CHAPTER 5

Intentions: The Integrative Imperative in the Theater of Personal Stories

INTRODUCTION

In this chapter, I focus on the intentions of the theater of personal stories. This is the fourth and last element of the integrated framework described in the introduction. It is placed fourth because it draws together the three elements of history, ethics and praxis (Chaps. 2, 3 and 4) and provides guiding principles for using these elements of the framework together as an integrated whole. As a general principle, the more personal and sensitive the material, the more crucial it becomes to have clear intentions and a clear focus on the integrative potential of a given theater project. This becomes particularly crucial when working with personal stories focusing on difficult and unresolved/ongoing issues, i.e. at the sixth ring of the Drama Spiral.

Two key questions underpin this chapter: First, how can psychodrama and Attachment Narrative Therapy contribute to a well-theorized model of biopsychosocial integration for theater practitioners who are working with personal stories? And second, how can the process of accessing, recollecting, sharing, reliving and presenting a personal story help people, or potentially harm them? In addressing these questions, I will argue that one of the primary intentions of the theater of personal stories should be biopsychosocial integration—that is, promoting the integration of a person’s biological, psychological and/or social functioning such that the person is better able to live well (i.e. biologically and psychologically) as a member of their community (i.e. socially). The biopsychosocial approach to human
wellbeing was introduced in the 1970s by the physician George Engel, who proposed the model to counter what was then the dominant biomedical model, in favor of a more systemic and holistic approach to illness, healing and wellbeing (Engel 1977).

I draw upon theory and practice in the fields of psychodrama and Attachment Narrative Therapy to describe what is meant by the term ‘integration’ and also in order to provide support for my argument that highly personal work focused on unresolved difficulties requires some degree of integrative focus or intent. I argue more specifically that, when working with stories of unresolved difficulties, the theater practitioner is doing work that overlaps with therapy, and rather than denying this or shying away from this, the practitioner can greatly increase the aesthetic power of their work and its integrative potential by tapping into the vast array of action methods utilized in active and experiential therapeutic forms such as psychodrama and the integrative approach of Attachment Narrative Therapy. To neglect the integrative potential of such sensitive and personal work risks merely exposing wounds, or worse, prolonging suffering and the unresolved nature of the person’s story.

To re-cap a point made in Chap. 3 in my coverage of Aristotle’s concept of phronesis, applied phronesis can help the theater practitioner to focus on four key questions around the theater-making process:

1. What are the intentions and potential outputs of this theater-making process?
2. Whose interests are being served and what are the power relations embedded in this process?
3. Is the process helpful or integrative in some way?
4. What do we need to keep in mind, and what changes do we need to make, to keep things on course and to ensure the process is responsive to all perspectives? (Adapted from Flyvbjerg 2004: 302)

In developing my argument regarding the integrative imperative in the theater of personal stories, I am focused primarily on questions one and three from this list, addressing intentions and integration. These factors are crucial when undertaking theater-based work with people’s personal stories because of the potential sensitivities of the work and the degree of personal exposure involved for participant-performers. A lot is at stake for them, and for audiences.
INTENTIONS OF USING PEOPLE’S PERSONAL STORIES IN THE THEATER

Why use people’s personal stories on the stage? After all, there is no shortage of material from the existing canon of dramatic fiction, and no shortage of playwrights creating new work. Moreover, in participatory theater workshops, working at the fictional level is very common, and groups become very energized when creating their own fictional plays and performing them. So what is it about using people’s personal stories that has a particular attraction or advantage, and what are the intentions behind doing this, particularly when the stories focus on unresolved difficulties?

If we first consider the aims and intentions of the theater of personal stories that are also common to most popular and public theater, we can include commonly understood intentions such as the desire to entertain, inform, challenge, provoke thought, enlighten, to move people emotionally, to explore the deepest human truths, and to provide a communal experience of sharing, of beauty, of healing, of celebration, of commemoration and encountering what it is to be human. Such intentions are as old as theater and storytelling. In theater workshops, the intentions of the theater of personal stories also shares much in common with all participatory arts forms, including intentions such as building confidence, enhancing communication skills, expanding the role repertoire, building a sense of moral agency, and enhancing and building connection through collaboration (Berkeley 2005).

The theater of personal stories also shares some intentions in common with radical, political, activist and social justice-oriented forms of theater. This was a topic in Chap. 2. These aims include providing a platform for neglected voices to be heard, raising awareness of important or neglected issues, cultural and political resistance, political and legislative change, provoking action, including practical help for the participants, and, when needed, to provide a counter-narrative about a person or a group of people when a prevailing narrative is harmful, incomplete, prejudicial or otherwise is in need of updating. Further aims include re-examining the basic questions of how to run a just society and exposing the harms and injustices of dominant discourses.

These intentions, as widely varied and important as they are, can be fully addressed at rings 1 and 2 of the Drama Spiral (featured in Chap. 4)—in other words, through experiential activities and the staging of fictional and non-fictional, one step removed stories. And at ring 3 of the
Spiral, we also have the chance to explore the realm of the fictionalized true story. This is a place on the Spiral where we can play with ideas of reality and fiction, what is ‘me’ and ‘not me,’ and to expand our ideas about who we are and who we can be. The benefits and intentions here may include personal development and possibly developing roles, ‘life scripts’ and aspects of one’s identity that run counter to those roles, scripts and aspects of identity that feel exhausted, broken, debilitated or shut down in some way. Enacting a fictionalized version of one’s story might allow, for example, a new script, a version of oneself who is the hero of a story, a lover, a creator, a leader, or a deep thinker. Some of these same intentions can apply at other rings of the Spiral, too.

Moving inward on the Spiral, towards rings 4, 5 and 6, moves us to the directly personal level. Intentions that are more associated with this part of the Spiral include, at ring 4, providing a space where personal stories of strength, of success, of positive life experience are shared. Such scenes provide opportunities for celebration, for gaining support, for learning about each other and each other’s culture, for inspiring and encouraging each other, for becoming more integrated with a social group, and for experiencing shared joy in the communal setting of the theater or a drama workshop. They can also be tremendously engaging stories to perform and witness.

At ring 5 of the Spiral, stories of recovery and hard-won resilience can be shared in the presence of affirming witnesses—some of whom may have had similar experiences or who may be in the process of recovery from similar experiences. After having suffered and been through a process of recovery and healing, many people want to help others to prevent or recover from similar struggles. The intention is, in effect, that I want some good to come of this, so that others do not suffer as I have. Often, this motivation is linked to an impulse to break the cycle of suffering or violence, and to promote human wellbeing and social progress by sharing one’s own story of recovery. In this fundamentally democratic form of theater, people communicate directly with each other, based on their own perspective and coming from their own creative desire to communicate to others.

At rings 4 and 5, and especially at ring 5, there is also a type of existential encounter not available to the theater of fictional stories or fictionalized personal stories. There is a profound encounter that happens when people share such directly personal stories on the stage—a sense conveyed of ‘I am here, and this is my story. (Or, we are here, and this is our story.) Who are you, and what is your story?’ This is very different from encounters
in traditional, fictional theater. This is a more direct encounter, and in autobiographical performance it also has an additional force in the form of the presence of the person themselves.

**Intentions at the Sixth Ring of the Spiral**

The theater of personal stories at ring 6 of the Spiral has a range of intentions that differ from those covered in rings 1 through 5. This is because ring 6 of the Spiral represents that part of the theater process which directly incorporates the personal and collective stories of the participant-performers around themes and topics that are both difficult and unresolved. The wounds are still raw, and the danger may be ongoing. Theater practice at this part of the Spiral provides a space where unresolved stories of suffering, woundedness, shame, ostracism, prejudice, marginalization, weakness, regret, illness, powerlessness or pain can be shared and witnessed. These stories should be shared in the presence of empathic, accepting audiences. In many contexts, audiences will include people who share similar experiences, and wish not only to offer support, but also to share and work through their own suffering.

Teya Sepinuck, creator of *Theater of Witness*, whose productions typically work at this level of personal and collective story-making, writes movingly about ‘finding the medicine’ in such stories. Her guidance is that, when we help people to stage such personal and vulnerable stories, it means we must ‘walk with someone through his or her wounds until the place of strength, redemption, or transcendence reveals itself’ (Sepinuck 2013: 228–9). Sepinuck goes further and offers the guidance that, when we focus on people’s woundedness, ‘the blessing is at the center of the wound. It is by going through the darkest wounds that we find the light and blessing. [...] I’ve found that always in the center of the wound lies the pearl of wisdom or the open vulnerability. The blessing is often embedded in what seems unbearable’ (ibid.: 229). Sepinuck’s ‘Twelve guiding principles of Theater of Witness,’ the last chapter in her book, offers a poignant and compassionate summary of how to work with such vulnerable stories in integrative ways.

To clarify the terminology, an ‘unresolved’ issue is an experience of danger that is either ongoing in the present or it is in the past but has been incompletely or insufficiently processed by the mind and body. This means that the body may still be holding on to the unexpressed emotion and the mind may still be preoccupied by the experience, or the mind may dismiss
the importance and impact of the experience, or the mind may distort information by taking on disproportionate responsibility for one’s role in the situation, or the mind over- or under-anticipates the risk of such an event happening again. There are many manifestations of unresolved trauma and loss, and the most common are people either being cut off from the emotion, or flooded with emotion when the memory is triggered. (Crittenden 2015; van der Kolk 2014).

Where theater practice is focused on difficult and unresolved stories from the lives of participant-performers, this brings with it an ethical imperative that theater practitioners should have a clear focus and intention, as well as a basic knowledge of therapeutic principles and how action-based methods have historically been used to promote healing and integration. At the sixth ring of the Spiral, typical intentions of working may include work facilitated to promote healing and integrative functioning in the participants, for example by helping them to express themselves in a safe, witnessing space, supported by others. Other intentions may include helping participant-performers to transform pain into something more life affirming or telling their stories to help give meaning to their suffering and to raise the awareness of others to hopefully prevent further suffering.

Where participant-performers are portraying stories of specific types of illness or conditions, additional intentions may include recruiting more awareness of and funding for treatments and prevention of the illness, a prompt for more public sensitivity, less prejudice and more compassion. Performers may also want to encourage people to take action, seek treatment, speak out and offer support if they think someone needs help. When such stories are shared on the stage, there is also the possibility for aesthetic transformation into a story of survival and resilience, in a communal setting of sharing and collectively raised consciousness. Knowing that a story is someone’s personal story makes an enormous difference, and having the actual person present and telling their story multiplies the effect even further. The effect is in the experience but also knowing the context of the experience. One context is ‘play’—i.e. safe practice—and one is real. The two forms are distinct: one leaves room for separation from reality, and the other has direct real-world consequences for identified people.

