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THE THEORY AND TECHNIQUE OF TRANSFORMATIONS IN DRAMA THERAPY

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This paper presents the theoretical and technical applications of Transformations, an advanced form of the Developmental Method (Johnson, 1982, 1984, 1986, 1991), in the treatment of motivated, neurotic clients in individual psychotherapy. First, I will present the basic theoretical concepts of this approach and then articulate the goals of therapy that are derived from this theoretical perspective. After a brief review of the developmental method, transformations will be described in terms of the basic session format, the role of the therapist, types of interventions, and stages of therapy. A detailed case example will then be presented and discussed.

Basic Concepts

I begin with the phenomenological notion that each of us lives within a world of experience, an experiential field of great range and complexity, and that through development a small portion of that world is differentiated as the Self.[1] Further, only a small portion of the self is available to consciousness, and an even smaller portion is conscious at any given time. I will use the terms *preconscious* for those experiences that are available to consciousness, and *unconscious* to refer to those experiences that remain inaccessible. It is often helpful to differentiate the personal unconscious from the collective unconscious, which refers to experiences common to the human condition and beyond the personal perspective of the individual. Thus, at any given time, our experience of ourselves is vastly diminished from what we have the potential to be. This process of simplification and diminishment is a natural process that facilitates adaptive functioning in a real world where survival is required.

Second, the contents of consciousness consist of representations of self and others that develop through life and are constantly being reorganized. The organization of this representational world proceeds according to the processes of differentiation, in which aspects of experience are distinguished from each other, and integration, in which these different aspects are brought into relationship with each other (Jacobson, 1964; Kernberg, 1976; Mahler, Pine & Bergman, 1975; Sandler & Rosenblatt, 1962; Werner, 1948; Werner & Kaplan, 1963). From initial stages of global perception, development proceeds first to articulate differences among representations (e.g., between self and other, fantasy and reality, male and female, and among emotional qualities) and then to discover commonalities among them at levels of increasing abstraction. We learn that the self and others have both good and bad parts; we experience ambivalence instead of splitting; we move from simple, all-or-nothing perceptions to complex and multifaceted ones. From this perspective, maturity can be defined as the appreciation of differences within a whole.[2]

Third, this entire experiential world is not static, but a continuously changing and transforming set of feelings, perceptions, thoughts, images, and presences. The boundaries among these various elements (or representations) are permeable and are constantly changing as our representational world is revised and transformed throughout our life. A human being as a consciousness is always transforming, as the stream of inner life shifts, ebbs and flows. The model for the self, dramaturgically, is therefore not

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a character in a play, but an improvisation. The self is simultaneously playwright, actor, and audience, an active constructing of experience that is taking place all the time: a becoming, not a being. It is not a collection of roles, as role theory may suggest (Goffman, 1959; Mead, 1934).

Let us use Sartre's (1943) definition of a human being as one "who is not what he is, and who is what he is not." All the identities I use to define myself (e.g., a man, a drama therapist, a son, a Caucasian) that is, my roles, do not completely define me, no matter how many are used. At any time I can be more than them in that I can imagine being things that I am not: I am my dreams for the future; I am my hopes; I am what I am not. Consciousness cannot be captured: I can always outstep others' attempts to define me. This is why any system of role types, no matter how elegant or lengthy, is doomed to fall short as a description of the human condition.[3]

The reduction of the self to one's roles, that is, acting as if one were something, and not also more than something, is what Sartre (1943) has termed *bad faith*. The process of being existentially real is to live with the acknowledgement of one's state of becoming, to be in role and out of role at the same time, to be both player and audience.[4]

This is what freedom is. Yet, we cannot be fully aware of everything. There are many limits: Each of us has a body, a particular history, a place, a set of circumstances, or givens, such as sex or race. Perhaps we are faced with having paranoid schizophrenia, an alcoholic parent, paralysis from a stroke, or a miscarriage. To succumb is to decide to be *only* an invalid or victim, to *become* a paranoid schizophrenic, and in so doing one chooses bad faith. On the other hand, one can attempt to forget, deny, or pretend these things have not happened, maintaining a false freedom that, however successful in reducing pain, becomes the foundation for psychological retreat. The goal, I suggest, is neither to succumb nor pretend, but to accept and transcend — to take in the unwanted givens, yet not to let them unnecessarily limit one's experience of freedom. Helping clients achieve this goal becomes the project of psychotherapy.

Developmental Distortions

As a result of attempts during development to protect the self from pain and to organize the self in order to survive in the world, various distortions occur in the structure of the self. Whether these are called defenses, fixations, complexes, part objects, introjects or neurotic symptoms, these distortions result in the mislabeling of experience. For example, mislabeling occurs when an aspect of experience is labeled as part of the self instead of part of someone else (introjection), as part of someone else instead of part of the self (projection), as all bad (deprecation) or all good (idealization). When these labels become established early in life, and one never allows oneself a chance to revise them, they become accepted as the way the world and self are.

Our capacity to be fulfilled, to live out our potentiality, is affected by how successful our development is in terms of differentiation and integration of experience. There are three major ways this process goes awry. First, due to perceived threats or anxieties, the self is defined too narrowly and becomes constricted. Certain personal characteristics (e.g., assertiveness, sexuality, receptivity) are not allowed into the definition of oneself. Second, the boundaries between levels of experience — between the unconscious and conscious, or the conscious and interpersonal — are too rigidly defined, and ambiguity, flexibility, and responsiveness are minimized. Finally, the self may be defined too much by experiences that are negative, burdening the self with distress.

These three distortions in development — *constriction, rigidity,* and *negativity,* — when too dominant, create the conditions for dysfunction and unhappiness (e.g., neurotic symptoms, troublesome personality traits, lack of fulfillment). It is not possible to eliminate any of these completely, as they derive from our need for boundaries, structure, and stress. Yet better methods of balancing freedom and limitation, of separateness and union, are the goals of psychotherapy.

Goals of Psychotherapy

From this discussion, the goals of psychotherapy can be discerned: to facilitate the developmental processes of differentiation and integration, leading to as full, as flexible, and as positive an experiential field as is possible. Psychotherapy should help clients experience their own becoming, own freedom and limitations, as human beings. Instead of constriction, the goal is to expand the range and

depth of experience through catharsis of suppressed feeling and encouragement to live out previously disallowed aspects of life. Instead of rigidity in self definition, the goal is to increase the person's flexibility in adapting to new feelings and situations, achieved by strengthening the capacity for self-observation, questioning, and tolerating ambiguity. Instead of negativity, the goal is to help clients achieve acceptance of their history and current circumstances, and to find forgiveness for their limitations and those of others; to truly be Here, and not in a world that is supposed to be pain-free.

