versa.

Herman Smitskamp (1996) and Brenda Meldrum (1994) point to the reluctance to use assessment methods by some drama therapists. They coincide in attributing it to the fact that – like other creative therapies – drama therapy evolved out of the intuition and creative insight of its practitioners, who fear that assessment would somehow betray the nature of the creative process. As Roger Grainger claims, assessment may imply "an 'Us and Them' mentality" that is alien to drama therapy (Meldrum, 1994, p.188). Questions are also raised concerning the validity and reliability of assessment methods. According

to Phil Jones (1996) "dramatherapy is an emergent discipline: there is not yet a great body of 'tried and tested' assessment methodologies and evaluation processes" (p.268). Furthermore, as Valente and Fontana (1997) suggest, assessment involves three stages: initial, ongoing, and final assessment, and "in dramatherapy there appears to be no systematic way of assessing how far healing has progressed by the end of therapy (p.25).

In spite of these and other polemical aspects of assessment, there is consensus among drama therapists that assessment is an integral part of the therapeutic process and a crucial issue in research. It is clear that drama therapy will not develop fully as an independent field unless it can generate its own assessment criteria.

Six keys for assessment

In my drama therapy practice I use of a combination of assessment methods. Over the years, I have come to realize that the method is often dictated by the particular inclinations of the person I work with or the therapeutic phase we are engaged in. I also encourage students and supervisees to use a variety of drama therapy-based assessment models. The fact that several methods can be applied in the course of a process points to the compatibility and flexibility of drama therapy thinking, and reflects the artistic nature of the field. There are many ways to engage in dramatic reality: Some people find it easier to work with stories; others prefer to improvise starting from a conflict, and still others get the most of it by developing a scripted role. Nevertheless, I felt the need to have some way of assessing the drama therapy process, so that all the elements pertaining to it could be encompassed within an integrative framework.

Speaking about assessment in drama therapy, Smitskamp (1996) raises the need to

have *anchor-points.* I would like to expand this image by comparing the drama therapy process to the sea: a constantly shifting pattern of tides and waves, where psychological and aesthetic considerations converge and mingle, like rivers. Navigating this sea is the art and craft of drama therapists, who need to guide both themselves and their clients through this sea-journey. Thus, the need to have anchor-points.

The six-key model is firmly grounded in the notion of *dramatic reality*. Drama therapists have used various names to designate dramatic reality, such as *fictional present* (Courtney, 1985 in Cattanach, 1994) or *fantastic reality* (Lahad, 2000). The concept has been compared to Stanislavsky's (1936) *as if* (Duggan & Grainger, 1997) as well as to Winnicot's (1974) *potential space* (Jenkyns, 1996). Dramatic reality can be broadly defined "as a special and safe form of reality where we can begin to make experiments" (Duggan & Grainger, 1997, p.2). Dramatic reality reconciles normal reality and fiction: it is a *fantasy made present*. It involves a departure from ordinary reality and the living manifestation of an alternative in the here and now. Practitioners would probably agree that dramatic reality is the most unique characteristic of drama therapy practice.

The six-key model aims to help us make sense of drama therapy processes by looking into the various aspects that pertain to dramatic reality: It is a kind of map of dramatic reality containing six anchor-points. Although there is always the possibility that a new parameter would be found, these six points are core parameters around which drama therapy processes tend to constellate, and they seem to hold most of the elements encompassed by dramatic reality:

1) An ability to transport oneself to and from ordinary reality
2) A particular quality

3) Roles and characters

4) Patterns: plot, themes, and conflicts

5) A response to it

6) A subtext.

Although dramatic reality is always a *gestalt*, its breaking down into core issues may assist drama therapists to identify areas of difficulty, select parameters for work, evaluate progress, and in general, survey it in a fairly systematic way. Roughly speaking, the first two keys are connected with *form*, while the 3rd and 4th pertain mostly to *content.* The 5th key considers dramatic reality from outside (the audience), and the 6th key explores any residues – concealed issues that have found no place for open expression.