It is also worth noting an important distinction between process-focused workshops and performance-focused projects. In the theater of personal stories, some workshops will focus primarily on process. This type of work tends to focus on healing and personal growth, without any
expectation of performance as an outcome. Examples include psychodrama, dramatherapy and hybrid forms where theater approaches are used for specific healing and developmental purposes as described, for example, in Balfour et al. (2014), Boal (1995), Cohen-Cruz and Schutzman (1994), Howes (2020), Jennings (2009, 2011) and van der Kolk (2014). Other approaches lead towards a product such as a sharing of the work with colleagues or fellow residents in an institution, or performances for stakeholder audiences, invited audiences or the general public. These performance-oriented approaches can include autobiographical material, as described in Garde and Mumford (2016), Pendzik et al. (2016), Saldaña (2005, 2011) and Sepinuck (2013). As covered in Chap. 2, this type of work includes a wide array of theater forms where participant-performers are helped to create plays based on their real-life experiences. Whether the theater workshops are primarily focused on process or on the product, either way, all rings of the Drama Spiral may be used—including ring 6.

In order to theorize and better understand how it is that the theater of personal stories, and particularly theater practice at ring 6 of the Spiral, can promote well-being and help to resolve difficult stories, I will focus on psychodrama and Attachment Narrative Therapy. This will lead to a more general integration of these two models with the theater of personal stories, to provide a theoretical basis for working safely and ethically at ring 6 of the Drama Spiral.

**Healing In Action: Psychodrama**

As mentioned in Chap. 2, psychodrama is a therapeutic form of theater in which people are helped to explore their psychosocial and emotional difficulties using sensitively guided enactment (Blatner 1997; J. D. Moreno 2014). Psychodrama uses a wide range of action-based techniques to help people examine troubling episodes from their life, their current or past relationships, unresolved situations, desired roles or inner thoughts, feelings and conflicts. The aims are to help the person to understand and transform the impact of these experiences and relationships, to test out new responses, and to promote insight, emotional release, resolution of trauma and loss, and, most of all, integration (Blatner, ibid.; Moreno and Moreno 1969, 1975). Integration will be defined and explored later in this chapter.

Psychodrama was first devised in the 1920s and 30s by the psychiatrist Dr. Jacob Levy Moreno, and further elaborated over several decades in...
collaboration with his wife Zerka Toeman Moreno. Among Moreno’s extensive writing, his essential texts include *Who Shall Survive* (1954) and *Psychodrama* (1946–1975, Volumes 1–3—the latter two volumes co-authored with Zerka Moreno).

Psychodrama uses a very wide array of active techniques, and many of these have been incorporated into other therapies and indeed many of the techniques have also filtered through to drama and theater practice. The far-reaching influence of Moreno’s work led Eric Berne, the creator of Transactional Analysis, to observe, in writing about the work of Fritz Perls:

In his selection of specific techniques, Dr. Perls shares with other ‘active’ psychotherapists the ‘Moreno problem’: the fact that nearly all known ‘active’ techniques were first tried out by Dr. Moreno in psychodrama, so that it is difficult to come up with an original idea in this regard. (Berne 1970: 164)

Not only did Moreno’s prolific inventiveness influence the world of psychotherapy, as Berne observes here, his work also had a profound influence on the radical theater experiments of the 1950s and 60s, while also influencing the emerging encounter movement (J. D. Moreno 2014). As mentioned in Chap. 2, Moreno ran a public psychodrama theater in Manhattan from the 1940s to the 1960s while simultaneously running a hospital in Beacon, New York, where the psychodrama stage was the centerpiece of the therapy. Theater and therapy have overlapped considerably since the development of western theater thousands of years ago in Greece; Moreno’s creation of psychodrama is a further development in the ancient synergy between theater and therapy. As Moreno observes,

Theater and therapy are closely interwoven. But also here there are many steps. There will be a theater which is purely therapeutic, there will be a theater which is free from therapeutic objects and then there will also be many intermediary forms. (Moreno 1924: 16)

Rings 3, 4, 5, and 6 of the Drama Spiral represent the ‘intermediary forms’ that Moreno refers to here. Ring 6 is also most closely related to what has become identified as clinical psychodrama, that is, the (in Moreno’s terms) ‘purely therapeutic’ use of the theater-based techniques and processes to assist people with unresolved difficulties from the past that negatively impact their current functioning. Moreno also indicated as
early as 1924 that future psychodramatists would emerge from the theater schools as well as the psychodrama training schools. Moreno signals this when he writes, referring to the need for talented psychodrama practitioners,

Out of the thousands of theater institutes and the growing number of psychodrama centres [...] slowly new talents and methods will come into being. These will create the theater of the future. (Ibid: 16)

I think it is particularly noteworthy, as this quotation demonstrates, that Moreno, the creator of psychodrama, wanted his method to stay firmly affiliated with the theater. Yet this originating impulse of Moreno’s has largely been lost, and the two fields of practice—psychodrama and theater—are today almost totally estranged except at the margins. Theater practitioners facilitating or presenting high focus personal stories may not have any knowledge at all of psychodrama, even when what is produced in their theater workshop or on the stage is essentially a psychodrama. And the reverse is frequently the case: psychodramatists may have little or no knowledge of how personal stories are used in the theater or the wide literature, theory, research and practice within mainstream, socially engaged, applied and participatory theater that supports such work.

While psychodrama is now spread across the world, with many thousands of practitioners in more than one hundred countries, in most jurisdictions psychodrama comes under the exclusive domain of medicine, psychotherapy and psychology. This represents a lost potential resource for the theater and an impoverishment of psychodrama’s potential as a mode of human communication. A chance encounter in the mid-1990s brought this into sharp relief for me: I recall participating in a workshop at an international psychodrama conference and meeting a mental health social worker from Senegal there. We spoke about the practice of ‘social psychiatry’ in his country and in other African nations. Reflecting after the workshop on the psychodrama we had just witnessed, he said, ‘I don’t see what all the fuss is about with psychodrama. We’ve been doing this in Africa for 5,000 years!’ I took an important lesson from his observation. It was a reminder of how the most basic forms of human communication, support, sharing stories, ritual and communal healing can be coopted and professionalized in ways that make them seem off-limits to non-clinicians. It’s time for a correction.
As long as the mutual estrangement continues, theater practitioners are cut off from almost one hundred years of research, writing and theatrical experimentation that is, at last count, represented in more than 7300 publications exploring psychodrama and its effects, processes and influences (see, for example, the online bibliography of psychodrama at www.pdbib.org). For psychodramatists, I would equally make the point that scholarship within the field of theater and performance studies, and the field of applied and participatory theater, is a crucial area to explore. There are informative accounts of the connection between psychodrama and the theater in J. D. Moreno (2014), Nolte (2014) and Scheiffele (1995). Cohen-Cruz and Schutzman (1994) also write about the connections between psychodrama and the work of Augusto Boal, and Sue Jennings (2009) is a crucial resource exploring the links between theater, therapy and activism. To underscore the important links between psychodrama, dramatherapy and theater, Jennings reports that, during a conversation between eminent social theater practitioners at a conference in Milan in 2002, Richard Schechner ‘proposed that [social theater] should become a term that encompassed all uses of theater that were not commercial theater, and that it should include dramatherapy and psychodrama’ (Jennings 2009: xv). Schechner’s observation, reported by Jennings, is very much in keeping with Moreno’s original vision for psychodrama and with the core messages of this book.

Part of the impetus for writing this book has been my frustration at this mutual estrangement, and my hope to join the small but growing contingent of practitioners who are interested in the synergistic possibilities of rejoining psychodrama with its theater roots. When I work with theater students and see their excitement about working with the ideas and structures within the Drama Spiral and the transformational possibilities of working with personal stories, I see them as the future navigators of this very fruitful terrain in the intermediate space between the purely aesthetic and the purely therapeutic theater. This is why it is so important to include psychodrama and integrate its principles and techniques into the theater of personal stories. As Schechner and many other theorists and researchers in theater and performance theory have observed, theater has always combined and interwoven, like a ‘braid or helix’ (Schechner 2013: 80) the intentions of efficacy (focused on effecting change, including personal change as well as political and social change) and entertainment (focused on aesthetics).
Elements of Psychodrama

There are five elements present in a psychodrama session:

The protagonist. The person whose story or issue is the primary focus of the session.

The auxiliary egos. Group members or trained professionals who assume the roles of significant others in the drama. This may include significant people, objects or even aspects of the self or a person’s internal world.

The audience/group. Group members who witness the drama and who may become involved as auxiliary roles. The emphasis is on creating a safe and supportive environment where each person is a potential therapeutic agent for the others.

The stage. The physical space in which the drama is conducted. It may be an actual stage or simply a designated space.

The director. The trained psychodramatist who guides participants through each phase of the session.

These five elements of psychodrama are brought together into an integrated system. Psychodrama is intended to be ‘an all-embracing medium, leading systematically to the heart of the [protagonist’s] suffering, enabling the director, the protagonist, the auxiliary egos, and the group members, to become a cohesive force, welded together to maximize emotional learning’ (Z. T. Moreno 2006: 110).

Key Psychodrama Concepts

Spontaneity and Creativity
The underlying premise of psychodrama is that all human beings are born with an innate will to survive, which includes the drives of spontaneity and creativity. Moreno saw human beings not just as creations of the universe, but also as co-creators of the universe, with each person having the power to influence those around them and, given the right circumstances, to effect change at different levels of society. Spontaneity is the capacity to find adequate responses to new situations or new responses to old situations in order to best meet the challenges and opportunities that life presents. Moreno wrote about the many forces within families and society that constrain spontaneity and creativity, resulting in robot-like thinking, feeling and behavior. One way to understand the purpose of psychodrama is
that it is a process of rediscovering and unblocking our innate spontaneity in order to heal ourselves and free ourselves from the tendency towards becoming automatons. To further develop this point, we see that in the terminology of psychodrama, the client is called the ‘protagonist,’ a term borrowed from the ancient Greek theater meaning ‘the first actor.’ Psychodrama is intended to help each person find the courage to act with authenticity, creativity and spontaneity. Similarly, psychodrama is based on the premise that human beings have an autonomous healing center which offers great potential for self-repair. Moreno was one of the first people to write about the concept of ‘self-help’ (Moreno 1924).

Re-writing the Script
Psychodrama offers a medium for ‘rewriting the script’ of our lives and rehearsing new behaviors and roles. Where the issue is unresolved trauma and loss, psychodrama offers a place where a person’s suffering can be witnessed and validated. In psychodrama, a typical pathway towards achieving resolution of trauma is by revisiting the hurtful or terrifying scene in a structured way and providing an opportunity for emotional release and also a comforting and empowering new experience.

In its so-called ‘classical’ form, a psychodrama often begins with a current problem or difficulty and traces it back to earlier life situations. Here, the protagonist may have the chance to experience what was missing but needed at that time. The enactment then returns to the present, where new learning can be integrated and put into practice. At the end of the drama, the group members share how they relate to the participant’s issues and problems. The sharing portion of the session is very important, as it offers the group members an opportunity to speak about their own emotional burdens. It also lets the protagonist know that they are not alone in their suffering (Goldman and Morrison 1984).

