

## CHAPTER 6

### DEVELOPMENTAL TRANSFORMATIONS: TOWARDS THE BODY AS PRESENCE

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*Developmental Transformations* is a form of drama psychotherapy that is based on an understanding of the process and dynamics of free play. The essence of Developmental Transformations is the transformation of embodied encounters in the playspace. These four components: *transformation, embodiment, encounter, and playspace*, will be described in detail later. Important aspects of this approach include: (1) the sessions consist entirely of dramatic, improvisational interaction between the therapist and client(s), (2) the therapist is an active participant in the play and intervenes through his/her own immersion in the client's playspace, (3) the process of play is used to loosen or remove (i.e., deconstruct) psychic structures that inhibit the client(s) from accessing primary experiences of Being (i.e., *Presence*), and (4) the client's progress in treatment is believed to follow natural, developmental processes that in themselves will lead to greater emotional health. Technically, Developmental Transformations is a treatment for disorders of embodiment, encounter, and play.

#### GENESIS

Developmental Transformations (DvT) is based on the theatrical ideas of Jerzy Grotowski (Grotowski, 1968; Johnson, Forrester, Dintino, James, & Schnee, 1996) and Viola Spolin (Johnson, 1982; Spolin, 1963). Over the course of development of this

approach, numerous theoretical perspectives have been incorporated to understand the processes involved. These have included the psychological perspectives of cognitive development (Johnson, 1999; Piaget, 1951; Werner & Kaplan, 1963), psychotherapeutic perspectives of psychoanalysis, particularly free association (Freud, 1920; Kris, 1982), object relations theory (Jacobson, 1964; Klein, 1932), client-centered therapy (Rogers, 1951; Gendlin, 1978), authentic movement (Whitehouse, 1979), and dance therapy (Sandel, Chaiklin, & Lohn, 1993); philosophical perspectives of existentialism (Sartre, 1943), postmodernism (Deleuze & Guattari, 1987; Derrida, 1978), and Buddhism. These widely divergent sources have been used to understand aspects of the therapeutic method, concepts of the self-structure, and images of Being.

## DRAMA THERAPY FRAME OF REFERENCE

### Basic Concepts

#### The Instability of Being

The essential proposition of DvT theory is that Being is unstable. The universe is not at rest, we are not at rest, and whatever frame, form, awning, shelter, floor, ground, or shield we build or hang on to that gives us the temporary illusion that life is stable, will yield to transformation, change, and eventually disappearance. Business contracts, national boundaries, marriage vows, and self-representations all serve for a time to bring order and give form, but all eventually give way to new forms that arise.

DvT theory therefore is in alignment with the first and second of Buddha's Three Signs of the Dharma. All forms of life are impermanent and turbulent. Where DvT theory departs from traditional Buddhism is that DvT does not expect that there is a way to bring it to an end in nirvana, at least any time soon enough for DvT practitioners. Rather, DvT attempts not to quell this turbulence, but to reduce our fear of it. DvT helps us to

feel comfortable on the swaying boat in a rough sea, not only to walk on solid ground. Most relationships between people appear to be more like rough seas than solid ground, so perhaps DvT has some relevance for helping us in intimate relationships.

The instability of Being derives from the experience of *difference*: the discrepancies and incompleteness we encounter when we sense the world and struggle to comprehend it by stabilizing concepts, ideas, and repetitions. Thus, at heart, the human struggle is intimately engaged with variance, multiplicity, and unpredictability, all of which are also the essential components of improvisation.

It is not difficult to find evidence that the world is turbulent, especially human life: everywhere things arise, come forth. There is an outflow from one thing to another, in birth, in bloom, in stars, in ideas, in our bodies. If life were not turbulent, in tension with itself in some way, there would be no impetus for such outflows, for development. So turbulence gives us emanation, and emanation development, and development, transformation. And that is the reason our practice is called Developmental Transformations. And this is the basis for the first principle of DvT: *transformation*.

Emanation theory suggests the world is naturally given, rather than willed. Emanation theory therefore diverges from the implications of a constructivist model, that through an act of will we can reconstruct (or *restory*) our lives. In parallel fashion, Developmental Transformations is more interested in the process through which roles and images arise and then transform in the client, rather than what these roles are or how they are structured. Thus, we believe the best way to produce a large array of flower (i.e., expand the role repertoire) is to feed the root (i.e., connect to the embodied impulse).

If things arise, then there is *Source*, for the very presence of arising brings with it, Source, from which it or we have sprang. DvT theory does not specify the nature of this

Source, which presumably lies within each of us, within the universe, and therefore out of which everything has come. The nature of this Source is completely up to each person to believe in. It is in fact possible that just as what arises emerges from the Source, so the notion of Source emerges out of the act of arising, and that source and arising are the same thing. Nevertheless, DvT does not adhere to the idea that there is no source, that things arise randomly or out of nothing, that anything goes, or that our egos can decide what goes. Rather, being out of touch with the Source, with the outflow that arises from within our Bodies, is a sign of ill health, and conversely, that bringing ourselves more into contact with this or these Sources is natural and a sign of health.

Let me use a metaphor of the Earth: At its center, the Earth remains a boiling hot piece of the Sun, without form, in turmoil. The surface of the Earth has cooled, forming a crust, which has the appearance of solid ground but in fact is built out of huge tectonic plates that slowly rise up from and fall back into the depths. The crust has cooled because the Universe is cold, yet there remains strong pressure from the center to push material up from below.

It can be imagined that the Self has a similar structure: its surface has the appearance of solidity, but is in fact constantly changing; its crust, made up of large tectonic narratives, is used to locate oneself in the cool social world within which we live; our identity is constructed of these roles which form what we call our persona. Yet underneath there remains the pressure of Desire, and at our center, let us call it the Source, is a turbulent, heated core, without form. To some, the absence of form at our center is a reason to proclaim that we have no core. But if we have no core, what then is *this* which rises up? The pathway through which the Source emerges within us is our Body. By Body we mean both our physical and energetic presence. Thus, as the Source

is expressed, it cools and forms into desires and impulses, thoughts and perceptions, images of self and other, roles and identities. Health is understood to be the continued natural unfolding of this developmental process. Ill health is understood to be the stifling of this process when already-created forms block the emergence of new forms. This is often due to protective responses to painful encounters with other human beings. The result is a division among Other, Self, and Source.

Developmental Transformations intends to facilitate a renewed flow or link between Source, Self, and Other (not a withdrawal from others or attainment of a selfless state). It does so through the use of free play as a tool for continuous transformation. As one experiences embodiment, opens oneself to the encounter with others, and embraces continuous change (i.e., play), one finds oneself reconnected to one's Source. This is what we mean by *Presence*.

One of the reasons concepts such as Source has been questioned is that what seems to emerge from it is steeped in paradox, seemingly irresolvable paradox. But if the Source is turbulent, then these paradoxes are to be expected, and in fact I would suggest that any irresolvable paradox is a sign of proximity to the Source. These paradoxes, which have plagued philosophy from the beginning, include the apparently simultaneous connection and difference between mind and body (or energy and matter), between subjectivity and objectivity, between the finite and the infinite, and between reality and imagination. Every attempt to clarify these dilemmas has failed. And each of these dilemmas serves as another source of instability in our lives: being mind and a body, being a subject and an object, living in a real and imagined world at the same time. Each of us struggles with bringing quiet to these dialogues within ourselves and between

ourselves, with little success. Therefore it is likely that much of what is played with in the playspace will be these paradoxes.

