

Dramatherapy and the Feminist Tradition

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Introduction: Dramatherapy and the question of origins

The way in which a field or school of thought comes into being has a definite impact upon its nature, both by influencing the process of forging an identity, and as a representation of the political and ideological context from which they spring. Ideas do not arise in a vacuum: they originate in a specific context, from a particular ideology. For example, Richard Schechner (2005) challenged the western notion that claimed that ancient Greek theatre derives from ritual on the grounds that it was an hypothesis (not a proven fact), inspired by the theories of evolution that were popular in the positivistic paradigm of the 19th century. Instead, he proposed an horizontal explanation (supported by the egalitarian spirit of the second half of the 20th century), by which the development of theatre is an occurrence that develops naturally in all cultures, along with other six activities (play, games, sport, ritual, music and dance), which together ‘comprise the public performance activities of humans’ (p.7).

Dramatherapy poses a question regarding its origins: When did it start? How did it come into being? Does it have a founder that represents its inception? Although the field has prehistoric roots in the shamanic tradition (Casson in this volume, Pendzik, 2011, Snow, 2009), in its modern version as a profession, dramatherapy was born out of the social and political milieu of the last decades of the 20th Century, and thus carries the philosophical concerns and reflects the aesthetic explorations that occurred at this time. As opposed to David Johnson’s (2009) statement that ‘in the beginning there was Moreno’ (p.5), this chapter maintains that dramatherapy does not have a ‘Guru’ or single founder who can claim ‘paternity’ over it. The field’s conception is grounded in a quest that proceeded along parallel paths, all of which were connected to the innovative use of

theatre, drama, play, and the arts, with therapeutic purposes. Like Schechner's (2005) theory on the development of theatre, the onset of dramatherapy may too be conceived as happening in horizontal fashion.

Numerous early pioneers could be mentioned – including Jacob .L. Moreno, Vladimir Iljine, Peter Slade, Viola Spolin, Gertrude Schattner, and others (Bailey, 2006; Jones, 2007; Johnson 2009). However, it is typical of the beginning stages of the professional development of dramatherapy to find several people who suddenly realize that they had been working in analogous ways, each of them 'inventing the wheel' so to speak, by combining elements of theatre and drama with therapeutic purposes. These experiments were often given names akin to dramatherapy – such as 'theaterterapie' or 'psicoteatro.' Speaking of the creative arts therapies as a 'larger umbrella' for the development of dramatherapy, Renée Emunah (1997) states that it was mainly composed of artists who 'were intrigued by the personal transformation, clarification, enrichment, or soothing that they experienced while engaged in their art or that they noted in students or clients with whom they were working' (p.109). This was probably the case in the UK, most European countries, and the USA; and, as far as I know, a similar pattern may be found in parts of Latin America.

The diversity and eclecticism that characterized the beginning stages of the field generated intense debates around core dichotomies – such as drama-based versus psychotherapy- based positions, or dramatherapy versus psychodrama (Meldrum, 1994). All of these are still playing out to some extent, in what John Casson (1996) calls 'the archetypal splits' of our field. To illustrate with the UK as a case in point, he claims that the development of dramatherapy in the UK was not considerably influenced by Moreno,

and that this was not only because of Peter Slade (one of its early pioneers) favoured a gentler, less confrontational style; but that the field evolved ‘due to a whole group of people, most of whom were women: Dorothy Heathcote, Marian Lindkvist, Veronica Sherbourne, Sue Jennings’ (p.308).

I’d like to follow Casson’s (1996) wise advice not to incur in the split of labelling psychodrama the ‘masculine’ and dramatherapy the ‘feminine’ aspects of the practice. Considering dramatherapy as psychodrama’s ‘younger sister’ or its ‘feminine side’ is another way of perpetuating a stereotypical gender split – something that, at best, would be a sterile definition. As feminist writer and philosopher Hélène Cixous (1981) argues, ‘the classic opposition, dualist and hierarchical... Man/Woman automatically means great/small, superior/inferior . . . means high or low, means Nature/History, means transformation/inertia (p.44). She further claims that this kind of patriarchal binary thinking always leaves the woman in the position of the oppressed.

Certainly, one way in which dramatherapy differs from psychodrama is in its development: Psychodrama progressed under the leadership of Moreno: its practice, training, research, and writings were mostly centralized around his influential work. Although other people collaborated closely with him (Blatner, 2000), Moreno is considered the creator of psychodrama; and those who worked with him, more than his colleagues, are regarded as his disciples. This is a different route than the one taken by dramatherapy.

