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DEVELOPMENTAL TRANSFORMATIONS IN GROUP THERAPY WITH HOMELESS PEOPLE WITH A MENTAL ILLNESS

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Editors' Introduction: The developmental transformations approach arose from explorations of the therapeutic effects of dramatic play. Improvisation in the form of ever-shifting play is at the core of both theory and practice in this approach. Its emphasis on here and now process as an end in itself (akin to gestalt therapy) stands in contrast with most psychotherapies. To an extent greater than in most approaches, developmental transformations therapists assume an understated leadership social role, playing ever-shifting dramatic roles alongside their clients. Group leadership is emotionally demanding, requiring the therapist to be playful yet purposeful, permissive yet directive.

This chapter describes the action method developmental transformations and its use in group therapy with homeless people with a mental illness. Developmental transformations is a form of drama psychotherapy that is based on the use of improvisation and free play among the participants, including the therapists (Johnson, 2000). Using developmental principles, group sessions begin with simple and structured forms and then progress in small increments toward developmentally more complex and less-structured forms. Throughout, the images and scenes arising from the group are allowed to transform fluidly as the thoughts and feelings of group members change. The therapist helps these transformations remain organized and relevant to the group's issues. Many aspects of this method are consistent with other forms of drama therapy (Emunah, 1994; Landy, 1986).

The aim of this method is the achievement of an "embodied encounter in the playspace." It encourages clients to interact with the therapist while experiencing ongoing bodily movement and physicalization, which allows more authentically felt experiences to arise into awareness. For clients who have

difficulty putting feelings into words, as well as for those whose use of words has become too facile, this emphasis helps to access more grounded experience. The method is conducted within the "playspace" of pretend and dramatization, in which scenes are constantly transforming. The method tends to loosen the participants' reliance on restrictive, linear self-narratives, opening them up to new possibilities and increasing their curiosity about others' perspectives.

This chapter describes (a) the major concepts of developmental transformations, including establishment of the playspace, processes of embodiment, encounter, and transformation; (b) interventions and techniques that enhance these processes; (c) the rationale for using this method with homeless people with a mental illness; and (d) a case study illustrating these concepts and techniques.

THE PLAYSPACE

The playspace is the container of the entire therapeutic action. The *playspace* is not a physical area or section of the room but rather a state of playfulness, imagination, and pretend (Johnson, 1991). The therapist helps the clients play with real feelings and issues. 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 temporarily. Over time, the goal is for the client to be able to play with what had seemed unplayable (Dintino & Johnson, 1996). Verbal discussion or processing occurs within the playspace, not at the end of the session outside the state of play.

The therapist's job is to preserve the playspace by maintaining a state of playfulness. The therapist is an active participant and guide throughout the session. He or she participates in the play and should be comfortable playing with whatever the clients bring up. The therapist follows the clients' energy and offers structures to explore the multiplicity of meanings within the movement, sound, image, or role-play. If the therapist chooses to explore something that does not have energy for the clients, there will usually be a disruption in the flow of the play. The therapist attempts to be open to the client at all times and faithfully render characters, feelings, or issues that the client projects onto the therapist. The therapist thus becomes a client's "playobject."

The therapist uses a variety of improvisational techniques that are intended to facilitate transformation, heighten or diminish intensity, and increase or decrease cognitive distance in the session. A more detailed description of these techniques is found in Johnson (1992).

EMBODIMENT

In developmental transformations, the body is considered the essential source of thoughts and feelings (Johnson, Forrester, Dintino, James, & Schnee,

1996), while the mind is viewed as an aspect or component of the body. Whereas in many therapies the meta-awareness that comes with mental comprehension of events is seen as the last chapter, as it were, of a therapeutic discovery (the "why I do what I do"), here the flow of the bodily impulses and mental imagery in the moment are paramount.

ENCOUNTER

The intersubjective encounter between the therapist and the client is one key component. The play is a collaborative effort to aid the client in revealing blocks that narrow his or her experience of the encounter with another. The client is asked to engage in this encounter using only his or her inner impulses and his body. The therapist offers himself or herself to the client in a direct fashion, acknowledging that he or she can be affected by the client in the playspace. The therapist's countertransference reactions are thus treated as material for the clients' play and can be valuable in the further development of the relational encounter.

TRANSFORMATION

In this work, flow is emphasized over narration, multiplicity of meaning is favored over one truth, and irony is invoked by the acceptance of incongruities. Spontaneity in the here and now becomes paramount. The focus is not on a linear progression of events or a story line that unfolds within the session. The interest is not on developing and building a story or even on fully developed roles. Rather, the emphasis is on emergent bodily impulses and images that diverge from linear story lines. Instead of looking for through-lines to create or discover a meaningful story, the therapist deconstructs the story to break up constraining narratives. Therefore, the emphasis in this model involves the removal of obstacles rather than a gathering of insight or skills.

Developmental transformations, therefore, is a form of psychotherapy in which the therapist(s) and client(s) seek to achieve the continuous transformation of embodied encounters in the playspace (Johnson, 2000). The aim is to re-engage clients in their natural developmental process, by reducing fear of the instability of being. The focus of the method is on flow and discovery, in the letting go of blocks that have been impediments to desires and impulses, thoughts and perception, images of self and others, and roles and identities.

GROUP INTERVENTIONS WITHIN THE PLAYSPACE

Dimensions

Developmental transformations may be conducted in individual or group therapy, depending on client preference and goals of treatment. As this chapter deals with group applications, we delineate below the five basic developmental dimensions in group therapy (Johnson, 1982). These dimensions correspond to stages of cognitive development described by Piaget (1951) and Werner and Kaplan (1963). In these dimensions the therapist can intervene in the session through action methods, by altering his or her instructions to offer the group a particular level of each dimension. The therapist intervenes to titrate the developmental demand on group members so that the ongoing flow of the play is maintained.

1. *Ambiguity* refers to the degree to which the therapist offers a clear structure in terms of task, space, and role. A low level of ambiguity means that the clients are being told what to do (task), in what formation (space), and how to do it (role). A high level of ambiguity in task, space, or role occurs when clients are allowed to determine their own structure. Most groups need to start with a low level of ambiguity and, as the group progresses, are able to tolerate higher levels of ambiguity. This is parallel to the infant needing structure from an external source (the mother) in early stages of development and progressively learning to structure his or her own experiences.

2. *Complexity* refers to the degree to which structures of task, space, and role are differentiated, determined by the number of unique elements required of each. Thus, the task of unison movement and sound is less complex than having each individual move and make sounds or speak in a different way. The most complex task is when each individual in the group is directed to act in a different way. The simplest structure of space is a circle. The simplest structure of role is to direct each individual to play the same role; the most complex is to direct each to play a unique role.

3. *Media* is the representational form of expression. Media used in therapeutic sessions are movement, sound, image, role, and word. These correspond to an infant's progressive level of development, through sensorimotor, symbolic, and reflective stages, according to Piaget (1951), Bruner (1964), and Werner and Kaplan (1963). Generally, sessions begin in pure movement and sound, then images are developed and, finally, verbal interaction emerges.

