

Title

**DANCE AND DRAMATHERAPY
PROVIDING A FACILITATING ENVIRONMENT FOR THE PHYSICALLY DISABLED**

Name: Mary O' Donnell

A dissertation submitted in partial fulfilment of the requirements of the National University of Ireland, Maynooth for the degree of MA Dramatherapy.

**This Research Study is based on Dramatherapy practice in
a daycentre for adults and children with physical disability**

Index sector Physical Disability.

Main area of report : Adult Physical Disability.

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Title: DANCE AND DRAMATHERAPY providing a facilitating environment for the physically disabled.

“Can the integration of dance/movement with dramatherapy technique provide a Winnicottian facilitating environment for the physically disabled client”?

1. Abstract.

This case study consists of a closed group of ten adults with physical disabilities including brain injury. They range in age from 35 years to 60 years of age.

I refer specifically to year three of an ongoing practice. At this time the group transitioned from a Drama to a Dramatherapy practice. The process evolved over 20 weeks duration. The methodology will take the form of an extended case study of the group practice. The purpose of the research is to answer the question as shown. Toward that end my approach will be: To present evidence of group process, the story that unfolded. To show the reader the link between the research problem, the methods used and the results. To identify where, and from whom data was collected and how the theory emerged from the data. Data collection strategies include: The recording of observations of participant and myself as therapist, group Interviews, video tape recordings, and staff interviews. The work under discussion will be informed within a substantive theoretical framework of contemporary dramatherapy, dance and disability theory. Some reference will be made to neuropsychology relevant to understanding social relationships and most recent research on the environmental influence on human cell and brain function and attachment theory. Applying phenomenology to research, client's will attempt to get as close as possible to their own experience and the experience of the group and therapist's journey together and elucidate the meaning of these experiences. In so doing the evidence will demonstrate that the facilitating environment of which Winnicott spoke can be provided.

This study will have direct application to the creation of greater access to Dramatherapy for this client group and will move knowledge in this field a little further along.

2 Acknowledgements

I wish to acknowledge all those who encouraged, supported and helped me throughout the research study.

My family, Niall, Eve, and Colette for the interest they showed, and the encouragement, support and help they gave me.

My colleagues and friends for understanding the challenge.

My supervisor (Metcalf) for keeping me on the right track.

My course leader Angela Bracken for her wisdom and balance.

My client group for being there.

3. INTRODUCTION

Can physically disabled people dance? One of the clients I interviewed felt that physically disabled people were perceived by the public as not being capable of dance and in fact he was of this opinion himself until he attended our dance/movement sessions. I hope to alter perceptions by lifting the veil and inviting the reader to examine evidence, which contradicts the perception. By creating certain environmental conditions using a combination of dance/movement principles and dramatherapy techniques I will show the reader how the "good enough" environmental conditions can facilitate physically disabled people experience their unique abilities, abilities they could not conceive as being possible. Through my dance/drama work with this client group I have developed strategies I hope will be of interest to the reader.

It was from a dancer's perspective that I came to work with this group. That perspective has expanded to encompass the many art forms within Dramatherapy. Therefore I have a bias towards dance, spontaneity, free speech, respect and uniqueness of the individual. I believe that regardless of disability, even in stillness the rhythm of the heartbeat can be explored and breathing can be felt expanding and contracting the body in space. These qualities of exploration can be recognised by others in facial expression and attitudes of the body and developed into dramatic action. The senses are alive and through the senses the client comes to know the self and the self within the environment. As a young ballet teacher in 1980's I used to go swimming to the pool in the local centre for physically disabled people. On my way to and from the pool I passed the adult daycentre. I could see people in wheelchairs gliding past the window. The challenge of working through dance with people who experienced such physical restriction generated curiosity and interest in me. Working through the body in ballet training I built confidence in my physical and mental strength. While dancing I experienced an overwhelming pleasure that was all mine, belonging only to me, which was "me". I recognised the power of the arts in communicating knowledge, that others could also discover this self-knowledge through dance and other creative art mediums.

On this journey of self discovery I discovered Rudolf Laban. Laban was an influential figure in 20th century dance. He was a dancer, actor, artist, sculptor, theatre producer, educator, therapist, writer and adviser to industry. He identified four fundamentals in relation to movement. These are: The Body, Space, Effort and Relationship. Through keen and perceptive observation of people in all walks of life Laban discovered new and logical ways of looking at human movement. The result of years of practise and research led to Laban's outstanding achievement- a systematic analysis of movement in relation to dynamic use of the body in space. A study of the release of human energy into action and expression. In 1990's I commenced the study of Laban's analysis of movement relating it to creative dance/drama in my private practice, the community and in mainstream education. My belief in the therapeutic benefits of creative dance became stronger and I was drawn to the idea of further study in the arts therapies.

In 2001 at a Laban Guild AGM in Dublin I meet a visiting Laban lecturer. She had been invited to facilitate some workshops with physically and profoundly disabled clients. In conversation my interest in this client group became evident to her and she invited me to assist her. It was a very enjoyable successful co-facilitation and I felt comfortable and at home in the work. The sense of relationship generated through the application of Laban's movement analysis to this client group was powerful. I was invited to continue the work by the centre manager who's bias is toward creative means of personal growth. I began on April 25th, my mother's birthday.

A significant day for the birth of a new adventure that lead me to dramatherapy.

In the early stages of the group, witnessing the physical disabilities and conditions of the clients held no emotional anxiety for me. As a dance performer and teacher I had felt and seen the body create multitudes of shapes in space, alone and in relationship with others, I related to the group as individual bodies creating shapes in space using alternative effort qualities of time, weight, and flow. 20 years wealth of teaching skills from private practice proved invaluable. Any apprehensions I had with a new client group lay in the challenge to deliver meaningful far seeing engaging material to satisfy the clients special needs and set long term goals within a relaxing environment. It was important for me to give personal attention both physical and verbal, to individuals and build a relationship with each person. To promote relationships in the widest sense with self, others and the environment. The professionalism of carers combined with the value management placed on dramatherapy was very supportive. While I was confident that this medium would benefit the group, I was hopeful that the clients would accept my approaches.

3.1. Social and contextual factors which influence the treatment.

“This country is not disability friendly”

This is a statement from a mother being interviewed recently about the proposed Government Disability Bill. Her frustration is tangible as she describes her struggle to raise her severely disabled son while also coping with full-time employment.

Ambulation, communication, self-care, socialisation, vocational training, employment, transportation, adapting to housing. These are some of the basic life issues taken for granted by the abled population and yet the struggle that the physically disabled person and carers experience when negotiating these issues is barely acknowledged in our society. In more recent times, a

Government willingness for change has been shown in planning to accommodate these needs.

At a time when the physically disabled adult population in this study were growing up there was little or no acknowledgement of the practical difficulties encountered by them or their carers.

“The behaviour of a brain injured person may be unexpected and disturbing for friends and relatives. They may be unable to control limb movements. A memory problem may be noted in Family reactions and Responses”.

(Dr. Martins O' Connor McEnroe, Head Injury Management 1994, 15,)

The Government Disability Bill which has been in formation for the past two years is due to be presented at this time of writing. The spokesperson for the lobbying group stated

“Two years ago we were hoping for change. Now we are expecting change”.

They are looking for independent assessment to seek resources and follow on services, an independent advocacy agency. There is a shortage of service providers for the disabled and they are looking for the provision for families to buy services if wished. As this study progresses the situation may improve if government reacts. One of our political representatives is physically disabled.

The psychological effects of a sudden, life threatening, event which affects physical and cognitive status are described by Duggan and Grainger as

“capable of shattering our equanimity to such a degree that we
are cut completely adrift from our moorings and thrust into an
ocean of fears and inadequacies, a turmoil of existential chaos”
(Duggan, M Grainger R, Identification and Catharsis in Theatre and Therapy 1997, 64)

The medical model of care, which has characterised the health service for most of its existence, has viewed health as a lack of physical infirmity. This criterion looks to objective physical measures such as mobility, physical strength and lack of physical disability to gauge recovery.

The traditional model of disability, current in the health service and embodied in the World Health Organisation model 1980 similarly assumes a simple causal link from physical impairment to handicap.

This model is:

Disease or disorder to impairment to disability and then to handicap.

This simple linear relationship does not hold up to clinical experience. A good outcome following rehabilitation often exists alongside social or emotional misery and distress. In examining and integrating psychological models of adjustment (emotional, behaviour and coping models) Johnston proposed that impairment also gives rise to mental representations which can affect coping behaviours and moderate the relationship between impairment and disability. Johnston further found that mental representations could predict the level of disability, when coping behaviours (as taught by therapists) did not. To maximise the chances of a positive adjustment to disability, rehabilitation programmes need to address mental representations and subjective perceptions in patients.

The following dramatherapy practice reflects one attempt to supplement the traditional medical model of care. In the context of working with clients who have to adjust to physical and/or neuro-disability, traditional therapies (physiotherapy, occupational therapy, speech therapy and neuropsychology) address the objective world and the disability, continually reinforcing the loss and change.

To redress the balance and nurture psychosocial well being and promote self awareness and value the individual needs the opportunity to connect with their creative impulse thus diverting the emphasis away for the loss of health and towards the healthy creative aspects of the person.

Quality of life is now defined by the World Health Organisation as,

“An individual's perception of their position in life in the context of culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating and affected in a complex way by the person's health, psychological state, level of independence, social relationships and their relationship to salient features of the environment”.

For those clients who were born with a physical disability, their difficulties lie not alone in their physical well being but also in their emotional adjustments to the perception that society has of them. This client group take a lot of projections from society. They are made to feel non-persons by ignorance displayed in public settings, regarding their reading, speaking and writing abilities. Communication happens usually through a third party. The inability to see beyond the wheelchair or the physical form poses a great challenge for society. As the advertising attempts to convince society “Image is everything”. The para and Special Olympics go some way in altering societies perceptions, although grand celebrity events and their impact have a way of becoming excluded from the everyday awareness and patterns of behaviour. It would seem that the answer for meaningful change lies in education at the deepest level.

Within the family and school environment context containment of relationship building skills between siblings and friends, may have been fragmented due to hospitalisation and separation anxiety. The developmental flow of childhood play may also have been disrupted. The continuity vital to providing a facilitating environment, in which healthy growth happens, may not have existed. Relationships may have become unbalanced, strained and uncertain. While well meaning over emphasis is placed on managing the disability of the person's external world, creative healthy playful qualities and abilities of the person become neglected, overshadowed. The free flow, spontaneous, fun dynamic environment which dance/movement/dramatherapy provides can help to establish a sense of creative, playful continuity which offers the person a holding as they recapture and begin to relate with that neglected or hidden internal world.

3.2. SETTING:

Founded in 1951

The centre is a non-residential, large modern building.

3,000 children and adult attend the clinic on an annual basis.

They are served by a staff of over 180 people including doctors, teachers, therapists, psychologists, social workers, trainers, administrators and support staff.

All services are provided on an outpatient basis and are free of charge.

It is government supported and also relies heavily on fundraising.

It is a national centre for children and adults with physical disabilities.

It provides a broad range of services in the area of education, training and employment.

It specialises in the assessment, diagnosis and treatment of children with a wide range of physical conditions, from the very rare to the more familiar, such as cerebral palsy and spina bifida.

All programmes are family focused, offering parents and siblings an opportunity to learn about the needs of the client and how to implement activities.

Programmes are designed by a number of specialists at the centre who maintain contact with the family doctor.

3.3. Mission Statement: See Appendix 1.

3.4. Chapter one: Methodology

Will inform the reader how I went about studying and looking at the question. The research instrument used and why this instrument was chosen. Strategies for collecting the data will be shown. Some relevant theories will be listed. How data was analysed. Ethical issues and codes of practice will be listed.

I will state how I am focusing in on the question by referring to the sources that I am using to discuss the question. Demonstrating how theories are helping me to understand my work.

Theories which relate specifically to the question being discussed.

Through critical analysis of the material reviewed I will inform the reader of the arguments to prove that dance/movement integrated with dramatherapy technique can provide a Winnicottian facilitating environment for the physically disabled client. I will selectively choose authors and cite the most recent and reliable knowledge in the field to build arguments in support of this case. I will discuss the reasons for my choice. I will look for errors to avoid in future research.

