



PII S0197-4556(00)00070-8

## THE BIFURCATED GIFT: LOVE AND INTIMACY IN DRAMA PSYCHOTHERAPY

LISE PORTER, MA, RDT\*

### *The Bifurcated Gift*

To perceive her is to enjoy a gift divided.  
One part is obvious, the other subtle.

Obvious is her beauty. (Her genes will carry this quality far into the future).

Hidden within is her subtle side—  
To be comprehended, this side demands our deepest insight.  
Were our understanding to succeed, we might embrace  
The sweetest gift life has to offer.

Then perhaps, living would become a joy.

If only she would look towards me.

(author anonymous, 1998)

This poem was written by a 95-year-old client to communicate his divided feelings for me. Intimate feelings in therapy are indeed a "bifurcated gift" because the therapeutic relationship is both extraordinary and limited. It is extraordinary in that for the duration of the session, the therapist's time and attention is focused exclusively on the client and in the best interest of the client. However, the relationship is restricted by the boundaries of the professional relationship and by the fact that it will ultimately come to an end. Real feelings of intimacy are evoked between therapist and client and yet the very limitations of the encounter can threaten vulnerability and trust. This paper will attempt to explore the complexities of longing in the therapeutic relationship and how it

relates to healing. By comparing and contrasting three different cases in *Developmental Transformations*, a form of drama-psychotherapy, the author will attempt to illustrate how playing with one's longing in dramatic play can both accelerate and titrate the clients' desires for human connection.

Intimacy in therapy is a controversial subject and often taboo due to the numerous accounts of therapist-client violations, in which a therapist takes advantage of the client's vulnerability and engages in sexual intercourse. This abuse of power and the therapeutic relationship usually has traumatic results for the client, particularly if the client has a history of abuse. As a result of complaints and lawsuits against the APA, ethics and boundaries are scrutinized in the profession.

\*Lise Porter, MA, RDT is a drama therapist at the Hebrew Home for the Aged at Riverdale, 5901 Palisade Ave., Riverdale, NY 10471

to the point where even talking about feelings of love, attraction or desire for a client can be dangerous. Furthermore, many therapists are afraid to touch their clients for fear of retaliation. However, this does not negate the fact that intimate feelings emerge in therapy and are often a crucial part of the work (Baur, 1997). Ignoring this aspect of therapy is a disservice to the process.

At the heart of the controversy are the complexity of the therapeutic relationship and the myriad layers of relationship that are evoked. Freud (1912) described love in therapy as transference where a client transferred a previous love or attraction onto the therapist, in an effort to work out unresolved conflicts, particularly from early childhood when longing for the attention of the opposite sex. Consequently, therapists must realize that idealization and desire on the part of the client is often a projection that needs to be brought into conscious awareness. However, transference represents only one facet of the therapeutic relationship that may also be infused with here-and-now feelings of legitimate affection, attraction and love. In addition, the therapist has his/her own process that may include feelings of intimacy and sexuality. In fact, some clinicians argue that love is a vital component of healing and necessary to the process as long as the boundaries of the professional relationship are respected and maintained. Therefore, many questions are raised about what type of love is "appropriate" in the therapeutic encounter, if it is appropriate at all. Furthermore, if love is present in treatment, there is little agreement about how it should be talked about, expressed and managed (Baur, 1997). Enter Developmental Transformations—a method of drama psychotherapy that pushes the ordinary framework of how love, desire, and intimacy are expressed and addressed in the therapeutic process.

Developmental Transformations (Johnson, 1982, 1986, 1992, 1999), an improvisational form of drama therapy for both individual and group work, is based on Viola Spolin's theatre game transformations. In individual transformations, therapist and client improvise with one other in a series of shifting scenarios. If one person changes the scene, the other person automatically goes along with the change in play. Images and free associations are evoked in a stream of conscious flow through the continually transforming improvisations between therapist and client. As the various scenes are defined, played with and then let go, the client's inner world is reflected in the choice of roles, movements, and responses in play. The thera-

pist attunes herself with the client's bodily sensations and images and makes interventions in role based on the client's responses in play. "The purpose of dramatherapy work of this type is to increase the client's access to and tolerance of internal states that have for various reasons been cast aside, labeled as unacceptable, or are seen as threatening" (Johnson, 1992, p.128). With time, as intimacy and spontaneity increase in the playspace, they extend into the client's outside life, resulting in enhanced relationships and life choices. Unlike more distanced forms of dramatherapy where the therapist serves as a coach or director from the sidelines, the therapist in Developmental Transformations is fully immersed in the play (Johnson, 1992).

Because the therapist is immersed in the play, the boundaries in Developmental Transformations are far more fluid than in more distanced forms of dramatherapy and verbal psychotherapy. For this reason, Developmental Transformations is not recommended for clients who are violent, out-of-control or floridly psychotic (Johnson, 1999) because the fluid boundaries complicate one's abilities to differentiate fantasy from reality. The aspect of "playing together" increases the intimacy between therapist and client and is apt to create a different experience in therapy, although there is little known about how this difference impacts on the client's immersion in the imaginative world (Johnson, 1992), as compared to other modes of dramatherapy. It is the author's stance that the intimacy between therapist and client in play is what makes this form of psychotherapy so powerful. Free association play with another individual allows for subconscious material to emerge and for representations of self and other to be explored in an active, immediate, and at times evocative way. More distanced forms of therapy might not evoke the depth of personal material that play can stimulate. In fact, the nature of free association play (and other non-traditional forms of psychotherapy, such as authentic movement, trauma re-enactments, massage, holotropic breathwork, etc.) has the potential to create what Taylor (1995) calls a non-ordinary state of consciousness. Taylor claims that non-ordinary states of consciousness in psychotherapy create a range of complexities in the therapeutic process that require special attention and care to maintain the client's process in a safe and constructive fashion. The reason for this is because psychotherapy work with non-ordinary states is powerful and can temporarily alter the client's sense of reality orientation (Taylor, 1995). The

