

Chapter 14

Playing with the perpetrator

Gender dynamics in developmental drama therapy

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PERPETRATOR AND VICTIM

It is common in psychotherapy for the client to be a victim: of society's stigma, of family rejection, of economic or social injustice, of childhood or sexual abuse, or of psychiatric illness. Our clients suffer. However, some clients have committed horrible crimes against society, their families, or innocent victims: incarcerated prisoners, combat veterans, or psychotic patients who have become violent (e.g. who have killed their children). It is usual practice in developmental drama therapy for the perpetrator figure, whether super-ego, internalized critic, or real person, to be portrayed and worked with. However, what happens when the client is a perpetrator? What happens when the crimes have been against women and the therapist is a woman? Is therapy possible or even indicated in circumstances like these?

One complication is that often underneath the perpetrator is a victim, of racism, childhood abuse, or poverty. In our setting, this is exquisitely true, because the Vietnam combat veteran is surely a victim of society's rejection and a witness to horrible death in Vietnam, but he is also often a participant, or silent witness, to atrocities against innocent men, women, and children during war. He is a perpetrator underneath a victim. Many times his "traumas" are having killed innocent children. Sometimes the trauma is having raped an innocent woman. Does his searing guilt need expiation, or punishment?

Sarah Haley (1974), in a remarkable article entitled "When the patient reports atrocities," describes the tremendous strain on the therapist who treats perpetrators. Maintaining one's balance, clinically and ethically, is extremely difficult, though

psychotherapy is not of use until the therapist is perceived as someone who can hear horrifying realities, tolerate natural feelings of revulsion, yet resist an equally natural tendency to punish The therapist must be with and tolerate the existential reality of the patient's overt or covert view of himself as a murderer.

(p. 191)

Such toleration takes place in the context of the therapist's own self-confrontation: "The first task of treatment is for the therapist to confront his/her own sadistic feelings, not only in response to the patient, but in terms of his/her potential as well" (p. 194). However, this condition of tolerance should be differentiated from supporting the immoral behavior: "the therapist must align himself with that part of the patient's ego that now views his actions as ego-alien, and explore with the patient those factors that occurred when his usual sense of right and wrong gave way" (p. 195).

These highly charged processes challenge the therapeutic alliance in traditional verbal therapy settings. We will examine them in the free-play environment of drama therapy with its greater complexity of patient-therapist interaction.

PLAY

Play is a method of freedom (Johnson 1991). Play allows unconscious, suppressed, or nondominant aspects of the self to emerge without censure from the super-ego, internal critic, or social mores. The emergence of buried aspects of self allows individuals to resume their personal growth through the integration and transformation of these parts with the rest of their developing self or identity. This quality of play, often referred to as "sublimation" or "regression in the service of the ego," is one of the essential foundations of the therapeutic action of drama therapy (Kris 1953).

In the developmental method within which we work (Johnson 1982, 1986, 1991, 1992), the condition of free play and improvisation is central. The therapist attempts to create and sustain a "playspace" within the session, being an imaginal form of interaction in which both clients and therapist understand that what goes on is pretend, and is more than real (Johnson 1992). Through this mechanism, the inner worlds of the clients are revealed, as the therapist nonjudgmentally responds and enters into them. As in client-centered therapies, the therapist puts aside his or her own perspective and attempts to experience the world from the frame of the client (Rogers 1951).

What if this world, however, is not a sad and victimized one, stimulating the usual caring sympathy of the therapist, but one filled with violence, denigration of women, unbound sexuality, or hate? How can one be empathic with evil? What if one's clients are not neurotically oppressed by their overly strict super-egos, but having weakened or absent super-egos, are filled with heinous impulses uncontained by conscience or a sense of morality? What if in the course of our developmental method we come face to face with a revelation of evil? Does the basic principle of providing a nonjudgmental, playful arena of freedom still apply? Or should limits be set? Does the therapeutic use of play and improvisation have a limit? And if so, where is that limit located?

MORAL DIMENSIONS OF THE PLAYSPLACE

We propose that the limit lies at the differentiation between evil and the *representation* of evil; between acting out by projecting unwanted aspects of the self onto other people in a harmful manner, and pretending to do so. This is similar to the principle of *sublimation*, in which sexual and aggressive drives are channeled in nondestructive ways (Kris 1953). This is also the concept of *aesthetic distance* (Landy 1983; Scheff 1979), in which aspects of experience are balanced between arousal and engagement, on the one hand, and evaluation and distance on the other. This is also the principle of *humor* (Freud 1927) in which the person takes on the perspective of their super-ego and consoles the ego that it is not really in danger. The playspace is therefore an interpersonal encounter characterized by sublimation, aesthetic distance, and humor, maintenance of the playspace is the fundamental duty of the drama therapist, and is equivalent to saying that conditions of safety and moral limits are in place. In order to maintain the playspace, the overt dramatic images must shift as the feelings and thoughts of the participants evolve, so that inner and outer expressions maintain their correspondence. This process of shifting we term *transformation*.

