Clinician as Director:

Facilitating intersections of therapy and theatre in drama therapy

Barbara Kaynan

Drama Therapy Program

New York University

August 2015

A thesis submitted in partial fulfillment of the

requirements for the degree of Master of Arts in Drama Therapy,

Department of Music and Performing Arts Professions

Abstract

This phenomenological study is aimed at illuminating the experience of clinician as director of therapeutic theatre in the drama therapy treatment setting. Interviews with drama therapists and applied theatre artists revealed in-depth considerations of the director's role, function, relationships, responsibilities, and axiological approach.

Acknowledgments

Maria Hodermarska:

Thank you for being a woman who runs with the wolves. You are a force and an inspiration to me. I have cherished your guidance and encouragement and our many chats. I hope to always share a dance floor with you!

Nisha Sajnani:

Thank you for opening my mind and heart to different research approaches. Your enthusiasm and support made a huge impact. You have challenged me and I am better for it.

Tami Gatta:

What would I have done without your cheerleading, your edits, and your overall amazing spirit? Thank you for all of it. I am most grateful to have gained your friendship!

Robert Landy:

Thank you for advocating for me and agreeing to be my mentor for my first experience directing therapeutic theatre. I will never forget our incredible supervision sessions and how magical that process was for all involved. Thank you!

Dave Mowers:

Dave. The past two years working by your side has been a dream for me. Your magnetism, deep care for people and theatre, and wildly hilarious sense of humor has been and continues to be an inspiration to me. Thank you for modeling the clinician as director.

Cecilia Dintino:

Your bravery, constant inquiry, and generosity are astounding. Thank you for modeling how to descend, ascend, and stay open throughout. A true gift for a budding drama therapist to witness.

Chain Play Family:

Nina Garcia, Sam Juni, Wanning Jen, Kat Lee, Darci Burch, Ashley Perrymen, and Carrie Watt – thank you for your big-heartedness, savvy intelligence, and breathtaking sense of play. Collaborating with you all was an honor I will always treasure.

PBS Ladies (you know who you are):

Thank you for *all of the things*. All of the things, *probably*.

Joe Salvatore:

Thank you for being a marvelous introduction to graduate school. Thank you for modeling transparent, dedicating, sensitive, and strong theatre-making. Your belief in me has moved me and I have so appreciated the chance to collaborate with you time and again.

May Adrales:

Your artistry, empathic spirit, work ethic, and spontaneity are gifts to this world and to me. I am a better theatre maker, clinician, and person because you're in my life. Thank you for being my mentor and friend. If all else fails – we always have the boutique!

My Internship Supervisors:

Dave Mowers, Talia Weiss-Peckerman, Maryanne DiPasquale, and Javier Urrutia – Thank you for sharing your expertise, your life-giving presence, and dedication to creative arts therapy with me. Your supervision has been a priceless component to my education.

Interview Participants:

Thank you for giving your time, honest opinions, and thoughtful deliberation to this research venture. Your willingness to engage in this dialogue has made richer my understanding of therapeutic theatre and the clinician's function as director. I truly appreciate it.

My clients:

Thank you for sharing your boldness, your truths, and your beautiful insights.

Coral:

My kitty- Thank you for your solidarity. Petting you and receiving cuddles while I typed away these past two years has gotten me through. You are a special little lady.

Mom and Dad:

Your unwavering support, faith in me, and encouragement to pursue my dreams has made all the difference. You have been the ultimate models of empathy, creativity, love, work, and play. Love you both dearly.

Michelle:

My sibling, my Sistaa, my forever friend, my partner-in-crime. Thank you for going with me on this journey. Your courage, support, sense of humor, and profound love are amazing and have given me strength. My little sister, you have a big, amazing impact on my life.

Adam Kaynan:

My husband. Traveling with you through this life of ours is my favorite thing. Your kindness is moving, your playfulness is nourishing, and your thirst for knowledge is motivating. Thank you for being my loyal, passionate partner and for helping me through one of the most transformative times in my life. Here's to our *life less ordinary*.

Table of Contents

Introduction

> *We must make the assumption that in the world of the play there are no accidents. Nothing occurs 'by chance', not even chance. In that case, nothing in the play is without significance. Correspondingly, the play asks us to focus upon it total awareness, to bring our attention and curiosity without the censorship of selective interpretation, 'good taste', or 'correct form'. Before making judgments, we must ask questions. This is the deepest meaning of the idea, often-repeated but little understood, that the study of art shows us how to live. (Fuchs, 2004, p. 6)*

Theatre has always been home to me. As far back as I can remember I was performing. Before I knew what to call it I was directing. Anytime company was over I took it as an opportunity to gather the other kids and shape a play for the adults. Theatre is how I have and continue to learn about others and myself.

I was a very intense child and often had trouble understanding and expressing myself. As a child diagnosed with chronic illness and the daughter of an oncologist, I understood mortality and danger in an intimate way. Playing roles in different scenarios gave me the opportunity to negotiate the high stakes of life and death. Directing the scenarios gave me an added pleasure: complete involvement in the dynamic world of the play and therefore deeper understanding of the world and my place within it.

Psychodrama, a therapeutic approach created by Moreno, calls the primary therapist the director. "The director as therapist observes, monitors and guides the protagonist's production" (Garcia & Buchanan, 2009, p. 408). Role Theory, another therapeutic approach, does not call the therapist the director but did draw a parallel between drama therapists and theatre directors. Landy (2008) described drama therapists' work as similar to directors because they need to

sustain "an empathic stance while encouraging clients to play out all of the evoked roles themselves" (p. 108). During an introductory course on Drama Therapy I made the same discovery. I observed and understood first-hand how my skills as a theatre director could serve me as a drama therapist. My work as a director involved a number of responsibilities. I had to immerse myself in the story so I could understand the full context. I had to be able to put myself in each of the characters' positions so I could better understand their perspectives and motivation for action. I also had to know the impact of each individual's actions on both the individuals and the rest of the people involved in the play. As I learned more about the work of a drama therapist I drew connections between those skills and how the therapist works to understand the individuals with whom they work and the larger system within which they each exist. My worldview as a director is the lens through which I looked as I started my training and work as a drama therapist.

Presenting stories that invite audiences to observe, reflect, and re-act was always my aim as a freelance stage director. I worked with actors to facilitate their respective role development, to explore different tactics in given scenes and to shape the overall story. Landy (1993) described role method as a process of invoking the role, naming the role, playing out the role, exploring alternative roles, reflecting on the process, then relating and integrating the role(s) into reality. This description mirrors my experience working with actors and audience members in the theatre and it also is an example of what Landy & Montgomery (2012) describe as *praxis*. In their book, *Theatre for Change,* Landy, together with Montgomery (2012) defined praxis as "a model of action-observation-reflection-re-action, where re-action points to change" (p. xvii). The clinician using role method uses the model of praxis to help raise clients' awareness, play

through issues, reflect on them and then integrate their discoveries into daily life. Fostering praxis and therefore change in clients is the work of a drama therapist.

I believe that applying theatre to incite change harkens back to theatre's roots. And yet, while studying applied theatre in Ireland at the start of my career as an M.A. candidate in the NYU drama therapy program, "I wondered if I was diverging from my work as a director of new plays in formal theatre settings in the U.S." (Harrison, 2013, p. 1). Questions I conceived in Ireland have been growing ever since: What are the differences between traditional theatre, applied theatre and therapeutic theatre? How is the role of director the same and different in each arena? I entered into the drama therapy program with these queries in mind and was delighted to find a unique experience that helped enrich my thoughts.

These questions were afforded the space to develop through my experience in the therapeutic theatre series at NYU. The Steinhardt Drama Therapy program is pioneering therapeutic theatre as a drama therapy treatment setting and approach. The *...As Performance* website (2015) explains the initiative as follows:

> This series investigates the nexus of Therapeutic Theater and Arts-based Research. Clinical drama therapists participate as artists, and artists explore a therapeutic process. Therapeutic Theater is presented as a primary process where need transforms into action. Productions are made possible by an ongoing grant from the Billy Rose Foundation. As Performance seeks to explore the aesthetic, therapeutic, and ethical issues embedded in the process of making theatre.

I eagerly jumped at the chance to fill the position of Production Stage Manager and was thrilled to also serve as Assistant Director on many of the productions. During my two years as an M.A. candidate in the program I have had the privilege of collaborating on six therapeutic theatre

shows as part of my internship experience. The NYU …*As Performance* website (2015) lists a complete production history that includes the six shows, discussed below, that I worked on during my tenure. Each of the six rehearsal processes challenged me to deepen the investigation I started in Ireland and to consider new issues begging to be explored as a result of my drama therapy training. Additional questions were raised during each show.

For example, during *Esmin: Four Years After*, there was a live video feed that taped, and projected onto the upstage screen, audience volunteers who disclosed personal experiences of workplace trauma. After each performance, a few of the audience volunteers identified me as a crewmember and asked me if they had been recorded. I assured them that the feed was live so indeed they were not filmed. I wondered about informed consent for audiences as each interaction occurred. The next show in that same season, *Guns As Performance*, depicted vulgar incidents that played at the edges of harm. There was a turbulent reaction in the academic community because some individuals felt triggered by that performance and unable to leave before it was over in a safe, supported way. I wondered how a director can shape a piece of therapeutic theatre that is provocative and leaves space for unassuming audience members who might need to withdraw upon discovering the intensity of provocation.

The following project, *Towards the Fear: An Exploration of Bullying, Social Combat, and Aggression*, demanded actors to stay closely related to the people they portrayed on stage. It was a verbatim theatre project, which required the actors to enact real individuals' stories and present them for an audience each night. Some nights this audience included the person, or people, the actors were portraying. On those nights the actors navigated performing authentic stories as well as meeting and hearing reactions from the people they portrayed. It left me pondering how a director can help shape an ethical portrayal and how a director can help the

actor live day in and day out with peoples' stories. I connected that responsibility with that of the therapist's, which is to embrace individuals' accounts of trauma and supervise budding clinicians to do the same.

The effects of trauma were evident in the play entitled *Borderline As Performance*. A woman affected by borderline personality disorder went on stage with her therapist where the two enacted their therapy and relational impact on each other. Throughout the process the woman living with borderline personality disorder increasingly teetered toward decompensating. Kilgannon (2014) wrote in *The New York Times* that "Her emotions have run so high that some rehearsals have stalled or even been canceled" (p. A27). Each rehearsal, leading up to opening and throughout the run, our production team (in other words our treatment team) carefully considered if this was exploitation or a therapeutic representation. It is a dialogue that continues to this day within our community and comes up in regards to many therapeutic theatre endeavors.

Another question that comes up often in therapeutic theatre is that of ownership. *Sex As Performance* involved students pairing with a playwright to create a script they directed around a topic of their choosing. This brought up questions of who owned the story and who was the client: the student director, the playwright, the cast, or some combination? The lack of clarity around these issues sparked discussions around staking out boundaries and structure in devised, collaborative work. I wondered about the director's sense of ownership when creating new work with clients. The final play on which I worked, *Must/Can't*, also emphasized the importance of outlining boundaries. More than once the individual playing the protagonist toyed with boundaries and made inappropriate comments to people in positions of less power.

Throughout my two years being a part of the *As Performance* series I have earmarked these questions, about the director's relationships to both the work and the involved parties, as ones to continue wrestling with in my own development. Now that I am embarking on my journey as a professional drama therapist it is even clearer to me why I am so attracted to the director role. Total immersion in the play production process invites me to explore human nature in a deeper way than if I was just one player in a bigger story. As director, I ingest that bigger story and the even larger context in which it was written. I consider what the story signifies to me and then I collaborate with others to make more meaning, which is then shared with audiences who intuit and project onto it their own meanings. I see this role as similar to that of therapist: immersing in the client's story and the larger context in which it occurred, collaborating with them to aid their meaning making process, and supporting their endeavor to bring this discovered meaning out of our sessions and into their broader world.

Given my view on the links between the roles of clinician and director and my interest in continuing to make theatre with clients as therapy, this study is focused on understanding the role of the director. My research question is: How is the phenomenon of clinician as director understood and practiced in the therapeutic theatre treatment setting of drama therapy?

Rationale

> *What do we, as practitioners, expect in return for our labours? Artistic satisfaction? The participants' acquisition of skills or abilities? Do we ask participants to adopt new ways of thinking or different political values? Do we expect them to change their behavior in particular ways? In turn, how far might our own perspectives alter as a result of the work?* (Nicholson, 2005, p. 167)

Drama therapists are increasingly at the helm of therapeutic theatre productions. Yet there remains a lack of research on clinicians' experiences in the role of director. If drama therapists function as directors in private treatment settings, as Landy (2008) stated, and within the process of making therapeutic theatre then it is imperative to examine what it means to be a director. Drama therapists interact with clients in a more intimate way within this treatment modality. Encounters are not within the private walls of a session room; they are within the context of a rehearsal. Clinicians are not in their one role as clinician; they are taking on an additional role as director. As Nicholson (2005) suggests, clinicians are asking their clients to engage in a different way with them; expectations are distinctive from isolated meetings. Anticipations are also different for the clinicians as they are more visible within the role of director; their work with clients is revealed from behind closed doors and performed for audiences. There needs to be further clarification around this phenomenon of clinician as director so practitioners can more fully understand the many forces at work in this unique therapeutic modality.

Theatre directors have as many styles and methods of working as do therapists. The connective thread between them is that they are at the helm of a process. Therapists are considered leaders of a process as they collaborate with their clients to cultivate a vision of health. So, what is the role of the individual who is facilitating a theatre-making process as the client's therapeutic process? What is the role of the individual who is both the clinician and director in therapeutic theatre?

Therapeutic theatre is crafted in a different way than commercial theatre, though both are presented in public spheres. Therapeutic theatre's applications are deep, sensitive, and pointed. This method of working with clients is becoming increasingly popular, as the field of drama

therapy enters a chapter of artistic reclamation. Dintino (February 3, 2015, personal communication) has spoken about the tendency of drama therapists to disassociate from theatre when entering clinical settings in an effort to establish themselves as part of the medical model. She posits that since the medical community is now increasingly accepting of drama therapists and employment opportunities are growing, there is a revitalized desire within the field to reconnect with theatrical roots.

Part of that effort to reconnect with the theatre has included inviting clients into the creative space. Practitioners are using the process of theatre making and presentation as therapy. The work is stimulating, precarious, and has the potential to make a large impact on the performers as well as the production teams and audiences. Research on the effects of theatre as therapy with clients has been established and is growing. Scholars have also written about the potential impact this type of therapy can have on audiences. However, there is not yet a comprehensive study focusing solely on the drama therapist as therapeutic theatre director. This space is an experimental one that everyone is in: client, drama therapist, audience, production team, institution, and larger community. "What remains to be explored is the larger system of relationships that influence these presentations of self and the struggles they represent" (Sajnani, 2012, p. 15). Studies centering on the therapeutic theatre frontier are predominantly case narratives, suggesting a lack of clarity around the function of clinician as director of therapeutic theatre nestled within and across systems.

Drama therapists are directing therapeutic theatre processes in settings as varied as academia to inpatient. Entering into these locations requires that a practitioner hear and work with the agendas of all parties involved, including their own. This inquiry is a journey toward

understanding how practitioners understand their role amidst involved parties so the field can more specifically train budding clinicians to employ the role of director within diverse systems.

Review of the Relevant Literature

It is important to first understand the healing roots of drama in order to understand the phenomenon of clinician as director within drama therapy and therapeutic theatre. Once a brief history of drama's healing applications is outlined, drama therapy will be defined. It is necessary to understand that term before introducing therapeutic theatre as a treatment modality within the field of drama therapy. Given the rationale for this study, the relational aesthetics of drama therapy and therapeutic theatre will be discussed as a way to introduce the role of director as an individual within a system of relationships.

Healing Applications of Drama as the Basis of Drama Therapy

"By becoming who we are not, we become more of who we are and who we can be as individual, social, and spiritual beings" (Landy & Montgomery, 2012, p. 167).

Drama itself is impermanent; it is a shared experience that has a specific location, start time, and duration. Its fleeting quality is precisely what makes it ripe for exploring humanity's transient nature.