The six keys are offered for consideration through reflection and open-ended questions. The framework is integrative, with each key functioning as a parameter that intersects with other drama therapy-based methods. While reviewing the six keys, drama therapists can find a particularly *charged* one, and thus choose an accurate parameter for further assessment or intervention.

1st Key: The threshold – Entering and exiting dramatic reality

Entering and exiting dramatic reality is a transition. Since drama therapy requires some form of dramatic reality, one of the main tasks of the drama therapist is to facilitate the movement from ordinary into dramatic reality, and back. Hence the way in which a person or group effects this transition is a key for assessment.

Any observation regarding this transition is valuable: Is it difficult or smooth? Are

preparations needed or are people ready to jump with little or no preamble? Do they tend to stay in the threshold or constantly shift from one reality to the other? Can people return to ordinary reality on their own or do they need special guidance?

Although some people may find it difficult or scary to leave ordinary reality, a door can usually be found. Thus, a further angle to consider in this key is the *mode* that facilitates the transition. This calls for some thoughts concerning the EPR paradigm, the BASIC Ph theory, or the artistic medium that would be appropriate as a door.

2nd Key: The quality of dramatic reality

Dramatic reality has a quality. Generally speaking, there is such a thing as "good or bad" quality; and certainly, drama therapy requires a *good enough* dramatic reality in order to be most effective. Thus, the first task of a drama therapist is to find out how can dramatic reality be maintained, enhanced or improved, so that it would be fulfilling and enable therapeutic interventions.

However, there is more to quality than just "good or bad." Being a *qualitative* parameter, this item refers as well to the peculiar way that characterizes a person's style of inhabiting the dramatic world. The image of the sea may be helpful again: The sea has a different quality every day. Those who know it intimately recognize its diverse and shifting patterns: they can foresee danger, take the necessary precautions, and guide themselves through it. Drama therapists should be acquainted with the quality of dramatic reality like sea-people are familiar with the quality of the sea. Dramatic reality is a *psychoaesthetic space* (Robbins, 1988), which has patterns, rhythms, intensity, texture,

etc. To categorize its components would be both futile and reduce the rich variety of images that may describe it. Dramatic reality can be intense, quiet, jumpy, constrained, juicy, slow, clouded, and so on. It can have holes, like a cheese, or body, like well-preserved wines; it can have a video-clip quality or a low-flight feeling.

Many elements influence the quality of dramatic reality. For instance, aesthetic distance has repercussions on the degree of involvement that individuals experience regarding the dramatic reality they are engaged in. A shift in aesthetic distance may change the quality of dramatic reality; thus aesthetic distance is a factor to take into consideration when assessing the quality item.

The quality key takes us to consider style of acting, involvement, spontaneity, concentration, flow, and in general, any aspects pertaining to *form.* In this regard, Johnson's ideas for the assessment of style, involvement, use of space, etc., may be useful. Likewise, Phil Jones's (1996) adaptation of the Sutton-Smith & Lazier Scale of Dramatic Involvement may help to assess some aspects of the quality of dramatic reality. Lahad's BASIC Ph model can also be applicable to the quality key, since his categories relate to the form (language) employed by an individual. Thus a person with a high *Ph* may *swim* more easily with physical activities, games and relaxation exercises, while someone who ranks high in *S* may benefit from role-play and simulations.

3rd key: Roles and characters

The concepts of *role* and *character* are not clearly distinguished in most drama therapy literature. One exception to this are Duggan and Grainger (1997), who define role

more in the sense of *function* ("what one is appointed or expected or has undertaken to do"), and character as "the collection of qualities, attitudes and beliefs which are unique to an individual person or personage" (p.52).

In my view, the difference between these concepts should be marked: A role is a structure, a container that is connected to an archetypal stratum – like Mother, Guide, Trickster, etc. A character is an *embodied role*; it is the particular way in which an individual personifies or incarnates a given role (Pendzik, 1999). To illustrate this point, one might say that Jesus is the character while Christ is the role.