I suggest to look at dramatherapy in connection with the socio-political climate of the 60’s and 70’s. Speaking about the post-war context in Europe and North America, Phil Jones (2007) points out that ‘the evolution of new attitudes towards therapy and

theatre... created an environment which made it possible for dramatherapy to exist' (p.23); and that 'the increasing awareness of, and contact between, other cultures and different models of health and drama added to this 'new attitude'' (p.23). Brenda Meldrum (1994) supports this view by maintaining that the inspiration for the establishment of dramatherapy came from the optimism of the times, 'when it seemed that new ideas and radical approaches... would really change society' (p.12). Rather than being propelled by the impulse of a single leader, dramatherapy seems to have developed as a *movement*, concomitant to the political and social effervescence of the time, which included civil rights and anti-war movements, mobilizations for the rights of women, gays and lesbians, ethnic minorities, etc., advocating values such as equality, collective action, and self-determination, and calling for a revision of the power structure in all levels of life – including the academia and the prevailing scientific paradigms (Edelman, 2001). Much like feminist therapy, which grew without a 'founding parent,' as a confluence of many people's experiences (Brown, 2008), incorporating persons from different academic backgrounds and populated by conflicting concepts (Enns, 2004), dramatherapy did not evolve as a monolithic discipline, but was established as an encounter between fields, between people, between ideas, in the tradition of pluralism and dialogue, in a way that can be defined *a feminist mode*.

Dramatherapy and gender

In spite of the socio-political context of its inception, most dramatherapists did not align naturally with feminist therapy, or for that matter (for all its good intentions!), the field did not even take up 'gender' as one of its theoretical concerns. As Curtis (2013)

points out, this has been the case of all the creative arts therapies: ‘While earlier inroads have been made in such disciplines as psychology and social work... in the various creative arts therapies ... an examination of gender is greatly needed’ (Curtis, 2013a, p.371). Several reasons may have contributed to this fact; among others, ‘a concern for the negative connotations associated with the term “feminism”,’ and the belief that therapeutic work is not political (Curtis, 2013a, p.371). Furthermore, as Hardley and Edwards (2004) suggest in connection to music therapy, even the presence of a majority of women in the profession may account for the attitude of gender blindness. Although these theoretical gaps are gradually being filled, it certainly took until 2013 for *The Arts in Psychotherapy* to devote a special issue on ‘gender and the creative arts therapies’ (Curtis, 2013).

Paradigmatically of the feminist fashion, I’d like to contradict what I said in the previous paragraph by also pointing out that throughout the years, some scholars have noted the women-oriented nature of dramatherapy, and emphasized its connection with the feminist tradition; notably, Sue Jennings (1987; 1994; 1996; 1998; 2009), Ditty Dokter (1994; 1994a; 1998; 1998a), Nisha Sajjani (2012; 2012a; 2013), and myself (Pendzik, 1988; 1997; 1999; Pendzik & Sotomayor, 1991). Jennings was among the first editors to devote an entire section in one of her books to ‘gender issues in supervision and practice’ (1997); Dokter (1994) highlighted the gender and cultural contexts of her approach to eating disorders, claiming ‘that this disease is seen as a modern social disease of society, especially of the female half’ (p.7); she also provided ample space for the consideration of race and gender in dramatherapy practice (1998; 1998a). I have written extensively on violence against women (Pendzik 1997; 1999), emphasizing that the use

of dramatherapy and action- techniques may be an antidote to the ‘learned helplessness’ that women are trained to play out. More recently, Sajjani (2012, 2013) has focused on the conceptualization of the connections between feminist theory and dramatherapy, arguing that these have not been discussed properly, and furthermore, calling for a ‘critical race feminist paradigm’ (2012, p.187).

A fine example of a feminist attitude in dramatherapy can be observed in Jennings’ (1996) brilliant critique of long-term psychoanalytically-oriented psychotherapy, where she argues that in this approach ‘an artificial ‘theatre of therapy’ is created between two people whose unequal roles are therapist and patient, in ritualized time and space’ (p.202). Speaking about her work in a fertility clinic, Jennings states:

I am struck by the similarities in this psychoanalytic dynamics with the relationships that are created between members of the medical profession and people who unfortunately have to seek assistance with problems of infertility. Again an artificial, intense relationship is created between a woman (almost always) and a doctor (usually male) which frequently makes major demands on finance, and puts great stress on family and couple relationships. This relationship is also highly dependent, with the ‘patient’ often regressing into being ‘the good child’ in order for the doctor/father or clinical spouse ... to overcome the lack of fertility or potential for impregnation. Since the waiting time for fertility treatment is protracted, unless one is in the private sector, people can often be living under stress for two to three years after preliminary outpatient investigation (p.203).

