



## TOWARDS A POOR DRAMA THERAPY

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Jerzy Grotowski's proposal for a "Poor Theatre" (Grotowski, 1968; Richards, 1995) serves as an apt metaphor for a model of drama therapy that relies on the unobstructed encounter between therapist and client in the therapeutic playspace. This paper will elucidate Grotowski's influence on the theatrical basis of our approach to drama therapy, known as Developmental Transformations<sup>1</sup> (Dintino & Johnson, 1996; Forrester & Johnson, 1996; James & Johnson, 1996, in press; Johnson, 1982, 1984, 1986, 1991, 1992; Schnee, 1996).

The theoretical basis of Developmental Transformations has been informed in a progressive fashion by the psychoanalytic object relations theories of Jacobson (1964) and Mahler (Mahler, Pine & Bergman, 1975), developmental theories of Piaget (1951) and Werner (Werner & Kaplan, 1963), the existential philosophy of Sartre (1943) and Derrida's (1978) philosophy of deconstruction.<sup>2</sup> The application of these psychological and philosophical theories has perhaps obscured the theatrical foundations of Developmental Transformations. From its beginnings, the approach was based on the theatrical ideas of Grotowski, in what Fink (1990) has characterized as a physio-affective approach to emotion.

### Grotowski's Vision

#### Definition of Theatre

Grotowski (1968) asked, "What is the essence of theatre?" He found that by removing the sets, cos-

tumes, makeup, masks, lighting, stylized actions, and even text, theatre still remained in the form of the encounter between the actor and the spectator. "We can thus define the theatre as 'what takes place between spectator and actor.' All the other things are supplementary . . . in the ascetic theatre all the visual elements are constructed by means of the actor's body, the acoustic and musical effects by his voice" (pp. 32-33). To achieve this pure theatre, Grotowski (1968) proposed a process he termed the *via negativa*, in which both actor and director work to eliminate obstructions to the pure encounter of the actor with the spectator, rather than the usual theatrical training practice of gradually accumulating skills. The actor must let go of stereotyped societal masks, working directly with his or her body to remove any psychological and physiological blocks to authentic expression. "We fight then to discover the truth about ourselves: to tear away the masks behind which we hide daily. We see theatre as a place of provocation . . . Theatre only has a meaning if it allows us to transcend our stereotyped vision, our conventional feelings and customs, so that we may experience what is real . . ." (pp. 256-257). Grotowski, borrowing from Artaud's (1958) earlier vision of the actor as a heroic, sacrificial figure, called for the *holy actor*, who lets go of his or her self in the service of the artistic process of creation. Actors become holy when they "transgress" the bounds of normal social intercourse, reaching far beyond what the audience is aware of in order to confront them with life's essences. In this way, the

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<sup>1</sup>Also known as the Developmental Method.

<sup>2</sup>Technical aspects of the method have also been influenced by Viola Spolin, Sanford Meisner, Carl Rogers and dance therapists Marian Chace and Mary Whitehouse, among others (Johnson, 1993; James & Johnson, 1996).

actor is required to participate in an ascetic discipline of great physical and psychological demand. Only through such discipline can the revelations of truth emerge through the actor.

Grotowski's (1968) definition of theatre also places the audience in a heightened role, for they must be actively engaged in the actor's journey for an encounter to occur. "We are concerned with the spectator who has genuine spiritual needs and who really wishes through confrontation with the performance to analyze himself . . . who is willing to undergo an endless process of self-development" (p. 40). The centrality of encounter places much greater attention on the relationship between actor and spectator: "It is therefore necessary to abolish the distance between actor and audience by eliminating the stage, removing all frontiers. Let the most drastic scenes happen face to face with the spectator so that he is within arm's reach of the actor, can feel his breathing and smell the perspiration" (pp. 41-42).

### *The Aim of Theatre*

Grotowski (1968) redefined the potentialities of theatre for his generation, grasping the psychological dimensions of theatre in a startling way. He thought theatre can "provide an opportunity for what could be called integration: the discarding of masks, the revealing of the real substance: a totality of physical and mental reactions. . . . The actors' act—discarding half measures, revealing, opening up, emerging from himself as opposed to closing up—is an invitation to the spectator. This act could be compared to an act of the most deeply rooted genuine love between two human beings. . . . This act we call a *total act*" (pp. 255-256). Grotowski thought of theatre as a psychological cleansing and therefore very much like psychotherapy. His perspective was consistent with the "encounter" movement in psychotherapy during the same period and humanistic methods in general, though he always remained within the theatrical paradigm. Though his work later evolved through Paratheatre, Theatre of Sources, and finally Art as Vehicle (Richards, 1995), in which he stretched the boundaries of theatre even further, his vision continued to be psychological, his method physical. In Art as Vehicle, for example, in which formal presentation was abandoned, the encounter between spectator and actor was now located within the doer; the total act now became the Main Action; the goal still revelation of spirit.

### *The Role of the Body*

Grotowski (1968) valued the role of the body in this process of revelation: "We propose to the actor that he should transform himself before the spectator's eyes using only his inner impulses, his body, when we state that the magic of theatre consists in this transformation as it comes to birth" (p. 119). His actors spent much time on physical exercises. Grotowski appeared to be reacting to the loss of faith in modern society and, like Artaud, felt the only way to reach for solid ground was through radical and extreme measures. The body in particular, given its immutable presence, seemed to be a reliable path. Yet Grotowski's (1968) notion of the body remained ascetic, even platonic: truth does not arise *from* the body, only *through* it. The body was a vehicle that needed to be cleansed: "The actor who undertakes an act of self-penetration, who reveals himself and sacrifices the innermost part of himself—must be able to manifest the least impulse. He must be able to express through sound and movement those impulses which waver on the borderline between dream and reality. . . . The body must be freed from all resistance. It must virtually cease to exist" (pp. 35-36). Therefore the body is a vehicle for revelation of spirit, not gratification of desire; the actor works to negate his or her body, not to indulge it. The body is always the servant to the pure expression of the human spirit.