4. *Interpersonal demand* refers to the degree to which the improvisation places a demand on the participants to relate to others. The form, or type of character the individual is asked to portray, is important. Higher forms (i.e., humans) usually require more complex portrayals. Inanimate objects, forces of nature (i.e., "the wind," "the sun"), and animals are less complex. The level of interaction among the characters or group members is also a dimension in which the therapist can intervene in heightening interpersonal exchange, varying from no interaction to complex improvisations.
5. *Affect expression* refers to how personal and intense the imagery in the session is. Generally, sessions move from impersonal and low-intensity topics toward more personal and evocative images. The therapist will make alterations in this dimension in order to maintain the group's ability to play.

It is within these five dimensions that the therapist intervenes, increasing or decreasing the levels of ambiguity, complexity, media, interpersonal demand, and affect expression to facilitate group participation, involvement, and discovery. These interventions arise spontaneously during interaction with the clients and cannot be planned.

Other Action Methods

Additionally, other action methods illustrated in the case study include

1. *Faithful rendering:* The therapist plays out a scene or role in a way that matches the client's inner experience.
2. *Defining:* The therapist asks for more details of an image to help the client to further clarify an image that is still ambiguous and may hold meaning.
3. *Transforming to the here and now:* The therapist makes a verbal commentary on the action within the scene and relates it to what is going on in the group in the moment.
4. *Intensification:* The energy of a scene or dramatic structure is heightened to enhance awareness.
5. *Act completion:* The therapist completes an act that the client may be afraid to go through with.
6. *Pre-empting:* The therapist takes on an acknowledged or familiar role of the client to encourage him or her to choose an alternative role.
7. *Repetition:* An image is brought back or repeated to explore its multiple meanings.
8. *Action interpretation:* A scene is transformed into elements of the client's real life to explore connections among images.

Stages of a Group Session

In general, a group session begins at the earliest developmental level, in which there is little ambiguity, little complexity, pure movement and sound, low interpersonal demand, and a minimal level of affect. Gradually, the therapist begins to introduce more complex developmental interventions. The goal is not to get to the highest developmental level, rather, to be able to travel throughout the levels (both forward and backward) with greater ease. While different populations feel comfortable beginning at different levels (i.e., more rigid personalities may feel comfortable beginning with words rather than unison movement and sound), there are typical stages that most clinical populations go through (James & Johnson, 1996b).

The typical stages of a group session include the *greeting,* whereby the group members are invited into the playspace; *unison movement and sound,* during which the clients are asked to stand in a circle and repeat movements and sounds made by each individual, as if mirroring the individual; *defining,* when images emerging from the kinesthetic experience are defined by the group; *personification,* in which organized roles and images emerge; *structured role-play,* when the therapist sets up dramatic enactments exploring core issues; *unstructured role-play,* when the group enacts scenes in an improvised, spontaneous manner with little or no direction from the therapist; and a structured *closing* (Johnson, 1986).

CASE EXAMPLE

The following group therapy session took place in a day treatment program for homeless people with a chronic mental illness. They have lived on the streets of New York City—some for years, others for only days. Diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder, many have been plagued by auditory hallucinations, paranoia, thought disorder, and depression. They have withdrawn from the world, creating a space for themselves that is often devoid of human contact. They have experienced feelings of worthlessness, despair, hopelessness, shame, and humiliation. Most have been in and out of hospitals.

Clients are brought into the program by outreach workers. Although they come voluntarily, often they come with great trepidation. Looking someone in the eye is a frightening prospect to someone who has been isolated by their homelessness and mental illness, let alone speaking of their fears, desires, and hopes in a psychotherapy session. A significant characteristic among these clients is their rejection of services, including offers of shelter, from helpers. They demonstrate a profound interpersonal aversion to others and maintain a protective social withdrawal even when contact may improve their situation (Schnee, 1996). They experience not only a loss of resources

but also meaning in their lives, hovering between human and inhuman levels of existence. One client equated himself with the "trash" with which he surrounded himself. With great frequency, these characteristics derive not only from the thought disturbances of mental illness but also from devastatingly traumatic childhood experiences of abuse, neglect, and violence.

One of the major goals of treatment programs with this population is to increase their capacities for attachment through the reduction of their interpersonal fears, to directly address the loss of meaning in their lives, and to re-animate their sense of humanness (Forrester & Johnson, 1995; Johnson, 1999). Only through these measures will the clients be able to stay involved in the various programs and services offered them.

The Other Place (TOP) is a day treatment program that focuses on psychosocial rehabilitation. TOP takes referrals from Project Reachout, New York City's first mobile outreach team, and a homeless Assertive Community Treatment team. All programs are part of Goddard Riverside Community Center, a settlement house that has been serving the Upper West Side of Manhattan for more than 100 years. TOP was developed to work in conjunction with the outreach and community work. The clients attending the program typically have failed elsewhere. They were unable to tolerate the structures of a rigorous hospital day treatment program and were unable to live up to the level of independence expected at most psychosocial clubs. The focus of rehabilitation lies in building skills of socialization, self-expression, independent living, interpersonal relationships, and vocational abilities. The goal is to help the clients achieve and sustain permanent housing, a supportive social network, and psychiatric stability.

The group described below consists of 10 members who have been together for nearly 2 years. The group meets weekly for 1 hour. Members come voluntarily and are usually regular in their attendance. The issues that have been explored over the years have centered largely around homelessness, poverty, loneliness, and the stigma of having a mental illness.

The Session

The therapists, Kim and Kate, gather the group into a circle. Greg, Hank, Manuel, Diego, Jose, Natasha, Keith, Joseph, and Jolene warm up with a stretch and a growl.

> Greg: Quiet on the set!
> Kim: OK. Let's make as much noise as we can and then Greg will say, "Quiet on the set!" Ready? (the group lets out a big sound)

The leader here is going with the resistance in a playful way and trying to get Greg to enter the playspace by reframing his behavior into a role. The group is in its initial greeting phase and getting warmed up for the session.

Kim: You have to be louder than us, Greg. OK. Again. (the group repeats, even louder)

There is a sense of playfulness already in the group while acknowledging Greg's need to assert himself. Through repetition, the leaders are beginning to structure the warm-up and engage the members in unison movement and sound.

Greg: The sky is falling.

Kate: Lift up our arms. (the group then begins to lift their arms) Let's say hello to Natasha. Hello, Natasha. (everybody waves) Who else should we say hello to, Keith?

Keith: Manuel. (the group says hello to Manuel; Manuel then selects another member to say hello to and so forth, until they have said hello to everyone in the group; the wave changes, from a one-handed wave to a two-handed wave to a little wave with both hands)

In this way the group begins warming up to one another, taking in others, making eye contact, and getting in touch with their physical bodies.

Greg: Can I ask the group something? Did anyone see "Cats" this morning?

Kim: "Cats" . . . this morning?

Greg: Yes, this morning, on channel 13.

Kate: Hmmm. He's very cultured. (she says in a playful refined voice)

The leader is noting that, as the group members are getting in touch with their bodies, Greg is not. Instead, he is more comfortable in a verbal discussion. The leaders could view this as a departure from the group structure; instead, they incorporate it into the structure of the group.

