

DEVELOPMENTAL APPROACHES IN DRAMA THERAPY

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Drama therapy, like other creative arts therapies, has attracted a number of different conceptual frameworks which have been used to organize complex clinical material and to provide theoretical coherence to relatively uncharted psychological territory. These frameworks, nearly all imported from outside the creative arts themselves, include psychoanalytic theory, gestalt therapy, developmental psychology, existential thought, and Jungian analysis. Each of these perspectives has contributed greatly toward a fuller understanding of the therapeutic functions of drama and action.

This paper will elucidate the outlines of a developmental approach to drama therapy, and attempt to show how both drama and development are intimately linked to the concept of transformation: the flexible alteration of self in response to the ever-changing world about one. The writer will first describe the developmental paradigm and then examine five basic developmental processes which bring some measure of coherence to the theory and technique of drama therapy. These five processes will be illustrated by specific clinical examples. Finally, the writer will discuss how a developmental approach aids in the evaluation of specific techniques for specific populations.

THE DEVELOPMENTAL PARADIGM

The developmental paradigm is certainly one of the most powerful means by which people have attempted to understand themselves. Unlike other major religious, biological, or social paradigms which place the person between profound polarities of good and evil, reward and

punishment, chemical balance or imbalance, or now left brain or right brain, the developmental paradigm courageously seeks an everchanging, temporal sequence as its guide. Personhood is a process in which what is to come continuously emerges out of what has been, though we try to mark off the "stages" of development in this process. Freud (1905), Werner (1948), Piaget (1954), Levinson (1978), and many others have sought to explore this journey which each person takes through life.

It is easy to forget how long we suffered non-developmental world views. From Plato's Abstract Forms to medieval religious faith to nineteenth century mechanistic science, things were as they had been, a predetermined entity "Man" could be studied, and knowledge was thought to be finite. Even after it was realized that children were not just "little people" but developing organisms, development was thought to end at age 18. Even psychoanalytic theorists who spearheaded the developmental perspective explained adult life by stages of development which occurred before the age of 5. Only recently have Erickson (1968), Kubler-Ross (1969) and, especially, Levinson (1978) shown that development continues throughout adulthood. In fact, the importance of examining behavior from the point of view of *later* stages such as aging or death, as well as from earlier stages of development, is now being appreciated.

The developmental paradigm has obvious relevance to the processes encountered in drama therapy. Drama involves the representation, the re-creation, of human experience embedded in an historical and temporal context. Drama is not a record of human behavior, it is not a photo-

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graph or encyclopedia; rather it is a reliving of that moment of *becoming* which lies at the heart of the human condition. Plot, suspense, and dramatic action would be impossible without this edge of becoming, that is, the possibility of development.

Whereas other paradigms suggest human dysfunction is due to something missing or out of balance, requiring things "to be put right," the developmental perspective sees human disorder as a blockage or a halt in development. Treatment first involves an assessment of where in the developmental sequence the person has stopped him/herself, and then starting the journey again with the therapist as a companion and a guide.

The drama therapist with a developmental approach works with processes and sequences, not preconceived lists of games and techniques, always sensitive to the subtle transformations in the *form* of a client's behavior which signals a developmental advance or retreat.

DEVELOPMENTAL PROCESSES

The five important developmental processes relevant to drama therapy are: (1) the degree of *structure*, or organization, which one brings to any given situation; (2) the particular *medium of expression* which one uses (e.g., verbal, symbolic, movement, sound); (3) the degree of *complexity* or articulation which one can manage in one's activities; (4) the intensity of *affect* which one can tolerate in any given situation without overwhelming anxiety; and (5) the degree to which one perceives others as active, whole, and autonomous, and therefore the *interpersonal demand* one can experience in interactions with others. A conceptual understanding of these processes can serve as a framework both for diagnosis and the evaluation of specific techniques.

