

Using the 6-Key Model as an intervention tool in drama therapy¹

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Abstract

The 6-Key Model is an integrative, drama therapy-based, method of assessment and intervention. The model is anchored in the notion of *dramatic reality* – which it views as a genuine therapeutic force and a paramount tool for intervention in drama therapy. Each key is connected to a different aspect of dramatic reality (including form, contents, and occurrences outside dramatic reality). The model provides the therapist with a systematic means for mapping drama therapy processes and structuring the therapeutic work. By presenting an overall picture of the situation, the model signals at specific keys where therapeutic interventions would be most effective. This paper presents the basics of the 6-Key Model, focusing on its use as a tool for intervention in drama therapy. The article offers concrete ideas for intervention in each key, and a case example.

Keywords: drama therapy, dramatic reality, assessment, intervention, drama therapy-based model.

"Of all delectable islands the Neverland is the snuggest and most compact; not large and sprawly, you know, with tedious distance between one adventure and another, but nicely crammed. When you play at it by day with the chairs and table-cloth, it is not in the least alarming, but in the two minutes before you go to sleep it becomes very nearly real. That is why there are night lights."

J. M. Barrie, *Peter Pan*

Introduction

Dramatic reality has been recognized as a main therapeutic tool by most drama therapists (Blatner & Blatner, 1988; Duggan & Grainger, 1997; Jenkins, 1996; Jennings, 1998; Johnson, 1991, 2000; Jones, 1996; Lahad, 200; Pendzik, 2006, 2008, among others). The possibility of creating a space where the imaginary becomes tangible lies at the heart of any drama therapy endeavor. All the methods and techniques employed by drama therapists – improvisation, play and character work, stories, metaphor, puppets, masks, etc. – aim at 'downloading' the imaginary realm and giving it material form in dramatic reality. Dramatic reality is a half-way place between the subjective realm of imagination and the concrete world of reality.

The concept has been baptized with a variety of names; yet they all point to a similar idea that is concurrent with Winnicott's (1971) view of the *potential space* as the natural locus of therapy, and with Stanislavski's (1936) definition of the *as if* as the conscious mechanism by which performers transcend into the realm of the imaginary. No for just for the sake of adding one more name, but perhaps in order to invoke one that might help to further clarify the concept, one may say that dramatic reality could be called *Neverland* – because it is precisely that island where imagination becomes

manifested in the here and now. And very much like J.M. Barrie's legendary *Neverland*, dramatic reality is a place of transformation, change, and personal growth.

The 6-Key Model

Just like the transference process constitutes an indicator of progress and a chief treatment instrument in dynamically-oriented psychotherapy (Jones, 1963; Yalom, 1975), dramatic reality can be seen as the compass that guides the practice of drama therapy: It is a paramount therapeutic factor and a necessary one in order for drama therapy to work effectively (Pendzik, 2006). Bearing in mind that all drama therapy work entails a journey into dramatic reality, it seems only natural that drama therapy-based assessment and intervention methods would evaluate therapeutic progress, consider change, and define its goals, in terms of dramatic reality. This is the idea on which the 6-Key model is built.

In the context of this model, *dramatic reality is broadly defined as the manifestation of imagination in the here and now*. This may be done in a variety of forms – of which theatrical enactment is only one mode. The word 'dramatic' should not be misleading here: I'm using it in its etymological sense (from the Greek, 'a deed, to do'.) Thus, story-making or authentic movement would be considered valid forms of dramatic reality. In fact, dramatic reality can take the shape of any activity along the EPR (embodiment-projection-role) paradigm as defined by Jennings (1998, 2004). Embodiment includes body or sense oriented activities; projection comprises all the

range of projective techniques, from small worlds, to art-work, puppets, image work, and so on. Role refers primarily to enactment, scene work, etc. The concept's borders can also be delineated according to Schechner's (1988) notion of the seven *performance activities* (theatre, music, dance, play, games, ritual, and sport) which have the capacity to manifest a world within a world. To put it succinctly, in order to qualify as dramatic reality, an imaginary experience requires that some aspect of it would become incarnate in the actual world (Pendzik, 2006).