### Emanations of Body

DvT proposes that the emanation that each human being may be best characterized as *Body*, in both its material and energetic forms (the word body, uncapitalized, refers to the physical body). We arise into this world as Body, with consciousness being its energetic limb and our physical body being its material limb. Its first manifestation is simply *Presence*, with its turbulent but minimal form. The next manifestation may be called Body as *Desire*, in that our presence coalesces into impulse and desire. Next is Body as *Persona*, in which our experience and desires form further into notions of Self and Person. (In this sense, DvT is also aligned with the third of Buddhism's Three Signs: that the Self is a composite of impersonal elements). Finally, our emanation forms further into Body as *Other*, in which we organize ourselves in the larger world and clothe ourselves with social roles and identities. All of these manifestations are active simultaneously: I am a white, male, drama therapist in the east coast of the United States, I am David Read Johnson, a member of my family, having various personal characteristics; I am at this moment tense and my stomach is growling for no apparent reason; and I am simply here. Yet these layers are not equal: each one lays close on top of the other. Generally I spend too much energy on myself for Others and keeping up my Persona, rather than attending to my desires or to my presence.

Yet to be both conscious and material, to have two forms of presence, is deeply paradoxical and anxiety-provoking. My consciousness is unbound; my imagination free. My physical body on the other hand limits me; I can be located (and hurt). I wake each morning *here*, with *this*. Sartre has called this dilemma *nausea*: I am this body and yet I

look at this body as if it were an object, a dizzying prospect to be sure. I spend too much time attempting to change, re-shape, undo, or hide my body. We puncture, cut, pierce, color, suck out, and strangle our bodies, in secret, in front of the mirror, for others, for our imaginations...in endless ways. And the tension never ends, for our energetic and material presence are tied together. To not fear this conflict, to be able to play with consciousness' disdain for the body, for example, or our ability to be located by the Other, is an aim of DvT and its emphasis on *embodiment*.

### Proximity to the Other

Managing these paradoxes and layers of Being is sufficiently challenging, but all the more so when I am in *proximity* to other people. If I am a source of turbulence, interacting with another source of turbulence greatly increases my sense of instability. No wonder that we long to look out to sea, to work the land, to go to bed, and to be left alone! Our intimate relationships with each other are highly unstable, and all too often our repeated attempts to stabilize them lead to their death and encrustation. If DvT intends to help us reduce our fear of the instability of being, then it is clear that this is best tested where this instability can most be found: in close proximity to others, not alone or with objects. Learning in the proximal environment is likely to be long lasting and readily applicable. This is the basis for the third principle of DvT: *encounter*.

Encountering another person is an awesome event. Perceiving the gaze of the Other, we can feel our freedom constrained, invaded (Sartre, 1943). We can respond by becoming silenced, shamed, or disempowered. It seems almost impossible for such a meeting to be neutral, something always appears to be at stake. If object relations theorists are correct when they claim that the Self is built up out of others' perceptions of us, then each encounter risks shaking that foundation (Klein, 1932). Perhaps Sartre is

right, when he claims that we experience ourselves as an object in the Other's view, questioning our own sense of personal freedom (Sartre, 1943). In any case, to be seen, to be known, when it leads to being hurt, results in protective measures. These often include controlling or narrowing the experience of encounter with others, crippling our efforts at intimacy. Simply being in a room alone with another person, especially when they are not located in a chair or behind a desk and can move freely, can bring up intense memories of encounters with others, as well as the protective measures against them. The only things available to cloak the encounter are the dramatic roles and actions of the play, and indeed these are initially quite well-developed, clear, and "story-bound." Plot keeps an order to time, character orders self, story gives predictability to the ending. All of these pass away during our therapeutic work, as client and therapist allow themselves to be with each other with fewer and fewer intermediary veils; they fill their dramatic playspace with references to their in-the-moment feelings and perceptions of each other, and thus time loses its linearity, roles become collages, and the next act cannot be predicted.

Thus our general theory relies on the notion that life is unstable and that our fear of this instability can be reduced. Our fears over Change and impermanence, over our Presence as a Body, and over our proximity to Others are the three significant existential challenges we face, and that DvT attempts to address.

### Playspace

The *playspace* is a mutual agreement among the participants that everything that goes on between them is a representation or portrayal of real or imagined being. The playspace is the container of the entire therapeutic action in Developmental Transformations. It consists of three essential components:



*Restraint against harm-* the playspace is a restraint against harm. Play does not continue if a party becomes hurt. If the possibility of harm arises, the participant's playspace will quickly become restricted and lose energy, leading to leaving the playspace altogether if the threat continues. The playspace can only be maintained when all parties understand that their intention is only to represent harm, but not to commit it. Paradoxically, the playspace tends to reveal harm or evil or perpetration exactly to the extent to which the participants feel confident of each other's ability to restrain any potentially harmful enactment. To the observer, it may appear that horrors have been unleashed into the world, when in fact they have only been released into the playspace.

*Discrepant communication-* the playspace consists of discrepant communications, in which the parties indicate that they are enacting representations of reality or imagination, and that the boundary between the playspace and the real world is portrayed along with the content of the representations. Thus, the playspace, like theatre, is a lie that seeks to reveal itself as a lie, and therefore, is honest. At different times and with different people, the amount of discrepancy that is required to maintain a sense of the playspace will vary. As the practice progresses, participants require less discrepancy in their communications in order to maintain the playspace.

*Mutual agreement-* the playspace is an inter-subjective experience mutually understood by all participants. This mutuality is communicated when each party indicates that they recognize the discrepancy in the others' communications, that is, that they recognize that the others' behavior is a representation, a portrayal.

The playspace is therefore a moral and ethical relationship among the participants exactly because of its three components. The playspace is a restraint against harm, it honestly marks the boundary between reality and fantasy, and it is a mutual relationship.

Restraint, honesty, and mutuality form the basis for the claim that the playspace, unlike other forms of play, has a moral foundation.

### Purpose of Theory

The main purpose of theory in DvT is to help the therapist/leader empty themselves of restrictive theoretical thoughts that will interfere with their open response to the client. Therefore, theory needs to be as streamlined as possible, with all unnecessary elements removed. Second, the theory needs to be self-negating, in that it needs to act in such a way as to remove itself from the foreground of thought. Third, the theory needs to act on other theoretical propositions that emerge in the therapists' mind in such a way as to remove them from any foundational position and shifting them - in this case via the playspace - into *playobjects* within the playspace. I have found that when the therapist acts on the basis of any preformed agenda, framework, or theory, s/he almost always misses important elements in the client's behavior, thereby reducing the impact of DvT. This however in no way is meant to discourage DvT practitioners from having a theory of the human being, or life, or truth, or whatever, as long as while they are acting within the playspace in DvT, they are able to place that theory into the playspace as a play object, subject to transformation with everything else.

### Therapeutic Process

The kind of play that takes place in the playspace is free improvisation, in which the client is asked to play out dramatic movements, sounds, images, and scenes based on thoughts and feelings they are having in the moment. Thus, as these thoughts and feelings change, the scenes, characters, and actions change. Similar to meditative practice, the client is asked to allow thoughts and feelings to arise, to contemplate them, and then to let them go as others arise. In Developmental Transformations, this process

takes place in an embodied, interactional, and dramatic form, rather than sitting in silent meditation. Verbal discussion or processing occurs within the playspace, not at the end of the session outside the state of play.