Clinical and Non-Clinical Psychodrama
I make the distinction between clinical and non-clinical psychodrama. Non-clinical psychodrama is concerned with issues that do not destabilize the protagonist. Broadly speaking, non-clinical psychodrama is associated with rings 4 and 5 of the Drama Spiral. Clinical psychodrama addresses unresolved difficulties that are blocking or destabilizing the person in some way and is more associated with ring 6 of the Spiral.
**Encounter**

An important aspect of psychodrama is that the client—the protagonist—is part of the action. As part of the action, they are encouraged to encounter the other people in the group. (Psychodrama is normally a group process, although it also used effectively in one-to-one sessions.) The challenge and energy of encounter is one of the prime healing forces in psychodrama; it is through authentic, ‘here and now’ encounter with other people that we are best able to express our emotions, receive comfort, resolve conflicts, gain an understanding of how our behavior affects other people, and get feedback from others about how they perceive us. The spontaneously offered hug from a fellow group member, or being held and accepted by another group member even when we express a ‘messy’ emotion, can bring profound emotional healing. At the same time, to hear another group member tell you that they perceive you in a different way than you intend—while often challenging and possibly dismaying—can be a valuable source of insight about how you relate to other people.

**The Five Types of Catharsis**

Catharsis is a term used by Aristotle to describe how tragedy can lead to emotional purging among audience members. In psychodrama, five types of catharsis are seen as important to healing and integration. Notably, catharsis is not restricted to audiences, as in Aristotle. Instead, catharsis in its various forms is for everyone present.

**Catharsis of Insight**

First, there is the *catharsis of insight*. This is the ‘light bulb moment’—a moment of insight into an aspect of one’s life. For example, during role reversal as their mother or father, the protagonist may have an ‘aha’ experience of understanding what it was like for their parent when they experienced an earlier setback, how the experience affected them, and how the after-effects of the experience impacted their ability to parent the protagonist. Such forms of insight can be very helpful to protagonists in making sense of their life experience. The catharsis of insight brings with it the delight of discovery and sometimes also the dismay at uncovering unsettling realities about one’s life, one’s family and one’s culture. This can have profound effects on how we see ourselves, our relationships, the people we know and the culture we live in.
Catharsis of Emotion
Next is the catharsis of emotion, particularly a release of deeply held emotions such as sadness, fear or anger. This is what is commonly understood as catharsis when the term is used: the release of withheld emotion. This is typically emotion which has been suppressed for a long time, held in the body because it was not allowed expression at the time of the original event or suffering. The expression of held-in emotion often brings with it a feeling of relief; holding in such emotion takes a lot of energy, which can now be re-focused on healing and wellbeing.

Catharsis of Integration
A third form is the catharsis of integration. Emotional release may have limited value if it is not then integrated into the person’s psychosocial functioning. Augusto Boal was in agreement with J. L. Moreno in being critical of emotional catharsis that did not lead to action (Boal 2006: 54). The catharsis of integration usually takes place towards the end of a psychodrama, when the protagonist is helped to put into practice their new learning and apply it to daily living. The true challenge of integration is the challenge of putting into practice the changes in the ‘real world,’ outside the session. Role play and role training are important techniques used at this stage, where the protagonist is helped to enact new roles and new strategies. For some people, particularly those who are typically overwhelmed by emotion, psychodrama can help them contain rather than express emotion, or to help them express the ‘forbidden’ emotion that they are not able to express (such as the anger behind sadness, or the fear beneath a defiant exterior). Feldhendler writes, ‘The protagonist discovers, often with great relief, that what had previously been understood as an undeveloped, repressed or fixed part of one’s character can, in fact, function as a valuable element in one’s role repertoire’ (Feldhendler 1994: 93). We will return to the theme of integration later in this chapter.

Catharsis of Aesthetic Transformation
The fourth form of catharsis is the catharsis of aesthetic transformation, which has the potential to raise a theater piece to a higher level of integration and a ‘collective resonance’ between performers and audiences (Pendzik 2016: 63). In the catharsis of aesthetic transformation, the protagonist is helped to transform their suffering into something else, where the focus is on empowerment, healing, creativity and spontaneity. For example, the psychic wound of early abandonment may be transformed
into a chorus of support from one’s friends. Or the trauma of a physical attack might be transformed into a communal dance where everyone joins in a healing, rhythmic motion in support of the protagonist. Or, as Susana Pendzik describes, in recounting an autobiographical performance by a woman in her program, the trauma of sexual assault may be transformed with a powerful new image of shared strength: ‘The lights go out, and after a few moments they go on again, showing [the protagonist] running on the spot, facing the audience, while a song by a famous female singer is played that speaks about freedom, hope and empowerment for women. One by one, group members join her, running with her as they look at each other supportively, creating a reassuring connection, until the stage is filled with a powerful group of running women’ (Pendzik 2016: 63).

Another example of how stories of pain can be aesthetically transformed into healing stories is Teya Sepinuck’s *Theater of Witness*, mentioned earlier in this chapter. In her analysis of the transformational effects of Theater of Witness, the psychologist Vesna Ćorluka Čerkez observes that the performers in Theater of Witness ‘do not only testify their story, but they also testify their healing through their transformation of the story into movement, songs and music’ (Ćorluka Čerkez 2017).

As these examples demonstrate, in the catharsis of aesthetic transformation, the protagonist uses their own creativity (and the group’s) to transform their suffering into something that is more bearable and life-affirming. The protagonist might discover that they are stronger as a result of what they learned from their experience, and that new possibilities may be there that were not seen before. Here, I am thinking of those survivors of disasters, crime, trauma and illness who have gone on to establish charities, raise money for causes and foster progress in many domains of human activity. This has been conceptualized as *post-traumatic growth*, or *post-traumatic strength*, a positive re-framing of the possibilities for recovery in the aftermath of trauma and loss. Providing additional support for the idea of aesthetic transformation, Pendzik et al. have observed that ‘aesthetics and therapeusis are not mutually exclusive; more often than not, they powerfully coincide’ (Pendzik et al. 2016: 7).

The catharsis of aesthetic transformation is not confined to the theater, of course. It is a deep instinct within us all, and can apply very widely to the challenges we face. As I was completing this book in March 2020, the coronavirus (COVID-19) pandemic struck and a large portion of the world was suddenly on lockdown. Billions of people were confined to their homes. The news was constant of disease, death and health systems
struggling to cope. Within days, there were outpourings of aesthetic transformation, with people attempting to connect, to share stories, to offer practical and emotional support, and to create and take part in experiences that transformed fear and grief into something more life-affirming, hopeful and sustaining. The world may long remember the images of people cheering health care workers from their balconies, communities singing from their windows, rooftop concerts, theater companies, orchestras and dancers performing online, and endless adaptations to sustain human solidarity, connection and creativity. With this panoply of aesthetic transformation, the human population joined to cast a light into the darkness.

**Audience Catharsis**

Finally, there is the fifth type of catharsis—the *audience catharsis*. In this type of catharsis, we recognize that audiences can be very deeply affected as witnesses to the drama. In the same way that Aristotle recognized that spectators at Greek tragedies may experience powerful catharses of pity and fear, so too in the theater of personal stories (including psychodrama) may audiences, group members, and indeed everyone present, experience healing catharsis. This is the main reason that psychodrama includes *sharing* at the end of the drama, where the rest of the group (i.e. the audience) have the opportunity to share how they resonated with the drama. This is a crucial part of the integrative process of psychodrama. There are two reasons for sharing: First, so that the audience members can unburden themselves if they need to, and integrate their learning; and second, so that the teller of the story (the protagonist) does not feel alone or isolated in their particular struggle. In the theater of personal stories, particularly at ring 6 of the Drama Spiral, it is also important to include the process of sharing. This can be done in varied and creative ways, i.e. not just through group discussion. For example, the creation of new scenes, inspired by witnessing a drama, can be a way of sharing.

**Psychodrama Techniques**

Psychodrama is notably different from talk-based therapy, because in psychodrama all aspects of life are not only discussed but are re-created, worked through in action and integrated in the ‘here and now’ of the session. This active involvement can deepen learning, recovery and growth (Kellermann 1992). Key psychodrama techniques include:
Role Reversal In this technique, one person reverses roles (changes places) with another person and speaks from their point of view. It is a fundamental technique for encouraging empathy and insight into the mind of other people, and also for understanding the effects of one’s behavior on others. Role reversal is so crucial that it is often called the ‘engine’ that propels a psychodrama forward.

Doubling Doubling can be helpful when people struggle to voice their thoughts and feelings. In this technique, we stand or sit alongside the other person and try to become their ‘double’ by speaking what we imagine to be their inner thoughts, feelings and beliefs. The protagonist is then asked if the doubling statements resonates with them or not, and they are encouraged to speak if they find the words. Doubling is a very sensitive and subtle technique to get right, because it can easily become coercive, particularly with highly self-doubting protagonists or where the person doubling is experienced as more insightful or powerful. However, when done correctly and with sensitivity, doubling can make all the difference to a protagonist who needs help to find a way to communicate their subjective experience to others.

Parts of Self/Internal Roles In this technique, the participant is encouraged to speak from and embody the various ‘parts’ of oneself, such as ‘the part of me that hates myself and doesn’t care about having a decent life’ and ‘the part of me that likes myself and wants to live a better life.’ Or ‘the part that feels bitter and angry at the world’ and ‘the part of me that simply wants to love and be loved.’ A third role would be the integrative role, i.e. a role that can stand back from this internal dialogue, notice it, and find a way through by balancing and integrating these different ‘voices’ within into an integrative whole. To borrow a phrase from Walt Whitman, we all ‘contain multitudes’ within us, and this technique encourages us to get in touch with and embody our multiple internal roles and potentials—and to own them.

Role Training/Role Play This is perhaps the most widely adopted of the techniques derived from psychodrama. As the name implies, in role training the participant is encouraged to learn and practice virtually any human role, including the skills and strategies associated with those roles.
Empty Chair The protagonist speaks directly to a person, a group, or an aspect of the self as represented by an empty chair. This technique can be used to address unfinished business from the past or to have a ‘conversation with myself,’ to offer just two of the many applications of this technique. Using a chair in this way is often useful when it is too difficult to speak directly to a person.

Concretization In psychodrama, it is common to find ways of putting the ‘inner world outside’ by making the intangible real, or ‘concrete.’ Objects, symbols, drawings, chairs or other group members may be used to represent internal processes or abstract ideas.

Mirror Technique The protagonist stands at the edge of the stage area while a scene from their life is played by the auxiliaries. It is as if they are looking into a mirror, or through a window, at an aspect of their life. This can bring insight, objective perspective and, in some cases, powerful catharsis of emotion as one sees from a distance what one cannot experience when immersed in the action.