Structure

The child begins with only a rudimentary organization of his internal state and behavior. Boundaries between what is inside and what is outside, self and other, and imagination and reality are not yet formed; his responses to stimuli are not well-differentiated beyond pleasure or frustration, approach or avoidance (Jacobson, 1964; Piaget, 1954). As the child grows, his inter-

nal world becomes more developed, differentiated, and stable.

At these early stages of development, the child must rely on the structure of the external environment (both physical and interpersonal) to provide for his needs and to give organization to his experience. A stable, clear, and nurturant environment provides the developing infant the safety he needs to order the world adaptively, rather than in response to his anxieties. Unstable, conflictual, and confusing care-taking prevents the child from developing stable representations of the world and self, increasing his vulnerability to future psychological dysfunction.

To the extent that one lacks internal organization, an external, organizing environment is necessary to support one's adaptive functioning. It is then not surprising that when adults are placed in sensory deprivation conditions, where the organizing nature of the environment is absent, they disorganize rapidly, becoming confused and even begin hallucinating (Reitman & Cleveland, 1964). Studies of children have shown that those with greater imaginativeness and more articulated inner lives could sit for longer periods of time in a chair without being distracted or requiring attention. The basic principle here seems to be that as development proceeds, the need for the external environment to be structured with clear boundaries, rules, and expectations decreases.

The external environment in a drama therapy session is made up of the physical location, the spatial arrangements of the members, the dramatic activities, and the nature of the roles of the therapist and group members (Johnson & Sandel, 1977). Initially these aspects of the external environment need to be more structured, stable, and clear than later in the group's development, when members can tolerate greater reliance on their own abilities to structure the experience.

A drama therapy group consisted of six young adults who were diagnosed as schizophrenic. In the initial phases of the group, we began each session by forming a circle and doing warmup exercises which led into group improvisations around specific themes. I took a very strong leadership role, determining the warmup activities, being relatively active, and enforcing rules about participation, time, and goals of the sessions. Each session began and ended with a ritualistic activity in a circle. Despite this structure, the group atmosphere was often anxiety-ridden as we negotiated our formation as a group.

Two years later the organization of the sessions had changed radically. I participated more as a facilitator, letting the group members determine the activities and the leadership as the session progressed. The group usually engaged in open-ended improvisations of a half hour or more in which roles and situations were continually transformed. A variety of opening and closing activities were used, and discussion occurred throughout the session. There was more open conflict among members, more expression of feeling, and yet a much greater sense of intimacy and security than before.

This example demonstrates how the need for a therapist-supported external structure is reduced as individuals become more able to organize and adapt their own behavior to the situation.

Media

Developmental psychologists (e.g., Piaget, 1951; Bruner, 1964; Werner, 1948) describe the development of thought (i.e., representation) in essentially three stages: a *sensorimotor* or enactive stage in which thoughts are represented by bodily movements and expression; a *symbolic* or iconic stage in which things are represented by symbols (visual, sonic, or postural/gestural as in mime); and a *reflective* or lexical stage where representation is accomplished through words, language, or other abstract symbols. In each consecutive stage, the signifier becomes more distinguishable from what is signified (e.g., the word "tree" is less like a tree than a picture of a tree). For each stage, the mode of representation has a different relationship to the body as a means of expression, and requires a different capacity for abstraction.

The media of movement, drama, and verbalization, respectively, correspond to these three stages of representation. Thus, at least in this regard, one can place movement and sounds, images and drama, and verbalization on a developmental continuum. The therapist can use this sequence to order the activities within each session: beginning with movements and adding sounds as a bridge to imagery, which is then acted out in a dramatic way and finally discussed verbally (Johnson, 1979). Since this follows in some measure the progression of thought from preverbal to verbal forms, this method seems to greatly facilitate verbal communication in patients for whom pure verbalization has been

otherwise difficult (e.g., children, schizophrenic and geriatric patients).

Daniel was a 20-year-old man diagnosed as catatonic schizophrenic. He had participated in both individual and group drama therapy sessions for a year in a long-term psychiatric hospital. Daniel was mute, except in drama therapy sessions where we followed the developmental progression from movements to sounds, then to images and roles, and finally to words.

In one session, Daniel was again mute, standing awkwardly in front of me, sometimes opening and closing his mouth. As in previous sessions, I asked him to show me what it felt like inside. He began to sway back and forth from one leg to the other. It appeared as if he were obsessing over possible responses. I then asked him to give me an image of his internal state. He said, "Zigzag." I inquired, "Do you mean you zigzag between different thoughts?" He responded, "Endlessly. Either way." I asked him to show in his body what two things he zigzagged between. He assumed a posture with fists clenched, his body tight. He added an "err" sound. I asked for a word which would describe this state: "tightly controlled." The next position he assumed was remarkable in contrast: loose, he let his arms go, his body went slack. He made a wooshing sound by letting his breath go. I had never seen him so relaxed. The word he assigned to this was "blah". He then practiced alternating between the "tightly controlled" self and the "blah" self, while moving around the room. I walked up to him in each of these two conditions and interacted briefly with him. I asked him of whom each of these selves reminded him. He said, "The tightly controlled self reminds me of my father, and the blah self reminds me of my mother." We then role-played several scenes in which I played Daniel, and he played his father and then his mother. He went on to describe how tense his father made him feel, and how unmanly his mother made him feel.

Complexity

During the course of development, our experience of ourselves, others, and the world becomes more differentiated and articulated (Werner, 1948). We become able to identify many more variations in feelings and relationships. Our interpersonal world becomes more intricate, more complex, which allows us to respond selectively to a greater variety of situations. Options therefore increase.

In the drama therapy session, activities and relationships can be more or less complex. For example, standing in a circle and doing warmup exercises in unison makes different demands on

participants than rehearsing a scene from a play. In the former case, the circle, the leader and the unison activities are less complex than the many varied spatial arrangements, multiple roles, and varied tasks which require integration in a scene.

In drama therapy sessions a progression from simple to complex activities and role relationships is usually advisable. Quite often, therapists begin with too complex an activity, resulting in difficulties with the group's involvement.

The importance of complexity is supported by a recent study with normal and schizophrenic populations, which examined the relationship between developmental level and degree of complexity in spontaneous improvisations (Johnson, 1980). The results indicated that the complexity of the enactments were highly related to the degree of disorder (or psychopathology) and that people who gave less complex role-plays also showed lower complexity on other developmental tasks. People with greater psychopathology had fewer and less articulated characters, less developed plots, and less complex settings.

Affect

The infant's ability to moderate the effect of intense emotion is initially quite limited (Mahler, Pine & Bergman, 1975). Control over states of frustration and pleasure is minimal, requiring the mother to help modulate the infant's emotional arousal. Gradually, the child is able to bring more moderation to his emotional state, and is able to feel irritated or envious as well as rageful, and pleased or humored as well as joyous. As the child develops and becomes stronger, the mother slowly diminishes her protection of the infant, which encourages the development of proper impulse control (Mahler, Pine & Bergman, 1975). Thus, as the self becomes more complex and organized, affect becomes more integrated and less threatening. A greater sense of security results, as intense emotions do not threaten to eradicate the self.

In drama therapy approaches which apply this principle, the therapist initially helps to create a safe and emotionally non-volatile environment. As the client's internal strength increases, greater emphasis on emotionally-laden situations can be encouraged. Often the therapist will have to tolerate "superficial" discussions and not feel that he/she is a therapist only if the sessions are

"heavy." Respect for the patient's current developmental stage is far more essential.

In one drama therapy group in a nursing home, the patients initially maintained pleasant and superficial discussion. Images that emerged in the movement or role-playing were typically stereotyped and unconflictual. My attempts to integrate the subjects of illness, loss, or death were met with anxiety, silence, and renewed efforts at superficiality. In fact, one woman would "sound the alarm" any time I moved toward conflictual issues: "only pleasant things, only pleasant things!" she would scream, much to my irritation.

I soon realized that the group was afraid of being inundated by these emotionally-laden subjects. The group atmosphere was not yet safe enough for people to share feelings. I therefore began to align myself with their efforts to reduce anxiety in order to create a sense of safety and control. I even paradoxically cut off emerging discussions about loss or death, suggesting that "perhaps it is not yet safe enough in this group to talk about those things which make each of us so sad."

Soon, however, the patients' desires to share their pain began to emerge indirectly in the movement and role-playing. A discussion about pretzels led into a mock burial of the "old pretzel," which no one cared about anymore. Jokes about doctors led into sharing information about their physical disabilities. Skits involving families developed into enactments about their own children who didn't visit enough. Eventually, the group was able to tolerate direct confrontations of extremely disturbing life problems.

Once the group was experienced as safe and I was seen as aligned with their need for control, they did not hesitate to utilize the opportunity provided by the drama therapy group to express their feelings and seek consolation from others.

Interpersonal Demand

A person's perception of others also develops over the course of life. Initially, self and other exist inseparably from one another in an undifferentiated state (Blatt et al., 1976). As development proceeds, self and other slowly emerge as separate entities. Others initially are barely different from objects, then may be equated with animals or other simple forms of otherness. The attainment of a full appreciation of others as separate, feeling, reacting beings occurs with difficulty. For every person, remnants of representations of others as fused with self, as objects, and as animals or quasi-human exist side by side with more developed perceptions (Searles, 1960).

In a similar way, the nature of one's relation-

ship to the other develops: progressing from (1) a state of no interaction, (2) to action directed toward the other with no expectation of a response, (3) to primitive interactions in which one's responses are but immediate reactions to the other's behavior, and finally (4) to full interactions in which a back and forth response occurs between two independent people.

In drama therapy, the identities of characters chosen by clients may vary from physical forces to objects, animals, monsters, and people. Likewise, interactions can vary from passive (e.g., guided fantasy) to reactive (e.g., mirror game) to full active (e.g., improvisations). The degree of interpersonal demand on the participants will fluctuate throughout a session, though in general one would expect it to rise from simple interactions in warmups to the more developed interactions of scenes and improvisations.

Michael, an extremely disturbed twelve-year-old boy, was in individual drama therapy twice a week for two years. He lived at home and attended a special day school. He suffered from autistic behavior, fragmented movement, impulsivity, and a variety of somatic delusions. When frustrated, he would often burst into fits of rage. Nevertheless, he was extremely intelligent, and thus acutely aware of the severity of his problems and how different he was from other normal children.

Our sessions often consisted of improvisational role-playing, tenuously linked together by an ongoing story line. Initially, Michael and I enacted winds, lightning, tornadoes, and monsoons. We would whirl about the room, screaming loudly. There were no people in these stories. Slowly, the forces changed to great monsters. We spent many hours battling the Giant Cloud, Revolting Island, Wiley Whale, Dreadful Octopus, and even, most horrible of all, the Atomic Aborigine. We became diffusely identified as ghosts, who fled these terrifying monsters.

One day, after a year of treatment, Michael introduced The Hand, a being who helped out the two ghosts. The ghosts were then given names and slowly developed different personalities. The Hand later became a whole person, a wise and trusted elder, who joined with the two heroes to fight evil in the world.

The gradual development in Michael's ability to tolerate fully human and interpersonal interaction was evident in his role-playing. This process seemed to be facilitated by his internalization of a representation of the therapist which emerged in the image of The Hand, i.e., the trusted helper.

APPLICATIONS OF THE DEVELOPMENTAL PERSPECTIVE

Close observation will usually reveal which levels of structure, media, complexity, affect, and interpersonal demand each person finds most comfortable. These dimensions can serve as useful guides in understanding the person's participation in drama therapy and in predicting his/her behavior in a variety of situations. Changes or fluctuations in these levels from session to session, or even activity to activity, are very important indicators of the nature of the person's functioning.

Specific Techniques

Increased understanding of the effects of specific exercises or techniques is possible with a developmental framework. This allows one to predict the usefulness of a particular technique for different populations or at different stages in the group's development. Often these judgments are difficult: for example, props and scripts provide more structure, but are also generally more complex. Thus, in a group of developmentally impaired patients, one might use other means to provide structure. Similarly, role-playing using animal characters is less demanding interpersonally, but many experience it as a loss of the common social structure, or as too emotionally volatile. Using the more accepted forms of fairy tales or myths may be more effective in introducing animal characters to these populations.

Populations

Generally, the more developmentally impaired the population (e.g., whether schizophrenics, children, retarded, geriatric), the more important it is to begin with the least advanced developmental levels and progress to higher levels. Thus, the beginning of the therapy, and of each session, should be characterized by more external structure, predominance of sounding and movement, and less complexity, interpersonal demand, and expression of affect, than later in the therapy or session. A progression toward greater complexity, tolerance of intense emotion, interpersonal interaction, verbalization, and less reliance on externally-determined structure would indicate developmental advances.

For higher functioning people (e.g., paranoid schizophrenics, obsessive neurotics), however, this principle must be re-evaluated. While these people seem more comfortable at "higher" levels, they show tremendous anxiety and discomfort in activities of lower developmental levels. Being asked to "just swing your arms," or "play animals," or growl, many will refuse or become physically rigid, or be unable to relax. Yet how does this make sense? Shouldn't earlier developmental levels be "easier" to perform?

Not necessarily. Many people operate at higher developmental levels, though often in a rigid or stereotyped way, in an attempt to structure their sense of self. But they *cling* to these structures and are thus threatened by earlier modes of relating, as if they would fall back or be pulled back into a more infantile state. They have lost access to these earlier levels of expression and communication, with which they need to make contact before they can proceed further. Here, drama therapy in a sense should work backward, supporting the security of the person's self as s/he expands the range of expression.

The overall goal of development then is not to attain and *be restricted to* the highest levels, but is rather increasing the range of expression, so that the person has access to, and flexibility to move among, *all* developmental levels.

Transitional Processes

People tend to be comfortable within very narrow ranges of expression and they naturally expend energy keeping a social interaction within those boundaries. In a drama therapy session in which the modes of expression are varying widely along this developmental continuum, it is not surprising that difficulties arise for many people at points of transition between developmental levels. Shifts between media, from simple to complex activities, or from one structure to another, challenge each person to shift his/her relation to the environment, and thus cause a shift in his/her organization of self. This ability to adapt flexibly to changing circumstances is clearly an important dimension of healthy behavior, and one with which everyone experiences difficulties.

Problems which arise during these shifts or transitional periods are quite varied but are easily

noticeable as disruptions in the flow of the session. Typical signs are sudden loss of energy, people dropping out, resistance, laughter, overt anxiety, distractibility. Each person's means of navigating through these transitions usually reflects coping styles used in other life transitions (Levinson, 1978).

Observing and then facilitating the transitions between developmental levels can be the major therapeutic task of the therapist. However, there are many pressures on therapists to avoid these difficult transitional periods, not the least of which is the belief that if the session goes "well," meaning smoothly, then the therapist is "competent." Attempts to bypass the transitions may lead the therapist to go from one game or exercise to another, with only the most superficial link. The session can then be described by a list of discrete activities.

If the session is to develop in tune with the developing relationships in the group or dyad, then each activity should build on what has come before, and transitional periods should be prominent. The session is then characterized by an underlying continuity of experience, or *flow*. Erickson (1968) refers to this developmental process as *epigenetic*, in which previous stages are preserved in later stages of development. The task of the therapist becomes to monitor the ongoing flow and remain aware of disruptions in that flow, especially during transitional phases.

This concept of flow or continual transformation through the life process is central to developmental approaches in drama therapy. Drama, as a dynamic representation of life, is an exciting medium through which people can safely explore their own anxieties in growing, with the therapist as guide.

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