fact that Developmental Transformations can induce a non-ordinary state of consciousness adds another layer of complexity to the issue of intimacy in psychotherapy. It makes intimacy even more ambiguous, complicated and at times troublesome than it is in traditional verbal psychotherapy.

Fundamental to Developmental Transformations are three core principals that shape the work. They are the playspace, encounter and embodiment. The playspace is the arena in which thoughts, emotions and relationships are explored through improvisational drama. Encounter represents the contact between therapist and client in the context of play and healing, and embodiment is concentration on the body as the vessel of memories, emotions, impulses and desires, in contrast to the mind, which is more limited. In Developmental Transformations, the playspace, encounter and embodiment are the primary agents of psychological growth and transformation (Johnson et al., 1996).

Another key component in Developmental Transformations is that it intends to restore a sense of flow or contact with one's core-Self. In Developmental Transformations, the core-Self is distinguished from personality and is considered of equal importance to it. Developmental Transformations therapists believe that personal identity is constructed by a series of roles and narratives that define one's persona but that underneath these masks or structures is a core-Self that is related to a sense of Being, Consciousness or Divinity. The relevance of this is that Developmental Transformations theory extends beyond an ego-based psychology to include aspects of Transpersonal-psychology.

It is also important to note that access or contact with this core-Self occurs through the body and energy. Therefore, in improvisational play, there is an emphasis on bodily felt impulses in the dramatic work. This is considered more important than the content of the improvisations, which reflect aspects of the personality. Instead, Developmental Transformations helps clients contact this authentic state of Being by facilitating kinesthetic movement through drama and by exploring roles in drama and then letting them go instead of attaching to them in a rigid stance (Johnson, 1999). By embracing this state of Being, clients increase contact with their core-Selves and relinquish some of their ego identification that although vital to everyday life, can limit interpersonal growth and transformation.

Although there are many avenues that lead to deep

contact with the core-Self through the body, (e.g. meditation, yoga, prayer, chanting, etc.) Developmental Transformations differs in that the contact with one's core-Self is facilitated not only through kinesthetic movements but also by the embodied *encounter* with another individual. Self-knowledge is attained through the body *and* through the relationship between therapist and client. One reason the encounter opens the doors to one's true Self is because growth and development are relational. People grow and develop in relation to one another. Object relations theory (Kernberg, 1975; Klein, 1976) "holds that each person builds a representation of the self and others by internalizing sets of interpersonal relations (object relations) from infancy through adulthood" (Johnson, 1986, p. 19). Therefore, developmental arrest can be traced to how relationships are formed and internalized at various stages throughout life. To heal, one works with others to create positive relationship experiences that will replace limiting behaviors and perceptions carrying over from past.

Another reason embodied encounter is an instrument of healing is because all human beings are connected energetically, so it is possible to access certain parts of oneself by first experiencing or witnessing them in another person. Therefore, therapist and client represent separate individuals who also have the potential to recognize themselves in each other. For this reason, it is possible for them to have experiences of unity through projective identification, creativity, empathy, and their common humanity while maintaining the boundaries of the professional relationship. In addition, the embodied encounter actually creates intimacy because in free association play, the affect expressed between therapist and client stimulates a form of affective resonance and according to psychiatrist Vernon C. Kelly (1996), affective resonance is what creates intimacy between two people.

Because healing is relational, it requires a relationship to exist between the therapist and client in order for growth to occur in treatment. The type of relationship that develops varies depending on the client's particular issues. In cases of extreme developmental arrest or abuse, relationship patterns from early childhood are often recreated during the treatment process. For example, there is a period during infancy when children are completely merged with their care-givers and it is this symbiosis that provides a holding container for infants to eventually experience themselves as separate from the parental figures (Johnson, 1985). Clients who had interruptions in the normal patterns

of symbiosis and individuation during infancy may experience periods in therapy when the boundaries between therapist and client are merged because the therapist is serving as a holding container for the client's underdeveloped ego. When this happens, the therapist acts as a mirror for the client, reflecting back who the client is and how she is unique in the same way that parents mirror for their children. Being mirrored and witnessed in this way is an extraordinary event because it helps people discover who they are as individuals in relation to others.

It has been said that love is a process of reuniting with oneself and as the above paragraph refers, psychotherapy attempts to help clients rediscover themselves. Therefore, if love is the experience of returning to one's true nature, whereas at the same time unifying with another, it is only natural that love enters the equation in healing. The question that arises then is what type of love becomes catalyzed in psychotherapy and to whom is this love directed? Is the love directed towards oneself or is it projected onto another? The author's experience is that there are no concrete answers to these questions. Instead, love in psychotherapy is a rich blend of love for one's core-Self, love for the core-Self of the other (therapist) and love for life that creativity often generates. Furthermore, feelings of love are complicated in treatment because there are so many different forms of love. Like Eskimos who have 20 different words to describe the one quality of snow, we too could have 20 words for love.