The developmental method and transformations are especially suited to the achievement of these goals because they are extensions of fundamental "methods of freedom" that have emerged in the practice of psychotherapy.

Methods of Freedom

Both psychotherapists and creative artists have sought methods for gaining access to more of their own and their clients' experience. In modern times Sigmund Freud discovered a method that has had a profound impact on psychotherapy. Psychoanalysis came into being with the utilization of *free association,* supplanting hypnosis (Kris, 1982). The "fundamental rule" remains a radical and amazing proposal:

> Your talk with me must differ in one respect from an ordinary conversation. Whereas usually you rightly try to keep the threads of your story together and to exclude all intruding associations, and side-issues, so as not to wander too far from the point, here you must proceed differently. You will notice that as you relate things various ideas will occur to you which you feel inclined to put aside with certain criticisms and objections. You will be tempted to say to yourself: This or that has no connection here, or is quite unimportant, or it is nonsensical, so it cannot be necessary to mention it. Never give in to these objections, but mention it even if you feel a disinclination against it, or indeed just because of this. So say whatever goes through your mind (Freud, 1913/1963, p. 147).

Transformations is essentially free association extended beyond words into movement, sound, gesture, and dramatic character.

Carl Jung took free association a step further by not limiting the patient to reporting actual thoughts, but to include imaginary ideas, fantasies, and stories. He called this *active imagination.*

> I took up a dream-image or an association of the patient's and with this as a point of departure, set him the task of elaborating or developing his theme by giving free rein to his fantasy. This according to individual taste and talent could be done in any number of ways, dramatic, dialectic, visual, acoustic, or in the form of dancing, painting, drawing, or modeling. (1947/1975, p. 202)

Even "making something up" reveals aspects of a person's inner world. Ahsen (1968) and other psychologists have extended the use of imagery as a means of eliciting meaningful self-expression. Tapping into the stream of consciousness becomes a method for personality change.

Dance/movement therapists have developed a form of psychotherapy called *authentic movement,* based on Mary Whitehouse's (1979) elaboration of Jung's active imagination technique. In authentic movement, the client moves with eyes closed while the therapist acts as a "witness." The client attempts to use primary, kinesthetic impulses as the source of his or her movements. The witness serves as a container of the client's projected parts and feeds these feelings back (usually verbally) to the client at the end of the movement period or occasionally during it (Adler, 1973; Chodorow, 1991; Lewis, 1985). This technique is particularly internally-focused, and the therapist tends to remain in an analytic stance. Transformations attempts to elicit in drama what authentic movement does in dance.

Carl Rogers followed the principle of free association by using the therapist's warmth, genuineness, and positive regard to help clients feel completely safe in saying whatever they want to say. Unlike psychoanalysts, however, client-centered therapists actively participate with their clients, attempting to mirror their feelings and feed back to them what they are hearing.

> The counselor's function is to assume, in so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client. (Rogers, 1951, p. 29)

Transformations follows Rogers in this level of ac-

tive, empathic involvement by the therapist in the client's world.

Eugene Gendlin, a student of Rogers, developed a technique called *focusing*, in which clients are trained to pay attention to their inner states, specifically called the *bodily felt sense*.

> A felt sense is not an emotion. We recognize emotions. We know when we are angry, or sad, or glad. A felt sense is something you do not at first recognize — it is vague and murky. It feels meaningful, but not known. It is a body-sense of meaning. . . . A felt sense is usually not just there, it must form. You have to know how to let it form by attending inside your body. When it comes, it is at first unclear, fuzzy. (Gendlin, 1978, p. 10)

By attending to this felt sense, clients engage in a developmental process in which images and eventually words form to give it organization. Attending to this bodily felt sense is also essential in transformations, which uses the body as the ground for deeper exploration than verbalization usually allows.

Creative artists also need to access their inner worlds, so it is not surprising that free association has been used by artists and writers. In fact, Freud (1920) himself attributed his discovery of free association to an essay he read in his youth by Ludwig Borne (1823), called "The Art of Becoming an Original Writer in Three Days." In it Borne wrote,

> Take a few sheets of paper and for three days on end write down, without fabrication or hypocrisy, everything that comes into your head. Write down what you think of yourself, of your wife, of the Turkish War, of Goethe, of the Last Judgment, of your superiors, and when three days have passed you will be quite out of your senses with astonishment at the new and unheard of thoughts you have had. This is the art of becoming an original writer in three days. (p. 193).

Current methods of journaling and automatic writing follow this same principle (Progoff, 1981). Marcel Proust, in *Remembrance of Things Past,* and Virginia Woolf, in *To the Lighthouse,* used stream of consciousness in their writing, and James Joyce arduously created streams of internal dialogue in *Ulysses* and *Finnegan's Wake*. These writers gave up the usual allegiance to normative social structure and allowed their internal world to emerge in full force. In modern art of the same period, from the cubism of Picasso to Jackson Pollack's expressionism, from theatre of the absurd to Artaud, recognizable social forms gave way to the murky world of dream, spontaneity, and flux. In drama, this same impulse — this "yes" to the inner world — is best represented by improvisation, because the actor is freed of accommodating to the script.

Transformations embraces the radical methods of free association, active imagination, authentic movement, focusing, and stream of consciousness writing. Transformations is an attempt to extend these methods of freedom by incorporating a broader range of expressive modalities and potentialities between therapist and client. Transformations encourages expression throughout the entire developmental continuum: from silent imaging, to kinesthetic impulse, to movement, sound, gesture, symbolic enactment, role-playing, and verbalization. Previous methods have typically utilized one or two modes. Transformations also allows both for the therapist's active participation and for the therapist's pure observational role as witness. Thus, during the course of a transformations session, the action may appear similar to an authentic movement session, dramatic improvisation or verbal psychoanalysis. Because transformations provides a wider range of possibilities and choices for client and therapist, it poses greater challenges as well. Faced with freedom, the client confronts the choices made in the past and the possibilities for choice in the present. The realization that one's life can still be transformed leads even the most courageous of us back to the familiar, to the established, to the No.

Limits to Freedom

No one can be completely open to their inner experience. One can only write down one word at a time when in fact images and thoughts are multidimensional and occur all at once. There is a need for a limiting voice, the No, which prevents us from total access to ourselves. Freud called it the superego, which censors and edits thoughts from our consciousness because either they conflict with standards of society internalized from our parents or are too direct expressions of primitive instincts that threaten to overwhelm the ego. For Jung, the notion of the shadow, the dark parts of ourselves that are kept hidden, is a similar concept. Client-centered therapists often use the terms Critic or Judge. Object relations theorists have called it the internal saboteur (Fairbairn, 1954). Gestalt therapists use the concept

of impasse (Perls, 1969). The effect of this force is to disrupt the smooth flow of associations emerging from the person, evidenced by shifts, reversals, hesitations, resistances, and, in severe cases, complete blocking of thought. However, it is important to realize that the No serves an important function: to protect the developing self from pain. Behind every critic, shadow or superego is a painful experience at the hands of a loved one. It is very important in psychotherapy for the client to rediscover the reason for the critical voice, to come to respect it and forgive it, for it too is part of the self, even though it results in constriction. In neurosis, this force becomes too strong, and serves more as an interference with growth than protection from pain. The goal is to shift it from the role of guiding force to being merely a part of one's life story.