### *View of the Self*

Grotowski's (1968) model of the human self was a two-fold structure: a false self constructed of social convention and compliance, covering a deeply hidden true self, which is accessible only through a painful self-exploration. He speaks often of truth, genuineness, sincerity and reality that lie behind or below the masks, appearances and unreality of conventional life. This inner self is whole: "The etymological meaning of 'individuality' is 'indivisibility' which means complete existence in something: individuality is the very opposite of half-heartedness" (p. 261). This unitary ground of experience can be reached only through a process of exploration: "We feel that an actor reaches the essence of his vocation whenever he commits an act of sincerity, when he unveils himself, opens and gives himself in an extreme, solemn gesture . . ." (1968, p. 124). The true inner self needs to be revealed in order for authentic encounter, and therefore

theatre, to occur. "The actor must be prepared to be absolutely sincere" (1968, p. 210).

Grotowski's frequent use of words such as sacred, solemn and sincere deemphasizes the ironical, satirical, contradictory aspects of the self. Even when Grotowski indicated his awareness of the dynamic, undefinable or contradictory nature of the here-and-now encounter, he framed it within the modernist paradigm of his times that portrayed society as stifling authentic self expression. He spoke as someone who mourns the loss of faith, yet who still believes it can be found. Acknowledging the tremendous flux in modern society, he still reached for truth: "Even with the loss of a common sky of belief and the loss of impregnable boundaries, the perceptivity of the human organization remains. The violation of the living organism returns us to a concrete mythical situation, an experience of common human truth" (1968, p. 23). Though a deconstructional analysis of Grotowski's thought might begin here, with the apparent contradiction in his proposal for a "concrete" yet "mythical" situation, for Grotowski the actor's imaginative journey to the *illud tempus* (Cole, 1975) was indeed real, concretized by the immediacy of performance.

In order to accomplish these goals, Grotowski (1995) eschewed undisciplined improvisation and "wildness." He consistently emphasized the need for structure and focus, even though he sought these through the bodily gestures of the actor, not the text. "One cannot work on oneself (to use the term of Stanislavski) if one is not inside something which is structured and can be repeated, which has a beginning, a middle and an end, something in which every element has its logical place, technically necessary. All this is determined from the point of view of that verticality toward the subtle and of its (the subtle) descent toward the density of the body. The structure elaborated in details—the Action—is the key; if the structure is missing, all dissolves" (p. 130). Later Grotowski prescribed prolonged repetitions of ancient "mantra songs" to provide structure for the Action. Verticality was Grotowski's concept for the actor's movement downward into the depths. By using the "plumbline," the actor can keep true to his or her descent and thereby reveal the heavens. Grotowski contrasted the vertical path with the horizontal: the impulsive, easily distracted enthusiasm of a first time improvisation, always moving "to the side; to the side." What he sought to avoid was dilettantism: "So we work on our opus: the Action. The work takes at least eight hours a day (often much more), six days a

week, and lasts for years in a systematic way; it includes the songs, the score of reactions, archaic models of movement, the word, so ancient that it's almost always anonymous. And in this way we build something concrete, a structure comparable to that of a performance" (1995, p. 130).

Grotowski's stark yet powerful vision of the theatrical moment has inspired many theatre artists, who have developed his methods in diverse ways. For those of us in training during those times, Grotowski's work shone a bright light on the path from theatre to therapy, which we have been traversing ever since.

#### From a Poor Theatre to a Poor Drama Therapy

Though parallels between theatre and therapy have been widely noted (Cole, 1975; Courtney, 1968; Grainger, 1990; Johnson, 1989; Landy, 1993; Moreno, 1945), detailed, specific comparison raises many difficulties due to differences in goals, structure and social context. For example, how do the roles of playwright, director, actor and audience map onto the roles of therapist and client? In Grotowski's terms, who in the therapy session is the spectator and who is the actor? Perhaps the client is the actor in training with the therapist (director), preparing for the performance, which will be his or her new behavior at home or work. A drama therapy based on this view might utilize structured physical exercises or highly specific scene work. On the other hand, perhaps the psychotherapy session is comparable to a performance in which the therapist is the spectator responding to the client (actor). In such cases, drama therapy may rely on silent witnessing or self-revelatory performance (Emunah, 1994, pp. 289–294). Yet even another possibility exists, implied by Grotowski's notion that the spectator is the one who is undergoing the process of self-development, in which case the client is the spectator and the therapist is the actor! After all, both client and spectator pay the therapist/actor for their services. Here, Grotowski's methods of actor training would be applied to training the therapist who, like the shaman, enters the playspace/spirit world for the client (Harner, 1982).

Thus, depending upon how one answers these questions, the forms of drama therapy built on Grotowski's principles can be widely divergent. Developmental Transformations is therefore only one of many possible forms of drama therapy derivable from Grotowski.