The 6-Key Model looks at six core parameters of dramatic reality around which drama therapy processes tend to gravitate. Altogether, these parameters comprise a map of dramatic reality and its surroundings, offering a picture of the state of affairs (assessment), and pointing at directions for intervention. In a previous article, I have introduced the model as an assessment method (Pendzik, 2003). The current paper briefly reviews that information and develops it further by presenting it as an intervention tool, and offering ideas for intervention in each key.

Figure 1 provides an overview of the model: Each key addresses a particular aspect pertaining to dramatic reality. The first two keys are vital for the development of drama therapy processes, since they have to do with the very existence and basic functioning of dramatic reality – without which, no proper drama therapy takes place. These keys are concerned primarily with form. They tend to relate to 'how' questions: ways of access, modes of improving dramatic reality, style issues. The second pair of keys is connected to the contents of dramatic reality: it examines 'who' and 'what' occupies it. The 5th and 6th keys contemplate occurrences that take place outside of

dramatic reality: they look at people's reactions to the experience, and at what is not being said or remains between lines.

The model can be used to summarize a single session or to create a profile of an individual or group. The drama therapist deconstructs the process by writing her or his impressions about each key based on subjective observation. This simple procedure usually illuminates one or two 'charged' keys where intervention would be most effective. The keys are conceived as an interconnected and dynamic whole, so that an intervention made in one of the keys would invariably have an impact on the others.

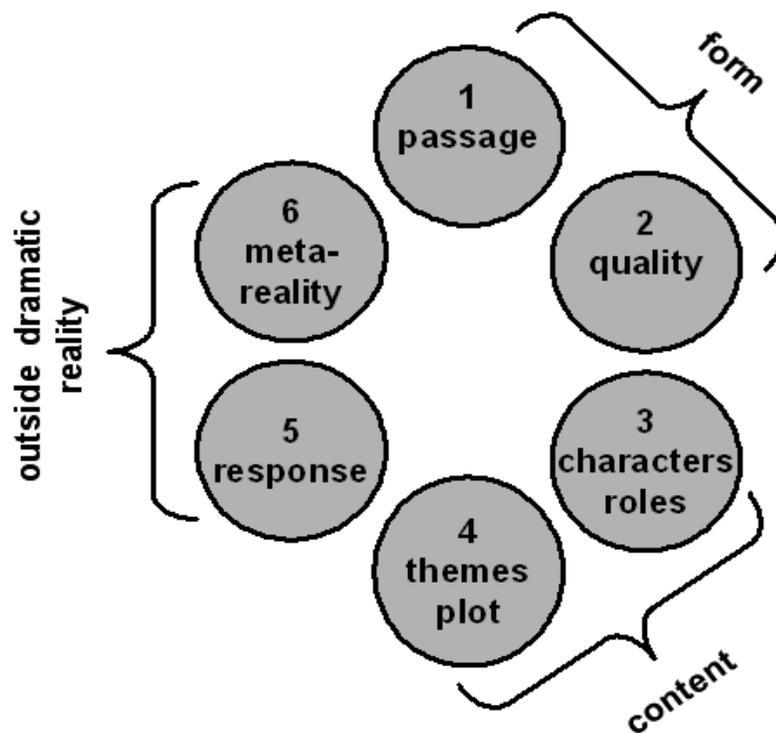


Figure 1

1st Key – Passages

There are almost as many ways to get to *Neverland* as there are people or groups. The island can be reached by boat, flying-horses, closing one's eyes, or just using plain magic. Some people (particularly children) would jump into dramatic reality, while others may need preliminary steps and a close guidance.

The particular way in which individuals enter and exit dramatic reality is important in drama therapy. Observations in this key include thoughts on the relationship between the two realities, the ability or difficulty that a person or group experience when invited to go beyond ordinary reality – and come back –, and the ways of facilitating the passage. Disturbances in this key may reveal developmental blockages, poor ego-functioning, interpersonal issues, transition issues, trauma, resistance to therapy, etc.

This key is usually perceived as 'charged' when:

- 1) individuals require a lot of assistance in performing the transition (either way),
- 2) the passage is not properly made (individuals constantly go in and out of dramatic reality),
- 3) the boundaries between realities are not clearly differentiated (individuals display confusion between 'pretend' and 'real').