One observation the author notes is that because love in psychotherapy triggers a constellation of feelings, it seems to bring a sense of longing. As mentioned above, this longing can signify a desire for connection with the core-Self and/or a desire for connection with another human being, either romantically or platonically. To clarify the situation, the author defines the term *Longing* as a desire for contact with the core-Self and Spirituality and *longing* as romantic or sexual love. Of course in relationships, *Longing* and *longing* can exist simultaneously and/or be confused with one another. Therefore, as we look at longing in the therapeutic relationship, we will be exploring how *longing* and *Longing* can become fused in the client's process and how to distinguish between them. Likewise, we will be examining how the very intimate nature of Developmental Transformations can heighten feelings of longing and at times, exacerbate them.

### *Background on Case Examples*

Each case presented involves a client concerned with longing for romantic connection and Longing for a sense of meaning in life and in all three, the two types of longings become intertwined, confused and then eventually separated and integrated through the therapeutic process. The first two clients are men in their 90s who have participated in my dramatherapy groups at the nursing home where I work. (They are not in the same group as one another and live on different units. To maintain confidentiality, I have changed the names of all the clients presented.) When I began work with the two men, both had lost their spouses and were mourning the loss of companionship and sexuality in their lives. Each carried a sense of futility that life was not as rich and full without this type of connection with another human being. The third client is a young woman, Susan, in therapy with a male therapist who entered the therapeutic relationship in a subconscious effort to recreate her relationship with her father and to heal it. Susan had been the focus of her father's adulation and used to fill his narcissistic needs. Although the client could not recall any specific incidents of sexual abuse, emotional incest was evident, and sexual abuse suspected. Feeling betrayed by Susan leaving home when she turned eighteen, her father cut off his involvement with her. Subsequently, she was left feeling she could never love again without being betrayed and that she was not worthy of love because her father had abandoned her. All three clients shared a similar phenomenon. Each believed they would never have the opportunity to love again and that life was meaningless as a result. The men felt they would never love again because they were old and would die; the woman, although young, felt she would never love because she was permanently scarred and considered herself damaged goods. In all three cases, dramatherapy opened the possibility of love and intimacy through dramatic play and in all three cases, this very possibility was the source of both tremendous hope and anxiety.

The anxiety all three individuals faced was real, for they had all experienced enormous losses. Therefore, considering the possibility of love again meant that each had to confront the previous losses and the potential to get hurt again. In addition to the past losses, the therapeutic relationship itself posed a threat because of its finite parameters. All three clients were weary of developing bonds in therapy knowing that the therapy would eventually end and that any feel-

ings of intimacy between therapist and client would be limited and not actualized. Furthermore, the notion of play acting intimate scenes posed a particular challenge for Susan and Lester. Both placed a strong emphasis on "reality" and felt fantasy shielded one from dealing with the truths of life. It is the author's belief that each individual was so hurt and defended that simply play acting intimacy threatened the very foundation of their psyches. Susan expressed her concern about being hurt in this manner in the following poems she wrote while in treatment.

*A Midsummer's Night's Dream*

Love that feels all too real  
Is it all a potion?  
Or just my silly notion?

Walking in the spirit world  
Towards temporary insanity  
Hoping to avoid calamity

(author anonymous, 1997)

*Misery*

I feel you  
Prodding gently  
Trying to make me yield  
Into a dark space  
I don't want to give you that much power

Because just at the point of flower  
You devour

Take my heart  
Turn it inside out

Chew it  
Then threw it

Under the guise  
Of make believe  
All just a game  
We were playing

Because there is someone else you love  
I'm just here for the hour  
Alluring freak show  
For the Gentleman caller

Now you've got to go  
Ciao and cheerio!  
While my bile grows sour, dour  
(author anonymous, 1997).

As these poems exemplify, the potential fear all three clients faced regarding intimacy in therapy was that the anticipated termination or brevity of the experience, with its pre-supposed restrictions and limitations could recapitulate the previous losses. These losses include the parental relationship and others, but the parental wounding is the most primary one and is played out in all subsequent relationships until it is brought into consciousness. In her book *Psychoanalysis: The Impossible Profession* Janet Malcolm (1982), addresses these problems inherent in the psychotherapeutic relationship. Referring to the writings of Annie Reich (1950), Malcolm (1982) highlights that even after the transference has been explored and many of its elements have been transformed, the relationship between the therapist and client is still not a mature one because the transference is never completely resolved. The analyst has been such an object of importance, fantasy and omnipotence, it is hard for the client to perceive the therapist outside of the parental role that the client has cast upon the therapist. In nearly all the cases that Reich (1950) analyzed, there remained a wish on the part of the client to remain in contact with the therapist and to be loved by the therapist. Then the therapist could remain the idealized parent that the child never had in real life.

In the cases of the men, there was less of a parental transference with their young female therapist than in the case of the woman with the older male therapist, most likely because of their late stage in life. However, on some level, all three clients were concerned with the limits of the therapeutic relationship and of intimacy in general. For the gentlemen, they knew that their remaining years were few and that the relationships they had with staff and peers at the nursing home and with their families were all they had before death brought the final termination. Jack worried that he would never have intercourse again and in the men's group, revealed his fantasy of wanting to die "in the saddle." Lester felt there was no such thing as intimacy "for old people" and showed disdain and disgust whenever it was mentioned as a possibility or as a desire. For the woman, she felt there would be no one for her in the future, that she was not loveable and that she would never marry and have a child. She also experienced enormous frustration that her therapist could not be her lover or her daddy. Likewise, Susan thought her therapist only cared about her because she was paying him for his time and attention and that when the therapy was finished, he would forget about her like she perceived her father had forgotten about her.