3.5. Chapter three: Case Study

The case study is the heart of the work. It tells what happened in the client group and in myself.

It describes the nature of the work. Clients personal reactions and **clinical strengths**. A profile of the working practice is shown through Storymaking and Playback theatre.

3.6. Chapter four: Evaluation/Analysis

Will show findings of the study. Answering the research. Implications for the practice.

Limitations of the study. Suggestions and recommendations for future research.

Interviews with clients.

3.7. Chapter five: Conclusion.

Will present a distillation of insights and learning

3.8. General Profile of the Group. Individual profiles in Appendix 2

Names and ages

Maura, 45. Marion, 35. Catherine, 60. Caroline, 40 Jane, 60.

Terrence, 60. John, 60. Joe, 65. Andy, 40. Kieran, 40.

The group comprises of ten adults. Five male and five female who have varying physical disabilities and brain damage resulting from road traffic and industrial accidents, stroke, cerebral palsy and polio.

Wheelchair assisted: John,

Electric wheelchair: Catherine and Marion.

Assisted ambulant. Jane, Carol and Maura.

Ambulant: Terrence, Jim, Andy and Kieran.

Everyone in the group has good comprehension and the ability to relate verbally even though verbal response is slow due to brain injuries. It is possible for each client to travel in the space with assistance.

4. METHODOLOGY

An extended case study was chosen to form the basic guiding principles of the research in question.

“Can the integration of dance/movement with dramatherapy technique provide a Winnicottian facilitating environment for physically disabled clients”?

Two pieces of dramatherapy structure form the study, Storymaking and Playback theatre.

The case study tells the story of the time spent with the group of ten participants.

Considering the findings are relevant from the perspective of the user of the findings, data was collected within the group of ten adults. It could be said that the participants were the experiential experts on the phenomenon being studied. Emphasis was placed on improving the human observer by the following methods.

Following activities,

The participant relaxes and focuses on the question

“ Describe the experience, how you felt, what you did, what you said, what thoughts you had about it.”

Dig deeper and reflect on the meaning of the experience.

What aspects of the experience stand out for you?

How has the experience affected you?

What changes have you made in your life since the experience?”

4.1. THEORIES

The following are the relevant theories discussed to inform and validate the research. Winnicott's theory on the vital importance of the provision of the facilitating environment. Bowlby's attachment theory. Jung's theories of the four functions of the mind. Laban movement analysis. Adlers theory of the importance of early memories. Recent scientific studies by Schore on the right hemisphere of the brain and its relation to Bowlby's attachment theory. Dramatherapy theories on dramatic ritual, aesthetic distancing and theories on Dances/movement analysis.

4.2.CREATIVE METHODS

Prior to the commencement of the study I looked for creative methods of processing my unconscious relationship of the previous two years with the group. One method of processing was through painting.

A.R.T. (Barbara Gauim, Art and Healing 1999)

I accessed the feelings, through painting released them onto the page and they became transformed. (Appendix 3)

This processing gave me a picture that helped me focus intuitively on the group throughout the study. It became a method to process the countertransference that had taken place in the previous two years of the practice. Freud saw Countertransference as the patient's influence on the analyst's unconscious. Transference relationships were used to assess patterns of behaviour of clients in relation to situations.

Countertransference R.Young [http; // www.shef.ac.uk/ psysc/mental/chap4.htm](http://www.shef.ac.uk/psysc/mental/chap4.htm)
(Appendix 4)

4.3. DATA COLLECTION STRATEGIES

The participant's relevant experience contributed to an evolving theory on Dramatherapy. Within the dramatherapy sessions participants were observed for impressions, reactions and patterns. Process notes, that is, the session findings were analysed and recorded. Impressions reactions and other significant events such as, partings, plays and deaths, which occurred during the data collecting phase were analysed and recorded in a journal. Carers were consulted and clients participated in self-evaluation through open discussion and interview with the therapist and carer.

As the study proceeded I sought early theoretical relevance and hunches "Winnicott". I sought to identify examples that demonstrated the range of the concept in different situations and in relation to other concepts. The theory emerged from the data. I became increasingly selective in collecting data of importance to the theoretical understanding of the phenomenon being studied. The study proceeded until there was theoretical saturation and no new data was discovered.

4.4. DATA EVALUATION

Evaluation of data was undertaken by identifying the research question. Data was collected from process notes on sessions. Having studied this material I identified themes and patterns emerging. These themes were reflected on, then teased out in an effort to find deeper meaning understanding of the group issues and needs. Profiles of the work were selected to answer the question. Supervision was sought to analyse further to give deeper meaning and understanding of group issues and needs and my own responses to these issues. Studying the theories in context of the data supplied further evidence to validate the question. Video footage supplied visual evidence to support the research question.

4.5. VALIDITY AND RELIABILITY

Part of the challenge of using qualitative methods is to master the language of the qualitative model of inquiry.

Referring to the following guidelines ensured the validity and reliability in the qualitative form of research.

Reliability:

Reference to another similar study. The replication of the study under similar circumstances. E.g. study with elderly patients. (Dance and Drama therapies stimulate creativity, enhance patient well being)

Author Kavanaugh, Kevin (Internet ref.)

Source Brown University Long-Term Care Letter; 7/24/95, Vol.7

Issue 14, p5, 2p

Document Type: Article

Subject Terms Dance therapy.

Internal Validity:

Spending extra time with a client to corroborate and compare other group findings.

Interview with Kieran (Appendix 5)

External Validity:

The description of the participants, or settings, under study is sufficiently detailed to allow for transferability to other settings however the context of individual lives must always be kept in mind.

4.6. ETHICAL ISSUES:

The implications of the study on the physical and emotional well being of the clients were considered. In Playback theatre were chosen to deal with memories in a lightheated containing manner. Storymaking enabled the client to explore within their personal boundaries. Physical safety was also provided throughout. Informed consent forms were received. (Appendix)

I discussed with the group utilising our sessions for the case study. I explained that I considered this work to be very valuable and that it should be recorded to allow others to become aware of the creative abilities which people with physical disabilities possess and their ability to participate in dance/movement. They agreed that others should be made aware and were very supportive of the work and wished me well. Throughout the weeks I referred to the progress I was making and thanked them for the opportunity that they had given me to record the story of our session together. I assured them that as Yalom puts it, "We are all in the same boat." One client offered to help by giving me whatever "feedback" he could on the dramatherapy session. This is detailed in the appendix. I felt his choice of words inferred that the material had nurtured him and he wanted to thank me. I assured the group that the study was confidential and that individual names and the centre would be referred to anonymously. The document would also be held confidentially.

4.7. IACAT code of ethics was adhered to.

Irish Association of Creative Arts Therapist. Code of Ethics (Appendix 6)

4.8. BOUNDARIES WHICH WERE SET AND SAFEGUARDED:

The client's safety was prioritised. Throughout the 20 weeks carers were consistent and well liked by the group. Three partially ambulant clients were always accompanied during travelling activities. The health of the clients was inquired about prior to each session. Any injuries were recorded mentally before each session. The client's physical ability to participate was monitored throughout the session.

The carers in the centre always ensured that the group was ready and waiting to begin and finish on time.

It was not permitted for others outside the group to enter the space or interrupt the session.

I was friendly but protected my personal space that is I shook hands but did not allow embraces.

I discovered extending my arm firmly while shaking hands safeguarded the boundary.

The individual clients had the choice to attend the sessions or not to attend the sessions.

The clients were made aware that judgement of the process would not be made by anyone and that competition was not a feature of the process.

Body contact with another during activities was confined to backs, shoulders and feet.

Absent members were acknowledged.

Respect for each person, as an individual, was an important focus in the work. Time was allowed for each person to verbally, or non-verbally, contribute regardless of speed.

All ideas were listened to and integrated into the session themes.

An atmosphere of lightness, good humour and fun was encouraged. It was made clear that confidentiality would be respected.

The group was consulted before plans were made to video and share our work with others in the day-centre.

4.9. A description of assessment methodology used.

“Assessment is concerned with judgements the drama therapist can make about the present state of the patient and methods of assisting him.”

Ongoing assessment and evaluation took place over the two years previous to the commencement of this 20 weeks study. At this stage the dramatic material absorbed by the group was considerable. Creative abilities and confidence was strong. The need of this group at this time as I assessed it was to transition from the present external world of Dance/Drama into the past internal world through Dramatherapy. Renee Emunah says

**“The emotional exploration of the past and the cultivation of insight and ego strength are essential components of long-term drama therapy treatment”
(Renee Emunah Acting for Real 1994,29)**

These essential components talked about could be facilitated through providing the environment referred to by Winnicott as the facilitating environment.

The integration of Dance/movement with Dramatherapy technique would continue to serve as the medium to provide this holding environment for personal growth and understanding.

5. LITERATURE REVIEW.

Here the thread connecting the question with the theories will be shown..

“The mind has a root, perhaps it’s most important root, in the need of the individual, at the core of the self, for a perfect environment”

Winnicott adapted his later writing to show the statement “perfect environment” to the “good enough” environment

“The imperfections that are characteristic of human adaptation to need are an essential quality in the environment that facilitates”

“Nothing takes place in emotional growth except in relation to the environmental provision, which must be good enough”
(Winnicott 1971,139)

This “good enough” environment or “holding environment” spoken of by Winnicott, can be understood in the attachment relationship between the mother and child where the mother’s function is to accommodate the needs of the infant by “holding”, “handling” and “object presenting”, enabling creation of the identity, development and eventual separation. This facilitating environment can be created and maintained by the facilitation of dance/movement and dramatherapy techniques enabling physically disabled clients to have their needs met. This happens by providing a kaleidoscope of creative mediums connecting people, movement, emotions, imagery, and sound. This focus on the healthy aspects of the person, within a safe space, where subjects and matters which hold significance for the lives of the individual, can be sensitively explored. A fresh understanding of real life issues can develop, relationships are promoted, transformation and growth can take place.

“Movement, dance, mime and drama merge into one another, for any dramatic action involves movement, whether in mime, dance or acting. Drama also comes into our everyday lives in the situations created by our responses to one another.

Therefore, in acting a part we can play out our own, or other people’s, or imagined, characteristics, emotions and events, either with speech, or without, as in mime or dance.”

(Audrey G. Wethered. Movement and Drama in Therapy (1993, 75.)

In this study dance/movement and dramatherapy techniques could be understood as a web of connectedness, combinations of dance and drama utilised to bring about therapeutic change.

The significance of dance/drama can be discovered in the oldest form of ancient ritual.

The communal awareness generated through dance/drama ritual offers a sense of belonging for disabled people who may feel that they are perceived by society as outsiders.

Newmann(1970.220) refers to the psychological importance of ritual dance in early humanity.

“Ritual serves as a container for the powerful and often untranslatable feelings, images and unconscious associations that emerge during the therapeutic process. They can be viewed as a vessel within which the life of the group, with its various shiftings and transitions, conflicts and crises, feats and joys, is embraced”
(Renee Emunah Acting for Real 1994, 22)

The cyclic form of the ritual dance defined a sacred space. In Jungian terms “temenos” the protected precinct, where transformations can occur. Transformations have been defined as change on a very deep level and this is the aim of every ritual.

Winnicott refers to this space as an “intermediate area of experience” or “potential space” belonging to the arts, religion, imaginative living, and to creative scientific work.

(Winnicott 1971, 14 Playing and Reality)

The foundation of the space is based on trust and relaxation. Through the relaxed and playful environment of dramatherapy, dance/movement enjoyable meaningful creative experiences are felt where the individual begins to sense their creative impulse and relate to the “true self” as Winnicott describes it.

Jung referred to this space as a state of mind between consciousness and unconscious where images and symbols from the unconscious may be played with and explored.

“When I look I am seen, so I exist”
(Winnicott1971, 134)

The therapist works to foster creativity and spontaneous play in the client, which will mirror the client's relationship with the internal world. These efforts of the therapist client relationship can be aligned to Winnicott's description of the function of the mother and child. The mother functions as a mirror, providing the infant with a precise reflection of his own experience and gestures, despite their fragmented and formless qualities.

Relationships are formed in the widest sense, to the self, others, and the environment. Underpinning the success of relationship building, Winnicott believes, is the availability of the play experience.