Inevitably, thoughts and feelings arise that do not seem playable to the client. The therapist's job is to help the client maintain the state of play through these moments, often by shifting away from them. Over time, the goal is for the client to be able to play with the unplayable, for it is the unplayable that blocks our way to the Source. This process is essentially what Grotowski referred to as the *via negativa*, the negative way, being a process of removal of blocks. The play process serves the *via negativa*, or if you will, the deconstructive process, largely through repetition. As difficult issues repeatedly arise, are then avoided, then addressed again, the client and therapist find ways of playing with different aspects of the issue, until, with time, the issue becomes like a cliché to them, and loosens its grip on the client, who eventually lets what is to come next arise. In this way, client and therapist descend together through increasingly intimate stages of play.

The beginning phase of the work, which corresponds to the level of Body as Other, is *Surface Play*, in which the client and therapist play with the social stereotypes and issues that first come to mind. Soon, however, as their encounter shifts onto that of Body as Persona, the client(s) begins to play with images, characters, and stories from their life and history, as well as aspects of their personality. Scenes with their parents, children, friends, and lovers, parts of themselves, fantasies of all kinds, are played out over and over in increasingly varied ways during this *Persona Play*. Every possible action toward significant people in their lives and themselves are portrayed, including those secretly held for years as well as new ones, never before conceived.

As this work proceeds, client and therapist begin to open themselves to the experiences of Body as Desire, and the play shifts into *Intimate Play*, where the client's thoughts and feelings about the therapist begin to fuel the dramatic action. The play now becomes about the client's relationship to the therapist and again all possible and impossible situations are portrayed. At first the scenes consist of what might happen between them, or what did happen in the past between them. Increasingly, however, the play is about the here-and-now relationship between them and what is occurring at the moment. As always, the unplayable feelings remain one step ahead of the playspace.

Eventually, the playing out of their relationship gives way to greater ambiguity and even mystery. They become acutely aware of each other's presence in the room with the other person/body/consciousness. Scenes devolve into silent gestures or mutterings, long pauses and glances, or simple bodily contact. Both client and therapist are aware of all the various stories, scenes, and actions of past sessions, but a feeling of not needing to play them out again, only making passing reference to them, seems strongest. In these states of *Deep Play*, client and therapist are intensely aware of each other and their bodies, and are freed up enough to work on their feelings of being bound or restrained by each other in the play. This level of intimacy is not available if there are still strong desires for each other as individuals; what desire is present might best be described as passion, the passion that has thrust them out into this life, and which is shared between them with a certain sense of irony.

It is not necessary for all clients to reach Deep Play in order to be helped. The playing out in Surface Play of many possibilities of being is a powerful way of increasing one's role repertoire and spontaneity. Persona Play, in which personal issues are explored, is the arena of many forms of drama therapy, and can have significant effects

on a person's self-understanding, flexibility, and adaptive functioning. Intimate Play can be immeasurably helpful in increasing a person's tolerance of interpersonal encounters, openness to intimacy, and lowering fearfulness of others.

### Role of the Therapist

The Developmental Transformations therapist takes the role of the guide with the client, demonstrating comfort and confidence in entering the imaginal realm of the playspace (see my discussion of therapist roles in Johnson, 1992). The therapist does not act as a sidecoach or director, but as an actor from within the play. As the client's playobject, the therapist becomes an animated presence that the client must contain; the roles of container/contained are therefore partly reversed in this method of therapy. Important in this process is the healing charisma of the therapist, who by showing spontaneity, creativity, and humor, encourages the client to continue his or her journey.

Developmental Transformations is a relational approach, and the intersubjective encounter between client and therapist is a central component. Following Grotowski's *poor theatre* notions, all obstacles to encounter are removed from the session room, including projective objects and preset exercises (Grotowski, 1968). The client has nothing to play with except the therapist. The therapist's job is to attend to the client, and to become their playobject in the playspace. In so doing, the therapist attempts to reveal the client. The therapist does so largely through a process called *Faithful Rendering*, in which s/he plays out what the client's play "calls for." It is the equivalent of Rogers' empathic technique, of placing oneself in the frame of reference of the client, only now in dramatic form (Rogers, 1951).

The therapist's main task is to help the client enter and remain in the playspace. The therapist accomplishes this by demonstrating the containing power of the playspace,

through interweaving the dramatic scenes with the client's personal material, here-and-now processing, and previously unimagined possibilities.

The therapist must keep his/her attention on the client(s), to be open to their communication on all levels, and then to faithfully render in dramatic form the feelings, images, and scenes that are evoked by the client. In many therapeutic forms, the therapist gives empathic feedback to the client, usually in verbal form. Developmental Transformations is in many ways a form of client-centered therapy in which the therapist gives empathic feedback in embodied, imaginal form.

Finally, the therapist attempts to establish non-linear norms, so as to be able to facilitate the *via negativa*/deconstruction process. Thus, typical dramatic structures such as plot, consistency of character, storyline, ending, moral, and climax-denouement, are intentionally disrupted through such methods as repetition, transformation of the scene, introduction of divergent elements, and shifting attention to discrepant elements within a scene. This work facilitates a tolerance for what we call *emergent elements*, as opposed to *existent elements*, which means that the client begins to place his/her attention on what feeling is emerging within, rather than what is currently being played out in action.

#### General Clinical Principles in Individual Therapy

Individual therapy is initiated with a series of verbal sessions in order for the client to inform the therapist of their problems, personal history, previous therapies, and goals, as well as for issues of touch and personal boundaries to be discussed. The Developmental Transformation sessions occur in an empty, carpeted room with a few pillows and a circular carpet called the *Witnessing Circle*. After stretching and warming up, the client and therapist begin to move, or make a sound, or create a scene, which soon transforms into other images and scenes. The therapist at times sits in the Witnessing

Circle and watches the client continue the play, and then returns to the play. This gives the client an opportunity to explore being witnessed by, as well as being with, the therapist. *Transforming to the Here-and-Now* is a particularly powerful technique in which the therapist and client transform the scene into “reality” and discuss something going on between them while still in the playspace. This allows the client to integrate his observing self with his self-in-action, rather than splitting them by processing the session afterwards.

The therapist generally begins with *mirroring* the client’s actions, and then shifts to *faithful rendering*, in which the therapist plays out the complementary role required by the scene created by the client. This is followed by the use of *emergent rendering*, in which the therapist uses observed discrepancies between the client’s behavior and that expected of their role to transform the scene into that which is emerging from the client. Later, the therapist may use *divergent rendering*, also known as *sway*, to subtly introduce variance within the embodied enactment, which allows the client to practice tolerating states of instability.

The session continues until the therapist remarks, “take a minute,” and leaves the room, giving the client a few minutes to silently reflect on the session. There is no verbal discussion of the session at the end, unless the client asks for it. Often the client will spend a few minutes at the beginning of the session to inform the therapist of events of the past week, and of course if there is a crisis, the entire session may be devoted to a verbal discussion. The purpose of not including a set-aside time for de-roling or verbal commentary is consistent with the overall goals of this therapy, which are to become present, rather than to gain insight. An embodied presence, necessarily ambiguous, at the end of the session is viewed positively, just as it is after meditation.

Since each individual's unique personality and expressive inclinations spring forth in these sessions, it is impossible to describe patterns or stages. One person's Developmental Transformations sessions are completely different in appearance than another's: some lay on the floor face down, others run around and scream, some exercise or perform dances, others play children, others play with mimed body parts. The therapist will always attempt to respond to these "playthings" as if s/he is the client's "toys" and the room is the client's "playroom." Nevertheless, it does not take long for clients to open their "toy chest," find something that scares them, and not want to play with it. Eventually, with the help of the therapist, they do find a way to play with it.