Ways of intervening in the 1st Key: Facilitating transition/creating boundaries

- Create separate spaces for interactions outside and inside dramatic reality, something along the lines of Cattanack's (1992) 'blue mat' – a portable safe space that defines the boundaries of the playing area.
- Establish rituals for entrance/exit.
- Provide clear structures for the processes of en-rolling and de-rolling (sing a song to enter, 'shake it out' when coming back, etc).
- Find out which artistic forms (drawing, story-making, etc.) facilitate the transition for this particular person/group.
- Become aware of the EPR modes that smooth the progress of the passage.
- Create levels of passage: Establish a 'transitional stop' between dramatic reality and the ordinary world. For instance, set up an 'editing room' where clients can take a seat at the exit/entrance of dramatic reality to comment on it, as if they were viewers of what happened there, creators (authors, directors) discussing what they want to see, etc. A transitional stop could be simply marked by placing chairs at the threshold of where dramatic reality takes place.

2nd key – Quality

This key involves two aspects: First of all, *in order to be effective, a journey to dramatic reality has to be experienced as vivid and real*: Otherwise it becomes futile, and the meaning of the contents explored in it is lost. If it is not felt as a reliable

experience, individuals may sense that their stay in dramatic reality is inadequate or irrelevant (“just pretending,” “children’s stuff”). This would not only strengthen their resistance to participate, but also weaken their ability to create a dramatic reality where contents can be safely explored and elaborated. Thus the quality aspect calls for the establishment of a ‘good enough’ level of dramatic reality (see box). In this sense, quality refers to the capacity of an individual or group to establish an ‘as if’ that is truthful enough to work with.

The second aspect of quality is associated with the *style* or *mode* that dramatic reality takes: It looks at the attributes, the particular features of the dramatic world created. This may include particular characteristics, such as slow pace, euphoric, full of surprises, etc; or genres: video-clip, animation, stand-up comedy, absurd theatre, fairy-tale, etc.

Perhaps this two-fold aspect of the quality key could be clarified if we compare it to car-driving: One aspect of driving is concerned with being a ‘good enough’ driver; the other is that each person has a distinctive way of driving, which constitutes their driving style. In order to get a drivers license one has to prove a ‘good enough’ driving capacity. A person’s driving style may have an impact on ‘good enough’ driving (for example, if the style it is too risky); so that the two ideas are connected. Yet the style is also independent from the ‘good enough’ requirement: it is what colors the driving. The same applies to dramatic reality: A ‘good enough’ quality precedes style consideration. However, regardless of how ‘good enough’ a dramatic reality may be, an intervention in this key may be called for in the style aspect. Consequently, there are two kinds of

interventions in this key: One that concerned with improving and enhancing the quality of dramatic reality; the other with altering or developing its style.

This key is 'charged' when dramatic reality seems chaotic, shallow or stereotyped, boring, going on loops, disconnected from emotions, etc. On the style aspect, distortions appear as repetitive patterns, recurrent forms, or non-conductive, ineffective, use of genres (as when dramatic reality inevitably turns out to be a melodrama, a caricature, a tragedy, etc.)

Some indicators of 'good enough' quality of dramatic reality

- Good aesthetic distance: people are emotionally involved but able to observe it and recognize it as 'as if'.
- A fair level of concentration and involvement.
- The flow is dynamic and good; permanence in dramatic reality is stable.
- Dramatic reality is shared with others, as appropriate – not performed exclusively in isolation.
- Offers by the drama therapist or other members are at least contemplated (not regarded invariably as intrusions).
- Some measure of aesthetic pleasure. (Even if the contents are difficult, the person seems to derive some pleasure from her/his engagement with creating around them).
- The action follows some form of internal coherence – is not entirely chaotic, dizzying, jumpy, etc.
- The action is not perceived as boring or emotionally intimidating for either therapist or client.

Ways of intervening in the 2nd key: Improving or altering the quality

- Use theatre-directing tools: Soliloquies, play it without words, express it only with your hands, exaggeration or amplification, repeat the phrase with different intonations, etc.
- Use 'cinematographic' tools: zoom in, wide angle, slow motion, fast forward, flashback, framing, freeze into still pictures, etc.
- Change the aesthetic distance: turn the personal account into a fictional story; switch roles; change the EPR mode (for example, from human size to miniature) or the art form employed (from story-telling to sculpting).
- Frame the contents as a genre. (For instance: "if this experience was a movie, what genre would it be?). Translate the contents into another genre ("Let's try to present this dream as a Chinese old parable.")
- Alter the position of the drama therapist or of the client in relation to dramatic reality (from performer to director or spectator). This can be achieved by changing the technique: from developmental transformations interactions (Johnson, 1991, 2000), to playback or dramatic resonances, where the client plays the audience role (Pendzik, 2008).

3rd Key – Roles and Characters

The 6 Key-Model differentiates between *roles* and *characters*. Roles refer to a more archetypal level – such as Mother, Child, Aggressor, Victim, etc. It also includes

the roles that pertain to the functioning of dramatic reality: performer, director, audience, etc. Characters refer to *incarnated roles*: Peter Pan, Wendy or Capitan Hook – although not exclusively fictional characters. A character has usually various roles. For instance, Peter Pan is the eternal child, the guide of the children into *Neverland*, the archenemy of Capitan Hook; Wendy is the oldest sister, a mother to the Lost Boys, a daughter, etc. Thus it may happen that the dramatic reality created by a child includes a lion, a rat, a policeman called Sam, Tom and his mother; yet all these characters in fact only play the roles of Victim and Aggressor. Sometimes the profusion of characters does not necessarily imply richness in role repertoire. In this case, an intervention is called for that would help the characters to play out other roles.

There is a wealth of literature on the notion of role in drama therapy (Blatner, 1988; Duggan & Grainger, 1997; Emunah, 1994; Jennings 1998; Jones 1996, to mention only a few). Particularly Landy (1993, 1996, 1997, & 2000) has developed the concept in depth and offers several methods for intervention in this key. In addition, many of the techniques on character work coming from theatre constitute a rich a source of ideas for intervention.

Ways of intervening in the 3rd key: Developing a flexible role/character system

- Use theatre techniques to develop characters: Forge them a personal history, create their house, a profile of their 'like/don't like', a picture of their childhood, write a character analysis, interview characters, etc.
- Transform opposite or ambivalent feelings into antagonistic characters.

- Establish the character out of a role by personalizing it (as in Landy's (1993 & 2000) eight-step method).
- Expand the repertoire of roles by switching roles, having the person play the antagonist, etc. (as in psychodrama).
- Expand the repertoire of roles by introducing new, necessary roles or characters (as in Landy's (2000) notion of role/counter role/guide.)
- Move from a character's predominant role into complementary or sub-roles that this character could assume, for instance by transporting into the past or future of this character – a time in which the character would have played a different role.
- Focus on suppressed characters by allowing their perspective to be heard.
- As in the former key, change the roles of audience, performer, director, etc. of both therapist and client in order to develop the client's sense of authorship over their lives, get distance from situations, etc.

4th Key – Plot, conflicts, themes, and more

While the previous key is concerned with a specific category of contents (characters/roles), this one includes contents in a broader sense: plot, themes, conflicts, complexes, symbols, issues, etc. The contents of dramatic reality can be seen as the images of a kaleidoscope: They take a different shape depending on the philosophical framework from which you look at them. Thus this key intersects with the

particular psychotherapeutic approach embraced by the drama therapist, who would consider interventions in its terms.

My personal orientation is informed by narrative and literary methods, as well as feminist, existential, and Jungian approaches; therefore my ideas for interventions in this key are clued-up by these theoretical contexts: I look for ways of *storying* experience, moving the plot ahead, de-constructing and challenging the official narrative, empowering alternative discourses, finding healing metaphors, connecting personal experiences to universal myths and stories, etc. (Campbell, 1972; Cox & Theilgaard, 1987; Gersie, 1997; Wehr, 1988, White & Epston, 1990, among others).

Most people (certainly adults) usually come to therapy with specific issues, themes, conflicts, in mind. So there is always a certain amount of 'charge' in this key. An invitation to bring these contents into dramatic reality is always a good starting point as an intervention. Although the keys are connected as a whole, in my experience, there is a particularly close link between the 2nd (quality) and the 4th keys: An appropriate change in the quality of dramatic reality tends to move the plot ahead, release stuck issues, reveal hidden conflicts, etc. However, direct intervention in this key is called for when there is overpowering theme, an impending conflict, etc.

Ways of intervening in the 4th key: Healing the story

- Help clients to *story* their experiences: divide it into main scenes; find a name for it, etc.

- Translate personal experiences or issues into works of fiction: a movie, a novel, etc.
- Use literary tools to elaborate personal experiences: description, pause, metaphor, etc.
- Use narrative techniques for advancing the story. (For instance: "a hero can only fail twice; the third time it should work.")
- Help to establish a context in which alternative, suppressed, discourses can be expressed (like a Pirate Radio that transmits unconventional or revolutionary ideas).
- Work with genre: Frame an experience as a genre; use the genre's attributes as a means to advance the story: ("Your Hero cannot die here, because the plot will get stuck too soon; or if he does, something needs to happen after death...").
Switch genres.
- Ride on accurate metaphors – find concrete ways of expressing them and allow them to unfold and mutate.
- Use universal stories to link personal experiences or issues with collective symbols (Try Gersie and King, 1990; Gersie, 1991, 1997; Lahad, 2000).

5th Key: Response to dramatic reality

Upon returning from *Neverland*, the first thing that little Michael says is: "Let me see father," and then adds in frank disappointment, "He is not so big as the pirate I killed" (*Peter Pan*, p.169).

The return from dramatic reality – just like coming back home from a journey – frequently elicits comments, reactions, thoughts, feelings, etc. The response does not have to be necessarily elaborate and verbal: A child may just say, "That was fun...!" or the vitality of her smile may say that for her. Whether spoken or unspoken, a response is usually there; and as Johnson (1981) points out, people's attitude towards their performance in dramatic reality may reflect their view of themselves and their accomplishments in the real world. Thus, this is the key where value-judgments are created and perpetuated. Furthermore, this is where the therapeutic worth of drama therapy is evaluated – asserted or discarded.

This key is 'charged' when the journey to dramatic reality is minimized or dismissed by the client upon return. Sometimes, people are perceived as being engaged in dramatic reality, but would comment on it with sarcasm, deny their emotional involvement, etc. when stepping out of it. Generally, a 'charge' in this key is not recognized in one meeting, but becomes clear over several sessions. Occasionally peoples' response during the session is positive; yet the following time they report that their work in dramatic reality was of 'no use or value' to them. This may indicate that the person experiences difficulties in translating positive outcomes in dramatic reality into real life accomplishments. In many cases, this is connected to the presence of a

critical inner figure that is tacitly 'sitting in the audience', invalidating the therapeutic process.

This key – as well as the next one – refers to occurrences that take place outside of dramatic reality. Thus the main intervention strategy here is to bring the contents inside dramatic reality, so that they can be worked out.

Ways of intervening in the 5th key: Bringing the censor to the limelight/fostering helpful criticism

- Make sure you leave plenty of room to process the experience in dramatic reality. Raise the issue, extending an invitation to deal with it in dramatic reality. (This turns it into a *theme* that can be explored through any of the ideas presented in the 4th key: "Last time you seemed so moved by what we did, and yet today it feels 'useless'. Is this a known pattern to you? How would you call this pattern?, etc)
- Set up a game that brings the 'harsh critic' into dramatic reality. For instance, invite the client to evaluate what was done in dramatic reality: "On a scale from 1-to-10 (1= insignificant/ 10 = very meaningful) how would you grade what we did in this session"?
- Bring the criticism into dramatic reality by transforming it into a character, and developing it as in the 3rd key, using character work. ("Imagine these sarcastic comments were said by a character, how would he or she look like? What kind of voice would they have?")

- Create a visual image of the censor; make three desired changes on it.
- Find out who could be the censor's antagonist and develop it as a character (as in Landy's (2000) notion of the counter role.)
- Find an appropriate fictional work that resonates with the client's inner critic, and work on it.

6th Key: The subtext and the meta-reality

This key is most elusive, as its contents are by and large unelaborated, evasive, and even inexpressible. The subtext is what lies underneath a text, what cannot be said or done, what is veiled and only obliquely expressed. According to Cuddon (1991), it refers to the marginal, hinted, or ambiguous aspects of a text. In drama therapy, the text can be gathered from two sources: the therapeutic encounter (ordinary reality) and the 'as if' (dramatic reality). These operate like two parallel channels of 'here and now' in constant and open interaction. There is a flow of contents from one to the other, so that usually texts that cannot be articulated in ordinary reality find expression in dramatic reality. However, on occasions, the flow does not pour properly, thus generating a meta-level of subtext. Meta-reality is the place that harbors all the contents that cannot be channeled via the open conduits. This is the level at which transference and counter-transference processes operate. Still, this key is not exclusively about transference processes: Other intangible factors may be at work in a

therapeutic meeting, affecting people in a subtle, imprecise, manner – such as a national event, social tension, or even climatic influences.

A 'charge' in this key is perceived in the form of intuitions, vague feelings, etc., which have an almost ethereal quality. When these are acknowledged at any of the communication channels, their hidden influence gradually dissipates or gives way to meaningful therapeutic work. It is only when denied recognition in both planes that these contents may settle as subtext. For example, a child may not talk directly about an experience of abuse to his therapist; yet if the issue appears in dramatic reality, it would be considered by the drama therapist as a *text* which calls for interventions on the 4th key (theme). On the other hand, if the child does not bring up the issue neither in the ordinary interaction with the therapist nor in dramatic reality, this content is likely to create a subtext level. A sensitive therapist would soon get a 'hunch' that "something connected to abuse is going on here" – although he or she cannot explain why.

It is important to point out that this key is not always at work in drama therapy. Having two levels of outlet allows for many contents to find their way into dramatic reality – which is more flexible and tolerable a place in order to express the inexpressible. Yet when the subtext is trapped in meta-reality, all the other keys do not function properly. It then becomes a priority for the drama therapist to intervene directly in this key.

Ways of intervening in the 6th key: Release the subtext from meta-reality

There are two main roads for intervention in this key, concurrent with the two levels of reality:

a) Look for ways of allowing the contents to emerge in dramatic reality:

- Use aesthetically distanced approaches (find fictional works that resonate with the theme, create fictional stories, etc.)
- Use techniques that activate the right-brain function (moving or drawing with eyes closed, guided imagery, etc.)
- Introduce the issue through your involvement in dramatic reality: take a role that gives it a voice in the enactment.

b) Bring up the contents outside of dramatic reality

- Raise the issue with the client, as done in verbal psychotherapy.
- Bring up the issue in supervision: Meta-reality usually changes form when elaborated. This is not only due to possible counter-transference processes, but also to the fact that awareness and alertness by the therapist contribute to bring things to light.

Case Example

Marta (not her real name) was referred to me by her former psychoanalyst, after more than two years of fruitless treatment. A single woman in her forties, Marta was a devoted Catholic who lived with her family of origin, had a secretarial job, and never had a romantic relationship or a sexual partner in her life. She was lonely and resentful,

and suffered from an extremely low self-esteem. She dressed very formally and uptight, and seemed unable to relax inside her clothes.

In our first session, she told me about her anger towards her family, and her feelings of isolation and inadequacy. She complained that nobody had ever showed any respect for her or loved her. As she spoke, she began to cry, and continued to speak while sobbing helplessly for the rest of the meeting. At the end, she said she felt “much better;” we talked about people with whom she had a good emotional connection, and I asked her to bring a list of them for the next time. The following session, she didn’t bring the list; instead, she wanted to talk about something that had happened at work with her job mates. A similar scene then took place: As she recalled the situation, she began to cry while speaking, and wept inconsolably for the entire session. At this point I realized that it was almost impossible for me to interject anything: I felt restricted in my ability to intervene: Any suggestions I tried to make hit a wall of anger and tears. I felt useless as a drama therapist, as Marta allowed no incursions in dramatic reality. I wondered if this pattern was connected to her previous experience in therapy, and questioned if (like her former therapist) I would be unable to help her.

The third time, Marta began immediately by complaining about the people in the Church she belonged to. However, as I saw the pattern repeating itself, I interrupted her and brought up my reflections about the former sessions. (*6th key: Raising the contents outside dramatic reality*). I said I had the feeling that my capacity to use my skills as a drama therapist with her was limited. I talked about how drama therapy

worked, and asked her if she'd like to try out. Marta looked quite surprised, but she agreed.

Entrance into dramatic reality was done through projective work on her social atom (*1st key: finding the EPR form that smoothes the passage*). As Marta had numerous complaints about the people surrounding her, I then invited her to 'dissect' the resentful part of her, and describe it as if it was a character (*3rd key: translating feelings into a character.*) During the next few sessions we explored this character: We interviewed it, named it 'the Old Grumbler', and wrote the character's script: "Your life is shallow; you'll amount to nothing..."

Although Marta's agreement to participate in dramatic reality marked a breakthrough in the therapeutic process, *the quality of the dramatic reality that she created was too fragile: She moved out of it very easily, signaling a 'charge' in the 2nd key.* In order to *improve the quality*, I suggested co-creating a story about a woman living under the dominance of an 'Old Grumbler'. I initiated the telling by assembling the material we had been exploring so far, in a fairy-tale fashion. We advanced the story by alternating the 'talking stick' between us (*2nd key: altering the style: from personal to fictional, from performer to narrator*). Throughout several sessions we worked on the story – by means of narration, drama, creative writing, etc. In each instance, my leading criterion for choosing the form was to use one that would help to sustain a 'good enough' quality of dramatic reality.

As this was gradually achieved, the focus of my interventions shifted to the *4th key: advancing the plot*: The woman in the story had tried to break free from the Old

Grumbler several times. Each time she did, there was a cathartic sense of enthusiasm and hope; however, each time she was defeated again. For instance, at some point she decided to do something good for herself, like "buying some new clothes." (This scene was explored in movement: *2nd key: changing the EPR mode – from projection to embodiment*). At first she was very happy with her new look, but after a while "she realized that she still felt ugly and fat and nobody loved her." After a couple of fruitless attempts, I told Marta that a fairy-tale can go around in circles only for a couple of times, for it is the nature of stories like this to find a breakthrough (*4th key: using the genre's attributes to advance the plot*). We talked about the difference between stories and life, and agreed to work on 'bettering the story'. I took the narrative lead by saying that "...although the woman felt lost because she had found none who would say anything good about her, there was actually a being in the immeasurable universe, who loved her dearly and could speak kindly of her." And Marta added: "her Guardian Angel".

Finding the Guardian Angel (*3^d key: introducing necessary characters*) was a major therapeutic breakthrough. Among other things, the exploration of this character involved finding an appropriate outfit for it, and the creation of a script. Embodying the Guardian Angel was a strong emotional experience for Marta, as the Angel expressed a lot of pain, but also tenderness and compassion towards the woman in the story. He wrote her a letter, from which Marta created a series of affirmations for herself, which she carried in her purse.

Concurrent with the progress at the level of dramatic reality, there were some noticeable changes in Marta's life: She bought new clothes, participated in a series of workshops, started dating with a man, and talking about living on her own. The therapeutic process went on for a few more months, in which we were able to address body-related issues, communication patterns, and family issues at a level of depth that differed significantly from the ineffective catharsis that Marta engaged in when she first came in. In Marta's case, it is clear that her exposure to the possibilities offered by dramatic reality constituted a paramount therapeutic force. My understanding of her process via the 6-Key Model was a good guidance that accompanied me through it.

Conclusion

Drama therapy processes are multi-layered and complex: They require the therapist to be active and alert at once to several planes of reality; furthermore, they call for dynamic interventions at the level of form, content, and occurrences that take place outside of dramatic reality. The 6-Key Model is a practical tool that functions like a working map which allows the therapist to survey drama therapy processes and structure the therapeutic work. By presenting an overall picture of the situation, the model signals at specific keys where therapeutic interventions would be most effective. Since each key touches on a different aspect of drama therapy, the model intersects with other drama therapy and psychotherapy approaches, thus different outlooks and various ways of doing drama therapy can be incorporated.

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