This paragraph illustrates Jennings’ position regarding some of the main topics championed by feminist theory and therapy: a) readiness to engage with gender issues – in this case, pregnancy and infertility; b) giving attention to context, by referring to the treatment’s impact on the family and discussing its financial aspects; c) keeping an eye on the power structure of the therapeutic relationship; and d) flexibilizing the personal and the public.

Sajnani (2012) summarizes the basic tenets of feminist therapy using similar parameters. She speaks about encouraging *response/ability* in our practice as ‘the *ability to respond* amidst suffering and against oppression’ (p.189). In her view, the necessary ingredients for engaging in this process exist in dramatherapy. I would argue that while the ‘ability’ exists, the ‘response’ remains to be cultivated: Dramatherapy possesses indeed the fundamental ability to realize the feminist vision, and as Sajnani (2012) rightly suggests, to an extent, some practitioners are precisely doing this: She credits Johnson’s (2009a) *Developmental Transformations* (DvT) with subverting ‘rigid expressions of identity’ and allowing relational play; she recognizes Christine Mayor’s (2012) critical extension of DvT that permits one to ‘play with race,’ and Fred Landers’ (2011) use of public play as a form of social activism that challenges the constraints of neoliberalism. She acknowledges Armand Volkas’s (2009) attempts ‘to deconstruct national identities,’ and Renée Emunah and Emilie Burkes-Nossiter’s Theatre for Change, a project that explores the ways in which the social and political context shapes lived experiences (Sajnani, 2012, p.190). To these acknowledgements, I would also add two of the main related techniques currently in use by dramatherapists: Playback Theatre (PT) and Theatre of the Oppressed (TO). Although each in its own way, both of them stretch the usual boundaries of theatrical performance, flexibilize the roles of performers and audiences, address and challenge oppression (TO), or play with the margins between the public and the private (PT). In short, all of these can be seen as paradigmatic of feminist thinking. Like Molière’s Mr Jourdain who did not realize he was ‘speaking in prose’, is it possible that, many dramatherapists are doing feminist work without knowing it?

Signs of feminist practice: The role of the dramatherapist and the place of the body

Besides from its origins, the theoretical diversity and the eclectic qualities that characterise the field, there are at least two distinct ways in which dramatherapy successfully effectuates feminist core ideas and values. These are connected to therapist's role and the place of the body.

Feminist therapy calls for psychotherapists to engage in power sharing practices, in which power differentials between therapist and client are minimized, control is shared, and knowledge is not used in an oppressive way (Rader & Gilbert, 2005; Worell & Remer, 2003; Brown, 2008). According to Sajnani (2012a) 'feminist critiques of psychotherapy have questioned and called for a re-articulation of the roles of the therapist and the client towards an increasingly *relational ethic* based on values such as cultural responsiveness, transparency, mutuality, and accountability' (p.12). In this regard, Laura Brown (2008) stresses that feminist therapists do not subscribe to specific intervention strategies: 'A therapist may sit quietly with one client and be very active and coaching with another' (p.291). Strategies are tailor-made to fit the client's needs, and they may include the use of self-disclosure by the therapist – which has been embraced by the feminist paradigm as a valuable aspect of the therapeutic relationship since its onset (Brown & Walker, 1990).

The therapist's role in psychotherapy has been the subject of much questioning and criticism in the last decades. The classical model of the 'blank screen neutrality,' in which the psychoanalyst is supposed to be 'positioned *outside* the patient's subjectivity and the therapeutic relationship' (Larner, 2000, p.66), has been challenged by numerous