"It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality and it is only in being creative that the individual discovers the self.
Bound up with this is the fact that only in playing is communication possible"
(Winnicott *Playing and Reality* pg.54)

This place where we enjoy ourselves discover creativity and our "true self", demands an environment of relaxation free from anxiety. Creative dance/ movement has the power to relax the body by reducing anxiety. An example of this finding can be found in a UK study by Leste and Rust (1984), which explored the effect of modern dance training on levels of anxiety. Findings showed significant reductions in anxiety for the dance group and not for the other groups of sport and music.

The reduction in anxiety brought about by dance creates a relaxed atmosphere which allow group trust to build and creative physical and mental activities to manifest in a playful atmosphere.

These are the highly specialised conditions, which Winnicott advises are necessary to form the basis for a "sense of self".

"In these highly specialised conditions the individuals can come together and exist as a unit, not as a defence against anxiety but as an expression of I Am, I am alive, I am myself."
(Winnicott 1962.)

Developmental studies illustrate the process of movement that leads to developing that sense of self.

Audrey G. Wethered observes that a newborn baby appears to have no knowledge of the body, however by twisting, turning and kicking, the baby becomes aware of the body. Sucking the breast leads on to sucking whatever is within reach, spoons, rattles or toys. Play begins at this time. The baby discovers regulation of activity such as rolling *slowly* or shaking *quickly*. Holding *tightly* and throwing *suddenly*.

(Audrey G. Wethered (1993 p.42, 43.) Movement and Drama in Therapy)

In these ways the baby builds some sense of her own identity. She herself can do all these things.

The feeling of "Me, here, now" is established, referred to by

Reitman (Psychotic Art 1950, p.54)

Sue Jennings advises intensive work on the body and the voice to discover new means of communication

(Jennings 1994, 105 Handbook of dramatherapy)

Schilder confirms this study of the importance of movement in relating to one's own body and the image of one's body .

"We do not know very much about our body unless we move it.
Movement is a great uniting factor between the different parts
of our own body".

(Schilder, The Image and Appearance of the human body. 1925, 112)

"the picture of our own body, which we form in our own mind;
that is the way in which we appear to ourselves"

(Schilder 1925, p11)

When we consider the devastation of the self image felt by adults who suffer physical disability, the importance of providing an environment, in which healing that perception of self image is possible, becomes vital. Ways of building relationship with the "real self" the creative, healthy aspects of the self, becomes the therapeutic aim.

There is a dynamic interactive relationship between role and self image according to Renee Emunah (Acting for Real 1994, 33)

Dramatherapy offers opportunities to expand role repertoire, bringing an increased sense of self worth, getting to know, respecting, and accepting the many aspects of the self. Dance/drama seeks to provide a way of playfully moving and imagining, which allows the client freedom to experience the positive healthy aspects of their physical body, and hence relate to others in a similar frame of mind. To forget about their disability for a while and alter the self image. To spend time in an environment which facilitates affirmation of their abilities, and achievements of other group members.

The psychological effects of a sudden life threatening event, which affects physical and cognitive status, are described for us by Duggan and Grainger as

"capable of shattering our equanimity to such a degree that we are cut completely adrift from our moorings and thrust into an ocean of fears and inadequacies, a turmoil of existential chaos"
(Duggan, M Grainger R, Identification and Catharsis in Theatre and Therapy 1997,64)

They continue to make us aware of the desperate struggle and courage of the physically disabled individual in their attempt to understand their life situation and who they have become.

"keeping our balance among the conflicting demands and pressure of the social networks that sustain us, but also distort our judgement, circumscribe our awareness and -most important of all- restrict our freedom to be ourselves."

(Duggan, M Grainger R, Identification and Catharsis in Theatre and Therapy 1997, .105)

When considering methods of seeking out the “true self” in Dramatherapy the approach used by theatre director Jerzy Grotowski is inspiring. He focused on the actor’s emotional process, the spiritual process. He compares acting to sculpting, in both one chisels away all that is excess as a means of discovering and revealing the innermost form. It is the innermost, the uniqueness of the person we attempt to relate to.

(Renee Emunah 1994,10)

As therapists the challenge is to employ all our developed skills to reach beyond the disability to the childlike core of the person and spark the creative impulse which then becomes the common denominator.

By chiselling, reaching, digging at our own imaginations and sharing our findings we may truly relate to and awaken possibilities in others.

Ann Cattanach tells us, that

“When the struggle is explored symbolically through the fictions we create in dramatherapy then the healing process could be described as restoring life through art”

(Cattanach 1994 28 Handbook of Dramatherapy)

Greater understanding may be achieved, on the striving and effort the physically disabled person needs to invest physically and emotionally in seeking their creative impulse through dance/drama, by looking at the theory of (Alfred Adler’s) individual psychology.

“The science of individual psychology developed out of an effort to understand the mysterious creative power of life- the power expressed in the desire to develop, to strive and to achieve, and to compensate for defeats in one area by striving for success in another. This power is teleological- it expresses itself in the striving for a goal, and in this striving every physical and psychological attribute co-operates. It is absurd therefore, to study either physical or mental conditions abstractly without relating them to the individual as a whole”

(Alfred Adler, Understanding Life, 1998, 15.) by Hazelden Foundations.

Although risk taking is encouraged a safe environment must be considered in the light of the physical disabilities. Underpinning my approach in this consideration is Rudolph Laban's movement theories and analysis of movement. Through its application the individual is introduced to and encouraged to observe certain basic movement principles to which all living matter conforms.

Space is structured and no longer appears as a 'vacuum'. Once the client knows where in space they are going, they must observe and analyse how they are going and what kind of movement energy they are using. The responsibility for observation is placed on the client who deepens the understanding and concentration and places the control of the movement with the client.

The skill, of observing movement, arms clients with a powerful emotional distancing technique.

"The director within us"
as Renee Emunah describes it,

as employed by the German director Bertolt Brecht (R.Emunah, Acting for Real, 1994,9.)

"This approach can help people to think
objectively instead of responding subjectively".

Dance/drama action material offers clients endless opportunities to rehearse this invaluable skill while observing movement and applying it to the external world of self, others, the natural environment and the built environment. Making connections and observations promotes a feeling of belonging, hopefulness and understanding of a universal concept.

"Rudolf Laban devoted his energies to working out a philosophy of dance which would establish for it not simply a place amongst the sister arts but a position in the whole meaning of the universe and man's existence in it."
(John Hodgson & Valerie Preston-Dunlop. Rudolf Laban.
An introduction to his work & influence. 1990, 13)

“All of us want to belong, and we establish a final, fictional goal that directs us to what we should be or accomplish in order to belong”.
(Adler, 1956)

Relating to the internal world of the client, Laban's observations of the conscious and unconscious realms are helpful in understanding and applying his movement theories in dance/drama to the internal world. He observed that the conscious and unconscious realms identified by Jung, were manifest in movement as overt and shadow moves, both postural and gestural. Shadow behaviour was considered by Laban to be evidence of deeply embedded preferences in the unconscious. His belief was that the four motion factors of space, flow, weight, and time directly related to Jung's concept of the four functions of the mind, thinking, feeling, sensation and intuition. Observation led Laban to the conclusion that each function was evident in one motion factor. Thus, thinking was manifest in spatial changes, feeling in flow changes, sensation in weight changes and intuition in time changes. Informed by this theory dance/drama be used to bring about changes in outward behaviour of spatial flow, weight and time actions thus influencing inner attitude of thinking, feeling, sensation and intuition of the client.

Laban's term “Inner Attitude” shows how the complex use of the functions of the mind reflect in behaviour.(1990 , 56)

“In the relaxation that belongs to trust and to acceptance of the professional reliability of the therapeutic setting there is room for the idea of unrelated thought sequences which the analyst will do well to accept as such, not assuming the existence of a significance thread”
(Winnicott. D. Playing and Reality 1971. 55)

This unrelated thought sequence, spontaneity of creativity and play can be embodied through what Laban identified as free flow movement directly related to Jung's concepts of the feeling function.

Further evidence of the ability of dance/movement to provide a Winnicottian facilitating environment may be discovered by paying attention to the work of Veronica Sherborn.

Through the creation of a system of developmental movement she discovered that at a physical level children experience what it feels to be “at home” in their own bodies and emotionally,

“They learn to be sensitive to the needs and feelings of others and become more skilled in communicating and sharing experiences with others.”

“The development of body awareness and relationship to others are significant for physically disabled groups”

(Veronica Sherborne Developmental Movement for children 2001 p.111)

My practice was informed by her work on relationship building through developmental movement. The movement experiences mirror and recreate the early mother infant dyad sequences, offering an opportunity for vital socio-emotional developmental stages to be explored and recreated and a chance to alter patterns of early attachment behaviour felt as a result of great through loss and separation experienced by physically disabled individuals.

“The function of attachment behaviour, it is suggested, is protection from predators. Whilst attachment behaviour is shown especially strongly during childhood when it is directed toward parent figures, it none the less continues to be active during adult life when it is directed towards some active and dominant figure”.
(Bowlby J. The Making and Breaking of Affectional Bonds 1979.87)

Therefore the provision of an environment which facilitates the individual to explore and understand deep hidden emotions through dramatic distance will enable personal development.

This thinking is in line with Allan Schore neuroscientist and psychoanalyst (Video 1997) who notes that maturation is experience dependant, and those parts of the brain that are involved with emotional and social function are embedded in the attachment relationship. Our ability to maintain relationships, how we think and feel about ourselves, our capacity to self-reflect, make plans for the future, deal with stressful situations and regulate our emotional states have their earliest development in attachment relationship dependant on the good environment.

According to Schore the right hemisphere of the brain is the repository of Bowlby's unconscious “working model” of the attachment relationship. The right hemisphere develops primarily within the preverbal stage of development and is centrally involved with unconscious processes.

Therefore it appears that,

“ The core of the self is thus non-verbal and unconscious, and it lies in patterns of affect regulation. This structural development allows for an internal sense of security and resilience that comes from the intuitive knowledge that one can regulate the flows and shifts of one’s bodily based emotional states either by one’s own coping capacities or within a relationship with caring others.
(Schore, 2001 311)

Directing focus away from the disability and towards the core of the person can be therapeutic for individuals with physical disability. By visualising and sensing from the healthy physical core outwards the individual comes into awareness and relationship with active healthy normal body function. Deeper levels of body awareness and interest are arrived at when working with body cell concepts, the very fabric of our being generates an exciting environment. It is therefore encouraging to read that The Biology of Consciousness (Bruce H. Lipton, Ph. D.) presented at the International Association for New Sciences suggests that the environment, rather than genes, is responsible for regulating cell and ultimately organismal behaviour.(Appendix 7)

The mind body connection is explained further by Schore, writing on Bowlby’s attachment theory, when he refers to Freud calling for,

“the creation of a model that could explicate the biology of unconscious processes”.

Bowlby proposes that attachment is instinctive behaviour associated with self-preservation, and that it is a product of the interaction between genetic endowment and the early environment behaviour.

(Schore 2000, 28)Appendix 8

It becomes clear therefore that the theories confirm the question to be a valid one and worth studying in the interest of the physically disabled clients for whom the research serves now and in the future.

6. CASE STUDY

6.1. Introduction:

This case study will show two pieces of dramatherapy work in order to answer the question.

“Can the integration of dance/movement with dramatherapy provide a Winnicottian facilitating environment for the physically disabled client?”

The first piece of work is step one of an Eight part Storymaking facilitating a relaxed transition for the group towards dramatherapy. A brief synopsis of the seven remaining steps of the storymaking will follow. The second is a piece of Playback Theatre, which focuses on early memories of the individuals. It demonstrates the respectful environment this form provides to facilitate the reawakening of early memories while exploring the memories. I will discuss three individual examples to think about the ways the patterns and emotions of the client's early memory behaviour continues to manifest in their present behaviour.

A sample of material showing the warm -up thread, which maintained a continuity of structure throughout the 20weeks, is shown in. (Appendix 11)

The plan was to develop the eight-part storymaking over a period of ten weeks to be followed by a further ten weeks of playback technique, culminating in playback of memories.

In 2001 I began working with this group as a Dance /Drama facilitator.