### Developmental Transformations as a Poor Drama Therapy

We will now link the specific elements of Grotowski's work to Developmental Transformations, a form of both individual and group psychotherapy. It is important to note, however, that not all aspects of Developmental Transformations are consistent with Grotowski's concepts, and an attempt will be made to identify these areas. Developmental Transformations engages clients in spontaneous play, beginning with simple, repetitive movements and sounds and then developing images and more structured role-plays and improvisations. Various task, space and role structures are used (according to developmental principles beyond the scope of this article—see Johnson, 1982) to maintain the holding capacity of the playspace, that is, to provide the external support for the clients' ability to play. Thus, sessions usually begin in a structured manner and then move toward improvisation and free play. By maintaining a free-flowing, physicalized playspace, images arise, are defined, played with and then let go as new variations and associations press for expression. This approach allows clients to play with rather than define or understand their problems. "The result is a greater tolerance of one's self and relief from anxieties generated by rigid interpersonal stances," (Johnson, 1986, p. 18).

Practitioners of Developmental Transformations must have a strong theatrical background in order to be able to effectively guide the client into the playspace, and then to improvise freely with the client, taking on and then shedding numerous roles and images. They must be comfortable with physicalizing emotional states and images, as well as being the object of observation, judgment and projection by their clients. Overall, they must be capable of tolerating high levels of intimacy.

Developmental Transformations strives toward a vision of a poor drama therapy by embracing the following principles: (a) healing occurs as a result of the *encounter* in the playspace between the client and the therapist, (b) the *body* is the essential source of thought and feeling, (c) the therapeutic process follows the *via negativa*, a process of removal or transformation and (d) the goal of therapy is for client and therapist to play together with *depth and intimacy*.

#### *The Encounter Is the Basis of Healing*

Developmental Transformations emphasizes the encounter between the therapist and client(s) in the

moment because its therapeutic aim is to help clients feel less existential discomfort and achieve greater intimacy. Grotowski's roles of Actor and Spectator are not assigned to client or therapist, but rather are viewed as potential states alternating between and within both people.

Few experiences are more profound than the simple presence of another person. Sartre (1943) has written beautifully about the power of another person's gaze on our consciousness. He described "The Look" of the Other, who is known by our own feeling of "being-seen." We worry not only about what the other thinks about us, but also about being turned into an object by them, threatening our very survival as a consciousness. Our own sense of pure subjective freedom seems to be captured and possessed by the Other, as we try to possess the Other by viewing them as an object of our perception. Given this aspect of human becoming, it is difficult for two people to be aware of each other in a room, in stasis: there is always a dynamic, dialectical process—a movement between—that defines this being-with.

Therapy is certainly a place where the gaze of the therapist has a profound impact, though it can be easily minimized. Psychoanalytic method—shifting from face-to-face interaction to the couch—was shaped by the power of the Look to disrupt the analyst's and client's attention to the inner world (Freud, 1920/1966). Developmental Transformations on the other hand focuses on the client's existential discomfort in the presence of others, the shame disguised by socially-approved roles and, ultimately, the gap in Being we try to fill or escape. Therefore, Developmental Transformations highlights whatever allows this encounter to occur and de-emphasizes whatever interferes with it. We will now describe five aspects of this principle.

1. *The therapist intervenes within the playspace.* For Grotowski, the arena of encounter is the theatre, specifically the boundary between the stage and the audience. In Developmental Transformations, the arena for encounter is the playspace. This playspace is a state of play, not a spatial demarcation: It is a mutual understanding among all parties of the pretend nature of their interactions. The goal of Developmental Transformations is to expand the client's inner playspace, that is, their ability to symbolize their experience in dramatic form. In order for an encounter to occur, the therapist must join the client in the playspace, rather than taking a more distant perspective as a sidecoach or observer of the play (Johnson, 1992). Consistent with a poor drama therapy, all that there is,

is the therapist and the client(s) in the playspace; all the rest is what happens between them. The therapist has no plan and instead is trained to place attention on the client as the source of the therapist's interventions. The work is therefore conducted in free play: both in the sense of improvisation and in the sense of a playful attitude of irony and humor.

2. *The client is the therapist's text.* What gives the therapist a structure upon which to guide the work is the client. Whereas Grotowski sought to reveal a transcendent Action, the Developmental Transformations therapist attempts to reveal the Client. The therapist attempts to reveal aspects of the client's inner experience through complete involvement with emergent patterns in the client's play, not unlike Grotowski's use of text or the mantra song. The therapist enters the (perceived) void of interaction with the client(s) to generate movements, images, roles and stories during the session. Energized nuances and variations in the client's actions give the therapist clues about emerging feeling states and imagery and, by constantly transforming the dramatic structures to match these variations, the session develops an embodied flow that matches the client's stream of consciousness. By focusing the therapist's attention onto the client as text, Developmental Transformations shares the methodology of Sanford Meisner (Meisner & Longwell, 1987), who directs the actor's attention to the other actor as the source of inspiration.

3. *The therapist is the client's playobject.* In Developmental Transformations, the therapist is not comparable to the director who trains the client/actor. The therapist does not guide the client's work; rather the therapist becomes the arena for the client's work, serving as the client's playobject, toy or property. Like any projective object, the therapist is the recipient of projected material from the client, as well as an independent influence on these projections due to his or her unique personality, gender, body and behavior. Unlike a puppet or mask, however, the therapist can spontaneously communicate to the client about these evoked feelings, providing the therapy encounter with a sense of immediacy and reality. Metaphorically, the client arrives in the drama therapy room to find the therapist, like a child's marionette, waiting; and then the client approaches, picks up the strings and begins to play. This marionette however is capable of communicating back to the client about how she or he is being treated. Therefore, the drama therapy session is best conceived as the client's playroom, not the therapist's space.