Compounding these fears and resistances that anticipated termination conjured was the added dynamic of age and gender. In these cases, all three clients experienced anxiety over their attraction towards their therapists who happened to be considerably younger or older. In fact, all three individuals were in some way pre-occupied with incest and/or feared they might be guilty of it by having desires for someone outside of their peer group. Susan was fraught with fantasies of her therapist and filled with the simultaneous fear and desire to recreate her past trauma with her father through repetition/compulsion that is typical of incest survivors (Herman, 1992). In some cases, this fear and desire was so strong, it completely inhibited her from role-play. When this happened, the therapist and client then engaged in verbal therapy instead of Developmental Transformations. For Lester, he initially could not role-play either, particularly around topics of romance. With time he did begin to role-play and to express his desires for his therapist, only to tell her afterward that he would never think of her in "that way." This need to redeem himself for his acts in play and fantasy may have been driven by the fact that there had been an incident of incest in his wife's side of the family. Lester confided this to me with deep concern over how "anyone could do such a horrible thing" and about how he didn't believe his wife when she had first told him that her relative was molesting a family member until he actually witnessed it. Jack showed less inhibition in his dramatic play and less apparent conflict over any romantic desires for me, but his poem *The Bifurcated Gift* does reflect some internal struggle. Supporting this, Jack seemed preoccupied with the subject of incest, which may have reflected additional conflict over his feelings for me. For example, in the Shakespeare class that I teach, Jack was fixated on the belief that Hamlet had incestuous feelings for his mother and that Lear had incestuous feelings for his daughters. I do not particularly agree with these two theories. However, Jack never relinquished his convictions and seemed to relish arguing with me about them.

Ultimately, in successful psychotherapy, clients can work through their fears of attachment and separation and eventually learn to tolerate these various states while in relationships and without the presence of the therapist (Kupers, 1988). In successful termination, the client has mourned previous losses, has internalized the role of the therapist and other important relationships (Geller, 1987) and can now fulfill

functions previously achieved by the therapist. Conflicts are not necessarily resolved but they are no longer the source of intense anxiety or behavioral symptoms. Likewise, the client is not likely to experience significant change, if she were to remain in analysis (Kupers, 1988). However, to attain this state requires tremendous courage and commitment on the part of both therapist and client. Robert M. Prince (1974) describes this courage as the "ability to face and deal with one's inner experiences" instead of withdrawing and claims that therapy is a combination of both courage and masochism (p. 49). As defined by Menaker (1979), masochism is a surrender of identity and crippling of will "in the service of avoiding separation" (p. 48). The author agrees with this and believes that Developmental Transformations creates this tension between courage and masochism by bringing clients into the heart of their inner experiences and by helping them feel both union and separation. Through the relational process, clients learn to restructure intimate bonds and paradoxically, also gain a sense of their own autonomy through contact with the core-Self.

#### *Case Example: Lester*

Lester came to my dramatherapy group for over a year before any apparent conflict regarding his feelings towards me emerged. During his first year in the group, Lester was resistant to play and would argue about dramatherapy, claiming that fantasy was for children and a waste of time for adults. Lester felt that facing reality was the only way to cope with problems. In addition, Lester had a strong disdain for emotional processing and felt that talking about feelings was complaining. "What's the use of complaining about it? You've got to accept reality and get on with life." In particular, he was insensitive towards people who were mourning the death of a spouse beyond what he considered was the appropriate length of time for grieving. During this first year there were many sessions that Lester chose not to come to the group. When I would ask him if he wanted to participate in the dramatherapy group he would decline and then say, "No offense, but I didn't find the group interesting the last time."

Lester's reactions to dramatherapy left me feeling frustrated, indignant and rejected. However, my supervisor insisted that I defend dramatherapy and not surrender to verbal therapy or more comfortable approaches to group work in the nursing home, such as

reading stories or conducting a discussion on a designated topic. During this time, I began to define myself as a therapist to the group where previously I had simply announced that we were going to do drama. My shift in seriousness towards my role had a positive affect on Lester and the group, who came to realize that I could contain the issues they harbored and that the play was secondary to their feeling states.

Lester, prone to intellectualizing and philosophy, became very curious about my work and about myself. Often while I was on the unit, he would ask me about my "studies." He thought I was still in school and that my work at the nursing home was unrelated to my psychology studies because he didn't think people in the nursing home could be helped. He thought they were "too far gone" mentally. I told him people simply needed love and attention and that a therapist didn't necessarily have to "fix" a person's problem. Lester struggled with understanding this and began to watch me intently whenever I talked to people in the nursing home unit lounge. It was during this time that Lester began to develop feelings for me. He would constantly tell me I was a good person and that I was doing great things for the people in the nursing home. He would ask me about my studies everyday, inquired whether I was married and told me I had a good mind. It was at this time that he also confided stories about his wife and her family. He would then want my perspectives as a therapist regarding these situations.