Transcripts of individual therapy sessions can be found in Johnson (1991; 1992), Johnson et al., (1996), and later in this chapter.

#### General Clinical Principles in Group Therapy

Developmental Transformations group work follows the same principles as individual therapy, with the additional challenge of managing the greater complexity inherent in a group. For many populations, being in a group is especially unplayful, and the therapist must find ways of engaging the group members in the play. The therapist accomplishes this task through interventions within five dimensions of play behavior: ambiguity, complexity, media of expression, interpersonal demand, and affect expression (see Johnson, 1982). These are based on developmental principles described by Piaget (1951) and Werner and Kaplan (1963). *Ambiguity* is the degree to which the therapist has not determined the spatial configuration, tasks, or roles in the group at a given moment. *Complexity* is the degree to which these space, task, and role structures include multiple elements (such as numerous, different roles). *Media of expression* refers to whether the action is being expressed along the developmental continuum of movement, sound,



image, role, or word. *Interpersonal Demand* is the level of interaction required among members, as well as whether the roles are expressed in inanimate, animal, or human form. *Affect Expression* is the degree to which the action and imagery is personal, and/or intense.

In general, the group session begins at the earliest developmental level, which means clearly-directed, unison sound and movement, with little interaction and impersonal, non-intense imagery. The therapist slowly makes interventions that increase the developmental level of one or more of these dimensions toward greater ambiguity, complexity, interpersonal demand, and intense, personal imagery. The therapist will use the group's involvement in the play, that is, its energy or flow, as a signal of whether to continue on or to linger at a particular level. It is important to understand that the therapist's attention is on these developmental dimensions, not on the content of the client's imagery or scenes, nor on introducing preset exercises or structures. This is because the Developmental Transformations therapist is managing the state of play, not the content of the play.

For many clinical populations, typical stages of the group session include Greeting, Unison Movement and Sound, Defining, Personification, Structured Role Playing, Unstructured Role Playing, and Closing. A more detailed description of these stages is included in Johnson (1986). Suffice it to say that group work usually begins by inviting the group members into the playspace (Greeting), and then engaging in unison movement in a circle (Unison Movement). Over a period of time images begin to arise (Defining), followed by more organized roles (Personification), which are then worked on through the play (Structured Role Playing), only to dissolve into more free-flowing improvisation (Unstructured Role Playing). A departure from the playspace occurs

during the Closing ritual. We have found that as groups become more familiar with the method, and as the therapist becomes more seasoned, these stages become less distinct.

Transcripts of group sessions can be found in Johnson (1986), James and Johnson (1996), Dintino and Johnson (1996), Forrester and Johnson (1995), and Schnee (1996).

#### Populations Served

Developmental Transformations has been applied for the past 30 years in a wide variety of settings, including inpatient hospitals, outpatient clinics, substance abuse and rehabilitation programs, nursing homes, and a private practice clinic. Both group and individual work has been conducted over both extended and extremely short (even one session) time periods. Populations served include schizophrenia (Johnson, 1984), affective disorder and substance abuse (Forrester & Johnson, 1995), posttraumatic stress disorder (Dintino & Johnson, 1996; James & Johnson, 1996), sexually abused children (James, Forrester, & Kim, 2005); homeless mentally ill (Galway, Hurd, & Johnson, 2003; Schnee, 1996), elderly (Johnson, Smith, & James, 2002; Johnson, 1986; Sandel & Johnson, 1987; Smith, 2000), violent men (Landers, 2002), and the normal neurotic (Johnson, 1991; Johnson et al., 1996; Porter, 2000). The goals of each treatment need to be tailored to the specific population, time frame, and nature of the clinical setting, though the method remains essentially the same.

In contrast to cognitive-behavioral treatments, Developmental Transformations is not best suited for addressing highly specific symptoms or issues (e.g., obsessive-compulsive disorder, phobias, psychotic symptoms, achieving sobriety, decision-making around divorce). Being an indirect process approach, existential, relational, and personal issues tend to be revealed and reflected by the therapist. The therapist does not take a structuring or advice-giving stance.

Clients whose behavior is violent, out-of-control, or floridly psychotic are usually not able to engage in the playspace and thus are not recommended for this approach. Clients whose intense dislike for play, drama, or body movement prevent them from participating should also be considered for other forms of treatment.

#### COMPARISON WITH OTHER DRAMA THERAPY APPROACHES

Developmental Transformations has great overlap with many other drama therapy approaches that utilize improvisation in a developmentally-informed manner that matches the dramatic expression with the abilities and needs of the clients. DvT departs largely in the degree to which the therapist immerses him/herself in the dramatic playspace and intervenes from within the dramatic play. DvT also has eschewed the format of a series of exercises, however subtly or spontaneously chosen, (such as that in the *Integrative Five Phase Model*, Chapter 4; *ENACT*, Chapter 13; or *Rehearsals for Growth*, Chapter 16) and instead engages the clients in an ongoing flow of action and image, as does the *Psychoanalytic Approach* (Chapter 11) and the *Developmental Themes Approach* (Chapter 12). Another major difference lies in DvT's view that roles and stories are solidifications at the end of the creative process, rather than being building blocks of that process, a view held by *Role Method* (Chapter 5), *Narradrama* (Chapter 9), and *Psychodrama* (Chapter 18). DvT, ironically like Moreno himself, places itself more on the side of Spontaneity, than the Cultural (or Role) Conserve, such as that listed in Landy's Taxonomy of Roles. Landy (2008) has recently published an excellent and in-depth comparison of DvT with Role Method and Psychodrama.

On the other hand, DvT's concept of *playspace* is essentially the same as Role Method's concept of *aesthetic distance*; the role of the therapist is not unlike Boal's *Joker*; and its evocation of the perpetrator not unlike that achieved in *Healing the Wounds*

*of History* (Chapter 8). DvT's performative emphasis is also in line with other Performance Models (Chapters 7, 10, and 17). Finally, DvT shares with Narradrama, Role Method, *Theatre of the Oppressed* (Chapter 21), and Rehearsals for Growth, especially, a postmodern sensibility that life is a multi-textured weave of desires, thoughts, and roles, being constantly shaped and re-shaped by the combined forces of the body and the cultural surround. Indeed, this sensibility is increasingly evident in all approaches to drama therapy.

## CASE EXAMPLES

### Persona Play

The following is a transcript of a drama therapy session from my private practice (adapted from Johnson, 1992) that illustrates Persona Play. Parts of the session have been revised to protect the client's identity. Elaine is a 32-year-old woman employed as a therapist, who had come to me because she felt depressed, had a problem with overeating, and had lost interest in sex with the man she had been living with for several years. She had been sexually abused once by her father when she was about ten. She had no children, but had had two abortions about which she felt very ambivalent. I had been meeting with her for several months, and she had become very comfortable with the transformations. She had made substantial progress and at the time of this session was feeling much less depressed. Our sessions had evolved in structure so that the transformations began as I opened the door to the office.

### The Session

Knock on door. Therapist opens door.

*Elaine:* My word!

*Therapist:* My word!

*Elaine:* My word. (Entering room).

*Therapist:* (laughing to self) No, no, it's *my* word.

*Elaine:* No it's not, that's *my* word (pointing to a spot on the floor).

*Therapist:* That? Are you kidding? That word there, is *mine*. I put it there only yesterday.

*Elaine:* Then what about *that* word?

*Therapist:* No, mine.

*Elaine:* Or that? (going around the room frantically)

*Therapist:* Nope.

*Elaine:* Then where is my word?

*Therapist:* (shrugs shoulders)

*Elaine:* I can never find the right word.

