

# The Poiesis and Praxis of Autobiographical Therapeutic Theatre<sup>1</sup>

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## **Preface: Autobiographical markers**

When I began to look at the journey I've made with autobiographic therapeutic theatre, and to reflect on it for this conference, I wondered how it all started. I asked myself, was there an event that prompted it, that set me out on this voyage? Or was it by sheer coincidence that I landed on this form, and I'm speaking to you about autobiographic therapeutic theatre, as I could have picked any other topic? As Albert Einstein said, 'coincidence is God's way of remaining anonymous;' and as surely, no true drama therapist believes in coincidence, I couldn't help but *think autobiographically*, and thus, began to reflect upon my own life.

This exploration was in itself revealing for me; for of course, I was sure that I would begin this speech by telling you about my training program in San Francisco in the early 80's, and how I felt that there was so much to be gained from the self-revelatory scene that we did... But then my mind re-directed me to a previous scene, in which I was a theatre student and also attended a weekly psychodrama group. Although I knew that I was strongly attached to the psychodrama family, and was eagerly reading every word that Moreno wrote, I was also convinced that there are other ways of using theatre therapeutically, which go beyond Moreno's 'spontaneity principle'. I held entire conversations with Moreno's texts: I wrote

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emotional remarks all over his books, which went from being empathic and understanding towards his Zeitgeist, to declaring my absolute disagreement with his remarks on theatre plays as cultural conserves that have lost the potential to be therapeutic. Contrary to Moreno's regard of rehearsals as a mechanical process in which the roots of spontaneity are lost, I was intuitively persuaded that this process could hold numberless insights. 'What would happen,' I would ask my psychodrama group companions, 'if instead of letting out everything you ever wanted to tell your mother in a cathartic, spur-of-the-moment blow, this spontaneous text would be the basis of a monologue, on which the person could work, purposefully, aesthetically, carefully considering – as in any piece of art – every aspect of it: sound, rhythm, metaphor, movement, etc.? Wouldn't this also have a therapeutic effect?'

As I am digging into this memory, another one comes to replace it: Before becoming a drama therapist, I participated in a project that gave shelter to refugees from Central America who had been caught by the police crossing the border 'illegally' into the US. While they helped the refugees to appeal against their deportation orders, the organization thought it would be a good idea to put up a play about their lives. The refugees' stories were unbearably dramatic: Virtually all of them had miraculously survived an endless saga of humiliation, violence, war, injustice, trauma, and loss. Their stories were so theatrical that Hollywood could have grabbed them to create a series of 'action movies'– had they only been open to listen. Yet, it was nearly impossible to develop their narratives beyond the stereotypical; and soon enough, the enactments became repetitive and boring, and the enthusiasm for the project faded away, as the organization's leaders understood that it was easier to do evenings of 'testimonies' than to develop autobiographic theatre pieces. What went wrong here? Why

didn't it work? Is all autobiographical theatre inherently *therapeutic*? Or what are the ingredients of a *good enough* autobiographical therapeutic piece?

Perhaps it was this experience that impelled me to go deeper in my exploration. But as the lights dim on this memory, I travel in time to a suburb in the Province of Buenos Aires. Age: 8-10, the playroom that I share with my sister on the 1<sup>st</sup> floor of the house. Summertime: We have prepared a play. We have worked carefully and tirelessly for the entire afternoon, and now we are ready, and eager to get an audience: a busy mother, a tired father, a reluctant grandmother, the young brother, the grandfather, the maid, the gardener, we drag every possible soul in the house to the playroom. I don't recall the contents of the play, but am aware of how important their glance is to our performance; how much their witnessing act is embedded with meaning...

A last look at my autobiography: Second grade: age seven. My school friend, Nora, invites me over to her house after school. I hear myself telling that I can't go today, because 'Batman and Robin are coming to my house to play with us in the afternoon.' 'Are you serious?' she says, 'Batman and Robin from the TV are coming to your house...?' 'Yes,' I say with total certainty, 'They are. In fact, they do come very often.' 'Oh my God...!' she shouts, 'May I come too?? Please, please...!' 'I'm sorry,' I say, 'they won't come if other people show up.' 'Well, at least, could you let them know how much I admire them?' 'Yes...of course I will...' I assure her, 'You are my friend...'