Having formed an alliance with Lester and a context for him to understand the work, he began coming to the dramatherapy group on a regular basis and now engaged in improvisations without objection. One of his favorite gestures was to pantomime casting a fishing line. He had lived on a farm as a boy and always referred to how happy he had been during that time and how much he loved fishing. Then, over time, romantic images also surfaced in Lester's play. For example, he would often make the gesture of hugging someone. When I would ask the group members to define who they were hugging, Lester usually remained silent. Likewise, whenever talk of love surfaced, which did on a regular basis, Lester would get grumpy. He would insist that after a spouse died, he or she could never be replaced and "that love wasn't for old people." Lester's feelings on this subject were titrated because of a romantic relationship that was developing between two other residents. Nonetheless, Lester's gesture of hugging someone continued to surface in play, despite his intellectual defenses

against love. Likewise, Lester began to joke about how he wanted to marry a rich young woman who would take care of him. He said he wanted a young woman, not an old woman because "love wasn't for old people." I would joke with him that I was young but not rich. The group members would then elect me as his wife. Lester began to play with this but then at times would freeze up around it, disqualifying the play by saying it wasn't right for an old man to be with a young woman.

This flirtation in the playspace went on for months, as if Lester were testing the waters trying to get his feet wet. Then suddenly, it appeared there was a breakthrough and Lester became much more open in playing with his feelings for me. When he would make the hugging gesture and I'd ask him whom he was hugging, he would say, "you!" Another time, Lester burst out into spontaneous song, singing, "I love you!" and pointing at me. Lester became very playful and on the unit would even flirt with me, winking and saying that if I were younger, he would marry me. Nonetheless, Lester at times would become troubled by his behavior and would apologize, hoping I hadn't taken it the wrong way. He had the "highest regard for me" and wouldn't think of me in "that way."

These moments in the playspace clearly stirred something deep inside Lester. I often thought of him as a man opening the door to his heart and then scarred by what he was letting out, he would slam the door shut, due to the complexities of his feelings. I also sensed that the longer Lester was involved in the dramatherapy group, the more he began to process the loss of his wife, youth and vitality. Lester began to openly say he wanted to die and that if it weren't for his sons, he would be ready to go. In one role-play, we called up to God in Heaven, asking him if he had a room ready for Lester. God said he didn't and that Lester was going to have to bide a little more time down on Earth. We were beginning to touch into Lester's very real feelings of despair about living a life that didn't feel like living anymore. These feelings of despair and romantic longing began to merge in what I think was an attempt to find a measure of meaning in his remaining life. I sensed Lester's longing for me did not truly reflect romantic love but instead represented an urgent desire for contact with a caring human being he could relate with on a regular basis. The next example illustrates how his various feelings merged together and became tangled.

In this session, Lester showed signs of conflict

regarding his romantic longings and sadness throughout its duration. For instance, while stretching during the group warm-up, one woman said she was reaching for a husband. When I asked the gentlemen in the group, if they wanted to reach for wives, Lester barked "no!" for an answer. However, Lester later contradicted himself by revealing that he did desire intimate relations with a woman. While pretending to have a dinner party, I asked everybody what they liked for dessert. Lester claimed he wasn't a sweet eater. However, a moment later he proclaimed in a bold manner that he would "have the wife for dessert. Why not?" he continued. "There are so little things in life that bring one joy," he disclosed with a sense of deep grief.

Later, the image of Heaven surfaced again for the group. One woman claimed it was hard to be left alone with all of her family members gone. Lester said she wasn't the first person to experience this type of situation and that a person had to simply accept loss. "What are you going to do? Cry about it?!" Lester demanded angrily. Clearly, Lester could not tolerate his own feelings of loss and, therefore, had to shut down those his peer was experiencing. To re-open his feelings, I used affective resonance (Kelley, 1996) and pretended I was sobbing. The entire group's energy dropped and the feeling in the room grew anxious. "I'm all alone," I wailed in a childlike voice. "My mommy went away." "There now," the woman who had missed her family said, reassuring me. "I'll be your friend. I'll be with you." Others in the group responded accordingly but it was Lester, who had been so opposed to crying who was the most concerned over a little girl (his little girl) crying. "Come here, little girl," he said. "Let me give you a hug." When Lester and I embraced, he held me as if near and dear and there was a sense of deep connection between us. "Will you be my companion too?" I asked him. "I can't be your companion," he said. "I'm too old." "I'm not asking you to marry me. I'm just asking you to be with me." "It's the same thing. Marriage and companionship are the same thing," he said. "It's just a piece of paper that makes the difference." As I pulled away from Lester's embrace I was filled up with how much he longed for companionship. I then tried to demonstrate that when we lose our loved ones, reaching out to others, like they did to the little girl and like the little girl did to them in the drama, is an important way to heal.

In conclusion, although the dramatic play has been a source of anxiety for Lester, it has ultimately accel-

erated his connection with others both in and out of play. Lester and I have obviously developed a sense of intimacy through the therapeutic bond and as Lester feels more comfortable with exploring his feelings with me, they paradoxically soften in their intensity. Lester no longer seems infatuated with me as he has been able to explore his romantic fantasies of me in play and as I have become more of a real person to him. Likewise, Lester is now beginning to play with feelings of longing, using his female peers as play objects instead of me. This new found freedom or flexibility is the result of breaking through problematic impasses in the therapeutic process, particularly in relationships that are confusing and troublesome. "This process involves the creative transformation of therapeutic impasses into uniquely meaningful interpersonal events in which patient and therapist discover the freedom to experience their shared emotional bond" (Johnson and Ryan, 1983, p. 7). Throughout his process, Lester has opened the door to his feelings and has felt threatened by them. However, despite this, he has had the courage to keep poking his head into the entrance of his heart and to step through.