Surplus Reality In the technique of surplus reality, the protagonist is allowed to say or do that which their life does not or cannot allow. For example, the protagonist may have the chance to have a crucial conversation with a loved one who is deceased, to re-visit the past, to imagine and enact a desired future scene or relationship, to encounter an imagined other person, or to speak to a real person they have never met. Surplus reality can also be used to develop roles and skills for the future. As J. L. Moreno writes, ‘there is in psychodrama a mode of experience, which goes beyond reality, which provides the subject with a new and more extensive experience of reality, a surplus reality [which is] an enrichment of reality by the investments and extensive use of imagination’ (J. L. Moreno 1965a: 212). Surplus reality is often the most powerful part of a psychodrama. As Zerka Moreno observes:

From psychodrama we know that the greatest depth of catharsis is not achieved through mirroring the past, however traumatic or instructive it might have been, but through representation of those dimensions, roles, scenes and interactions which life cannot allow. (Z. T. Moreno 1982: 68, cited in Feldhendler 1994: 99)
All of the psychodrama techniques—there are more than 150 of them, with countless variations—are intended to promote integrative functioning, personal development, sharing one’s internal world with others, and promoting healing in the context of being among a supportive group of people. Many of these techniques are described in Baim et al. (2007), Blatner (1997), Z. T. Moreno (1959, 1965b), Nolte (2014), Schutzenberger (2003) and Wysong (2017). See also the world bibliography of psychodrama: www.pdbib.org

_Psychodrama and the Theater of Personal Stories: A ‘Second World’_

Using his customary confidence and global vision for healing society, J. L. Moreno framed psychodrama as being an improvement on no less than the handiwork of God, as described in Genesis 1. According to Moreno,

> When God created the world in six days, he had stopped a day too early. He has given Man [sic] a place to live but in order to make it safe for him he also chained him to that place. On the seventh day, he should have created for Man a second world, another one, free of the first world and in which he could purge himself from it, but a world which would not chain anyone because it was not real. It is here where the theater of spontaneity\(^1\) continues God’s creation of the world by opening for Man a new dimension of existence. (Moreno 1924: 22)

While Moreno’s vision has an exhilarating scale of ambition, my main reason for including this quotation is that it demonstrates again how closely aligned Moreno’s original vision for psychodrama was with the creative potential and processes of the theater. It is with this quotation that we have an almost complete alignment of the aims of psychodrama with the aims of the theater of personal stories. For what is it to put our personal story on the stage if it is not in some ways to free us from the normal boundaries of time, to revisit experience, to examine meanings and imagine different possibilities and different futures? In this way, we are freed from the normal chains of existence, and able to transform our stories of suffering into stories of healing and progress. We are able to make

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\(^1\) Moreno uses the term _theater of spontaneity_ in this quotation, but he could just as well have used the term psychodrama; the theater of spontaneity was the precursor to psychodrama (Kent and Carter 1974: 74).
‘mistakes’ in rehearsal and workshops without having to fear failure, getting it wrong, or being the subject of shaming ridicule for not being in some way up to scratch. The theater of personal stories is, just like psychodrama, a type of ‘second world’ as Moreno describes, where we can go to explore possibilities and find comfort and consolation not available in the first, and to better prepare for the challenges we will face when we return to the first.

**Examples from Psychodrama Practice**

As a psychodramatist (in the UK, the term is psychodrama psychotherapist), I am acutely aware of the boundaries and overlaps between my work as a theater practitioner and my work as a psychodramatist. In the following examples, I offer a brief sampling of psychodramas that I have directed in public groups and in prisons. In each case, I hope it will be clear that these psychodramas use techniques and processes that are recognizably related to theater processes, although adapted for use in clinical, psychotherapeutic work (names and details have been changed to preserve confidentiality):

Gerry has suffered a string of relationship breakdowns. During his psychodrama, he traces his difficulties back to his early relationship with his mother, who beat him with a stick on many occasions when he was a child, and who was also very emotionally abusive to him. She often screamed at him that she wished he was dead. Speaking to a group member who is in the role of his mother, Gerry angrily expresses his unmet need for love and care from her, and his anger at her violence and abuse. Within the drama, Gerry then experiences an emotionally attuned mother. He allows himself to be held, and he weeps. He speaks about all the times he has run away from intimacy or treated women badly because he could not bear to be vulnerable and then rejected by them. His more attuned, psychodramatic mother encourages him to form intimate relationships and to allow himself to love and be loved, without fear. Following this, Gerry is given time to practice a new way of being in close relationships, drawing from this experience of attuned mothering in the psychodrama.

Meredith chooses a group member to represent the child she never had. In the drama, she holds the child (played by the group member) she always wanted but could not have for physical reasons. She expresses her grief and longing, while gently stroking the child’s hair and face. After a long and sensitive encounter with this much-wanted child, with a great deal of sup-
port from the group, she is helped to explore ways in which she can still carry out her desired role of ‘loving mother’ with her nieces and nephews and in her community. She finds hope for her future, beyond her despair, as she interacts with an immigrant family of two children and their struggling mother (played by group members) who live in her street. She reflects that there are creative and valuable ways to carry out her mothering role that don’t involve being a biological mother.

As a child, Tom was sexually assaulted by a neighbor who had ‘befriended’ him. Twenty years later, he is still terrified by the memory of this event. In the psychodrama, Tom expresses his fear and grief, and summons up his rage about the abuse. Tom takes back his ability to say ‘No!’ as he accuses his abuser and sees him brought to justice in a psychodramatic ‘courtroom.’ Tom receives supportive hugs from the group members and tells them it is a relief to be believed and understood. He feels relieved of the pressure to keep secrets and the burden of guilt and shame that he has held onto for so long.

Terence is a prisoner who participated in a gang rape at age seventeen. In his fourth year of a fifteen-year prison sentence, he looks back on his actions that day with solemn remorse. He had joined a local gang as a last resort, as a way to survive in his neighborhood. On the night of the rape, he feared for his own life if he did not join in; this was the code of retribution in his gang for anyone who defied the leader. The victim was an adult woman, targeted because she was walking alone. In his psychodrama, Terence goes back in time and stands up to the rest of the gang and stops himself from being involved. He stops the others and rescues the woman (played by another young prisoner, a member of the group), and apologizes to her, weeping and wracked with grief over the damage done to her. He also expresses his grief and regret over the waste of his own life.

Mandy is still terrified of her abusive husband, who she escaped from five years before, but who still haunts her dreams. In the drama, she places him on ‘trial’ in a psychodramatic courtroom and receives justice when all present witness her story of suffering. The psychodramatic judge finds the ex-husband guilty and sends him away. Mandy’s relief is palpable. She sleeps peacefully that evening and is able to move on in her life.

Carl is still trying, twenty-five years after the event, to regain some control over the terror he felt as a child when his father came home drunk one Christmas Eve, destroying all of the presents under the tree and severely beating Carl’s mother when she tried to stop him. In the psychodrama, he comes out of his bedroom and forcefully stops his father from being violent. He finally stands up to the man who terrorized the family for years.

Elizabeth was raped by her stepfather many times over several years, an experience that has left her traumatized and ridden with fear and shame. In
her psychodrama, she is finally able to weep for her lost childhood, to rage at her stepfather for what he stole from her and put her through, and to accept protection and comfort from her mother (played by another group member), who never knew.

These are the psychodramas that I have come to think about as dramas where the protagonist reclaims their right and ability to say ‘no.’ I have seen this common theme in countless psychodramas over the years—unsolved episodes in people’s own lives, when their own rights and feelings had been overridden, their own dignity smashed (Baim 2004, 2013). (Meredith’s psychodrama was an exception to this common theme, as it did not focus on her saying ‘no’ to an oppressor, but rather ‘yes’ to new possibilities for expressing her maternal act hunger.) The psychodramas allowed these protagonists to take back the right to say ‘no’ to the people who had hurt them. After being allowed the opportunity to reclaim the ability to say ‘no,’ with their pain being heard and understood for the first time and in a safe and contained environment, the protagonists could begin to practice new strategies for meeting their needs with new hope for a future much less influenced by terrors from the past. As Moreno observes, ‘every true second time is the liberation from the first [original emphasis]’ (Moreno 1924: 103). Provided with this liberation from an oppressive first experience, in the form of a liberating second experience, the protagonist is freed to create their own life in greater spontaneity, free from old chains and terrors.

I offer these short examples from my own practice to show a glimpse into the processes of psychodrama when it is used as a method of psychotherapy and to describe the sort of work that is done when we address unresolved issues with a specific focus on healing and psychotherapeutic integration. As I hope these descriptions make clear, each psychodrama contained several forms of catharsis and also an element of integration. Crucially, I am not saying that the issues addressed in these psychodramas are the exclusive terrain of psychodrama or indeed psychotherapy. These issues can and indeed already are addressed in the theater of personal stories and such productions are likely to continue to proliferate for the reasons outlined in Chap. 2. It would be a mistake to say that certain topics or certain individuals’ life stories are off limits to the theater. What is absolutely essential, however, is to recognize that theater and psychodrama (and indeed dramatherapy) have different modes of approach, different contracts of engagement, and, to some degree, different intentions.
Attachment Narrative Therapy (ANT) uses the healing and integrative power of helping people to develop a more coherent or adequate understanding of their life history, their patterns of attachment (i.e. cognitive, affective and behavioral coping strategies when under stress), and their processes for regulating their emotions and interpersonal relations (Dallos 2005; Dallos and Vetere 2009). ANT uses a systems perspective, that is, a perspective that takes into account the ways in which people are embedded within family, socio-cultural, economic and political systems at many levels and with complex repercussions. To take one example, the systems perspective provides a useful way of conceptualizing the difficulties of making individual or small group changes when larger systems, striving for homoeostasis, work against such changes and strive to return to the familiar patterns of the status quo. This concept can be applied at small and large scales, from couples, to families, to communities and to whole societies.

The Instinctive and Healing Impulse Behind Storytelling

To understand the basis for Attachment Narrative Therapy, we can use some of the foundational ideas of narratology, which is the study of human narratives and their effects on perception and subjective experiences of reality in individuals, groups, communities and societies. Narratology is closely related to the more recent formulations regarding memory and information-processing (Bowlby 1980: 44–74; Crittenden 1994, 2015; Schacter and Madore 2016; Siegel 2007, 2008, 2015). The main idea is that every human being has a personal life history, unique to each of us, with all of our experiences, relationships, thoughts, feelings, actions and patterns of response bound into an ongoing chain of moments from birth to the present day. Our history also extends back in time to before our birth, and into the future, as part of the continuous story of our lives in relation to our culture, our ancestors and our descendants. Human beings are creatures of narrative, and stories are one of the most important ways we attach meaning to our lives. At the root of theater is the human need to make meaning of the world and to communicate these meanings to other people in the form of stories.
Stories are elemental to being human, and storytelling has been with us since the origins of civilization. Our ancient ancestors used stories to make sense of the wonders all around them: Gods ruled the sea, the air, the underworld and human passions. Helios’ chariot pulled the sun across the sky. We arrive prepared to hear stories and to create narratives to make sense of our experience and to stay alive. Socio-linguistic research demonstrates that the instinct to share one’s story is very likely to be bound up in the prehistoric origins of human communication and the emergence of consciousness and language (Jaynes 1976). Such meaning-making and storytelling is at the core of what makes us human and is intimately related to the development of our minds, our core sense of self and our understanding of our place in the world (McConachie 2013; Schank 1990; Schechner 1988, 2013; Wasilewska 2000; White 2007). We are *homo narrans*—the storytelling primate (Warner 2012). Our use of language and our ability to share stories has given us a significant survival advantage as a species.