Kim: Meow.

Jose: (responding to this in a bigger voice) Meow. (he uses a little hand motion similar to our last hello wave, hands close to the body, like paws; the group begins some meows)

Kate: Let's all curl up like a cat and then stretch like a cat. And curl up like a cat and stretch like a cat. (everyone does this as they say meow)

Kate: Let's take our long cat nails and give ourselves a scratch. (everyone does this in an imaginary way, on faces, neck, and legs)

Kim: And just stretch all the way out. (the group stretches fully with a loud, pleasurable sigh, similar to the very beginning of the group)

The leaders are trying to establish the playspace. Also, here the leaders are developing the material presented to them, even though the imagery is evocative. They do not come in with a preconceived plan. They are providing structure with a low degree of ambiguity. This brings the group together. The image of the cat carried with it the sense of autonomy and interpersonal distance many of these clients felt in their lives, being "alley cats," as one of them often commented.

Kim: Keith's got a little feet thing going.

Let's all do what Keith is doing. (Joseph slightly alters the movement by marching with his knees high up; the group starts to chant the names of each member as they come into the center; members are snapping their fingers rhythmically as they are "bopping" to the rhythm)

Let's bring down the magic curtain by snapping our fingers.

Greg: The curtain's stuck.

Kate: Uh-oh.

Kim: It's stuck.

Kate: OK. Everybody grab that curtain. (she grabs the imaginary curtain at a midway point in front of her)

Kim: And yank it down. (the group yanks the curtain all the way down and then parts the curtain and steps inside; the leaders instruct each member to begin a movement, while the rest of the group mirrors it; group movements consist of snapping, marching, taking a big breath in and out, Keith's signature moves of turning around in a circle, Greg's stroking his chin and giving a kick with one foot; Manuel alters the movement, then Kim)

The magic curtain is a structured ritual that this group has incorporated into most of their sessions. Also, the leaders continue to provide a low level of ambiguity, complexity, and interpersonal demand, as the group continues to make various sounds and movements. More spontaneous variations are introduced by the members, requiring less direction from the leaders. Members are exploring eye contact and movement, the beginning stages of encounter and embodiment. Manuel comes into the center and starts a soldier-like arm swing while chanting "Umm," a familiar sound and movement of his; he then turns to Kim and nods for her to change the movement. This can be seen as Manuel's discomfort with the encounter and the embodiment and his need for more structure. We are back to simple sound and movement, each person taking his or her turn. Although Manuel was expressing his anxiety about the encounter, the rest of the group appears to want to see each other and make contact.

Kate: Everyone look at someone across the room while they do this.

The leader notices that there is a lot of lip pursing on the hmm sound; she asks everyone to purse their lips on a count of 3. The leader is increasing the interpersonal demand by asking members to look at one another. Also, here, instead of following a linear progression, Kate is following the energy and interest in the embodied experience of pursing the lips. She defines this and lowers the ambiguity while increasing the interpersonal demand. There is energy in this exploration of the emergent images, which Kim follows through on, defining the impulse even more.

Kim: Again, 1–2–3, everyone take their hand and throw a kiss into the center of the room.

Kate: Let's all give Greg a kiss. (Greg ducks)

> *Kim:* Greg, we're all going to rain kisses on you whether you like it or not. (the group throws him another collective kiss)
>
> *Kate:* We need to give Keith kisses. (he responds quite differently, evidently enjoying them)

Greg has been trying from the beginning of the group to keep himself separate. The play around kissing acknowledges his fears. To a group of homeless clients, a kiss is certainly antithetical to their usual orientation: no one has kissed them, they desire to stay away from others, their appearance keeps others at bay. A kiss is basically inconceivable, yet at the same time it symbolizes the aim of treatment: to enter human relations again. The group's familiarity with each other allows them to tolerate playing with this evocative image. The leaders are intensifying the moment by singling out Greg in a playful way.

> *Kim:* Keith, who should we give kisses to next? (Keith chooses Manuel to give kisses to; Manuel puts his hands up in a stopping motion, but he is also smiling and nodding his head "yes")
>
> *Greg:* Smother, smother, smother.
>
> *Kim:* (to Manuel) We are going to smother you with kisses.

Here, again, the leader is increasing the level of interpersonal demand while making it clear that each person can have a turn if he or she so chooses. Also, the leaders are picking up on the emergent theme, taking material offered by the participants and using it as a means of exploration. The leaders have begun to define images, which have emerged from the sound and movement and which the group seems interested in. To work with the increasing levels of affect expression and interpersonal demand, the leaders must provide structure, a low level of ambiguity and complexity, and a strong sense of the playspace. The fact that this group of homeless individuals with mental illness are expressing this level of intimacy is quite exciting. This can be attributed to the cohesiveness of the group (most of the members have been working together for years) and the level of trust in the playspace. The double meanings evoked here—to be smothered (i.e., abused) with kisses (i.e., human relationships)—are the first signs of the deep confusion in the group about love and hate, which will take up most of the rest of the group session.

> *Kim:* Manuel, who else should we smother with kisses? (Manuel points to Hank; Hank raises his arms in a strong man salute; Kate asks him to step into the center, saying he's going to "take it," all the kisses)
>
> *Kim:* He needs to protect himself from the kisses! Hank, get ready to protect yourself from the kisses. (Hank gets a group kiss)

This is an action interpretation. The leaders are noting how Hank's response is different than the ones that have gone before and incorporating it into the improvisational structure of the group.

> *Kate:* He can take it. He's a man. (he gets another kiss; Jolene then enters the center for kisses, moving her hips a bit)

Kate: Jolene's warming up for her kisses.

Kate: You are being very stingy with your kisses, Greg.

Kim: Greg, give us your kisses. (she notices something that Greg has done) Oh, he's giving them to himself. Oh my!

Kate: Everyone give yourself a kiss.

Kim: Oh. We are going to keep our kisses just to ourselves.

Greg: (singing) You must remember this, a kiss is just a kiss, a sigh is just a sigh.

The group joins in, but there is no energy to the song; Kate asks the group to breathe in a big sigh, reminiscent of a breath that Natasha had initiated earlier; everyone breathes in and exhales on an "Aaaahhhh" sound. Kate is noticing a divergence in the way one member is responding to the group activity. Also, the therapists pick up on this divergent action and incorporate it into the group. The group is no longer going along with the structure of giving and receiving kisses. The leaders are noting this and faithfully rendering the shift in interest and involvement. Kate enters the center, shakes her whole body while she raises her hands, and says "Ooooohh, wah!" Kate asks everyone to do this; they repeat it Kate is returning to sound and movement, another shift in media, as a response to the drop in energy. It appears as if the members want to dabble in their emotions but are still guarded against it. By returning to the sound and movement, the therapists are again establishing a clear and simple structure. The therapist also places herself at the center of the action to offer herself as the group's playobject. This simplifies the interpersonal demand on the clients.

Kim: Why don't you go in, Greg?

Greg: I'm scared of that thing.

Kim: You're not scared of the feelings, are you?