A few weeks later, Nora doesn't want to talk to me. When I inquire why, she looks furiously at me and roars: 'You are a liar...! My older brother told me the truth...! He said it is

*impossible* that Batman and Robin from the TV come to play to you house...! You lied to me!  
I'm not your friend anymore...!'

It was only at that moment that I realized that although I wasn't lying to her, what I had told her was not really true... And for the first time, I became aware of the existential abyss that separates the reality of my imagination from that of the actual world.

*If we shadows have offended*

*Think but this, and all is mended:*

*That you have but slumbered here*

*While these visions did appear.*

*And this weak and idle theme,*

*No more yielding but a dream,*

*Gentles, do no reprehend.*

*If you pardon, we will mend.*

Shakespeare, *Midsummer night's dream*, 5: I, 413-419

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## **Drama therapy as midwifery**

Autobiographical therapeutic theatre is a particular form of drama therapy, which involves the development of a play or performance based on personal material, to be presented in front an audience – all this, with a therapeutic aim in mind. Even such a broad definition already implies what it is not: It is not an improvised piece, but one that is

developed over time, and is therefore subjected to a rehearsal phase; it is not centered on literary or universal works, but on personal experience; it has a communicative function: it is meant to be performed in front of other people, thus, taking their implicit presence into consideration. Finally, it is not made for entertainment ends, but there is a therapeutic aspect at play. The combination of these premises also indicates the existence of a balance between *process* and *product* – one which is indispensable to keep; for in autobiographical therapeutic theatre both ends of the rope are equally important.

I have been involved in autobiographical therapeutic theatre for almost three decades. Although I have performed many variations of it, a lot of my work with it over the last 20 years has been in the framework of drama therapy programs, teaching the method to students of Tel Hai Academic College both in Galilee and Tel Aviv, and at the Dramatherapy Institute in Switzerland. This is the experience I want to share with you today because, throughout these years, I have come to realize that this approach constitutes a unique opportunity for grasping the essence of *all* drama therapy work – its poiesis and its praxis.

My approach to ATT is as an advanced course in drama therapy; mostly, this is the last curricular requirement of the program –a fact that contributes to turn the experience into an actual initiation ritual. Participants are requested to present an autobiographical 10-minute piece in front of an audience of peers, teachers of the program, former students, etc. Sometimes the local community of drama therapists and related colleagues are invited to witness the event. Depending on the setting, personal friends and family members are also invited. Except for the time, and as long as the piece is originally crafted, based on autobiographical material, and communicative, there are no artistic limitations: the piece can

be in any genre of performance that the author wishes – including puppets, dance-movement theatre, clowning, stand-up, ritual theatre, multi-media, and others. It does not have to be a monodrama or a one-person show; (however, only fellow students from the group can be part of the performance crew). In terms of contents, the guidelines are also very open: People are not asked to present traumatic or painful stories; autobiographical material includes inner world, subjective experiences – such as dreams, wishes, and so on.

The end-product is the result of several months of individual and group work. Whenever possible, I work in conjunction with a theatre practitioner, who is skilled in community, social, or applied theatre forms. Beside from getting guidance and support in their personal processes from myself and co-teacher, students also assist each other, taking turns to perform what I call 'midwifery' – namely, accompanying someone through a process in which you are intimately involved and emotionally invested, which has a final product to bring forth and deliver, but which is not *your* baby.

The midwife metaphor is very relevant for drama therapists, particularly for those who come from the theatre, and may have been trained to take on the role of the 'director' when asked to help someone to develop a performance. Unlike a regular theatre director, a drama therapist is required to exercise a way of advancing the process that is well paced (no pushing, yet advancing), and that integrates the feelings that come up on the way. As Emunah and Johnson pointed out many years ago, 'performance is like a planned crisis'<sup>4</sup>; and this is even more so when applied to autobiographical therapeutic theatre; for if performance in general is bound to elicit a complex set of feelings, irrational fears, doubts and hesitations,

stirring up deeply buried hurts and painful experiences, in our metaphor of birth giving, all this is magnified by the fact that you are giving birth to *a creature of your own making*.