This distinction is relevant in assessment, for while a person may bring a wide variety of characters to the process, these may in fact all belong to a single role. For instance, the role of the k*iller* may be explored through several characters that include Macbeth, a terrorist, or a predator. On the other hand, a character contains multiple roles: Macbeth is a warrior, an officer of the king, a king, a husband, etc. Thus while exploring a character, an individual will certainly encounter other roles. This flexibility of the role/character mechanism is what enables us to navigate within the role system and make therapeutic interventions in this key.

4th key: Plot, themes and conflicts

This key pertains mostly to the contents of dramatic reality. Although roles and characters can also be considered as content, in drama therapy they constitute a special category. Psychotherapy connects well with this key, as the interpretative approach looks at the content as the main source of information regarding the issues that individuals

bring into the therapeutic context. If dramatic reality is the projected image of a person's inner life, thus the recurrent motifs underlying it are a means of access to the core issues that the person needs to sort out in therapy.

Simply said, the plot is the "plan, design, scheme or pattern of events" in a story or play (Cuddon, 1991, p.719). If the former key is concerned with the question of *who* participates in dramatic reality, this item refers to *what happens there.* Plots can be assessed based on their patterns, the emotions they contain, the mythical or metaphorical message they convey, their degree of complexity, etc

Themes are certainly a metaphor for the inner processes that a person or group is dealing with. They are usually general in scope, persistent in time, and explored through a variety of characters and plots. Relationships, identity, aggression, etc., are some examples of themes. Conflicts can be viewed, on one hand, as more focussed aspects of themes. For instance, *relationships* as a theme may include several conflicts, such as dependence/autonomy, ideal/real. Yet on the other hand, the conflict dependence/ autonomy may also spread onto other themes, such as *control* or *identity*. Besides from psychological and literary tools for readings stories, the vast and growing fields of narrative therapy and bibliotherapy can inform us concerning assessment and intervention in this key (White & Epston, 1990; Gersie, 1997; Lahad, 1997 & 2000).

5th key: The audience – Response to dramatic reality

Upon return from dramatic reality, a person or group takes up the role of the audience – the witness of the dramatic reality just performed. This shift is natural, as most

people – notably, most adults – tend to comment on dramatic reality in some way or another when they get back. As John Casson (1997) points out, one of the therapeutic aspects of being an audience is that "we are conscious of experiencing" (p.46). I would add to this that, as a witness to dramatic reality, the audience is also endowed with the power to *legitimize* the experience.

People's responses to what they perform are varied. A person may be deeply engaged in dramatic reality and yet dismiss what was done when returning to ordinary reality as "just an act" – something devoid of implications as far as real life is concerned. They may minimize the experience or get into a judging mode, thus handing their performance onto the "critic." Likewise, individuals may seem less involved in dramatic reality than the therapist perceives them to be, yet report that a significant experience or insight had occurred to them while in dramatic reality, or that a change had taken place upon return (a headache is gone, for example).

Johnson (1981) links people's attitudes toward their performance to their feelings about themselves and their accomplishments: The response may be seen a function of the person's self-esteem. However, the response may also reveal something about the process itself: A rejection of what was performed in dramatic reality can be a way of saying, "this is not working for me." Thus, this key measures the *impact* of the therapeutic process, and is therefore instrumental in choosing further interventions.

Connected to the processing phase, this key can be seen as a *safety valve* for the others. A de-legitimizing response usually lights up a particular key. Some individuals may be calling for a change in quality (2nd key); others may experience difficulty in the transition and integration of the realms of fantasy and reality (1st key). In some instances,

a negative response directs us to the 3rd key, as people may react to their performance on the basis of fixed role-patterns, like the "punitive judge." Or perhaps a conflict has not been addressed properly in dramatic reality or has been left in the dark (4th or 6th keys).

When reflecting on this key, it is important to note the consistency of the person's response with the therapist's perception of the facts. The drama therapist is encouraged to explore any discrepancies not only in terms of the client's process but also of their own involvement. As Landy (1992) warns us concerning role-seduction, drama therapists always face the risk of doing good theatre instead of effective therapy. Furthermore, since drama therapists do have a voice from the audience too, they are also responsible for maintaining the consciousness and legitimizing the experience.