> Theater exists to allow you to sense fleeting moments of your life. As a rule, this is only possible in the pauses, in the moments of quiet repose when nothing happens. Only then does real time merge with stage time. That is when you, the spectator, suddenly begin to feel the seconds of your life ticking away. (Ginkas, 2003, p. 2)

As the seconds tick away in theatre, as in life, people can't help but recall fond memories of past selves, future dreams and projections, and previous or ongoing trauma. Performance serves as an intervention for healing individuals by helping them imagine and transform traumatic material into material they can tolerate and eventually master. This section provides examples of how

performance has been used to transform, which serves as framework for the basis of drama therapy, the therapeutic theatre treatment setting, and the role of director.

Krysztof Wodiczko is a current public artist whose artistic interventions serve to heal and transform seemingly insignificant materials into purposeful designs. Recently, he designed modes of transportation and communication for the homeless population as art, performance, and function. His creations, such as the *Homeless Vehicle* were designed with and for homeless individuals living in New York. The *Homeless Vehicle* is "A modified shopping cart that facilitates refundable bottle and can collection, it also provides temporary shelter" (Chavoya, 2004, p. 26). It was meant to deliver durable sanctuary for the homeless while simultaneously drawing attention to the condition of homelessness as individuals performed using it in the streets (Chavoya, 2004). He recognized this community's need for attention and repair. In the book, *The Interventionists,* Chavoya (2004), wrote:

> Wodiczko coined the term 'Interrogative Design' to describe these works, which identify and heal social injuries. He compares them to bandages, because they not only draw attention to a wound (in this case a social wound) but also work towards healing it. (p. 25)

His "bandages" worked in the same way that Landy and Montgomery (2012) described the process of change: "Change concerns two basic processes: awareness and action" (p. xx). Wodiczko's creations drew attention and motivated action for helping the homeless population. The ritual of using these multifaceted vehicles was aimed at making life easier for individuals living a nomadic existence.

Whether existing as a wanderer or in the comforts of a stable home, performance has always aided those in suffering. Temples created as healing sites were found next to theatres in

ancient Greece and Turkey as plays were considered part of the treatment process for the ill (Landy & Montgomery, 2012). Attending theatre was seen as necessary for those in distress. "As part of the healing, the patients were required to witness performances and sometimes participate as actors in the Chorus" (Landy & Montgomery, 2012, p. 168). Witnessing actors play out stories on the stage afforded these individuals a space to project their woes and work through them. Participating in the performance invited individuals to have even deeper, embodied experiences of playing with their issues so as to foster new connections. "In the Asclepion at Delphi, the theatre stands between the temple and the sports stadium, implying that theatre is the link between the body and the spirit" (Landy & Montgomery, 2012, p. 168). By prescribing individuals with an embodied, dramatic experience, ancient Greeks summoned their patients to generate new understanding around the relationship between their physical and emotional ailments.

The term *drama* comes from the Greek word meaning action, or a thing done, which Moreno (1946) uses in his definition of *psychodrama*: "a thing done to and with the psyche, the psyche in action" (p. 12). Moreno developed psychodrama in an effort to use the community of theatregoers as the actors in a drama for healing purposes. He would cast the play by first finding a protagonist from the audience. "Protagonist means the man in a frenzy, a madman. A theatre for psychodrama is thus theatre of the madman, an audience of madmen looks at one of them, living out his life on stage" (Moreno, 1946, p. 12). Moreno revived this form of therapeutic treatment that the Greeks used in the classical era at Asclepion at Delphi and made it his own. He never had actors pre-cast as the Greeks did in their time. "The audience was my cast, the people in the audience were like a thousand unconscious playwrights" (Moreno, 1946, p. 1). He went straight to the audience in search of both disorder and healing sustenance. He

linked their bodies and spirits together in the theatre. Moreno also took to peoples' homes and to the streets to reach wider audiences and make his psychodramatic form even more accessible.

"For many this form is a precursor and thus source of Drama Therapy" (Landy & Montgomery, 2012, p. 172). Psychodrama is one of many approaches that has informed the theory and practice of *drama therapy*. Landy and Montgomery (2012), define drama therapy as a subset of Theatre for Change and as "a hybrid in that it integrates drama/theatre and psychotherapy" (p. 172). Integrating these two disciplines is a natural parallel to linking the body and the spirit in an effort to create metamorphosis. Theatre and therapy are both aimed at change. Change is linked to healing, and the performance process in drama therapy leads to change, which promotes the integration of life's contradictions (R. J. Landy, MPADT-GE.2114, September 6, 2013). Disorder surfaces and symptoms flare when an individual is no longer able to hold contradictions together. "The discovery of our life stories, and the communication of these stories via performance—in which personal, social, or cultural truths are revealed—propel us toward wholeness" (Emunah, 1994, p. 252). Drama therapy offers clients the opportunity to play with their incongruent parts in an effort to create harmony from the dissonance.

The field of drama therapy consciously integrated the seemingly dissonant fields of psychology and theatre. Combining them has proven to bring about a harmonious and symbiotic relationship, which bears great fruit for many populations in both private and public treatment settings. The very public treatment setting of therapeutic theatre is being employed more often requiring drama therapists to step into a more visible role and contend with more complex relational dynamics. Clinician's are more undoubtedly in the role of director in this treatment space. In order to understand more about the role of director in this treatment setting it is first essential to examine and understand therapeutic theatre.

Therapeutic Theatre as Treatment Setting in Drama Therapy

> *Perhaps I love the theater and make it because in it the games of life are not quite as dangerous. Here you do not have to 'kill the old pawnbroker' as Raskolnikov does in* Crime & Punishment, *you can just play at it while still learning something about yourself and people. It is only a game. And yet…I play a serious game and I demand total devotion from the participants. I want playing and watching to be as dangerous as falling off a cliff so that, later, when you are rescued, you feel a sense of life returning to you. (Ginkas, 2003, p. 2)*

Most individuals studied theatre before entering their drama therapy training (Landy & Montgomery, 2012). Landy and Montgomery (2012) reported that most continue to study theatre as part of their clinical education. They further wrote that drama therapy instruction "is about learning how to integrate an aesthetic process and a therapeutic one" (Landy & Montgomery, 2012, p. 174). It is imperative that both training and practicing drama therapists continue to immerse themselves in the study of aesthetics. Making theatre with clients, whether in a private session, hospital setting, or public is the work of drama therapists. Taking theatre created with clients into the public sphere is a form of treatment, called *therapeutic theatre,* which is gaining traction within the field of drama therapy. Though there are numerous practitioners pioneering this treatment method there are only three direct and explicit definitions of the term therapeutic theatre (Landy & Montgomery, 2012). This section outlines those three definitions then proceeds to a discussion of related terms for this method that either employ the word "therapeutic" or have been coined by drama therapists.

The first definition came with the emergence of the term *therapeutic theatre* from Iljine at the beginning of the 1900's (Jones, 1996). Living and working in Russia, Iljine was

influenced by Stanislavski who was acting and directing at the time. "Stanislavski attempted to develop intuitive actors, open to dynamics of the unconscious" (Landy, 2008, p. 102). Iljine saw the innate connection between theatre and psychology. He was also influenced by psychoanalytic theory coming out of Europe. His integration of the two fields enabled him to create what he referred to as therapeutic theatre. "Iljine describes Therapeutic Theatre as trying to combine sciences such as biology and medicine with the humanities, music, and theatre" (Jones, 1996, p. 57). His approach consisted of three segments: discovering the issues, performing them, and then reflecting.

Snow, D'Amico and Tanguay (2003) also prize those three segments as part of the therapeutic theatre process. Their definition of therapeutic theatre is "the employment of theatrical performance as a method of therapy" (p. 73). They described this method as a domain, which requires the following components:

> a play *must be developed with therapeutic intentions and goal-setting; be facilitated by a therapist skilled in drama or a drama therapist; and be brought to culmination in a performance for a community beyond the social sphere of the therapeutic group, itself.* And, finally, another extremely important requirement must be added: that there be *post-production processing by the group to deal with all the issues that have been provoked and evoked by the performance experience.* (Snow, D'Amico, Tanguay, 2003, p. 75)

The requirement for this process to be lead by a clinician with theatre training or a drama therapist is an advance they made in the definition of therapeutic theatre. They further strengthened the characterization of the term by requiring the clinician at the helm to set an intention with and for the individual or group client(s).

Landy and Montgomery (2012), did not specify who is at the helm in their definition but they did sustain the three segment process. They outlined therapeutic theatre as

> A form of theatre production by, with and for a particular population in need of expressing their issues and sharing them with a group. A process of research and rehearsal precedes the performance, and a process of reflection follows the performance. Groups associated with therapeutic performance include war vets, addicts, developmentally disabled people and mentally ill people, among many others. (p. 258)

Their definition supports their predecessors' classifications and advances the meaning by including research as part of the first segment. Iljine, as mentioned earlier, wrote that the first segment consists of identifying issues. Landy & Montgomery (2012) built upon the concept of identifying issues by grounding it in a process of inquiry.

Most practitioners writing about their work making theatre with clients refer to it with a different yet related term, describe components of its practice, or explain its essential values and potential impacts. Consequently, in developing a thorough definition of therapeutic theatre, the related terms for this method that are included either use the word "therapeutic" or have been created by drama therapists.

Emunah (2015) recognized the amount of terms that exist to describe this particular modality and concluded that there is an understanding between practitioners that "therapeutic theatre refers to performances by a group of people who share similar issues or are considered part of the same so-called 'special' (and often marginalized) 'population' (terms that may also warrant reconsideration" (p. 72). She further wrote that drama therapists or theatre artists are usually the directors, that the plays are not always constructed from true life, and that the script can either already be in existence or be devised (Emunah, 2015). Emunah's analysis of

therapeutic theatre is juxtaposed to her writing about the method she developed called *self-revelatory performance*.

Emunah (2015) argued that therapeutic theatre pieces "offer a sense of creative mastery and achievement, even victory, though the content of the pieces is not aimed at tackling and healing core issues, as in Self-Revs" (p. 72). Her declaration that therapeutic theatre is not aimed at targeting and treating central concerns is in direct opposition to Snow, D'Amico and Tanguay (2003) who, as stated earlier, necessitate the need to set a therapeutic goal and work toward and with that goal. Emunah (1994) defined self-rev performance as a process where group members convert intimate experiences into theatrical designs.

> The aesthetic component is primary rather than secondary and the final scenes (which are in a sense *products*, compared to the process-oriented improvisations that typically occur in the drama therapy session) are performed within a clearly established *theatrical space*. The performance may be simply in front of the group or to an outside audience…(Emunah, 1994, p. 224)

Emunah (1994) used this definition to differentiate self-rev from autobiographical theatre, which she described as lower in risk because the issues are not current as they are in self-rev.

Pendzik (2013) used a similar definition to Emunah's (1994) for the term *autobiographical performance*:

> Autobiographical therapeutic theatre is a particular form of drama therapy, which involves the development of a play or performance based on personal material, to be presented in front of an audience – all this, with a therapeutic aim in mind. (p. 4)

She made it clear that the performance in front of the audience is also known as a product and that both the process and product have equal therapeutic value in autobiographical theatre (Pendzik, 2013).

Moreno (1946) does not differentiate between past and present, and fantasy, the way Emunah (1994) does in her definition of therapeutic theatre and self-rev. Moreno (1946) believed that "…in the therapeutic theatre reality and illusion are one" (p. 27). He saw therapeutic theatre as a "place of birth" and viewed this place as where the experience of living is understood through depicting fantasy (Moreno, 1946, pp. 26-27). He differed from Pendzik (2013) and Emunah (1994) in that he did not view the performance as a product but instead as a stage in development.

> Given his beliefs on reality and illusion he wrote about his initial misgivings with theatre: Thus I was opposed to the theatre because of my extreme affirmation of life. My concern was that life should be as dynamic, intensive, comprehensive, beautiful, and resourceful as possible. No agency, not even the theatre, should rob it of any finality of grandeur, wisdom, or love. If there is anything worthwhile in the theatre, it is that we should make life more theatrical and intensive. (Moreno & Moreno, 1969, pp. 26-27)

Integrating reality and fantasy is how Moreno reconciled his life affirming beliefs with the power of his psychodramatic approach. He later called therapeutic theatre *the last theatre* to describe where "Life and psychodrama offset each other and go under in laughter" (Moreno, 1973, p. 91). Calling it the last theatre empowered his original sentiments that "every *true* second time is a liberation from the first" (Moreno, 1973, p. 91). The meaning of therapeutic theatre, according to Moreno (1973) was the gaining of liberation through enacting the first traumatic reality in a

second fantasy representation. Moreno (1973) saw therapeutic theatre as the second time, the final time, where fantasy and reality intersect to bring about change and healing.

Therapeutic theatre, as distilled from the above scholars, is the intersection of many elements: imagination and truth, psychology and theatre, private and public, and process and product. The meeting of these disparate components invokes the need for the clinician as director to navigate new and complex dynamics. These interactive dynamics are investigated further in the following section on relational aesthetics.

The Relational Aesthetics of Drama Therapy & Therapeutic Theatre

If it is conceivable that reality and fantasy intersect in therapeutic theatre, then it is not so hard to believe that there are a large amount of diverse individuals who intersect in drama therapy and therapeutic theatre. The multitude of relationships in this modality is evident and yet, as Sajnani (2012) pointed out, has not been extensively researched. This section provides a look at relational theory and the relational aesthetics of both drama therapy and therapeutic theatre. Further understanding of the relational dynamic sets up the phenomenon of clinician as director as an individual in relationship with many forces.

Nicolas Bourriaud coined the term *relational aesthetics* in 1998 to describe the work of contemporary artists. The Tate Modern's website (2015) wrote this of Bourriaud and relational aesthetics:

> He saw artists as facilitators rather than makers and regarded art as information exchanged between the artist and the viewers. The artist, in this sense, gives audiences access to power and the means to change the world.

In her essay, *Antagonism and Relational Aesthetics,* Bishop (2004) also wrote about the exchange between artists and audiences. She described relational aesthetics as "entirely beholden to the contingencies of its environment and audience" (Bishop, 2004, p. 54).

Bishop (2004) further wrote "relational art sets up situations in which viewers are not just addressed as a collective, social entity, but are actually given the wherewithal to create a community, however temporary or utopian this may be" (p. 54). Bishop (2004) criticized Bourriaud's relational aesthetics because she was concerned that "identifying what the structure of a relational art work *is* is no easy task, precisely because the work claims to be open-ended" (p. 63). The open-ended structure of this style of work was problematic to her as it presented issues with aesthetic evaluation and social issues taking precedence over production of 'good' art. She described Bourriaud's relational aesthetics as "a means of locating contemporary practice within the culture at large: relational art is seen as a direct response to the shifts from a goods to a service-based economy" (Bishop, 2004, p. 54).

> Seymour (2009) described the relationship of service in drama therapy as follows: Dramatherapy uses drama at the service of the client rather than expecting the client to serve the needs of the drama, though paradoxically it is through attention to the creation of the drama that the client becomes engaged in their own therapeutic process. (p. 31)

By relational aesthetic standards, Seymour described a service flow where aesthetics serves the client in drama therapy, which in turn serves the client's issues. This is just one of many relationships that exist in both drama therapy and therapeutic theatre treatment settings.

Bishop (2004), begged the question, "If relational art produces human relations, then the next logical question to ask is what *types* of relations are being produced, for whom, and why?" (Bishop, 2004, p. 65). In her article, *The Implicated Witness,* Sajnani (2012) discussed the

various relational forces at work in drama therapy and therapeutic theatre. She also expressed concern with the lack of relational exploration in these settings as stated earlier in the rationale section (Sajnani, 2012). Sajnani (2012) asserted, "The web of relationships represented in the audience and one stage reflects the extent to which the ripple effect of the performance may be felt" (p. 15). Both Sajnani (2012) and Bishop (2004) broaden the service flow Seymour introduces and challenge the field to consider the greater circle of involved forces as both part of the art making process and as the possibilities for impact.

It's been well established that therapeutic theatre is made across institutions, in both private and public arenas, for homogenous groups and for unpredictably diverse paying audience members. Sajnani (2012) addressed relational aesthetics in drama therapy and therapeutic theatre as an effort to bring awareness of the "opportunity to invite therapists, directors, decision makers, and others in the audiences to be seen and heard during the gathering and dispersal phases of the performance event" (p. 16). Sajnani (2012) offers that practitioners might think of establishing multiple ways of touching base with audience members as a way to help them process what they are witnessing and provide opportunities for accord.