In 2003 we transitioned together into the therapeutic space.

The piece of work I will present guides the reader from the transition through 20 weeks of Dramatherapy. The group met once a week for 60 minutes. The case study highlights the process of transition from the creative drama session to the dramatherapy space. Three individuals I think were instrumental in challenging my thinking around the time of transition.

“ The group uses an individual person to bring out the issue.
The one who does it has the valency to it”

(Bion)

Kieran, aged 40, Molly aged 80 and Walter aged 60, helped me build an understanding of what the group needs were. They showed me where it might therapeutically go and how I might get them there.

The group was a closed one of 13 clients however the three mentioned participants attended on an irregular basis. I felt they were interrupting the flow of the work, my flow. I needed them to make up their minds to stay or leave. I was feeling stuck, struggling, feeling uneasy, confused, uncertain of how to guide the group. Supervision brought some clarity, suggesting that I was picking up and holding feelings belonging to the group from these three members perhaps.

I needed to find a way to give back their feelings and enable them to think and process the feelings in a safe dramatic context. I also needed to make up my mind as to my intended direction for the group.

“ The unconscious feelings stirred up in the therapist by the patient. leads to the very heart of the analytic process and beyond that , to our conception of human nature and how we may fruitfully think about how we come to know- the theory of knowledge or epistemology”

(Robert M Young Analytic Space: Countertransference) Internet Ref.:

However Yalom says, regarding group responses,

“ the multi levelled responses that group members manifest towards one another and the learning derived from these interrelationships are given equal consideration with the transferential relationship to the therapist” (Yalom 1985)

Kieran’s behaviour appeared uneasy at times. I felt some incident had occurred in the session to upset him however I did not analyse my own feelings and consequently did not intervene to allow him process what might be upsetting him. Kieran left the group, however thankfully he returned at the beginning of this study. In an interview given at the end of the study Kieran explains his reasons for leaving, confirming my feelings of countertransference at that time.

Molly aged 80 years was a professional dancer in her day and projected an air of authority. I had feelings of being judged and I felt obliged to satisfy her needs. She reminded me of my mother. Her dance/movement contributions were very structured this structure represented an area I fought to escape from to discover my creative, spontaneity in dance. Again in supervision I discovered that her structured attitude confirmed to me that there was another way, the creative way. Molly may have represented the group's need for form and structure at this time.

Molly left and joined the board game sessions for a while and is now in a nursing home. Walter also left the group in favour of swimming and even though I understood, feelings of "am I good enough" accompanied my understanding. He returned to the group during the final sessions of the study.

My interview with Kieran towards the end of the 20 weeks, shown in the Appendix 5 helps to illustrate the depth of relationship and learning, which happened between the group and myself, during the period studied.

With this learning in mind I will now turn my attention to the rest of the group and the road taken to provide a Winnicottian facilitating environment for them.

"Life experience and research findings confirm the intuitive sense that a persistent inability to tell one's stories to relevant people at relevant moments sooner or later becomes a problem"

"Relationships go askew, mistrust pervades interactions and confusion dominates the inner world. Awareness of telling one's story is reflected in traditional tales the world over. The stories convey our knowledge that telling about issues that are of abiding human concern is, much more often than not, simply good for us"

(Alida Gersie 1997)

We discussed the use of Storymaking as a stimulus for dance/drama and entry into the dramatherapy space. Until this point in the practice the clients' dramatic relationships had been with their external world. Now storymaking would offer form and structure, a safe container in which the client could come into relationship with their internal world.

The unconscious as Landy describes it

"A vast storehouse of psychic phenomena- wishes, fantasies, complexes, and archetypes- in the form of images and symbols. "

(Landy, Concepts and Practices 1986, 106)

I explained that through Dramatherapy techniques of movement/dance, sound/ speech we can give shape to our internal imagery.

I explained that Drama differed from Dramatherapy in that the intention in Dramatherapy is to explore real life experiences and emotions. To express what lies buried beneath our real life roles.

To enable individuals to discover creative impulses. To identify with patterns of behaviour which would allow new insight and transformation of these behavioural responses to others.

Self-awareness would be deepened. Performance is not a requirement.

Enthusiasm was displayed for the idea of storymaking and I was led by their enthusiasm. Consent forms were distributed. (Appendix 9)

The continuity, a central feature of the concept of the facilitating environment, of creative dance/drama combined with the relationship of mutual trust which had developed between myself and the group over the previous two years, provided an ideal environment. "A facilitating Environment" in which the group could transition to and explore the inner world. A sense of hope existed as Yalom puts it

"of being in the One Boat" preparing for the voyage.

I felt it important that the transition from creative drama to dramatherapy should be seamless. The playful leisurely style of facilitation which had generated the relaxed comfortable atmosphere which the group now took for granted, should be maintained and nurtured. To achieve this, ample time would be required for participants to be with each other, to make up meaningful stories based on life concerns and fears, adapt to the stories of others, laugh, express sadness, annoyance or anger. Listen and respond to each other as carefully and attentively as possible, being conscious of their right to be heard. To have the stress of self-consciousness alleviated through interaction with the stories of others. To experience leadership skills. To own the space for as long as they required. To make choices and change them if wished.

“Landscape is the first-born of creation. It is the most ancient presence in the world though it needs a human presence to acknowledge it”
(John O’ Donghue, Anam Cara 1997, 61)

Environmental themes I felt would create a natural lighthearted channel to the internal world of feelings and imagination. Our natural connection with nature supplies readily accessible information. Storymaking calls on information that is readily available in the memory and makes no demands on short term memory, which is a problem for some of the clients. Storymaking does not call on reading or writing skills, also unavailable to some clients. A challenge is provided despite it being relatively easy to perform. Mutual touch of dance encourages people to reach out to another. It provides sensory stimulation and facilitates emotional contact.

Through embodiment internal world issues can be presented and encountered in the present.

6.2. Eight-Part Story Making.

- 1 Environment. 2 Dwelling. 3 Characters who live there. 4 The problem.
5 Worse Problem. 6 Rescuer intervenes. 7 Action is taken, 8 Unity.

Part One: The Environment

"In therapeutic Storymaking, as in other forms of group work, healing change emerges from a group culture which generates respect, sympathy and reassurance, from the exploration of exercises and their linkage with emotionally laden issues and from the systematic use of relationships in which change can be engendered. Amongst these relationships, the one between the group facilitator and participants is of paramount importance."

(Reflections on Therapeutic Storymaking, 1997,42,43 Alida Gersie)

In three small groups, spaced well apart, clients were invited to imagine an environment in nature, share this personal environment and discuss it with the group. Following discussion they were asked to choose one environment from the selection to work with as a group. Each person was to choose an element of the environment, such as river or sun, and imagine themselves as that feature of the chosen environment. They were to create a movement to illustrate the chosen feature and add speech to identify their element. A link to the person beside was to be made by way of a hand or head gesture.

I was aware as I spoke that Andy was reluctant to settle, he wandered a little until he found a space where he felt comfortable. He instinctively sought out this environment of comfort to enable him to participate creatively. I had heard that he had attempted suicide but the information around this was not clear. In his reference to "A place for the birds" to rest I felt his choice of language mirrored his feelings of confusion.

The three small groups accompanied by a carer huddled together displaying concentration that is generated by interest in the task. Prior to the session and in private, the carers were directed to elicit as much spontaneous material as possible from the participants. As they settled into the task I noticed Terrence counting the individuals in the three groups. He turned to me and declared the head count. When I asked why I was not included he simply waved his hand in a dismissive fashion as if to say that I did not count. This was a good sign as I felt that Terrence was taking back the responsibility for group feelings. I was no longer being asked to hold them. The group was ready to enter the internal world.

An atmosphere of relaxed motivation was evident in the sounds passing through the groups. After the initial chaos the process began to take form. I passed among the groups offering encouragement and support in the expression and exploration of feelings, helping to empower the ability to solve arising problems. Peaceful, pleasant images of pastoral environments became embodied as the individuals moved and gave speech to the feelings of their inner world. Individuals displayed self images of power, gentleness, reflectiveness, generosity and humour through personification of elements within the environment. Imagination was stimulated as they related to their own identity within the story. "I Am"

"the picture of our own body, which we form in our own mind;
that is the way in which we appear to ourselves"
(Schilder 1925,p11)

Empathy for the feelings of others was shown as each listened to members of their own group and other groups. There was a sense of creative expectation as the story evolved transforming the space into a theatre of nature. I encouraged the groups to rehearse before we shared, to go deeper into the feelings they were experiencing as they interacted. Then find the dramatic expression to satisfy their own needs and gain insight into their own feelings about the experience. When the three groups were satisfied and comfortable with their creations contributions it was time to share. I repeated the three scenes for them while they relaxed with closed eyes this allowed for further insight and depth of feeling to develop.

A short piece of music "Morning" by Grieg was played and faded out to set the scene. As therapist in role my voice describing the countryside environment drew the imagination to the summer scene. Strong dramatic projection followed as the group became involved with the story. The slow sunrise could be visualised above the meadow as Maura gestured slowly upwards and spoke with confidence the words "I am". The sound of rolling waves could be imagined as Jane attentively rolled her arms while projecting her voice. Andy's real life state of confusion disclosed by identifying himself symbolically as "a place for the birds". As John pressed forward, lifted his arms and pulled the ropes, church bells sounding in the village, calling people to prayer, could be heard in the attentive silence. A sense of the "here and now" was captured. The group drama allowed the full impact of feelings to be experienced. The music was blended in and faded out linking each group scene facilitating distance and allowing the material to be witnessed from a different perspective.

As audience I experienced a real sense of presence and flow during the sharing. The individual interpretations related seamlessly one to the other. Evidence of respect was shown by group co-operation, relationship concentration and by communication. We were experiencing a pleasant summer evening in the countryside. "A perfect environment."

6.3.

“ We All Stand Together”**Eight Part Storymaking.****Group A Setting: A Summer Meadow.****Maura K. “**

I am the sun rising in the morning above the meadow” As Maura raised her head looking skyward her right hand crossed to her left hand and assisted the helpless hand and arm to reach slowly upward above her head gesturing to the sun.

Terrence:

“I am a beautiful green tree looking up at the sun”. As he spoke he arose from his seat and looking upwards out stretched his arms with sustainment to the sun.

Carer

“I am a little daisy opening in the morning to the sun”. She arose, arms extending sideways.

Andy:

“ I am a place for the birds to fly to and rest and sing” He leaned backward with outstretched arms.

Group B Setting: A High Mountain

Caroline:

"I am a high mountain tall and sleek" She stretched her body forward and upwards with strong determination, her right hand supporting her left hand and arm as she lifted them tall.

Jane:

"I am the waves rolling in at the bottom of the mountain" She rolled her arms as she spoke.

Jim:

"I am the Kerry dancer, dancing at the foot of the mountain". He stood danced away from his seat, smiled and danced back to the seat.

Carer

"I am a tree on top of the mountain looking down over all" She stood raised her arms and bent forward.

Kieran: "I am a rock standing firmly on the mountain I have been here for thousands of years.

He stood supported by his two sticks.

Group C Setting: A riverside Village.

Catherine:

"I am a tree awakening in the summertime" Slowly she gestured her hands upward while speaking

John:

"I am the church bells ringing in the village. It is time for prayer." He used his arms and hands to pull on the bell ropes

Marion:

"I am golden hay swaying in the field". She swayed in her wheelchair while speaking.

Carer:

"I am the river flowing through the village". He used his arms in a flowing motion.

It was time to bring this first step of our Storymaking dance/drama to a close. I invited the group to close their eyes and bring to mind their story and recall some aspect of it, a favourite movement, an image, a colour or sound. In the quiet calm atmosphere John quietly spoke the word "Peace"

In his relationship with his internal world he had found a place of peace, a "holding space" away from the trauma and turmoil of his external existence. This moment of peace I will always remember as an enlightening experience. I felt quiet satisfaction for John accompanied by hope at his ability to access this place of peace. My belief in the therapeutic power of dramatherapy was strengthened that it could provide the "perfect" or "good enough" environment of which Winnicott spoke.