*Therapist:* For what?

*Elaine:* For it (makes large, vague gesture).

*Therapist:* For *it*?

*Elaine:* Yes, for it. (look at each other mysteriously)

*Therapist:* Well, what *is* the word for *it*?

*Elaine:* (shrugs shoulders and opens mouth)

*Therapist:* (opens mouth, tries to talk. Nothing comes out.)

*Elaine:* (whispers) I'm speechless!

*Therapist:* Me, too.

(Therapist and Elaine try talking, showing distress that they cannot speak.

They begin to signal each other with their hands in strange ways.

Gradually, guttural sounds begin to emerge, gibberish that grows to sound

like bubbling noises. Their hands move like they are swimming, then like they are treading water.)

*Both:* Ohhhhhhh!

*Elaine:* It's hot!

*Therapist:* It's boiling!

*Elaine:* Oh my god, we're being cooked!

*Both:* Help! help!

*Therapist:* What's this? (holds up something)

*Elaine:* It's a potato.

*Therapist:* You mean we're soup? ... Whose soup?

*Elaine:* Hers. (pointing in corner)

*Therapist:* (transforming to witch) Ha, ha ha, my my my, aren't you going to spice up my brew, honey! [Elaine often played these masochistic, victimized roles.]

*Elaine:* Oh please Gertrude, please don't cook me!

*Therapist:* Why not, you little twirp?

*Elaine:* I haven't done anything.

*Therapist:* Oh yes you have! (Therapist puts spices into pot and stirs)

*Elaine:* Oh! Oh! (in different tone, more enjoyable, she wriggles comfortably)  
 What have I done to deserve *this*? [This was an advance for Elaine, who had had difficulty turning negative, victimized images into positive ones.  
 In this case, it even had a sexual connotation]

*Therapist:* (changing tone) Why, honey, just being you.

*Elaine:* (smiling) This feels wonderful.

*Therapist:* I knew you'd like the jacuzzi, isn't it great?

*Elaine:* Can you put a little more bubble bath in, dear?

*Therapist:* Sure. (Goes to other side of room to put away bubble bath.)

*Elaine:* I'm done. What should I do with the bath water?

*Therapist:* Oh just throw it out.

*Elaine:* (picks it up and throws it in corner.) I hope I didn't throw the baby out with the bath water! (laughs)

*Therapist:* (turning, looking very serious) Honey, did you throw the baby out with the bath water?

[Elaine had worked on her feelings about the abortions many times, and had felt terribly guilty about them. Her humorous way of bringing them up was striking, so the therapist decided not to let it pass]

*Elaine:* Oh, I, oh, I...

*Therapist:* You didn't! (rushes over to corner with Elaine; both gasp.) You DID!

[The therapist felt it was important to acknowledge the act, so that the full intensity of the experience could be evoked]

*Elaine:* I'm so sorry!

*Therapist:* I can't believe this, this is the fifth time you've done this. Look at all of those dead babies. You should feel ashamed of yourself!

(both now walk around the room in despair.) What are we going to do?

*Elaine:* I just had to do it.

*Therapist:* You had to do it. Really, and what do *they* think about *that*?

*Elaine:* I don't know.

*Therapist:* Well, then, why don't you go over to that dead baby corner and find out!  
(Elaine goes over, and therapist leaves to the witnessing circle)  
[Having evoked the anxiety situation and the internal self-criticism, the therapist heightened the tension by leaving her alone with her "deed." He wondered what she would do.]

*Elaine:* (Turns around in middle of room, sighing.) Ohhhh, (drops down onto floor) I'm dead. She killed me. (Silence.) I'm dead. She killed me.  
(Long silence. Turns on floor, sighing.) Please! Please. Take me back, mommy! (begins to reach out into space, her eyes are closed) Pleeaasee, take me back mommy! (Turns again toward therapist, and reaches out toward him.) Please, please, take me back, take me back. (She cries, while still reaching toward the therapist, she reaches now turning into grabbing motions, which she expands into a motion of grabbing food and stuffing it into her mouth. She continues this with great energy, stuffing herself more and more, grunting, acting as if she is growing fatter and fatter. She leans back and rubs her tummy as if it is huge, and lets out a monstrous growl, standing up with arms out, and begins to stomp around the room.

*Elaine:* Pow, pow, boom boom, (laughs) I am a GIANT, take that (stomps on floor—clearly image of stomping on little people).  
[The transformation from guilt over the abortion into reaching out for her mother, into filling herself up with food, to becoming a powerful mighty giant showed a great deal of flow, indicating minimal inhibition. This was the first time she had actually played the babies. The therapist decided to



join her after the scene had transformed. He was particularly taken with her willingness to represent the issue of fatness/pregnancy/female power.]

*Therapist:* (enters also as giant) Pow, booom, (Elaine: laughs) Hi Bertha!

Heh, this is fun ... squish!

*Elaine:* Yeh, boom, boom.

*Therapist:* Boy, are you FAT! I've never seen you looking so good.

*Elaine:* Yeah, and aren't you FAT, god you look great.

*Both:* (laugh)

*Therapist:* Oh, we're FAT! (begins to sing, Elaine joins)

*Both:* Oh we're fat, oh we're fat, it's so great to be fat... if we weren't fat, we'd have to be *bad*... (they dance together in a ridiculous way, then begin to hum) mmmm, mmmm, bad!

(the tone begins to change into a lower pitch, which quickly becomes more ominous. As they keep moving back and forth, holding each other by one hand, they begin to look over their shoulders furtively)

Mmmmmm, oooooohhhh, oh! (they look and see something horrible)

Ahhhhh!

*Therapist:* Run for it!

*Elaine:* Hide, hide, it's going to get us!

*Therapist:* Where are we going to hide?

*Elaine:* I don't know, we can't hide from ourselves.

*Therapist:* (stops and motions Elaine over; whispers), you don't mean that this improvisation really represents our running away from the fat, ugly, or destructive parts of ourselves, do you?

*Elaine:* Could be.

*Therapist:* Oh, I don't think so. How can you hide from yourself?

*Elaine:* I've been doing it for years.

*Therapist:* (Turning outward to room) Ladies and gentlemen, I would like to introduce to you, the one the only, a spectacle beyond belief, yes, the woman who can hide from herself! (applauds)

*Elaine:* (Runs around, turns around quickly in place, puts hands over eyes, puts head under a pillow, crosses her arms over her genitals)

*Therapist:* Yes, ladies, and gentlemen, this woman has been hiding important parts of herself, from herself, things so obvious to you and me, things anyone should know, but no, she hides from them, yes, she hides them *from...* whom? but why? Why, ladies and gentlemen? Well, let's ask her... (he turns and pretends he doesn't see her, she moves around room as if to avoid him. He begins to stalk her) Where is she? Where are you? You, who, where are you? (Elaine now sits in a corner of room, fiddling with the carpet.) Where are you, Suzy? (pretends to knock on door) Suzy, let me in so we can play.

[The imagery of hiding developed a sinister quality that evoked in the therapist a feeling that he was the evil one she was hiding from. He realized this might be related to the father-image and the sexual abuse.]

*Elaine:* I don't want to, Daddy.

*Therapist:* Come on, Suzy, let Daddy in, he wants to play with you.

*Elaine:* (Both as Suzy and herself) We always get back to this.

*Therapist:* (Both as Daddy and therapist) Yes, that's true. This is what is called an "early childhood trauma," Suzy. [This interpenetration of dramatic role and real self is characteristic of a successful creation of a transitional space, in which the drama is sustained and at the same time the therapist and client are talking directly to each other]

*Elaine:* I know, Daddy, but do I have to go through it again?