schools, such as the narrative, the humanistic, and even contemporary psychoanalysis. Practitioners have called for the establishment of ‘a relationship of openness, presence, directness, immediacy, and mutuality (Friedman, 2001, p.344), thus shifting the boundaries of the therapeutic alliance, and re/constructing it as more collaborative and dialogical. In spite of these changes, and as highly involved in the relationship and in the process as s/he may be, the psychotherapist is generally seen in the role of an empathic witness who is skilled in verbal mirroring, a non-judgmental companion/guide/container of the client’s process, and the maintainer of the therapeutic setting. Although the multiplicity of symbolic roles embodied by the therapist are acknowledged (and often encouraged) via the transference phenomenon, as pointed out above, since the client is not necessarily aware of it, the role-play aspect of transference is not effectively based on mutuality – which raises questions of transparency and power. Furthermore, for the most part, the therapist’s participation in the session does not include active interactions such as physical play or scene improvisation, thus the roles embodied in transference are not fully embodied. In short, the amount and the quality of participation and self-disclosing by the therapist are – at best – very limited in most psychotherapy approaches. This is true even in psychodrama, where the therapist is defined as the ‘director’ of the session – albeit one who must be ‘able to model the spontaneity she wishes to elicit and to find ways of showing the group what can be done’ (Leveton, 2001, p.2); but clearly maintaining the position of directing the action rather than of partaking of it.

In contrast, dramatherapists may position themselves along a variety of roles that can be openly and honestly played out: Therapeutic interventions can be made from any of them, allowing them to shape their participation in dramatic reality in accordance with

the person or group they are working with and their needs (Emunah, 2009; Pendzik, 2008). Dramatherapists can take on the role of audience, directors, and actors – both by playing co-actors (as in DvT), and in the sense of acting *for* their client (as in playback theatre or dramatic resonances); in addition to these, any other role involved in theatre production – backstage crew, assistant director, etc. – are also available to them. Johnson (1992) mentions some of the possible roles that the dramatherapist can take, including witness or mirror, director, sidecoach, leader, guide, and shaman, emphasizing that ‘in fact, learning to be a dramatherapist involves practice in moving smoothly along this continuum, depending upon the clinical need’ (p.113). While transference roles may also appear (and they do) in the dramatherapeutic context, they may be genuinely ‘downloaded’ into dramatic reality, which provides a concrete arena where these can be expressed and fully experienced.

Feminist discourse considers the human body as a site where political struggle is expressed (Sajani, 2013). Although a ubiquitous presence, part and parcel of human experience, the re/pression of the body in western tradition or its transformation into an object of study, have produced as a result a disembodied lineage of therapeutic approaches, where bodies are at best ignored, and at worst oppressed. In their critique of psychoanalysis, Cixous (1981) reminds us that ‘silence is the mark of hysteria,’ and that hysterical symptoms are a ‘body that talks’ (p.49), while Luce Irigaray (1985) calls our attention to the fact that female sexuality in psychoanalysis has been construed using masculine parameters. Julia Kristeva (1992) further illuminates the centrality of the body in her distinction between the ‘Semiotic’ and the ‘Symbolic.’ She maintains that the Semiotic (associated with the pre-verbal, pre-oedipal, maternal and material body), is the

site of movement, rhythms, and tones – and is the order of maternal regulation experienced by all human beings during pregnancy and early infancy. Drawing on Plato's notion of the '*chora*' (both receptacle and nurse of creation), Kristeva describes the Semiotic *Chora* as a psychic space, the 'wetnurse of becoming' that is able to 'generate the energy that fuels the signifying process' (McAfee, 2004, p.19). The Symbolic Order, on the other hand, is the order of verbal signification, is acquired along with language and its grammatical laws, and is governed by paternal law. According to Kristeva, in spite of the privileged place that the Symbolic Order has been given in western culture and patriarchal thought, all signification is composed of these two elements. The Semiotic is a precondition of the Symbolic; it constitutes the basis of all subjectivity, and is always at work: In spoken discourse it is perceived as a disruption of the thetic enunciation of language, which usually appears in the form of babbling, repetition or utterance of unintelligible sounds; and in artistic practices, it is often experienced as an irruption (or a revelation) of a subjacent layer of signification. In her own critique of feminism, Kristeva (1992) vindicates the maternal body, asserting that 'real female innovation (in whatever field) will only come about when maternity, female creation and the link between them are better understood' (p.298).