In modern art, this impulse has found expression in the works of subtraction: from Mondrian's empty canvas, through Brecht's alienation effect to Beckett's silences, and then minimalism in music. The No, representing distance, alienation, and death, can also be the source of aesthetic form.

Certain therapeutic techniques intend to strengthen this force — these are the therapies of suppression: behavioral techniques, pharmacotherapy, physical treatments, and inspirational or faith-based methods. For obvious reasons, these freedom-reducing techniques are often used for non-neurotic conditions such as psychoses, compulsions, and personality disorders. Transformations is dissimilar to these methods.

Developmental Method

The developmental method is an improvisational approach to drama therapy that emphasizes the use of developmental sequences of dramatic forms to facilitate a spontaneous flow of images within the client. Dramatic forms are understood in terms of their structure, complexity, media, interpersonal demand, and expression of affect. The therapist introduces small variations in these dimensions to match the evolving imaginative process in the client or group, rather than implementing a sequence of preset exercises. Sessions develop in stages of unison movement and sound, definition of images, personification into roles, structured role-playing, and unstructured role-playing. Transformations is an advanced form of unstructured role-playing. This method is described in more detail elsewhere: basic concepts (Johnson, 1982), with an individual (Johnson, 1984), with a group (Johnson, 1986), and with specific interventions (Johnson, 1991). The core concepts relevant to the discussion here include *playspace*, *flow*, and *impasse*.

The *playspace* is an interpersonal field in an imaginative realm, consciously set off from the real world by the participants, in which any image, interaction and physicalization has a meaning within the drama. The playspace is an enhanced space where the imagination infuses the ordinary. It is the dramatic equivalent of Winnicott's (1971) concept of transitional space. The playspace embraces the constituent elements of roles: pure movements, sounds, gestures, stillness, and suspense, and so may remain vague, illusory, and undefined. The playspace is where drama therapy takes place, and therefore the drama therapist's primary task is to introduce and sustain the playspace for the clients. Emphasis is placed on working inside the playspace, so extensive introductions, limit-setting or summarizing discussions after the play are not encouraged.

Flow is the experience of continuity and connection between one's own internal images and feelings, and the characters and activities within the playspace. Because internal associations and emotions are constantly changing, flow requires that the dramatic forms be constantly changing as well, a condition met only in transformations. The therapist attempts to facilitate and sustain flow, and uses disruptions in flow as indicators of difficulty. Flow is the equivalent of empathy (Rogers, 1951) and authenticity (authentic movement), and is close to what Csikszentmihalyi (1990) means by optimal experience.

Impasse is a major interruption in flow characterized by a conflict between the needs of the scene and the desires of the participants. The energy in the scene dies, a sense of awkwardness or confusion arises, and the actors appear to be "stuck." The impasse occurs when the participants are unwilling to let go or transform some element of character, plot, prop or behavior on which they feel reliant. The result is usually a series of repeated actions in which each person's attempts to influence the other person alternate with attempts to prevent them from fleeing the scene. Unlike simple binds, which are easily resolved through collaboration of the actors, impasses reflect deeper anxieties that lead to significant disruption in energy and flow. Drama therapists can make use of impasses to help them identify important issues for the client. In a typical improvisa-

tion, impasses are usually resolved when both persons agree to flee and end the scene (thereby leaving the playspace) or when one or both of the actors breaks out of role. In contrast, transformations allows the actors to flee by transforming the scene while remaining in the playspace.

Transformations

Transformations is an improvisational technique that was first described by Viola Spolin (1963) in her book on theatre games, and was used by avant garde theatre troupes in the 1960s. I have been adapting it to therapeutic settings since 1974.

Transformations begins as an improvisation by client and therapist. How they start and how they select their initial roles will vary. They may each select a role to give each other or they may just start to walk around the room and make sounds. During the enactment of the scene, whenever an action, posture, sound, word or anything about the scene reminds them of another person or situation, either one may initiate a transformation of the scene by simply beginning to act as though they were in the new situation. The other person picks up on the change and then selects a role in the new situation, though the initiator may have already selected the role for him or her. The original scene then becomes transformed into the new one. Scenes will usually vary in length from one to five minutes before they are transformed. A clearly stated rule is that each person must go along with the transformation and must not object or refuse to take on a new role, or stay in the previous scene. Transformations may continue as long as the participants wish.

Transformations in the therapeutic arena differ in several ways from their theatrical use, where they tend to be fast and clever renditions of well-known situations. First, in the therapy session, ambiguity is emphasized, so that many times there will be partial transformations in which the new scene is not well-defined by the initiator of the transformation, and both participants will take some time to define the emerging images. As in the developmental method in general, the goal is to achieve a seamless, flowing quality in which images are in constant transition. As client and therapist become more deeply involved in the material, it often seems as though the scene transforms on its own, as if the images arrive from elsewhere rather than being consciously planned by the participants. Second, images, scenes, and characters that emerge in transformations are often of very primitive and personal content, and reflect the greater indepth process that is evoked by psychotherapy.

Here is a brief example to demonstrate a transformation. Therapist and patient are playing husband and wife.

Patient: Dear, help me with the laundry.
Therapist: Sorry, dear, I don't have time.
Patient: You know, you never help me out!
Therapist: I have more important things to do, dear.
Patient: You make me sick.
Therapist: I make you sick?
Patient: (holding stomach) Yes, I feel really sick. [TRANSFORMATION]
Therapist: Oh, no, what's wrong? (comes over to her)
Patient: I don't know, I think it's something I ate.
Therapist: Waiter, waiter, look what's happened. Shes's sick because of the terrible food you serve here. [TRANSFORMATION]
[The scene seems now to be at a restaurant.]
Patient: (lying down) Call a doctor!
Therapist: Doctor! Doctor! What did you eat? (Patient opens mouth, he looks in.) Oh, my God!
[This type of primitive action is not unusual.]
Patient: What, what is it?
Therapist: I don't believe it. [PARTIAL TRANSFORMATION]
Patient: (changing tone) Really, amazing, isn't it!
Therapist: How did you get that in there?
Patient: Wasn't easy.
Therapist: Let me pull it out.
[What is it? A tooth? A person? A glob?]
Patient: (moaning) Ohhhh.
Therapist: (moaning) Whoaaa....
Patient: Ohh. Is it coming?
Therapist: Yes, push. Breathe, push. I can see its head!
[It is now a baby.] [TRANSFORMATION]
Patient: I thought it was supposed to come out the other end.
Therapist: Me, too. You're having the first bicuspid delivery.
Patient: Ohhh!
Therapist: (pulls it out of her mouth) Oh, yuck!
Patient: My baby! (looks at therapist) [TRANSFORMATION]
Therapist: (crying like a baby) Waaaaa! (moves into fetal position)
Patient: Oh, my baby, you're all mushed up. (tries to unravel him)
Therapist: Mama! Mama! .....

Basic Format of the Therapy Session

The first step involves teaching the technique to the client. After explaining the rules of transforma-

tion, the therapist demonstrates the initiation of a transformation. The first transformation is kept brief (5–10 minutes) and only the therapist initiates changes. The therapist then answers any of the client's questions before starting the next transformation in which both may initiate. This process has been sufficient for nearly every client to begin.

Initially, the therapist participates in the role-playing the entire time. As the client becomes comfortable with the format, however, the therapist will from time to time move out of the scene (usually into a specially marked section of the room), leaving the client to continue the transformations alone. The therapist will then periodically re-enter the scene when she or he feels it is helpful. The therapist's "departure" invariably intensifies the client's awareness of transference feelings. In advanced therapies, the client will spend more time doing the transformations alone while the therapist sits to the side and witnesses.

In the initial stages of therapy, the session will begin with a discussion of the client's life and problems, followed by 25–30 minutes of transformations and ending with a brief discussion of the transformations. However, with many clients the transformation becomes the entire session from beginning to end. In one case, the client and I agreed to begin transforming when I opened the door of the office. Inevitably, clients learn how to talk about what is going on in their lives within the playspace, and in this way verbal-psychotherapy-with-drama becomes a *drama psychotherapy*.

Role of the Therapist

This type of therapy is intended for indepth exploration of the self. It is not well-suited for problem-solving life crises, nor is it effective for immediate behavior changes. The purpose of the client-therapist interaction is for the client's world to be fully revealed, reclaimed, and tolerated in all of its complexity and contradiction. The therapist does not attempt to help the client learn the meaning of these images or interpret them in context of a symbol system (e.g., archetypes, complexes or even past events). Like a client-centered therapist, the therapist facilitates the client's unfolding of consciousness in his or her own terms. Indeed, often the therapist serves to challenge the client's premature "explanations," as so often they are continuations of attempts to rigidify a constantly changing interior.

The therapist is therefore a guide and companion for the client in exploring the inner world. As the material emerges, the therapist stands for acceptance of the material, memory of what has come before, and playfulness of spirit. This is accomplished in the following ways:

1. The therapist allows his or her self to be filled by the images and personages evoked by the client and acts them out in a myriad of forms.
2. The therapist tries to support complexity and ambiguity by encouraging the client to explore new or contradictory pathways.
3. The therapist facilitates at times of impasse, not to provide a solution, but to allow the client sufficient time to experience the conflict without so much frustration that he or she flees the playspace.
4. The therapist returns to the core conflicts with the client, heightening their intensity.
5. As more of the conflictual, bad feelings surface, the therapist engages the client in a search for the negative voice and attempts to have it emerge full force as a character within the playspace.
6. Finally, the therapist provides a forgiving presence, equally accepting of all aspects of the client, and encourages the client to take a similar attitude.

The healing presence of the therapist within the playspace provides the client with an interpersonal container into which many otherwise internally-held object relationships can be projected. The therapist is inevitably organized in a different way with different defenses than the client, so that soon the client is challenged to experience new aspects of situations. The resistances and conflicts that are evoked by this cleavage between them give rise to impasses, in which both client and therapist become entangled.

Interpretation is usually de-emphasized in the developmental method. In fact I have found that reviewing transformations for meaning encourages intellectualization and crystallization of experience that often impedes rather than facilitates future learning. Meanings of images can be explored within the role-playing, and the client's awareness can be enhanced through action interpretations (discussed below).

Transformations differs from methods that focus the client on an aspect of the self (e.g., angry self, self as a child, self as animal, as goddess) in order to explore its meaning. During these sessions, other associations are then attached to this mask, picture or role-play, resulting often in a highly charged relationship between the client and this part of the self. This convergent process condenses a wide range of feelings and images into a few, providing intensity and clarity for the client. Transformations works in reverse to this process, attempting to dislodge the client from the highly bounded self-perceptions he or she comes to the session with, by engaging them in divergent associative process that leads them away from any one part-self. As a result, at the end of a session clients are more apt to feel calmed and less clear about who they really are.

The drama therapist using transformations needs to have training in psychotherapy, and through personal experience or therapy be relatively aware of his or her self. The therapist must have several years of experience in improvisation and transformations. One must have the capacity to play out the widest range of role-situations, and be aware of one's own role preferences. The therapist orients him or her self totally to elucidating the client's world and rarely shares personal material. Nevertheless, the personality and style of the therapist are very significant contributors to the therapeutic process. The therapist's countertransference reactions serve as both guides and pitfalls, requiring discriminating judgments.

Stages of Therapy

Each client traverses a unique journey in transformations, yet certain general stages of the treatment can be described. First, a stage of *free play* occurs in which the client and therapist play together relatively spontaneously, getting to know each other, exploring various roles and relationships. Initially, what comes out of someone is not his or her innermost secrets, but the stereotypical stuff of everyday life: characters from soap operas, refrains from commercials. As one client remarked, "I had no idea I was storing up so much crap!" Initial sessions have the effect of purging the self of unnecessary material that appears to be taking up a lot of space. One client referred to transformations as a laxative.

Soon, however, a stage of *confrontation* develops in which the client's personal problems, issues, and history assert themselves repeatedly. As the therapist gently brings the client back to these situations, over and over again, the conflicts underlying them are increasingly confronted. Patterns become increasingly obvious, and client and therapist become more entangled in avoiding them.

Then the stage of *impasse* occurs when these conflicts, repetitions, and avoidances intensify, and the client actively attempts to escape from exploring the painful memories lying beneath them. The role-playing can become boring, repetitive, argumentative, and the client can become immobilized while being witnessed. The superego/critical voice is clearly active but is not available to the therapist as an embodied character in the role-playing. The client tends to keep it out of the playspace.

The next stage of *remembering* occurs as the client and therapist finally break through the barriers in the impasse stage. Previously protected memories of important events are revealed, usually with a great deal of catharsis of emotion, released energy, creativity, and humor. The critical, traumatizing figure emerges at this point, often played by the therapist first, and then by the client. Tremendous shame is felt by clients as they unearth and play out the traumas that they have held and yet have feared will be revealed. Transference feelings and countertransference challenges are intense.

The next stage of the therapy involves the *integration* of these memories and relationships: owning them, seeing them with distance and humor, and dialoguing with and transforming the critical figure. Generally, important parts of the self are reclaimed from parental figures, and the shameful, inadequate parts of the self find acceptance. This process occurs over and over again as the therapy progresses, with deeper and deeper parts of the self being revealed.

Specific Types of Intervention

In transformations, the therapist purposefully utilizes several specific improvisational interventions, though these must be mastered so as to be employed intuitively (see Johnson, 1991 for more detailed examples). These are listed briefly here.

1. *Faithful rendering* is used by the therapist when the goal is to have the client tell his or her story or try to solve a problem. The therapist tries to portray the character or im-

age just as the client wants it to be, faithful to what really happened, or how the activity is performed, or what the emotional conditions are.

2. *Act completion*. Here the therapist attempts to help the client complete an inhibited, suppressed act for the purposes of achieving a catharsis.
3. *Defining*. The therapist asks the client about an element in the drama that is yet undefined, bringing to the client's awareness a new aspect of the situation. The therapist leaves it up to the client to actually define the element's characteristics or identity.
4. *Repetition*. The therapist brings back a situation, image, conflict, word or action again so that the client has another opportunity to confront it.
5. *Intensification*. The therapist uses exaggeration, dramatic presence, physicalization or staging to heighten the power of a particular scene or image, in order to stimulate a greater depth of feeling in the client.
6. *Joining*. The therapist takes on the attributes, position or even identity of the client's role or image. This is done either to support the client during a difficult moment, or as a means of countering a repetitive split by the client, who keeps placing the therapist in rigid, antagonistic roles.
7. *Pre-empting*. The therapist takes on the attributes, position or even identity of a rigid role typically taken by the client, in order to force the client into the complementary role.
8. *Action interpretation*. An action interpretation is used to increase the client's understanding of the linkages among images. When one aspect of a scene is reminiscent of another issue in the client's life, the therapist transforms the scene to that of the other issue. The transformation brings to the client's awareness that another set of images is related to core conflicts, that life is constantly being re-lived. This can also be used to elucidate the client's transference feelings.
9. *Bracketing*. This distancing technique involves a transformation of the scene by pretending what is happening is actually a play, a photograph, an audition, a performance or television show.
10. *Transformation to the Here and Now*. The scene is transformed into a commentary of what is really going on between the client and therapist, like a process comment. The effect is the opposite of Bracketing in that it decreases the distance in the session. This intervention is often used to make the client aware of transference feelings, and in this sense serves as an action interpretation of the transference.
11. *Witnessing*. This is a special technique of Transformations in which the therapist temporarily leaves the scene to a prearranged area to witness the client, who continues improvising. The therapist returns at a later time. Technically, this is coming out of role and leaving the playspace, but, because it is governed by the "rules of play," the therapist's witnessing spot is experienced as within the playspace and most clients will relate to it during their time alone. Witnessing is a distancing maneuver that helps clients become aware of projected aspects of themselves under the "gaze" of the therapist. The therapist uses the feelings that are evoked within him or her while watching the client as guides for re-entering. Thus, the therapist feeds back the projected parts to the client in bodily and dramatic form, rather than verbally.
12. *Specialized spaces*. The therapist introduces a special space in the room, named for an unintegrated, negative experience of the client, as a means of providing emotional distance. The space is usually named by the client (e.g., the cemetery, blame corner, the castle, the cesspool, room of perfection, the wall). Later, as the client discovers the critical figure within or behind this space, the area becomes integrated into the play and may even disappear.

Clinical Example

Henry is a 24-year-old man who came to my private practice for therapy because he was feeling depressed, unable to assert himself effectively at work, and not able to develop relationships with women. He had grown up in a strained family environment: His father was rejecting, distant, and angry; his mother was anxious, insecure, and obsessive. His parents divorced when he was 13, and he began to

do poorly in school for a number of years. After college, he began to work in an insurance company and, at the time of the therapy, he held a junior management position. He had had fears of being homosexual since adolescence. He has had little contact with his father over the past five years. He had some experience in theatre in high school, and enjoys music and drawing. He had been in psychotherapy with a verbal therapist for two years, with little improvement. He thought he would try a drama therapist.

After a number of sessions in which he described his problems, we began transformations, which he did at first tentatively and then with greater ease, though he remained somewhat passive and dependent on me to provide the energy in the sessions. He seemed very constricted and unsure of himself. When more affect-laden images emerged, he laughed nervously or backed off. I often felt angered by his passivity and hesitance, which seemed to cover a great deal of distress and inner turmoil. His rage at his father and his denial of his own competitiveness remained suppressed until the session I report here verbatim. To protect his confidentiality, I have changed a number of the images and certain aspects of the session, but on the whole the issues in the session emerged as reported. This was the fourteenth session.

	We begin by walking around the room, I following him. At one point he switches positions and follows me. Then I do that with him. We both laugh since it is obvious to us what this means (that I want him to be more assertive and that he wants to depend on me).
Henry:	Ho, hum.
Therapist:	Ho, hum.
Henry:	Hum, yum.
Therapist:	Yum! yum! (We slow down our movements and pick up our feet.)
Henry:	Oh, yuummmm, erooommm, yehhh (It is as if we are sinking into a vat of something, the sounds and movements are very sensuous.)
Therapist:	yuummm,oooohh! (We are still not facing each other.) [JOINING]
Henry:	Oh, God! I'm sinking.
Therapist:	Yes, oh yes, just sinking down, down, down- . . . [INTENSIFICATION]
Henry:	Oh, God, we're sinking! (now with fright)
Therapist:	Help, help we're sinking into It!
Henry:	Not It! No, not yet!
Therapist:	We've known it would happen sometime.
(A) Henry:	But it's only our third month of working together! [I felt impressed that he made reference to our relationship so early in the session.] [TRANSFORMATION TO HERE AND NOW]
Therapist:	You're right. This is supposed to be a long term psychotherapy!
Henry:	Years!
Therapist:	So let's get out of this. [FAITHFUL RENDERING]
Henry:	Right, help me.
Therapist:	OK. (We face each other and "climb" out of it, brushing ourselves off and stepping lightly on the floor, as if we will fall through.)
Henry:	Be careful. (We begin to tiptoe.)
Therapist:	Tiptoe! Careful! (Image changes to one as if there are things on the floor we might step on)
Henry:	Watch it!
Therapist:	(picking up a thing) OK, OK, let's get it out of the way. Why is it laying around anyway? [DEFINING]
Henry:	I don't know. (picks up another thing, and places it along the wall — as if in a cupboard)
Therapist:	(doing the same) Look at all of these things, beautiful, so delicate!
(B) Henry:	Yes, thank you, this whole shop is (reference to china shop).
Therapist:	(I have a strong urge to be the bull and destroy this.) Do you ever worry that . . .
Henry:	You bet I do. Just look at all this, why it could be destroyed in a second. (begins to walk around nervously)
Therapist:	(also walking around nervously checking on things) Everything seems OK, I mean, nothing is broken, now, I mean, what do we have to worry about, huh? [INTENSIFICATION]
Henry:	Yeh! . . . Did you hear something?
Therapist:	No! . . . Did you feel something?
Henry:	No, I mean yes! A shaking. (tries to hold on to some of the objects)
Therapist:	What are we going to do?
Henry:	Hold on, hold on! (both now hold on to objects and shake our legs as if there is an earthquake. We start screaming.)
Therapist:	(looking up) Oh, my God, it's, it's falling! [ACT COMPLETION]
Henry:	Falling! Let's get out of here! (image of a giant object falling through the roof of the shop)
Both:	AHhhhhhh! boooom! [This image was very vivid, and I felt completely immersed in the play.]
Therapist:	What is it? [DEFINING]
Henry:	A giant tree trunk!
Therapist:	Look at that, it's gigantic, as big and round as I've ever seen one.

Henry: I'll say, it's a good 20 inches across.
Therapist: At least 10 feet long (At this point the phallic imagery is obvious, and we laugh.)
Henry: No wonder he felt so confident, with a penis like that! [I was surprised by Henry's willingness to identify this image.]
Therapist: Yeh, I mean, that's really big. (shows some discomfort) What are we going to do with it?
Henry: I think we should stuff it and put it above the mantle.
Therapist: (C) Maybe, but, well, that would make me feel, I mean (laughs). You see, mine isn't anywhere near that size. [I felt genuinely envious.] [PRE-EMPTING]
Henry: No, really? I'd have to confess mine's not that big either.
Therapist: In fact, mine is really rather small.
Henry: Small? (looks uncomfortable). I feel really uncomfortable saying this but . . .
Therapist: Welcome, everyone! I'd like to get this meeting of PA going. We have a lot of business tonight, but first I'd like to welcome a new member to Penis Anonymous. [BRACKETING]
Henry: Hi.
Therapist: Hi. I'm Teeny, what's your name?
Henry: Weenie.
Therapist: Hi Weenie. Come up here and tell it like it is.
Henry: (nervously) I am Weenie, and, well, I am teenie.
Therapist: No, I'm Teenie.
Henry: Can't we both be teenie? (said in a strong voice)
Therapist: (breaking into a song, and joined by Henry) Oh, yes, we're teeny, small and weenie, so we can't be meanie, to you! (We begin to dance around.) Oh, da de do, da de do, small and weenie . . .
(D) Henry: This is humiliating! You're no son of mine!
Henry: Prancing around like this, you make me sick!
Therapist: Sorry, dad. [I felt embarrassed, also. Had I pushed it too far?]
Henry: You keep doing this, and you will grow up to be a fag!
Therapist: (head hung down) I don't know what got into me. [FAITHFUL RENDERING]
Henry: Something must be wrong; what did get into you?
Therapist: Well, uh, must be something . . . [DEFINING]
Henry: (Looking sternly at his son, coming closer) I can see it in there, how did it get in?
Therapist: I don't really know. I've kept my mouth shut, and my eyes shut, and ears shut.
Henry: Could be the pores.
Therapist: Or my hair.
Henry: That's it, through your hair, follicles, yes, hair follicles. (examines head)
Therapist: Can't you get it out?
Henry: It's bad. It's bad and old and smelly.
Therapist: Get it out! (I start shaking, and Henry pulls it out of my mouth. After a moment's hesitation, Henry becomes it, and appears to be an old man, all bent over with a grimace.) [INTENSIFICATION]
Henry: Euuvwwworg.
Therapist: Yuck, you old fossicle you. [I felt disgusted.]
Henry: Back off, stay away, don't touch me. (moves to a corner of the room) I'm on my throne.
Henry: Not a throne? It is A Throne.
Therapist: B Throne!
Henry: Would you believe C Throne?
(E) Both: (together) No, it's D(de)throne! (laugh) [This was no doubt comic relief. I know I felt relieved.]
Therapist: Who the hell are you? You stink.
Henry: I'm old, I'm stupid, and incompetent.
Therapist: You certainly are. Why did you have to do that? [DEFINING]
Henry: (shifting tone to someone much younger) I'm sorry, I didn't mean to do it.
Therapist: Bill, ever since you've moved into this apartment, you've been causing trouble. You have been breaking everything. [REPETITION]
Henry: Yeh. Yeh. I broke it. Hahaha! I broke it! And you know what, it felt great! (laughs)
Therapist: Wow, really, I never would have thought- . . . Bill, can I break one too?
Henry Go ahead!
Both: (Both begin to pick up things and smash them, then run around laughing. This turns into flying with arms out to the sides.)
Therapist: Fly! Fly!
Henry: Let's break the second barrier! Vvoomm!
Therapist: (leaves the space to the witnessing circle) [WITNESSING]
Henry: Fly, fly. I did it, I did it. Where is he? Where are they? (looks down) Oh, my God. I'm up here all alone — nothing to support me, I'm gonna fall. (falls) Boom. (lies face down on carpet, long pause, breathing hard) I can't do it. Yeh. Yeh, Yeh, Yeh, . . . you old fossicle. Shut up. Who are you? (rolls over) My face is in the mud — slime (coughs) I can't swim. Daddy, I can't swim, daaddy, I'm drowning! (makes motions for a long while) (turns toward me) Help me! You're supposed to help me and you won't. So daddy, go ahead and drown me. Bubble bubble. Do what you want to me! (makes a grabbing motion, then pulls himself up, bent over, picking up "rocks") These are heavy rocks, Yes, yes, I'll do it! No wait a minute. (picking one up and looking at it) These aren't rocks, they are heads. (Then he digs up some others, obviously as if he was in a graveyard. Finally, he sits down and holds a skull on his lap and strokes it. Silence)

Therapist: (entering). Honey, what are you doing in there? (F)

Henry: I can't tell you, Mom.

Therapist: You're not playing with your skulls, are you? You know how I dislike that.

Henry: I know, Mom, but when can I get a new one, I'm tired of these old ones.

Therapist: You know when . . . [I had no idea when!]

Henry: Yeh, when you get married again . . . I know. [I thought, what an outrageous, sick idea.]

Therapist: Honey, I've remarried four times now, just for you, that should be enough. It was hard enough to get rid of them each time. [ACTION INTERPRETATION]

Henry: But I love you, Mom.