4. *The therapist sacrifices his or her privileged position.* In a poor drama therapy where the therapist has no intermediary devices, she or he becomes far more exposed to the client and cannot maintain an illusion of objectivity (Johnson, 1992). The client, like Grotowski's spectator, smells the perspiration and, therefore, sees the flaws of the therapist. By opening oneself to the play of the client, one sacrifices privilege, control and even self-definition. As the work progresses, the therapist must allow his or her own layers of personality and role to fall by the side, becoming in a sense possessed by the client. The client in turn becomes confronted with the therapist's mere presence. This presence, of both client and therapist, will increasingly define the play during later stages of treatment.

5. *Projective objects and predetermined exercises are avoided.* The pure encounter between therapist and client can be intimidating to both parties and can lead to self-protection and inhibition in play. Both structured exercises and objects can be effectively used to free up self-expression by diminishing the focus on the interpersonal encounter in the moment. They serve as intermediary devices that circumvent defenses erected around the uncertain and all-too-fluid interaction. In Developmental Transformations, however, these methods are generally not used because they may distract both client and therapist from their personal encounter. For example, predetermined exercises can be experienced as "things" in themselves, outside of the interaction between client(s) and therapist. They can be attributed with responsibility for how the session progressed, as appropriate for a certain population; group or issue, and, therefore, can be "collected" in lieu of the acquisition of an integrated therapeutic methodology. Likewise, objects such as puppets, masks, video or costumes can serve as potent vehicles for projected imagery that otherwise might be suppressed (Irwin, 1977; Jennings, 1994; Johnson, 1981; Landy, 1994). However, by viewing the roles played out with these materials as projections of the client's inner world or historical past, the therapist can be tempted to minimize the process of the here-and-now relationship between client and therapist. Developmental Transformations attempts to maintain the client's and therapist's focus on the uncertain, ungraspable encounter between consciousnesses, without reliance on the reassuring world of "thingness."

#### *The Body Is the Source of Thought and Feeling*

A tension has always existed between theatre artists who are more attached to language and those who

rely on the body. Developmental Transformations embraces the body perspective, viewing language as a secondary phenomenon, emanating from bodily expression, as developmental psychologists Werner and Kaplan (1963) have aptly demonstrated. Jennings' "EPR" model of drama therapy is also based on this developmental view, that embodiment precedes projection and role (Jennings, 1994). Developmental Transformations emphasizes bodily expression over language precisely because the body contains much that has been hidden from the influence of the social order, whereas language is inherently a social construction containing the prejudices, definitions and directives of the dominant culture (including racist, ethnic and sexist stereotypes). Developmental Transformations attempts to avoid the influences of what Moreno (1945) called the cultural conserve, embracing instead the spontaneity of the bodily impulse.

Consistent with Grotowski's emphasis, Developmental Transformations sessions usually begin with pure bodily movements and then sounds. Placing the clients in touch with their bodily-felt sensations, not prematurely defining or naming feeling states or seeking images to work with, the method attempts to tap into and remain in contact with the inner flow of the physical body, similar in aim to Gendlin's focusing method (Gendlin, 1978) and dance therapy approaches. Out of this continuous body movement, images and then roles are evoked and allowed to transform. Clients are rarely asked to "pick" a role, rather their roles are revealed through the play and then developed in the interpersonal dialogue between client and therapist. The session has a receptive quality, as the participants engage their bodies, waiting for the unknown to emerge.

#### *The Therapeutic Process Follows the Via Negativa*

In Developmental Transformations, the therapist's attention is placed on the client's energy, impulse and desire, rather than on the specific roles that crystallize from them. Therefore, rather than building a character and a scene during the session and then derolling at the end, Developmental Transformations relies on derolling as the modus operandi of the entire session, allowing new roles to rise up on their own from within. In this sense, Developmental Transformations is a method of derolling or, in postmodern parlance, deconstruction of role. Characters are viewed as encrustations of self, stories as crystallizations of the group's identity. In this way, Developmental Transformations

shares the existentialist position that experience of our own consciousness precedes an awareness of what we experience: that is, we are aware *that* we are, prior to knowing *what* we are. Existence precedes essence (Friedman, 1964). In terms of drama therapy, this means that consciousness precedes role, that is, roles emerge out of the flow of bodily sensation and mental imagery stimulated by the interpersonal encounter. Consistent with the *via negativa*, the therapist attempts to match the flow in the client's stream of consciousness and, therefore, to respond to new elements in roles or story portrayals, providing constant shifting of roles and images during the session. Conflicts and contradictory elements within role portrayals are highlighted and played with, not resolved. Clients are encouraged to find ways of letting go and emptying out, rather than gathering up. The therapist remains alert to the client's attachment to a role that no longer matches their inner state (usually signaled by a loss of energy) and then may intervene in the play to facilitate its transformation. As this process occurs, deeper, more primordial images rise, as Grotowski found and, like his holy actor, the therapist and client become more receptive to what they sense from the deep.