In their capacity as 'midwives', drama therapists should be able to take on a variety of theatrical functions and roles as required (backstage crew, sound operator, prompter, supporting actor, director, audience, stage manager, etc.), as well as to perform therapeutic tasks – such as mirroring, joining, nurturing, guiding, challenging, or 'tissue-offering.' On occasions, they may play an active role in order to stimulate a course of action or role-model something; yet, sometimes they may be called upon to reflect on the process, or just to witness it. Still, in other instances, they may be invited to help materialize a scene by simply following the instructions of the author. However, for all of this intense collaboration and emotional engagement, the drama therapist is never an equal co-creator of the piece. He or she facilitate the process by providing ample space for explorations – both aesthetic and emotional – some of which may not be visible in the final piece, even if they were compelling highlights of the process. They should be careful not impose their own aesthetic values and standards on the author, even if their aesthetic choices do not match; for the final decisions on the piece are the author's sole conclusions, the inner truths that emerge the way he or she want to state them to the world. Just like a midwife, to accompany this process means being an *agent* of it: Someone who helps the creature to be born, but leaves no genetic imprint on it. For the drama therapist, thus, this process entails developing a close and intimate relationship, with a strong sense of commitment, and at the same time, an ability to let go of a dear object: a true learning gift for the journey of a therapist.

It turns out that autobiographical therapeutic theatre is a metaphor for what we do in drama therapy in general; for even when we are not helping our clients to put up a theatre piece, it is through the translation of their issues, conflicts, patterns, etc. into dramatic forms and stage language, that we assist them to work on these mechanisms towards change and transformation, development of resilience, and personal growth. The involvement with a person in dramatic reality invariably invites an experience of intimacy; the sense of presence that is required in order to inhabit dramatic reality together takes the meaning of the concept of *encounter* (which existential psychotherapists speak about) a further step up the ladder. Drama therapy is always about balancing process and product, about translating content into form, and making aesthetic choices on emotionally charged material. In this sense, the drama therapy room is a rehearsal space, whose effectiveness can be grasped (and tested) when the explorations that happen within it are also performed in the outside world.

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### **Poiesis, emptiness, and inspiration**

The word *poiesis* is the Greek root for *poetry*, it refers to the creative inspiration that brings forth something 'from concealment into the full light and radiation of a created work'<sup>ii</sup>." This originating force is associated with gnosis; for something is *made known* when it is brought into light. Although *poiesis* involves production, the ancient Greeks did not conceive it as a completely voluntary act, but rather as the process of *unveiling* that guides the artist to bring something into presence. In the framework of autobiographical therapeutic theatre, *poiesis*, can be conceptualized as an aspect of the creative process, which can be associated

with the unconscious forces at work: *Poiesis* is not what we do, but what occurs to us when we allow the creative process to unfold.

The Jungian analyst Rosemary Gordon points out that the creative process mobilizes contradictory and mutually reciprocal qualities, such as 'passivity and activity, receptivity and productivity, consciousness and unconsciousness'<sup>iii</sup>. The fact that the creative spark cannot be voluntarily produced, but only invoked and channeled, so to speak, reminds us of a similar striving for emptiness that is also shared by the mystics, as they prepare themselves for an encounter with the numinous. In his famous poem, *Dark night of the soul*, San Juan de la Cruz expresses this yearning, presenting the soul as a disguised female lover, who eulogizes the darkness of night, under whose auspices the amorous encounter between lovers can take place.

*By dark of blessed night*

*In secrecy, for no one saw me*

*And I regarded nothing*

*My only light and guide*

*The one that in my heart was burning.*<sup>iv</sup>

Like many mystic poems, the obscurity of this one – full of images of secrecy and nothingness – reveals that, for San Juan, darkness is the only place in which the inner light can be truly perceived. In fact, I'm not formulating anything new here. I'm just highlighting the red thread that links between San Juan's *Dark night*, Stanislavski's *creative state of mind*, Grotowski's *via negativa*, and Brook's *empty space*. There seems to be a unanimous

agreement among mystics, theatre scholars, and artists, that some sort of psycho-physical *tabula rasa* is crucial in order to inspire meaningful creative work. The initial phase of therapeutic autobiographical theatre, thus, requires the creation of an empty space in which the light can be perceived. This state of mind evokes a surrendering to the world of dreams, but one in which we actually never fall asleep; for our self-awareness alternates from leading to being led by the process, from conscious search to unconscious exploration, from left to right brain hemisphere.