Therapist: And I love you too, dear.

Henry: Anything for you.

Therapist: Heh, throw one to me.

Henry: Here you go (throws it like a baseball)

Both: (play catch for awhile, around the room)

Henry: Give it to me.

Therapist: OK, OK (holds up head as if he is a warrior) Oh, great and mighty king, I bring you this head. [REPETITION]

Henry: Come forward, son.

Therapist: Oh wonderful and magnificent king, oh marvelous old fossicle.

Henry: What have you brought to me?

Therapist: (G) Well, I could be bringing you my head, or my manhood, or my father.

Henry: I am your father! That's not good enough.

Therapist: What is it that you want?

Henry: Want? . . . WANT!? I DON'T WANT!! Get out of here you louse!

Therapist: [I leave for witnessing circle, feeling genuinely inadequate — obviously I have missed something.] [WITNESSING]

Henry: (stomps around, mumbling, then mumbles weird sounds, as he transforms into some kind of an insectlike creature. He is totally immersed in this image, and it is indeed a little scary to me.) Gobllienem, budlynen, kaaachhh. (gets down on all fours) You, cockroach! (pause) Ahhh, (lies down on side, facing away from me, and cries for several minutes) When I was eight or ten I pulled out a gingerbread cookie from a box, and on it were two cockroaches. I was frightened and screamed out in fear, and my father, who was at the table, yelled at me, "Stop it you baby!" and slapped me. Why did I have to be so wimpy? Why am I so weak now? He didn't like it if I acted like a child. (pause) Dad, why isn't it all right for me to need you? Why? Why were you like that? You must have been in pain, but what pain? I never knew you. (cries again, then after a number of minutes, he turns around and faces me) Say something. SAY SOMETHING [I was unsure if Henry really wanted me to say something then, or was continuing the scene. I remained quiet, though I thought Henry might actually come over and grab me.] Say something you shithead! (turns around again and faces away. Then he gets up, throws himself against the wall several times, then sits down. After a minute, I return to the space.)

Therapist: Did you get through? [FAITHFUL RENDERING]

Henry: No.

Therapist: You couldn't find it, his pain, I mean.

Henry: Neither hear it or see it or feel it.

Therapist: What's the barrier?

Henry: Over there — a total sound barrier.

Therapist: Let's go look.

Henry: Here it is. No way through there.

Therapist: (H) I'm your therapist, I can break it down! [TRANSFORMATION TO HERE AND NOW]

Henry: Ladies and gentlemen? Introducing the world's best therapist. I have hired him to break through this barrier between me and my father. Yes! Miracle of miracles. [BRACKETING]

Therapist: (I walk around in a pompous manner, wind myself up and throw myself against the wall several times, falling to the ground in a ridiculous way.) Ohhhh. [PRE-EMPTING]

Henry: Now you know how it feels! Hahaha! You are no good!

Therapist: You are insulting me.

Henry: You bet, you good-for-nothing therapist! Pretending you can help me with this barrier. How can you do that? It's *drama*. (dripping with condescension) It's all *made up*. My father is *not here*!

Therapist: You sure about that? I sure feel him here. [I did. I felt the hateful presence intensely.] (long pause)

Henry: Maybe. What are we going to do now?

Therapist: It sure is a real mess. [I became aware that our time was nearly up.]

Henry: Sure is.

Therapist: Well, at least I'm glad I'm not the client, and I'm not locked into this mess. I can always leave (pointing to the witnessing circle and smiling). [TRANSFORMATION TO HERE AND NOW]

Henry: Oh, no you don't.

Therapist: Yes, it seems like a good time to get the hell out of here. (moves toward the circle) [INTENSIFICATION]

Henry: (stops me physically, and we push against each other hard)

Therapist: Let me through! Let me through . . . Even though you think I'm no good, seems like you don't want me to leave you!

Henry: This may be a bit ridiculous, but it seems to be right for the moment. [I felt the same.]

Therapist: I agree. At least I'm getting paid to do this. (both laugh) [TRANSFORMATION TO HERE AND NOW]

Henry: We are at a standstill.

Therapist: Yeh. Somehow, it doesn't feel half so bad. (We relax our positions, take a deep breath. Henry, smiling, shakes my hand.)

Discussion

The following analysis attempts to elucidate the process and meaning of the session from a vantage point after the event. It is important to understand that I did not have this understanding of its meaning while I was in the session, and that I was guided primarily by my sense of the play, its flow and impasses. There is simply not enough time to integrate all the incredibly rich information conceptually during a transformation session.

Henry's major issues at the time of this session were the rage and shame involved with his father's criticisms of him, and the subsequent denial of his own competitiveness and fears of weakness (homosexuality). As the session began (A), it was clear that Henry and I were very much in the playspace together, and were participating fully in the images yet understanding their meaning: sinking into "deeper issues" that we had avoided until then, the desire to flee, and the need to "tiptoe" around the traumas. The flow was excellent and indicated a strong therapeutic alliance. Once we were in the china shop (B), it was clear that Henry's rage was close to the surface, which I experienced in projected form. The tree trunk falling through the roof, followed by the phallic image, was a very vivid image that we both seemed to perceive before it was verbalized. When client and therapist have a close empathic relationship, experiencing the same image before it becomes explicit is a common occurrence.

At (C), I chose to play out a man with the small penis, pre-empting Henry's usual role, only to find Henry joining me. The following scene with Penis Anonymous, in its humor, establishes two things: that men worry about being small and weak, and that this is an irrational worry, both at the same time.

This scene finally brings out (at D) Henry's critical voice in the form of the rejecting father, who quickly becomes transformed into the denigrated smelly father inside the therapist, who regurgitates him. This playing out of the critical figure is a sign of Henry's capacity to tolerate this part of himself. The play on words at (E) leading to "dethrone" and the subsequent scene in which Henry "breaks" everything play out the emergence of his anger at this father, and wish to break out of a limited self-image. At this point I leave for the witnessing circle, and Henry explores his shameful feelings (e.g., "mud slime") of dependency on his father. These images also communicate that Henry has these feelings of dependency on me, who has just left him. Will he drown without my help? An image of his father drowning him turns into skulls, as the themes of castration and beheading continue. I experienced a feeling of pride in my client at this time, which is likely to have been a countertransference response as the good father who was ready to replace the bad one.

At (F), I enter as his Mother, playing out a scenario similar to one Henry had described in previous sessions. Between the lines, both of us enjoy the acknowledgment that Henry and his mother have colluded to eliminate the father. At (G), I offer Henry — as the king — my own head, my manhood or my father. This is an example of how the therapist maintains ambiguity in the transformations by offering multiple alternatives, any of which can be developed by the client.