**The Integration of Psychodrama and Personal Narrative**

Working with personal narrative is at the heart of many forms of psychotherapy. Of the more than one thousand recognized forms of psychotherapy, the vast majority involve helping people to arrive at a more adequate interpretation of their inner world and to give meaning to their lives, symptoms and hopes for the future (Wilber 2000). This applies to the highly popular cognitive-behavioral therapy and its many derivative forms, to psychoanalytic and psychodynamic forms, and to humanistic, transpersonal and systemic forms. The notion of narrative, and revisiting and reframing the narrative, is everywhere in the psychotherapy literature. Add to this the burgeoning area of narrative medicine—where physicians are trained to listen to the patient’s story about themselves and their illness and to incorporate this into the diagnosis and treatment planning—and we see the large overlap between personal story (self-narrative), medicine, psychotherapy and the theater of personal stories.

A coherent self-narrative is an essential feature of mature, adult psychological functioning. From an early age, starting as early as the pre-school years, children can start to become authors of their stories. They can begin to take different perspectives and consider different versions of their experiences (Rees 2009; Rose and Philpot 2005). The stories we select as valid help us to interpret the world and guide us to pay attention to certain
things while ignoring others. They help to understand how we have come to be the person we are, and to understand why we think, feel and behave the way we do. Our ability to shape the experiences of life into an adequate self-narrative is a fundamental adaptive capacity, as essential to the well-functioning mind as food and water is for the body. Thus, a key indicator of psychological health is the coherence and integration of our own personal life story, for this is the basis for our sense of self and our subjective experience of reality (Holzman 1999).

Importantly, the stories we tell ourselves about our lives are subject to continual revision. The very act of remembering provides an opportunity for reassessing our memories, connecting and comparing them, and creating new understanding about ourselves. This is a central idea within Attachment Narrative Therapy (Dallos and Vetere 2009). Furthermore, the act of recalling our life stories often takes place with other people, and so our story will be influenced by our relationship to them and their responses and questions. Revising our personal stories impacts directly on personal change, because the stories we create about our lives have a powerful effect on our sense of identity and how we live. As the renowned neurologist Oliver Sacks observes, ‘We have, each of us, a life-story, an inner narrative — whose continuity, whose sense, is our lives. It might be said that each of us constructs and lives a “narrative,” and that this narrative is us, our identities’ [original emphasis] (Sacks 1998: 110).

Phenomenology, neuroscience and cognitive psychology have arrived at some common understandings about the fundamental properties of the ways in which our minds construct what we understand to be reality (Eagleman 2016; Siegel 2008, 2015). Stories abstract reality—they are never a direct recreation of reality. This is because the brain does not hold memories in store, as in a library card catalogue or a computer hard disk. Instead, the brain has neural networks that are primed by experience to be predisposed to fire in association with other neural networks. There are millions of these neural networks of association in the brain. Because of this neural basis of recollection, stories are always edited: we can’t recall every moment of our life, and we leave out lots of information in all our stories. So our stories are always in this sense inaccurate and subject to unconscious biases and tendencies to filter out that which we prefer not to acknowledge. And ‘true’ stories can never be the full story, because we only have a fraction of the necessary information. This happens at meta levels and also at the level of perception. Neurologists and neuropsychologists focusing on perception have observed, for example, that what we
perceive through our eyes is only the tiniest fraction of the electromagnetic spectrum. And yet this tiniest fragment is what we use to define what our sighted reality ‘is.’

While our reality may be confined by physiological limits, it is also powerfully influenced by social factors and factors to do with our upbringing. For example, a young child is heavily reliant on their parent or carers to define the meaning of an event. When the meaning offered by the parent accords with the child’s experience, all is well. But very often, the parent will offer a distorted meaning that the child cannot challenge: ‘I hit you because you deserve it.’ ‘You make my life a misery.’ ‘You’re spoiled rotten.’ ‘You’re stupid and you’ll never amount to anything.’ ‘You’re being awkward just to wind me up.’ ‘Man up.’ This is why people often grow up with highly distorted or negative views about themselves: it is the story they were given, or somehow learned, and when they learned it, it was so powerful that it has become an implicit self-understanding.

As imperfect as they are, our individual and collective stories make our world and shape us. We live within the law (or we don’t), we agree and dispute arbitrary borders, we live within or in defiance of societal norms, and we go to war to protect vital stories such as nationality, race, property, political beliefs and religious faith. We may reject some stories because we don’t want to hear them, or we may reject facts because they do not suit our narrative. Some stories can heal, and others can lead to killing. In tribal, national and international conflicts, stories from hundreds of years in the past can be resurrected to inspire fresh waves of vengeful attacks against the descendants of one’s supposed oppressors. We experience these stories as utterly real and foundational to our experience. What makes these stories ‘real’ is that other people believe them too—and so we are able to have a functioning society based on agreed versions of reality—a consensual reality. Veer too far outside the mainstream of what is consensually agreed to be normative reality within your society, and you risk being arrested, ostracized, targeted or placed in psychiatric care (Harpin 2018). Psychiatrist R. D. Laing saw meaning in the ‘madness’ in his patients. He conceived of sanity and madness as ‘points of conjunction and disjunction between two persons where one is sane by common consent’ (Laing 1959: 36). The attempt to understand the function and meaning of mental illness within family and societal contexts (where the consensus on what is ‘real’ can be distorted in many ways) has been explored by many authors, including Atwood (2012), Bentall (2003), Crittenden and Landini (2011), Goodman (1977), Johnstone et al.
Consensual stories about reality are very powerful versions of events, with heavily vested interests.

Related to this point is the idea of ‘natural pedagogy,’ a form of social cognition that is based on social cues and social learning. This theory helps to explain how human beings learn from each other and transmit cultural knowledge in relationships and social contexts (Csibra and Gergely 2001, 2011). The theory of natural pedagogy suggests that we are more likely to be open to learning from a person whose social cues encourage us to feel that they are well-informed and credible, and that they have good intentions. The authors emphasize in their theory how the credibility and benignity of the storyteller or role model are crucial aspects of the effectiveness of storytelling as a form of human communication and as a medium for passing on cultural knowledge and values. If we connect this idea to the theater of personal stories, we have some added evidence as to why there is an extra level of importance and gravitas given when a person is telling their own story, because they would generally be considered to be credible and, by definition, well-informed about their own story.

As already mentioned, a key indicator of psychological health is when we can construct a psychologically coherent account of our life story, including how we came to be the person that we are and why we think, feel and behave the way we do. If we can give an account of our lives that contains no significant omissions, errors, distortions or deceptions, particularly around dangerous events, we are more likely to be able to function in a well-balanced way, free to experience relationships without being stuck in obsolete patterns that are harmful to ourselves or other people. This may sound straightforward, yet for many people, this is a task fraught with obstacles and potential threats. For many people, clearly seeing their life story and their patterns of behavior may be a frightening prospect, so terrifying that they expend a huge amount of effort to not see things clearly, and so to avoid feeling difficult and painful feelings (Hudgins and Toscani 2013; Maté 2013). Drug and alcohol use, becoming a workaholic, risky and self-destructive behavior and antisocial behavior are just some of the ways people find to avoid facing reality, suffering and pain. In extreme cases, dissociation, delusion and psychosis may be the last-ditch escape route from an intolerable past or present, and may also be a way of signaling the need for and drawing in external supports (mental health services, police, the community) when one is left with no other options (Crittenden and Landini 2011).
To summarize, a central concern of Attachment Narrative Therapy is concerned with revealing and healing the injured personal life stories of participants, so that a new story can emerge.

**Knowing the Terrain of Narrative Integration**

In the theater, when we present *fictional stories* to each other, we share contemplation of the human condition and we join together in shared cultural understandings. When we present *personal stories* to each other, we are doing the same thing, but with the added possibility that the recollection and formulation of our personal story, the sharing of that story, and the feedback and support we receive after telling the story, will all combine to affect the way in which we interpret the story and the effect that it has on our lives. We also have the chance to *revise* the story, as we examine it in more detail and perhaps identify some of the plot inconsistencies, the previously disguised power relations, and the distorted understandings we may previously have had about the story. In doing so, we have the chance to generate a more adequate story that feels more authentic, liberating or useful to us. In other words, sharing our stories can heal our broken stories, our broken hearts and our broken minds. Through stories we construct and reconstruct our sense of who we are. Giddens (1991) addresses this point when he writes about the reflexive construction of the self.

Translating these concepts to the theater, we can observe that when a theater practitioner works with people’s personal stories, it is important for the practitioner to have some understanding of the principles of narrative integration, and how narratives can become distorted or transformed, and why. Similarly, it is important to understand that the telling and sharing of personal stories can offer the opportunity for people to re-shape their stories and their understanding of the stories they tell. This can lead to profound changes in one’s understanding of one’s story and one’s history and relationships. This can happen in any context where people are thinking about their personal stories and can be highly therapeutic (and sometimes painful)—even when the framing of the experience is that it is theater, not therapy (Holmwood 2014).
Promoting Integration and Healing in the Theater of Personal Stories

Having described psychodrama and Attachment Narrative Therapy in this chapter, and explored the theater of personal stories in this and previous chapters, we can now consider how these three areas of theory and practice can be combined to help us formulate some clear ideas about what the intent is of working with difficult unresolved personal stories, i.e. at the sixth ring of the Spiral. This combined approach takes us to the fundamental question we must ask when working with personal stories of unresolved difficulties: ‘Where is the integration?’ This is a question that one could ask at any part of the Drama Spiral, but it becomes critical to the process of working at ring 6 of the Spiral because of the added vulnerabilities of working with unresolved painful and difficult stories. Integration becomes of crucial importance in order to avoid simply retelling personal stories of pain. Instead, there must be an element of ‘reflexive practice that aims at self-discovery’ (Rycroft 1983, cited in Pendzik et al. 2016: 2), i.e. integration. Speaking about the implicit processes within each of her plays, the celebrated verbatim investigator/performer Anna Deveare Smith analyzes her integrative intent this way: ‘My plays usually start with outrage, and then they go to a sort of mourning, and then they usually end up with love or forgiveness’ (Smith 2018). With this statement, Smith neatly captures the process of healing and integration that takes place in many therapeutic processes.