European artist, professor, and researcher Katarzyna Zimna (2015) also emphasized the power artists have over influencing the experience of the participants. "The activity of the participants (players) occurs in response to the initial move made by the artist (a plot or setting proposed by the game master)" (p. 130). Her description of artists as game masters and participants as players suggested a live, dynamic exchange between parties. Zimna (2015) drew a distinction within the players' party of between being a spectator and an active participant. She described the relational exchanges between spectators and artists as follows:

> "All forms of participation, in different locations and in different contexts, can have different dynamics and meaning for the participants, and can be evaluated in different ways by spectators (critics, theorists, journalists, onlookers). It is almost impossible that the process or product of interaction represents exactly the same value, experience, feelings, or judgment to diverse groups of people in different places and moments of time, no matter how authoritarian the initial plan was." (Zimna, 2015, p. 130)

Zimna's argument attempts to answer Bishop's question of why and for whom certain types of relations are being produced through these artworks. Zimna's reasoning is that different relations are being produced, at different times, for different people, for different reasons.

The relational aesthetics of drama therapy and therapeutic theatre, then, seem to support a network of individuals coming into contact with each other at different times for different reasons and having varied impacts. The next section outlines the role of the director, which many describe as the link between all involved relations and facilitating all aesthetic decisions.

The Role of Director

"A director is not free of responsibilities – he is totally responsible – but he is not free of the process either, he is part of it" (Brook, 1968, p. 108).

Whether leading individual, group, or therapeutic theatre sessions the drama therapist is both the facilitator and a part of the development. Johnson (1992) defined drama therapists as playing a role when they are "participating with the client in the enactment" (p. 112). One of the many roles he outlines that drama therapists play is the role of the director. He defined a good director as an individual who "shows great empathy, and does not act 'directorial'. He or she is the manager of the playspace, and serves to protect it and facilitate transitions within it" (Johnson, 1992, p. 114). He claimed that the other roles drama therapists play include the

shaman, the side-coach, the witness or mirror, leader, and guide. The following theatre and drama therapy theorists describe the role of director as a combination of Johnson's roles as all are needed to sense and work with the inner lives of clients.

Drama therapists, as all therapists, perpetually sense the inner workings of their clients while simultaneously interpreting from their outsider position. López-Pedraza (2010) expressed this phenomenon of seeing the inner workings of clients. He conveyed the gratitude psychotherapists owe to alchemists for teaching them how to understand the language of the inner unconscious (López-Pedraza, 2010).

> This training in alchemy teaches us to be more or less able to understand a patient's series of alchemical dreams and to get used to the borderline from where we can see the other's psychic material. When we 'see' the material and can track down the symbols and images with some accuracy, we are already in psychotherapy (López-Pedraza, 2010, p. 29).

Living at the borderline is the key position for a therapist, López-Pedraza (2010) argued, as it is for the theatre director according to Brook (1968). It is through inhabiting this liminal space, both inside and outside the action, that the drama therapist functions as director.

Given that the drama therapist is both a part of the therapeutic theatre endeavor while accountable for it as the director, it is important to unpack the term *director*. Carra and Dean (1945) don't blame the masses for their obliviousness when it comes to defining the director's purpose since the director's influences are subtle and mostly indiscernible. Though the role of the director might be elusive, it has been in existence since ancient Greece when it was referred to as the *choragus*. This role was a guide for teaching the chorus their movement patterns and for translating the play's content into physicalizations and tempo (Carra & Dean, 1945). "The

□*horagus* had to fit the interpretive movement to the word, besides being reinforced and clarified, might connote a definite mood quality for the spectator" (Carra & Dean, 1945, p. 22). According to this definition, the □horagus served as a medium between players and audience. This early version of a director worked with the cast to interpret a concept from text into staging.

The development of theatre included the development of designers and eventually a production team. With those developments, the role of director also advanced. Ginkas (2003), furthered the idea of plays from just scripts and advanced the definition of director from just interpreter. He wrote:

> Theater is flesh despite its absolutely ethereal nature. Theatre is resilient. It breathes, it incites. Theater is not words, ideas, or problems. It is flesh. It is an independent being born of intercourse among the director, the actors, the designer, the playwright. It is born of the world and sound, of space and rhythm, of the interactions of objects and live people. It is flesh. With its own personality, its own manner of life, its own temperament. The director's job is to assist in the birthing of this living flesh. This is what real directors do" (Ginkas, 2003, p. 4).

Ginkas brought about the concept of the play as a living organism made through a series of relational interactions. A director works very differently on a living organism than they would on an inanimate text. His impulse to personify the play and value collaborative relationships speaks directly to his inclinations of life and theatre blending together.

Ginkas' impulse of this blending applied to his understanding of actors as well and his role as director in relationship to them. He wrote that actors are filled with neurotic paradoxes entreating to be worked on before they encounter audiences (Ginkas, 2003). He warns that if a director plans to work on these issues with the actors, then they must understand exactly what

that effort entails (Ginkas, 2003). "He must understand that, essentially, he will be poking an open wound. Moreover, he cannot do otherwise, for if there are no wounds, there is no actor" (Ginkas, 2003, p. 6). His blending of life and theatre translated over to blending of wounds and actor. Ginkas understood also that every director has his own pathological history and that he may suffer from it but can't analyze it on their own (Ginkas, 2003). This mental awareness Ginkas demonstrated hints at the transference and countertransference process described in psychology.

Brook (1968) also picked up on the transference and countertransference process that occurs between director and actors.

> A director dealing with elements that exist outside of himself can cheat himself into thinking his work more objective than it is. By his choice of exercises, even by the way he encourages the actor to find his own freedom, a director cannot help projecting his own state of mind on to the stage (Brook, 1968, p. 61).

His understanding of the role of director is to facilitate an inter-personal process. He, like Ginkas, saw the blending between life and art. This understanding served as a framework for how he defined the role of director as both a leader and a phony. "In a sense, the director is always an imposter, a guide at night who does not know the territory, and yet he has no choice- he must guide, learning the route as he goes" (Brook, 1968, p. 38).

Ginkas, through all of his pomp and circumstance, also admits to feeling deceitful. "This guy, the director, does not play anything himself, does not write anything himself, and what does he do? He enjoys success standing on their bodies! This guy is a usurper!" (Ginkas, 2003, p. 56). Brook likened this experience of authoritarianism to that of playing G-d. "It is a strange role,

that of the director: he does not ask to be God and yet his role implies it" (Brook, 1968, p. 38). According to Brook and Ginkas, the director is both an authentic and false leader.

Moreno (1946) viewed himself, and the director role, as akin to G-d in that "the last responsibility for the therapeutic value of the total production rests upon his shoulders" (p. 252). He asserted that the director has three functions: producer, chief therapist, and social analyst (Moreno, 1946). Moreno (1946) described the director as the "engineer and coordinator of production" in the producer role, as the agent for guiding and rousing a cathartic experience for actors and audiences in the chief therapist role, and as the interpreter of information being transmitted from audience volunteer performers in the social analyst role (p. 252). As social analyst, the director's purpose is to be "the empathizer who brings understanding and affirmation to the protagonist and group members" (Garcia & Buchanan, 2009, p. 408). As producer, the director is "responsible for the dramatic action that unfolds during the course of the group session" (Garcia & Buchanan, 2009, p. 408). Finally, as chief therapist, the director must "distinguish good therapy from adequate drama" and the director "observes, monitors and guides the protagonist's production" (Garcia & Buchanan, 2009, p. 409).

Moreno (1973) distinguished between when the director guides the production in traditional theatre versus therapeutic theatre, which he referred to here as theatre of spontaneity. "Whereas the director of the legitimate theatre has his main job in the rehearsal period up to the final rehearsal of a given play, the spontaneity director must execute his main job during the performance itself" (Moreno, 1973, p. 70). Garcia and Buchanan (2009) also said the director must work during the live event and further elaborated on the role of director:

> While the drama is unfolding the director must also assume the role of family therapist and mentally role reverse with each person from the protagonist's social network. The

> therapist structures the drama in such a way that all the characters in the drama become real, complex human beings rather than stereotypical projections of the protagonist. (Garcia & Buchanan, 2009, p. 409)

Moreno (1973) discussed this structure and how the director needs to be able to feel whether the tempo of it is too quick or too sluggish. The director must be aware at all times, always ready to make choices, and offer new significant concepts (Moreno, 1973). He argued that the director must know and share his internal influences and how they relate to the actors' needs (Moreno, 1946).

Anne Bogart shares personal influences and frameworks with her ensembles for them to work with as a way to simultaneously inhibit and free them in the process (Lampe, 1994). "Characteristic of her recipe is paradox. The external does not amplify the internal but coincides with it, possibly contradicting it" (Lampe, 1994, p. 37). Bogart uses incongruities to generate material. She combines

> choreographed movements improvisationally developed by the performers with conventional psychological character work. The performer-generated abstractions derived from daily behavior provide a container for performer-generated psychological life. (Lampe, 1994, p. 32)

Bogart employs the use of both existing psyche and spontaneous action to inform the play-making process.

Landy (1993) also believes in integration when it comes to play making, the director, and drama therapy. He wrote:

> In many ways, the therapist functions as a theatre director, attempting to help an actor find a way to connect personal experience with the demands of a scripted character. The

> main difference is that in theatre, the personal serves the fictional; in therapy, the fictional serves the personal. In a more integral, poetic sense, however, both serve each other, as art sometimes mirrors nature and nature sometimes mirrors art. (Landy, 1993, pp. 52-53)

Landy (1993) stated integration not only as goal for therapists and directors but for all people who suffer splits in today's world. His Role Theory and Role Method is built upon roles that conflict and inform one another in the same way he wrote about the interaction between art and nature.

Amidst the paradox and conflicting nature of art the director "is the container, the one who makes sure the performer is safe and the story remains truthful to the original intention" (NYU Drama Therapy Thesis Guide Supplement, 2013-2014, p. 8). The guide (2015) designated further responsibility for the director to lead the empathic and artistic process and "to make sure there is a universal message to the piece so the audience can have a role in the witnessing" (p. 9). Wiener (2009) described witnessing as part of the therapist's responsibility in Rehearsals for Growth (RfG). As an RfG therapist he "rotates between the role functions of Director, Side-coach, and Audience/Witness" (Weiner, 2009, p. 362). In his chapter he outlined the RfG approach in drama therapy work for couples therapy and described the therapist's position as director in the sessions (Weiner, 2009).

Weiner (2009) wrote that first he gets to know the couple's presenting issues. "Brief in-role enactments, played by client relationship members, are then staged at the direction of the therapist" (Weiner, 2009, p. 371). After the initial enactments the procedure is repeated "with clients and therapist co-constructing further dramatic enactments" (Weiner, 2009, p. 371). The collaborative model that Weiner (2009) promoted is due to his belief in bolstering the boundary around the couple's "intimacy so that they experience their connection as deeper than either has

with the therapist" (p. 370). His Family Systems Therapy approach influenced his belief that "A relationship is more than the sum of the individuals who participate in it" (Weiner, 2009, p. 357). Furthermore, the therapist as director is in relationship with the clients and therefore "a member of the treatment system" (Weiner, 2009, p. 359).

Since the clinician as director is a part of the treatment system it is imperative throughout the treatment process that the director "acquires an ongoing, growing knowledge of the rules and boundaries operating in the relationship, including those rules and boundaries outside the client's awareness" (Weiner, 2009, p. 359). The scope and boundaries of relationships are complex whether in one-to-one treatment, couples, or group. Garcia and Buchanan (2009) promoted the benefits of a group for the director:

> One of the great benefits to the psychodramatic group process is that more of the transference is projected onto the other group members and less is projected onto the director. However, in a one-to-one setting all the transference will be placed upon the director. (p. 417)

Regardless of individual, couples, or group work it is well established that the clinician as director is both inside of the process as a member of the treatment group as well as outside the process as facilitator.

Most drama therapists come from a background of being inside the process as an actor. They draw from their performance training as they work with clients. While that is unquestionably a valuable approach it is also important to consider the therapist's work from a director's lens. Scholars have written about their use of the role of director in individual, group, and therapeutic theatre treatment settings. It is important to integrate their research so drama therapists can better understand both the value in playing the role of director and how to play the

role in the diverse treatment settings within which they work. In order to understand more about the role of the director, it is essential to know more about where the concept of role comes from and the theories that inform this concept.

Theoretical Model

> *"A theory is more than a definition; it is a framework that supplies an orderly explanation of observed phenomena" (Freeland, 2001, p. xvii).*

This section provides the framework that informed this study. Social constructivist theory was referenced as it informed the belief that humans construct their own realities. Within these constructions the concept of role emerged and informed the development of role theory and role method in drama therapy. The role of director is informed by axiology as the director is constantly negotiating ethical and artistic decisions, as is the drama therapist. What follows is an explanation of these three theories and how they relate to the phenomenon of clinician as director.

Social Constructivism

> *Facts and events do not dictate conclusions; rather they carry meanings for us to discover. We are all constantly faced with alternatives, which we can explore if we choose, but in any case, we must assume responsibility for how we construe our worlds (Feist, Feist, Roberts, 2013, p. 557).*

"Constructivism is a philosophy that seeks to understand the ways that individuals and groups act upon the world through language, gesture, and symbolic action in order to construct their own realities" (Landy, 2008, p. 67). Social psychologists in the 1960's were apprehensive that people were incorrectly understood as being passive observers of the world around them rather than active builders of their world (Benson, Collin, Ginsburg, Grand, Lazyan, Weeks,

2012). Social constructivist theory put forth the concept that individuals both sense and create the world in which they live.

Gergen (1985) expanded on this concept when he wrote, "From the constructionist position the process of understanding is not automatically driven by the forces of nature, but is the result of an active, cooperative enterprise of persons in relationship" (p. 267). Social constructivists believe that there is both truth and the individual's understanding of that truth, which is understood through their experiences within the context of their relationships. In this sense, the world is understood from a subjective place. "In seeking objective truth (that which is true independent of subjective appraisal) the cognitive researcher thus denigrates the importance of the very process he or she seeks to elucidate" (Gergen, 1985, p. 269).

Social constructivist theory supports the fact that I, the researcher, am an individual with subjective viewpoints. I understand the world around me as a result of both perceiving and constructing meaning through my experiences and relationships. This knowledge serves as a scaffold upon which my research can stand. Branching out of the social constructivist theory comes role theory. Since the connective thread throughout this thesis is the role of the clinician/director in therapeutic theatre, the frame needed to be built with social constructivist theory to hold the differing constructs on the meaning of role and then more specifically, the meaning of the clinician/director role.

Role Theory

> *"As people take on and play out roles based in the events that make up their lives, they frame stories about themselves in role, which provide an understanding and give meaning to their existence" (Landy, 1993, p. 26).*

In his creation of Role Theory, Landy started with the assumption that humans are story-makers; that humans make stories that hold together all of their roles in order to make sense of their experiences (R. Landy, January 27, 2014, personal communication). His theory stems directly from the social constructivist movement and places the emphasis on roles as both constructs and a means for creating additional constructs. Landy (1993) argued that the "self becomes a social, and human beings build their identities on the basis of the ways they are seen by others" (p. 20). He went on to write that there is a better expression than *self* to describe this phenomenon. "The term role is more apt, as it addresses the dynamic and paradoxical nature of existence" (Landy, 1993, p. 22).

A role can only become wholly perceptible when it is performed (Landy, 1993). Thus, role theory is founded on the belief that everyday life is a performance. Existence is innately theatrical as it is filled with actions, such as entrances and exits, scene changes, and beginnings and endings. These actions are played out by individuals' in-role. "The relationship between action and role; however, is reciprocal. Role emerges as much from action as action does from role" (Landy, 2008, p. 103). Researching the role of clinician as director means also researching the actions of clinician as director. Hear practitioners describe their role as director will clarify the actions this role takes.

"Drama therapy is distinct among other forms of psychotherapy in that it proceeds through role. That is, both client and therapist take on and play out roles in order to help the client discover and/or recover the most functional role system" (Landy, 1993, p. 45). Role theory is important to this study for two reasons: 1) this study focuses on a treatment setting within drama therapy where roles are played out for the public and, 2) this study is centered on the role of clinician as director and the many existing interpretations of this role. Thus, role

theory is imperative as a framework for understanding the actions and perceptions of the clinician as director.