In this spirit, the way I begin the journey of autobiographical therapeutic theatre is by allowing ample space for poiesis. This is done, partly, by letting the process lead you; for instance, letting it choose the subject for you. In traditional theatre (even in autobiographical work), people often come with a certain focus, idea, or theme in mind, which they want to develop as the piece. In contrast to this, I encourage participants to *put aside* whatever fantasies or thoughts they might have had about what the piece will be about, and try to stay as open as possible to what unveils. As we know from the hero's journey, a step towards the unfamiliar must be taken if an initiatory process is to take place. I believe that if a theme or idea need to be addressed, they will persevere and return of their own accord; but that neither the creative power of poiesis, nor therapeutic insight, will manifest in a process that is not open enough to the unknown.

Although poiesis can be thought of as the authentic production of art, a theatrical production also involves a practical side, which calls for the concept of *praxis*. *Praxis* is more concerned with the immediate actions that are necessary in order to produce something – in this case, helping participants to establish a state of mind into which they can invite

meaningful contents to come up. Hence, the first phase of the process is conceived as an uncommitted, expansive, and fluid exploration, in which each session tackles autobiography from a different angle. For example, one meeting may focus on childhood sense memories, another on trans-generational family myths, another on life metaphors, or on recurrent dreams. In the same vein, each meeting takes a core image or symbol as a spinal cord for organizing autobiographic material: a book, a landscape, a tree. Likewise, a variety of artistic methods and tools are tried out: monologs, image-work, storytelling, movement, etc. In order to keep the process fluid, 'midwifery' at this stage is exchanged every session: work is done in pairs, triads, or quartets, each time with different partners. This allows for participants to experience a variety of working styles, as well as promoting the integration of the group as a whole. In this way, each session is a creative unit with its own development and closure. Participants are asked to record their experiences, reflections, and partial productions in an artist's diary.

Back to poiesis. The Spanish poet Federico Garcia Lorca claimed that all artistic inspiration can be perceived as coming from three different sources, which he named as Angel, Muse, and *Duende*. The Angel is the creative force that comes from above – guiding, granting, bestowing – that is identified as a sense of illumination, or even of predestination. The Angel acts upon the artist in such a way that it seems as if the work is performed almost without any effort on the artist's part, as if she or he would be naturally channeling an inspirational energy. In contrast to the Angel, the Muse communicates through words, entering through the artist's ears: The Muse 'dictates, and occasionally prompts,' says Lorca. Although she is very precise, articulate, and can be attractively poignant, the Muse is a very

demanding force, and rather emotionally removed. The most startling and dangerous source of inspiration is the *Duende* – a well-known figure in Spanish folklore and tradition. The *Duende* is a rough form of energy that comes from below – from the deep womb of the earth. It is a passionate force, intimately related to love and death, with which the artist has to fight in order to create: One can witness an artist's effort and suffering as he or she struggle with their *Duende*; and it is from the pain of this struggle that the artistic creation ensues.

Lorca's ideas are fascinating. He utterly believed in the metaphysical existence of these sources (and even claimed to have seen a true Muse twice!). Furthermore, there is a striking correspondence between the poet's vision of the inspirational sources and the shamanic cosmology – with its three-layered cosmic zones: upper, middle, and lower worlds. However, for our purposes today, Angel, Muse, and *Duende* are relevant in as much they partake of the creative and healing processes, for the questions they raise are as intriguing for the therapist as they are for the artist: Are the contents that people gather in their creative vessels somehow brought up, mediated or handled by these inspirational sources? If so, how do they affect autobiographical therapeutic theatre? Are Angel, Muse, and *Duende* all alike in terms of their therapeutic effects? Or is there a preferable source of inspiration that drama therapists should strive to invoke?

In my experience, the encounter with these forces (which we may also call archetypes), has an impact on the person's process and – most certainly – on the product. As Jung pointed out, archetypes are 'carriers of energy,' and as such, they bring their own contents along. In a very schematic way, we may say that the Angel tends to elicit issues connected to receiving, being nurtured, and channeling one's gifts; the Muse would be likely to challenge our

intellectual capacity, our ability to create clear structures, to deal with expectations and criticism; and the *Duende* would stir up existential struggles and self-destructive patterns, for as Lorca argues, the *Duende* will not even bother 'to appear if he can't see the possibility of death, if he doesn't know he can haunt death's house... the *Duende* wounds, and in trying to heal that wound that never heals, lies the strangeness, the inventiveness of a [person's] work.'