#### *Jack*

I will not be discussing Jack's case in detail but will make a few comments to compare and contrast the previous one. Unlike Lester, Jack did not experience inhibitions in play. Instead the playspace was an arena where Jack was able to contact his sexuality and life force. Likewise, with the exception of the poem he wrote for me, I was not aware of a deep struggle in Jack's feelings towards me. What was evident in the play was Jack's fixation on finding a female companion. Most of his play reflected this and involved sexuality and flirting. As mentioned previously, Jack feared he would die without having sexual intercourse again and shared his fantasy that he wanted to die "in the saddle."

As for my relationship with Jack, I felt a strong intellectual and personal connection with him that evoked a sense of Eros between us, even though I had no feelings of sexual attraction for him. I think Jack's feelings for me were reciprocal and that if he did experience any attraction for me, it was not overwhelming or all consuming. Instead, Jack began to look for a woman he could be with and eventually developed an intimate relationship with one of his peers.

The reason I include this case in this paper is



because Jack's situation is one in which playacting led to a deep transformation in external reality. Whether the role-playing accelerated the events in real life is debatable but the fact that Jack stopped coming to dramatherapy groups after his romantic relationship developed is a sign to me that the play had served its purpose. The playspace had further opened the client's desire for real-life intimacy and once this intimacy was present, the therapeutic relationship was no longer necessary. The only group of mine Jack participates in now is Shakespeare.

I will also note that when Jack stopped coming to my groups, I was left with feelings of abandonment and loss. It felt like I had lost a good friend and a solid admirer. Furthermore, as silly as it might sound, I felt in competition with his companion who appeared to keep Jack away from me in a possessive manner. I mention this because it reflects that even though the therapist-client relationship between Jack and myself was completely appropriate and asexual, it was intimate and perhaps not entirely platonic. The intense, competitive feelings evoked between Jack's girlfriend and myself support this; as well as my counter-transference to Jack. I had to admit to myself that I had enjoyed Jack's attention towards me. Now, although I still have a relationship with Jack, it has definitely altered. I have pulled back in the way I used to be intimate with him because he now has a relationship with a partner. For example, I do not engage in flirtatious behavior with Jack anymore that in the playspace was once very common between he and I. I also try to respect and support Jack and his girlfriend's unity by inviting them to come to groups together. Likewise, I never push group involvement on them. This case is an important contribution to this paper because it illustrates how deep bonds can develop between therapists and clients and how these bonds can transform over time to help support love in clients' everyday lives.

#### Susan

This last case epitomizes the enormous complexity of therapeutic bonds between therapists and clients when deep interpersonal connections are made. As stated earlier, Susan was terrified of developing feelings for her therapist because of her fear of being hurt again. Throughout her entire treatment, Susan resisted feelings of love and desire, as much as she secretly harbored them. At times this very fear inhibited her abilities to play. The following case examples illus-

trate how these fears manifested in play. They also reflect Susan's struggle with loving someone whom could not be outside of the therapeutic role. Ultimately, the client left therapy because she knew it was time to find intimacy beyond the playspace and with someone who could be her life partner. When that time came, Susan had experienced enough mourning and corrective emotional experiences that leaving therapy did not leave her feeling abandoned and traumatized like she had been when her father cut off from her.

Susan's case is a perfect example of how deep *longing* (sexual/romantic) became fused with *Longing* (desire for Self and Spirit). Upon termination, Susan's deep longing for her therapist had somewhat transformed because she had touched into her core-Self. She now felt a genuine sense of self-acceptance and peace. She no longer had to search for her core-Self in other people or have her core-Self validated by them for her to possess it. Susan moved from a place of deep merging with the therapist (in an effort to find herself) into a place of autonomy because she could now identify her *longing* as really a *Longing* for herself. The following transcript illustrates this process of individuation.

Client lies in a fetal position for a long time. The therapist sits witnessing. As the client speaks, the therapist also assumes the fetal position.

- C: I'm an egg.  
 T: Hard boiled or soft?  
 C: I was just thinking about that. I don't know. I'm in that unborn place. A hard shell. Nothing inside.  
 T: You're an eggbryo.  
 C: Yeah. An eggbryo.  
 T: What am I?  
 C: I don't know. I guess I see you as a big Mother Hen. But you can't hatch me. I'm that stupid yolk. All hard on the outside. All messed up on the inside.  
 T: When will you be fried?  
 C: I don't know.

She rolls over near him. They both maintain their egg postures.

- C: I'm a lonely egg. With no one to hatch me. The Ugly Duckling with freak parents.