6th key: The subtext or the meta-reality

Cuddon (1991) defines subtext as what is "'under' or 'below' text; what is not said or done" (p. 931). He adds that it refers to the marginal, the hinted, the ambiguous or evasive, and that it denotes "the unspoken in a play; what is implied by pause and silence. And perhaps also what Harold Pinter means by 'the pressure behind the words'" (p.931). In Stanislavski's theory, the subtext is what gives the character a basis for existing: it "is a web of innumerable, varied inner patterns inside a play and a part" (2000 p.360). Using these ideas as guidelines, I would define *subtext* in drama therapy as that which is present but does not find proper expression, neither in dramatic nor in ordinary reality.

The subtext in drama therapy can be a mood or feeling, a role or character, a plot, a theme, etc., that lurks around the therapeutic process but does not manifest itself in the

open. It is a *meta-reality* – like a parallel story that wanders about, between both realities, without finding a place to belong to. This is where we are likely to find transference and counter-transference material, unspoken dynamics or feelings, etc. As Jennings (1987) points out, the transference phenomenon can be seen "as an act of dramatic imagination," in which clients engage in "an 'as if' communication" (p.11). When transferential content is not expressed or acknowledged via dramatic or ordinary reality, it settles as a subtext.

Several factors may contribute to develop this meta-level. The oscillation between realities, which constitutes a central process in drama therapy, is not always a neat and clear passage. Thus, even if de-rolling is performed, some residues from the roles enacted in dramatic reality could stay attached to either therapist or client. Likewise, as Johnson (1992) points out, drama therapists often take upon themselves three different levels of roles: social (the therapist), dramatic (the characters enacted), and psychological (a transference figure). This juxtaposition of roles may also help to create a meta-reality.

This key is not necessarily present in every drama therapy situation. But when it is, it has a strong effect upon the therapeutic process. The presence of a subtext is marked by strong feelings from either therapists or client towards each other, a sense that there is no progress, a difficulty in entering or sustaining dramatic reality (1st and 2nd keys), etc. When assessing this key, the drama therapist needs to consider what is the *untold tale* and look for ways of incorporating it either into dramatic or ordinary reality.

Using the six-key model: An illustration

The following is a summarized version of a session with Doris (not her real

name), a woman in her early 30's. Dramatherapy has helped Doris in the past to make some amazing changes concerning career choices, body image and self-esteem issues. She came back to therapy to work on her relationships with men – which seemed to be stuck in old patterns.

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The meeting begins with a reflection on the previous session, in which some aspects of Doris' relationship with her father came up. Although at the time the work seemed meaningful, both of us were left with a feeling that we might be going around in circles. Doris points out that she has been sick all week, and is feeling sad and lonely. She feels cut off from life, as if she was "a hundred years old," and complains that the "old bag of tricks" she had used in the past in her relationships with men has certainly disappeared, but nothing else has come to replace it.

I ask Doris to translate her feelings into a landscape and she comes up with the image of a desert. Since the image is very visual, I suggest her to draw it. She feels some resistance to draw and asks if there's anything else we can do. I then ask her to close her eyes, visualize the desert and find out if there's anything significant there. Quite soon she finds a woman in her forties, and begins to describe how she looks like.

At this point I suggest that we move into the playing area of the room, which becomes the desert. I instruct Doris to get into the character and play a fragment of her life. The pace slows down; the woman rests, meditates, and then gathers some things to make a fire for the night. I decide to go into dramatic reality as an interviewer, who is doing a documentary on people who live in the desert. The woman tells me she is in a

journey, searching for herself. She has left the city – including family and work. She is in need of silence and cannot say when she'll be ready to come back; it may take her weeks or months: she is attuned to the rhythm of the desert. She wants me to let everyone know that she's fine and that she needs to be alone now. She doesn't want anyone to come visit her. We depart and get out of dramatic reality.

As we elaborate on the experience in dramatic reality, the figure of the Old Wise Woman emerges in its aspect as the Hermit. Being generally a very social person, this role strikes Doris as unusual but not as negative. In fact, this Woman represents someone who is learning to be true to herself. Solitude is a choice she's made for some time. She'll be back in the world when she's ready to be herself with others. As a closure, Doris and I comment on the difference between bringing "a bag of tricks" or "just yourself" into a relationship, and about the meaning of this character for Doris, as someone who sticks to the essentials and could help her shed layers of tricks and non-productive patterns.