Axiology

> *"The axiology, or values, of a profession is a reflection of those of a society" (Fisher, Robertson, & Walter, 2007, p. 810).*

The profession of drama therapists engenders a constant navigating of art and ethics. The work is to generate art with their clients toward a healing aim out of the traumatic material that emerges in treatment. Taking that traumatic material into consideration it is the ethical duty of drama therapists to do no harm as they invite clients to play with the aesthetics of their life experiences. Schellekens (2007) argued that throughout history aesthetics has been considered a weak subject that does not contribute to peoples' understanding of how the earth and its inhabitants function. She wrote the book *Art and Morality* in order to change this perception and draw a link between aesthetic value and moral value. Schellekens (2007) wrote, "…given that moral and aesthetic value seem so firmly connected, and that the object of enquiry is notion of value (and our experience of it) in both cases, should we really draw a dividing line between them?" (p. 14).

In theatre it becomes even harder to draw that dividing line. With more parties at play there are more scenarios that require delicate navigating through this aesthetic and moral lens. Everything is amplified in the therapeutic theatre setting because it is being made public and the director bears at least some responsibility for what goes up on stage, if not most. "Because their patients' disorders are variably associated with an impairment of capacity for coherent narrative, psychiatrists are possessed of a significant power over their patients in their capacity to shape and reframe their patients' life stories" (Fisher, Robertson, & Walter, 2007, p. 811). The same

goes for drama therapists who are directing a therapeutic theatre performance that reframes their clients' life stories. There is an innate power dynamic that practitioners must be aware of when entering into this treatment setting in the role of director. In therapeutic theatre, sessions and rehearsals are sometimes considered one in the same. Thus, axiological theory provides a clear framework for how to analyze the phenomenon of clinician as director in therapeutic theatre.

The role of director is a concept that was constructed in ancient history and has developed through the ages. Also constructed and evolving in practice is the role of the clinician. Given that these roles have been constructed and are prone to change it is important that these theories provide the framework for this study because it took place in a particular context. In another context the findings would be entirely different as the roles of director and clinician would have different cultural influences during their construction. Using the constructivist, role, and axiology theories this study aimed at understanding the phenomenon of clinician as director according to current literature and interview findings to construct a new understanding of this role in the therapeutic theatre treatment setting.

Methodology

The purpose of this study was to hear directly from practitioners on how they understand and exercise the role of director. Therefore, it was imperative to speak with both therapeutic and applied theatre directors about how they view their work and issues they confront in their modality. As the study progressed it became evident that defining the role of director and outlining the ethical issues in therapeutic theatre are two different investigations. Since the University Committee on Activities Involving Human Subjects (UCAIHS) had already approved the questions it was imperative to continue asking each participant the same set of questions. The results section focuses in on only how interview subjects responded to defining therapeutic

theatre and the role of the director. This section outlines how this researcher sculpted this study from start to finish so that the decisions made throughout can be better understood. Limitations imposed on what was achieved will be discussed in a later section titled: Limitations.

What follows here is how participants were selected, what questions they were asked and why, and how the interviews were conducted and coded. Justifications for how this study was sculpted are also explained. It has been well established that the concept of role is a social construct and therefore people have different understandings of the construct and its functions. For this reason, it was this researcher's first impulse that it would be essential to interview many different people who identify with and have experience in the role of director.

Describing "the common meaning for several individuals of their *lived experience* of a concept or a phenomenon" is called a *phenomenological study* (Creswell, 2013, p. 76). This phenomenon of clinician as director was investigated through interviewing individuals who have directed either therapeutic theatre or applied theatre projects. Both types of projects were included in this study because of the inherent overlaps in these two arenas. Conversely, the differences between the two types of work have constantly been debated and byproducts of this research help draw further clarifications between the two domains.

Participants

Given this researcher's understanding of the links between applied theatre and therapeutic theatre the next step involved identifying appropriate participants to interview. This researcher found potential participants through drama therapy and applied theatre literature, colleague recommendations, and personal encounters with individuals' work. This type of sampling is referred to as snowball sampling. Creswell (2013) describes snowball sampling as a sampling approach in qualitative research that "identifies cases of interest from people who

know people who know what cases are information rich" (p. 158). Originally, 19 people were invited to participate: nine applied theatre artists and ten drama therapists. Seven individuals expressed their wish to abstain from participating, one of which introduced two other practitioners who were available to be interviewed. In the end, a total of 14 individuals agreed to participate: four applied theatre artists, seven drama therapists, and one lawyer for entertainment law and intellectual property.

Of the 14 individuals there were nine women and five men. Six of the participants worked in the New York metro area, two individuals practiced out of California, one worked in Nevada, one worked in Minnesota, two worked in Canada, one worked in the United Kingdom, and one worked in Israel. Three individuals had been practicing for eight years or under, while the rest have been working for at least ten years or more. Five of the drama therapists trained at New York University, three trained at California Institute of Integral Arts, and one of them trained at Concordia University.

Setting

Interviews took place where most convenient for the respective interview subjects. Three of them took place in-person at the participants' respective place of work. Four of them took place over the phone or Skype with both the researcher and participants' in their respective homes. One interview took place in-person in a private classroom on NYU campus. Five interviews took place over the phone or Skype with the researcher at home and the participants' at their respective places of work. The varied settings did change the nature of each interview, as did the time of day during which each interview took place. That said, this flexibility allowed for each of the individuals to participate in the study, which provided a more diverse sampling.

Ethical Considerations

NYU'S Committee on Activity's Involving Human Subjects evaluated the proposal for this study and deemed it appropriate for exemption. The sampling of research subjects was entirely comprised of professionals describing their area of expertise, which is what prompted the committee's decision. Proposed and utilized interview questions, invitation to potential participants and the consent form can all be found in the appendices A, B, and C. It was explained upfront to interview participants that they had the option of using a pseudonym and that all communication and interview records would be kept confidential. Before any interview was started these items were discussed and the participant signed the consent form. All of the interview subjects chose to disclose their full name.

Interviewing was a delicate process to negotiate as practitioners were asked questions that get at the core of their work in a setting with intrinsic power dynamics. Creswell (2013) wrote about the interview process and the inherent power structure that exists between the interviewer and the interviewee.

> The interview is a dialogue that is conducted one-way, provides information for the researcher, is based on the researcher's agenda, leads to the researcher's interpretations, and contains 'counter-control' elements by the interviewee who withholds information. (p. 173)

Knowing full well that these power dynamics were at play, participants were given information about the study upfront and they were told that they could ask to stop the recording at any time during the interview. Though Creswell (2013) acknowledged that these power dynamics can never fully be avoided he stated that researchers can be sensitive to them. Staying aware of these

dynamics guided this researcher toward behaving in a way that was intended to make participants feel comfortable and equal.

Guiding participants involved both action and observation. Creswell (2013) discussed the difference between a researcher who simply observes as a nonparticipant and one who does participate. "As a good qualitative researcher, you may change your role during an observation, such as starting as a nonparticipant and then moving into the participant role, or vice versa" (Creswell, 2013, p. 167). Each interview began with this researcher in a nonparticipant position simply asking the question and listening to and observing their responses. As the interview progressed this researcher took on more of the participant role and would ask interview subjects to elaborate on a concept they were raising. This was done for two reasons: 1) if they were raising a point not yet discussed in other interviews or, 2) if they were expressing a unique perspective on an established theme. Once participants began elaborating, this researcher transitioned back into the listener/observer role. This worked to demonstrate to the interviewee that this researcher was engaged, interested in what they were saying and collaborating with them during the interview. This sense of both collaboration and observing worked to diffuse tensions of power dynamics inherent in the interview arrangement.

Procedure

A semi-structured interview was conducted over Skype, by phone, and by email depending on what was preferred by each participant. The iPhone 6 Voice Memos application was used to record the in-person and Skype interviews. Call Recorder was the application used for recording phone interviews. The decision to use the phone and Skype was influenced by the ability to interview people who were not just locally based. This method allowed practitioners across the United States as well as in Israel and Canada to be reached and surveyed. Each

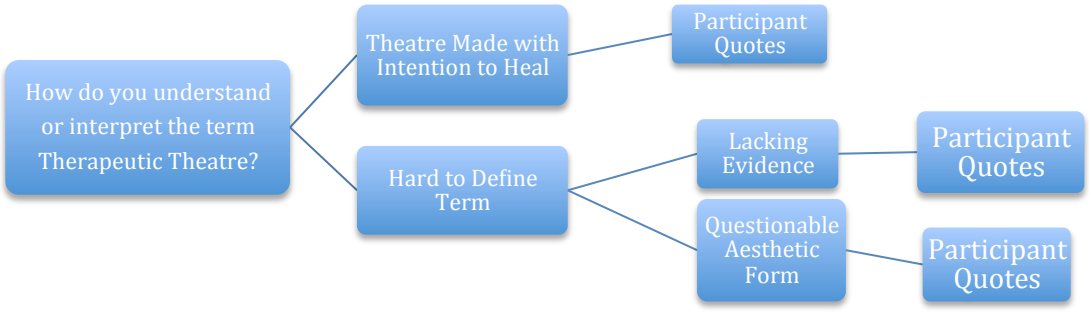
interview typically lasted between 20 and 60 minutes. All of the interviews were over a period of three consecutive weeks.

Data Analysis

Transcription and coding data began once all of the interviews were completed. Six documents were created, one for each question in the interview, and then interview subjects' responses were transcribed one response at a time across documents. "The process of *coding* involves aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code" (Creswell, 2013, p. 184). The interview questions served as inherent codes in the research. The first phase of coding involved transcribing participants' responses according to the question code. Following this action there were six code categories with thirteen different perspectives in each one. This was the first step in vetting the collected data.

The second step in the coding process involved searching each document for connected words, themes, and patterns. Once these subcategories were discovered and set, relevant quotes were transferred to each subcategory and it was ensured that each participant had at least one quote in response to the original overarching category. For instance, Figure 1 is a flow chart representing how data was coded for the inquiry of how participants understood or interpreted the term therapeutic theatre:

Fig. 1:



Using Fig. 1 as a reference, at least one quote from each participant was included in response to each of the remaining questions. But, not every participant had a quote to fit under each subcategory so participant's quotes were included when it was germane to the subcategory. It was important that each person's perspective be heard for each question so, following this method; every participant had at least one response cited for the overarching question but not one response per subcategory.

Each category and subcategory was presented for the first two interview questions on defining therapeutic theatre and describing the role of director. The following four questions were left out of the analysis of this study as their focus shifted away from the phenomenon of clinician as director and more onto the ethical issues the director contends with in therapeutic theatre. This researcher decided that those four remaining questions will be presented and discussed in a different study. For the purposes of this exploration it was more appropriate to present and discuss the data on therapeutic theatre as a set up for the main focus: the data on the phenomenon of clinician as director within that treatment space.

Once all of the data had been coded it became integral to store it in a safe space. Creswell (2013) expressed his astonishment at the lack of thought given to data storage in references about qualitative studies and his prediction that more consideration will be given to this as technologies continue to advance. A password protected external hard drive was used to store all of the interview material including scanned consent forms, email communication, and transcriptions. Hard copies of materials have been stored in a locked file cabinet to which this researcher is the only one who has access. These research materials will be stored for a minimum of three years as required by NYU's Institutional Review Boards for Human Research Participant Protections.

Results

The following results are the responses from the interview participants on the first two questions posed to them. The first question asked them to define or interpret the term *therapeutic theatre* and the second question asked them to define their role as director of applied theatre or therapeutic theatre depending upon the arena in which they worked. Before presenting their responses there will be a chart that provides a thumbnail sketch of each participant in order to give greater context to their responses. Then, the responses are presented categorically, one for each question. Within each question's category there are subcategories capturing striking themes that arose in participants' responses. Quotes from interview subjects will be placed in relation to thematic subcategory. For a visual of how this data is being presented, reference Fig. 1 within the Methodology section. Below, in Fig. 2, is a brief description of the interview participants who are listed alphabetically.

Fig. 2:

Jessica Asch	Drama therapist and director of Witness Theatre shows involving Holocaust survivors & high school students
Catherine Debon	Drama therapist, director of self-revelatory performances, and professor at CIIS
Cecilia Dintino	Drama therapist & Clinical Psychologist, professor at NYU, "Co-Founder & Co-Facilitator of DramaLab: a therapeutic performance company".[1]
Bryan Doerries	Artistic Director of Theatre of War: a theatre company presenting ancient plays of war and trauma "to military and civilian communities across the U.S. and Europe".[2]
Bonnie Harnden	Drama therapist, professor at Concordia, and director of therapeutic theatre
Michelle Hensley	Artistic Director of Ten Thousand Things: a company that "brings lively, intelligent theater to people with little access to the wealth of the arts".[3]
Mary LaFrance	IGT Professor of Intellectual Property Law at William S. Boyd School of Law, University of Nevada- Las Vegas and experiential theatre scholar
Dave Mowers	Drama therapist, professor at NYU, and producer of …*As Performance* therapeutic theatre series at NYU, directs plays in this series, too.

[1] Retrieved from: http://steinhardt.nyu.edu/music/dramatherapy/people/faculty/dintino
[2] Retrieved from: http://www.outsidethewirellc.com/projects/theater-of-war/overview
[3] Retrieved from: http://www.tenthousandthings.org

Susana Pendzik	Drama therapist, PhD, founder and member of Swiss Drama Therapy Association, director of autobiographical therapeutic theatre, professor at Tel-Hai Academic College
Sheila Rubin	Drama therapist, Licensed Marriage & Family Therapist, Somatic Therapist, director of self-revelatory performance, and professor at CIIS
Joe Salvatore	Clinical Associate Professor for the Program in Educational Theatre at NYU, playwright and director of applied theatre & community-engaged theatre projects.
Stephen Snow	Drama therapist, PhD, professor at Concordia, and director of therapeutic theatre
Jenny Velarde	Drama therapist and director of a Witness Theatre show involving Holocaust survivors & high school students

How do you understand or define the term *therapeutic theatre*?

Three out of the thirteen people I interviewed laughed as their immediate response to the question "How do you understand or interpret the term Therapeutic Theatre?". Four individuals expressed misgivings over pinning down one specific definition while the remaining ten individuals expressed their working definitions, some more fixed than others. Participants' understanding of therapeutic theatre gave way to two categories: 1) Theatre Made with the Intention to Heal and, 2) A Hard to Define Term. There were two subcategories within the section where participants reported therapeutic theatre as a hard to define term: A) Questionable Aesthetic Form and, B) Lacking Evidence. Below are the responses from interview subjects organized by category. A few participants' responses fell into more than one category and are therefore presented in more than one place.

Therapeutic theatre is theatre made with the intention to heal.

Eleven of the thirteen participants interpreted therapeutic theatre as a process of making theatre with the intention to heal. These participants each spoke about the use of theatre and performance modalities to help clients tackle a particular issue or set of issues. Some participants used the words *goal* or *result* instead of *intention* and others who fell into this category described therapeutic theatre as an integration of drama and psychology. The

overarching thematic interpretation from the following participants is that therapeutic theatre is a process that has a therapeutic goal.

Jenny Velarde defined therapeutic theatre as "a collaboration between…psychotherapy and theatre in terms of bringing together dramatic elements and…psychodynamic elements to create an environment that…reinforces and nurtures the healing process" (May 15, 2015, personal communication). Dave Mowers (June 2, 2015, personal communication), also described therapeutic theatre as theatre made with a healing objective. His definition of therapeutic theatre is "the creation and performance of a play for a public that's larger than the group concerned" and "is part of treatment in a therapeutic setting" (D. Mowers, June 2, 2015).

Mary LaFrance's description of therapeutic theatre considered the facilitator in the process. She explained therapeutic theatre as theatre that is "supervised by someone with…some sort of clinical psychology or counseling training, which is designed to…help people explore…feelings and experiences…with the goal of improving their emotional heath" (May 21, 2015, personal communication). Jessica Asch spoke about the goal of change as a means for improving emotional health. "I think for me that therapeutic theatre is the process of working towards…a transformation, which can be very, very small or big in the rehearsal space, in the creation of whatever we are creating, whatever we are rehearsing and then whatever we end up putting up that is shown and witnessed" (J. Asch, May 15, 2015, personal communication). "It is the process of exploring and unpacking a role and a story and stretching it out in a different way than you would when you're just creating a play" (J. Asch, May 15, 2015, personal communication). Asch described the process of creating therapeutic theatre as feeling

> like we're in a cave, in a cave mind and the director, who is the therapist, kind of has their hard hat on along with the client, who is the actor, and we are kind of digging in this

> mind cave together and we're spending way more time in the cave than we would be spending if it wasn't therapeutic theatre (May 15, 2015, personal communication).