Nevertheless, at this point in the session, Henry was fully possessed by his negative spirit, and I very much felt exiled into the witnessing circle. In his time alone, Henry uncovers a memory of the cockroaches and his father's attack, and feels the shame in having disappointed his father so significantly. This is soon directed to me, who simultaneously represents (a) Henry who is inadequate, (b) his father whom he cannot reach and whom he wants to hear from, and (c) the therapist who should be able to help him get over this situation. So intense was this moment that I was not sure whether Henry was still in the playspace. As it turned out, he was. I felt Henry's pain intensely.

I re-enter the scene at (H) and pre-empt Henry's role by playing an incompetent therapist. Henry's wish for a competent therapist is evoked by my provocative threat to leave. His clinging attachment to a rejecting parent is relived in a new form. The

transformations end as we are locked in a physical struggle together, not having solved the dilemma, yet still together.

This session is characteristic of later sessions with Henry, who was able to reclaim much of the strength that he had located in his representation of his father, develop much greater flexibility and sense of humor, and purge much of the negativity he had harbored as a result of his shameful love for his father. The old fossicle turned out to be linked to a representation of Henry's grandfather, who was a sickly and inadequate man that Henry's father had felt deeply ashamed of.

Transference and Countertransference Issues

Empathic errors and countertransferential responses of the therapist are common in all psychotherapies. In transformations, with the therapist participating so actively in the role-playing with the client, the "therapeutic play" is really a collaboration between them. Thus, transference and countertransference issues become very powerful elements of the healing process, and are not viewed only as distortions or interferences to be minimized.

The therapist must practice with a great deal of discipline so that the drama is not permeated with his or her own issues or imagery. The therapist needs to be open — through extensive experience with improvisation and transformations — to become what the client is imagining as well as what the client is trying not to imagine. The therapist follows the client's lead, and never purposefully introduces personal material.

It is essential that the therapist is able to differentiate between the *evoked* countertransference, that is, those feelings, thoughts, and images evoked in the therapist by the client, and the real countertransference; idiosyncratic, personal issues unique to the therapist. By maintaining a receptive stance toward the client, the therapist can often rely on his or her emotional responses as guides for understanding the world of the client, and shaping his or her participation in the play.

Unhelpful countertransferential responses by the therapist include:

1. Closing off of options in the role-playing. The therapist does not see where to go. This is usually because the therapist and the client have similar conflicts. In this case, the therapist joins the client in being unable to imagine other possibilities to the situation. Paradoxically, however, this often brings on the impasse more quickly, resulting in a heightened awareness of the problem.
2. Introduction of unrelated material. In my experience, when real countertransference material is introduced by the therapist into the session, the flow is immediately disrupted because it diverges from the client's stream of consciousness. Sensing the therapist is out of touch, the client will become more inhibited. Nevertheless, sometimes this material serves as a challenge to try out new roles that the client has never attempted before. The therapist's unique responses and personality can be beneficial to the psychotherapy of the client in transformations because they can encourage the client to try out new responses to old situations.
3. Discouraging talk about the therapist or therapy, usually by not Transforming to the Here and Now enough. The playful environment sustained in the therapy, plus techniques such as Witnessing and Transforming to the Here and Now, encourage clients to express their feelings about the therapist directly. When the therapist indicates a lack of interest in the client's verbalizations or enactments regarding the therapist, the client will be seriously constrained in exploring his or her inner world.
4. Empathic lapses in which the therapist misses sensing important or central issues in the client's role-playing. In my experience, this is very common, and can lead to significant delays in therapeutic progress. On the other hand, central issues continue to emerge over and over again in the role-playing, so that even those missed by the therapist rear their heads again, providing another opportunity to be explored.

There are a number of reasons why the client is buffered from the negative effects of the therapist's countertransference in transformations: The therapist does not give advice, does not interpret, and does not attempt to help the client understand the "real" meaning of these images. Rather, the therapist attempts to help the client tolerate the full range of images and issues that arise, from a position close to that of the client. The therapist's moving in and

out of the role-playing offers an opportunity to examine the effect of the therapist's presence, and the client's feelings toward him or her. Thus, transference and countertransference become contours within the playspace. They are concretized and played out, so that both client and therapist have direct access to them. As long as these feelings can be explored in the playspace, they can help to deepen and enrich the process of the client's therapy. The therapist's capacity to be a unique human being, open to scrutiny, is a significant ally in this process. The psychotherapy becomes honest, free of the myth that the therapist has no conflicts or that his or her personality does not affect the client.

Sexual issues. As in all depth therapies, very strong feelings toward the therapist develop, especially here where the therapist plays with, and may touch, or be touched by, the client in the role-playing. Transformations involves very intimate interactions between client and therapist. Sexual fantasies and attractions are common, and they can be partially gratified by the physicality of the play. The therapist should acknowledge these feelings — preferably within the playspace through transforming to the here and now — when they emerge during the course of treatment. The therapist must not generate confusion in the client regarding their relationship by carrying physical or verbal intimacies outside of the playspace. Generally, transference neuroses are stimulated by the abstinence of the therapist; in transformations, where the client has greater access to the therapist, intense transference neuroses appear to be infrequent. Nevertheless, the therapist is responsible for the maintenance of proper boundaries within the session, and between the session and real life.

Conclusion

Transformations is a technique of the developmental method in drama therapy that relies on the power of improvisation to facilitate healing in the client. Transformations extends free association into the full range of expressive modalities and relationships with the therapist. Unlike psychoanalysis or other symbol-based forms of psychotherapy, transformations does not rely on deriving intellectual insights into the self, nor is it a purely cathartic technique such as psychodrama, in which suppressed emotion is released. It is a method that helps to free up the internal world and, practiced regularly, can be considered good mental hygiene. The benefits it provides include a sense of inner calm, acceptance of oneself and one's painful history, a sense of fullness and an increased range of experiencing, deepened by the stirrings of an inner life, moving upward from below.

Notes

[1]I will be following Carl Rogers' (1951) argument as described in his chapter, "A theory of personality and behavior" (pp. 481–533).

[2]Many theorists from philosophical, psychological, and spiritual domains have struggled to describe the interaction of these principles of differentiation and integration. Freud (1930, 1953–1974) described them as eros (fusion) and thanatos (death instinct). Piaget (1937/1954) uses the concepts of assimilation (in which the environment is integrated into one's own schemas), and accommodation (in which one's behaviors are altered to fit external expectations). Sartre (1943) used the concepts of being (integration) and nothingness (differentiation). Chinese philosophy chose yin and yang.

[3]This is what Sartre (1943) meant when he said "existence precedes essence."

[4]This state has been termed observing ego, participant-observer (Sullivan, 1954), and aesthetic distance (Scheff, 1979). In a previous paper, I have called it discovery (Ryan & Johnson, 1983).

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