Greg: I'm scared of that thing (as he gestures to the center of the room).

The group begins to enter the personification stage. Greg is able to project his fears onto an imaginary object in the center of the room. However, the leaders do not choose to define this projection at this time because of Greg's initial resistance to entering the playspace. Natasha enters the middle of the circle; she has her hands out, like cat claws, and says "ooohhhhhhh" as she slashes the air; everyone does this gesture toward the center of the room, yet there is a divergent element in the various individuals' movements; people are twitching their fingers as they do a pouncelike move saying "wooooo"; momentum increases toward the center, everyone coming in closer. Suddenly, Jolene pushes Kim back into the center of the circle; Kim acts scared, holding on to the hem of her dress as she tries not to step on anything.

Kate: Quick, pull her out, everybody. (the group pulls her out with an imaginary rope)

Kim: Oh, my God! That was really scary, that was really scary in there!

The energy has increased. We have returned to the personification of that scary thing in a safe way, and it is clear that there is group interest. Jolene has indicated

that it is the therapist who should take on and embody the feelings and images that are beginning to be projected into the middle of the room. Someone starts pointing to the center of the room; soon everyone is pointing, saying "Shhh!"

Kim: You see that? What is it?
Greg: It's a green-eyed monster.
Kate: It has fangs.
Kim: Fangs! Mighty fangs!
Greg: It has wings.
Kim: It flies!
Kate: What else?
Greg: It's hungry.
Joseph: It has four legs.
Greg: And a long tail.
Kim: A long, nasty tail. (Kate jumps in as the monster, and energy increases; Keith starts jumping up and down.)
Kim: Get back, everybody. Back.

The group finally begins to reveal the personification. The image takes on more detailed characteristics. Kate becomes the playobject here. She offers herself up to the group as the scary monster to intensify the play and increase the affect expression within the group.

Kate: Let me just grab my tail. I am going to swing my tail three times, and I am going to capture someone with it. (Greg hides behind Keith; Kim and Jolene huddle together; Natasha turns toward Diego; other group members stand back; Keith appears to be enjoying this the most)
One! Two! Three! (Kate captures Keith; he readily comes into the center of the circle)
I am going to give you fangs! And I am going to give you wings! (Keith responds by changing his body posture; he flaps his wings)
And a long tongue. And a long tail! (Keith seems fully engaged in this; he turns in circles)
Wonderful! (Keith has his tongue out, flapping his wings as the monster; Kate duplicates his move; they say "Ha, ha ha")

The images of intimacy are now pushed back by the images of danger, personified here as a monster, at once both the concretization of group fears and perhaps the symbols of the actual perpetrators within their families from the past. Thus, projections of group fears as well as transferential components of early family relationships begin to emerge.

Kate: And we are going to capture someone. (both Keith and Kate do a tongue move out of the mouth and back in; they capture Natasha, who pretends to shake)
Kim: Oh, she's scared. She's very, very, very scared. (Kim takes Natasha, who is getting "scared" more and more and puts her arm around her)

Kim is transforming to the here and now, making a comment on what is actually going on for one of the group members.

> *Kim:* Oh, it's too much for her!
> *Kate:* Oh, no. I don't think so. (Kate starts to move closer, as Kim continues to protect Natasha) I want Natasha.

Because there are two leaders, they can take opposite stances and allow members to play with their desire to be taken in, devoured, and even consumed by the group. If the leaders were really at odds with one another in terms of an appropriate action method, this intervention would not succeed. The leaders in fact take on different transferential components of early parental images, so that they can be played out, explored, and altered in various ways during the course of the session. The emphasis will be on passing through these roles, as the leaders stay with these existent roles until something new emerges through the improvisational play.

> *Kim:* No. We need to protect her. Help me. (She addresses other members of the group, who begin linking arms to form a barrier between Natasha and Kate; they start chanting "No! No! No!" Kate meanwhile has enlisted fellow "monster" Keith, as well as Manuel and Hank, and they start chanting "Yes! Yes! Yes!" Natasha has started to march, and the group begins to pick up on this, the "yes" group joining in a train and marching around the "no" group; they capture Natasha.)

The group has entered the arena of structured role-play. The media of expression and complexity have changed dramatically. The group is no longer in a circle. They have divided into two. Kim's enrollment as the protector of the "children" presumably is consistent with her current role as therapist in the program, as well as the parental figure that tried or should have tried to protect the children from abuse. In this sense, Kim plays both a hero and a failure at the same time. Soon everyone is "captured" except Kim.

> *Kim:* Oh, I know you are going to smother me with . . . with . . . . with . . .
> *Kate:* What are we going to smother her with?
> *Greg:* Kisses! (The group starts throwing Kim pretend kisses as she pretends to scream; Kim starts shimmying in the middle of the room and circling, again reminiscent of earlier moves, and is transformed by the kisses, smiling and happy and calm; she puts her arm on the two members next to her; the group applauds, and she moves into the center and takes a bow.)
> *Kate:* Welcome to the love fest, everyone! A round of applause!
> *Greg:* Ooh, a love fest!
> *Kim:* And in just a minute, we are going to talk about how wonderful each one of us is. What a wonderfully perfect group we have here together.
> *Greg:* It's like Woodstock.

Kim: Come into the center, Greg (he does). We're going to say only wonderful things about this man. What can we say about Greg?

Joseph: He's very intelligent.

Kim: (with an arm flourish) He's very intelligent. Let's all say that. (The group repeats the phrase, incorporating the arm flourish.)

Kate: Let's give him a kiss. (The group throws him a kiss with an elongated "mmmwha" sound.)

Kim: What else can we say about Greg?

Hank: He's marvelous. (The group repeats this phrase, raising their arms.)

Kate: Let's give him a kiss. (Again, the group throws a kiss to Greg.)

Kim: What else can we say about Greg?

Manuel: He's active.

Kim: (repeats) He's active. Ooooh. (The group spontaneously "Ooohs" and extends their hands.)

Kim uses repetition to feed a previously related image back into the group's play. Kate restructures the story line, lowering the ambiguity and following the enthusiasm with which people are applauding. Moreover, while the group remains in a circle, having each individual come into the middle heightens the interpersonal demand. Having them speak personally heightens the affective expression. Kate is using repetition of an earlier embodied image.

Greg: Enough about me. Enough about me. (His hands are on his heart, and he begins to leave the center.)

Kim: He can't take it. He can't take it.

Kate: Keith said he's funny.

Kim: He's funny!

Greg: Awww. (He returns to the center and the group throws him a kiss.)

Greg: (hands on heart) Enough. Enough about me. How about Joseph?

Kim transforms to the here and now, making a comment on what is actually happening. Further, Greg takes the focus off himself here and turns to another group member. If he were not able to do this on his own, the therapists might have intervened and shifted the focus off Greg. The purpose here is not to concentrate on any one individual but to incorporate all group members in the play.

Kim: Oh, Joseph. Step into the center (he does). What can we say about Joseph?

Greg: He's attractive. (The group repeats this and throws him a kiss; Joseph bows.)

Kim: What else can we say about Joseph?