In spite of their genuine attempts to bring the body to the centre stage by focusing on gender as a core parameter, contextualizing it as political, and giving it a space in their discourse, with the exception of some forms of somatic/body oriented approaches, the presence of the body in the feminist therapy room is, for the most, part still bound to the verbal realm. It remains to dramatherapy (as also psychodrama, dance movement therapy, and to some extent, other arts therapies) the task of literally 'putting the body' in the

centre stage (Allegranti, 2013; Casson, 2014; Dokter, 1994; Hogan, 2013; Jennings, 1995 & 2011; Jones, 2007; Moreno, 1987). Dramatherapy is practically and inconceivable without the body. Briefly stated, here are two examples: In a special issue of *The Prompt* celebrating Sue Jennings' contribution to dramatherapy, Dokter (2012) emphasizes the immense relevance of the body in Jennings' work; among other areas, she mentions the concept of 'embodiment' as the basis of dramatic play development, its role in early attachment, the psychosomatic aspects of dramatherapeutic work for both client and therapist, and the place of the body in cultural context. Johnson (2009a) also speaks about Body (as energetic presence) and body (uncapitalized) as the physical body, highlighting it as a cardinal notion in Developmental Transformations, where the physical presence of both therapist and client is paramount.

Dramatic Resonances

Dramatic Resonances is a dramatherapy approach that uses the transformative power of dramatic reality to further inter-personal communication through art mediation, cultivate synchronized co-creation, foster self-reflection and mindfulness, and nurture our ability for collective thinking. Mostly used in group settings, the method focuses on the creative responses that participants offer from within dramatic reality to an input posed by one of the members or by the dramatherapist. The input may be a personal experience (memory, dream, etc.) or a non-personal narrative (play, story, text); the resonances are a succession of images evoked by the input, which attempt to deconstruct it by offering multiple possibilities of meaning. Shaped by aesthetic pulses, the approach has a ritual style that integrates elements from various sources – including the shamanic tradition,

playback theatre, meditative practices, feminist spirituality and deconstruction theory. As a full-scale technique, it can be used in performance – which requires an ensemble of trained participants (Pendzik, 2008). However, as an approach, its basic principles can be applied both in individual and in work group (here I will focus on the latter). My purpose in presenting Dramatic Resonances in this chapter is that it ‘resonates’ with feminist dramatherapy.

Dramatic Resonances can be best illustrated with an image: The input is a stone thrown in a calm lake; the resonances are the ripples created by this act. In order for this to happen, the group has to be receptive and alert – like the lake. This is aided by the practice of inner focusing, mindfulness, and active listening techniques. The responses that comprise the next stage need to be distinguished from spontaneous impulses or free associations: Contrary to the instant quality of playback theatre, the associative flow of play in DvT, or the massive ‘production of subjectivity’ of Dramatic Multiplication (Kesselman & Pablovsky, 2006), Dramatic Resonances take the input inside, as it were, to the artists’ laboratory – a womb of sorts – where the creative responses can germinate and develop. Depending on the context, this can take several minutes or a few weeks.

As a first response, I encourage a close mirroring of the input (for instance, a playback short form or an image theatre technique). The mirror resonance attempts to grasp the message put forth by input-giver by staying close to the text – a theatrical way of saying ‘this is what we’ve heard you said.’ This reflection is crucial, for it provides the input-giver with a sense of recognition and empathy. After a short verbal processing with the input-giver, the input is ‘handed over to the collective:’ The group divides into smaller groups – each weaving a different resonance. Participants chose their working

group according to the resonance that ‘vibrates’ more with them; people may also chose to work on a resonance individually. The input-giver may join one of the groups, or a creative task may be suggested to her/him (such as reflective writing, drawing, etc.).

Figure 1 shows a list of ‘ripples’ with some of the most common resonances, and Table 1 provides the readers with explanations of the basic traits of each resonance. Just like the ripples in a lake, the resonances tend to spread out at some ‘aesthetic distance’ from the original input – usually, not as symmetrically as it appears on the diagram.