*Therapist:* Don't worry, Suzy, you will be able to work it through in your therapy years from now. You'll want to have enough material for the sessions won't you? [Through this somewhat provocative humor, the therapist communicates that trauma is part of any human life. He also makes reference to an earlier concern of hers, that she wouldn't have enough to say in their sessions]

*Elaine:* That's outrageous! (comes to the pretend door, opens it) Listen, you daddy-therapist you, you think I make these things up just to entertain you? Well, leave me alone with my own traumas, I can deal with them myself!

*Therapist:* (leaves to the witnessing circle)

*Elaine:* Good riddance. (Wipes hands, looks down at them.) Blood. Blood on my hands. (looks over at therapist) Blood everywhere. A bloodbath. Hum. Maybe it's my blood. (Goes over to wall and rubs hands on wall, then rubs both hands at once, then begins to hug the wall softly, places her cheek against wall. Silence.) I want to go back in. I am going back in. (Turns and crawls under a big pile of pillows. Silence. Then peeks out at

therapist, then extends a hand through the hole like a tentacle, then retracts it. Long silence. Therapist enters quietly and sits near the pillow pile.)

[Elaine again shows a remarkable ability to stay with her associations, and again the image of a retreat to a mothering presence emerges. The therapist sensed her wish to have him come to her rescue, an often repeated pattern.]

*Therapist:* Hmmm (sternly). My client has gone back to the womb. As a result of my work, she has regressed terribly. I therefore have failed.

*Elaine:* (begins humming to herself, obviously trying to drown out the therapist.)  
HmMMMM, hmmm!

*Therapist:* It must be safer in there than out here with me, can you believe that? Where did I go wrong? How have I frightened her? Answer me, someone, give me some advice!

*Elaine:* I want you to take care of me, but you are my therapist, so I have to take care of myself.

*Therapist:* Hmmm. That's probably good judgment. I have another interesting clinical case to present to you today, of a therapy that's reached an impasse. This is a woman who takes complete care of herself because she can't get what she wants from her therapist. Every time she wants him, he reminds her of terrible people.

*Elaine:* That's right! (Elaine gets up holding several pillows around her "for protection" and walks around the room)

*Therapist:* You can see, for example, that she carries her nurturance around with her. (Elaine has trouble holding all of the pillows, and drops several, picks

them up) With difficulty. Let's see what happens when someone offers to help her. Maam, may I help you with your nurturance?

*Elaine:* No thank you, I'll keep my nurturance to myself, if you please.

*Therapist:* I beg your pardon. Where did you get all this self-nurturance?

*Elaine:* Why, at mother mountain.

*Therapist:* Really, can you take me there?

*Elaine:* Sure, follow me. (They walk around and then go to the pillow pile. Elaine puts the rest of pillows together and sits on top.)

*Therapist:* Can I join you?

*Elaine:* Sure, come up here.

*Therapist:* Wow, you can see a lot from here. It's nice to know that there is a solid place like this around. How long has this been here?

*Elaine:* For generations. My grandmother lived here for many years, and I came to her when I was frightened or worried, and she comforted me. She was like a mountain!

[This was new information for the therapist, who had not known of the positive influence of her grandmother.]

*Therapist:* What's that place (pointing to the corner where she had hidden)

*Elaine:* Oh, that's the hideaway, that's a great place, where I can go to get away from it all. Works like a dream.

*Therapist:* And that?

*Elaine:* Oh, that 's the dead baby corner.

*Therapist:* It's so dark there.

*Elaine:* Yeah, not as dark as it used to be. A sad place, for sure, but I realize it's a part of me.

*Therapist:* What do you mean?

*Elaine:* Well, these are all parts of me (gestures to the room).

*Therapist:* Noo! You mean mother mountain, the hideaway, and the dead baby corner are parts of you? Forget it. They are *out there*, not *in here*! (pointing to her).

*Elaine:* I wish you were right, but it is an inescapable conclusion.

*Therapist:* I thought we just made it up... Well, then how are they related to each other?

*Elaine:* I'm not sure exactly, that's why I came to see you. (laughs)

*Therapist:* Okay, hmm, we could measure them.

*Elaine:* Great idea. (leaps off pillows and goes over to hideaway and pretends to measure it with a tape measure. Therapist follows, and they both scurry around taking measurements, mumbling numbers to themselves, and then both begin to write numbers and strange symbols on the blackboard, until there is a messy, complicated diagram)

[Jointly client and therapist are making fun of their own attempts to understand, and in so doing acknowledging the limitations of their profession, and more specifically, that Elaine is not ready to connect these parts of herself without intellectualizing]

*Therapist:* Well, there it is.

*Elaine:* Perfect understanding.

- Therapist:* It's amazing that we achieved so much after, literally, *minutes* of psychotherapy!
- Elaine:* Yeh. Really, you know, I'd like to hear you summarize it for me, you know, your *formulation* (sarcastic).
- Therapist:* No, I think that's something that *you* would gain a great deal from, since you're the client.
- Elaine:* But I'm paying *you*, and I want a report, *doctor*.
- Therapist:* Okay, after all, it shouldn't be much trouble. Hum, (looks at diagram) well, let's see, I (laughs) can say that, uh, (becomes silent, mouth opens but nothing comes out)
- Elaine:* My word, he's speechless (laughs)
- Therapist:* Nope, that's *my* word ! (both laugh)... take a minute.

#### Discussion

Throughout this session the therapist acted as a guide who traveled with the client through her inner landscape, which consisted of memories of the past, current conflicts, and feelings about her therapist. The therapist tried to help her keep in touch with her stream of consciousness, at times underscoring and intensifying images, at times helping her to link different meanings between themes, and always trying to increase the depth and breadth of her experiencing—to allow the most enriched and variegated world to emerge. Maintaining a playful, humorous, and intimate environment sustained the 'transitional space' in which inner and interpersonal worlds combine (Winnicott, 1971). Merely by allowing these processes to continue most freely, the healing message is given: you are all right, you are filled with many things, good and bad, and you can live with them all. The discovery of oneself and achieving forgiveness for being human is the

intended result. Elaine used this and other sessions to acknowledge her feelings about not having children, about her fears that such a decision would be a rejection of her mother and grandmother, and about her doubts whether her career was the right one for her. In this session, the roles projected onto and played out by the therapist generally represented aspects of her persona. Later, as their work moved into Intimate Play, the client was able to play with her feelings and perceptions of the therapist's persona.

### Deep Play

The following example is a complete Developmental Transformations session with a 36-year-old woman. I have disguised or altered parts of her history as well as sections of dialogue to preserve her privacy. I saw her weekly in hour-long sessions for three years. This is her 107th session, near the end of her treatment. She had come into treatment because she was concerned about her capacity for intimacy with a man. She was an elementary school teacher, unmarried and not in a relationship for several years, though she had dated numerous men through her twenties and early thirties. She had developed a very strong desire to have a child and to find a man to marry. She was the oldest of three children. Her father died of cancer when she was only seven years old (he was about her present age, 36) and she initially spoke about him in idealistic terms. Eventually she shared her concern that he may have abused her when she was three or four years old, though she had no specific memories. This concern was explicitly linked to her attempt to find an explanation for her difficulties with intimate relations with men. She reported no other traumatic events in her life. She had been in verbal therapy for several years with two separate therapists prior to working with me. In both cases she developed strong positive transferences to her (male and female) therapists. She was



interested in drama therapy because she felt it might help “my body reveal what’s holding me back.”