Her distinction of therapeutic theatre is that there is an intention to truly explore the mind of the actor more closely than in traditional theatre.

Catherine Debon (June 1, 2015, personal communication) also said that the aim in therapeutic theatre is to explore, or in her word "search". She said, "Throughout the process and by the end of the process there will be some insight and even more important some shifts…throughout the process of building the theatre piece" (C. Debon, June 1, 2015, personal communication). Bonnie Harnden (June 1, 2015, personal communication), spoke of the shift that can happen in therapeutic theatre as "a healing component" that occurs "either in the doing or the watching or the combination of both". She conveyed therapeutic theatre as an activity of going in and coming out. Harnden spoke of the universal aspect inherent in therapeutic theatre and how

> in that universality as the performer is connecting to, say, a story about trauma, I think that the audience member also connects and goes through the kind of story with the performer and hopefully there's some kind of resolution or healing experience especially if it's…therapeutic theatre. So…there's that kind of going in and out, into something painful and then out to its resolution that I think is very inherent in therapeutic theatre. (B. Harnden, June 1, 2015, personal communication)

Harnden qualified this going in and out as "a resonating experience back and forth between audience member and performer" (B. Harnden, June 1, 2015, personal communication). She described the resonating phenomenon of therapeutic theatre as a conduit for all involved to connect to their own experiences. Harnden said this connection causes people to gain "pride in

their struggles" and feel as though "something is being transformed" (Harnden, June 1, 2015, personal communication). She added that therapeutic theatre is at its best when the director also experiences a change (B. Harnden, June 1, 2015, personal communication).

Stephen Snow also expressed that therapeutic theatre has a specific intention to heal and he further said that each project's intention is different from the next depending upon the involved participants. Snow defined therapeutic theatre as follows:

> Therapeutic theatre, like all drama therapy, has the intention to be therapeutic and to approach something systematically as being a therapeutic project and so, probably the biggest thing to define is that there are therapeutic goals for the participants…within the project there are therapeutic goals that are set, tracked during the project itself, and then…a closure process to…be able to really assess…what…the therapeutic meaning has been for the…participants involved (S. Snow, May 22, 2015, personal communication).

Snow is the only participant who added that there is an assessment piece following the performances as part of his definition of therapeutic theatre.

Sheila Rubin, defined therapeutic theatre as "using theatre modalities of performance…in a therapeutic way" (June 3, 2015, personal communication). She mentioned that there are different forms of therapeutic theatre and that she practices a form called *self-revelatory performance*. Rubin said that self-revelatory performance is the last phase of Renee Emunah's five-phase model where the participant shares their stories, or current life issues, "one on one with a director and those issues get processed through drama therapy processes" (June 3, 2015, personal communication). Rubin explained that eventually there are

> profoundly healing moments between the director and the student and then…the person does the last phase of the work and they're witnessed and something happens inside them

> while they're on stage telling their story that is profoundly healing and something happens in the hearts of the audience that can be deeply healing as well and everybody feels connected and universal themes are touched and…what has been therapeutic and kind of hidden in the office during the process is actually on the stage in a beautiful way…in a theatrical way…that offer distance, that offer beauty, that offer perspective…and make it incredibly…inviting to the audience and heart wrenching to the audience to watch somebody go through their transformation. (S. Rubin, June 3, 2015, personal communication)

According to Rubin there is a therapeutic element to both the process and the final presented creation. Susana Pendzik also professed, "both the process and the product have a therapeutic component to it" (May 22, 2015, personal communication). She defined therapeutic theatre as "making theatre as a therapeutic tool" (S. Pendzik, May 22, 2015, personal communication).

Salvatore's first response was that this was an interesting question "because I supposedly did a piece of therapeutic theatre but I never would have thought that" (May 15, 2015, personal communication). He voiced his comprehension of therapeutic theatre as making a piece of theatre where "someone involved, either the maker, the performer, or the audience member is having a therapeutic result as a result of experiencing the creation or the final product" (J. Salvatore, May 15, 2015, personal communication). That said, he expressed more of his sentiments about the term therapeutic theatre in the below category. Cecilia Dintino also fell into this category and the one below. She defined therapeutic theatre as "using the art, the ancient art form of theatre…to effect therapeutic…results" (C. Dintino, May 22, 2015, personal communication). The term therapeutic is a constantly developing term for her that she outlined as "a very wide, wide net all the way to the therapeutic value of just being together as a

group…all the way to more discrete notions of…behavioral change" (C. Dintino, May 22, 2015, personal communication). Both Salvatore and Dintino stated that therapeutic theatre is a process of making theatre for healing and yet both also fell into the below category due to their expressions of the complications around defining this term.

The quotes that fell into this category express an understanding of therapeutic theatre as process driven and that a trained clinician is at the helm of the endeavor. Participants described therapeutic theatre as a form that stands apart from traditional theatre and yet uses all of the modalities found in traditional theatre.

A Hard to Define term.

The following four participants felt therapeutic theatre used theatrical modalities in the process and in the presentation but not with the same aesthetic quality seen in traditional theatre productions. Overall, participants in this category found the term, therapeutic theatre, difficult to define. Two subcategories presented themselves within this category: therapeutic theatre as an excuse for poor aesthetic quality and there is not enough information about it to establish it as a concrete, clear genre of its own accord.

Therapeutic theatre is a questionable aesthetic form. There were two participants who spoke specifically to the aesthetics of therapeutic theatre as potentially weak compared to traditional theatre. The overall theme of this section was that participants understood therapeutic theatre as focusing on participants' issues at the expense of creating a quality theatre production. One participant also expressed trepidation about the innate power dynamic she interpreted from the term therapeutic theatre that influenced poor aesthetic choices in this type of work.

Michelle Hensley immediately expressed doubt in relation to therapeutic theatre as a modality:

> It raises my hassles [sic] a little but…I can imagine how you can do theatre exercises that could help people with problems that they may have. If you're doing a play with the expressed intention of helping people then I think it will be bad theatre…because there will be a condescension involved (May 22, 2015, personal communication).

She went on to say that she thinks theatre is best when it asks questions and that therapeutic theatre asserts a know-it-all attitude, claiming to have answers to problems. Hensley said, "So by saying 'This is therapeutic theatre, we can help you', to me what I hear is 'We have answers to some problems' and I don't think good theatre happens that way (M. Hensley, May 22, 2015, personal communication).

Joe Salvatore also articulated concerns about the aesthetics of the therapeutic theatre form as well as for the term itself as causing an unnecessary divide:

> I feel like there's something about this, that these terms that we use to sort of box things and describe things, that I think are useful in academic contexts, but then ultimately, I don't know how useful they are, because I feel like it creates a separation around what we're doing, and I don't know whether we need to create a separation around what we're doing. In some ways, I think these terms sometimes set us up to allow for kinds of work to happen that…have aesthetics that I find shaky…meaning that, by calling it something other than theatre, it allows it to be less than. (J. Salvatore, May 15, 2015, personal communication)

The term therapeutic theatre is redundant according to Salvatore. When considering the word therapeutic he said, "it almost feels like it's just an adjective thrown in front of theatre and I think that that's what all theatre does" (May 15, 2015, personal communication).

Both Hensley and Salvatore spoke about the tension between the issues of a given community and the aesthetic needs of a quality production as in competition with each other. If one gets more attention, then the other suffers. Both participants pointed to aesthetic issues but for two different reasons: power dynamics and a hierarchy of needs from the community versus aesthetics needs of the play.

Therapeutic theatre lacks evidence. While the two participants in this section did not question the aesthetic value of this form of theatre they did question whether a definition was possible. Both individuals asserted belief in theatre to create change and simultaneously their wonderment at whether there is enough clarity around this work to define it. One participant expressed feeling that there is a lack of evidence supporting a clear and grounded definition of therapeutic theatre.

Bryan Doerries expressed misgivings about the term. "I am suspicious of anyone who makes sweeping claims about its power…because I don't think that there's a lot of evidence quite yet as to what exactly drama can and can't do" (B. Doerries, May 28, 2015, personal communication). He communicated his awareness of the field of drama therapy "obviously not in the main stream of clinical psychology but on its periphery" and his belief that "drama can be therapeutic" (B. Doerries, May 28, 2015, personal communication). That said he expressed that he is tentative to even call what he does with Theatre of War therapeutic so he, and his company members, refer to their work as "an awareness campaign, a public health campaign, and certainly in certain settings talk about how it may have therapeutic value" (B. Doerries, May 28, 2015, personal communication). Doerries stated his confidence in the power of theatre and at the same time remained cautious about making grand declarations without more evidence.

Dintino also expressed hesitation when it came to making a grand declaration of how to define therapeutic theatre. She offered a definition of therapeutic theatre above in the first subcategory and holds the belief that this type of work is therapeutic, but she added afterward that she questions the viability of having a fixed definition of therapeutic theatre. She described of therapeutic as evolving and so with it evolves her understanding of therapeutic theatre (C. Dintino, June 1, 2015, personal communication). This echoes what she expressed about drama therapists finding their way in this broad field and therefore her suspicions when anyone tries to put a pin in exactly what it is. "I just think that in all of our efforts to carve out our piece of the pie of what it is that it's still not the whole thing" (C. Dintino, June 1, 2015, personal communication). Dintino articulated her desire to keep the definition fluid as she evolves as a practitioner and as her work evolves with clients.

Dintino and Doerries both presented issues with arriving at a clear, fixed definition of therapeutic theatre. Dintino chose to commit to an open, developing landscape as opposed to grounding the term in one immovable explanation. Doerries also left the term open for clarifying as he expressed the need for more proof. All of the participants in these two subcategories felt that one definition was not possible due to uncertainties about this being a separate aesthetic form, innate power dynamics, and the difficulty in sifting out theatre from therapeutic because individuals see theatre as innately therapeutic.

The definitions that the interview subjects gave for therapeutic theatre are laid out with both clarity and ambiguity. No matter what category they fell into each participant did not hesitate to express the potential power of theatre. This interview question elicited both specific definitions and attempts to keep the definition vague and evolving. Paradoxical responses in this

section are echoed in the paradoxical relationships outlined below in the participant's descriptions of the director's role.

Describe your role as clinician/director in Therapeutic Theatre (as director in Applied Theatre)

Director as Relational

Both therapeutic theatre and applied theatre directors referred to themselves as a medium between the performance and the audience. Some said they were also a conduit between the performers and the piece of art. The overall category for all participants responses was that the role of director is relational. The subcategories include practitioners who likened the director's relationship with midwife, the director's relationship with client, audience, and greater community, and finally, the director's relationship with art and therapy.

The director's relationship with midwife. The midwife metaphor emerged in three different interviews with both applied and therapeutic theatre artists. The imagery of helping an individual birth their story was strong. The directors who used this metaphor as a framework for their practice mentioned the delicacy needed in exchanging artistic and therapeutic interventions.

"I look at myself as a midwife in helping the actors and the playwright bring the theatrical work to life in a way that can be…fully understood, appreciated, and engaged in by the audience" (M. Hensley, May 22, 2015, personal communication). Pendzik (May 22, 2015, personal communication) also defined the role of director as akin to the role of the midwife. Where the client is pregnant and the baby is the client's story, Pendzik described her role as follows: "I am really midwifing for someone else's birth, accompanying a person in this birth but it's not my baby" (May 22, 2015, personal communication). She explained the nuanced role of

the director as always negotiating what is theirs and what is the "mother's" or, in other words, the client's.

Rubin (June 3, 2015, personal communication) also views her role of director as a midwife.

> I'm the director and they are going through a birthing process and I am holding the womb, which is my office, and I am trying very hard to hold that really carefully so that they can be held enough in this process so that this gestation starts to happen and this birthing starts to happen and they start doing this process and…at some point in this process they need more than just me on the other side…we need the other actors, we need the production crew, we need the stage, eventually we need the audience. (S. Rubin, June 3, 2015, personal communication)

Rubin's depiction of the director includes not only the process of midwifery but also of understanding when the client needs more production support and audience members in addition to the midwife. Additional relationships and the significance of relationships were outlined by other practitioners and are discussed in the following section.

The director's relationship with clients, audience and greater community. The practitioners whose responses fell in this category expressed that the role of director was multi-dimensional and depended on both environmental circumstances and internal intentions. The underlying theme communicated was that the role of director is interpersonal and serves diverse purposes depending upon the community for whom they are serving.

Pendzik (May 22, 2015, personal communication) argued that there are at least three different types of therapeutic theatre and that the role of director interacts and functions differently in each of these forms. In therapeutic theatre that uses an existing play Pendzik

maintained, “you may be more inclined to be a theatre director” because “this is not your play, not her play” (S. Pendzik, May 22, 2015, personal communication). Since neither the director nor client wrote the play, issues over ownership and control are diffused and roles are clearer. The role of director becomes more opaque, she said, when the group devises the piece because there is not one obvious writer (S. Pendzik, May 22, 2015, personal communication). She explained that the director needs to be more respectful when doing autobiographical work because it is the person’s own thing, akin to his or her own baby (S. Pendzik, May 22, 2015, personal communication). Therefore the phenomenon of clinician as director for Pendzik is “always interactional” and “always in negotiation”. (May 22, 2015, personal communication).

Doerries (May 28, 2015, personal communication) also saw his role of director as interpersonal. He added the translator, actor, and facilitator of the post-show discussion as sub-roles to his definition of director. “There’s no way to separate those roles from being a director in this context” (B. Doerries, May 28, 2015, personal communication). He translates ancient Greek plays into English and at times he acts on stage with the performers and directs their performance through how he provokes them in a scene. The part he claims as most significant is “taking the energy that’s been generated on stage and moving it out to the audience, putting the audience at ease, and creating…the conditions for people to really come forth and bare witness to what they thought was truthful in the performance” (B. Doerries, May 28, 2015, personal communication).

His view is that the director needs to understand for whom they are telling the story and what issues the audience will need to discuss, “…so everything that we do is toward creating conditions that wouldn’t have happened otherwise and in many ways the real performance that’s being directed and facilitated is the discussion” (B. Doerries, May 28, 2015, personal

communication). Doerries described the entire event from script reading to discussion with the audience, and community at large, as the performance, as "one holistic communal experience of theatre" (May 28, 2015, personal communication).

> And if the event is successful, then…I sort of fade away and the community comes together and takes ownership of it and moves in its own set of directions and then my role…is just to keep things from getting stuck in one single holding pattern. (B. Doerries, May 28, 2015, personal communication)

Joe Salvatore also discussed the importance of community as an influence to his role as director of applied theatre. He recognized the amount of politics that are present in an applied theatre project and his belief that the director cannot simply make choices just because they want it a certain way (J. Salvatore, May 15, 2015, personal communication).

He framed the method of directing applied theatre as one that requires, "a lot of generosity, a lot of openness, a lot of inquiry into…how they feel about these choices…but also being clear that I'm the one that's going to make the choices" (J. Salvatore, May 15, 2015, personal communication). "I might be coming into a community as an outsider and part of that outsiderness [sic] needs to be, people need to be reassured that I'm not there for…sketchy reasons, or to make something off the community" (J. Salvatore, May 15, 2015, personal communication). Salvatore (May 28, 2015, personal communication) explained this encounter between outsider and community as a negotiation. "I think people in the United States right now find very easy ways to feel oppressed so my job is to create a space where that's not happening" (J. Salvatore, May 28, 2015, personal communication). Hensley (May 22, 2015, personal communication) also articulated the importance of distributing power and saw this as the director's responsibility. "One of my most important roles as director is to be an advocate for the

audience…in terms of making sure I imagine they can be engaged during every single moment of the play". Both Hensley and Salvatore stressed the importance of creating space for the community in which they are working signaling the relationship between director and community.