Figure 1: Dramatic Resonances
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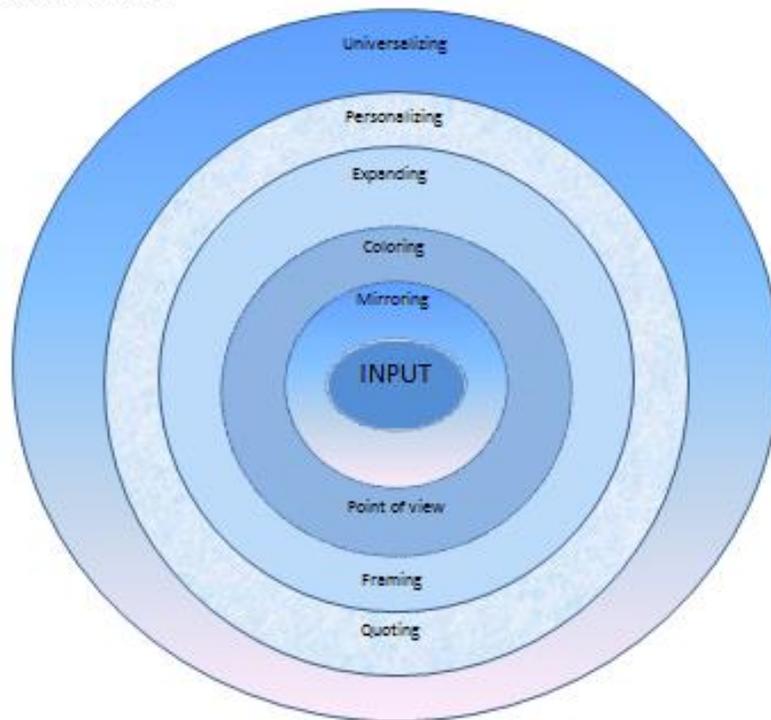


Table 1: Dramatic Resonances Summary

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Mirroring – Close to the text; a relatively faithful representation of the input
Colouring – Highlighting the emotional tone of the input
Point of view – Playing with focus; illuminating non-dominant or unusual perspectives
Expanding – Extending the narrative (before or after); scenes that could have taken place
Framing – Enclosing the input within a larger Gestalt (zoom-out, story within a story)
Personalizing – Presenting analogous personal experiences in an aesthetic form
Quoting – Intertextuality, parallel creations (songs, poems) that allude to similar themes
Universalizing – Connecting with the archetypal (mythology, Big Story, natural phenomena)

The next phase is the performance. After an accorded time frame, the working groups join the circle, and a ‘stage is open’ to present the resonances. These are usually performed in a ritual fashion, ‘keeping the atmosphere of a sacred time and space, and with an eye on the aesthetics’ (Pendzik, 2008, p.218). The resonances are conceived as aesthetic pulses of a single creative effort: they are performed sequentially, turning to the group’s collective intuition to decide which resonances are suitable to begin, follow, and end the piece. If the group is familiar with the form, spontaneous resonances may be added, if members feel inspired to do so. When the pulses finish, ‘the stage is closed.’ The session ends with some verbal processing and closure.

Dramatic Resonances shares some of the coincidences found between dramatherapy and feminist practices: It embraces the idea that dramatic reality can be a transformative vessel that holds the key to the processes of healing, growth and change. Like Kristeva's *chora*, dramatic reality is perceived as embodying both a space and a transformative energy. Though the input may be verbal, the interventions always take place in dramatic reality, which means that the approach relies on 'putting the body' at the centre stage. The dramatherapist's role is flexible: on one hand s/he keeps the setting and is the Master of Ceremonies; on the other, s/he may jump onto the stage to offer a resonance, whenever appropriate. The approach establishes a respectful dialogue between the personal and the public. The 'handing over of the input to the collective' helps to deconstruct it by offering multiple angles of interpretation, while exposing at the same time the meaning-making mechanism of interpretation. Multiplicity has a strong hold both in feminist tradition and in dramatherapy development. Dramatic resonances allows for the emergence of an eclectic, intersubjective narrative, in which ambiguity, repetition, and other emanations of the Semiotic Order become manifest. However deconstructed, the input is not abandoned at the level of interpretation, but is also regenerated as an art form, inter-weaved by the manifold hands of the group.

Concluding remarks

Like feminist therapy, dramatherapy has something intrinsically subversive: It challenges (and sometimes even threatens) the established customs of traditional psychotherapy. Perhaps, as Jennings (1987) pointed out many years ago, this is has to do

with the projections that the field draws upon itself due to the Dionysian aspects associated with it:

...I would suggest that anthropologists and psychoanalysts generally have been guilty of what I term 'the Dionysian error'. They perceive the emotional aspects of dramatic ritual and early theatre, the arousal of archetypal images and the stimulation of uncontrollable feelings through powerful representations associated with destructive femaleness. It then follows that such expression need to be *interpreted and verbally controlled* by the power of reason and logic within the classical intellectual framework (pp.10-11).

I think that Sue Jennings' resonances from *the Bacchae*, which bring together rebellious women, madness, and drama, are a good note to end this chapter.

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