In the following session, actions and speech of the therapist and client are followed by notations (made after the session) of the therapist’s associations. As this is an example of Deep Play, the session is highly embodied and relational, and these associations are quite personal, though not the therapist’s real feelings, rather those evoked by being with the client. They are purposefully presented with a poetic turn, because that more closely communicates how they were experienced. Numerous double entendres occur between therapist and client, including references to her history, past sessions, and transference fantasies. Hopefully, by including them the reader may gain a better understanding of the material the therapist uses to motivate his/her actions in the session. In this sense, we say that the actual session consists of the co-occurring associations of client and therapist, not the actions or words that would be seen or heard by an outside witness. These expressions are the crystallizations of emergent, bodily impulses; as such, they are best understood as the *wake* of the session.

#### Session #107

They begin wandering around the room, looking down at the floor, moving their arms somewhat aimlessly.

*T:* ca, cann, canntt, can’t believe, can’t believe, can’t be *leave*...

[can’t believe that he is dead, can’t believe she is staying in the therapy, can’t believe a word we say, can’t believe I’m not falling in love with you]

*C:* some, somer, summer, somerly, southerly,...

[some not all, sum it all up, its summer in the south and I am warm, there is a warm southerly breeze on my face]

(movements slow down, turn to each other)

*T:* caa...

*C:* ssss... (slowly collapses into ball in front of T)

[she is closing in, she is asking me to embrace her, to enclose her, the egg again, the egg and shell again]

*T:* (slowly descends over her so close but not touching)

[I am around you, I can hurt you or love you, hurt you with my love, but I won't, I won't touch you, so nothing will pierce your shell]

*C:* I...I...I am lost

[what's happening to us, come and find me, beauty and the beast, the darkened forest and the treasured gem, I will continue the search for you]

*T:* (hovering over her), what if I find you?

[what if, what if, what if you let me in and we are together]

*C:* (long pause)... find me

[I am coming]

*T:* (slowly lowers body onto hers, touching softly)

*C:* (long long pause)

[I feel so close, I can stay here forever, will she turn toward me, what is there to discover, the egg again, so many sessions of this image, I am being allowed to make contact, what new form is being created, or will she kill us]

*C:* I thought you are dead

[I am dead, I am not making love to her, I am scared to go further, her father died and she feels abandoned, I am her father, she was never sure if her father abused her, am I abusing her? don't know, do know I am me and I am definitely alive]

*T:* (long pause), I can be dead and I can be alive

[am I your dead abusing or nonabusing father or am I me]

*C:* I think I want to be with you, not him

[so I am me, and you are with me, but what would your father say about this?]

*T:* Ewe, wood, lite, mee? (a play on "you would let me?")

[who is she letting in, suddenly I feel something of a wood sprite, a hare, a skipping stone, I am a sprinkle!]

*C:* You can find me or you can lose me

[oh no she mentions losing, I am going to lose her, I have to prove it to her, like in so many past sessions, I have to prove my worth]

*T:* I don't want to lose you

[her father didn't want to for sure but he did, her lover to be won't want to for sure, I think I am going to]

*C:* Don't lose me (both begin to sink)

[we are together in sinking, the scene is slipping, like before, things slip away, we know it and it is so much fun to know it]

*T:* Slip away, slip away

[like oil, like skin, she is part of me, I feel her body as she leaves me]

*C:* (moving out, very slowly along his legs)

[we are leaving each other in a way that brings her close, the end of making love, the tingle on the skin]

- T:* Can't believe you are slipping away  
[can't believe in you, your father's dying in the hospital, blind with pain and painkillers, your seven-year-old self's abandoning lover as he slips away]
- C:* (stops, leaning away on all fours)  
[I want her, I can't stand this distance, this distance makes me ache for her]
- T:* (reaches out with hand toward her, she can't see but probably senses)  
[I reach out as my desire, as her future lover will desire her, as her child will desire her, despite this terrible distance that defeats me, with her back to me my desire knows no bounds]
- C:* (long long pause)  
[an aching, a reaching]
- C:* I want a baby  
[she wants a baby wow, I am your baby, we will make love and I will give you a baby like we played out before, no, I want you like I want my own baby, yes, she wants me, I am your baby]
- T:* I am your baby  
[remember all the mother scenes you have played—now is the time to care for your child, here I am take care of me! forget the babies you have accidentally killed in our improvs, or stolen like Rumpelstilzskin...]
- C:* Give me a baby  
[yes she remembers, we are reading each other's minds, we are like one mind, it doesn't matter who is the baby]
- T:* You are my baby

[you are my baby, I have worked with you for nearly three years, you are my work, my labor, my love]

*C:* I am your baby

[I will protect you like my own, I own you, I can control you and destroy you, but I won't make love to you or eat you]

*T:* (long long pause, as both move slightly side to side, as if to play with the idea that they might be able to see one another)

*C:* I like this...

[I can't stop thinking or feeling and I feel proud of her that she is here so long with me, she likes this, what?, what is she doing?]

*T:* what is happening between us?

[look at me]

*C:* (They look at each other, she turns, both move ever so slightly towards each other)

*T:* (They get very close, half inch cheek by cheek, long long pause)

[I have no words for this, I smell her hair, I see the outlines of her face and eye, half a blur, and I imagine I am in a forest, the left side of my face is misshapen or removed, I am awaiting the arrival of another animal, I sense the slightest twitch, an eyelid blinks in the distance, an opening that I enter, willingly, filled with anticipation]

*C:* Maybe under everything there is love, not death

[is she saying she loves me, yes, me? not me, who am, I, rather this!]

*T:* Yes, love

(long pause as they remain a half inch apart)

- C:* Will it slip away  
 [the slope, the oil, the tension, the relief, the grief, her story of everything slipping through her fingers, yes it will slip away or we will imagine it slipping away]
- T:* It can slip away or not slip away  
 [play with me]
- C:* Seems inevitable  
 [she understands herself so well, she is joking, smiling to herself, to ourselves, about this Self that is wrapped around her and oh what it will do, but for the moment let us savor this weightless knowledge, here in this nameless place]
- C:* (Slowly lowers head onto T's shoulder, then slowly slips down his chest, T's arm wraps around her and she slowly slips through along his body. They pause, legs overlapping, facing away from each other)  
 [we play at missing each other and leaving each other while we play at making love which means mourning our not making love]
- T:* Who is dead and who will grieve?  
 [no one helped you grieve your father's death, no one helped you name what you lost]
- C:* I will grieve; you are dead  
 [don't mix her up I am the father and she is the daughter, "you keep switching roles on me!," she can do it]
- T:* I am dead; (he slowly turns and moves toward the witnessing circle but so slowly he will never make it)  
 [OK I am the role, you have expelled me, so I am going to pretend to go to the witnessing circle like I have so many times and upset you, only I don't need to go

there I just need to pretend to go there, and you will not get upset but you will remember getting upset and that is my little joke that I make, because I love you]

*C:* There will be no witnesses to my death

[she gets the joke and thanks me for not going into the witnessing circle but, guess what, her life is her own and we will not be together for ever and besides she can be the dead one and switch roles on me, so there!]

*T:* (holds still with arms up in air)

[you have caught me I am yours]

*C:* My baby

[you are mine I have you I love you can I come over and take you, will you the therapist allow it, of course you will, so now is the time for me to, now is the time for me to...]