1st key: The threshold

Departure from ordinary reality was facilitated by the landscape technique: the desert image served as a springboard. In general Doris needs little guidance and moves fluently through E, P, and R modes. However, here, entrance to dramatic reality slowed dawn because we hesitated on the medium: drawing was not the right one – visualization worked.

Exiting dramatic reality was a smooth transition. De-rolling was a natural process, as it usually is with Doris.

2nd key: Quality of dramatic reality

Inhabiting dramatic reality was signaled by a change in tempo. As Doris went on stage and warmed up towards embodying the character, her pace slowed down. Dramatic reality became enhanced by an intense presence. Its quality was strong, imaginative, fluent and stable. Doris flowed with the character, allowing dramatic reality to carry her beyond herself – and even to surprise her.

This was an excellent quality for intervention. My entrance in as the *Interviewer* enriched dramatic reality, helping Doris to develop further the character. Doris was in a good aesthetic distance throughout the scene.

3rd key: Roles and characters

In her previous therapeutic work Doris responded very well to character work. Several key figures from her personal mythology were explored, transformed and integrated positively. Her current therapeutic work deals specifically with her role as a woman: it is about breaking away from family and socially scripted roles. As old and transmitted role-patterns are being discarded, her role-system needs to expand.

In this session we see the birth of a new character. To use Landy's terminology: a character is invoked, named and tried out. The D*esert Woman* is in sharp contrast to the one that carries the *bag of tricks*, offering instead the qualities of authenticity, risk-taking, wisdom, choice, survival skills, self-definition, and a basic respect for her own needs. Through this character, the feelings of sadness and loneliness took on a new perspective: they became a part of a journey of transformation, which will eventually bring her back into the world.

4th key: Themes and conflicts

The general themes of *relationships with men* and *womanhood* crystallized in this meeting though several conflicts of *tricks/truth, old/new,* and *cut-off/connected.* In ordinary reality, the alternative to tricks was loneliness - or nothing. The Woman of the Desert explored in dramatic reality provided another option: truthfulness. Seclusion by choice emerged as a positive outcome. What the Woman of the Desert stands for was previously perceived as negative ("a hundred years old," "cut off from life") or non-existent (nothing has replaced the bag of tricks). The Woman of the Desert opened up a thematic alternative: Life can be seen as a journey, which includes the need to spend time with oneself.

5th key: Response to dramatic reality

Doris' response to what was performed in dramatic reality was one of surprise. Although the Woman of the Desert seemed very real to her, she was quite amazed to find out that she holds such a character inside. In spite of the positive response, the character did raise some questions for Doris, such as "does this mean that I'll have to accept being lonely as a way of life? Is the Woman really happy with her choice or is she going to the desert for lack of something else?"

6th key: The subtext

The subtext in this session was connected to the sense of going around in circles: Doris' feelings of sadness and loneliness had an inkling of despair that questioned the

possibility of being helped by therapy at all. The message was "I have given up my old bag of tricks and got nothing in return. I am still lonely and sad." These feelings were addressed by reflecting on the work performed in dramatic reality in the previous session. Both of us shared the impression of having reached a familiar place, which had nothing new to offer, and agreed on the need to walk in unknown territory rather than go around issues that have been thoroughly explored in the past. In this case, addressing the subtext in ordinary reality cleared up the way: It led to the landscape image in which the new character emerged.

General profile

The six-key model reveals that for Doris, the 3rd key (roles and characters) is the *hot* one. The 1st and 2nd keys present no major difficulties. Doris shows an ability to transport herself in and out of dramatic reality, and to inhabit it in ways that are both right for her and allow therapeutic interventions: She has a good sense of aesthetic distance and can incorporate others into dramatic reality, without endangering it. As in this session, her response to what was performed (5th key) is usually realistic, constructive, and consistent with my observations. The subtext (6th key) is generally an open channel: Whenever material emerges from this key, Doris is open to clear it up or work it out in dramatic reality. The themes and conflicts that Doris brings to therapy tend to crystallize around character work.