We may all have our preferences, as Lorca did, but I have seen good work done, both theatrically and therapeutically with all these inspirational sources as Patrons of therapeutic autobiographical theatre processes.

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### **The process: The less travelled road**

*I shall be telling this with a sigh*

*Somewhere ages and ages hence:*

*Two roads diverged in a wood, and I –*

*I took the one less traveled by,*

*And that has made all the difference.*

Robert Frost, (1874–1963), *The road not taken*

The creative process is an uncharted territory, where each individual makes a unique journey. As in any journey, all sorts of obstacles, dead ends, unexpected twists, dangerous turns, and unforeseen experiences, await around the corner. A person may start with a clear sense of direction, and then discover that the road taken is a blind alley, and that they have to reset their course; or a road that looks as if it's going to be 'long and winding' ends up being a pleasant excursion into forgotten islands of our soul. Sometimes it's a highway, other times a desert with no signs. On occasions, the vision of where we're going fades away, or we find ourselves revisiting places that we thought we'd never return to. I've seen people who 'had it all ready' quite at the start, and a few weeks before the presentation realized that 'it was not *it*', and changed the whole thing; or others who got lost time and again, looking far and wide for their treasure, only to find it back home in the end. All we know is that each journey is a unique piece, hand-made by the author and the circumstances. And in this, the creative process resembles very much the therapeutic process.

One way in which autobiographical therapeutic theatre may be different from its non-therapeutic counterpart is in its awareness of what I call the '*meta-process*,' and in its readiness to incorporate it into the piece itself. It is known to most artists that dangerous struggles lurk in the bushes of the creative process. As Jungian analyst, Linda Schierse Leonard writes<sup>v</sup>:

In order to create, we must face the anxiety that accompanies its process. We need to tackle the guilt that haunts us if we become obsessed with perfection. And we must counter feelings of fraudulence and shame that ensue from wounds to self-esteem – injuries that interfere with the inner authority that empowers us to give birth to something new.

The act of creation requires us to commit to our projects. It demands consciousness to confront the cynical doubts that discourage effort. We must be vigilant to identify distractions and other obstacles that divert us from our aims. Creating requires courage to face fears of failure and even of success.

The creative process is a source of artistic and therapeutic challenges. As it unfolds, authors may encounter many disruptions in their endeavors – which are in fact no less autobiographic than the topic they wanted to explore. Much as it facilitates self-expression, the creative process has an inherent structure that tends to elicit our arsenal of disturbing, self-destructive, and unhelpful patterns: A very talented woman, who had been told as a child that she'd never be as good as her sister, suddenly finds herself depleted of all inspiration, unable to find a clue as to how to proceed with her piece; a man who complains that his process is not going anywhere, refuses to receive help from anyone by turning off every possible suggestion with a cynical comment. People can be extremely critical of themselves: they may feel that their story is insignificant or that their stage-skills are poor; they may choose to play consistently the role of 'midwife' for other participants (a task in which they excel), while neglecting their own needs and performances.

Awareness of these aspects is indispensable, as they are not mere deviations from of the process, but rather integral parts of the work itself. When the man realizes that he's unable to accept any help, or the woman sees the phantasm of her sister in her difficulty to create; when individuals confront their inner critic, or recognize their patterns of prioritizing other people's needs, these discoveries have the capacity (and the right) to become the new focus of the autobiographic work: A block on the road, a delay or an unexpected turn, may

direct us to a path that is worthwhile to pursue. By sabotaging the process, these contents are claiming a space on stage.

***Praxis* : Some tips to advance the process**

- How can the phantasm of your sister be represented on stage? Is it a shadow walking in the scene? A constant noise offstage?
- Improvise a scene in which you must reject every offer you're being given. Make the offers exaggerated to amplify the pattern.
- Who is sitting in your subjective audience, criticizing your work so harshly? Is it a man or a woman? How old is he?
- Create a chorus of needy people, who are dependent on you. What would they say? Write the text.

Working in this way means that the process is probably not going to proceed in a linear fashion: It is not only about developing a performance piece. The task of autobiographic therapeutic theatre is to take the aspects that come up in the creative process into consideration, whether by processing them with psychotherapeutic skills or by allowing *them* to go on stage. It is more likely for this type of work to unfold as a multi-layered process, full of curves and turns. This (as Brecht argued), helps to keep the narrative open and dynamic, so that people can observe the process, not just experience it. This kind of journey cannot be

engineered in advance – it becomes as it progresses. Awareness and incorporation of the meta-process into the final product is one of the ways in which autobiographical theatre makes sure that its therapeutic purpose is being fulfilled.