Integration in this context means the bringing together of differentiated parts into a functioning whole (Siegel 2008, 2015). To offer some examples, a functioning aircraft is an integrated machine with hundreds of thousands of different parts and modules all working together in a functioning whole. An integrated organization may have tens of thousands of employees working together to form a functioning whole. A human being has hundreds of billions of cells and a panoply of organs, bones, tissues, systems and functions, all working together in an integrated whole to keep the person alive. And this is not even to mention the complexity of the person’s mind, memories, values, beliefs, preferences, relationships, ambitions and patterns of behavior. A further level of complexity can be grasped when we note that many of the elements of integrated systems run in opposition to each other in order to maintain a delicate balance of good function. In animals, this is seen for example in body temperature regulation, hormone release, sleep-wake cycles and approach-avoidance...
behaviors. When we stop to contemplate the complexity of what it is to be human and to stay alive and functioning reasonably well, successful integration is a stunning achievement. The term integrative is of course related to the word integrity, a word that we commonly use to describe people who are trustworthy and who function well, with sound ethics, good intentions, good character and good judgment. These are qualities developed through conscious effort; integration does not happen by default but instead demands deliberate mental effort. Summarizing the critical importance of integration in human functioning, Ogawa et al. make the point that:

*Integration is not a function of the self. Integration is what the self is.* (Ogawa et al. 1997: 871)

From the Attachment Narrative Therapy perspective, integration occurs when we make use of all the thoughts, feelings and sensations from the body that are relevant to our situation and discount the information that is irrelevant. An integrated mind can access useful information from both past and present and can self-organize and plan for the future. However, when we are under severe strain or facing great danger, our mind takes short cuts because we don’t have time to think; we are in survival mode and must act fast. The danger might not be physical violence: it may instead be that we are having to deal with too much complexity, or ambiguity, mixed signals, random or non-contingent responses, ambivalence or emotional subtleties that are beyond our ability to cope (Crittenden 2017: 382). In such circumstances, typical short cuts taken by the human mind include when information is avoided, omitted, fragmented, misattributed, exaggerated, minimized, denied, distorted or falsified. This is known as transformed information.

To explain what is meant by transformed information, here is an example from social work child protection. While the example is fictional, it reflects many cases of child abuse: If you’re eight years old and you have learned from bitter experience that if you don’t do exactly as you’re told by your parents, you will be severely beaten and locked in your room overnight without food, you don’t stop to question or challenge the right or wrong of your parents’ actions. You do what you are told and don’t dare to think that your situation should be other than it is; that’s a life-threatening thought because it might lead you to challenge your parents, with known and dangerous consequences. In these circumstances, it’s a
basic and instinctive survival strategy to agree with your parents that ‘you are the problem,’ that ‘you are nothing but trouble,’ that ‘you are wilful and insolent,’ that ‘you never should have been born,’ and that ‘you deserve the beatings because the devil needs to be beaten out of you.’ Given these circumstances, we can all understand why the eight year old child takes on the belief that they are bad, that they deserve the beatings, and that their parents are good people who mean well and are trying to protect them by beating the devil out of them. That is what is meant by transformed information—when information is omitted, fragmented, misattributed, exaggerated, minimized, denied, distorted or falsified in order to promote survival in dangerous circumstances.

While these short cuts that transform information work in the short term, in the long term, we need to regain the accurate information in order to make more generally applicable reflections. Very often, however, the mind retains only the transformed information, which applied only to the original situation. So the response and strategy that was effective for self-preservation in the original situation may become over-applied, which typically leads to a lack of coherence, and potentially a range of emotional and interpersonal problems (Baim and Morrison 2011; Crittenden 2015, 2016; Crittenden et al. 2014; Dallos and Vetere 2009). Again, it is not that the strategy is wrong; it is the fact that it is an old strategy used inappropriately in a new context that is the problem.

**FIVE LEVELS OF INTEGRATION**

To provide a practical way of using the concept of integration in the theater of personal stories, and most specifically theater practice at the sixth ring of the Spiral, where people are disclosing personal material that is difficult and unresolved for them, I offer a developmental hierarchy that distinguishes five levels of integration. The idea of the five levels of integration emerges from my synthesis of ideas from Attachment Narrative Therapy, psychodrama, applied theater, trauma theory, Maslow’s hierarchy of human needs, Daniel Siegel’s integration of attachment and neurobiology (Siegel 2008, 2015) and Bruce Perry’s Neurosequential Model of Therapeutics (NMT) (Perry 2009). By bringing together some of the common themes and ideas from these authors, theorists and researchers, we can generate a hierarchical way of conceptualizing integration. For the theater practitioner working with people’s personal stories of unresolved difficulties, it is possible to use this hierarchy of integration in order to
focus on particular kinds of intentions when facilitating theater-making processes involving personal stories. The later forms of integration are developmentally more complex, and it is typically the case that the earlier forms of integration need to be addressed and developed first, before people will be able to integrate at the more complex levels.

I should stress that in advocating for a considered approach to biopsychosocial integration, I am not suggesting that theater practitioners need to become psychologists or psychotherapists. I am trying instead to address the fact that theater and therapy have no clear delineation and that because of this, theater practitioners need to have an informed understanding and a clear idea about the intention of the process they are facilitating. In other words, the theater practitioner working with people’s personal stories must continually ask themselves why they are working in a particular way and making the decisions they are making, focusing on integrative processes and intentions wherever possible (Taylor 2003). More to the point, if the theater practitioner is working with difficult and unresolved stories, they have a duty of care and a duty to be aware of the risks and potential benefits of working with such material, and they must also have some guidelines regarding when to and when not to explicitly address personal stories of unresolved difficulties (Holzman 1999, 2017).

When we think of the qualities of what makes a good, compelling, satisfying story, there will usually be some aspect of the story which is integrative at some level: the hero succeeds in her quest, the antihero is redeemed, the victim is avenged, the town is saved, the wrong is righted, the criminal is captured, the lovers finally get together. Almost all good stories have a kind of in-built moral compass, tending towards integration and justice (Campbell 1949). In offering the five levels of integration, I am tapping into this deeply embedded principle of storytelling and attempting to make the notion of integration accessible on a practical level, so that theater practitioners can focus their thinking on certain kinds of integrative intentions over others.

It is worth pointing out that I have chosen to emphasize integration as the crucial concept, rather than seeing the person’s problems as a deficit, where old strategies and ideas need to be replaced. By focusing on integration, I am attempting to provide ideas for how theater practitioners can help participant-performers to add to the range of strategies, roles and responses they can use, while also acknowledging that their old strategies may have been useful in the past and indeed may still be useful in some situations. When we work at the sixth, innermost ring of the Drama Spiral,
people are likely to be exploring the meaning of their lives and the ways in which they have coped with their difficulties, and where they are establishing or rediscovering their hope for the future.

**Level One: Integration of Mind and Body**

At the first level of integration, we are helping participants to integrate the functions of the mind and the body (see Fig. 5.1). We are helping participants to tune into and pay attention to the activity of the mind and the sensations of the body, with the understanding that the way we use our mind can have a profound influence on the neuronal connections in our brain (Kabat-Zinn 2005). Another way of stating this is that we are integrating ‘higher brain’ functions with ‘mid-brain’ and ‘lower brain’ functions. Siegel (2007, 2008) calls this ‘vertical integration.’

From the point of view of the participant-performer, this level of integration includes **paying attention to what my body is telling me and giving that information its proper due. Learning to live ‘in my body’ and fully inhabiting my physical being.** Integrating all of my sensory perceptions, such as hearing, sight, touch, taste, smell, interoception (conscious awareness of internal sensations within the body), and orientation in space and time. Integrating my thoughts and my feelings. Integrating the various emotional ‘states’ that I can be in, for example when I am excited, joyful, playful, contemplative, interested or bored. Gaining a sense of awareness of how my emotions emerge from my body and are expressed in and through the body. Gaining control of the meaning that I give the internal sensations and feelings I experience in my body—for example, the meaning I give to a feeling of dizziness, or the meaning I give to feeling exhausted, or agitated, sad or angry. Becoming more adept at self-regulation and/or expression of my emotions, and how I can transform one emotion into another (Feldenkrais

**Fig. 5.1** Five levels of integration in human functioning

| Level | Description |
|-------|-------------|
| 1.    | Self and wider world / higher consciousness |
| 2.    | Other people / relationships |
| 3.    | Memory and self-narrative |
| 4.    | Internal ‘parts’ of self |
| 5.    | Mind and body |
Understanding that these are all states of being, and they each have their purpose.

There are many theater processes that can help with the integration of mind and body. To name a few: drama games, voice and movement exercises, sensory activities, communal singing, physical and emotional exercises of many kinds can be used to develop integration at this level. It can also be very useful to use any of the myriad practices within theater that focus on somatic experiencing and somatic integration, including dance–movement improvisation, experimentation with somatic orientation, exploring the use of the body in relation to nature (for example, walking, climbing, swimming, running, playing, explored through character and movement experimentation), and other practices where the use of the body is integrated with reflections on mind-body-emotional connections (Ayers 2005; Feldenkrais 1991). Using passages from Shakespeare (and other playwrights writing in poetic meter) can also be very useful, because the iambic pentameter can act as a holding frame for high emotion, capturing at one and the same time the processes of emotional expression and self-regulation. This can help people develop a greater sense of self-understanding and self-mastery, understanding that they can be highly emotional but also regulated (within the poetic meter) at the same time.

Evocative metaphors can be enacted to enhance mind-body connection. For example, you can encourage the group to enact the flow of a river, and then the action of a body flowing and releasing toxic energy. This can be used as a means of reducing stress and coping with unhelpful messages by letting them ‘flow away downstream.’ Help participants and groups to find and enact their own healing and releasing metaphors, aimed at connecting the imagination to embodied processes. The theater worker can also offer important modelling for how to integrate mind-body processes, and indeed the facilitator’s own self-regulation to high and low states of arousal and activity can be a powerful influence on the participants’ self-regulation.

With all of these activities, the practitioner would facilitate the exercises and lead the discussion afterwards with a focus on vertical integration (mentioned above). This starts with basic but essential noticing of what is happening within the mind and within the body, recognizing that information that emerges in the mind (‘thoughts’) and information that comes from the body (‘feelings,’ ‘emotions’ and sensations of many kinds) is of equal importance and it is therefore crucial to recognize and integrate both sources of information. Discussing the embodied aspects of trauma,
Bessel van der Kolk, one of the world’s leading experts on trauma and recovery, observes:

The challenge in recovering from trauma is to learn to tolerate feeling what you feel and knowing what you know without becoming overwhelmed. There are many ways to achieve this, but all involve establishing a sense of safety and the regulation of physiological arousal. (van der Kolk 2018)

**Level Two: Integration of the ‘Parts’ of Oneself**

At the second level of integration, we are exploring our inner landscape and focusing on integrating the various ‘parts’ of the self into a functioning whole (Fig. 5.1). For example, we are concerned with integrating the part of one’s perception that can step back and observe what is occurring in the mind, brain and relationships with the part of one’s perception that is immersed in experience. Sometimes this is referred to as the ‘meta’ function (i.e. the part of me that can stand apart from, or above, my experience, and look upon me objectively). An example of the meta-function is when we consciously pay attention to and adjust our behavior in order to connect better with another person. When we have competing impulses and are of ‘different minds’ about an issue or an experience, we need to integrate these differing views within ourselves to be able to orient our lives in desired directions. Sometimes this is also called ‘having a conversation with myself.’ For many people, this ‘meta’ part is also the part of them that is conceived of as a spiritual essence—a part of themselves that, in the process of introspection, experiences deep inner truths, experience and oneness with existence (Kabat-Zinn 2005). In other words, when we use our minds to do this type of integration, we are in tune with our sense of our ‘self’ and who we are. In order to fully integrate the various parts, a useful internal role is the role of ‘conductor’ of all the internal roles, a role that can bring together all of these competing internal roles into a functioning whole (Blatner 2007). Sometimes this role is called the *executive self* or the *internal manager*. When the internal manager functions well, we learn to accept all parts of the self. Rather than being at war with parts of the self, or rejecting or resisting parts of the self, we acknowledge them and ‘welcome them to the table,’ understanding that what we resist persists all the more. By welcoming and getting to fully know all parts of the self, even the scary, socially disapproved or previously banished parts of self, we are better able, in the long run, to function with more
balance—because even these ‘unacceptable’ parts of the self may, at certain times, be the providers of information that is vital to self-protection or protection of loved ones. Rumi’s poem ‘The Guest House,’ mentioned in Chap. 4, serves as an example of this level of integration. In the poem, all parts of the self are welcome in the home of the self: ‘even if they are a crowd of sorrows. […] Meet them at door laughing and invite them in’ (translation by Coleman Barks).