"Nothing takes place in emotional growth except
in relation to the environmental provision, which must be good enough".
(Winnicott 1971,139)

To de-roll I invited the group to return to the space and open their eyes. Further de-rolling was achieved by focusing on the up coming festival of St. Patrick. We wished each other Happy St. Patrick's Day. The group did not disperse as quickly as usual. People continued to relate and hold on to the experience and images witnessed. Andy told Catherine that he could still see her white arm bandage as snow on the mountain. A carer told me that she had never heard Jim speak so much. As I packed my equipment away others gathered around me to share bits of news.

There was an extremely warm strong sense of satisfaction and relationship evident. Outside the air was crisp but the sun blazed through the trees as I left the centre. I felt satisfied and happy and I hoped that as a Dramatherapist I would experience relationship with future groups as profoundly as I had experienced today.

Jennings (1987) and Mitchell (1992) state that it is not necessary for the client to reflect verbally or analyse the enactment. Their position is that unconscious connections are made by the clients within the drama. They propose that automatic verbal analysis following the work detracts from the process of assimilation by forcing rational dissection on to the experience.

Dokter (1990) however states that it is crucial to allow the unconscious images to become conscious. She suggests that this can only happen through verbal reflection and acknowledgement of the connections between the conscious self and the unconscious images and scenarios in the drama. Within this approach the connections the clients make verbally and cognitively are crucial to therapeutic change. Some advocate an unstructured time for verbal reflection whilst others advocate structured dramatic and verbal activities to enhance the process of connection (Gersie and King, 1990)

Emphasis was not put on group analysing the story, or themes, which arose. I felt, at this early stage in the therapeutic process, it was more helpful to allow the unconscious connections to be made. I made use of the process to bring to supervision and to assess the group for future work.

6.4.

To show the therapeutic development of this piece of work I will give a brief synopsis of the following seven steps of Storymaking over ten weeks, demonstrating the abundance of themes and symbolism arising within the stories.

Part Two: Dwelling:

The groups embodied feelings by making a group sculpt of their dwelling, a den, a nest, a tree house and saying how it felt to be there. Comfortable, Cosy, Spacious, Warm.

Part three: Characters:

Families of Foxes, Squirrels and Rats

Part four: A problem develops:

Overcrowding, fear from attack, family conflict, money problems, and separation. .

Part five: A greater problem:

Storm and flooding drowning fear of annihilation, survival, strength.

Musical instruments and material create a storm.

Part six: Help arrives:

Co-operation, choice, negotiation, concern, power sharing. Discuss how the foxes can be saved from drowning in the meadow

Part seven: Action is taken:

Squirrels float on a log and rescue the foxes. The rats throw vines to them and draw them the safe environment of the bank.

Part eight: Unity:

A circle dance uniting all the creatures.

The cyclic form of the ritual dance defined a sacred space. In Jungian terms “temenos” the protected precinct, where transformations can occur. Transformation has been defined as change on a very deep level and this is the aim of every ritual.

The final completed piece of work was shared with staff and other members of the daycentre and recorded on video. (Available for viewing) (Consent forms Appendix 10)

To maintain a thread of familiarity, constancy and continuity for the group, I show a sample of warm-up which set the relaxed fun conditions that preceded the core work each session. See Appendix 11.

6.5. Playback Theatre.**Early Memories. Adlerian Individual Psychology.**

Playback Theatre Structure: Teller, Conductor. Actors, Musicians, Props.

Powerful blends of psychodrama, dramatherapy and theatre, which can be applied in many organisational settings, have issues playfully dramatised and transformed.

In this dramatherapy setting it is employed to provide a holding environment for the clients to move deeper into the internal world.

The teller is encouraged to relate a specific incident, early memories in this instance.

They are encouraged to access the feelings at the time and include what is most vivid about the memory. The conductor has a holding function by supporting the teller, mentally recording the feeling aspects and most vivid parts of the story and relating back or reminding the actors, empowering them to playback the story as authentically as possible. In the case of early memories, real past life issues continue to affect the client's behaviour when responding to situations in the present.

Group members play the memory back through movement, sound, and music to the teller attempting to convey the emotional aspect of the story. The teller may achieve new insight into the memory as it is played back. Props are made available to the actors and musicians may also contribute.

Adler made use of early recollections in order to determine the lifestyle of the individual. Early recollections are those memories of incidents that can be visualised as having occurred prior to the age of 8 or 9. (Mosak, 1958).

As Skolnick (1986) cites, research has verified a point that Adler, Freud, and Piaget noted through their observational, case-study methodology, that the personalities of children appear to be fixed around the age of 5 to 7 years (concrete operations) Although these are seemingly set in stone, slight modifications continue to occur throughout the life span; however the core convictions remain constant unless the person has a therapeutic experience.

(A Primer of Adlerian Psychology Harold Mosak and Michael Maniaci 1999 36.)

As Adler (1956) noted there are no chance memories. What we remember from our early childhood is reflective of what we believe now. Of all the things they choose to remember they choose to tell this. Why? Because it tells us how they view life now. They carry this about as a non-verbal lesson.

Adler can be considered one of the first family therapists and systems theorists.
(Sherman and Dinkmeyer (1987)

Over a period of several weeks individuals told their stories and group members played the memories back for them through movement and sound. As individuals told their stories an emphatic environment blossomed providing a warm and supportive containment for the teller. Further deeper personal exploration and embodiment of the memories was achieved through the addition of personal movement and sound. Individuals reflected on aspects of the movements and sound that they might change in order to embody alternative feeling around the memory.

Other insights into ways of transforming patterns of behaviour were experienced.

To follow I will discuss three individual examples to think about the ways the patterns and emotions of the client's early memory continues to manifest in their present behaviour.

6.6.**Kieran's profile:**

Age 40 years He has polio and walks with the aid of two walking sticks.

He has been attending the centre since it's foundation. He uses audiotape to record rather than writing as he has an eye condition which inhibits reading.

Since the death of his parents he continues to live with his sister in the family home. Kevin's parents brought him up to be motivated and positive, fostering a confidence which drove him, since their death he feels even more positive and able. In the early days of our Dramatherapy sessions he was unsure whether his ideas and analysis were welcomed. His perception of me was that of the teacher to be listened to without interruption. He is sensitive to the fact that he might contribute too much at the expense of others time. I encouraged him to contribute freely and I used his suggestions creatively with the group. This positivity is reflected in his participation in our Dramatherapy sessions. He relates and analyses how best to achieve certain movements of weight transference by adjusting the support of his canes. His sense of ease, clarity and humour I feel reflects the very loving relationship he experienced with his parents. Once when visualising the three body layers in warm up he remarked, with deep laughter that unlike the others he had four layers to negotiate. the first layer being the abundance of arm hair.

Kieran's early memory.

Kieran was nine years of age when this took place. He was out for the day with his mother and father visiting the harbour. Looking at the boats. Kevin felt frustrated with his disability, having to use two sticks to walk with. He was so frustrated that he caught the sticks and threw them into the harbour. He felt angry and sad until his mother and father picked him up and the feelings changed to joy. They brought him to the physiotherapy dept. and made him ask for another pair of sticks.

The most vivid part of the memory was throwing the sticks away and being lifted between his parents.

Reflection on the memory and what it tells is about the present

Even though Kevin felt sad and frustrated about his disability this feeling was transformed as he became aware of his parents young and happy lifting him up creating the loving relationship between the three of them. They taught him to become responsible by encouraging him to ask for new sticks on his own.

A sad experience can be transformed through engaging in relationship. In the facilitating environment of dependence, continuity and personal growth.

The image of the triangular relationship portrayed in the memory draws the attention to consider the Oedipus Complex. (See Appendix 12)

Thinking about Kieran's memory I get the image of a strong willed person who knows what he wants and is able to make decisions on his own behalf. His loving relationship with his parents fostered strong sensitivity in him and I saw this in his concern for the group feelings. His resistance to speak at length or emotionally about the sadness he felt at the death of his parents was an example of his sensitivity. I felt a resisting force in his guarded described his feelings of sadness.

And is sensitive to emotions and feelings. Open to being comforted

Keiran took great interest in the research for this study offering to help out in any way he could. He values the fact that this type of study could highlight the conditions of the physically disabled. I have experienced Keiran as a very competent, self motivated, reflective good humoured individual. I can see that intolerant facial expression at times and it reminds me of the little boy throwing his sticks into the harbour.

John's profile

Of all the group members John is the least verbal due to brain injury. However his thought process appears clear. The waiting that is necessary to understand John is made more comfortable by the knowledge that his response will be humorous

Age: 60 years he is 25 years attending the day centre

John was a guard placed in the city centre. He has been described a very ambitious, honest to a fault. He has set ideas around the dignity of work. A person is defined by their career. He has strong notions of masculinity and sexuality. He is distrustful of his wife and imagines that she is having an affair when she goes out. He grieves that he is not a guard for society or a man for his wife. He was knocked down while off duty. At this time he was only one year married. He lives with his wife. His perceptions are confused due to brain trauma suffered and he suffers from epilepsy. He travels about in a wheelchair. The ageing process is accelerating his condition. He suffers from fatigue, which is a feature of brain trauma and can fall asleep quite easily. He has a mischievous sense of humour and attempts to wind people up. Underlying anger often shows through, however the grief and sorrow which accompanies it is hidden. I enjoy his presence in the group.

When visualising healthy lungs on one occasion John brought my attention to the fact that he smoked. "You can't win" entered my mind feeling sorry for myself and my wasted effort however on reflection I may have been referring to both of us. On another occasion while encouraging stretches I enquired "what else would you like to stretch" He gestured to his pocket and said "I have a fiver here I'd like to stretch" On occasions he uses the F word and I wonder if it is appropriate to record this language.

He appears to cut off. At times he falls asleep a feature of his condition. I wonder if the physical weakness reflects the lack of control he has of his situation. I wonder does he sleep as escape at times. His condition troubles him and I am troubled to find words to explain the sorrow I sometimes feel for the condition. While writing this I am aware of my own issues and I continue to be affected strongly while thinking about this client.

I wonder how John integrates his relationship experiences in Dramatherapy with his home relationships is it possible that some of the positive displays of physical strength or machoism as he refers to it, manifests in his behaviour towards his wife. There are instances when I feel very strong and aware of a power when John contributes movement. I sense that he is aware of his own power in these instances. His self image I feel is perceived in a more positive light.

"The patient cannot go where the therapist has not been".

As a becoming therapist I am in awe of the potential of countertransference.

John's Memory

John remembered being on the family farm. He was collecting hay and spuds on a warm dry day. He was a farmer's son. He was aware of the wide green fields.

Reflections on what we are being told about John in the present.

When asked what were his feelings around this memory John said that he felt macho, strong, masculine. The memory brought John into relationship with his awareness of his masculinity.

This is a very painful issue for John.

Memory of this wonderful day picking spuds, feeling strong and macho contrasts starkly with the present. The Anger he feels towards his condition and his wife contrasts to the humorous presentation. Viewed from a Kleinian perspective it may be that his inability to address his anger and sorrow is causing him to split, or cut off, disassociate. His need for peace in the ideal country farming setting makes one wonder why he decided to become a guard. During storymaking the theme of peace also emerged for him. I feel his over consciousness as a guard indicated that the job was unsuitable for his personality and although he was described as an over efficient guard he was knocked down while off duty. I think I see a picture of contradictions and struggle around John.

Caroline's profile:

Age: 47

Lives with her mother and brother in a middle class area. Her mother transports her.

She was the victim of a road traffic accident. At the age of 14years a passing car knocked her down.

She attended school until her inter cert. and came to the daycentre following the accident.

According to her social worker the relationship between her father and her siblings was strained. He considered them a nuisance and did not have much time for them. Caroline's mother sided with her husband and there was emotional neglect of the children it seems. Since the fathers death 15 years ago the mother has been over compensating and protective of Caroline and she has become overly dependant on her mother. She resists any attempts to make decisions or act independently. Her memories prior to her accident are very clear whereas she becomes confused with facts when relating to present day happenings.

The confidence Caroline projects in her ideas and responses does not reflect a confidence in her ability to physically motivate herself. In her evaluation of dance/drama she felt safe in knowing that there was always someone beside her to contain and protect her, indicating her deeper emotional need. Her early relationship with her parents was not a warm loving one. Since her father died her mother has been working to make reparation. Caroline's appears to show attachment behaviour. Appearing to exist in a place between dependence and independence.