#### *The Goal Is to Play With Depth and Intimacy*

In Developmental Transformations, client and therapist continue to play as their intimacy and personal openness increase. They travel first through the stages of *Surface Play*, in which they play with issues outside of the realm of their personal concerns; *Persona Play*, in which they play with aspects of the client's self-images and role relationships with significant others; and then *Intimate Play*, in which they play with their relationship with each other in the moment (Johnson, 1991). Finally, in *Deep Play*, they no longer play with each other on the basis of their personalities or roles, but in terms of their simple presence as sensate beings. Deep Play is a state of profound being-together, not unlike the state of love Grotowski mentioned, or moments of Zen-like meditation. Here the therapist and client experience the constantly moving dialectic of their relationship and each one's constant redefinition of the other's presence. A feeling of intense embodiment is coupled with an appreciation of multiplicity in the meanings of the play. The flow of play is often meditative, approaching stillness, as if time has been discarded. Instead of defensiveness, client and therapist experience

a profound feeling of being taken, of acquiescing to the other, to the imagery, to something. We believe this is what Grotowski meant by sacrifice: one throws one's freedom to the Other and lets go of the little platform one has constructed over Being. Indescribable and unique feelings occur at this existential fulcrum, where a free consciousness encounters its tethers to the world: bodily sensation from within and the Look of the Other from without. At this point, the distinction between the roles of therapist and client fades while, paradoxically, their uniqueness as individuals becomes highlighted.

Deep Play is a state of encounter between two or more people: it cannot be achieved by oneself. Nor is it a stable plateau of achievement: it is a momentary state that continuously transforms. However, perhaps one could say that it is toward this that we aim: a poorness in all but what matters. As explorers who have to leave their equipment behind as they climb the peak, reaching it with nothing on their backs, only to savor the moment and then return, gathering up their belongings; so too is the journey with our clients, moving inward toward Deep Play with its simplicity of Presence, and then returning once again, gathering up our ideas and roles, histories and narratives. We would like to provide an example of Deep Play from an individual therapy session.

#### How Quietly the Snow Came Down: An Example of Deep Play

Tanya is a professional woman in her thirties. She is in her third year of psychotherapy. The therapist is the senior author, a male in his early forties. Tanya has been working on the quality of her interpersonal relationships, the meaning of her career path and self-image. She adapted to childhood disappointments by becoming a competent, hard-working person, through which she hoped to earn the love she was seeking. This is her 80th Developmental Transformations session, nearing her termination. As is often the case in Deep Play sessions, much time is spent in silence, with client and therapist holding their bodies in evocative poses. Many of the overt images in the session are references to past sessions or well-explored themes, resulting in many double entendres shared by the client and therapist. Thus, the text that you will read cannot fully communicate the sense of embodiment and silent meditation that actually reflects the encounter between therapist and client. In earlier stages of therapy the encounter occurs within the textual, dra-

matic structure; in Deep Play, the encounter occurs in the silence. Here, the text *follows* the encounter, as if it were the *wake* of the session. To aid the reader, some of the therapist's and client's silently-held feelings and associations are provided in brackets []; the identity of the "I" and "you" is purposefully left ambiguous to better communicate the sense of their encounter.

- Tanya: (Both are lying on the carpeted floor, looking up through the skylight. It is early spring. Tanya breathes loudly.)  
 Therapist: It's cold.  
 Tanya: Yeah, it's cold in here. (pause)  
 Therapist: It's been a cold winter.  
 Tanya: Yeah, it's going to be an early, late spring, it's going to be a late spring.  
 Therapist: I think it's going to snow.  
 Tanya: Think so?  
 Therapist: Oh yeah, the clouds are white.  
 Tanya: Yeah white.  
 Therapist: Look, those clouds, they are full, white snow is going to fall and cover all the mud.  
 Tanya: It will freeze though. (yawns)  
 Therapist: Freeze over, that's right.  
 Tanya: Cold in here, in this room.  
 Therapist: We will look better in white.  
 Tanya: (laughs) It will pile up . . . it's really interesting, it reminds me when I was a kid how they didn't plow the streets, the snow would pile up, we had a big snow storm on Easter, it was a long time ago.  
 Therapist: I remember that.  
 Tanya: Yeah. (pause)  
 Therapist: Could be a lot of snow.  
 Tanya: Could snow in here.  
 Therapist: Yeah, it could snow in here and the heat will come down, will condense in the cold and will make it very cold in here.  
 [Our room is cold; we are close to terminating; I want him to warm me; you blame me for not warming you; you are warm and loving; we are going to get stuck in here; how comforting to think there is no way out; we are together; I am all alone]  
 Therapist: (Pause, they both yawn.) I felt some heat. (He gets up and begins to look for



- Tanya: the heat coming out of the vents.)  
(Following him) It is soon going to be very hot in here. (She moves to the wall and spreads her arms out in a Christlike pose.) I painted a picture of St. Joan. Everyone liked it until I added the fire and flames.
- Therapist: (Kneels down and looks up at her.) People didn't much like her.
- Tanya: No, she said what was on her mind. She didn't hedge her bets. She wasn't very kind. That bothers me.
- Therapist: She was the kind of person you would want to lead you into battle because you knew that she was going to get killed first.
- Tanya: (Laughs) You know it.
- Therapist: But you wouldn't want to have a dinner conversation with her.
- Tanya: She didn't have much to say. She probably wondered how people could talk at dinner, how they could just say things, she didn't have much patience for people.
- Therapist: She was a saint though.
- Tanya: If Christ had come down she probably would have had a conversation with him.
- Therapist: She was devoted to Christ.
- Tanya: (Laughs) She was devoted to Christ and if Christ is the self, then she was very selfish wasn't she? If she was devoted to Christ, and Christ was the ultimate, she was obsessed with consuming Christ, right?
- Therapist: That's good, all consumed by Christ . . .
- Tanya: Yeah, you go to communion and you consume Christ right?
- Therapist: Just a small piece of him.
- Tanya: She took it further, She took it to full consummation.  
[Not Joan, but you; not Christ but you; I am too outspoken, but my intentions are good; you should be punished for your selfishness; I am afraid I have lost myself in you; I am afraid that you want to consume all of me; we are having a good time.]
- Therapist: I think she cares about people.
- Tanya: No, I think, it is as if she was raised by wolves and she had no understanding of people. (She moves away.)
- Therapist: (Following her) I wish I met you in your Joan of Arc days.
- Tanya: What is the point of this conversation?
- Therapist: Well you are supposed to be having those exciting Joan of Arc days and instead you settled down, got married, and wound up living in the country. What happens if your life becomes just normal?
- Tanya: Normal? (Laughs. She turns and looks at the therapist.) What do you mean? My life doesn't go that way.
- Therapist: (He moves very close to her.) You mean it didn't go that way.
- Tanya: It hasn't gone that way!
- Therapist: You go to work for a couple of hours.
- Tanya: NO!
- Therapist: Paint for a couple of hours.
- Tanya: NO!
- Therapist: Take care of the house for a couple hours . . .
- Tanya: NO!
- Therapist: And you just do that for the rest of your life . . .
- Tanya: That won't be! It will never be.
- Therapist: You think something is going to get screwed up.
- Tanya: Everything gets screwed up.
- Therapist: No. Maybe things don't have to get screwed up.
- Tanya: (She describes a recent incident involving a friend, then moves away from the therapist, goes to a corner of the room, facing away.) You know what I want? I want everyone to disappear . . . failure, failure, death, go up in flames, destruction!
- Therapist: But what if that doesn't happen? What if you resolve your issues enough and you live a gray, monotonous life? I think everything is going to be OK. (He lies down on the floor in a relaxed posture.)
- Tanya: God. I am so stirred up inside.
- Therapist: Yes, but you are able to control it. Your impulses used to be, well—out. You gave them free reign. You used to be able to do stuff, to make a fool of yourself, without thinking. Now you



know enough not to be blatant. Do you know what I mean?

Tanya: No, I certainly don't. Yes, I do. (She walks around the room.)

[You are doing well but miss the excitement of your neurosis; I am not doing well and you do not recognize it; this session is so tame compared to earlier ones; this session is momentous; you have done nothing; I deserve a prize for helping you.]

Therapist: Your rough edges are being polished off. (pause) Your time is almost up here.

Tanya: That's what I think is happening now. You are trying to get me all nicely tied up because you are terminating. I mean, I am terminating.

Therapist: Yes, smooth and nice.

Tanya: Tanya is going to be smooth and nice and round.

Therapist: You are not dumping on others as much as you used to. You just feel shitty all by yourself.

Tanya: I feel shitty! I feel horrible! (She collapses on the floor, turning over and over.)

Therapist: But you are not making *other* people feel shitty, that's the beauty of it. That is what we all try to achieve . . .

Tanya: (Screaming over him) I feel horrible!

Therapist: (In a disinterested tone, while he picks lint off the carpet.) Yeah, and you have polished it here. Nothing more to do.

Tanya: (Laughs) I have plans.

Therapist: Plans? What do you mean?

Tanya: I was thinking analysis.

Therapist: Analysis!

Tanya: April 10th I end here. April 11th I am going into analysis four times a week!

Therapist: That will be great. You can continue to work on this stuff.

Tanya: Inside it feels terrible. I can't stand it. I wish someone would come along with explosives.

Therapist: That's what you want.

Tanya: I realize I can hold a whole conversation. I can think a little deeper.

Therapist: Not enough to feel better, but just enough to know better.

Tanya: It just makes me depressed.

Therapist: That's great. Feeling bad and doing good. That is what the rest of your life is going to be about!

[Outside you are smooth and round; inside I am shitty; you care only about my outside; I am deep inside you; I'll get revenge by going into a real therapy; transformations is a lot of fun; if my life becomes plain, you won't be interested in me; I hold the explosives.]

Tanya: (Gets up and yells) FUCK YOU. That's what the rest of my life is about? Fuck You! Is your life like that?

Therapist: (In a very patronizing tone) Now we are going backwards now, you are falling back—projecting—falling to projection—

Tanya: (Laughs) Remember that? (Long pause) Or I could die tomorrow.

Therapist: Or you could kill yourself tomorrow.

Tanya: Yeah, I know.

Therapist: Yeah, you are much more likely to commit suicide, but that's the problem, nothing that dramatic is going to happen.

Tanya: (She sits down facing the therapist.) No, I have thought about it. Today. But I didn't do it, instead I rushed here.

Therapist: (He moves over to her and sits facing her.) That's what I mean. You think about it, but there is no longer an edge. You are old now. There is not an edge. The problem is you are old.

[I will die; you are making your life over; you are leaving me; our therapy is old; I am weak; you are powerful; now what?]

Tanya: (Quietly) I could seduce people.

Therapist: You could seduce people.

Tanya: I don't think about it when I'm alone. Only here! It's something about the intimacy here.

Therapist: Here. Nice of you to acknowledge that with so much self-control.

Tanya: Yeah, really nice. That part of myself I had put away, that part of myself has not gotten stirred up for a really long time. That was part of the fire in my heart; my whole life on fire. I didn't

have many people be kind to me in my childhood. I don't think I had anyone be supportive or treat me nicely. I don't know how to accept it when people are nice to me, or how to give it back. I give my commitment to people and I work for them.

Therapist: You work for them.

Tanya: Yeah, I work for them. I don't know how to be nice. I've been a part of this place. Here. You have always been nice to me. You haven't punished me. You were nice and I can count on that. [I have sexual fantasies about you; you wish I had seduced you; you have seduced me; I am yours; we have not done anything.]

Tanya: (Pause. Then she tells about a recent event in which colleagues were nice to her. She notices the therapist's silence.) Where did you go? Were you bored by my story?

Therapist: No, I just went.

Tanya: You just take off like that?

Therapist: I just did.

Tanya: I noticed. (Pause. They both lie down on the floor very close to each other, looking up.) So what would you do if I killed myself, I mean, really did it? Like, you would know that was the only option, right?

Therapist: Yes, right.

Tanya: You would explain it to everyone, right?

Therapist: Maybe.

Tanya: You have my permission. If I die.

Therapist: I would be very upset.

Tanya: Would you?

Therapist: Yes.

Tanya: Why, I know why. In a general way you would be upset. But it would be OK. I mean you are my therapist. But on the existential side, it's really OK.

Therapist: No.

Tanya: Why?

Therapist: Speak for yourself. (He then rolls over into the Witnessing Circle.)<sup>3</sup>

Tanya: Kill herself. That would be terrible. This weekend I read a whole book of existential short stories. There's a story about a man with a gun who plans to kill everyone. He goes to kill but not the right amount of people go by, only a couple of people, so he continues to walk. Then he is on the wrong street. (She gets up and walks toward a closet in the room.) Finally, he begins to shoot people and then runs into a cafe and locks himself in the bathroom. Customers of the cafe bang on the door. They shout, "Give yourself up, give yourself up, he has a gun!" (Banging on the closet door) He has only one bullet left. He has planned to commit suicide, but he just can't pull the trigger. Why didn't he kill himself? Why didn't he kill himself? He has to live the rest of his fucking life knowing that he could have killed himself at that moment! He could have gone out in flames, he could have died! (Very excited, yelling) He could have done it! (Entering from the Witnessing Circle) And that is the way it's going to be for you, sweetie.

Therapist:

Tanya: He could have done it, been in flames. That is always the way, missed opportunities. It feels that way, missed opportunities. I could have killed myself. But now it's too late, missed opportunities.

Therapist:

Tanya: Now I've got *what*?

Therapist: You've got me.

Tanya: (They face each other.) I've got you. I can't believe that he didn't do it!

Therapist: He didn't do it because he didn't want to, or . . .

Tanya: He just *couldn't* do it.

Therapist: He didn't do it.

Tanya: He just didn't do it.

Therapist: The difference between one life and another: *he* didn't do it.

Tanya: He didn't do it.

Therapist: He didn't do it.

<sup>3</sup>The Witnessing Circle is a circular carpet placed in a corner where the therapist periodically sits, witnessing the client continue the transformations (see Johnson, 1991, 1992).

- Tanya: He didn't didn't didn't do it!  
[I didn't kill myself; I didn't seduce you; I gave myself to you and you didn't abuse me; I don't love you; you love me too much to seduce me; I am innocent.]
- Therapist: (Long pause)  
You know, killing yourself, it's not *your* burden.
- Tanya: It's not my burden, it's my father's burden, my mother's burden. Why do I have to carry it for them. Why? Why do I carry it for them?
- Therapist: So they sent you out when you were two years old, hoping, hoping that you would get killed.
- Tanya: For cigarettes.
- Therapist: Hoping you would get killed.
- Tanya: Yeah, send me away.
- Therapist: You would get run over, get killed. A tree could fall on you. Your death would take away your grandmother's death.
- Tanya: Yeah, why did God take away my mother and give me this burden? Grandma was dead in April, and Mom wanted me dead. Six months in uterine and I was already cursed! (Sighs. She leans against the wall in the same place where she portrayed Joan of Arc.)
- Therapist: So if you killed yourself, your grandmother would be resurrected and you could give her back to your mother.
- Tanya: Right! (pause)
- Therapist: Except it won't happen.
- Tanya: OHHHHHH!
- Therapist: Long, long, missed opportunities.
- Tanya: Yeah, three months short, three months I would have been born.
- Therapist: Three months. (pause) I'll bet she died on April 10th.
- Tanya: I'll bet she died on April 10th, April 10th! (She begins walking around the room)  
[My parents and my therapist; your childhood and your therapy; everything is a repetition; I am sacrificing myself because I feel responsible for my mother's depression; we will terminate and you will be left to deal with your parents alone; I need to be sacrificed; your mother wanted you dead; you want to terminate with me; now you know everything.]
- Therapist: (Walking with her around the room in a circle) Enlightenment.
- Tanya: But I still want to be something else, anything other than what I am!
- Therapist: Right.
- Tanya: Anything! I drive by other people's houses, I desire them, I desire to be in a house, anything other than what I have . . . anything! I want to be other than what I am.
- Therapist: Desire.
- Tanya: I taste it, I feel it, I embody it, in my dreams (sighs) (pause) I think I am tired. (She sits down.)
- Therapist: (Enters the Witnessing Circle)
- Tanya: (Cries for a long time) Insight is worth shit. (silence) I thought it was time to end. (Takes tissue and blows her nose loudly) It's sad to end. I am going to miss you so much. (Cries for a long time) I can't just be. There is always a flood of other things. Distractions, other things, come in like ants. Coming to take my mind away. Judging, and the pain comes back. It never stops, it never stops. Never stops. I guess that's why I've kept up with it, my saving grace. I just keep going. Going, going. (Long pause) I guess I've made a choice to live. (silence) (sighs)  
[I have learned much about myself but I am still who I am; transformations is pointless; you have made a choice to live and so everything has changed; you are saying goodbye to me; I feel love and am loved; I care for you.]
- Therapist: (The therapist re-enters the space and gazes at her.)
- Tanya: In the heat. It didn't snow.
- Therapist: Some ice perhaps.
- Tanya: Metaphorically, I think you tried to snow me.
- Therapist: Anything is possible.
- Tanya: Yeah. (sighs) That is a very deconstructionist point of view. (sighs) Everything is possible. (Long silence as they both look at each other)
- Therapist: (The therapist leaves the room.)

This session illustrates the multi-leveled, intimate play between client and therapist as they free associate together in the playspace. The therapist, as always, attends to the flow of energy in their encounter, not the meanings of the images or possible interpretations. These are felt and then let go. We turn next to the implications of such a process for understanding the nature of the Self.

### *Imaging the Self*

Every therapeutic approach embraces assumptions about the human being and the self. The modernist perspective taken by Grotowski is that the surface is false and that only through disciplined action can the depths be plumbed and the real, core truths be discovered. Therefore, he called for the discarding of masks and achieving a total act through an authentic confrontation with reality. There is fundamental ground, even though it has been hidden. Developmental Transformations theory departs somewhat from Grotowski's ascetic quest for the true self, allowing for playfulness rather than sincerity to lie at the core. Grotowski is unabashedly serious; Developmental Transformations is playful. Whereas Grotowski might be accused of a tragic view of life, Developmental Transformations clearly embraces a comic view. Grotowski's asceticism sets the boundaries of a moral imperative, whereas Developmental Transformations adopts a more forgiving attitude, accepting both the authentic and the superficial, truth and nonsense, sacrifice and gratification of desire, as playable human qualities.

A post-modernist perspective, persuasively argued by Landy (1990, 1993) and others, is that there is only surface: just masks and no real self. Health is achieved not through heroic travel to the interior, but in a flexible, expansive ability to move on the surface, through many roles, without one dominating another. "The conception of self, in the light of a more dramatic conception of role, seems misplaced and unnecessary. If the dramatic vision is one of flux, of movement in and out of role, and if drama therapy is concerned with helping people achieve a fluidity, a capacity for excellence in playing a single role complexly and integrating that role within a well-developed repertory of roles, why, then, impose on it a nondramatic, 'metapsychological,' overly-used concept implying stasis? The myth of the self as prime mover has been exhausted" (Landy, 1990, p. 229). Landy (1993) replaces the concept of a unified self

with that of "role system." "A role system contains the substance of one's identity—all the pieces that, once assembled, represent a personality" (p. 44). Such a post-modern perspective offers the possibility that through conscious awareness of all one's roles, one can more adeptly choose among them, similar to narrative therapy techniques that help the client willfully re-story their "problem-saturated" lives (Dunne, 1992).

Developmental Transformations rests on an intermediary perspective between these modernist and post-modernist views. Perhaps there is no unitary, unchanging, authentic self hidden by our compliance with the social order, but perhaps there is a source out of which our being emerges, a ground contained in our body, and in our awareness of being conscious, that provides the phenomenological sense of continuity we call a self. A Zen story comes to mind: A monk had been meditating for years in the monastery when he received enlightenment. He immediately went to the Master and, bowing deeply, said, "I have been enlightened. There is no possession. No world. No self. All that is, is a reflection of nothingness." The Master picked up a wooden stick and sharply struck the monk over the head as hard as he could. The monk, in severe pain, shouted, "What did you do that for!" The Master replied, "If nothing exists, then where does this anger come from?" (Reps, 1971, pp. 69–70). We need not be forced to choose between a self that is a static and solid edifice and one that is nonexistent. Like the monk in this story, post-modern theorists seem reassured by the certainty with which they proclaim the death of the self. An alarming alternative is a self that is present, but incomprehensible; a dynamic yet coherent multiplicity. The path by which such a self is revealed is our body, this presence-in-the-world from which our self emerges and descends. Sartre (1943) wrote, "The body is *lived*, and not *known*" (p. 324). At its heart, bodily experience may be so fluid and unformed as to defy description, just as the earth is merely a thin crust covering formless lava. The self may be likened to the earth's tectonic plates, rising up out of the interior, solidifying, moving slowly across the surface of the liquid core and then falling back into the trough. Characteristics of such a self would be flow, multiplicity and irony.

Why irony? Exactly because when one contemplates the inner regions of the self, underneath persona and role, conflicting and contradictory images and ideas seem to co-exist, magically appearing and

disappearing. Harries (1968) beautifully captured this feeling as he described the experience of looking at an all-black abstract painting: "Our restless eye refuses it and endows the black surface with mysterious life. Like wind breaking the deadly calm of the mirror-like surface of a lake, our eye creates fleeting shadows, images, hallucinations. It refuses to remain steady but assumes immediate life of its own, unencumbered by ideals and intentions" (p. 108).

It is such an ironic, human thing to peer into the darkness and see the self in our own terms. Thus, psychiatrists see neuronal pathways; computer scientists see hardware and software; theatre artists see roles and literary experts image the self as a text or narrative. These "fundamental things" are but the fleeting shadows of our restless eye. Yes, the self exists, but is restless: a play of form and formlessness, that is, an improvisation. In fact, we believe *the self is the process by which form emerges*, continuously, like a fountain or spring. No fancy equations of organic chemistry, no combination of archetypes or runes, no complex of roles, can ever add up to the Source, since all of these categorizations are emanations from the Source.

### Conclusion

We have described how the principles of Developmental Transformations have been derived from Grotowski's views of theatre. A poor drama therapy such as Developmental Transformations values the possibilities of the unadorned encounter between a therapist and a client in the playspace, where the world of imagination with all its contradictions and mysteries can be revealed through the embodied play of two free consciousnesses.

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