From the point of view of the participant-performer, this level of integration can include accepting all parts of myself, good, bad and neutral, as being there for a reason—not necessarily to be acted on, but a part of my complexity and there to be understood, embraced, valued and managed with self-compassion and conscious intent (Gilbert 2010); Integrating my creative, intuitive self with my rational, logical self; Integrating my impulsive/‘automatic’ responses, thoughts, feelings and physiological symptoms when under stress with a more mature and thoughtful approach (e.g. managing my fear response when under threat); Integrating these various parts of myself and orienting myself towards growth, development and positive change; Attuning to all aspects of my inner world and perceptions, with openness and curiosity (Wallin 2007).

There are many drama processes that can promote integration at this level. At rings 4, 5 and 6 of the Drama Spiral, various staging techniques might be used to represent aspects of one’s internal ‘parts’ or different aspects of self. An example would be staging a scene where we see a person’s internal dialogue played out by multiple characters. Another way to explore this would be to have participants enact their internal roles, positive, negative and neutral, working towards expanding the internal role repertoire and re-framing the ‘negative’ roles as a potentially valuable resource. The intention would be to help the person to develop those parts of self which are oriented towards internal noticing, metacognitive functioning, strength, recovery and resilience. For a detailed exploration of the idea of internal roles and how drama can be used to expand the internal role system, see Blatner (2007).

**Level Three: Integration of Memory and Self-Narrative**

The third level of integration is focused on memories and orienting them in time and place with a continuous narrative that includes and balances the role of oneself and others in the memories.
From the point of view of the participant-performer, this would include integrating what is familiar and safe in my mind with parts of my mind and memory that may have in the past been ‘no go’ areas, so that there is no part of my mind or memory that is ‘excluded’ or ‘forbidden.’ Integrating my perspective from the present day with my perspective at the time of the event. Integrating the information that was unique to an event in the past (and therefore can be left in the past) with information about an event that can be useful to protect myself in the future. Integrating what is connected and what is not connected, i.e. deciding if one idea or experience is connected to another in a meaningful way, or if I can consider the two ideas or experiences as quite separate. Integrating my understanding of what is realistically in my control with what is out of my control, and maintaining optimism that I have some control over myself and my life decisions. This is an important type of integration because the parts that are ‘forbidden’ or ‘blocked from view’ have a habit of emerging in covert ways if they remain split off or defended against. This level of integration also includes integrating the past, present and future: knowing where and when events happened in time. This includes holding on to certainty and also acknowledging that some memories may not be certain. Also: Integrating my perspective now with my perceptions in the past and being able to trace my evolving understanding to make distinctions about how my perception has changed over time. For example, we may in the past have had a number of beliefs about ourselves and important people in our lives, and these beliefs may have changed over time. This type of integration includes being able to understand that at different ages we have different capacities. This becomes crucial when people are left, for example, with a feeling of shame, helplessness or ‘blaming’ their younger self. This type of integration includes the ability to ‘forgive’ and show compassion to one’s younger self, and to one’s defenses, and to make use of the lessons learned. Also: Bringing in witnesses: integrating my version of events with the version that may be offered by other people, particularly people who may have been witnesses to or involved in my story; Integrating what I know about my history with what is ambiguous, uncertain or incomplete; Finally, integrating and resolving those parts of my story that have been painful and difficult for me to face. Integrating these experiences into my story and valuing the lessons I have learned from setbacks and troubling events. This may lead me to see more clearly the truth about my history and its effects on me.

In the theater of personal stories, when the focus is on personal stories of unresolved difficulties (at ring 6), there are many approaches that may
assist in these integrative processes. One example would be staging a personal story from the perspective of today versus the perspective at the time the original story happened. This could invite a range of story options, including, for example, drawing on multiple resources available now that were not available at the time, in order to achieve a dramatic form of justice, righting what was wrong in the past.

Crucially, focusing on this area of integration would also be an opportunity to introduce ‘rich’ stories about the person’s life that may not have heretofore been part of the dominant narrative about the person. This may be the ideal place to explore the person’s previously subordinated stories, for example their intentions, aspirations, values, hopes and desired ways of living (White 2004, 2009; White and Epston 1990). Exploring and staging such stories may help participants to claim a wider identity rather than one defined by dominant problem-saturated discourses of illness or vulnerability, including labels such as ‘mental illness,’ ‘addiction,’ ‘survivor’ or ‘asylum seeker.’ This type of emphasis on the person’s wider identity has strong links with the widely cited work of the ‘Just Therapy’ movement, which developed in New Zealand from the narrative therapy tradition. Just Therapy is an activist movement, committed to equality and justice, and gives explicit focus to historical and ongoing inequity and injustice suffered by the Maori and Samoan communities (Johnstone et al. 2018; Waldegrave 2009; Waldegrave et al. 2003).

**Level Four: Integration with Other People/Relationships**

At the fourth level of integration, the focus is on relationships with other people, i.e. developing social intelligence when one is interacting with other people (Goleman 1996). From the point of view of the participant-performer, this level of integration would include many theater games that demand cooperation with other people. By extension, the entire process of drama workshops and creating theater may be thought of as developmental on this integrative level, because it is so crucial to work well interpersonally in theater workshops and rehearsals.

This level of integration would also include integrating my perspective, needs, interests, feelings and goals with those of other people, and adjusting my behavior accordingly, so that I can work cooperatively in relationships with other people, accomplish mutually satisfying goals and form and sustain loving relationships. It also includes: Integrating what other people have told me and role modelled for me with what I have thought of and decided for
myself (Fonagy and Luyten 2009). This is a crucial form of integration when people have received toxic messages or poor role modelling as children. It represents the ability to reject these toxic influences and to say ‘no’ to emotional and verbal threats and abuse. At the level of interpersonal relationships, this level of integration also includes integrating my understanding that my needs, interests and abilities are different now as compared with when I was a child. The same is true for other people. Related to this is: integrating an understanding of what is my responsibility and what is the responsibility of other people. This includes recognizing that responsibility for many problems and their solutions is shared between me and other people.

In theater practice focusing on personal stories, including stories of unresolved difficulties, this level of integration might include scenes within the story where the participant-performer enacts important and/or difficult conversations with important people in their life. They may also enact other aspects of important relationships from their life and use dramatic methods to explore and enact different ways of being in relation to significant people in their life. In psychodrama terms, this is similar to techniques such as role play, role training, surplus reality and future projection. All of these techniques lend themselves to dramatization. Role reversal is another technique that can be very useful in promoting integration at this level, because it encourages people to understand other people and to better recognize the inter-dependence they share with other people, and the effect that their behavior has on other people.

Theater practitioners may also use the notion of integration with other people to focus on techniques that involve audiences members, such as direct address, dialogue with audiences, involving audience members in some of the scenes in structured or unstructured ways, asking audience members to demonstrate how they would approach a dilemma (a technique well-known in Forum Theater), improvising dialogue onstage or with audience members, working on the ‘as if’ assumption that a member of the audience is a certain character or person (i.e. treating them as a character in the play), involvement in post-show discussions with audiences, and asking audience members to share what they have in common with or what affected them about the story of the person on stage whose story is told.
Level Five: Integration of the Self with the Wider World/Harrier Consciousness

The fifth level of integration is concerned with the big picture. This is where we consider the wider world and where we fit in. It is about exploring and integrating a higher consciousness of the connection between all things. From the point of view of the participant-performer, this level is about integrating my behavioral roles with my surroundings, such that I can adequately carry out roles suited to my situation, relationships and goals. It also includes orienting my life towards contributing to society by encouraging growth and wellbeing in other people, including the next generation.

Also: integrating my story with the wider story that includes the social and cultural forces that have influenced me in the past and that may still influence me. This includes integrating myself with existence as a whole and understanding my place in the long chain of human history, the cycle of life and death, the evolution of life on Earth, and the ever-expanding cosmos.

Finally, this level of integration includes integrating my ideas about the way the world ‘ought to be’ with acceptance of the way the world ‘is’ (i.e. doing a reality check). This does not mean passively adjusting to the status quo, but recognizing the situation as it is in order to best orient oneself to reality, which may include working to change the status quo. This is a concept highlighted in the Nomadic Theory of Rosi Braidotti, which will be addressed in the next section (Braidotti 2012).

Where the theater practitioner is working with participant-performers on highly personal stories, including stories of unresolved difficulties, there are a very wide range of techniques and processes that can be used to promote integration at the level of the wider world and higher consciousness. For example, the person can be helped to link their individual story with the stories of other people from the past or present, or from other cultures. They could be involved in scene creation looking into the future and looking at alternative possibilities for themselves and for society. Also worth considering is the importance of the audience: part of the integrative aim may be in offering performances for specific groups who may benefit from seeing the performance and being involved in sharing and discussions afterwards. For participant-performers, this may be a key aspect of becoming more integrated at the level of the ‘wider world’ and raising one’s awareness of life at a higher level of consciousness, i.e. by contributing to the betterment of the community.
Braidotti’s Nomadic Theory

Rosi Braidotti’s Nomadic Theory adds powerful support to the integrative imperative of the theater of personal stories. Braidotti presents Nomadic Theory as an ethics of affirmation, i.e. affirming the deeply rooted human instinct towards freedom, towards empowerment, towards life, creativity, enjoyment and achieving what is within one’s potential (Braidotti 2012). Braidotti is keen to stress that her philosophy—which draws heavily on the works of Deleuze and Guattari (1980), and, further back, the seventeenth-century Dutch philosopher Baruch Spinoza—stands in contrast to what she refers to as the more melancholic philosophies of Butler or Levinas. Braidotti deliberately reverses what she sees as the all too common emphasis within modern critical theory on trauma, vulnerability, risk and dysfunction. She instead places the emphasis on the person as a relational subject who, crucially, has agency, with the ability to be both immersed in life and relationships while also providing a grounded critique based on first-hand experience of many aspects of life. She advocates that life should be an ongoing process of ‘intensive becoming,’ of affirmation and joy, and she encourages people to demonstrate creative courage and to generate new knowledge through the process of creative critique. Braidotti’s activism is, as she describes it, an ethics of positive possibility based on a thorough analysis of the reality of the current situation and then oriented towards generating not just critique of the status quo but also a grounded activism that recognizes that we are both within and a part of the problem while also being a part of the potential solution. This involves being in the world while also being in the mode of opposition.