This theory is sorely tested, however, when extreme conditions are confronted, such as in the clinical setting where we work. Veterans can playfully, with distance, conduct scenes in which body parts are passed around, women are raped, or children eaten. Their playspace in a sense extends beyond ours. We react with a countertransferential gasp, in which our own spontaneity dies, and our anger is aroused. Our own moral outrage is evoked, and closes us down. Perhaps this is a natural process and we should trust our own moral standards to tell us when to place limits on the play. On the other hand, perhaps this countertransferential reaction indicates unnecessary inhibitions still existing within us, which limit our ability to enter the playspaces of our clients. When we stop the play or divert it, we prevent clients from completing a natural process of the transformation of the images, from horror into pity and grief, from crime into moral guilt.

What is the basis of our assertion that the process of transformation of imagery is a naturally healing one? Essentially, states of race or sex hatred involve a profound state of projection, in which undesirable internal states are experienced within external objects or persons, justifying their hostility or denigration. While all people engage to some degree in this naturally defensive process, perpetrators are particularly engaged in it. To the extent to which unacknowledged, suppressed, or rejected aspects of self are projected externally, the self is depleted, and thus experiences a deficit of gratification. The instinctual desires therefore are intensified in direct relation to their disavowal. Erwin Staub, in *The Roots of Evil* (1989) points out:

It is very important for people to be willing to acknowledge in themselves impulses or feelings regarded by society and thus by their parents as undesirable: anger, hostility, sexual desire. People who do not acknow-

ledge these feelings in themselves tend to project them onto others and experience hostility or moral outrage.

(p. 74)

Thus racism, sexism, ethnic hatreds, and stigmatization of the mentally ill or homosexuals find their roots in this defensive process. The targeted external objects become a stimulus for the release of sexual or aggressive drives. Freud laments in his 'Civilization and its discontents' (1930) that civilization's attempts to suppress the instincts will only serve to strengthen them, leading to an even more frightening outbreak. "Civilization is built up upon a renunciation of instinct," leading to a "cultural frustration that dominates social relationships among human beings," causing "the very hostility against which all civilizations have to struggle" (p. 144).

In our drama therapy sessions, this process of projection is initially directed at the therapist herself, or at the drama therapy, and is experienced as overt resistance. This corresponds to the *rage stage* as identified by James and Johnson (in press). Soon, however, if the therapist can engage the members in the free associational process, the objects of projection will become imaginary ones: roles and images created within the playspace. True, they will be identical to the original external objects: denigrated, hated, feared objects imbued with the clients' sadism, sexism, or racism. However, unlike the real external objects who resist these projections or retaliate, the imaginary objects do not, and in fact are flexibly manipulated and transformed according to the clients' will. They become immanently more interesting and gratifying. It is here that the therapist will struggle with strong countertransference feelings about "playing" at hurting women or children. Nevertheless, these imaginary objects are not identical to real objects; in fact they are *both external and internal at the same time*, since they are projections into an imaginative space. We are now in the *shame stage* of group process (James and Johnson, in press).

As the play proceeds, the delight and lack of resistance from these imaginary containers of projected hate, who are beaten into submission to the clients' delight, create feelings of familiarity and safety. The impulse to play not only the sadistic punisher but the masochistic victim strengthens. The attraction comes from the covert recognition that the victimized role is the lost part of the self. As clients begin to play out these previously projected parts of themselves, they are given the opportunity to experience these shamed, hurt roles as internal objects.

Thus, the effect of the drama therapy process is one of *reinternalization*, of reconnection with disowned parts of self, and of reclaiming lost gratifications. This corresponds to the *empathy stage* (James and Johnson, in press).

Paradoxically, when the clients have achieved some degree of reinternalization, the dramatic process feels less threatening to the therapist exactly because the feared and frightening material is now owned by the clients, rather than forcefully projected into the therapist. Thus, even though the dramatic

imagery may be deeply personal, regressive, or instinctual, the therapist will experience the session with greater safety. In other words, the feeling of safety is due to the internalization achieved by the clients.