Harnden (June 1, 2015, personal communication) also talked about creating a space for the participants and audience, which she referred to as a container. Harnden (June 1, 2015, personal communication) is interested in how the director can create an experience of theatre that resides in the body for actors, audiences, and for the director. The director is the one who takes everyone into the process of grappling with something, physicalizing it, and then resurfacing (B. Harnden, June 1, 2015, personal communication). She believes the strength of therapeutic theatre is that it has the ability to open people up, forge connections, and represent to us what it means to be evolving and healing (B. Harnden, June 1, 2015, personal communication). Harnden (June 1, 2015, personal communication) believes it is her role as director "to push toward that". She asserted the importance of taking her own experience as both a clinician and a human and putting them into her work with clients (Harnden, June 1, 2015, personal communication). Harnden's (June 1, 2015, personal communication) assertion supports the concept that the clinician's relationship with his or her own lived experience will influence the direction of the process (Harnden, June 1, 2015, personal communication).

LaFrance (May 21, 2015, personal communication) understands the role of director in therapeutic theatre to be taken up by a clinician or licensed counselor who serves at least one function of finding ways to reduce the risk of harm throughout the process and amidst public viewing. Debon (June 1, 2015, personal communication) said often times she directs a process during which time her client is also seeing an outside clinician. Her view of the role of director

is to work in collaboration with the student protagonist, his or her outside therapist when there is one, and the California Institute of Integral Studies to create a containing space and help craft the performance (C. Debon, June 1, 2015, personal communication). She described her directorial process as a joint endeavor with many different involved parties.

The role of director for Dintino is also about collaborating and about staying inside of the process. "I see myself as most fertile as a director in a process…when I'm…collaboratively working with the group" (C. Dintino, June 1, 2015, personal communication). She called this type of directing "leading from behind" (C. Dintino, June 1, 2015, personal communication). Dintino (June 1, 2015, personal communication) defined leading from behind as holding both the facilitator role while honoring and following the impulses of her clients. She said she directs her therapeutic theatre ensembles the same way she leads group therapy: to figure out each individual's needs as well as the group as a whole's needs (Dintino, June 1, 2015, personal communication). "I'm really interested in…the clinician/director as someone who is not outside of the whole situation and more inside sort of sensing more what people need and letting people…direct themselves" (C. Dintino, June 1, 2015, personal communication).

The participants in this section viewed the director as nestled within the process. The numerous involved parties and their relationships were described as both in conflict with each other and as possibilities for new information. The following section moves away from peoples' relationships with each other and into the director's relationship with both art making and therapeutic treatment.

The director's relationship with art and therapy. Many other participants expressed the negotiation between artist and therapist as inherent in the role of director. Participants described the dichotomy in a few ways: using the metaphor of hats, describing impulses, and viewpoints.

The fundamental message of the following section is that the director must contend with both the forces of art and therapy.

"It's a multi-hatted role and it starts out with two hats: I'm the director and the drama therapist. A lot of the time I'm wearing both hats at the same time" (S. Rubin, June 3, 2015, personal communication). Rubin asserted that she wears the drama therapist hat more in the beginning of the work and as she moves into script building and staging she wears the director hat more (June 3, 2015, personal communication). She restated her sense of wearing both hats during the later phase as she asks the client what they need from the audience and what healing might be taking place (S. Rubin, June 3, 2015, personal communication).

Snow added another hat to his definition of director. Snow, like Rubin, mentioned the therapist and director hats and added that frequently he also wears the researcher hat when in this role (S. Snow, May 22, 2015). "Balancing those three hats can often be very complex, paradoxical, conflictual [sic]…especially…between artist and clinician" (S. Snow, May 22, 2015). He described his own desire to make art and how integrating his artistic impulse with his clinical impulse is a challenge because "sometimes they're so contradictory it's quite painful and leads you to places that start to feel…possibly unethical" (S. Snow, May 22, 2015). Cause for this conflicted position the director is in is because "the goals of art and the goals of therapy are quite different" (S. Snow, May 22, 2015).

Mowers (June 2, 2015, personal communication) also drew discrepancies between artistic and clinical approaches. He described the role of director as helping craft a performance (Mowers, June 2, 2015, personal communication). He instantly put the director role in front of the clinician role because it is a role in which he experiences more comfort (D. Mowers, June 2, 2015, personal communication).

> As a director working in the clinical space I am holding…two impulses and two responsibilities. One is to guide and support the completion of an artwork…but also as clinician I have this secondary impulse, which is to understand the presenting problems and concerns this group of people have come to me with and make sure that they're seeing change, progress, growth, or healing. I have to be careful to balance both impulses…to be working towards things that help them with the concerns that brought them to treatment and also to be protecting and enhancing the artwork they've agreed to make. (D. Mowers, June 2, 2015, personal communication)

The clinician and director have different impulses according to Mowers, which is similar to Snow's (May 22, 2015, personal communication) declaration that the goals of therapy and art are distinctive.

Mowers (June 2, 2015, personal communication) addressed these differences when he said that the two roles in relationship inform each other. He viewed the director's role as mediator for these two discrete impulses and that this mediation leads to creating work where the client "can be seen to be in charge of themselves and what's happening, in a way that the audience can accept and support" (D. Mowers, June 2, 2015, personal communication). Mowers' description of the role of director was in relation to client, artwork, and audience where the parties are distinct and yet influence each other.

Pendzik also accounted for the difference between art and therapy. She located the difference in that the director's:

> role is [sic] always like you have two eyes. One is like the therapeutic eye and one is the aesthetic eye. So you are always looking at the piece with both eyes, you know, looking at it with both eyes at the same time and you cannot really…forget the process, you

> cannot forget the product, you have to kind of hold on to both and look at the product in the context of the process. (S. Pendzik, May 22, 2015, personal communication)

Pendzik (May 22, 2015, personal communication) made clear the relationship between artist and therapist as well as the importance for the director to hold both with equal weight.

Asch (May 15, 2015, personal communication) also sees the two roles as very separate. "My director and drama therapist roles are often in conflict with each other and so I'm constantly negotiating what is more important at this moment" (J. Asch, May 15, 2015, personal communication). The delineation between drama therapist and director comes down to a spectrum of patience (J. Asch, May 15, 2015, personal communication). "The director in me feels a little more impatient…I want a good show…I want people to be on their A game…and then so the therapist in me is endlessly patient…doesn't care at all about the end product" (J. Asch, May 15, 2015, personal communication).

This concept that the director is stricter than the clinician also surfaced in Jenny Velarde's accounts.

> It's a role in which you are constantly in a state of this dance between…the discipline of theatre and…the…very clean cut structure of what theatre expects of its participants…as well as…the very spontaneous, very flexible role of the therapist where discipline goes out the window and rules go out the window, in some cases. (J. Velarde, May 15, 2015, personal communication)

She bridged the divide between clinician and director by knowing that she will not ever be able to have a written contract with herself to spell out actions (J. Velarde, May 15, 2015, personal communication). "It's about every moment making choices, being flexible, knowing when to

lean a little bit more to the director side, knowing when to lean a little bit more to the therapist side" (J. Velarde, May 15, 2015, personal communication).

All participants viewed therapy and theatre as two different entities often competing for the clinician as director's attention. The client, the play and the community are also entities that need different things from the director. Almost every interview subject discussed the experience of clinician as director as one that is in relationship to each of these entities and as constantly navigating and addressing the needs of all involved parties, including them.

Analysis

Therapeutic Theatre

There are core tenants of therapeutic theatre that are widely accepted based on present literature and responses from the interview participants. There are also points of contention that require further debate. This section joins the results from the interview participants with the review of current literature in order to manifest a clearer understanding of the therapeutic theatre treatment setting within drama therapy. Similarities and differences in participants' definitions are analyzed in an effort to surmise an emerging definition of the term therapeutic theatre. Fleshing out a complete picture of what therapeutic theatre is supports later analysis of how the clinician functions as director in this treatment setting.

The following list depicts what respondents agreed upon as components of therapeutic theatre. Assessments of these salient themes are found after the list.

- It is the integration of theatre and psychology.
- It is the making theatre with the intention to heal and transform involved participants.
- The performance is witnessed.
- There is a therapeutic component to both the process and performed product.

- The process includes three segments: research, performance, post-processing.
- It is made with personal material, existing material, or devised group material.

Therapeutic theatre's integration of theatre and psychology is an irrefutable fact. Theatre making with an intention to heal is innately an artistic exploration in theatre that is influenced by psychology and vice versa. Each interview participant discussed the marriage of these two modalities and more than one literary source included a drama therapy theorist or theatre theorist who wrote about the overlaps in drama and the psyche. In fact, as referenced in the review of current literature, the very first use of the term therapeutic theatre from Iljine is outlined as a mixing of the hard sciences with the softer arts (Jones, 1996). This means that the practice of therapeutic theatre is informed by multiple theories. Theatre and therapy intersect in this drama therapy approach and therefore it is imperative that practitioners of therapeutic theatre study both theatre theorists and psychologists. Establishing a dedication to a wide, deep, and continuing scope of inquiry will allow the therapeutic theatre director to choose specific methods in response to a given population's needs.

Employing particular methods in response to detailed needs supports the integration of theory toward creating a piece of theatre with a healing intention. Working with a goal in mind is another agreed upon core component of therapeutic theatre. Scholars and interview participants described healing as a change or transformation. The central agreement is that therapeutic theatre heals by transforming traumatic material into dramatic representation. Exploring what traumatic material needs to be played with and presented is where the healing intention of therapeutic theatre is born.

It is agreed upon by all that therapeutic theatre is presented in front of a group of witnesses. To whom therapeutic theatre is presented is a point of contention, which, will be

analyzed in further detail below where other differences in opinion are dissected. Given that therapeutic theatre is witnessed, it is an expressed belief by interview subjects and scholars alike that there is a therapeutic component to both the theatre making process and the performed, witnessed product. As reported earlier, Harnden (June 1, 2015, personal communication) believes that either watching or performing theatre can activate healing. This opinion was expressed by all respondents and was covered in the relevant literature thus confirming the therapeutic possibilities in both the process and the product.

More than one interviewee exercised the birthing metaphor to describe the structured container of the rehearsal process. The experimental nature of therapeutic theatre's rehearsal phase allows the participant to gestate and assimilate to playing with triggering material. Repetitive play with the traumatic material in their life provides the opportunity for the client to become desensitized and therefore more resilient when it comes to their triggers. There is an immense healing value in the process if the participant can become even slightly more comfortable in tolerating and reframing personal ills.

Birthing those experiences of trauma into a witnessed performance conjures a different type of therapeutic opportunity. More than one scholar and research participant pointed out the client's experience of validation in expressing their story and having it be witnessed. Performing the rehearsed product in front of an audience has therapeutic value for all involved: performer, director, and audience. Enacting their story in front of an audience can provide clients with validation over previous trauma, banish carried shame, and encourage creative resiliency. Witnessing the performance can afford audience members the chance to encounter their own histories of trauma and consequently, new understanding around how they can work to heal. In the best-case scenario, directors are open to the process in a way that allows them to also

experience a therapeutic benefit. A widely agreed upon sentiment of therapeutic theatre was that the director both leads the process and is a part of it. In that case, the director also stands to be moved by both the material and the experience of bringing their collaboration with the client to fruition in front the audience.

The significance of both the therapeutic theatre process and product supports another salient finding that therapeutic theatre has different segments. Specifically, researchers and interviewees described three segments: research, performance, and post-performance reflection. The research segment is dedicated to discovering the client(s) needs, determining the community context, and familiarizing with the aesthetic style necessary for shaping the treatment and the show. Cultural inquiry, literature on the concerning issues, and exposure to various artistic expressions and performances are all a part of researching. This first phase, as explained by literature and interviewees, precedes the rehearsal process and continues on throughout rehearsals to aid the treatment and play development.

The show, or second phase, was described as a culminating event. After a rehearsal process the client performs a finished product in front of a group of witnesses. This segment was written and discussed as an opportunity for empowerment, validation, and empathy building. All participants expressed that when therapeutic theatre is at its best there is a rise in connectivity between client and witnesses: a coming together. Joining in a collective aesthetic journey of distress and restoration diminishes stigma and increases both personal and social awareness. A product of therapeutic theatre, therefore, brings people into a space where their own trauma meets with another's trauma so that all can feel lifted instead of isolated.

The final segment, marked by both interview subjects and current texts, is the post-show processing. Initial treatment goals and the effectiveness of the process and product are evaluated

during this phase with both the therapeutic theatre director and client. Treatment teams, made up of the therapeutic theatre director and their supervisor, will also meet to assess the impact of the therapeutic theatre process and product. Reflecting on the level of impact is centered primarily on the client and expands to consider the greater community: those who witnessed the performance (general public, fellow group members, and/or family members of the client) and those who are affiliated with the institution where the performance took place. Finding a way to properly close the endeavor, negotiate new boundaries, and potentially terminate are worked out during this third and concluding segment in the therapeutic theatre practice.

In addition to the three segments method of therapeutic theatre, most examined writings and interview candidates agreed that there are at least three types of therapeutic theatre shows: using an existing text, working with personal material, or devising a piece from scratch. Each method provides opportunities to navigate aesthetic distance in support of the client's needs. Existing text is the furthest aesthetic distance from the client's personal material as it is a story written by a completely different individual. This type of approach was described as offering the director the most creative liberty since the material is not born of an objective third party. Playing directly with personal material can decrease the aesthetic distance between the client and their trauma. This approach was also discussed as decreasing the director's amount of artistic freedom since the material emerges directly from the client as his or her own. Finally, devising a play from scratch with a client or therapy group moves the client toward the middle of aesthetic distance because they are playing with both personal material and metaphors. These three approaches were identified in literature and interviews as methods from which to choose when setting out to create therapeutic theatre with clients. Most all agreed on these, however, there was some dissent regarding whether therapeutic theatre deals with current, personal issues or

whether it works with only matters of the past. This, and other differences of opinion will now be examined.

Below is a list that expresses what respondents disagreed upon as components of therapeutic theatre. Subsequently these differences are more deeply investigated.

- The general public witnesses it in a theatrical space vs. it is witnessed just by fellow group members within their treatment setting.
- It is lead by either a clinical psychologist or drama therapist.
- It deals with current life issues, not past life issues.
- The aesthetics are questionable.
- It provides answers instead of questions.
- It is impossible to create a fixed definition of therapeutic theatre.

There is contention over where therapeutic theatre takes place and who witnesses the final product. Some believe it has to be presented within a theatrical space and witnessed by people outside of the treatment process, in other words the general public, in order for it to be considered therapeutic theatre. Others profess that the performance can be presented within a treatment setting to fellow group members and be considered therapeutic theatre. The disagreement is centered on inquiring whether context and audience members influence whether a show can be considered a presentation of therapeutic theatre.

The fact that the audience's composition can influence scholars' and practitioners' view of therapeutic theatre relates to their differing opinions on requiring the director to be a trained clinician. Some participants said that a key component of therapeutic theatre is that it is lead by either a psychologist or drama therapist. Both instances suggest the director must be clinically trained in order for the show to be considered therapeutic theatre. However, some have not

required this as part of their definition for the term, stating that a theatre artist could also lead a therapeutic theatre process. Since the majority of publications and interview participants expressed the significance of clinical knowledge for employing this method of treatment, it seems there is a trend toward mandating that a drama therapist or therapist with theatre training lead the therapeutic theatre process.

Mandates about therapeutic theatre dealing with current life issues versus struggles of the past currently differ between academics and practitioners. Perhaps that is an indication for the field to ponder the fact that performances of either past or present issues can be considered to be therapeutic theatre. Returning to the literature review, Moreno (1946), points out his disinterest in delineating between past and present. In a way, they are one in the same. If a client is in need of presenting a past issue it is typically indicative of its influence on their present life. Therefore, the field might contemplate opening up therapeutic theatre's definition to include both past and present complications.

The aesthetics of therapeutic theatre are another discussion to open up more between practitioners. While some have already published on key artistic elements of drama therapy practice there is not yet a prescribed aesthetic style for therapeutic theatre. In part this is a good thing as each show will be different depending upon the content, needs of the clients, and desired impact on the audience. Many interview subjects expressed concern that in a therapeutic theatre process more time is spent on the client's issues than the artistic shaping of the play. The primary worry is that the aesthetics suffer, making for a poor finished product. Other interviewees discussed aesthetics as holding equal weight in the process and providing the proper framework for the treatment. In other words: strong aesthetic choices make for strong treatment

interventions and vice versa. What all could agree upon here is that the process of therapeutic theatre is a process of constantly making choices.