One of the hindrances of pursuing a known road is that it will probably lead us to familiar territory. There is no doubt that a therapeutic effect can be attained by telling a story that we already know about ourselves. Drama therapy uses this approach, as an example, through psychodramatic or playback theatre formats, in which a protagonist or teller come forward from the darkness of the auditorium into the spotlights, to share a personal story with a group of people. Although that story may be known to them, the fact that it is shared with this group for the first time turns it into an *unfamiliar road*: The act of telling itself is the part of the story you didn't know. Just to take a stand in front of an audience and say or do something that you identify with is an empowering experience – particularly when the format is based on spontaneity.

In autobiographical therapeutic theatre this is an entirely different matter –as the format is not based on a spontaneous act: Before being presented, a story is worked on, edited, subjected to a meticulous rehearsal process, and transformed through the alchemical powers of art. The scenes are shaped, repeated, re-enacted, memorized, elaborated, and re-shaped several times. Many therapeutic insights occur in this process, which opens up a fruitful dialogue between content and form: Feelings are explored, old issues are challenged, questioned, and cleared; parallels are discovered between things that 'don't work' on stage and in life, and so called 'technical problems' are seen in light of the emotional contents they expose. In short, the elaboration and rehearsal processes offer a fertile soil for uncovering

subtexts, as well as for finding new and creative ways of handling life-long patterns that people have been trapped in.

However, the fact that the presented narratives are being told and retold empowers them by means of reiteration and repetition, almost to the point of becoming reified – that is, attributing to a representation the status of a real thing. In this context, thus, it is essential to consider what aspects of a person are being empowered by their re-telling of a story? And furthermore, what is the relationship between *empowering* and *therapeutic*? Are they always synonymous?

It was brought to my attention a while ago<sup>vi</sup> that autobiographical theatre pieces have been created by some of the Jewish settlers who were evicted from the Gaza strip under Israel's disengagement plan in 2005. The pieces were (and maybe still are) performed in front of other settlers and supporters. The general atmosphere reported by the participants (both audiences and performers) is that of a cathartic experience of self-expression. The pieces tend to portray the settlers as victims of an aggressive Israeli army that cruelly uproots families from the houses in which they lived for many years.

Speaking about mourning and grief, Alida Gersie mentions four phases that a person has to experience when facing a serious farewell: The bond should be acknowledged, unfinished issues cleared, blessings exchanged, and lastly, giving each other permission to go on their separate journeys<sup>vii</sup>. Seen in this light, I'm not sure that there is a therapeutic component in the above mentioned performances by the settlers. Autobiographical, empowering, and moving as they may be, do they contribute to repair the settler's self-

esteem, or rather to reinforce their role of 'victim' and their feelings of marginalization from the democratic majority? Do these performances help them to grieve their loss, and accept it, by 'giving each other permission to go their own ways'? Or do they exalt an impossible dream and confuse it with reality?

According to Narrative Therapy postulates, we story our lives in order to make sense of it. Narratives allow us to process life-experiences and give them meaning. Yet these expressions of experience – stories – are units of meaning that are informed by cultural contexts, which also implies that they have in turn the capacity for shaping and structuring our life-experiences. In other words, we become the stories we tell about ourselves. And herein lays the danger of taking only our conscious-self as guide in the autobiographical journey: because it will tend to reinforce the monolithic, *dominant discourse* – the one that we know; whereas the recommended therapeutic path to take would be the *less travelled road* – the alternative discourse, the story about ourselves that we have seldom told or heard.

Autobiographical therapeutic theatre cannot afford to repeat a pattern that doesn't have what I call a '*therapeutic horizon*.' The translation of painful experiences into stage language is not performed only as a means to express their pain, but also in order to allow it to evolve, to transform into something else. Revealing traumatic or difficult events in our lives may be an important step in processing them (and even this assumption, is currently being questioned as culturally inappropriate in some cases<sup>viii</sup>). However drama therapists know for a fact that people tend to get stuck on stage in similar places as they do in real life. As Moreno argued, the therapeutic aspect of theatre does not lay in its ability to imitate life, but in its capacity to extend it – to provide an opportunity for 'recapitulation of unsolved problems within a freer,

broader, and more flexible... setting.<sup>ix</sup> The working and re-working that autobiographical theatre entails, offers the possibility of discovering a version of the story that possesses a *therapeutic horizon*. In their role as midwife a drama therapist, who is helping a person with their autobiographical piece should be able to identify repetitive patterns, point them out to the author, and support them in the exploration of possible *therapeutic horizons* for the piece.