Interestingly, as Peller (1964), Bruner *et al.* (1976), and others have noted, play serves the function of turning passive into active, for example, when the child comes home from the dentist and plays doctor. However, the considerations above also suggest that for perpetrator/clients, play can turn active into passive, that is, transform abusive and sadistic experiences into those of the frightened victims of aggression or disfavor. The underlying principle appears to be that a fragmented self has a natural tendency toward reintegration, and that once engaged in a process of free play, it will tend to balance itself by seeking out what has been split off or set aside.

WORKING WITH VIETNAM VETERANS

As the female drama therapist working on the inpatient unit of the National Center for Post-Traumatic Stress Disorder, I (C.D.) ran several drama therapy groups and led the play rehearsal group. The veterans are admitted in cohorts for a four-month intensive program including review of their traumatic memories, creative arts therapies, medication, education about their illness, and rehabilitation. The work allows staff to get to know the veterans intimately, and in general the unit functions smoothly.

Unlike many of the therapeutic modalities used on the unit, which are highly structured and closely tied to reality, drama therapy allows the patients to reveal aspects of their inner worlds and imaginations. In addition, these images are acted out physically in a dramatic form, though a patient would never be allowed to actually hurt or sexually entice anyone. However, the reality of the veterans' previous lives, combat experiences, and the depths of evil that they have encountered make the work challenging.

Initially I found working with these men extremely difficult and evocative of extremely strong countertransference responses. Particularly challenging moments occurred when disturbing imagery emerged from group members. They often asked me to play the role of a seductive female, a whore, or an innocent "Donut Dolly" offering sweets amongst combat hell. These roles often proved inaccessible to me in the playspace as they instantly evoked my shame and guilt. Members occasionally pulled sexual objects from the "Magic Box" (Johnson 1986) such as vibrators and soiled undergarments, causing a hesitation in my spontaneous direction of the session, and soon to a caving-in of dramatic structures and an impasse. Sometimes I overheard sexual comments being whispered among the men, evoking my self-consciousness and anger. At these times, however, the only way I could conceive of addressing the behavior was to stop the play and "get real." At other times I found myself unintentionally enacting behaviors suggestive of sexual acts, such as moving my hips, jumping, or swallowing objects. When I realized what I was doing, I became frozen and rigid with guilt and shame.

As I became more comfortable in the setting and knowledgeable about the veterans, I began to trust the dramatic container of the playspace to hold the play of images that were emerging. As long as a feeling of playfulness, distance, and pretend existed, I began to allow myself to become immersed in the scenes, whatever their content. Material of sexual or aggressive nature, especially if indirectly expressed, was engaged with and externalized exuberantly in the play. This playful exuberance may have communicated to the veterans that their imaginations were not to be feared or judged in this setting. Increasingly I noticed transformations of the disturbing imagery into images of vulnerability, shame or humiliation, as James and Johnson (in press) have reported. Sexually threatening material gave way to fear, sadness, betrayal or loss. For example, I was transformed from a whore to a humiliating older woman who witnessed their first act of impotence, or a rejecting date. After these roles were played out, I was enrolled more often in male roles: father, president, dead buddy; or idealized female roles: loving girlfriend, comforting mother. The atmosphere of toughness changed into that of a playground of children, laughing and crying. The sexual threat diminished as their transference to me shifted to one of seeking guidance and protection. In addition, once I had fully engaged in their play and accepted the heinous imagery unconditionally, the occasional acting out after sessions (usually by joking with me in the hall or making sexual comments in public) ended. My role with the veterans appeared to decrease their acting out of fantasies. I was no longer a threat to their fragile sense of themselves. I had witnessed their violence and their impotence and expressed my reactions. Our relationship was no longer one of attack and defense, pretense and alarm. Paradoxically, once I let myself play with them, I became an authority, even a respected one.

When the playspace is successfully created, a sense of increased flow, timelessness, and unbound energy exists. Players feel uninhibited; metaphors come forth. Their bodies are less constricted and more integrated with their affect. Laughter comes easily as does the ability to play out roles, characters and thoughts with a full commitment of the voice, body, and senses. When the playspace is weakened, shame-filled self-consciousness emerges, energy drops, and safety becomes an issue.

We believe that it is our goal to find a way to continue to *play* with the horrendous images that are emerging. Only in this case is the therapy enhanced. This requires training and a prior exploration of one's own internal world, with its demons and commandments. The therapist should ideally experience this terrain with a sense of comfort and familiarity. The following case example illustrates how during the fifth session the therapist initially avoided an image of a huge woman's vagina or rectum descending on the group. In the sixth session, she was able to open herself to the play with this image, with the result that deeper feelings of despair and longing were expressed by group members. The group consisted of eight men, all Vietnam veterans with post-traumatic stress disorder.