Choices imply questions over which is the right answer. A few interview participants expressed feeling that therapeutic theatre purports having answers to problems. Others described how the therapeutic theatre process generates questions that beget more questions where the point is to engage in both discoveries and further investigations. This latter point pushes the field to recognize that therapeutic theatre holds both questions and answers.

The contradictions of holding both questions and answers, past and present issues, strong and weak aesthetics points to the final uncovered point of dissention: it is impossible to create a fixed definition of therapeutic theatre. Some interviewees provided succinct, detailed definitions of the term whereas others questioned both its worth as a term and its potential for definition. The underlying suggestion is that the practice of therapeutic theatre is a moving target. The world's evolution brings about new problems, novel understandings of how to practice therapy, and therefore how to employ therapeutic theatre as a treatment method. Therefore, it is important for the field of drama therapy to continue debating therapeutic theatre's capabilities, mechanisms, and ethics.

Considering the call for drama therapists to sustain a dialogue about what therapeutic theatre is and what it can do, it is important to surmise the definition burgeoning from relevant literature and the interview subjects. Therapeutic theatre is a three-part investigative process that employs both theatrical arts and psychological methods. It involves playing with private matters in a setting more public than a sequestered treatment room. There is a specific intention or goal set at the start of the process that is tracked throughout rehearsals and is reflected upon after the show. Therapeutic theatre holds both questions and answers, past and present issues, and is an evolving

practice, which requires an advancing definition. The activity of therapeutic theatre is entirely relational with many forces at play, facilitated by the director.

The Role of Director

The clinician functioning in the role of director possesses essential charges as facilitator of a therapeutic theatre venture. Review of relevant publications and speaking with current practitioners revealed prominent thematic factors as well as points up for deliberation. There was only one detail found lacking unanimous response as scholars and interviewees agreed on every other concept discussed. This section delves deeper into commonalities found in interview replies and literature on the role of director as well as the identified area requiring further debate.

The subsequent list outlines commonalities in both literature and respondents. After, there are deeper appraisals of each offering.

- The role of director is relational and interactional.
- The director is a conduit between the performer and community.
- The director is a conduit between the performer and the play.
- The director is the conduit between the performer and their treatment goals.
- The director needs to know for whom the story is being told and what central issues and themes to explore.
- The director is responsible for facilitating the rehearsal process, shaping the therapeutic theatre product, and facilitating the post-show reflection.
- The director is both leading the process and a part of the process.
- The director's life experience will influence the therapeutic theatre process and product creation.

- The director takes both performers and witnesses into an experience of descending into struggles and ascending through them.
- The director is the container for their client(s).
- The director has two primary responsibilities, which are to create a piece of theatre and to foster a change within their clients.

Given the many intersections of therapeutic theatre it is no surprise that the role of the director is relational and interactional. As I mention in the review of literature, Ginkas (2003) refers to theatre as a living organism. Brook (1982) also believed in the slippery nature of theatre. He did not think it is possible to apply one method to all theatre making ventures. He wrote: "any formula is inevitably an attempt to capture the truth for all time. Truth in the theatre is always on the move" (p. 140). This concept relates directly to therapeutic theatre as a moving target, constantly evolving and demanding different skills. It also connects to how multiple practitioners reported the need to function differently for each therapeutic theatre project depending upon the client's needs and the community within which the show was situated. Most interviewees described constantly having to make choices about what or who needs to be prioritized. The director sits at the nexus of the client's needs, the community's needs, and the projected audience's needs.

Most participants reported also collaborating with a treatment team and a design team. This means the director is fielding wildly different needs and serving many different functions at any given moment. Both theatre theorists and drama therapy theorists spoke to the requirement that directors always be aware and ready to assist these various desires. Brook (1984) proposed that the three most important components of theatre making are "repetition, representation, and assistance" (p. 140). The director assists the actors' repetition of action in rehearsals until it

becomes a fully fleshed out representation to perform for audiences who in turn assist the actors' performance by providing active engagement in the show. This triangulated relationship between repetition, representation, and action ignites lively interactions for the director to supervise.

The triangulated relationship Brook (1984) outlined mirrors the relational aesthetics described by both scholars and respondents between director and greater community, director and clients, and director and the play. It has already been established in the literature review that the *choragus* served as a conduit between the performers and the audience. From antiquity to present day the director has served as a medium between the elements. Interview subjects and academics alike agreed that the director facilitates building the play, tracking the client's treatment goals, and bridging the connection to audiences and the greater community.

The director's responsibility to link disparate parts together signals the importance for the director to know the central themes being investigated in a given project and for whom the story is being told. Both respondents and publications report this knowledge serving as the director's guide throughout a therapeutic theatre practice. Ascertaining and keeping in mind what the story is about and whom it is for provides a constant grounding for the director. In a given moment where a director is faced with multiple, and sometimes discordant, needs, this grounding is imperative for helping the director make choices.

Tracking the show's central themes and targeted audience also helps the director keep in mind that the entire process is their responsibility to facilitate. Though only one respondent outlined it in specific terms, most agreed that directing therapeutic theatre encompasses the rehearsal process, performance of the finished product, and the post-show processing. The director is accountable for leading from start to finish. Some even claimed that leading the post-

show processing is the most important part of the process as it is the culminating event for all participants. That said, each segment builds upon the next and is in relationship with each other. The director's intuition and skills need to be sharp and plugged in for the entirety of the project.

Existing literature and interview subjects held the same view that the director is both inside of and leading the process. As referenced earlier, this phenomenon has been portrayed as working at the borderline (López-Pedraza, 2010), leading from behind (Dintino, May 22, 2015, personal communication), and as being both a dishonest and genuine leader (Ginkas, 2003). Acknowledging this place from which the director is working aids the director in knowing when to act for others versus when their own needs are surfacing.

A director's personal needs mingling with the clients' needs, the play's needs, and the community's needs parallels the transference process described in psychoanalysis and the director's influence on the performance. Interview participants, published psychoanalysts, and published theatre theorists all reported the belief that the director's personal life experience will undoubtedly influence the tone of rehearsals, shaping of the play, and post-show facilitation. This understanding reported in writing and in interviews made clear that director needs to be aware of their sphere of influence so as to balance their vision with the needs of the client, with what the play itself requires, and with the estimated greater community's responses.

Keeping the awareness of transference active, the director is able to lead everyone into an experience of descending into struggles and then ascending through them. All reported the importance of fostering both participants' and witnesses' desensitization to their own traumas. The director enables all to get more connected to the different layers of their trauma by creating a safe environment for them to get down and dirty, up close and personal with some of their most challenging material. Prevailing publications and interviewees recounted the director's function

of leading everyone through these struggles to ascension into relief. Findings prove that this is done both in the rehearsal process with clients and in the framework of the performance for witnesses.

The framework of both rehearsals and the final therapeutic theatre product needs to be safely and clearly provided by the director. Outcomes discovered in literature and interviews point to the director's function as a container. The director, in this holding position, offers a concrete structure for rehearsals, which take into consideration both treatment and play-building goals. It is evident from research that clear frameworks allow everyone to participate and take risks because they feel contained by the existing structure. Scaffolding supports both participants and the director in the two primary goals of therapeutic theatre: to create a performance and to cultivate change.

Everyone who was interviewed described the director's two main responsibilities, which matched with current texts' propositions: the director is responsible for creating a piece of theatre and for fostering transformation. These two principal objectives encompass the purpose of therapeutic theatre and the intersections at which the director is positioned. Most everyone depicted these fundamental directorial functions as both conflicting and symbiotic. Perhaps it is the innate tension between these two demands that allow for their synergetic nature. In fact, responses ranged from describing these two forces as requiring very distinctive types of attention to these two forces as one and the same.

Besides this contradictory report there was only one other point of contention between respondents and texts. Currently, there are differing opinions on whether the director of therapeutic theatre must be a drama therapist, clinician who has some theatre training, or a theatre artist. All three are presently conveyed as capable of facilitating a therapeutic theatre

venture. Those who advocate for a clinician with performance experience or a drama therapist believe that clinical training reduces the amount of risk and potential harm for both performers and witnesses. Given the numerous relationships at play with individuals and systems, it is important that the field of drama therapy fully consider this debate now. Particularly with the rise of public awareness and participation in therapeutic theatre it is imperative that potential for maltreatment is moderated.

Considering the directors' duties it is important that individuals taking on this position fully comprehend the scope of this role. Per reviewed literature and interview responses, the phenomenon of clinician as director is crystalizing as an interactional, ever-shifting experience. The director sits in the middle of triangulated relationships and serves as a conduit between forces. This role is the keeper of both treatment and artistic goals. A keen understanding of central issues and target audience is a requisite. Considered choices must be made at every turn. The director provides structure, safety, and room to take risks. Transference and the director's own personal needs are constantly studied so that decisions are sure to be made with the client's needs at the forefront. Everyone's need to wrestle with his or her demons and resurface with increased resiliency is enabled by the director. Finally, the clinician as director leads the entire three-segment therapeutic theatre process.

Limitations

> *So, the means through which art is made do not depend on a capricious ideal of the artist, but on the limits imposed by what can really be achieved, and to what point the reality of what has been dreamed can be pushed.* (Bruguera, 2012/2015, p. 102)

At the outset this researcher contacted a number of potential participants, nine of which were applied theatre artists and ten of which were drama therapists. The attempt was made to

obtain as balanced a study as possible in terms of including practitioners from both spheres of work. However, due to availability and interest only four practitioners from the field of applied theatre were able to participate. The remainders of the participants were drama therapists, making for a very imbalanced study. This is viewed as a limitation because the amount of imbalance caused the researcher to wonder whether a focus solely on drama therapists might have been clearer or stronger.

In order to interview people across the country and world it was necessary to employ the use of phones and Skype. Consequently, some interviews were done in person while others were over the phone or Skype making it impossible to be aware of or interpret physical gestures. It was also more difficult to navigate when a participant was silent because they were done responding or because they were considering their next thought. While speaking over the phone or Skype had its limitations, it also allowed for inclusion of participants across the United States, in Canada, and in Israel. The limitation was worth it in terms of obtaining diverse experiences of the phenomenon.

A related limitation is that all of the interviews were conducted at different times of the day. Given the fact that participants live in different time zones and operate on different schedules, some interviews were done early in the morning while the latest one was conducted at 11pm. Interviews conducted later at night were more strenuous on the researcher and more than one participant mentioned feeling tired and losing their train of thought during their respective interviews.

Conclusions

Examined texts and interview responses make evident that the work directors do in therapeutic theatre is a service. In fact, the results align to express the entire therapeutic theatre

endeavor as a relational system of service. Therapeutic theatre is at its best when directors create space for a true relational exchange between all parties: clients, play, community, and the directors themselves. When the directors situate themselves in the center of the process, and serve as a medium between all parties, they can best understand everyone's needs and negotiate their responsibilities from this position.

The relational interaction is the artistic interaction is the therapeutic interaction. One of the consistent themes found throughout the data had to do with the responsibility of the director to facilitate this system of service interactions. I began this thesis with a definition of drama therapy from Seymour (2009) and I return to it now to provide a framework for understanding the clinician as director as responsible for flow of service between distinct elements. Seymour (2009) said:

> Dramatherapy uses drama at the service of the client rather than expecting the client to serve the needs of the drama, though paradoxically it is through attention to the creation of the drama that the client becomes engaged in their own therapeutic process. (p. 31)

Figure 2 is how I imagine Seymour's chart of service flow. The arrows indicate the direction of service flow.

Fig. 2:

Based on my new understanding of the clinician as director in therapeutic theatre and the triangulated relationships this role navigates, I propose a new chart of service flow, where the underlying meaning of serve is that something is being provided. *Providing* can be interpreted as: 1) director providing a space where client experiences no harm, total containment, and room

to grow, 2) audience providing the client validation through witnessing, 3) drama providing the client a vehicle through which to explore personal trauma, 4) client providing information for the director who can then know more about how to best serve the client and the drama, 5) drama presentation providing fulfillment in the director from having the experience of facilitating development and maybe providing the director their own space to change (under supervision, of course, and not at the imposition of the client's process), 6) drama presentation providing for everyone a place to gather and make meaning. In this proposed flow chart, *client* is synonymous with *client's own process*. This chart, in Figure 3, is influenced by the literature on relational aesthetics, triangulated relationships, and from the relational interactions the interview participants described to me from their experiences in the role of director. Arrows indicate flow of service as bi-directional in all cases. The chart of service flow I propose, then, looks like this:

Fig. 3:

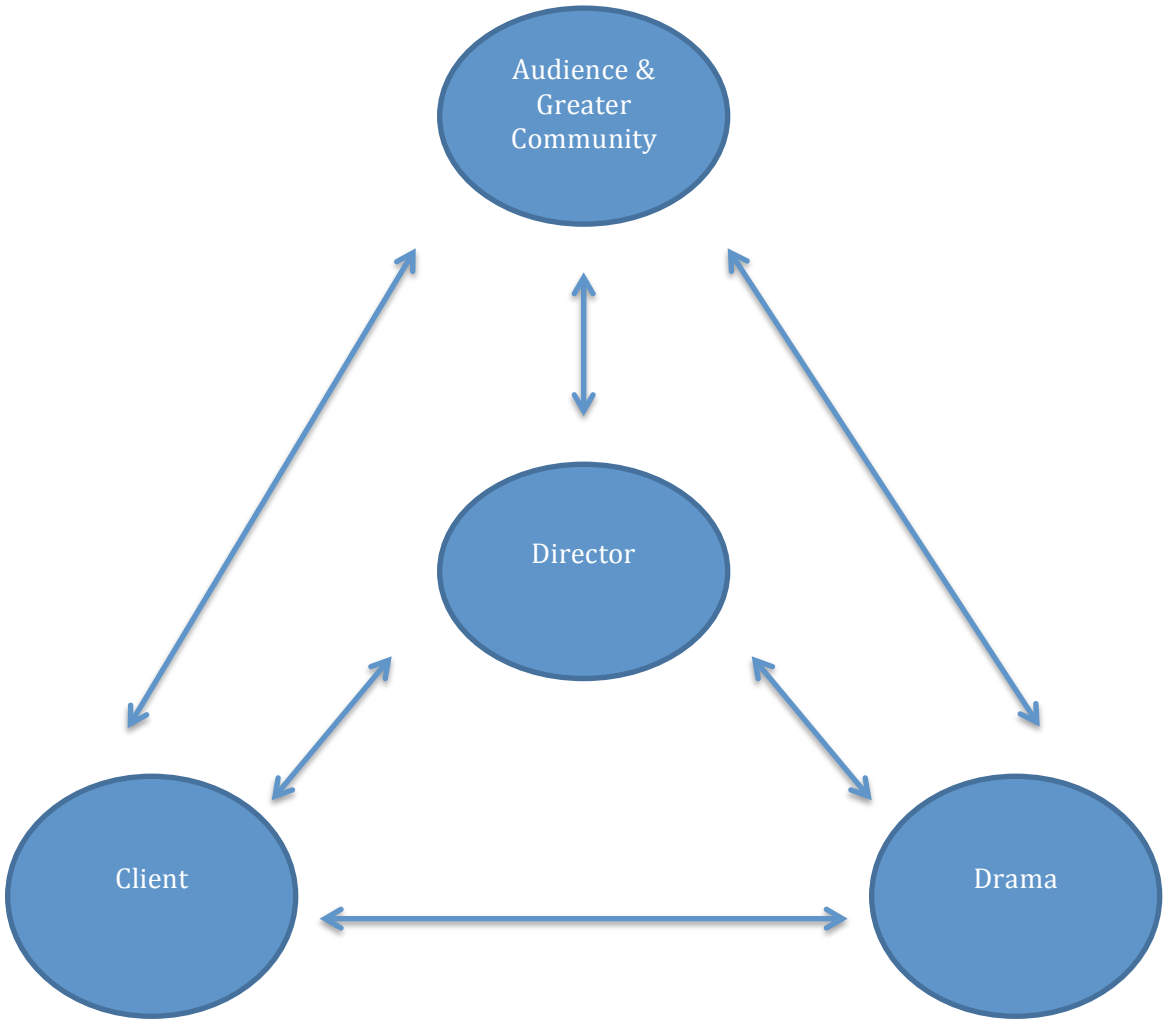


Fig. 3 illustrates both the director's role within the therapeutic theatre process as well as the relational flow of service within the therapeutic theatre treatment setting. Revisiting Brook's (1984) triangulated relationship between repetition, representation, and assistance now enriches the meaning of service. Brook (1984) wrote that assistance is paramount in theatre making. "In the French language amongst the different terms for those who watch, for public, for spectator, one word stands out, is different in quality from the rest. *Assistance* – I watch a play: *j'assiste à une pièce*" (p. 139). The director assists, or serves, in rehearsals by witnessing the clients' performance of repeated action. "With this assistance, the assistance of eyes and focus and desires and enjoyment and concentration, repetition, turns into representation" (Brooks, 1984, p. 140). All participants and texts conclude that the clinician as director serves the function of assistant to client, play, and community. It follows that the director serves as medium between repetition, representation, and assistance.