Braidotti includes in her affirmatory approach a crucial emphasis on memory and critical consciousness—concepts that are in close proximity to our discussion in this chapter about the importance of utilizing memory and working towards integrative functioning. As such, Nomadic Theory is a useful and relevant theory to support the work of participatory theater, particularly theater that is focused on people and their personal stories, because it is focused on creativity and transformation. Braidotti’s Nomadic Theory argues for a politics of positive possibility, of overturning the negative with the enactment of new creative possibilities.

Translating some of the affirmatory theory of Braidotti’s Nomadic Theory into ramifications for the theater of personal stories, we have the possibility that in plays based on personal material, people may have the possibility of transcending the common labels and received discourses.
around victim status, refugee status, people ‘in recovery,’ the unsheltered, prisoners, and the like, and to focus instead on what makes them unique and complexly human—for example, how they strive to love and be loved, to make a contribution to the world, to grow, and to be a part of something bigger than themselves, while pursuing their own particular joy. As what could be considered an ultimate form of integration, Nomadic Theory helps us to re-vision the participant-performer as someone who transcends labels and who exists as an individual striving towards self-actualization. This is very much in keeping with the fifth level of integration, described above.

**A CAVEAT REGARDING WORKING WITH PEOPLE WITH UNRESOLVED TRAUMA**

Working with participant-performers on their stories of unresolved difficulties may also mean that in some situations the difficult story is severe enough to be considered an unresolved trauma. The reason it is this severe may be because of the degree of threat or danger or injury experienced during the event, or it may be that the actual degree of danger was not so severe, but nevertheless the person has retained a feeling or response that is so severe that it is disrupting their mind and body and keeping them to some extent stuck in a fight, flight or freeze response that has not yet been discharged.

There is still a great deal of debate within the field of trauma research and treatment about to what extent it is useful to help people explicitly tell the story of their traumatic experience—in other words, to give it a coherent narrative. This is important for theater practitioners to know, particularly when there is a chance that they will facilitate processes where stories of trauma may emerge. Some theorists, researchers and therapists point away from remembering and recalling stories of the traumatic event as being a key to recovery, and instead suggest focusing on the body, and helping people to feel secure within their body (Haines 2016). Examples of therapies that may take this approach are somatic sensitization and movement-based therapies. Such therapies may place an emphasis on grounding exercises, breathing, interoception, and exercises aimed at noticing and freeing the body, and becoming more in tune with and feeling well within the body. Key processes in this approach also include
building safety, developing affective self-regulation, identifying and building strengths and internal and external resources, practicing empowering roles and behaviors, and orienting oneself in time and space. These exercises are mostly akin to level one integration (‘mind and body’) described above. These approaches aim to draw out sensory information that is blocked and frozen by trauma, to help participants befriend (rather than suppress) the energies released by the inner experience, and to complete the self-preserving physical actions that were thwarted when they were trapped, restrained or immobilized by terror. This approach deliberately avoids explicitly recalling or telling the story of the traumatic event.

Other approaches to trauma resolution place more emphasis on giving a coherent and adequate narrative to the experience as part of healing. Ultimately, this is something that will vary a great deal from person to person, and there are numerous factors including the individual qualities of the person, the nature of the trauma, how long ago it was, was it one time only or chronic and repeated, how old the person was at the time, whether they have spoken about it before, how clearly they remember, the context of your working together, the amount of time you will be working together, what the person says about wanting to tell their story, i.e. why they want to tell it, how able the person is to use metaphorical, abstract or otherwise indirect forms of meaning-making, the training of the theater practitioner, and the sequence in which things are done—e.g. body work first and possibly verbalizing the story later.

To summarize, there are many ways to do work on trauma and unresolved difficult stories that have nothing to do with retelling the story. The key thing to remember is that people should not be encouraged to tell more than they feel comfortable to tell, and that people can gain a great deal of integrative benefit by working at more abstract and metaphorical levels if that is what suits them better. Thinking about stories that heal, a type of story that may be best for one person may have little meaning for another. So there will always be a case for some people needing the opportunity to tell or present their own story, or, thinking of rings 2 and 3 of the Spiral, of having the opportunity to develop themselves through enacting a fictional story or a fictionalized story. However, many individuals may also benefit from, at some point in the process of healing, telling the story of what happened to them. But not if they are overwhelmed or disempowered or left ashamed or flooded or disassociated (Fonagy and Luyten 2009).

Ultimately, it will be a question of finding the shoe that fits the individual, and giving careful consideration to issues of timing, audience, and
how best to represent the story in dramatized form given a certain combination of factors affecting the context of performance. Some people will benefit from and want to use words, some may want to work symbolically, some will feel the desire to work at ring 6 of the Spiral, and others may prefer to stay with games and exercises or be a part of another’s piece of work and part of the group process.

**A Continuum of Integration**

Summarizing the importance of integration for her, three-time Moth story slam winner and Moth Grand Slam champion Tracey Miller Segarra offers this view:

> If I’m not quite over the experience, or I’m not sure how it changed or affected me, I’m not ready to tell the story—or it’s not a story worth telling. Which is why most of the stories I tell happened many years ago. I’ve had time to integrate their meaning and message into my life, so that makes it easier to craft it into a story. (Treder-Wolff 2017)

For Segarra, the parameters are clear: she wants to know that she has integrated an experience from the past before she shares it with audiences. For highly acclaimed performance artist Bryony Kimmings, difficult, painful or traumatic experiences might be more raw, or unfinished, or even ongoing, when she decides to share the experience with audiences. Reflecting on the trial run of a new autobiographical performance, Kimmings observes:

> I was spilling my trauma all over the stage. Because actually this is **so** personal. I felt *very* vulnerable and not in a good way, and I think actually in this case, I just needed to risk saying everything. What I came away thinking was like, ‘OK, you saw me in my depths, and now I want to show you what it’s like when you tear yourself through that trauma and out the other side.’ [original emphasis.] (Kimmings 2017)

Segarra’s view and Kimmings’ view about how much integration is required before sharing material with audiences might be thought of as representing two ends of a continuum of integration. Importantly, both performers are working with autobiographical material, so very different guidelines will apply to them as compared with theater practitioners who
work with participant-performers. Issues of consent, confidentiality, safeguarding and duty of care, for example, are very different when one is presenting one’s own private life on the stage, as compared with processes where participant-performers are going to share personal material emerging from workshops led by a theater practitioner. Even so, the issue of integration is still crucial in both cases.

Whether the material is performed by a professional or by volunteer participant-performers, if the focus is on difficult and unresolved stories, where the degree of lack of resolution is such that the person is still traumatized, there are many theater techniques that can be used to help the person to safely stage their experience in the service of integration. For the theater practitioner, the techniques suggested in the discussion of the five levels of integration, as described earlier in this chapter, will be relevant for informing a purposefully adaptive approach with participants and their stories of unresolved difficulties and trauma. As a broad guideline, when working with people’s difficult and unresolved stories, the focus should be on their process of healing, of expressing and understanding one’s authentic feelings and perspective, of finding strength and hope, and developing what is increasingly described in the trauma field as ‘post-traumatic growth’ (Frankl 1959; Kessler 2019). This will orient the theater processes towards affirmation, adaptation, strength and hope, as distinct from predominating discourses which have tended until recently to focus on post-traumatic conditions as being typified by stress, disease, dysfunction and disorder (Johnstone et al. 2018). This orientation towards growth and the development of positive, integrative roles is the essence of the strengths-based, non-labelling and non-pathologizing approach to health and wellbeing that I have advocated in this chapter and in this book as a whole.

**Conclusion**

When people perform their personal and collective stories in workshops or in front of audiences, theater practitioners need clear guidelines, decision-making tools and ethical principles to help them navigate what can quickly become very tricky terrain. In this book, I have tried to describe a coherent framework that helps the theater practitioner to work in a purposefully eclectic manner along the continuum from low focus, creative drama groups to high focus work where individuals enact their life stories around difficult and unresolved stories. With the integrated framework consisting
of history, ethics, praxis and intentions, and more specifically with the Drama Spiral, I have attempted to offer relevant guidelines, principles and a model of practice in order to promote safe, ethical, flexible and intentional practice in the theater of personal stories. The aim, in the end, is to have flexible practice and responsive, informed and well-trained practitioners, able to facilitate and direct theater processes from the purely fictional to the highly personal, and from the purely creative to the highly functional and pragmatic, allowing for the possibility that all points along these continuums may be contained in any one work of art.

Theater artists who present their own life on the stage, and practitioners who facilitate groups of people who want to present their personal stories to audiences, may have a wide range of motives. For some, it is a way of being witnessed and validated, and for others it may be a way of contributing to their own healing by contributing to society, for example by helping to raise awareness of a problem, or encouraging action in a particular cause. Looked at from a purely pragmatic and financial point of view, it is also the case that for some performers, putting their life on the stage—or putting other people’s stories on the stage—is a way of earning a living. Whatever the motive, firm ethical principles and models need to be applied in order to prevent, as far as possible, the theater of personal stories becoming the venue for exploitation, cheap exhibitionism, cynical cashing in, or worse, re-traumatization through public re-enactment of trauma and abuse.

Around the world, university drama departments and theater schools graduate thousands of students each year from both applied and mainstream theater programs. Many of these graduates have ambitions to use the power of theater to make a positive impact in the world, and as part of this positive impulse they may be drawn towards using personal stories—their own, or those of their participants—as a way of reaching audiences more directly with the special impact that comes with people portraying personal stories on the stage. Given this likelihood, my hope is that this book contributes in some way towards safe and ethical practice, while also enhancing ethical risk-taking and aesthetic ambition in the theater of personal stories.

The pragmatic focus of this book has been driven by my concern that it be relevant to the everyday work of theater practitioners. I have sought to offer something practicable and accessible to theater-makers. The resulting four-part framework, which includes the Drama Spiral, draws upon theory, history, practical research, ethical reflection and integration with
several domains of therapeutic knowledge and practice (primarily psychodrama and Attachment Narrative Therapy). I hope that the framework and the Spiral offer theater practitioners a useful practical resource to help their decision-making and negotiation of risk, and prompts the exploration of new modes of working that generate new ideas and move beyond familiar tropes.

We need the right tools and the right skills in order to stage vulnerability without hurting people. The Drama Spiral is an attempt to minimize risk, and the four-part framework as a whole is an attempt to provide a containing structure for people to encounter vulnerability in relative safety. As such, the Drama Spiral and the four-part framework are proposed as useful tools in the practitioner’s toolkit, so that theater-makers can work in an ethically robust and artistically skilled way, helping people to share their stories in ways that promote understanding, integration, ethical encounter, liberation and hope.

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