CASE EXAMPLE: BUBBLES

(Note: In the following case report, comments in italics are the thoughts of the therapist as they occurred during the session. Comments labeled *Reflections* are the thoughts of the therapist and the supervisor as we reviewed the group in supervision.)

Session 5

The group begins with much energy and flow. All members except for Carl are engaged in the playspace. Carl has difficulty connecting with his body. He often appears disassociated and has difficulty paying attention. He is a small man and functioned as a tunnel rat during his tour of Vietnam. He is often the group's scapegoat and target of ridicule. All of the seven other men commit their entire bodies, voices and energy to the sound and movement phase of the warm-up. The sounds and movements consist of ripping, cracking, pulling, pushing, chopping, kicking, grunts, strains, exertions. Phrases that emerge are "take that," "oh no," "not me."

Eventually an image of pushing something very heavy into the center is initiated by Howard. This heavy image is passed around the room with much exertion and strain. When the image is passed to me, I strain to lift it towards the ceiling. Group members transform the image into something that is now falling from above. The group offers associations about what it is. Larry comments that it is leaking. Rick suggests that it is leaking from the upstairs bathroom. Howard screams with much energy and laughter that it is all the "shit" from past weeks' groups. Chris steps forward to help me but the group's vocal cues and increased energy let us know that we are unable to hold it up. "It's dropping!" "Too late!" Howard yells, laughing very loudly. There is an overwhelming sense of release and energy in the playspace. Everyone moves backwards as if there had been an explosion. I announce that there's crap all over the room. Howard immediately jumps in and rubs it all over himself. Ned pretends to be casually walking and slides in it, falling to the ground. The drama therapy intern jumps in it. Carl cautiously steps into the center and eats a small piece, putting another small piece into his pocket – the group moans. Jeremy dances in it. I ask if anyone else would like to roll in the shit one more time. Ned says he really only slipped in and needs to actually jump in. The group agrees that I should roll in it also. (*This offer feels somewhat like a dare: can I really stand their mess? or am I being seduced?*) With the encouragement of the group, Ned and I simultaneously dive into the middle of the circle and roll around next to each other. The group claps and cheers us on. (*I have the image of mud wrestling and begin to feel shame and guilt. I clutch and feel this interrupt the flow of the play. The rest of the group seems to respond to my cringe and an impasse brushes over us like a cool draught.*) We awkwardly stand up and re-establish our circle.

Therapist's reflections

I am unable to play with this feeling of being humiliated. I am filled with a sense of shame that blocks my imagery, and I feel responsible for the constant breaks in flow. I feel like a whore. I see them as failed warriors, tainted killers . . . impotent heroes . . . Is this my shame or theirs? If it is mine, I shouldn't let it intrude on their play. If it is theirs, then why should I have to be burdened with it? I hesitate to play with the projection and transference. These sexual, erotic references are connected to the team of women who run the unit — women in real authority, their competent wives, their own emasculation. Perhaps I am afraid of castrating them, again.

Supervisor's reflections

From what you are saying, they seem to be letting you into their cave of horrors. Why should anyone want to go there? Do you want to go there? It's really a fairly sizable mess. How can one differentiate every detail and assign it to them or to you? The question is, do you want to be there or not? If you do (because you are interested in helping them), there's no way to avoid the muddy floors, the darkened tunnels, the decaying remains.

As I stand up, I look upward, as do other group members. Howard says, "What is that?" Daryl says that it is very big. Jeremy says that it covers us all and is very large, like an umbrella. The group becomes energized by this group creation and everyone speaks in mysterious tones, bodies swaying in a rocking motion. Larry says that it is hot and stifling in here. Carl says that he is having trouble breathing because there is little air underneath. Jeremy says that it smells. Howard says it's sweaty. We are all getting hot and feel stifled by the developing image. I feel a shortness of breath and a sense of dread. Ned comments that it is very colorful. I mention that it is oppressive. There is a sense of anticipation and suspense in the room. Chris cries out: "It's descending on us!" Daryl suddenly screams: "IT'S BUBBLES THE EXOTIC DANCER!" Suddenly there is a gush of energy and Jeremy notices a sequin falling from above which he reaches and jumps to grab. The group members all join him scrambling for BUBBLES' sequins, some catching them on their tongues like snowflakes.

(I stand frozen, clutched inside, as the unmistakable representation of a large vagina descending on the group materializes. I am filled with conflicting urges such as: to stop the play and punish the group, to join the flow and letting myself go. I imagine yelling "PINNATE!" and puncturing open the descending, engulfing plaything.)

The group members do not notice my paralysis as they are truly engaged in their own spontaneous play. Finally, Daryl asks if this is bothering me. Claiming that I am not bothered but unable to hide my disgust, I recommend that we put Bubbles and everything else back into the ceiling until next week. Ned says, "Don't blame me, I thought it was a flower." We end the group.

It does not feel like a good ending. I feel guilty and confused, as if I am Bubbles the exotic dancer and had just entertained the men in the group.

During the next week, Jeremy made a sexually inappropriate comment about a female staff member in a public setting. This was possibly an indication that the playspace container may not have been sufficient and that whatever motivates the desire to humiliate had not been successfully unearthed in the session.

Therapist's reflections

The feeling of guilt remained with me after the group, which suggests that I wasn't able to protect the containing function of the playspace. I wondered what the men were left with. Who is Bubbles? Had I encouraged them to open up to their inner world and then told them it is bad and unacceptable? But it is bad and unacceptable! Perhaps if I was able to tolerate their urges to humiliate and annihilate me (which is their projected desire to annihilate themselves) by allowing more play with the Bubbles image, they could then reclaim their destructive instincts and not act out their self-loathing.

Supervisor's reflections

You seem to be blaming yourself for not going further, yet you didn't want to go further. You ask who is Bubbles as if you are supposed to know. There is only one way to find out more about Bubbles and you avoid it. Why not? The answer is surely not going to be pretty. You are filled up with thoughts and feelings and you believe they are all unjustified, personal, distorted. Yet they are more likely connected to the core of the issue. Why cannot you give them a voice within the play? Your moral outrage? Your fear and warnings? Why cannot you say what is on your mind? Perhaps you believe that what is on your mind will harm the group? or is too transparently a measure of your own deficient personality? Frankly, my guess is that what is most on your mind is Bubbles.

Session 6

Listening carefully to the pre-session comments I pick up on a theme: women, authority, lovability. Jeremy speaks of his fiancé. Others speak of the female unit chief and the scandalous comment made by Jeremy. We begin our group with the usual ritual of bringing down the theatre curtain. Immediately upon entering the curtain (denoting the playspace), Ned looks up at the ceiling and says, "Yep, Bubbles is still with us, she is sitting up there on her trapeze swing." I look up and yell in a humorous fashion: "Bubbles, stay away from here, you are a sexist image and you make everyone feel uncomfortable. Don't come down here. Keep your sequins to yourself. We are not interested in what you have to say." I then ask the group if they think it is safe to enter

the playspace. They all agree that Bubbles is too much to handle and we should proceed without her. Jeremy (the one who had made the comment), does not want to address Bubbles at all: "Bubbles we do not want to deal with you. You cause us much trouble."

The group warms up with sounds and movements and again evokes many scatological images such as farts, snots, wetting oneself, and picking noses. Eventually Jeremy yells, "Enough, I can't take it." I comment that I am glad Jeremy is here to warn us when we are getting out of hand. The group starts to play with things being out of control, laughing and begging for Jeremy to stop us. Rick once again pulls his shirt up and does a belly-dance in the center of the room. I announce in a circus ringleader's style: "Ladies and Gentlemen it's Rick and his magic belly!" Howard immediately steps forward and begins to rub his belly as if it is a crystal ball. "Look into my eye," Rick says, indicating his belly button. He goes to various members and they ooh and aah as they look into his stomach although no one will say what they see, even with my prompting. I say, "Hmm, I see something." Larry steps forward and begins to pull something from Rick's belly button. Rick gyrates his stomach and says WOOAHH as Larry continues to pull it from his stomach. Larry says that it is a long cord. Howard steps forward and cuts the cord. Daryl takes it and coils it up, miming how long it is. Jeremy steps forward and then mimes throwing it out the window. I point out that Jeremy just got rid of our image again. He responds: "Oh I am terribly sorry, let's replace it with another." He hands a tiny object to Daryl, which is passed around, shoved up noses, chewed, spit, smelt, smeared . . . Finally Daryl swallows it and then shits it out. He exerts much energy when he is shitting in the middle of the room, acting as if he is constipated. I yell, "Yipes, someone get the bucket!" We scramble to hold the bucket, yelling PUSH Daryl, PUSH Daryl . . . He finishes and he looks in the bucket, saying "looks like a lot of hot water to me." I ask if anyone else would like to contribute. Larry comes in the middle as we all yell PUSH PUSH PUSH, and he dumps. A few more people dump. Then Rick comes forward again pushing from his belly. He yells: "I'M PUSHING, PUSH PUSH." Then someone yells, "THE BABY IS COMING!" "Get the hot water." Rick pushes and pushes and Howard and Larry deliver his baby. Larry calls it a PTSD baby and, as the doctor slaps it a number of times, says, "Yep, it has no feelings, totally numb, PTSD all right."

The baby proceeds to get slapped, kicked, and stepped on. Chris then changes it into a basketball and dribbles it. Ned takes the ball and throws it up to the ceiling. He looks up: "Oh no Bubbles has the baby." He pleads with Bubbles: "Please, drop the baby." They decide it is Bubbles' baby all along. Ned looks up toward the ceiling continuing to plead. Suddenly he reaches his arms up, screaming that Bubbles is falling from her trapeze. He falls on to the floor from the weight of her. The group screams and laughs as Ned pretends to crawl out from under her. Daryl screams: "Make her get back up there!" The group begin accusing each other of bringing her here.

"You're the one who invited her here." "Not me." "I want nothing to do with her." I say, "It couldn't have been me that invited her here." Carl asks if I was jealous of Bubbles, Jeremy asserts emphatically: "I DON'T EVEN KNOW BUBBLES!" The rest of the group protest, saying that Jeremy is holding back and that in fact he does know her. He smiles. The group then passes around accusations: "You know her more than I do," I ask the group what they know about her. Ned: She's a 500-pound dancer. Rick: She weighs 120 lbs and was abused as a child. Chris: She actually means well, I feel kind of badly picking on her. The group gives him a mocking OOOHHH, but a feeling of sadness arises in the group. Howard: "All I can say is she has huge tits and ass." "And what else?" I ask. "That's it," he replies, "Huge tits and ass." I say, in an exaggerated manner, "But Howard, you're objectifying her, what else do you know about her besides her body parts?" He laughs: "I don't know anything else about her." *(He is very energized by this and responds with recognition when I mention objectification. I assume he's heard this before.)* I say, "Boy, Howard you have a lot to learn about women." He very energetically responds and points his finger at me indicating that I hit the bullseye: "There you go, you're right, I do have a lot to learn, I always have this problem." Larry says, "I notice that she has a heart as big as her other body parts." I ask if Bubbles has anything to do with me but they ignore this comment. *(They seem more focused on Bubbles than on me.)* Then Rick responds by saying that she actually does work with veterans. Larry laughs and says that she works with each one of us veterans. Daryl says that she was locked in a closet for a weekend. Chris says that she has too many tattoos. Carl comments that she hasn't had any action in a long time. Silence. Impasse. *(Was he referring to a thought that I wanted some action, or to his own impotence?)*

After the uncomfortable pause we decide to get rid of Bubbles by sending her back up to wherever she came from. We stand underneath and send her up gently. Some of the men make a pleasing oohh sound as they push her up to the sky. Immediately after sending her up Ned mentions that "the damned PTSD tree is still in our way" (an image from a previous session).

Therapist's reflections

I was encouraged when the men actually took on the role of the woman by giving birth. They gave birth to a numbed-out PTSD baby, that is, themselves. The objectified woman moved from myself, to an imagined character Bubbles, and then to themselves as a vulnerable baby. Is this internalization? Then they gave the baby to Bubbles: Mother Bubbles, with ass, tits, and vagina? I felt resistant enrolling as Bubbles. Wasn't she still an object for humiliation and rape? Was I missing her connection to their mothers who have rejected them? Would my enrolling as her bring the men closer to their issues and feelings of impotency and vulnerability? Am I afraid to look at

their personal despair? And now that Bubbles is out of the way, what will we find in the PTSD tree?

Supervisor's reflections

You imply that they may be connecting with their feminine side. How often do these warriors get to be pregnant and have babies? How often do they belly-dance or are crushed by a falling vagina? I find myself thinking about climbing back into the womb: what better way to avoid the draft and Vietnam and adulthood and PTSD? Or death. What are you going to find on the PTSD tree? I think death.

The group then decides to chop down the PTSD tree. We chop and yell "Timber!" as it falls with a crash. After we run for cover we turn to look at the tree. We walk around it in a circle commenting on what we see. Eventually Chris looks closely and notices some deep roots. We imagine that each root extends to each person. "What should we do?" I ask. Someone suggests we can pull them up and look at them. I ask who dares to go first? Jeremy volunteers. "Okay, we are going to reach down and pull up Jeremy's root," I announce. Suddenly the group begins to laugh and giggle. I hear someone say, "We're going to pull on your root Jeremy."