- T: You're unique.  
 C: It's lonely.  
 T: Incomparable.  
 C: It's lonely being unique. *(pause)* You have an egg.  
 T: I have many eggs now. But I was once an eggbryo. Now I'm a Hen.  
 C: I'm so scared right now. I feel so small. Smaller than before even being born. I feel like I'm going to cry.  
 T: You hold onto too much.  
 C: I'm dying. I don't know who I am anymore.  
 T: It's okay to let parts of yourself die.  
 C: But if I die, I'll lose you.  
 T: No you won't.  
 C: I'm so scared. I feel like I'm going to cry. Always when there are only two minutes left.  
 T: *(looking at this watch)* It's already time?  
 C: I'm so scared. Are you ever scared?  
 T: Yes.  
 C: This scared?  
 T: Not anymore.  
 C: But you used to be?  
 T: Yes.  
 C: Did you ever feel like a freak egg?  
 T: I felt like a freak egg. And alone. Very much a freak egg.  
 C: *(sadly)* My egg will never meet your egg. *(pause)* I wish I could be your little girl.  
 T: Maybe in another life.  
 C: I sometimes worry I won't find you in a future life. I found you in this life. I know I did. You're my other half. I'm so scared.  
 T: Take a minute.

Client, sits quietly. Crying.

- C: It's my delusion. I was wrong. That you're my other half. I'm an Eggbryo. And I have to hatch alone. And it's a lonely and awful place to become whole.

This session is important because it reflects the client's desire to merge with the therapist and her growing awareness that she must birth herself and be a separate but "unique" entity. It also reflects her fear that if she is a separate entity, she will lose the therapist's love, which is what she experienced when trying to individuate from her father. Furthermore, the client refers to her longing to have a child with the

therapist ("my egg will never meet your egg"), a comment that may or may not have reflected genuine longing to carry the therapist's child. It is the author's belief that she was projecting sexual desire onto the therapist to avoid feeling the new and scary experience of contacting herself. This illustrates how *longing* and *Longing* can be confused and/or entwined in deep healing processes. It is important to note that although the dialogue appears benign on paper, the emotional processes it catalyzed after the session were extreme and disruptive for the client. The improvisation did activate a "non-ordinary" state of consciousness for the client, as her energy and psyche began to realign with her acceptance of being a separate self. Instead of experiencing a feeling of renewal and birth, the client felt like she was dying. Deep feelings of grief and anger were triggered that left her feeling out of control and suicidal. These feelings passed within a few hours after intense catharsis. Afterwards, the client was able to regain a sense of stability.

Throughout the course of the treatment, the therapist's presence and the idea of "playing" with him continued to evoke feelings of intense anxiety for the client. Initially, the client was comfortable with role-plays involving touch and sexual innuendoes but with time, the division between fantasy and reality created too much tension. She was plagued with a sense of conflict. One problem Susan faced was her desire for her therapist to have feelings for her and then a sense of repulsion and fear that he might. Likewise, although Susan longed to experience intimacy in the playspace, she often rejected playing scenes in which the client and therapist cared for one another. Susan feared that scenes like this would leave her feeling even more empty afterwards when confronted with the fact that the acting was "play" and not real.

Susan's desire for true connection with a man in everyday life and to be a mother was so intense that playing with the idea of marriage felt like a mockery to her and exacerbated her wound. Susan simply couldn't play out love and marriage because deep down she felt like she was unworthy of it. Susan was so fearful of losing love from a male figure, she could hardly take any in, even though this was what she most desired. Consequently, Susan would often kill any signs of intimacy in play and had a tendency to assault the therapist with her rage hoping she could reject him before he could reject her. For four years the therapist and client danced around these impasses, trying to gain freedom around the issues. As Susan began to heal, her longing for intimacy with someone

in real life increased and she began to make references to leaving the therapist in play. The next transcript illustrates this point in the treatment.

*My Heart Will Go On*

Therapist sits off to one side. Client is sitting in the yoga child's pose. They are quiet.

- C: You're on the shore.  
 T: I was thinking I was in the water and you were on a raft.  
 C: I'm sailing. (pause) Away from you. (pause) I have to sail away. You haven't been here. You're not with me. You don't join me on my raft. So it's time for me to set sail.  
 T: I'm sinking.  
 C: I'm sailing away.  
 T: I'm sinking.  
 C: You won't sink.  
 T: I'm sinking. Save me.  
 C: You won't sink. I thought I was going to sink without you. You won't sink without me. (Long pause) I had a dream last night. I dreamt that you had picked up a blouse from the dry cleaner's that belonged to your wife. It was a beautiful green blouse the exact shade of my eyes and I was livid that this beautiful blouse of rich fabric belonged to her and not me. I was livid that you were picking up her dry cleaning and not my dry cleaning. So I'm going to sail with someone who gets my blouses.  
 T: The winds are rising.  
 C: I'm sailing. I'm already on my way.  
 T: It will be stormy.  
 C: No more than before. And this time there will be someone in the boat with me.  
 T: I'm sinking. Sinking and thinking.  
 C: I'm worried that I won't remember you. I'm already forgetting you.  
 T: You'll be too busy sailing.  
 C: Yes.  
 T: Then I'll remember for you. I'll remember for the both of us.  
 C: You can't sink. You're Prospero. The Magician. And I'm Miranda. Remember?  
 T: Where are you sailing to?  
 C: Life. (Client begins to cry) I've been in love with you.

- T: I know. I remember that.  
 C: I feel so full. (pause) I have been so full of you. So vulnerable. Because you haven't been as full of me as I have been of you.  
 T: I'm sinking. To the bottom of the ocean. Remembering you. (pause) Take a minute.  
 C: I was just going to say . . . the ocean . . . it's a beautiful place.

She takes more than a minute. They look at one another.