Caroline's memory:

Caroline story was about travelling to school. She brought her brother to school every day on the bus. She remembers always being late. Her teacher was very nice. She felt lucky that she did not meet the head nun.

Reflections on what we are being told about Caroline in the present.

What Caroline may be telling us is that she is capable of being very responsible. She values and responds well to accommodating people and is afraid of authority figures. She had mothering instincts, a very responsible role. The parallels to her story, even in the detail of lateness, which are evident in the present, show that the behaviour patterns of her early memory are ongoing. I think Caroline sees me as the accommodating figure. I have allowed her to arrange her physiotherapy appointments even though it causes her to arrive a little late to our session. Another authority figures object to her behaviour. I have observed her response to this individual and I know that she is not comfortable interacting with him. I have seen her demonstrate responsible caring mothering qualities towards a very incapacitated male group member, reminiscent of her responsibility towards her young brother.

This study is a brief insight into the on going practice of dramatherapy in the life of this group.

7. EVALUATION AND ANALYSIS

7.1. To prove the question

“Can the integration of dance/movement with dramatherapy techniques provide a Winnicottian facilitating environment for physically disabled clients?”

I will give an appraisal under three sections.

Section one: The integration of dance/movement with dramatherapy techniques,

Section two: The provision of a Winnicottian facilitating environment,

Section three: The physically disabled client.

Section One:

The integration of dance/movement with dramatherapy techniques.

Movement is inherent in drama. The integration of dance/movement with dramatherapy techniques provides the client with an active participatory rather than a purely passive experience. Movement helps express those things that are difficult to verbally express. It offers an additional means of communication. The integration of body and voice belong to the embodiment stage.

Section Two:**The provision of a Winnicottian facilitating environment.**

The provision of a Winnicottian facilitating environment is shown to be provided by the integration of dance/movement and dramatherapy techniques in the following ways:

It is provided when the client experiences the healthy aspects of their personality and body. Through facilitation, belonging is experienced in a safe creative communal setting. It is experienced in an atmosphere of play where relationship can develop. It is there when relaxed conditions, brought about by movement, reduce anxiety. It can be seen in opportunities to expand role repertoire when a variety of self aspects can be experienced. It can be sensed in the therapist intention to employ techniques to see beyond the disability to the uniqueness of the person. It is provided when safety measures instil a feeling of safety in the client. Offering movement in which skills of observation can be developed. It is provided when dramatic distance enables the client to feel safe exploring the internal world.

Section Three:**The physically disabled client**

There are a few further considerations when facilitating this client group other than those shown above. Laban's theory of analysis of movement allows the movement to be designed especially to accommodate the physical capabilities of the person, offering safe movement experiences that challenge and satisfy. The opportunity to expand role repertoire allows the client to build relationship with the healthy aspects of self. Through visualisation of the healthy core and working out through the body, awareness of healthy aspects of the body is experienced.

7.2.

Depth of Appraisal of both process and outcomes of the casework described.

Methodology:

It shows how to gather information to relate it to theories and find the result.

The evidence gathered proves that there is good reason for the question to be researched.

The use of a case study acts as the guiding principle and is a strong form with which to study the question. The data collection strategy of group interviews gives participants a sense of active belonging in shaping the study rather than passive acceptance. Their investment will generate interest in both short term and long term outcomes.

Literature review:

Its value was that it informed and validated the research. It gave a wider vision to the study by linking concepts. It gave the author a feeling of belonging to the dramatherapy profession. A sense that this work would contribute towards future dramatherapy theory, particularly in the area of dance/movement and its influence on human cell function.

As Sue Jennings advises intensive work on the body and voice to discover new means of communication. A greater understanding of the social and contextual environmental factors of the physically disabled client. Gave the author insight into her own biases and reasons for her choice of strategies to support her chosen question of research.

Case Study. .

In qualitative research, a case study is a well organised strategy that provides data which makes sense and can facilitate the presentation of clear and comprehensive data. It is a people friendly method of evaluation. It allows data to be collected from the participants who are the experiential experts on the subject, considering the findings are relevant from the perspective of the user. Self learning for client and therapist is facilitated.

Being a story of a journey between clients and therapist gives it the power to bond relationships. Through the telling of the story visual images of living experiences are presented to the reader.

7.3 Evaluation of methods and outcome.

Both Storymaking and Playback theatre are strong structural forms.

I selected these intuitively, I believe, for their containing ability. I needed to see the work framed at the edges. The transitions provide continuity, a vital aspect in ensuring the success of the environment to facilitate. It was not the intention to perform Storymaking at the outset. Somewhere along the way a carer suggested it might be valuable to share the work. Although feeling a little uncomfortable, that this product had raised its judgmental head, my opinion was that if the group consented then I was agreeable. To share may have been a group need at the time. In the way that the micro reflects the macro. The performance reflects the process of this study. My focus was firmly on the process and I trusted that performing the final piece would be a natural extension with a little extra generosity to be thrown in. However, always be prepared for the unexpected. On the day of the sharing, I had just returned from the funeral of a young son of a friend of mine, steeped in emotions. I was not totally in role as director. A moment of panic arose when I knew something was wrong, or missing. I had to think, analyse quickly. The answer came and I could relax and move on. Ample time is needed to give space to accommodate other emotions life offers, while the study progresses. Supervision and personal therapy are invaluable during this time to sort out the wood from the trees.

Evaluation of process

The semi-structured interviews with clients were drafted in a loose format to allow each participant to say if the session material had affected their emotions and whether relationship activities had affected how they related to each other. Two sessions were dedicated to open discussion for evaluation of the sessions.

Details of responses is in (Appendix 13)

A clear symmetry between the ways in which clients benefited and those aims of the therapist emerged increasing the validity of conclusion that dance and dramatherapy provides a special environment in which clients can feel good about themselves and experience communication in spontaneous joyful manner. Feel control over their environment and experience fun as an antidote to the circumstances of their physical condition. To be empowered by their creativity and to examine their own psychological processes through dramatherapy techniques.

The feedback from Kieran's interview (APPENDIX 5) supports Johnston's claim that mental representation of impairment influences level of disability and mediates coping behaviour. For instance Kieran thought that he could not dance but became aware that he could dance when given the opportunity in the sessions.

Focusing on the facilitating environment was helpful in ensuring that all participants achieved emotional growth despite their physical or verbal abilities. Psychological coping is so intimate a part of physical coping that any physiotherapy gains made can easily be lost if psychological coping is inadequate.

Linking Theories.

I enjoyed working on the Literature Review. The process of working through connected me with the subject more deeply establishing a true sense of purpose. My work felt validated. My direction was correct even though I was only at the starting post.

As the study progressed, my original question on relationships did not seem broad enough to hold the data that was emerging, this was being mirrored in feelings of constriction in my efforts to progress. I was drawn to consider the wider theory of environment provision and its influence.

Once I became aware of this, the entire study took on a real meaning. It made sense and broadened my vision. It took me on a step further in my learning. From then on everyone I observed was influenced by environment, family, colleagues, tutors, clients, friends and pets. And I was being facilitated along my new journey.

“Nothing takes place in emotional growth except in relation to the
environmental provision, which must be good enough”
(Winnicott 1971,139)

The connection of environment with cell function held great interest for me as I am studying methods of connecting with cells through dance, and value this method of working with physically disabled clients, particularly the profoundly disabled. This study encouraged me to seek out further information on the influence of environment on cell function.

7.4 Reflection on the process which has happened with the group and therapist.

I had natural concerns when undertaking a new project, would the group be willing to undertake the challenge? How would I present the challenge. Did they trust me? On reflection, I feel more time discussing dramatherapy would have helped me to achieve more clarity.

In moving forward through the transition I had concerns as to whether the change would interfere with the fun characteristic of the session. However I thought carefully and progressed with care, blending qualities, moving with naturalness, moving as a team reflecting the mother and baby model.

I feel the choice of project was successful in answering the question, realising the aim of providing the facilitating environment

The question expanded and contracted and expanded again, as the data formed and interacted with the theories.

The core group have been constant over the three and a half years. Many times I would question the reason behind the success of the session. Other workers outside have commented on the popularity of it. Why does it work? This study has given me the answer. It is the "environment" brought about by play, an atmosphere of spontaneity, of

"unrelated thought sequences" thereby not assuming the
existence of a significant thread"
(Winnicott. D. Playing and Reality 1971. 55)

I describe the atmosphere as "a party atmosphere or ceile: that's a fun gathering in Irish.

My relationship with the group has developed over time. I have attended other activities such as, Plays, Christmas parties, and a trip to Athens with some. The manager's bias would be towards creative mediums for personal growth.

I have experienced and valued many holding environments from colleagues, friends, family, tutors and clients, through the many layers of this process. The study was powered along by it's own essence The clients

8 CONCLUSION

This study demonstrated how dance/movement integrated with dramatherapy techniques could provide an environment in which physically disabled clients can access aspects of the healthy aspects of their personality encouraging more positive self-image. In particular it highlights the ability of the physically disabled person to be challenged in activities which make demands on their physical abilities as in dance/movement/drama. The results support the case for further incorporation and development of dance/movement integrated with dramatherapy technique in this setting and to explore how it might impact on long term coping with physical disability. The study provides a starting point for further investigation of possibilities and limitations. Effort to address the limitation of time and space by providing a personalised space within the setting, where ample time is given would be a realistic possibility to improve the outcomes of dramatherapy for this client group. This study is a limited view of what could be achieved by these means for this population. As Kieran suggested in our interview, society perception of physically disabled people needs to be changed through education. The amalgamation of a group of physically disabled and able bodied in the holding environment of playback theatre could prove to be such a valuable and exciting project. This concept if acted upon could prove an exciting and valuable outcome of this study.

When I returned to the group following a months research break I was aware of an excitement within myself. I had a new found awareness of myself the dramatherapist. The usual stage fright accompanied me backstage along the dimly lit entrance corridor and energy engulfed me as I stepped across the threshold into the light of the group. The therapist had arrived. The group were waiting organised in the familiar circle, smiling and chatting. A recently arrived carer was busy organising the scene. He offered me a place. In good humour I resisted his offer to structure me and immediately swung my attention towards the familiar group of faces to my right. Maura K caught my attention and we smiled in what seemed a knowing smile of women of a similar age. As I reached Maura G she spontaneously opened her arms and I bent down to hug her. Spontaneity overtook boundaries. There was a free seat beside Jane so I sat in it and she immediately began confiding in me about her confusion regarding her pension money in the nursing home. It was a familiar interchange reminding me of conversations with my own mother in her final years. I cast my vision into the general space and became aware of the men. Andy waved and smiled and gave me the thumbs up. Jim hands clasped smiled and lifted his chin in greeting gesture. When I shared that I had not forgotten them that I had been writing about them John pressed his upper body forward demanding to know if what I wrote was "all good I hope". This experience combined with the creative activities and

group interactions which followed filling the environment to overflowing were a testament to the therapeutic value this work holds for this client group.

I answered John "It was all good"

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10 APPENDICES.

Appendix 1

The mission statement of the centre

We are people concerned about the well being, happiness and achievements of people with disabilities and the welfare of their families, advocates and supporters.

Our key aims are to help people with disabilities:

To take responsibility for and have control over they're own lives

To set and achieve their own goals.

We seek to achieve our aims by assessing, consulting, treating, educating, developing and supporting people to the best of our abilities. We also seek to understand, anticipate and respond to their needs in a timely and efficient manner.

We try to do our work in a consistent, friendly way and to discuss issues openly, in as spirit of partnership, with the people we seek to serve.

The manager of the daycentre is committed to the promotion of the creative arts as therapy for the people he serves and the fruits of his commitment is reflected in the alive open atmosphere experienced in the daycentre.

Appendix 2

The group comprises of Adults male and female who have varying physical disabilities and brain damage resulting from road traffic and industrial accidents, stroke, degenerative disease and cerebral palsy and polio.

The client group consists of ten adults.

I have shown the profiles of those clients referred to in the session detailed below.

Additional Profiles:

Terrence: Age: 33 years Attending the daycentre.

He had an industrial accident in 1969. He fell off a scaffold. Aphasia is his diagnosis.