I refer to a *horizon* as an image that denotes a range of perception, a scope, *a view, or even a hint of what becomes*. In order to define what a therapeutic horizon is we must understand that for each piece, for every author, at any given time, there's at least one possibility that fits. Suggestions can be made by the drama therapist/midwife or by other group members; a variety of versions can be explored and tried out. Yet, only the Inner Voice of the artist – the mother of the piece – would know what works.

A piece that has a therapeutic horizon usually brings forth a sense of hopefulness – even if a mild one – which resonates with the author as well as with the audience. Yet a therapeutic horizon should not be confused with presenting a solution or a happy ending. Sometimes the hopefulness emanates from the acceptance of a situation. For example, Alida Gersie's statement about the final phase of separation – the image of granting each other 'permission to embark on different journeys' – is anything *but* happy; yet, it offers a therapeutic horizon: As we visualize this image, we can begin to accept that this ending is a new beginning.

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## **Performance as initiation**

Arnold van Gennep defines a *rite of passage* as a ritual or ceremony that facilitates the movement of one or more people from one role to another. Rites of passage can be of an initiatory type, and in order to represent the transition in status or role, they include a *liminal stage* in which participants are separated from the usual mode of functioning<sup>x</sup>. Anthropologist Victor Turner pointed out that, in liminal stages, the normal structure of society is temporarily suspended, and suggested that liminality is a state of great intensity that generates a sense of *communitas* among participants, where people feel uplifted, released from the constraints of ordinary life, and where they meet each other in a direct and intimate encounter. In his view, it is in this phase where the actual transformation takes place<sup>xi</sup>.

Following these scholars, Richard Schechner notes that performances are capable of being transformative. He distinguishes between transportation and transformation performances. In the first kind, performers are transported to the world of performance, temporarily inhabiting the liminal stage. Regardless of how touched or emotionally affected by the experience, and even if *communitas* is briefly generated (as in a Playback Theatre performance), participants finally come back to their old self after a few hours. By contrast, in a transformative performance at least some of the performers are irrevocably changed in some way. Such an outcome cannot be achieved in the few hours of the performance itself. In order for a performance to effect a real transformation – like a rite of passage does – it must be the result of a process that is prepared over a long period of time, and in which the acts performed are “themselves the system of transformation.”<sup>xii</sup>

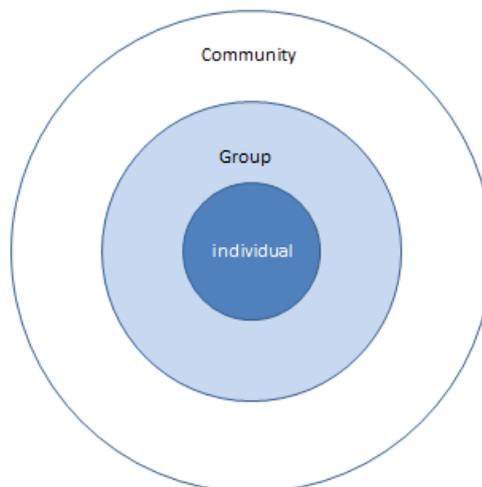
An autobiographical theatre piece is always a powerful personal statement made public in a ritual form: It is performed in the presence of witnesses, from a special (almost sacred)

platform: the theatre stage. A feeling of *communitas* is likely to ensue, as performers (and many times audiences too) are emotionally involved with the piece. However, the difference between therapeutic and non-therapeutic autobiographical theatre is that the latter aims for a permanent transformation: *Let us not forget that therapy is primarily about helping people to make constructive changes in their lives.* In this sense, the carefully tended creative process culminating in a performance which I have been describing so far can be defined as a rite of passage, which climaxes in a transformative performance. I believe that the impact of this experience is far reaching: It has the dimensions of an initiation ceremony, meaning that it may have a long-term effect on a person's psyche (which is why giving the piece a *therapeutic horizon* is so crucial). In the context I'm portraying, this feeling is exacerbated by two added factors: the presentation is designed as a one-time event and it is the last (or almost the last) curricular requirement of the drama therapy program, so that the performance also marks the culmination of the training phase.

Although each individual steps onto the stage to present his/her private scene, participants have been involved in each other's processes as midwives, and as fellow performers; so that in addition to the personal significance of the piece, the event also symbolizes the birth of their professional identity: They are not only presenting their personal biography, but also sharing their identity as drama therapists with the community, by publicly demonstrating their mastery and comprehension of the field. Thus, the initiation ceremony takes place at once at private and collective levels.

In the last few years, through working in conjunction with community theatre practitioner Chen Alon at Tel Hai College (centre branch), the place of the group became more

transparent to me. As the diagram shows, the personal is inscribed in the collective. Participants 'give birth' to their individual pieces in the framework of a group of fellow trainees (the first circle), who embody at the same time the role of the 'midwives' of the process. Having facilitated the process for each other, and taken care of the production of the event as a group, they embody what Schechner calls the 'experienced initiators' who help to transform the initiates. The community of teachers, other trainees, colleagues, and related practitioners are the witness to this process.



A similar combination of personal process and professional mastery is found in the shamanic tradition. I consider shamanism to be a prehistoric ancestor of drama therapy: it is the first illustration of the use of performative events and tools for therapeutic and healing purposes. Shamans are traditionally trained to pass from one cosmic region to another. It is assumed that only those who have gone and managed to come back from such journeys are capable of accompanying other people in similar undertakings. Furthermore, many shamans are also trained as midwives, as well as psychopomps (specialists in escorting deceased souls)

– birth and death, being the most liminal stages of all...! Like the shamans, drama therapists should be well versed in the arts of passing from one reality to another, of going to other – unconscious, liminal – dimensions, and in helping to shape the contents they find there into theatrical images.

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I've gone the full cycle of this diagram in my speech. From my personal biography, to the process of groups, and I am now ending in this community. For me, writing this speech has been a journey of its own. I am grateful for the opportunity you have given me to formulate my ideas, so that I feel now (after almost three decades of 'midwifing' autobiographical therapeutic pieces with a few hundred people), that I understand a little bit what I'm doing. I feel deeply indebted to all those who honored me with their trust and taught me all I know. I am aware that I'm not revealing anything you didn't know before. As Khalil Gibran stated on teaching 'No man [or woman] can reveal to you aught but that which already lies half asleep in the dawning of your knowledge.' And I hope I've managed to wake that up in you.

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<sup>i</sup> Emunah, R. and Johnson, D.R. (1983). The impact of theatrical performance on the self-images of psychiatric patients. *The Arts in Psychotherapy*, 10, 233-239, p. 236.

<sup>ii</sup> Whitehead, D. (2003). Poiesis and art-making: A way of letting be. *Contemporary aesthetics*, 1, <http://www.contempaesthetics.org/newvolume/pages/article.php?articleID=216>

<sup>iii</sup> Gordon, R. (1993). *Bridges: Psychic structures, functions, and processes*. London: Transaction, p. 325.

<sup>iv</sup> Brennan, G. (1976). *St John of the Cross: His life and poetry*. Cambridge: Cambridge UP., p. 145.

<sup>v</sup> Schierse, Leonard, L. (2009). *The call to create*. New Orleans: Spring Journal Books, p.14.

<sup>vi</sup> Varda Blonder, personal communication 2010.

<sup>vii</sup> Gersie, A. (1991) *Storymaking in bereavement*. London: Jessica Kinsley, p. 29.

<sup>viii</sup> Thompson, J. (2009). Ah pava! Respecting silence and the performance of not telling. In S. Jennings, (Ed.), *Dramatherapy and social theatre: Necessary dialogues*. London: Routledge.

<sup>ix</sup> Moreno, J.L. (1972) *Psychodrama, Vol. 1*. (4<sup>th</sup> ed.). New York: Beacon House, p. 15.

<sup>x</sup> (1960). *The rites of passage*. London: Routledge and Kegan.

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<sup>xi</sup> Turner, V. (1982). *From ritual to theatre: The human seriousness of play*. NY: PAJ Publications.

<sup>xii</sup> Schechner, R. (2013). *Performance studies: An introduction, 3<sup>rd</sup> edition*. London: Routledge, p.74.