Hank: He's marvelous, too. (The group repeats this and throws Joseph a kiss; again, he bows deeply.)

Kate: He goes to more groups than anybody else in the whole wide world. (Joseph raises his fist triumphantly, and the group sends him another kiss.)

> Greg: A real go-getter. A real go-getter. (Joseph bows to Greg.)

Although this part of the session is largely a defensive retreat from the previous engagement with victimization, the resulting exercise of giving each other positive feedback is itself a huge achievement for these clients who, prior to treatment, could barely acknowledge each other's presence.

> Kim: What else about Joseph?
> Jolene: He's a nice baby.
> Kate: A nice baby!
> Kim: He's a nice bébé. (She mirrors Jolene's French pronunciation.) OK! (Joseph shakes Jolene's hand.)
> Kate: (begins to snap her fingers; the rest of the group follows) He's a nice bébé. He's a nice bébé. (This is rhythmic and has a sing-song quality; Joseph, too, remains in the center, snapping his fingers and bouncing to the rhythm.)
> Kim: Ooooooh. (looking at Jolene) Do we have another bébé here?
> Jolene: Baby. (She moves into the center, taking on the role of a baby, and heads toward Kim.)
> Kim: (In "motherese") Is this the little baby who needs to be taken care of? (She puts her arm around Jolene, as Keith and Jose spontaneously pat her on the shoulder and Natasha throws her a kiss.)
> Jolene: Hungry.

This contribution of Jolene's seems to come "out of the blue." It does not follow the plot that is being developed. Rather than redirecting her back to the plot, Kim heightens what Jolene said through repetition. The group has resumed its prior journey in full force, as the image of the baby and their early childhood abusive experiences again rise up in the group. As before, the playful environment will give room for the representation of conflicting, contradictory acts and desires: to hold and protect, and to harm and neglect.

> Kim: Oh, the little baby is hungry. Let's all feed baby Jolene.
> Kate: (begins a chant as group members join in and advance toward Jolene, mixing up imaginary food) Let's feed the baby, let's feed the baby, let's feed the baby.
> Greg: (begins to sing, over the chant) Feed the Baaaaay-by! Feed the Baaaaay-by! (the rest of the group joins in) Feed the Baaaay-by! Yeah, yeah. Feed the Baaaaay-by!
> Greg: (to Jolene) Has the baby got her food? Did you get enough, baby?
> Jolene: Yes. (She nods and leaves the center, returning to her place in the circle.)
> Greg: She's happy!
> Kim: Everyone, pick up a little baby. (Group members begin rocking their babies.)
> Jolene: Rock the baby.

Kate: (Begins a gentle chant, as each member continues with the rocking movement.) Rock the baby. Rock the baby. (The entire group joins in.) Rock the baby. Rock the baby. Rock the baby.

There is energy in the rocking and holding of the babies, which the members are exploring fully and actively with their bodies.

Kim: Welcome all of you to the parenting class! (She moves into the center.) Welcome. I know you're all new parents.

Greg: I want to stay far away from it.

Kate: I want him to take full responsibility for the child.

Greg: Aawww.

Kim: We're here to take responsibility and take care of our babies. And the first thing we must do—does everyone have the baby in their arms? The correct holding position for the baby is as such.

The therapists note the quality of gentleness and caring that is being explored by the members. They both are touched by this and are aware of their desire to give these members the care and attention that they have been denied. Kim's shift into the parental educator is one that is congruent with her desire to teach, educate, and foster the members in their ability to care for and love themselves. Thus, her countertransferential reactions are structured into the role-play.

Manuel: Can the baby have chocolate milk?

Kim: You want to feed your baby chocolate milk? All right, that's a good question. (to entire group) Can we feed our babies chocolate milk?

Greg: Choc-o-lat-ay for the ba-bay. (The group begins to sing this, bouncing up and down as they feed their babies.)

Kate: What else can we do with the babies?

Kim: Well. We've got to change the babies.

Greg: Burp the babies.

Kim: Oh, yes. First we should burp the babies. Then we need to change the babies. Alright, can we put the babies over your shoulder and . . .

Kate: (begins to sing, all join in) Burp the Baaaay-by! Burp the Baaaay-by! Burp the Baaaaay-by!

Greg: (makes a burping sound, the rest of the group follows) Bleeeehhhh.

Kate: Everybody. (the entire group) Bleeeehhhh.

Kim: Let's hear that big baby belch.

Everyone: Bleeeehhh!

Asking the question "What else can we do with it" deconstructs the plot line and encourages variation in meanings. From simply caring for the baby came the parenting class and then the chocolate milk and then the burping and belching and (soon) defecating. The baby is being transformed into the frustrating, problematic, denigrated object that soon will need to be punished.

Kim:	Now, put the babies on the changing table. (all place the babies down) And feel the baby's diaper. It should be very full. (most group members make sounds of "ooohhh")
Joseph:	Phew.
Kate:	What was that? Phew?
Kim:	Alright, now open the diapers quick! Open! (The entire group starts fanning their hands in front of their noses.)
Everyone:	Phew!
Kim:	Oh, my, the babies sure make a mess!
Everyone:	(in disgust) Eeeeeewwww!

The therapists are following the interest of the group without making specific interpretations because there are multiple meanings in this image. Shame dynamics, interest in nurturance and taking care of another, and regressive aspects of dependency may all be contained in this image. At this point, it is best to trust the momentum of the play.

Kate:	What should we do with it?
Greg:	Throw it away!
Kate:	Throw it away.
Manuel:	Let's put them in the basement. Down, in the basement.
Joseph:	Put it in the basement.
Leshon:	Flush it in the toilet.
Keith:	Throw it in the basement.
Kim:	Basement. All right, let's put them all in the basement.

At this point, it is unclear to the leaders whether or not the group wants to throw the diapers or the babies in the basement. The leaders choose to let this remain ambiguous, acknowledging images of abuse that rise to the surface. Members of the group make direct references to their own histories which, due to the pretend nature of the action, are not entirely known to the group. Thus, Leshon had his head pushed into the toilet bowl and held there by his foster mother; Manuel was removed from his parents' home due to repeated and extensive physical harm.

Greg:	Let's wipe the baby's bottom.
Kim:	Damp cloth. (Members take their time in wiping their babies' bottoms; this is done very gently by all.)
Hank:	Throw it away.
Kim:	In the basement?
Joseph:	Yes. (The cloths are thrown away.)
Greg:	And powder the babies. (Everyone powders the babies; this, too, takes some time and is done carefully and gently.)
Kate:	Let's give a little tap on the bottom everybody. Ready?
Everyone:	Tap, tap, tap. Tap, tap, tap. Tap, tap, tap.

Kate moves into the center and takes on the role of a baby, to the delight of the group; members are fully engaged; Joseph even begins to clap.

Kate:	Waaaaa!