(long long pause)

*C:* (She comes over and puts arms around him and he turns and lays on her lap)

[I am possessed, do with me as you wish, I feel like you are a mother, I wish my mother had been able to do this to me, she has not held me for years]

*T:* You hold me

*C:* You are holding me

[you me you me you me, how long will this last, what is this her inner space has become so wide and luminous, what warmth I feel]

(long long pause)

*T:* This time you will not sleep away

[you have let me in and I will carry this forever in my heart even though we will part. what time is it? probably the end of the session]

*C:* (smiles) Yes I will not slip/sleep away

[she smiles because she knows it is the end of the session and we both are keeping track, even though we now exist in a timeless place beyond reckoning]

(long long pause)

*T:* So near the end of the session and yet something is about to happen

[one of us might initiate a departure or entrance or embrace or kindness]

*C:* Yes something will happen

[yes to all of the above which we both know are possible, thus we have done them together anyway, even though her father did die and she has been sad for 16 years]

*T:* What's going to happen with us?

[us, us, uh, ssss, uh, ssssssss]

(pause)

*C:* Yes! (she silently strokes his hair)

*T:* Take a minute (T departs the room)

## Discussion

This is a good example of a Deep Play session between a therapist and client who have developed a high level of trust. This client also demonstrates a great deal of courage to stick with very upsetting issues. Viewed from the outside, this session appears to have little action and nearly meaningless dialogue. From within the session, I can say that it was an extremely powerful, tense, focused encounter with each other, and with ourselves. The session demonstrates how the Here-and-Now dialogue that had previously occurred out loud in the Persona and Intimate Play phases, has now descended



underneath and between our vocalizations. The client, who has read this transcript, shares this view. The vocalizations and actions of the session of course were immensely meaningful and important, both as means of grounding our ongoing flow of associations and as markers of shifts in our imagery.

The issues of intimacy with men, concerns regarding her father's relationship with her, feelings of gratitude to me, and anxiety about termination, all were explored in the session. A feeling of tolerance for the complexity of life, of the ambiguity surrounding her childhood, and of joy for being with someone, mixed in this very large playspace we had created. The miracle of the transitional space occurred here, for we thoroughly enjoyed that I was pretending to be her father, pretending to be her lover, pretending to be her. Yes, only pretend, but what pretend! She had recaptured a child's eye on life: knowing the truck is not a real truck but feeling as though it is.

This client responded well to the treatment and had resumed dating during our work together. Two years after termination she married and I learned recently has had a child, fulfilling her longstanding dream.

### Ethical Considerations

In a therapeutic method such as Developmental Transformations, which involves body movement, physical touch, intimate encounter, and play, ethical issues and professional boundaries are clearly paramount. The basis of any ethical practice is the therapist's intention to do no harm and that of course is essential in the training of our therapists. In addition, we attend to ethical principles in the following ways.

#### Informed Consent

Clients are clearly informed about the nature of the therapy and the possibility of both physical touch and playful rendering of upsetting issues. Previous experience in

psychotherapy is elicited and direct inquiry is made about any improper behavior of previous therapists. Life history of psychological trauma and especially childhood sexual abuse is also taken and discussed with the client. An informed consent "contract" is then signed by the client, therapist, and supervisor, indicating the nature of the treatment, stating that the therapist will be following the American Psychological Association Ethical Guidelines at all times, that the therapist will have no outside social contact or relationship with the client and does not intend to engage in any behavior of an aggressive or sexual nature with the client. The client is instructed in what steps to take if he/she ever feels intimidated or concerned about the nature of the treatment on any issue.

#### Physical Touch

Developmental Transformations therapists are neutral regarding physical touch between therapist and client; there is nothing in our method that prescribes touching. Touching occurs because it is a natural human act. Complete absence of touch is unnatural. Inappropriate touching is unnatural. One of the crimes of incesting parents is that they cross the boundary between natural and unnatural touch, confusing the issue for the victim. In the early phases of Surface and Persona Play, physical touch is highly contextual, occurring as needed by the scene or role. The therapist only engages in pretend touch, that is, will never grab the client and really hold on, and will never kiss the client or touch any sensitive area of the body. In the later phases of treatment during Intimate and Deep Play, touch that occurs will often be decontextualized, that is, touch not derived from a role, but merely touch. Examples include leaning against each other, sitting on the client, pushing against each other on all fours, being pressed up against a wall by the client. Always, if there is a concern about the client's experience of touch,

the therapist will address it, usually by Transforming to the Here-and-Now, and sometimes after the session.

### Playing with the Unplayable

Some issues are so painful to the client that permission must be obtained, during the play, in order to proceed. Typically the therapist will Transform to the Here and Now and inquire if the issue emerging is something better left alone. Often this leads to a playful interaction about the decision itself rather than the issue, which may free the client to muster the courage needed to address it directly. If not, the therapist and client will move away from it, only to return at a later point.

### Countertransference

It could be said that DvT involves the therapeutic use of countertransference, for certainly the degree of involvement with the client is high. The therapist attempts to use the evoked images that arise in working with the client in responding dramatically within the playspace. As the client's playobject, the therapist brings all of his unique personal qualities into the play. That the therapist has personality quirks, issues, deficits, and conflicts is assumed; in this way, the therapist is like a child's *broken toy*. Interestingly, however, children often have no problem playing with their broken toys, as our clients do with DvT therapists. The therapist just has to be mindful not to refuse to play with these aspects of him/herself. In this way, DvT does not seek to restrain the client's exploration of the deficits of the therapist by claims of privilege or the illusion of an objective stance. In this work, for therapist as well as client, there is nothing to hide behind; what we seek is to reduce the need to hide.

DvT does not attempt to perfect a person, eliminate neurotic conflict, or repair character flaws, rather these pernicious aspects of our lives are revealed more fully.

Instead, responses of shame, embarrassment, deceit, and anxiety over their revelation are replaced by responses of insight, humor, acceptance, forgiveness, and "oh, well!" Like all playobjects, or toys, we eventually break, and are broken through mishandling by others. We have missing parts, we can't turn or talk like we used to, our batteries are low, and buttons do not work. Yet, though imperfect as we are, the desire for play overcomes, and we can be held and played with, be cared for and given pleasure to, and be kept in the playroom or bedroom or toychest for many years, just as we hold our loved but broken ones close to us. This is what being here is all about.

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#### FURTHER TRAINING AND RESEARCH

Training in Developmental Transformations currently occurs within the Institute for Developmental Transformations, progressing through three levels. The first level

involves a 400 hour internship under supervision, including individual and group work, seminar, and workshops. Level Two training includes a personal psychotherapy (minimum 80 hours) in Developmental Transformations, seminar, supervision of clinical work, assisting in teaching, and written papers. Level Three includes intense supervision of individual psychotherapy clients, seminars, teaching experience, and written work. Generally, full training takes three-four years after basic training and employment in drama therapy. Training centers are in New Haven, New York, San Francisco, Israel, and The Netherlands.

The Institute's research program has largely relied on intensive case study, which provide valuable data with which to examine the therapeutic process and therapist technique. In addition, clients in our psychotherapy clinic are periodically asked to rate their improvement anonymously, and results from these questionnaires indicate substantial satisfaction with the therapy method and with their therapists. On average, after six months of treatment, symptoms such as depression, anxiety, self-esteem have shown significant improvement (defined as greater than one standard deviation change). Finally, in a treatment outcome study with Vietnam veterans suffering from posttraumatic stress disorder, the Developmental Transformations group was rated by the veterans as one of the most beneficial treatments (out of 24) they received during a four month inpatient program (Johnson & Lubin, 1997). This data has been especially promising. More rigorous research studies are planned in the future.

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