Although clear that she wanted love in real life, Susan was not yet able to absorb that her therapist did harbor *real* feelings of love for her, even if they were expressed in play and were not always amorous. In the role-play, she was not able to comprehend that her therapist would be affected by her absence when he repeated "I'm sinking." It was a number of months more before the therapist and client terminated. Some of their final work together entailed trying to help Susan realize that she was loveable and that she had to be open to receiving or she would miss what might be right in front of her. For Susan, leaving therapy was a declaration that she was worthy of having intimacy in her everyday life and a sign that her time with the therapist had come to an end. She was choosing real life instead of the playspace.

The therapy was successful in that she could make this choice. The therapy also helped to bring deep subconscious fears and behavior patterns to the forefront so that they could be recognized, assimilated and released. When it came time for termination, although sad, it was not the traumatic event that Susan had anticipated. She has since started dating and is in a committed relationship. Most likely, if she were to enter treatment again, there would be considerably more freedom in her ability to hold ambiguous states of intimacy, as a result of these corrective emotional experiences and inner growth. The more Susan connected to her *Longing* for self-discovery, she gained more of herself to bring into healthy relationships and free play.

### Conclusion

This paper has raised some of the enormous burdens of addressing love and intimacy in psychotherapy and specifically, in Developmental Transformations. Although the path to intimacy in therapeutic relationships can be terrifying and potentially danger-

ous, it is the author's belief that it is a necessary road to take, if true transformation is to occur in the healing process. The following case examples have illustrated how the very anxieties inherent in feeling love during the therapeutic process can stimulate psychological awareness and growth for the individual, if the therapy is handled with integrity, courage and care. Susan Baur (1997) feels that the answers to reconciling some of the conflicts love in psychotherapy creates "will be discovered to lie in the unexpected merit of ambiguity—in the capacity of the human heart to bear and profit from the great and often contradictory feelings it encounters" (p. 15).

Perhaps the *Longing* talked about in Developmental Transformations can best be clarified as a *Longing* for one's most full creative force to thrive throughout the Universe in relation to all sentient beings. If the creative force is linked to love, not sharing that love is like death. In *Developmental Transformations*, we try to help our clients awaken to the wonder that life is and to the knowledge that that wonder lies within themselves. People are not broken; they simply long to awaken as noted in the following poem by David Whyte (1990, p. 76):

I have woken from the sleep of ages and I am not sure  
If I am really seeing, or dreaming,  
Or simply astonished  
Walking towards sunrise  
To have stumbled into the garden  
Where the stone was rolled from the tomb of longing.

#### References

- Baur, S. (1997) *The Intimate Hour: Love and Sex in Psychotherapy*. New York: Houghton Mifflin Company.
- Freud, S. (1912) The Dynamics of the Transference. *Standard Edition*, 12:97–108. London: Hogarth, 1957–61.
- Geller, J. (1987) The Process of Psychotherapy: Separation and the Complex Interplay Among Empathy, Insight, and Internalization. In *The Psychology of Separation and Loss*, Jonathan Bloom-Feshback, Sally Bloom-Feshback, and Associates (Eds.). Jossey-Bass Publishers.
- Herman, J. (1992) *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*. United States: Basic Books/Harper Collins.
- Johnson, D. (1982) Developmental approaches in drama therapy. *International Journal of Arts in Psychotherapy*, 9, 183–190.
- Johnson, D. (1986) The developmental method in drama therapy. *International Journal of Arts in Psychotherapy*, 13, 17–34.
- Johnson, D. (1992) The Drama Therapist in Role. In *Drama Therapy: Theory and Practice*, Vol. 2 (pp. 112–136), S. Jennings (Ed.). London: Routledge.
- Johnson, D. (1999) Developmental transformations: Towards the body as presence. In *Current Approaches to Drama Therapy*, D. Johnson & P. Lewis (Eds.). Springfield, Illinois: Charles Thomas Publishers.
- Johnson, D. & Ryan, E. (1983) Freedom and discovery within the therapeutic bond. *International Journal of Arts in Psychotherapy*, 10, 3–7.
- Johnson, D., Forrester, A., Dintino, C., James, M., & Schnee, G. (1996) Towards a poor drama therapy. *International Journal of Arts in Psychotherapy*, 23, 293–308.
- Johnson, S. (1985) *Characterological Transformation: The Hard Work Miracle*. New York: W. W. Norton & Company.
- Kelly, V. (1996) Affect and the Redefinition of Intimacy. In *Knowing Feeling: Affect, Script and Psychotherapy*, D. Nathanson (Ed.). New York: W. W. Norton & Company.
- Klein, M. (1975) *Writings of Melanie Klein, Vols. 1–3*. London: Hogarth.
- Kupers, T. (1988) *Ending Therapy: The Meaning of Termination*. New York: New York University Press.
- Malcolm, J. (1982) *Psychoanalysis: The Impossible Profession*. New York: Random House.
- Menaker, E. (1979) *Masochism and the Emergent Ego: Selected papers of Esther Menaker*, L. Lerner (Ed.). New York: Human Sciences Press.
- Prince, R. (1974) Courage and masochism in psychotherapy. *Psychoanalytic Review*, 71 (1), 47–61.
- Reich, A. (1950) "On the Termination of Analysis." In *Psychoanalytic Contributions*. New York: International Universities Press, 1973.
- Taylor, K. (1995) *The Ethics of Caring: Honoring the Web of Life in our Professional Healing Relationships*. Santa Cruz: Hanford Mead Publishers.
- Whyte, D. (1990) *Where Many Rivers Meet*. Langley, Washington: Many Rivers Press.