Although it can be argued that the roles and characters key would be charged for anyone who needs to work on gender and relationships issues, this parameter may not always be the most effective one for intervention. For some people, the same issues may

constellate around the subtext (6th key), while others may need to address them in the 1st or 2nd keys – for instance, through embodiment work. For Doris, at this stage, the 3rd key seemed to be the charged one.

Opening the keys

Once the right key has been identified, a drama therapy-based model can be selected. In the case of Doris, Jennings' mandala seemed appropriate for further work. In terms of the Dramatic Structure of the Mind, this session pointed to a shift that occurred within Doris' inner mandala. At the beginning of the session, v*ulnerability* was the predominant state (sadness, loneliness, a feeling of being cut off from life); and there was a sense of longing for the s*kills* that are not working anymore (the old bag of tricks). These were colored by the *belief system* that was asking (in the subtext key): "can I be helped by therapy at all?" As soon as Doris' inner *artiste* was engaged, she led us to the *guide* figure (embodied by the Desert Woman), which, at the time, was the weakest aspect of Doris' mandala. The encounter with this part infused Doris' belief system with new meaning, and a more balanced equilibrium was achieved.

Although the character of the Woman of the Desert was new for this client, the guide figure was not: Other characters had embodied it in the past. Subsequent work, then, did not focus on developing the Woman of the Desert (who also had requested to be left alone for a while), but on strengthening the aspect of the guide, through working with its previous manifestations. This intervention allowed for a change to occur at the level of the belief system, which became more flexible to incorporate new and more positive affirmations of her womanhood.

Conclusions

The six-key model is a way of organizing material in drama therapeutic terms. Based on the notion of dramatic reality, the model provides an integrative picture of drama therapy processes and furnishes us with six parameters for assessment: Each key opens a door to other drama therapy-based methods. In my perception, it is important to have drama therapeutic parameters, since a drama therapy-based framework usually leads to further drama therapeutic thinking and interventions. The model can be applied to individuals or groups, and used to survey a single session or a general process – as a profile of the person or group. The model serves several purposes:

1) It allows drama therapists to survey the process.
2) It organizes the material in a systematic way, around six core points.
3) It reveals the charged parameters.
4) It helps the drama therapist to choose specific interventions or models, which would advance more effectively the therapeutic process.
5) It furthers drama therapeutic thinking by conceiving the picture in drama therapy terms.

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References

Bernstein, J. (1978). Moreno y los tests proyectivos de escenas. In J. L. Moreno *Psicodrama* (pp.9-12). Buenos Aires: Paidos,.

Casson, J. (1997). The therapeusis of the audience. In S. Jennings (Ed.), *Dramatherapy: Theory and practice* (Vol. 3) (pp.43-54). London: Routledge.

Cattanach, A. (1994) Dramatic play with children. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), *The handbook of dramatherapy* (pp.133-144). London: Routledge.

Courtney, R. (1981). Drama assessment. In G. Schattner & R. Courtney (Eds.), *Drama in therapy*, (Vol. 1) (pp.5-27). New York: Drama Book Specialists.

Cuddon, J. A. (1991). *The Penguin dictionary of literary terms and literary theory.* London: Penguin.

Duggan, M. & Grainger, R. (1997). *Imagination, identification and catharsis in theatre and therapy*. London: Jessica Kingsley.

Gersie, A. (1997). R*eflections on therapeutic storymaking.* London: Jessica Kingsley.

Irwin, E. & Shapiro, M. (1975). Puppetry as a diagnostic and therapeutic technique. In I. Jakab (Ed.), *Psychiatry and art*, (pp.86-94). Basel, Switzerland: S. Karger.

Irwin, E. & Kovacs, A. (1979). An analysis of children's drawings and stories. *Journal of the Association for the Care of Children in Hospitals, 8*(2), 39-48.

Jenkyns, M. (1996). *The play's the thing: Exploring text in drama and therapy*. London: Routledge.