Reconsidering Moreno's (1946) triangle of producer, chief therapist, and social analyst now gives greater context to the flow of service in Fig. 3. The director serves as producer of the play, chief therapist for the client, and social analyst for the community. The director, in the center of it all, is the conduit, the midwife, clinician, applied theatre artist, researcher, interpreter, facilitator, negotiator, container, out in front and leading from behind. As a member of the treatment system the director also guides the treatment process. At best, the clinician as director is able to play at the borders, traverse the intersections, and hold the contradictions. Equal efforts, on behalf of the director, to lead, follow, and above all: serve; can manifest a performance that invites everyone to experience a sense of transformation and rebirth, clinician as director included.

Directions for Further Inquiry

It is now well established that the clinician as director is positioned as the central link between many intersections making decisions moment to moment based on the needs of the play, client, or greater audience. As therapeutic theatre develops and as drama therapists continue to take on the role of director in new spaces it will be vital to study how directors weigh the risks and benefits of this radical form of treatment. Now that it's been made clear that the clinician as director is a negotiator, the negotiations and approaches to decision making on behalf of the given relationships needs to be further investigated. Furthermore, the variety of relationships causes the clinician as director to have dual relationships with clients as actors for instance. Another important study would be focusing on the multiple instances of dual or more relationships within this therapeutic theatre and how that impacts treatment.

In terms of the given relationships, there was more than one reference to likening the therapeutic theatre ensemble to a family system or group. It would be valuable to embark on a study of how Irving Yalom's theories on facilitating group therapy relate to how a clinician as director facilitates a therapeutic theatre group. This could be done as either a case study or a juxtaposition of theories on group therapy and theatre ensemble work. Taking it a step further, a study could be conducted using a family systems approach. Weiner (2009) stated, as cited earlier, that people are more than the totality of their parts. Each person brings with them the influence of their social and familial background. Researching family systems approaches could yield valuable information for how a clinician as director works with the therapeutic theatre ensemble system. In this case ensemble could also include the institution, community, clients, and audience members as they relate to inter-generational family theory and cross-cultural theory. There is much to be gained from continuing to mine the phenomenon of clinician as

director from a relational approach in order to fully understand and work with all of the dynamic forces involved in drama therapy and therapeutic theatre.

Closing Statement

Returning to the research question, this thesis has been an exploration of how the phenomenon of clinician as director is understood and practiced in the therapeutic theatre treatment setting of drama therapy. The attempt was to establish the elements of the director's role within therapeutic theatre. Distilling the data reports and analysis proves that the director is the one ultimately responsible for creating a piece of theatre that also cultivates healing metamorphosis. This thesis also evidences the director as principal assistant in the relational aesthetics of therapeutic theatre. It has been uncovered that the clinician as director is at the center of a service flow process between the client, the play, and the greater community all at once.

This study proved that clinicians as directors have more to consider in their position as the link between many forces in a multi-relational venture. Therefore, the director needs to be both prepared and flexible in order to navigate these intersections and provide a transformative service for all participants. Subsequently, it makes sense that there are certain things the clinician can do to train for taking on the director role. The following are suggestions for clinicians planning to direct therapeutic theatre. These suggestions are informed by existing literature and the interview subject's responses.

First and foremost, gaining comprehension of the clients' issues and what they want to explore will be the North Star for directors. Asking questions and staying open to further investigations promotes both safety and room for risk taking in rehearsals. Always staying

attuned to the clients' needs will guide the director's decisions for artistic expression, play creation, and tonality of rehearsal sessions.

Studying both theatre theorists and psychologists can aid directors when it comes time to make those decisions. It is imperative for budding drama therapists to study both art and psychology and it is even more imperative for those who wish to direct therapeutic theatre. Understanding different approaches to treatment and artistic creation can inspire directors as well as provide grounding for making specific, informed choices moment to moment in the process. Furthermore, it will help directors to have familiarity with historic and contemporary artists of all modalities to use as reference points, metaphors, and design guides. Fluency with various artists will aid the director in their collaboration with clients, the play, and the greater community toward a vision of transformation.

A director best facilitates therapeutic theatre when there is a clear understanding that everything is alive, moving, and interactional. Anticipating needs, redirecting plans, and keeping contracts transparent help the director to create a positive, productive environment for all. Working from a place of generosity and service instigates a transmission of bigheartedness in all collaborators. The clinician as director must model this kindness and position of service for others. Collaborating from a place of assistance will bring about a process and product that has the most potential for providing therapeutic value for all involved. Staying curious and mindful of the many dynamics at play is essential. The director of therapeutic theatre in drama therapy uses embodied methods to serve as the connective tissue between disembodied forces. The clinician as director unites all involved toward a common intention of service, creativity and resilience.

References

As Performance Series - Drama Therapy - NYU Steinhardt. (2015). Retrieved July 30, 2015, from http://steinhardt.nyu.edu/music/dramatherapy/asperformance/past

Benson, N., Collin, C., Ginsburg, J., Grand, V., Lazyan, M., Weeks, M. (2012). *The psychology book: Big ideas simply explained*. New York, NY: DK Publishing.

Bishop, C. (2004). Antagonism and relational aesthetics. *October magazine ltd.* (pp. 51-79). Cambridge, MA: Massachusetts Institute of Technology.

Brook, P. (1982). *The empty space*. New York, NY: Atheneum.

Bruguera, T. (2015). Reflections on *arte útil*. In W. Beshty (Ed.), *Ethics* (pp. 102-103). Cambridge, MA: The MIT Press. (Original work published 2012)

Chavoya, C. O. (2004). Krzysztof Wodiczko. In N. Thompson & G. Solette (Eds.), *The interventionists: users' manual for the creative disruption of everyday life* (pp. 25-28). Cambridge, MA: The MIT Press.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches, third edition.* Los Angeles, CA: SAGE Publications, Inc.

Dean, A. & Carra, L. (1974). *The fundamentals of play directing, 3rd edition.* New York, NY: Holt, Rinehart and Winston, Inc.

Emunah, R. (1994). *Acting for Real: drama therapy process, technique, and performance.* New York, NY: Routledge.

Emunah, R. (2015). Self-revelatory performance. *Drama therapy review,* (*1*)1, pp. 71-85, DOI: 10.1386/dtr.1.1.71_1

Feist, J., Feist, G. J., & Roberts, T. (2013). *Theories of personality, 8th edition*. New York, NY: McGraw-Hill.

Fisher, K., Robertson, M., & Walter, G. (2007). Narrative ethics in psychiatry and the literature of youth. *Psychiatric Annals*. (*37*)12, pp. 810-815.

Freeland, C. (2001). *But is it art? an introduction to art theory.* Oxford: Oxford University Press.

Fuchs, E. (2004). Visit to a small planet: Some questions to ask a play. Essay retrieved June 15, 2015, from http://www.upa.pdx.edu/IMS/currentprojects/TAHv3/Misc_Docs/2009_Conf/EFs_Visit_to_Small_Planet.pdf

Garcia, A. & Buchanan, D. R. (2009). Psychodrama. In D. R. Johnson & R. Emunah (Eds.), *Current Approaches in Drama Therapy* (pp. 393-423). Springfield, IL: Charles C. Thomas Publisher Ltd.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*. (*40*)3, pp. 266-275.

Ginkas, K. & Freedman, J. (2003). *Provoking theatre.* Hanover, NH: Smith and Kraus, Inc.

Johnson, D. R. (1991). The theory and technique of transformations in drama therapy. *The arts in in psychotherapy, 18*(4), pp. 285-300. DOI: 0197-4556/91

Johnson, D. (1992). The drama therapist in role. In S. Jennings, (Ed.), *Drama therapy: Theory and practice*, Vol. 2 (pp. 112-136). London: Routledge.

Johnson, D. R. (2010). Developmental transformations: Towards the body as presence. In D.R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy, 2nd ed.* (pp.89-116). Springfield, IL: Charles C. Thomas Publisher.

Jones, P. (1996). *Drama as therapy: Theatre as living.* London, U.K.: Routledge.

Kilgannon, C. (2014, November 6). Therapist and patient share a theatre of hurt. *The New York Times*, p. A27.

Lampe, E. F. (1994). *Disruptions in representation: The directing practices of Anne Bogart* (Doctoral dissertation). Retrieved from: WorldCat. (9514395)

Landy, R. J. (1993). *Persona and Performance: The meaning of role in drama, therapy, and everyday life.* New York, NY: The Guilford Press.

Landy, R. J. (1994). *Drama therapy: Concepts, theories, and practices.* Springfield, IL: Charles C. Thomas.

Landy, R. J. (2008). *The couch and the stage: Integrating words and action in psychotherapy.* Plymouth, UK: Jason Aronson Inc.

Landy, R. J., Montgomery, D. T. (2012). *Theatre for change: Education, social action, and therapy.* London, UK: Palgrave Macmillan.

López-Pedraza, R. (2010). *Hermes and his children, 4th edition*. Einsiedeln, Switzerland: Daimon Verlag.

Moreno, J. L. (1946). *Psychodrama, first volume.* New York, NY: Beacon House.

Moreno, J. L. & Moreno, Z. T. (1969). *Psychodrama: Third volume, action therapy & principles of practice.* Beacon, NY: Beacon House Inc.

Moreno, J. L. (1973). *The theatre of spontaneity.* Beacon, NY: Beacon House Inc.

Nicholson, H. (2005). *Applied drama*: *The gift of theatre.* New York, NY: Palgrave Macmillan.

NYU Drama Therapy Department. (2014). NYU drama therapy thesis guide supplement.

Pendzik, S. (2013). The 6-key model and the assessment of the aesthetic dimension in dramatherapy. *Dramatherapy. (35)*2, pp. 90-98, DOI: 10.1080/02630672.2013.822524

Pendzik, S. (2013). *The poesis and praxis of autobiographical therapeutic theatre.* Speech presented at the 2013 Summer Academy Of the German Association of Theatre-Therapy.

Sajnani, N. (2012). The implicated witness: towards a relational aesthetic in dramatherapy.

Dramatherapy, (*34*)1, pp. 5-20, DOI: 10.1080/02630672.2012.657944

Schellekens, E. (2007). *Aesthetics and morality.* New York, NY: Continuum International Publishing Group.

Seymour, A. (2009). Dramatherapy and social theatre: A question of boundaries. In S. Jennings (Ed.), *Dramatherapy and social theatre: necessary dialogues*. (pp. 27-36). New York, NY: Routledge.

Snow, S., D'Amico, M., & Tanguay, D. (2003). Therapeutic theatre and well-being. *The arts in psychotherapy,* (*30*)2, pp. 73-82, DOI: 10.1016/S0197-4556(03)00026-1

Tate Modern Glossary of Art Terms. (2015). Retrieved June 19, 2015, from http://www.tate.org.uk/learn/online-resources/glossary/r/relational-aesthetics

Wiener, D. (2009). Rehearsals for growth: Drama therapy with couples. In D.R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy, 2nd ed.* (pp. 355-373). Springfield, IL: Charles C. Thomas Publisher.

Zimna, K. (2015). *Time to play: Action and interaction in contemporary art.* New York, NY: L.B. Tauris & Co. Ltd.

Appendix A

Untitled Master's Thesis
Interview Themes

Each interview participant will be asked to respond to a series of open-ended prompts that are aimed at cultivating an in-depth description of specific, personal experiences with therapeutic or applied theatre processes. Prompts will explore the following themes:

- How do you understand or interpret the term "Therapeutic Theatre"?
    - If they ask for definition, this writer will read them this definition of the term: "A form of theatre production by, with, and for a particular population in need of expressing their issues and sharing them with a group. A process of research and rehearsal precedes the performance, and a process of reflection follows the performance." (Landy & Montgomery, 2012, p. 258).
- How do you understand or define ethics in your practice?
    - If they ask for a definition, this writer will read them this definition of the term: Judgments of right and wrong professional behavior and the justifications we make for those judgments (Wiley-Blackwell, 2010, p. 2).
- Describe your role as clinician/director in Therapeutic Theatre (as director in Applied Theatre).
- How do you weigh risks and benefits to all parties involved (actors, production team, audience) as you move through a process?
- As director (director/clinician), what ethical issues have you been confronted with in relationship to actors (actors/clients)? Describe a specific incident or any repeated ethical issues.
- As director (director/clinician) what ethical issues have you been confronted with in relationship to audience (audience/clients)? Describe a specific incident or any repeated ethical issues.

Appendix B

April 2015

Dear Therapeutic Theatre or Applied Theatre Professional,

My name is Barbara Kaynan and I am a Drama Therapy Masters Candidate at New York University, Steinhardt School of Culture, Education, and Human Development.

I am recruiting potential participants for an interview investigation focusing on the following: the role of director (or clinician/director) in the theater-making process, how directors weigh risks and benefits for all parties involved, and ethical issues that arise in the director's practice either in isolation or in repetition.

I will be the principal investigator, and I will be conducting interviews with participants. Segments from said interviews will then be used in my Master's Thesis, which is focusing on the phenomenon of Clinician as Director of Therapeutic Theatre. I will analyze salient themes from the interviews and propose guidelines for practicing this form of treatment within the field of drama therapy.

If you are, or if you know anyone who would be, interested in participating in this project, please contact me at bdh242@nyu.edu.

Thank you in advance for your assistance or participation.

Sincerely,

Barbara Kaynan
Master's Candidate in the Drama Therapy Program
New York University

Appendix C

Untitled: Master's Thesis Interview Consent Form

You have been invited to take part in an interview investigation currently called, "Untitled: Master's Thesis." This project will focus on the phenomenon of *Clinician as Director* of Therapeutic Theatre. This writer will interview both therapeutic theatre and applied theatre professionals. Themes explored in the interviews will include: the role of director or clinician/director, risks and benefits for all parties involved in the theater-making process, and ethical issues that arise in practice either in isolation or in repetition. This writer will then piece together the salient themes and formulate proposed guidelines for clinicians working as directors of therapeutic theatre within the field of drama therapy. This writer will present her findings as her Master's Thesis. This study will be conducted by Barbara Kaynan, Drama Therapy Masters Candidate, Steinhardt School of Culture, Education, and Human Development, New York University.

Your interview will be audio-recorded. You may review these recordings and request that all or any portion of the recordings be destroyed. Participation in this study will involve 15-45 minutes of your time for the interview portion.

There are no known risks associated with your participation in this research beyond those of everyday life. Although you receive no direct benefits, this research may help the investigator understand salient issues that occur in the therapeutic theatre process and cultivate proposed ethical guidelines for practicing this form of treatment within the field of drama therapy.

Confidentiality of your interview records will be strictly maintained. Once an interview is complete, the principle investigator, Barbara Kaynan, and the faculty sponsor, Maria Hodermarska, will be the only individuals to access the raw data material and consent forms. All information will be kept on a password secured external hard drive for the duration of the project and for at least three years after the performance or in a locked box. Your real full name will not be used, a pseudonym of your choosing will be used instead where you are referenced in this writer's thesis. That said, there is a limit placed on the confidentiality of the interview by the fact that they will be transcribed and potentially used in a Master's Thesis. Participation in the project is voluntary. You may refuse to participate or withdraw at any time without penalty. During your interview, you have the right to skip or refuse to respond to any questions you prefer not to answer.

If there is anything about the study or your participation that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact Barbara Kaynan at bdh242@nyu.edu. For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, New York University, 665 Broadway, Suite 804, New York, New York, 10012, at ask.humansubjects@nyu.edu or (212) 998-4808. You have received a copy of this consent document to keep.

Agreement to Participate

Participant's Signature & Date