Kate:	Waaaaa! Waaaaa!
Greg:	That baby is a spoiled brat.
Kim:	(repeats) This baby is a spoiled brat.
Leshon:	(laughs) Throw the baby in the basement.
Kim:	Throw the baby in the basement? (This brings laughter from many group members; there appears to be much energy around this.)
Kim:	(begins to chant, others join in) Throw the baby in the basement. Throw the baby in the basement. (She lifts her hands, as the group follows.) Throw the baby in the basement. Throw the baby in the basement.
Kate:	(as she is being lowered into the basement) Waaaaa! Waaaaa! (She lies on the floor.)
Kim:	(emphatically) Throw the baby in the basement!

Here the therapist is embodying the role that holds so much interest and energy for the group. She is acting as their playobject and will take in the group projections both through her bodily expression of the role and through her encounter with each group member. She does this in part because she anticipates an increase in the intensity of affective expression, specifically aggression. The projection is taken in, and the therapists begin to play with it. Kate will now behave as if she were a spoiled brat. Following the group's energy, Kim provides a low level of ambiguity and complexity to help the group achieve act completion.

Greg:	(to Kate) Now what do you have to say for yourself?
Kate:	I'm very selfish.
Greg:	You're a spoiled brat, too.
Kate:	I'm a spoiled brat. (Leshon leans in close; many other members laugh or make sounds indicating a release of tension.)
Greg:	Are you going to behave?
Kate:	Nooooo!
Greg:	Well, then, you're going to stay down there!
Kate:	I need you so much! Feed me!

Perhaps Greg was called a spoiled brat when he was a child. According to self-report, he has been homeless since he was a child, being abandoned by his mother at age 6 and eventually winding up in the foster care system. Kate is faithfully rendering her role. She is playing the child who needs to be punished. Perhaps this is how many of the group members feel about themselves, as if they are not worthy of receiving the love and nurturance but rather should be punished for their illness, for their homelessness, for not being good enough. Keith reaches his hand out to her and pulls her up off the floor. Keith has difficulty tolerating the intensity of the negative affect expression as displayed by the rest of the group. He makes this clear by rescuing Kate from the basement. Kim, acknowledging this, uses repetition as she returns to the previous structured role-play, to maintain the safety in the playspace. She is also faithfully rendering their feelings. If Kim had stayed with the intensity of

the act of perpetration, members may have become overwhelmed and retreated from the play.

    Kim: (enters the center) All right. Class, that was not the way to take care of your babies.

    Greg: Who did that?

    Kim: You did that! (pointing to Greg) And you, and you, and you, and you! (She goes around and points at each group member.)

    Hank: You told us to.

    Kate: You told them to!

    Kim: We have to take care of the babies! Who else is going to take care of them?

    Greg: (quietly) Let's *sell* them.

    Kate: (repeats, louder) Let's *sell* them.

    Kim: (shocked) Wait a minute! Wait a minute!

    Greg: Let's sell them.

    Hank: (raises his hand) Let's sell them.

    Greg: Let's sell them . . . to some rich families. They'll be wealthy.

Again, pertinent personal information is emerging through projection. Perhaps Greg felt "sold off" as a child, when he was abandoned by his parents. His ability to explore affective issues related to this through improvisational play is noteworthy. Greg rarely mentions his personal history and has shared little about his early life. He has stated that his parents beat him until he was black and blue and that he does not remember much.

    Hank: They'll shine your boots.

    Kate: They'll shine. . . . They can be our servants!

    Joseph: Put them in an orphanage.

    Greg: No!

    Keith: Yeah, that's a good idea. Put them in an orphanage.

    Kim: Put them in an orphanage!

    Greg: I say sell 'em.

    Kate: Put them in an orphanage, sell them.

    Leshon: Orphanage.

Kate is able to incorporate Hank's association into the play, illustrating the flexibility of this method. Throughout this remarkable section of the play, the members of the group—homeless, thought-disordered individuals—have been playing directly with their own experience of neglect and rejection; Joseph's exclamation, "put them in an orphanage!" demonstrates his ability to play with material and affective content that normally he would not be able to address.

    Kim: (in a gravelly, high pitched, mean voice) All right! We're in the orphanage now. (she comes into the center) All of you rotten children deserve to be here! (Greg, Natasha, and Kate begin to stick out their tongues and wave their fingers by their ears at Kim)

Kim: (to Kate) That's it! No food for you for a week! (to Keith) And you, look at you shaking like a baby! (Keith begins to exaggerate the shaking in his body, as if he's very, very scared) I'm not changing your diaper! (to Jose) And you, I can't even communicate with you! (to Manuel) Aaaaarghh! (he covers his face with his hands) I don't even want to say what I think about this one! (Pointing at Leshon.) And you, look at you, you should be ashamed of yourself coming into this orphanage! (Immediately spins around to face Greg, pointing in his face.) Hey! Keep your mouth closed!

Kim becomes their playobject and faithfully renders their internal drama. Kate further enhances the sense of play with such uncomfortable material by giving the members permission to ridicule a figure that normally would hold great power and control over their lives. The group members are fully engaged in this structured role-play. Kim exaggerates the character she is playing, making it more safe to explore feelings in the scene. The energy is extremely high, and all members are fully engaged in their bodies as they respond to Kim. Of importance is that they have shifted from the perpetrator roles to the victim roles. In this encounter they can explore their neediness and feelings of abandonment without the definition that this is "what it is about."

Kate: We want food! We want food! (she begins to jump up and down; the rest of the group joins in)
All: We want food! We want food!
Kim: All right! All right! Old, stale fishbones for you. (She extends them toward Greg.)
Greg: After you, after you.
Kim: Oh, no, I'm quite full. Here you go. (She shoves them in his mouth.) Ah!
Leshon: (laughs)
Kim: (to Keith, whose hand is outstretched) What do you want?
Keith: (he is smiling) Just a small portion.
Kim: (pretends to spit into his hand)
Everyone: (with laughter) Oooohhhh!
Greg: Want some fishbones? How about food?
Kim: All right. Listen all of you. What do you want?
Greg: We want some food!

The subtext here seems to be "we want to be nurtured," something they rarely received. The therapists, however, continue to play with the withholding role, so as to intensify the moment. The level of play is very high and members clearly feel safe in engaging in these images. At the same time, Kim is experiencing discomfort in her role as the sadistic director. She allows this discomfort to become playable by exaggerating and elevating the sadism even further, going so far as to feign spitting into a member's hand. By heightening the transferential role, she is allowing everyone, including herself, to explore the disquieting power dynamics of the perpetrator.

Kim: (pointing at Diego) What do you want? (Diego shakes his head)
Kim: (putting her arms around Diego) This is the *perfect* orphan. He
         doesn't want a thing. He doesn't want food, he doesn't want
         shelter, he doesn't want love. (looks at Diego) Am I right?
Diego: (nods his head)
Kim: (patting Diego's hand) He can be my assistant.

This remarkable interaction suggests an intriguing possibility: that, as neglected and denigrated human objects, these clients had adapted by denying their own needs, for their neediness evoked the abuse and violence of their caretakers. The best way to survive was to not be needy, not to demand, and not indeed to be a human, so as to help maintain the insecure stability of their abusive caretakers. If so, then this imagery reveals a possible meaning of their interpersonal aversion, chosen homelessness, and rejection of services.