I slump, realizing the intention of my dramatic structure has been changed and is once again eroticized. Partly because of my exhaustion from trying to keep the group away from this imagery and partly because I am curious. I say, "It seems I can't keep this group off one subject." The next moment is filled with an undefinable feeling. Then I quickly yell, "Let's pull!" We pull with much energy until we pull up Jeremy's root. Howard says, "It's very small." Larry says that he needs a magnifying glass in order to see it. Jeremy laughs aloud and seems to go along with the group's estimation of the size of his root. Next we pull up Howard's root. The group agrees that Howard's root is huge and very heavy. Daryl notices a wart. Howard laughs, showing some embarrassment at the recognition of his status as the biggest man in the group. Larry volunteers to go next: his root is described by the group as being long, skinny, broken and old. Larry becomes sad and agrees that his roots are indeed broken. *(The group seems comfortable and aware of the double meanings: both sexual and familial roots.)* They continue to pull up each other's roots. When they reach Chris' turn, his roots keep coming up. "We just can't reach him," Howard says. *(I feel this is another here-and-now reference to the fact that Chris remains outside of the group and refuses to let others in.)*

Next it is Carl's turn and he seems frightened and pale. The group begins to chant "Carl! Carl!" clapping their hands. He seems defensive, pretending not to care. "I already know what they're going to do," he says to me. "Go for it guys." *(I feel protective of him and worry that the group is going to*

make fun of his small stature.) The group pulls and gets nothing. Ned says: "He's not connected. No roots." Howard notices that it looks like Carl stands on loose dirt. I begin to think he is going to faint or lose his balance. "Carl, it must be very difficult not to feel connected." He seems sad and agrees. I ask the group to help him back to his place in the circle. They all hold him and walk him back. He just stands there staring at us. There is a sadness in the room.

Next it is Ned's turn. He becomes very animated and stands in the middle of the circle holding his genitalia, screaming, "NO NO PLEASE DON'T TAKE MY ROOT, I NEED MY ROOT PLEASE NO." The group attacks him and we pull as Ned screams, gradually raising the pitch of his voice until finally we pull up his root. Screaming in a very high pitched voice, he holds his genitalia, indicating castration. The group shows great interest in his root. Members mention that it is very smelly, old, and mysterious. One member suggests that the way to analyze roots is to cut them open and look inside at their inner circles; this will tell us more about the history and the age of the tree. The group becomes very invested in this idea. Ned screams, "NO DON'T CUT MY ROOT!" Howard holds the root and tells the group to chop on the count of three. This they do, with Ned still screaming and holding his genitalia. Larry passes around a piece of Ned's root for everyone to analyze. The group describes their pieces as stagnant, not rooted in many places, old, going way back to past lives, lots of deprivations, centuries old. Ned seems sad. He nods his head in recognition of these observations. He sadly notes: "Not sure if it's any good. It appears rotten." There ensues a pause and a silence. More sadness.

I ask the group to put everything back into our box and send it up to the ceiling until next week. This closing ritual is done with a quiet, meditative, accepting tone and atmosphere.

Therapist's reflections

The sadness that I feel replaces any feeling of threat or eroticized energy. Could it be that their defenses have dropped? They have acknowledged their own inadequacies and vulnerability. I was in a room with men whose roots are old, dysfunctional, and decrepit.

Supervisor's reflections

There it is. Closeness among the ruins. Who would have thought that your journey would lead you here? The fearful imagery at the gates was there to scare you off. How much more grief awaits you as you go further? You have been a witness to what they have done to themselves. So yes, in a way you have destroyed them as they were. Who are they now?

Discussion

Gender dynamics are the container for much projection. Issues of power, authority, exploitation, desire, and insecurity find a welcoming arena for display within the gender interplay. In our experience this interplay takes place on several levels. The first level consists of overt projection into gender power struggles. As a female leader, Cecilia's authority was initially directly challenged by the male patients. This type of challenging consisted of refusal to participate, denigrating sexual comments, and gestures made directly to the leader that interfered with movement into the playspace. These behaviors elicited anger, frustration, and insecurity from the leader, thereby preventing her from helping the group to move on. This level of gender struggle requires the leader to establish her role as authority and guide. This is accomplished first by communicating her authentic and sincere desire to help the men overcome their suffering, in part by demonstrating her awareness of their suffering. Second, she establishes highly bounded task, space, and role structures in the session, utilizing well-defined entry and closure rituals that demarcate the arena of play and pretend. It is very likely that the men feel threatened, unsafe, and frightened of the impulses within their inner world. By defining the structure of the session, the leader enables the male members to gain trust and assurance of her capacity to keep them in control. This is very important as it sets the foundation for the playspace. The playspace cannot be uncertain, as it is crucial in providing a space for examining and stretching rigid definitions of self and other. Many perpetrators are trauma victims with feelings of profound mistrust. Most traumas involve intrusions across personal, spatial, or body boundaries. One cannot ask the perpetrator to visit his crimes and meet his injured self without setting up perimeters of safety.

Countertransferenceal desires to reject the men are helpful signals that a playspace is not fully in place and that the men feel unsafe and therefore will be unwilling to engage in the journey. There is a danger in acting out on these countertransferenceal feelings by humiliating the men, canceling groups, showing up late or pushing into play without establishing the playspace. Each of these choices can constitute a replaying of the abusive process the men understand. It is as if they seek to evoke a humiliating response from the therapist. We wonder if it is here, in this repetitive dance of patient noncompliance and therapist's rejection that many leaders give up on the perpetrator, deeming him incurable or undeserving of treatment.

The next level of gender dynamics occurs within the playspace. This level involves projections that are gender-based but less directly related to the leader. For example, the play with Bubbles contained imagery related to sex, domination, and violence, but now directed toward an imaginary object or person within the playspace, not the actual leader. Cecilia still felt intense guilt, embarrassment, and anger which led her and the group to an impasse in the play. However, she found that because these images were not directly related to her, she had some room to bring her feelings into the playspace and

allow the men to play with them. This indicates that Cecilia's counter-transferential feelings were truly evoked by conflicts inside the men. The men were subsequently able to play out these gender polarities, including playing out female roles: for example, the men gave birth, belly-danced and held hands with each other. Playing with these projected representations of shame, self-loathing, annihilation, and longing allowed the men to reinternalize these feelings and feel less threatened by their existence. Simultaneously Cecilia found it less threatening to voice her own genuine feelings within the play.

The gender dynamic finally plays out on a deep level. The therapist is challenged to stay in contact with the perpetrator/victim while he feels the painful, vulnerable, long-defended-against feelings that he has hidden from himself and others. In this stage of the play Cecilia was able to tolerate the playing out of feelings of vulnerability and impotence, thereby possibly helping the men to tolerate their own range of feelings, from weakness and fear to rage and destruction.

However, as the men take back their own projections, the therapist concomitantly feels pressure to do the same, and so may become aware of her own personal conflicts. As a woman, Cecilia found it difficult to be with a man who is feeling impotent, childlike and needy. Her desire to protect his manliness, to prevent him from feeling small in her presence, reflects her own gender-based assumptions and dynamics in her family of origin. All of these reactions and feelings can find an expression in the playspace, coexisting simultaneously at different levels of meaning within each client and therapist. The therapist's capacity for empathy at this time is enhanced by her awareness of these diverse meanings, and appreciation, both humble and ironic, of the complexity of the human project.

CONCLUSION

This group demonstrates the process of reinternalization discussed above. The veterans initially targeted the therapist as an external object in the environment on which to project their fear and hatred of women in authority. As the playspace was developed, the veterans created imaginary objects of their projections such as Bubbles and the PTSD tree. They began to experiment more flexibly with female roles themselves, and finally were able to acknowledge their vulnerable shamed parts. The therapist simultaneously experienced a reduction in her countertransferential rage and found herself comfortable with the intimate nature of the play with these veterans.

This case also illustrates the importance of ongoing supervision to help the therapist achieve perspective on the material arising in the group. The supervisor can help the therapist identify emergent issues as well as to moderate the therapist's countertransferential rejection of the clients and withdrawal from the playspace.

We believe that the drama therapist can facilitate a therapeutic process of

great power by trusting in the playspace as a healing arena. When treating perpetrators, whose use of projection is fundamental to their stability, tolerating heinous imagery is a necessary step in the therapeutic process. The recognition that the playspace is not reality helps the therapist to maintain her equilibrium in the face of her important task: to heighten her clients' capacity to acknowledge their past actions and future potential for violent behavior, as they choose to behave differently. This choice can be brought to life within the drama therapy, for each moment in the playspace is a choice not to act in violence, is a restraint from violence against the therapist, and therefore against women.

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