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EXPLORING DEATH ANXIETY WITH OLDER ADULTS THROUGH DEVELOPMENTAL TRANSFORMATIONS

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Victoria, an elderly woman who had recently moved into the nursing home, became friends with Betty, who had been living in the home for 5 years. They spent the majority of their days in each other's company, going to activities, visiting with other nursing home residents, or simply sitting together and chatting. One day, Victoria awoke to the sad news that Betty had died. Stunned, Victoria asked what had happened, then why, and gradually began to weep and call out Betty's name. As the minutes ticked by, Victoria continued sobbing with seemingly no end to the torrent of tears. The nurse, who had informed Victoria, was overwhelmed by the intensity of Victoria's grief and her inability to stop crying even when comforted. She was particularly flustered by the fact that Victoria was grieving so deeply for someone she had met only a few months before. Unable to contain her own anxiety, the nurse said, "Oh, don't worry. It's not really true, I was just kidding. Betty is in her room—resting." Victoria, confused and undoubtedly horrified that the nurse would "kid" with her in this way, immediately stopped crying. The nurse, who may have acted with the best of intentions, was not aware that she was infantalizing an adult 50 years her senior. Afterwards, when asked why she lied to Victoria, she said she felt she had rescued Victoria from emotions that were causing her more harm than good. Later that morning, Victoria, cognitively intact but understandably confused by the incident, recounted this story to me, and I had the unfortunate task of bearing the bad news for a second time. Victoria was still fraught with anxiety and grief, but felt safe enough the second time around to process the truth in a setting where her strong emotions were accepted and simply allowed to be.

The tendency among healthcare workers in nursing facilities to avoid issues of death and other existential concerns can lead to misguided attempts to direct the clients to think about positive things, no matter how superficial or untruthful this may be for the clients. Victoria's experience is one of many similar incidents I have witnessed while working in a nursing facility for 6 years. Watching these stories unfold, I have become aware of a great need for an existential outlet in the nursing home, where residents can express their fears and sorrows. I also have had a growing awareness that confronting my own existential concerns was necessary to allow others to do the same.

Psychotherapists from different theoretical backgrounds and practical approaches have documented the pervasive conflicts that arise from death anxiety and other existential concerns among clients of all ages and psychological make-up (Erikson, 1950; Marshall, 1975; Fromm, 1976; Yalom, 1980). According to Yalom (1980), what distinguishes existential psychotherapy from other approaches to psychotherapy is that it "emphasizes a different kind of basic conflict: neither a conflict with suppressed instinctual strivings nor one with internalized significant adults, but instead a conflict that flows from the individual's confrontation with the givens of existence" (p. 8). This paper will discuss how the existential issue of

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death anxiety, coupled with the existential concerns of responsibility and freedom; existential isolation and meaninglessness, are related to the core conflicts facing older adults living in a longterm healthcare facility. Using case studies of a group of nursing home residents in an ongoing drama therapy group, I will attempt to illustrate how one particular improvisational form of drama therapy, Developmental Transformations, creates a safe container for exploring these issues. Through play, these clients are afforded an opportunity to ease their existential agitation and increase their intimacy with and support of each other.

Speaking with Victoria after the above-mentioned incident, I learned that she was not only grieving for Betty, but also for herself. She felt hit in the face with her own inevitable demise, wondering about the meaning and the loneliness of death. Eventually, like Victoria, we are all struck with the existential given that we are born alone, and we die alone. We create the lives we live, and we seek meaning in a universe that provides no obvious answer to the questions "Why am I here?" and "What is the meaning of life?" From an existential point of view, these are the most pressing concerns of human life (Yalom, 1980; Fromm, 1976). Contemplating the given that we will die, and that no living person can take that final journey with us or completely understand us while we live, we are confronted with two fears: the fear of death and the fear of isolation. Recognizing that we create our own lives, we are faced with our freedom, and the overwhelming responsibility with which it is entwined. Seeking meaning in our work, our relationships, our lives, we are forced to consider the possibility that everything, ultimately, is void of meaning.

Those on the path to self-discovery through psychotherapy may eventually find themselves leaning against these existential truths, inevitably learning that these truths are bony and have no soft resting places. The therapist with an existential approach to psychotherapy attempts to create a space for clients to confront these givens of existence and the conflicts that arise from them. The existential psychotherapist provides a soft spot on which the client can pause and reflect as she bumps into death anxiety, existential isolation, freedom, responsibility, and meaninglessness. Eventually it is the work of both the therapist and the client to enlist the powers of these truths in the pursuit of self-knowledge, personal growth, and change. The therapist knows "the confrontation with the givens of existence is painful, but ultimately healing" (Yalom, 1980 p. 14).