Jennings, S. (1987). Dramatherapy and groups. In S. Jennings (Ed.), *Dramatherapy:*

Theory and practice for teachers and clinicians (pp.1-18). London: Routledge.

Jennings, S. (1995). Dramatherapy for survival: Some thoughts on transitions and choices for children and adolescents. In S. Jennings (Ed.), *Dramatherapy with children and adolescents* (pp.90-106). London: Routledge.

Jennings, S. (1998). *Introduction to dramatherapy: Theatre and healing*. London: Jessica Kingsley.

Jennings, S. (1999). *Introduction to developmental playtherapy: Playing and health*. London: Jessica Kingsley.

Johnson, D. R. (1981). Some diagnostic implications of drama therapy. In G. Schattner & Richard Courtney (Eds.), *Drama in therapy* (Vol. 2) (pp.13-33). New York: Drama Book Specialists.

Johnson, D. R. (1982). Principles and techniques of drama therapy. *The Arts in Psychotherapy*, *9*, 83-90.

Johnson, D. R. (1988). The diagnostic role-playing test. *The Arts in psychotherapy*, *15*, 23-36.

Johnson, D. R. (1991). Theory and technique of Transformation in drama therapy. *The Arts in Psychotherapy*, *18*, 285-300.

Johnson, D. R. (1992). The dramatherapist 'in-role.' In S. Jennings (Ed.), *Dramatherapy: Theory and practice 2* (pp.112-136). London: Routledge.

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

Kelly, G. (1955). *The psychology of personal constructs.* New York: Norton.

Lahad, M. (1992). Story-making in assessment method for coping with stress. In S. Jennings (Ed.), *Dramatherapy: Theory and practice 2* (150-163). London:

Routledge.

Lahad, M. (1997). The story as a guide to metaphoric processes. In S. Jennings (Ed.), *Dramatherapy: Theory and practice 3* (pp. 31-42). London: Routledge.

Lahad, M. (2000). *Creative supervision*. London: Jessica Kingsley.

Landy, R. (1993). *Persona and performance: The meaning of role in drama, therapy, and everyday life*. New York: The Guilford Press.

Landy, R. (1996). A taxonomy of roles: A blueprint for the possibilities of being. In R. Landy *Essays in dramatherapy: The double life* (pp.111-136). London: Jessica Kingsley.

Landy, R. (1997). The case of Sam: Application of the taxonomy of roles to assessment, treatment and evaluation. In S. Jennings (Ed.), *Dramatherapy: Theory and practice 3* (pp.128-142). London: Routledge.

Meldrum, B. (1994) Evaluation and assessment in dramatherapy. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), *The handbook of dramatherapy* (pp.187-208). London: Routledge.

Moreno, J. L. (1959). *Psychodrama* (Vols. 1 & 2). New York: Beacon House.

Pendzik, S. (1999). *Imagenes del alma: Analisis arquetipico del Castillo interior de Teresa de Avila* Unpublished Ph.D dissertation. Bar-Ilan University, Israel.

Robbins, A. (1988). A psychoaesthetic perspective on creative arts therapy and training. *The Arts in Psychotherapy, 15*, 95-100.

Sandberg, B. (1981) A descriptive scale for drama. In G. Schattner & R. Courtney (Eds.), *Drama in therapy* (Vol. 1) (pp.29-50). New York: Drama Book Specialists.

Smitskamp, H. (1996). Brief dramatherapy: The need for professional diagnosis. In A.

Gersie (Ed.), *Dramatic approaches to brief therapy* (pp.98-110). London: Jessica Kingsley.

Stanislavski, K. (1936). *An actor prepares.* New York: Theatre Arts.

Stanislavski, K. (2000). Intonation and pauses. In M. Huxley & N. Witts (Eds.) *The twentieth century performance reader* (pp.357-363). London: Routledge.

Sutton-Smith, B. & Lazier, G. (1971). Psychology and drama. *Empirical research in the theatre, 1*(1), 38-46.

Valente, L. & Fontana, D. (1997). Assessing client progress in dramatherapy. In S. Jennings (Ed.), *Dramatherapy: Theory and practice 3* (pp.17-30). London: Routledge.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.