Kate: (with a cockney accent) We just want to go to sleep, ma'am.
         Truly. We just want to go to sleep. We'll be no bother. No bother
         at all. We'll be no bother.
Greg: (sing-songy) We just want to sleep, we just want to sleep, we
         just want to sleep.
Kim: All right. If I make a nice big bed for you, will you all sleep nice?
         And not make any noise?
Greg: Yaaaay! (Kate, Joseph, Keith, Jose, and Natasha clap; Kim be-
         gins to pass out the pillows, silently; after she gives Greg his
         pillow, Greg mimes coming after her with it, as if to smother
         her)
Kate: It's a pillow. A pillow to go to sleep with.
Kate: (after Kim has finished giving out the pillows, she begins to sing
         softly, as each group member starts swaying with a pillow tucked
         under their heads) Sleep babies, sleep babies, sleep orphans, sleep
         orphans . . . . (Kate, noticing that Kim, too, is pretending to fall
         asleep, gathers most of the group members around her and brings
         their attention to that fact; Keith, Joseph, and Jose begin to
         feed Kim sleeping pills)
Kim: (as she descends to the floor) I'm feeling very sleepy . . . very
         woozy . . . oh, my, what have you done to me? (she is now lying
         on the floor)
Greg: We have to kill her with our pillows.
Kate: Oh yes! (she comes forward, singing) Sleep, baby, sleep, baby,
         sleep baby.
Kim: Oh, oh no. I was mean and so horrible to you all! I deserve it! I
         deserve it! I was so horrible! So horrible! (Jolene is laughing as
         Greg steps forward)
Greg: (advancing with his pillow) Shall I take the honor?
Kate: I think maybe you must.
Kim: Oh, no! Oh, I'm so sorry!
Greg: Ha ha ha ha ha ha ha! (he bends down to smother Kim's face
         with the pillow)

Kim:	Oh, please!
Keith:	(jumping in and grabbing the pillow from Greg) Noooo!
Kate:	Did we go too far?
Keith:	Almost.

The sense of aggression returns. Also, Greg voices the aggression, and Kate further structures its expression. Further, Kate transforms to the "here and now," aware of the fact that Keith had previous difficulty tolerating such dark and emotionally laden material. In this manner, Keith is able to manage his anxiety within the playspace. He says this "almost" in a very playful manner.

Kate:	We almost went too far! (She raises her hands above her head.) Everyone, take your pillows—we will not go too far, though—take your pillows, but do not go too far. Ready, and . . . (She brings the pillow down near Kim's face, pretending to smother her while keeping the imaginary pillow far enough away from Kim so that the members see that she is not "going too far"; the members respond by duplicating this motion with her.)
Manuel:	She fell.
Kate:	We gave her a sleeping pill, Manuel. And she fell, yes. Now what should we do with her?

Here, the therapist offers structure and a low level of ambiguity, so that there can be act completion. It is a moment of playing with things that are usually rendered unplayable, due to the nature of the impulses and the trauma that are being explored. It is now safe for the members to express their anger for being neglected and abused, within the simple action that Kate offers.

Kim:	(coming awake with the wicked, gravelly, high-pitched voice) No more for you!
Kate:	Get away from us!
Kim:	You! You! You! (pointing at Jose; Jose extends his hand to Kim as if to help her up)
Kate:	Let's zap her into something else. One, two, three, zap! (they all throw their hands at Kim)

The members have explored their angry impulses and are now seeking some reparation. It still seems somewhat threatening to fully engage in their feelings toward the therapists, toward their role, toward their neediness, or toward their feelings of worthlessness.

Kim:	(as if she is waking from a dream, in normal voice) Oh. Oh my. Where am I? What happened?
Greg:	We got Kim again. (The members seem relieved that she has dropped this role.)
Kate:	She's with us again.
Joseph:	You passed out.
Jose:	It's OK.

> *Kim:* I had a very odd dream. (Manuel and Natasha help her up.) Oh my God, it was horrible. We didn't have food to eat, and there was an awfully mean lady there.
>
> *Kate:* There's nobody mean in here now, though. Is there?
>
> *Kim:* Is there? (There is silence in the group.)
>
> *Hank:* We had fishbones.
>
> *Kate:* Fishbones?
>
> *Kim:* Are we still in the orphanage, or have we left? Where are we? Huddle! (She draws all the group members into a tight circle.)

The members are reassuring the therapists that they are still in the playspace. The killing or elimination of the abusive parent gives rise to guilt and anxiety in the group, for many of them indeed were defined not as victims but as problems within their original or foster families. Hank's final comment, "we had fishbones," seems to encapsulate the scene: There was very little to eat, what we ate was dangerous, and we were treated like cats.

> *Kate:* I think we need to create a special concoction and drink it to come back to The Other Place. (members begin a ritual of putting ingredients into a mixing bowl; they put in many things, including apple cider, a couple of cigarettes, chocolate, and cream; they then stir it up)
>
> *Kate:* Everyone take a glass and drink. (The members begin drinking, making gulping sounds, all but Greg.)

The group members were so embodied in the role of orphans that there needs to be some de-roling, or structured transition.

> *Kate:* And now, just to check, each person needs to come into the center of the circle, say their names and then come out.
>
> *Manuel:* (enters the middle of the circle) Manuel, back to normal life. (Each member, picking up on Manuel's response, comes into the center, says their name, and repeats, "Back to normal life.")
>
> *Kim:* Everyone take a deep breath and let it out. And again. One last time. Now reach up and pull down the magic box. Three turns to the right. (they open up the box) What are we going to put in this week?
>
> *Jolene:* The movements.
>
> *Greg:* The green-eyed monsters. (Other members of the group and the facilitators mention the "yes, yes, yes, no, no, no," the "baby food," "the kisses," "Natasha being afraid," "smelly diapers," "getting locked in the basement," "the emotions of it.")
>
> *Keith:* That's good. (The ritual of putting the top back on the box, and storing the box up above, is enacted; then the magic curtain is raised back up to the ceiling, and the group ends. Everyone applauds.)

The magic box is an image that is brought up toward the end of this group. It is used weekly, serving as a metaphorical container for the group movements, images, roles,

thoughts, and feelings. In putting images back into the box, the projections and transferences that have manifested themselves over the course of the session are named by the members, although they do not recognize them as such. They are naming images that they remember, because they held the members' interest. For the therapists, there is a recognition that the group played out transferential relationships through the drama and that, by the therapists' enactments of such roles as the green-eyed monster, the smelly and spoiled baby, and the evil director of the orphanage, the members could fully engage and explore their emotions.

Discussion

In this group session with 10 homeless clients with a mental illness, the therapists facilitated a flow of playful improvisation that allowed feelings and images related to these clients' early childhood experiences and current difficulties to emerge. The level of engagement among these clients was high, and their immersion in the play allowed for processing of these issues. Because this group had been working together for approximately 2 years, members by this time were comfortable with this type of exploration. Trust in the play and leaders had to be established before these issues could be tolerated and expressed through the play.