He has Epilepsy, which is managed well with medication.

He remembers only certain information. He is married and lives at home. He has children and grandchildren. His wife and family are very important to him and he speaks very fondly of them.

Routine is very important to him and he becomes annoyed if the routine is disturbed.

He articulates his feelings physically. There was a time when he would hit out at people however now he verbally complains. These outbursts have been noted to occur after epilepsy episodes. He either likes or dislikes others.

Catherine: Age 73 years.

She was born with cerebral palsy. She lives alone in local authority sheltered housing with her dog that she loves. She is very independent. Her problems do not arise from her condition but are due to her age and living alone. Recently her house was broken into and another time her bag was snatched in the street. Her sense of humour is never far away. She participates imaginatively in the session. For years she worked in the sheltered workshop of the centre and in later years she was transferred to the activity daycentre.

Maura, K. Age 47 years

She is married with two sons. Following the birth of both sons she was diagnosed with postnatal depression the depression was severe after the second son. It was discovered that she suffered severe depression in her teenage years. As her sons grew up her condition manifested as manic depression and worsened until her husband admitted her to psychiatric hospital. She has not been home since. Five years ago she had a stroke and suffered brain trauma. Two years later she was sent to the daycentre. The hospital maintained that her primary disability is physical. The daycentre maintain that it is mental. The daycentre being a voluntary body have facilitated her and she is happy in the centre however they feel that she would find greater benefit in the mental health setting. She lives in a nursing home. She has a very good witty sense of humour and is extremely musical.

Andy Age 44. Attending the centre for 20years.

His injuries are the result of a road traffic accident. Although he has brain injury he is physically able. He was the driver of a van which lost control.

He is independent, ambulant and verbal, He lives with his mother in a middle class area.

He is extremely aggressive at home to his mother. As he does not require the assistance of a carer he has been offered respite in two locations. He is very aware as to how he is being treated. Intrusion of his space without warning causes him anxiety, as also can touch.

Marion. Age 39. Attending the centre for 15 years.

She was born with Cerebral Palsy. She now lives in a Cheshire home in the city and sometimes lack of transport can cause her to miss her sessions at the centre. Her mother and father visit her. She herself requested to join the Dramatherapy sessions. She is well motivated and loves creative activities. Since visiting Greece for a seminar on disability some years ago she has blossomed. Wallei Mayer encouraged her to try activities she had never before tried. This gave her the confidence to requests to partake in any activity being made available in the centre.

Marion I feel would like to have more control over her life. Her dependence on transport to attend the sessions sometimes causes her disappointment. It is her spirit of determination that makes others pay attention, otherwise I feel her needs could be overlooked. Thinking of her enthusiasm for the work makes me conscious of the absolute need to look beyond the disability and recognise the creative impulse within everyone.

Jane:

See Jim's profile in individual case study (Appendix





Appendix 4

Transference and Countertransference.

What Freud said of transference. They are the new additions or facsimiles of the impulses and fantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment"(Freud, 1905, p 116) it was eventually perceived that what is transferred is the total situation, a relationship or objects in a context and not merely an individual. Moreover the objects transferred are not external ones but internal objects. The idea of transference became broadened into a wider context and deepened into the object relations of the inner world.

Freud saw Countertransference as the patient's influence on the analyst's unconscious. "To put it into a formula: The analyst must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations (Freud 1912, pp 115-6)

Appendix 5.

Kieran's Interview

Kieran invited me to accompany him to the canteen where we could talk without interruption. It seemed as if this occasion warranted a making a special effort.

He began by making reference to the evaluation interview from the previous session.

He felt

The activity of writing down what the group feels making the group proactive in the process of Evaluation of the sessions is an eye opener for the group. People who have been Institutionalised really value being included and involved in outcomes.

The dramatherapy makes Kieran forget about the disability. The work brings people to relate to their imagination to their creativity.

He observed that I was patient with the group.

Time is important and also fun. The session is organised. It is important for disabled people to move. He feels that society, the outside world relates to the disabled through a third party.

They act as if the disabled have not the ability to speak for themselves that they are expected to just sit there. This behaviour can be experienced in all public places.

He felt that children were the worst they were not educated to accept the differences.

He has strong views on what could be done to educate such as. There is opportunity to create a disability awareness programme for transition year students.

When agency staff arrived in the day centre they are amazed at what the disabled can do.

When I began in the centre 3 1/2 years ago Kieran was in the group. He left following a few sessions and I wondered why. He said that his mother became ill and that he wasn't geared to the activity. My intuition told me that something negative happened to cause this so I put the question to him. After thinking and wondering a while he replied, yes that he couldn't cope with one group member's rough loud voice.

His nephew had just died and this man reminded him of his nephew's father who shouted in this manner. At that time he felt that he could not tell why he was leaving. We discussed my countertransference at the time and how it could be used in future.

He talked about the importance the effect of an outside professional has in these changing times in the centre. It creates consistency for the clients at a time when carers are leaving. It keeps the morale high. It eases the feeling of "What's wrong. Have I done something wrong"

I shared my own feelings with him of not being "good enough" what did I do wrong" when clients leave the group.

Kieran has been attending the centre since he was a baby. His opinion is that the family atmosphere which was always in the centre is fast disappearing

I asked him if dramatherapy sessions had made a difference to relationships he said yes that he was seeing individuals in a difference light.

I asked if this new way of relating happened outside the sessions. With some people, yes.

During the session when I invited ambulant group members to travel and partner seated members Kieran remembered somebody came to him who normally would not approach him outside the session. The experience helped Kieran and he felt it may improve the relationship outside the session.

Being born with a disability is very different than acquiring disability when you have known What it is like to be able-bodied.

The difficulty for the born disabled is in the attitude of society. The inability to observe the uniqueness of the person to see beyond the disability.

Kieran referred to my part in the matter so I asked him what he felt I contributed as opposed to others.

He liked me being there because the group will not interrupt me – She's the teacher.

I bring a newness, freshness, vitality he felt.

He asked me how I came to be in the centre and what my family thought of my work with physically disabled people. It is important to Kieran that able-bodied people are made aware of the abilities of the disabled.

As we talked other staff from the wider centre passed to and fro. I was experiencing my position within a more inclusive environment. I thanked Kieran and assured him that I would keep him up to date with the project outcomes.

CODE OF ETHICS

1.1 Introduction

All members of *The Association* agree to abide by the following guidelines for ethical practice in the Creative Arts Therapies. It is recognised, however, that not all ethical dilemmas arising in the work of therapy can be anticipated or resolved by this code. The development of standards for *The Association* is ongoing.

1.2 The code of ethics may be amended by formal motion adopted by the accredited membership at an AGM.

1.3 Members of *The Association* need to judge which parts of this code apply to particular situations in their work. They may also have to decide between conflicting responsibilities in accordance with the primary principles of commitment to the well-being and dignity of the client.

1.4 A therapist shall always act in the best interests of the client. This should include:

1.4.1 Respecting and upholding the confidentiality of the client.

1.4.2 Ensuring privacy for the client in therapy and as far as possible, in matters related to it, such as in record-keeping and in supervisory discussions or consultation with colleagues.

1.4.3 When making referrals or writing reports mutually agreed with the client, information may be shared with the client's permission.

1.4.4 It is the responsibility of the therapist to ensure that consent is sought to share information for reports and referrals. Such consent is understood and freely given by the client and/or legal guardian.

1.4.5 Ensuring that materials produced by a client(s) within a session (e.g. images, objects etc.) are kept in a safe and confidential environment, and for a minimum of three years where practical.

1.4.6 Respecting the client's values and supporting the client's right to self-determination and autonomy.

1.5 The therapist, being mindful of the power and influence that he or she may hold in relation to the client shall conduct his or her professional affairs in a satisfactory manner both during and beyond the duration of therapy. This will include:

1.5.1 Availing of ongoing supervision /consultative support /clinical guidance, 'as appropriate, as a means towards ensuring best practice for clients and therapists.

1.5.2 Refraining from exploiting the client(s) emotionally, sexually, financially, socially or in any other way.

1.5.3 Not engaging in sexual relations with the client(s) and taking due care that he or she does not exploit the ex-client(s) emotionally, sexually, financially, socially or in any other way beyond the termination of therapy.

1.5.4 Refraining from working in a therapeutic session while under the influence of alcohol or drugs, unless prescribed by a medical practitioner.

1.5.5 Refraining from working in a therapeutic session unless mentally, emotionally and physically fit to do so.

1.5.6 Refraining from delegating duties to unregistered persons, except in the case of therapy students, in which case full responsibility must be assumed by the therapist for that delegation.

1.5.7 Refraining from committing any criminal act in the practice of his or her work.

1.5.8 Providing suitable premises and conditions for the treatment of clients.

1.5.9 Ensuring safety of equipment for both client and therapist.

1.5.10 Having appropriate insurance cover, which ensures that clients are insured against harm to health and safety.

This is a report presented at the International Association for New Sciences
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THE BIOLOGY OF CONSCIOUSNESS'

Bruce H. Lipton, Ph.D.²

Abstract

This report suggests that the environment, rather than genes, is responsible for regulating cell and ultimately organismal behavior. Environmental information is transduced into cellular behavior by the cell membrane. The membrane, a liquid crystal semiconductor with protein gates and channels, functions as a biological microprocessor by converting photoelectrochemical inputs into metabolic pathways. Membrane proteins that transduce environmental signals into perceptions represent physical units of awareness. Since perception proteins are deployed in the membrane as a monolayer, awareness may be defined in terms of cell membrane surface area. The evolution of consciousness reflects the expansion of awareness through an increase in membrane surface, a process that is best modeled using fractal geometry. Evolution viewed in regard to mechanisms of membrane elaboration reveals a cyclic, fractal-like reiterated pattern. The cross-referencing of pattern among the three cycles, cell, organismal and social evolution, provides valuable information in evaluating past and future evolution.

Introduction

The primary theme underlying biological evolution is the expansion of awareness from its elemental roots through the evolution of human consciousness. To provide insight into the past and future of evolution it will be necessary to understand the mechanisms underlying consciousness. Consciousness as an intangible conceptualization of awareness has been difficult to define. Human consciousness, in all of its various degrees

1. (Report excerpted from the proceedings of a symposium convened by the International Association for New Science (Ft. Collins, CO, October 13, 1993)

2. Inst. for Cellular Communication, 22300 Skyline, La Honda, CA 94020

organization as well as its functional properties. Following the general perspective of all biological investigators, he attempts to elucidate the structure-function relationships of a living system, but with the added perspective of developmental biology he is specifically focusing on the early critical stages within which the system first self-organizes. Thus the form of the book is first to outline the general characteristics of the internal structural system, and then to describe this system's central functional role in attachment processes.

Bowlby begins the third chapter by quoting Freud's (1925) dictum that 'There is no more urgent need in psychology than for a securely founded theory of the instincts'. The attempt to do so in this book, an offering of an 'alternative model of instinctive behavior', in essence represents Bowlby's conviction that what Freud was calling for was the creation of a model that could explicate the biology of unconscious processes. Towards that end, in the first of eight chapters on the topic he proposes that attachment is instinctive behavior associated with self-preservation, and that it is a product of the interaction between genetic endowment and the early environment.

But immediately after a brief 5-page introduction, Bowlby launches into a detailed description of a biological control system that is centrally involved in instinctive behavior. This control system is structured as a hierarchical mode of organization that acts as 'an overall goal-corrected behavioral structure'. Bowlby also gives some hints as to the neurobiological operations of this control system - its functions must be associated with the organism's 'state of arousal' that results from the critical operations of the reticular formation, and with 'the appraisal of organismic states and situations of the mid-brain nuclei and limbic system' (p. 110). He even offers a speculation about its anatomical location - the prefrontal lobes (p. 156). ¶

This control system, he says, is 'open in some degree to influence by the environment in which development occurs' (p. 45). More specifically, it evolves in the infant's interaction with an 'environment of adaptiveness, and especially of his interaction with the principal figure in that environment, namely his mother' (p. 180). Furthermore, Bowlby speculates that the 'upgrading of control during individual development from simple to more sophisticated is no doubt in large part a result of the growth of the central nervous system' (p. 156). In fact he even goes so far as to suggest the temporal interval that is critical to the maturation of this control system - 9 to 18 months (p. 180).