Developmental Transformations, an improvisational form of both group and individual drama therapy, is one form of existential psychotherapy. It utilizes the encounter between the therapist and the client, the playspace, and the embodiment of images and roles as the primary modes of healing (Johnson, 1991; Johnson, Forrester, Dintino, James, Schnee, 1996; Johnson, 2000). The intent of Developmental Transformations is to decrease the level of existential angst the client experiences by deepening the potential for intimacy she has with others (i.e., the therapist, members of a therapy group, and ultimately, family members and friends outside of the therapy session). The playspace, "an imaginal realm of play established by the drama therapist, within which the session occurs," (Johnson, 1993, p. 183), is where the soft resting place can be found for the client who is confronting the existential givens of life.

Older adults living in a nursing facility are in a position particularly suited to confront existential concerns. There is a poignant recognition among many nursing home residents that being old and in a nursing home means one is closer to death than most physically well people who are living in the community. Munnichs (1966) refers to this recognition that death is near at hand as "awareness of finitude" (p.4). Living in a healthcare facility means for many residents that they are physically isolated from their previous lives, including their significant family members and friends. The loss of loved ones, sometimes including children who have died or who choose not to be involved in their lives, brings issues of interpersonal and existential isolation to the fore. Yalom (1980) addressing the subject of existential isolation, quotes a psychiatric patient living in a hospital as saying "I don't exist when I'm alone" (p. 374). When nursing home residents are given a place to express and explore existential concerns, similar sentiments are communicated. In Developmental Transformations sessions, these sentiments are manifested metaphorically through play.

Living in an environment where there are many rules and regulations, time schedules, and decisions made without consulting the client, older adults are confronted with issues of autonomy, freedom, and responsibility. A nursing home resident may find herself asking, "If I no longer make my own decisions, am I truly free? How can I take responsibility for my life in a situation where responsibility appears to be

taken away from me?" I have heard elder clients refer to the nursing home over and over again as a prison. Although many often discuss their physical aches and pains, I have rarely heard them say that they are imprisoned by their own bodies or illnesses. I have heard little recognition that they may be imprisoned by their own lack of awareness that they are inherently free. Psychotherapy provides a unique opportunity for these clients to recognize that the externals in their lives, such as nursing home surroundings, schedules, illnesses, have little to do with their intrinsic freedom. When existential issues are recognized, awareness of this innate freedom is more likely to be acknowledged.

Despite the compounding of external troubles in old age, some clients are aware of their own inner freedom. I once had a client describe to me how much pain she was in due to several physical conditions, including a nagging heart condition, swollen, arthritic legs, and old age in general. She said, "I'm ninety-four years old. What is God waiting for?" I responded, "Madeline, you don't seem very happy." She answered, "Oh, no, I'm not unhappy. I'm *happy*. I'm just sick. There's a difference, you know. I have lived a good life, done many things, you know, known many people. I am ready, and I am not afraid to die." Her attitude toward death is reminiscent of a story about a great spiritual master who sat meditating, knowing that an evil warrior was on his way to murder him. When the warrior entered the temple, the monk sat quietly, showing no fear. The warrior, enraged by the Zen master's lack of terror, drew his fearsome sword and cried, "Are you aware that I could run you through with this sword without a second thought?" The Zen master replied, "Are you aware that I could *let* you run me through with that sword, without a second thought?"

How is it that some older adults tolerate death anxiety better than others, and how can this tolerance be cultivated by others, who may not have as strong a sense of inner freedom? Not everyone is like this spiritual master, and not everyone is like Madeline, whose lifetime of sturdy spiritual practice helped her cope with death anxiety. Spiritual practices may indeed be an effective way for elders to manage the fear of death. It is this author's belief, however, that another pathway to coping with death anxiety is to share these fears with others through play, creating bonds of intimacy that attempt to consciously defy the existential givens of life. Buber (1965) states that the meaning of life is to be found in relationships: "A great relationship breaches the barriers of lofty solitude, subdues its strict law, and throws a bridge from self-being to self-being across the abyss of dread of the universe" (p. 175).

The older adults I worked with were ripe to share of themselves and to listen to others with the same existential concerns. However, despite the clients' readiness to expand their inner horizons and to make great strides in their personal growth by attending to existential truths, most therapies in nursing facilities are *not* centered on dealing with these issues. Instead, these issues are often pushed aside and ignored altogether. Most professionals enter the healthcare field out of a sense of wanting to help others, and many healthcare workers choose to work in nursing homes out of a genuine affection for older adults and their stage in life. There is no denying that more traditional therapies offered in nursing facilities are necessary, such as physical therapy, occupational therapy, therapeutic recreation. However, rarely are there opportunities for residents to express existential concerns without coming up against deaf ears, or perhaps more accurately, denial. Even creative arts therapists, psychologists, and other psychotherapists schooled in assisting clients through overwhelming emotional traumas, may tend to avoid stepping into existential areas with clients, perhaps due to an inability on their part to face their own existential conflicts.

> "The patient is not the only source of denial of course. Frequently, the denial of the therapist silently colludes with that of the patient. The therapist no less than the patient must confront death and be anxious in the face of it. Much preparation is required of the therapist who must in everyday work be aware of death." (Yalom, 1980, p. 204)

Death Anxiety

Today, it is commonly believed that older adults benefit therapeutically from the process of Life Review (Butler, 1963). Older adults in a nursing home have a lot of time to review their lives, and reflect on how well they have lived their lives, including thoughts on their accomplishments and regrets. Additionally, and perhaps more importantly, they may reflect on how they are living their lives *now*. Although Life Review is not the goal of Developmental Transformations per se, regrets and a general feeling of not living life to the fullest can contribute to increased

death anxiety. It could be said that the goal of Developmental Transformations is to help the client grow more alive in the face of death.

> The fear of death is in proportion to the feeling of not having been fully alive, that is to say of having spent a life that was not particularly joyful or meaningful. The person who is fully alive is little afraid of death because his identity lies in his being and his inner activity. (Fromm, 1976, p. 520)

The Zen master, aware and in the moment, was fully alive. Madeline, the client who appeared unafraid of death, had found meaning in her life, and was fully alive with satisfaction.

Closely linked to death anxiety are other existential concerns, including existential isolation, freedom and responsibility, and meaninglessness. Death anxiety increases with the fear of existential isolation. Indeed, death can be considered the greatest isolation attainable. Edna St. Vincent Millay (1917) eloquently wrote of this ultimate isolation, "For rain it hath a friendly sound, To one who's six feet under ground; And scarce the friendly voice or face, A grave is such a quiet place" (p. 9). The thought of this aloneness, this place void of connection, empty of life, even when emptied of chronic illness and seemingly endless discomfort, can feed the fear of death in the most courageous of us.

In Sartre's (1956) view, man is free to choose and is responsible for creating his life.

> "I am abandoned in the world, not in the sense that I might remain abandoned and passive in a hostile universe like a board floating on the water, but rather in the sense that I find myself suddenly alone and without help, engaged in a world for which I bear the whole responsibility without being able, whatever I do, to tear myself away from this responsibility for an instant." (p.710)

The conundrum that the drama therapy group members attempt to solve again and again in our Developmental Transformations sessions is how to take responsibility for their lives when from the outside it appears that their choices have been given away or taken away. They no longer choose when to go to the bathroom, when to eat, when to go outside, when to take a shower, when to sleep. On the other hand, although there are always several activities happening on the units, I would be rich for the number of times I heard nursing home residents say, "There's nothing to do. I'm bored," as if they have no say in how they spend their time or no responsibility for engaging in life.

Questioning the purpose of a life spent in a nursing home can lead to another existential concern, that of meaninglessness. In the nursing home where I worked, there was a quote prominently displayed in the front hallway that read, "Life is no less beautiful when accompanied by disability and illness." Even I, who have sometimes been accused of being a "Polly-Anna," have a hard time with that one. Is life really just as beautiful when suffering from physical, emotional, and cognitive difficulties? Even though I have heard many clients say "yes" to this question, I have also heard several say "no," and I for one hope never to have to find out for myself. What would the meaning of my life be in that situation? A sense of meaninglessness raises the question "What's the point?" What *is* the point, after all, if we're just going to die anyway? Why roll the rock up and down the hill like Sisyphus, if there is no purpose in it? Finding meaning is necessary for life. Finding meaning in a nursing home is arguably even more necessary to deal with the fact that life is not what it used to be.

Developmental Transformations

The nurse in the aforementioned example who was not able to help Victoria confront the death of her friend, cannot be judged too harshly for backing away in fright from a face-off with death anxiety. Confronting the inevitability of our own deaths *is* frightening.

Enter Drama Therapy. Specifically, this is where Developmental Transformations takes center stage, where the fear of death is often expressed metaphorically. In Developmental Transformations, three core principles shape the experience of the therapy session: a) healing occurs within the playspace, b) the encounter between the therapist and client within the playspace is the vehicle for this healing to occur, and c) the embodiment of images, emotions and thoughts is central to the action within the playspace (Johnson et al., 1996). More concisely stated, the Developmental Transformations session is an embodied encounter between the therapist and the client(s) in the playspace.

The Playspace

The playspace is an agreement between therapist and client(s) that thoughts, emotions, relationships and any situations that arise will be explored through play. Within this sphere of play, clients and therapist journey together into the worlds of the real and the unreal. These worlds are expanded through improvisation, using sound, movement, imagery and role play. Nothing is prescripted, including the theme of the session, which develops organically through the improvisational process. If the energy is high, then the therapist knows she is tapping into the group's preferred focus for the session. If the energy drops, the therapist recognizes that the group prefers to concentrate on another issue or may not yet be ready to investigate the issue at hand. "The playspace can be evoked by an action as simple as a "shush" with finger to the lips, or a furtive glance to the side and a "what's that?!" The essential state is one where the participants understand that they are 'playing.'" (Johnson, 1993, p.183)

The Encounter

The presence of another who is mindful of our actions and attuned to our thoughts and emotions can be a powerful and life-changing experience. Sartre (1956) speaks about the profound effect that another's look can have on our awareness of ourselves. He wrote, "The look which the eyes manifest, no matter what kind of eyes they are, is a pure reference to myself" (p.259). In the psychotherapeutic setting, the look of the therapist certainly has a tremendous effect on the client, especially when it encourages the client to reflect on projections and transferences placed on the therapist. In Developmental Transformations, the therapist's presence, in the fullest sense of the word, is emphasized to create the optimal opportunity for client self-reflection. The therapist becomes a full participant in the developing drama, acting on impulses evoked by the clients in the group. The therapist gives fully of herself, becoming the projective playobject and text of the clients, playing the roles that the clients need her to play. The therapist gives up her privileged position as therapist, opening herself up to the needs of the clients, and allowing her own roles and sense of personality to be put aside for the therapy hour. Her malleable presence challenges the clients to confront how they choose to shape her. The therapist continuously tracks the energy of the group, looking for indications that the images and roles are ready to be transformed. The meaning of the images that arise are secondary to the flow between the therapist and the clients, and the encounter between them.

Embodiment

In Developmental Transformations, the therapist and the clients act on bodily felt impulses, allowing the drama to unfold through bodily expression rather than heady dialogue. This method of working is supported by research of developmental psychologists who determined that language arises from gestural expression (Werner & Kaplan, 1963). At the beginning of a Developmental Transformations session, the therapist might ask a group participant to initiate a movement. The session progresses with participants following each other's movements, gradually adding sounds, then developing the movements and sounds into images. The therapist is careful to avoid asking the clients to name the images too quickly, giving the group an opportunity to stay in touch with their bodily felt senses. In time, the images may develop into roles and scenes, with the idea that at any given moment, another bodily sensation may surface, transforming the actions of the group. In a nursing home setting, where many residents are physically disabled and wheelchair bound, this movement process is adapted to fit their needs. At times, the therapist as the clients' playobject may move in the way that is requested of her. In this way, the clients' bodily felt sensations are expressed physically through the therapist.

Case Examples

The following case examples are from a longterm drama therapy group, which met once a week for several years. I approached the leadership of this group as openly as possible, encouraging the group to play with any and all topics that might arise and to increase their tolerance of life's uncertainty. Although I did not begin the group with the idea that death anxiety and other existential issues would be addressed through the play, it is clear to me in reviewing my case notes that these concerns were expressed over and over again. The group consisted of approximately six to eight adults, depending on the week, ranging in age from 55 to 95. Most of the clients were suffering from physical problems such as complications from stroke, heart failure, and diabetes, among

other medical and psychological conditions. Many of the group members also had some form of dementia, although overall, this was a relatively cognitively intact group compared to most residents in this facility.

Looked at through an existential lens, these case examples illustrate the significance of Developmental Transformations as a mode of existential psychotherapy. Through the playspace, encounter with the therapist, and embodied expression, the clients were able to confront death anxiety and the existential concerns of freedom and responsibility, isolation, and meaninglessness. All of the cases reflect the death anxiety and other existential concerns of the group, and each example has elements of all of the Developmental Transformations principles discussed. To assist the reader, I have emphasized one existential concern per case to clearly illustrate each. Additionally, some of the thoughts and feelings that I experienced during the sessions are written in italics. Each of the examples here is an excerpt, not a full session. It is important to note that in each case, there was a full range of movements, sound, and imagery that led up to the segments shown here.

Session 1—Death Anxiety

Rick changes the movement to stomping. We all follow, and the movement turns to marching. *(I have an image of a long hike. We are preparing for some sort of journey, something unusual.)*

Therapist: Do you have your gear?
Rosalie: No. I left it at home.
Therapist: What? How are you gonna get up the mountain without gear? Here, I have some extra. What about you, Jacqueline, do you have your gear?
Jacqueline: No, I left it in the kitchen.
Therapist: What? The kitchen! I can't believe this! We're supposed to climb this big mountain today and you leave your gear in the kitchen, and Rosalie leaves it in the bedroom. What about the rest of you?

They all say that they don't have their gear. *(Wherever we are going, we are not prepared for it. Or we will have to leave everything behind.)* The therapist gives them a hard time for leaving their gear at home, which creates laughter.

Therapist: Well, I don't have enough extra gear, how will we get up the mountain?
Rosalie: Fly! They feed us so much chicken here, we're growing wings.

All laugh and agree and start moving arms and clucking like chickens. Chickens that can fly. *(Our wings may not work, but in the playspace we can fly. Here anything is possible.)*

We begin to fly up the mountain. A feeling of peace comes over the group. People make sounds of wind. *(Everything seems so far away now. We are at peace, up here with none of our possessions. We embody peace. At peace with the journey itself. I have the eerie thought that we have no gear with us because "you can't take it with you.")*

Therapist: Look at the view. Isn't it beautiful? Look, there's the nursing home—it's so small. Now I can't even see it—it's covered over by the trees. See, Joe? And look, up there, what is that? *(I wonder where we are in the playspace, what they are seeing. What are they playing with today?)*
Jacqueline: The pearly gates. *(We are on our way to heaven, to the afterlife. Will we get there? What will it be like when we get there? Are we ready for this? I will go with them if they're ready. In the past they have always turned back.)*

There is agreement on the view. Everyone is seeing the pearly gates in the not-so-far distance.

Rosalie: Time to go back! I'm going back! (There is agreement from the group.)
Therapist: Me, too! Fast back stroke! *(No, not today. We have come close, but we'll leave it for another time. Or maybe we'll put it off for as long as possible. Why tempt fate? We are only playing, after all.)*

Everybody starts swimming madly, getting back as quickly as possible. No one is ready for the pearly gates today. *(We are fine here in the nursing home. This is a place to live, after all. We will choose to live.)*

We make it back to the nursing home.

Rosalie: I caught a cold from swimming. *(She wants to transform the play, but she*

doesn't want to leave the playspace.)

Therapist: (Sneezing) Good thing they have lots of medical supplies here.

This session illustrates the expansiveness of the playspace, a place where chickens can fly, and flying can turn into swimming on a second's notice. The group was able to play with the theme of death, although it did create some anxiety. The group was not yet ready to sustain this play, to actually play with entering the pearly gates, but the playspace provided an opportunity for them to step tentatively into this area of exploration. Also apparent in the session is the group belief that at a deep level, despite the logistics of their external lives, these clients are aware of their existential responsibility to create their own lives and to choose or not choose life. Although they did not choose to become ill, ultimately the choice of how they respond to their situations is theirs and theirs alone. In the playspace, they chose life.

Session #2—Freedom/Responsibility

Rosalie changes the movement to silent arm motions. We all follow, adding wind noises.

Rick: I'm an airplane!

We all act like airplanes, some participants add "Zoom!" sounds.

Walter: I'm doing a loop-de-loop!

We all make circular airplane movements.

Jacqueline: Got my parachute!

Laughter and discussion about parachutes ensues. Some have broken parachutes, some are in good working order. *(Here we are again discussing what works and what doesn't work. What is alive and what is dead. I sense a sexual innuendo around this theme. Sexuality is life. Are we alive or are we dead?)*

Therapists: Okay, do we all have our parachutes? We're going to be jumping from the airplane today. We need to make sure we have good parachutes.

Kathy: Mine is broken. Hasn't worked for years.

Therapist: Would you like a new one, so you can jump?

Kathy: Oh, yes, give me a new one.

There is much play around broken parachutes, fixing them, receiving new ones. *(With working parachutes, will we be able to face what lies ahead? Will the parachutes keep us from hitting too hard or too fast? I'm not sure these parachutes are going to work for us.)*

Therapist: Okay, let's put them on.

We do so.

Therapist: Okay, we're gonna take off now. All at once with a big hum.

We hum ourselves up in the airplane.

Therapist: What's it like up here?

Rosalie: I can't see anything.

Walter: Loop-de-loop!

Rick: I'm staying right here until this plane lands. I'm not jumping off until it's on the ground!

There is laughter around this.

Therapist: Rick is new to this. This is his first time. I'll take him under my wing. But the rest of us are very experienced here. Walter has done this thousands of times. Rosalie is an old pro. You'll be okay if you jump with me. *(I can see your fear. I will lead the way. I will show you how it can be done safely. We can face this jump together, we can look death in the face together.)*

Rick: I'm not jumping with nobody! Not until this plane is on the ground!

Therapist: Will anybody jump with me?

One by one they all say, "no." Jacqueline almost says yes, but backs down.

Therapist: Looks like I'm going alone. Solo. By myself. Okay, I'm ready, but first we have to open the door. *(Really, we all have to go alone anyway. Can we go it alone without fear? I will be the therapist as play object here. I will take the leap for the group. I sense that they want me to do this, but I'm not sure.)*

Rick opens the door and pushes me out. *(Well, they obviously wanted me to do this. They want to see*

me die! So I can reflect it back to them? So I can tell them that it's not so bad? I can feel the anxiety, the expectation of the group mounting.)

Therapist: Ahhh! He puuuuusssshed meeee!

Therapist plays falling out, floating, and finally landing on her back. Dead.

Kathy: She's dead.
Walter: He pushed her.

They talk among themselves about day-to-day nursing home issues while I lay dead on the floor. *(They are ignoring me! I can't believe this. I'm lying here dead and they act as if I'm not even here. I am death incarnate, and they deny me.)*

Therapist: I'm laying dead on the floor and you're ignoring me. *(I see your avoidance.)*

The group members continued to ignore the therapist lying dead on the floor. The therapist stood up and took on the role of a police officer.

Therapist: My name is Captain Tenille. Now that I've got you all back on the ground, I've got a few questions for you. I'm investigating this so-called jump. *(How can they expect this to resolve without taking responsibility for it? They conjured up death, and now they have to face it.)*
Rick: (Unable to contain himself) I pushed her! I killed her!
Therapist: You're confessing? *(That was fast! I expected more resistance, more denial. Over and over again today they are telling me that they want to play with this, but they need my participation, my presence to make it happen. An active encounter with the participant/therapist.)*
Rick: Yes, it was me.
Therapist: You killed your therapist? *(It is me and it is not me. It is the group and it is not the group. It is what is happening between us today.)*
Rick: Yes, we needed the extra parachute.
Therapist: So to save yourselves, you sent her out. Who else was in on this?
Rick: (Pointing at Walter) He was!
Therapist: (To Walter) You were in on this?
(Walter is silent.) *(He is still not sure if this is playable. How can I show him that this is okay?)*
Rosalie: (About Walter) He promised me bubble gum if I'd do it. *(She senses his hesitation, too. She is letting him know this is okay. The participants are also witnessing each other, reflecting back to each other.)*
Therapist: So you killed your therapist for bubble gum.

The tension that had been building in the room is broken by laughter. *(What a relief. I am relieved that they are laughing. I am relieved we are recognizing the playspace.)*

Therapist: Now we have a motive. Any other motives here?
Rick: Cash money!
Kathy: I was in the back. I slipped out. I wasn't a part of it.
Jacqueline: Walter gave Rick money to do it. We were all in on it. *(They are taking responsibility for invoking death today.)*
Rick: I wanted your money. We were gonna buy a bunch of flowers and give you a big funeral. *(Killing me off to give me a big funeral. How ironic. There is a question in this. Will they have a big funeral? Will they be remembered? Will I remember them? Do they matter to me? Yes, they want to know if our encounter means as much to me as it does to them.)*

This session occurred late in the 3-year course of the group. The group had grown more tolerant of the anxiety around death, but continued to fall into a place of denial. Through play and tracking the flow of the group, I attempted to keep the group connected to the theme, and to increase their tolerance of the uncertainty of life. In addition to the theme of death anxiety, the group is also concerned with existential isolation or having to face life and death alone. Both themes are evident as the group plays with "taking the big leap," but ultimately sends the therapist off alone to confront death. Perhaps most evident in this action of killing the therapist is the existential issue of freedom and responsibility. In facing death in this way,

the group has chosen life, and in this role play they have taken responsibility for the choices they made and continue to make in life.

The importance of the encounter with the therapist is emphasized in this session by the active role I played in the drama. I became the therapist as play-object, molding to the needs of the group, reflecting their fears back to them and completing the actions they were not yet ready to complete. Additionally, our encounter was recognized as something real, not only were we playing with death, but we were playing with *my* death. There was a sense of fear that seemed to center around the possible loss of our encounter together, as well as a sense of responsibility on the part of each group member to contribute something of themselves to this encounter.

Session #3—Meaninglessness

Up to this point in the group, Joe had distanced himself from the other group members, judging them and the therapist for their actions. He had said, "You're all nuts!" several times. The group dubbed Joe as the King and made themselves his subjects, in an effort to involve him more actively. Halfway through the group, the King's subjects were back from a long trip. They said they had given the King all of their treasures, and "Now he won't give us our money!"

Therapist: What should we do?
Rick: Let's eat him! *(Eat him? Ingest Joe. Make a meal of Joe. Make him a part of the group. Physically bring him into the group. Make him part of our bodies.)*
Therapist: How do we do that?
Rick: Let's cook him in hot water! Put him in the pot!
Jacqueline: Add onions!
Rosalie: Salt & pepper!
Therapist: How does that sound Joe? Believe me, I've been in that pot before and it's hot! How does it sound to you? *(I want to make sure this is Joe's choice, that he is willing to engage his body in the action, choosing to embody this for the group.)*
Joe: Okay. (Joe has expressive aphasia, and usually responds with one word only.)
Therapist: Let's get him, then! We've go to catch him first! How?
Rick: Ropes.

We all swung our ropes and pulled Joe into the pot. The therapist physically pushed Joe's wheelchair into the center of the circle. He raised his fist in the air and hooted to indicate that he was struggling against us. We stirred, added vegetables and spices, turned up the heat.

Therapist: Are you hot, Joe?
Joe: Okay. (Joe is clearly enjoying this play. He is laughing and makes a thumbs up sign.)
Rick: Well, we've got Joe in there. He needs a companion. Let's put Ann in.
Therapist: I don't know. How is it in there, Joe?
Joe: Tenderizing! (Joe says this as he waves his hand in the air, indicating that it feels good to be in the pot.) *(Yes, Joe is softening up. He is beginning to embody the play, literally embodying the group's expression.)*
Therapist: Tenderizing? Oh, that sounds good. You want me to go in the pot too? Okay. (Therapist got into the pot, physically entering the circle with Joe.) Mmmmm, this feels good. It is tenderizing! Anyone else want to come in? *(I feel my body softening to the experience, too. I am basking in the group's image.)*
Rosalie: I do!

The therapist pushed Rosalie's wheelchair into the center of the circle as Rosalie got in the pot. She held her arms straight out in front of her to show that she was diving in. She said it was cold. Rick got in, too, wheeling himself into the center of the circle, and said it was nice. We splashed each other, moving our arms and kicking our legs. The therapist asked Jacqueline if she wanted to come in. She said she would stay out. The therapist suggested she might stir us. Rosalie said it was still cold on her side of the pot.

Therapist: Jacqueline, can you turn the heat up on Rosalie's side?
Rosalie: It's no good. There's a hole. I'm falling out!

The therapist tried to pull her back in, reaching for her and her wheelchair, physically playing with

losing her grip, grabbing on again, but ultimately failing to save Rosalie. *(Can we stay together in this tenderizing experience? Will we be able to keep our bodies together?)*

Therapist: I lost her!
Rick: Let's all stir now.

We all got out of the pot, forming a circle again, and stirred. *(Perhaps that was a little too hot, a little too much togetherness. Now we will embody control, embody boundaries, by becoming the chefs instead of the meal itself.)*

Therapist: What do your stirring spoons look like?
Rosalie: Mine's a leg, it fell off when I fell out. *(So, she wants to be a part of the group soup after all!)*
Therapist: Mine's my arm. It fell off, too. *(We are falling apart. Might as well cook it up and serve it.)*
Rosalie: My toes are in there.
Therapist: Can you see Rosalie's toes? Looks like they're painted!

Everyone is laughing now.

Jacqueline: I think I should like to try one.
Rick: Add rice.

The therapist walked over to Jacqueline, serving her a toe with rice. She ate a second one, said they were very good. Joe ate one, then Rick, as the therapist served each of them.

Therapist: There's one left, Rosalie, do you want it?
Rosalie: No, I never eat my own cooking!

There is laughter. The therapist ate the last toe. We all thanked Rosalie for her toes, told her they were delicious.

Rick: We've still got the soup.
Jacqueline: Bottle it.

We bottled it in Mason Jars.

Rosalie: It's too good to throw out, let's invite the neighbors. *(Yes, we can share this tender experience. There is enough of us to go around, to share with the neighbors. The answer to falling apart is to keep sharing of ourselves. This is where meaning is found.)*

We invited the neighbors, ate the soup.

Jacqueline: We don't have time to feel sorry for ourselves. We're too busy laughing!

This group began with a question expressed through the play, to King Joe, "What is the point of doing all that hard work in life, if we don't get anything back for it?" In other words, what is the meaning of life, or is it meaningless, after all? And the question was answered, "The meaning is to be in relationship with each other, to share what we have—ourselves." The group literally and figuratively shared parts of themselves with each other, finally determining that their collective "soup," representing their love of each other and of the group, is too good to throw out and must be shared with the neighbors. The play was an embodied expression of the feeling of connection in the group. The group embodied their connectedness by adding their body parts to the Developmental Transformations soup, serving each other, and ingesting their togetherness, making it a part of themselves for ever after. If "you are what you eat," then these group members were indeed intimate friends, who embodied their tender feelings for each other.

By courageously journeying into the playspace, this group's connection to each other, and my connection to them, were given an opportunity to grow over time. Through the creative act of Developmental Transformations, we constructed our unique bond of playfulness, presence, and love. It is this bond, this intimate sharing of ourselves, which allowed us to find solace in the face of our fears of death and isolation. We learned as a group that moving in the direction of our fears and entering into them together is one path to a full life, regardless of the surroundings. Our encounter stays with me, even after I have long since left the nursing home. After all, I was also a part of the collective soup, and I, too, joined in the feast. These words are a tribute to our time together, an expression of the place I hold for this group in my heart.

Considerations

In exploring case studies, it is important to remember that any work done in a qualitative manner leaves room for some degree of subjectivity. Interpreting the above-mentioned cases might be quite different, for

instance, if looked at through a psychodynamic lens instead of an existential lens. As a therapist trained in Developmental Transformations, it is imperative that I remain open to other therapeutic perspectives that work with clients who are confronted with death anxiety and other existential concerns.

The clients presented in this paper were drawn to the method of Developmental Transformations and to the freedom that our improvisations provided. However, there are clients who may not resonate with Developmental Transformations. This becomes evident when a client is unable to engage in dramatic free play over a period of time or when a client continually experiences an extreme level of underdistance in the play. For instance, a client may be dangerously underdistanced if he is unable to see that he is engaging in play, and believes that the situations that arise in the playspace are real. As a clinician, it is important to track this and respond in an appropriate manner. The therapist may verbally remind the client that they are playing. If the therapist subsequently sees that this reminder is not sufficient, she may cease the play and work with the client in a different method.

Conclusion

Older adults living in a nursing home have a need to express and explore death anxiety and other existential concerns in a safe, accepting environment. The Developmental Transformations session provides an existential outlet for these clients, an arena where the existential truths of life can be expressed through play. By entering an embodied encounter in the playspace, clients are able to relieve their existential angst, and increase their sense of intimacy with the therapist and with each other. Love and intimacy in a nursing home "compensates for the pain of isolation" (Yalom, 1980, p. 363). The drama therapy sessions presented above illustrate how clients can face their fears, and forge the boundaries between souls. They have shown me how, even though we are all born alone and die alone, we can be together in our aloneness. Coming up against the bony truths of the existential givens of life, the older adults in this nursing home found a soft resting place within the Developmental Transformations group.

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