In the beginning of the group's formation, it was not unusual to spend more time in the sound and movement stage; exploring half-defined images; and playing with "safer," less personal stories. When developmental transformations was first introduced, the therapist leading the group took a strong supportive stance and structured the session in a way that modeled and encouraged a playful atmosphere. There were no expectations as to the content of the group's play, and the exploration of personal issues was not a focus. Group members often played out their own defenses, and sessions consisted of members building walls around themselves, creating their own fantasy worlds, and expressing grandiose wishes. The therapist not only tolerated this type of play but also encouraged it.

It was only after the group members felt sufficiently supported that they were able to explore more disturbing images and issues. Recent images leading up to this session included "walking through the fire," being bathed in "healing" waters, finding lost treasures, and looking for food and eating sumptuous meals. Over time, the group became able to integrate more personal content in their play. This was not true for all group members, however. This group session offered good examples of how sound, movement, and seemingly disconnected images became warm-ups for metaphorical explorations of greater depth. In this session, the layers of meaning and affect for each image reverberated in the session as they were repeated again and again. For example, the important dynamic of group members suppressing their own needs so as to avoid further rejection by the parental figure was clearly represented. Elements of their larger story as homeless people emerged, providing

pieces with which they can begin to construct a sense of meaning in their lives.

Greg offered his tell-tale resistance and need for differentiation in a group that was beginning to deal on more personal levels each week. It was no surprise that he introduced a question that could normally be considered resistant ("has anyone seen Cats?"). He has been homeless on and off since age 6, when he was abandoned by his parents. He grew up in and out of foster homes and on the streets. He would not speak of his early childhood, simply stating "I don't want to talk about it," and had left other groups when childhood recollections were introduced. This was Greg's second time in the program, and only recently had he become able to trust enough to use his supports and make connections with other people. Since becoming involved in this group and others like it, he obtained permanent housing, enrolled in a GED program, and became involved in a competitive employment program. His defensive posturing, when incorporated into the group, became less rigid. His awareness of this guardedness became more pronounced, and he was able to laugh about this with the group. As his trust in the group developed, his capacity to share the complexities of who he is emerged. His posturing became just that, mere role-playing of an attitude that once had strong protective roots.

Greg's behavior in this particular session, while playful, posed some challenges to the group leaders. In most group therapy approaches, departures from the group theme can be construed as resistance. Rather than directing Greg back to the topic at hand when he took another point of view, the therapists attempted to incorporate his comments into the play. For example, when the group members were caring for their babies in a nurturing manner, Greg's discomfort with this quality of role-play led to his refusal to participate. It could be viewed as stopping the play when he stated "that baby is a spoiled brat." Instead, the spoiled baby, the one who receives all the love and attention it requires, was punished for being so demanding in the ensuing scene. Rather than trying to re-focus Greg, the therapists incorporated the image he offered, which led to another level of exploration for the entire group. Thus, therapists must be careful not to hold on to what is happening in the moment but rather allow themselves to be open to whatever "resistances" or divergent feelings and images arise.

In a similar manner, the therapists did not direct each group member to change their tendencies in role-play or even movement. For example, when Keith first began the group, he compulsively made the same movements and sounds at the beginning of the group. He rotated in a circle and said "hello" in a monotone, with no eye contact with the other members. However, during his 2 years with the group, he began to show more flexibility in this area. Although he still did the same movements, he took in the other members of the group while he did this. He allowed other members to "borrow" his movement, something that previously upset him a great deal.

Keith began showing more spontaneity in other ways as well. He allowed himself to fully enroll as the "monster," exhibiting a full range of affect and expression that is normally difficult for him in reality. He may have been identifying with the aggressor here (i.e., the abusive parent) or even allowing his own anger and aggression to take form in a manner that was tolerable for him. His inability to smother Kim as the wicked orphanage director and his impulse to "rescue" Kate as the abused baby may have reflected his fear of losing a love object, whether abusive or nurturing. In fact, this role-play indicated multiple levels of meaning occurring simultaneously: Keith related to Kim in role as the wicked orphanage director and out of role as the actual program director of TOP. Keith's participation in the group since this session has increased, and he has begun to show leadership qualities as he engages in more complex and affect-laden roles. In addition, he has made progress in the vocational program and has begun to look at goals for his future, commenting that he would like to be more social and connect with others.

Overall, the group members were able to practice positive interpersonal skills and be recognized as human beings with unique attributes. They had a successful group experience. The therapists' interventions were largely determined by the aim of maintaining a state of embodied play rather than shaping the enactments in line with the developing issues. The therapists attempted to provide less engaged members extra support when needed and to contain more energetic members. They allowed themselves to become playobjects for the group, playing various roles and transforming these roles according to the rapidly shifting energies of the group members. Most telling were the rapid transformations near the end of the group around the images of victims/perpetrators (children/parents), demonstrating simultaneous presentations of contradictory figures around anxiety-provoking issues.

The therapists were challenged when they elected to enroll as negative figures that embody the projections of the group. Kate's choice to enroll as the monster and Kim's choice to play the wicked orphanage director were evocative for both therapists. They were acutely aware of the magnitude of neglect and the need for love and attention that these clients experienced, and stepping into these roles was uncomfortable for them. However, as facilitators of this group process, they realized that they must take on such roles for the members to fully explore their feelings.

This group session demonstrated that severely disturbed clients can participate productively in a relatively unstructured, expressive, and evocative group environment. The reason for this lies largely in the inherent structuring power of attuned play, in which the dramatic flow is closely geared to the interests of the members (Johnson, 1984). It is the therapists' aim to establish and sustain such attunement, which in itself becomes the safe container for the clients' process. The stereotype of the homeless person with a serious mental illness and hampered by a variety of negative symptoms and side effects of psychotropic medications does not prove to be our experience.

In this and other sessions that followed, these clients were able to make connections with each other while exploring difficult personal material.

EMPIRICAL SUPPORT

Drama therapy has been applied to the full range of psychiatric populations, although there have been no experimental studies specifically examining the effects of drama therapy on homeless people with a mental illness. Support for these approaches has consisted of detailed case studies (Forrester & Johnson, 1995; Johnson, 1984, 1999; Schnee, 1996; Smith, 2000) and descriptive studies (Emunah, 1994; Landy, 1986). Drama therapy appears to most often affect clients' self-esteem, current levels of distress, hopefulness, compliance with treatment, and social skills (Johnson, 1999).

CONCLUSION

Developmental transformations is a form of drama psychotherapy that relies on improvisational play. Limitations of its use are based on (a) the need for in-depth training of the therapist and (b) preferences for this type of activity among clients. Although this method can be used with virtually any population, certain conditions need to be taken into consideration. For example, if a client is in crisis (e.g., floridly psychotic, suicidal, or under the influence of drugs), the deconstructive aspects of the play may be confusing. Interestingly enough, clients with looseness of associations, delusions, depression, and somatic complaints are able to participate actively and the method helps to connect their worlds with others, reducing isolation and avolition. This method of intervention demonstrates the power of improvisational play, bodily movement, and interpersonal encounter within the playspace. Its reliance on indirect, even divergent, processes in the session, guided by the energetic flow of the play rather than the developing meanings of the issues, is unique and deserving of further study.

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