In a subsequent chapter on 'Appraising and selecting: Feeling and emotion', Bowlby quotes Darwin's (1872) observation that the movements of expression in the face and body serve as the first means of communication between the mother and the infant. Furthering this theme on the communicative role of feeling and emotion, Bowlby emphasizes the salience of 'facial expression, posture, tone of voice, physiological changes, tempo of movement, and incipient action' (p. 120). The appraisal of this input is experienced 'in terms of value, as pleasant or unpleasant' (pp. 111-112) and the

Client Consent Form for Partaking in Dramatherapy Sessions.

1. I understand that I am being asked to give my consent to take part in Dramatherapy sessions.
2. I have read and understand the information on Dramatherapy sessions and the benefit of Dramatherapy.
3. I understand that the identification of the client/participant who takes part will be kept confidential.
4. I give consent for the use of visual images, photos, paintings to be used by the trainee dramatherapist as part of her work in assignments, presentations, discussions and supervision sessions.
5. If the trainee dramatherapist Mary O' Donnell wishes to make use of the above she must approach me or my next of kin for further informed consent.

Signature _____ Client/Participant

Signature _____ Trainee Dramatherapist.

Date _____

Informed Consent Form

For use of visual images.

Photographs

Drawings

Paintings

Video recordings

Written or told fictional stories/ poems/ other materials

Included in course work presented for assessment and for presentation at work discussion / supervision seminars within the University by

MARY O'DONNELL

All identification marks on or in this work will be removed and when necessary, materials will be appropriately anonymised.

If the (Mary O' Donnell) wishes to make use of the above- mentioned materials for public presentation or future publication, she will be require to approach me or my mentor / representative for further informed consent.

Signed _____ (Client)

Signed _____(Trainee Dramatherapist).

Appendix 11

To maintain a thread of familiarity, constancy and continuity for the group, I show a sample of warm-up which set the relaxed fun conditions that preceded the core work each session.

Won't you change partners and dance with me"

The group were always formed when I arrived and I wondered if they had a choice as to where they sat. Occasionally I would begin by offering the choice to move to a favourite space.

Some group members always chose the space to begin where they feel most comfortable.

The circle warm-up for each session contained material, which fed into the dance/drama.

Material which relaxed the group, breathing focus through the body, in advance of mobilising, energising, stretching and travelling. Visualisation awareness of body layers of skin, muscle and bone, internal healthy organs, lungs, blood stream flow, cells. Relating these to the flows in nature of water, air, heat and earth. Observation gives a deep sense of connection. Observing and connecting with the concrete state, distancing from emotional stress? I am not being judged, it is my participation material, my skill, which is being observed and valued.

It was here that the fun mood was set. From the moment eyes opened following relaxation and internal awareness, winks melted into smiles and became transformed into vocal expression, enlarging movement, to connect with others in humorous relationship across the circle.

Laughter spontaneously spreads throughout the circle and dispersed any remaining fatigue.

Hands connected and related in a dancing circle creating a containing, supportive environment. Partnering hands massaged limbs, and spines creating helping relationships to promote feelings of belonging.

All the energy generated was harvested into a circle dance promoting a feeling of group consciousness. Those who could walk helped those in wheelchairs to travel around the circle, both connected by rhythmic taps on backs as they travelled. The physical safety of the three planes of movement, side to side, forward and back and twist, instil a feeling of security and give pleasing movement experiences. These were

danced in partners, and small groups, changing partners throughout the dance. Creative safe ways of going over and under were found to further challenge the dancers. All the while expressive faces and spontaneous humorous comments and laughter could be seen and heard weaving throughout the circle, deepening existing relationships and promoting new relationships. Building an environment of belonging.

The importance of belonging is stressed by Horney (1950, 18) in one of her central concepts, that of "basic anxiety" which she defines as "the feeling of being isolated and helpless in a potentially hostile world."

The Third Position

LINKING -

WE ATTACK LINKING ALL THE TIME.

The closure of the oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world. It creates what I call a triangular space, a space bounded by the three persons of the oedipal situation and all their potential relationships.

It includes therefore the possibility of being a participant in a relationship and observed by a third person as well. If the link between the parents can be tolerated in the child's mind it provides him with a prototype of an object relationship of a third kind in which he is a witness or not a participant. A third position comes into existence from which object relationships can be observed. Given this we can also envisage being observed & have a capacity for seeing ourselves in interaction with others and entertaining another point of view while retaining our own, for reflecting on ourselves while being ourselves.

Appendix 13

Feelings experienced while in creative movement dance, and relationship.

Group One: Names: John, Andy, Catherine, Kieran. Terrence and Carers

Delighted, Out of yourself, Happy, Energetic, Touching, Flexible, Exciting, foolish, freedom,
 Joined, Being able to connect to others. Lively, Needed, Creates a nice atmosphere,
 Exercise.

Dancing at our own pace, We feel more comfortable dancing with people with a disability
 (being the same)

Going to a different place, forgetting worries, switching off.

Groups Two: Maura K. Marion Jane, Caroline. Joe Carer

Happy, joyful, alive and free. Out, In another place, imagination,
 Worth while, awakens memories. We Bond. Needs are recognised and met. All one,
 Movement releases the body, see everybody else doing it gives confidence to do it. Music
 helps. The lightness of the music, How I was before the stroke dancing. Confident to
 meet others, Wanted, Friendship when you look, feels wanted, part and parcel
 Memory of relationship to dad. "My father was not easy to get on with but when we danced
 together we were able to connect

Informal individual responses at interview.**Marion:**

"I don't think of the wheelchair, I have freedom, I think of myself up in the air enjoying it.

I like the stories/Playback"

Caroline:

"Relaxation. You can move how you want. Needn't worry.

Whole session is worth coming in for.

Little moments that are important".

Catherine:

"Likes therapist giving individual attention.

Feels very happy when in the class

Wouldn't do it at home, as they would put you in a home.

Body feels more relaxed".

Kieran:

"Was sceptical at first.

There is time for everyone

Feels tired but happy. Like floating Head is clear. Out there does not exist".

Terrence:

"Of course I like it.

Likes pushing wheelchairs in the dance.

Trusts everyone in the group.

Likes being in the group".

Jim:

"Loves it.

Everything she does is done properly for people.

He likes people in it.

He feels happier and would be upset if cancelled".

John:

"It's sound

Likes it in here the crack is 90"

Jane:

"Feels free at ease when dancing.

Can fly around in my head. Goes outward"

General Responses which came from group.

We all take part, Not afraid to express yourself, Can participate whether disabled or not.

Not forced Not compared to anyone else.

Playback- wasn't sure about it but went along with it and felt good.

Get more experienced expressing themselves.

Bonding

Doing things for group- support, encouraging combining.

If shy, watching the group can help.

Music makes you feel good about doing it.

Not uncomfortable with anyone, we are all one.

Body Awareness:

We try to do it,

Aware of your body,

You can let go.

Make you feel good

I'm all right

Fun

Fun helps you work

Appendix 14

In order to illustrate the need for relationship building I refer below to a case study Appendix 15, taken of one group member and his progress as assessed relating to an adapted ADI scale. Appendix 15.

Group member chosen: Jim

Date of Birth. 31st. August 1942.

Brief summary of Jim's circumstances.

Jim is married and has several adult children. He is originally from Wicklow, he now lives in the inner city. In 1990, when an employee of CIE, he suffered brain trauma as a result of an industrial accident. As a result of this he has short-term memory impairment, slight vision and speech difficulties and a slight hearing impairment.

Jim's behaviour in the centre was always appropriate, and never a cause for concern.

At home however he was quite aggressive and belligerent.

Jim puts a lot of value on the world of work and would be quite conservative in what he perceives as fitting work for males and females. During his time with the agency, Jim has been assessed several times for supported employment and training. Each time he has been judged to have insufficient concentration to complete the task in hand.

Within the centre he became bored very easily and tended to sit alone. His main activities were woodwork and bingo. He did not mix well with either the staff or the other clients. It was difficult to engage in conversation with Jim.

Over the last two years Jim has been introduced to both Art and Creative Dance/Drama. Both activities have given him an opportunity to express himself in a manner other than verbally. His artwork has shown definite and measurable signs of growth and progression.

Reasons for choosing Jim:

Jim is a quiet, alert and withdrawn person. If verbal expression and participation was required he would or could probably fit into the category of the silent patient as described by Yalom.

“There is much clinical consensus that in long-term therapy, the silent patient does not profit from the group. The greater the verbal participation, the greater the sense of involvement and the more the patient is valued by others and ultimately by himself.”
(The theory and practise of Group Psychotherapy, 1975, 385.)

My challenge when working with Jim was to offer activities which would interest him sufficiently to motivate him to interact in relationship with others allowing him to participate as much as possible and express himself non-verbally therefore becoming more valued in the group and ultimately gaining self value.

When I first met Jim on my initial visit to the centre I was struck by his striking appearance as he joined myself and some of the group around the table. A tall, slim man with a white grey beard and grey hair. He was dressed in a dark suit. He seemed very alert moving with a sense of purpose. He remained quiet and did not contribute to conversation. I sensed no resistance to physical proximity at the initial meeting. His communication was limited to being there, listening and eye contact. I felt that his injuries could account for this limitation of communication.

No matter what the reason according to Yalom

“silence is never silent, it is behaviour, and like all other behaviour in the group has meaning both in the framework of the here-and-now and as a representative sample of the patient’s typical way of relating to his interpersonal world. Therefore the therapeutic task is not only to change the behaviour but to help the patient learn about himself from his behaviour”

(Yalom, The theory and practise of group psychotherapy, 1975, 386.)

11.06.03.**Vignette****The Garden of Ireland.**

Movement/Role play meetings and partings with the group. Therapist in role. My approach was to act as if I knew Jim from the past and prompt him to come up with answers. This worked really well and created a lot of humour. A conversation developed indicating that I had seen him working in a garden, which turned out to be the Garden of Ireland, Wicklow. As our conversation was ending I asked Jim if he wanted to say goodbye or go for a cup of tea. He thought for a few seconds during which time I became quietly anxious. I was very conscious of his dilemma. Then confidently he chose to go for a cup of tea. We stood and arm in arm circled the chairs and returned to sitting. This experience reminded me of what Eliade (1958) and Turner (1982) have called The Liminal Experience. Recorded in (The handbook of Dramatherapy 1994, 158.)

“An obstacle that requires an act of courage from the initiate, a moment of risk where consciousness, by surmounting the obstacle, enters into the liminal time. A space between, where concrete thinking is loosened because the initiate is totally absorbed with the action of the ritual process.”

ASSESSMENT OF DRAMATIC INVOLVEMENT- ADAPTED.

CRITERIA	1-6	1-6	1-6
FOCUS	BEGINNING	MIDDLE	FINISH
Ability to understand	2	4	4
Ability to take part	4	4	5
Ability to concentrate	2	3	4
COMPLETION			
Ability to complete task	2	3	5

USE OF SPACE			
Personal Space	2	3	4
General Space	2	4	5
In relationship	2	4	5

FACIAL EXPRESSION			
Facial expressivity	2	3	5
Facial communication	2	3	5

BODY MOVEMENT			
General mobility	5	5	5
Movement control	4	4	4
Imitative Ability	2	3	4
Body expressivity	2	3	5
Group movement	3	4	5

VOCAL EXPRESSION			
Variety of range	2	2	3
Variety of volume	2	2	3
Ability to attain vocal Release	4	4	5
Ability to verbalise	2	3	4

RELATIONSHIP			
Ability to relate to			
Clients	2	4	5
Facilitator	2	4	5

AWARENESS OF			
Own needs	2	3	4
Other's needs	2	3	4
Ability to play	2	4	5
Humour	2	5	5
Group Identity	2	3	5
Self as member	3	3	4



DRAMA THERAPY

NO PERFORMING TO BE DONE, JUST TAKING PART
AND HAVING FUN IN A SMALL GROUP.

COME AND ENJOY ALL THIS.

MUSIC,

DRAMA, CREATIVE MOVEMENT/DANCE,

GAMES,

STORYMAKING,

RELAXATION,

MASK MAKING,

ART

Wear Comfortable Clothes.

Contact:

