



Second Edition

Trauma-Informed Drama Therapy

Transforming Clinics, Classrooms, and Communities

Nisha Sajnani, Ph.D., RDT-BCT

David Read Johnson, Ph.D., RDT-BCT

**TRAUMA-INFORMED
DRAMA THERAPY**

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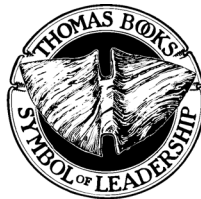
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CHARLES C THOMAS, PUBLISHER, LTD.
Springfield, Illinois • USA

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

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ISBN 978-0-398-09434-8 (paper)
ISBN 978-0-398-09435-5 (ebook)

First Edition, 2014
Second Edition, 2024

Library of Congress Catalog Card Number: 2023043489 (print)
2023043490 (ebook)

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Printed in the United States of America
MX-C-1

Library of Congress Cataloging-in-Publication Data

Names: Sajnani, Nisha, editor. | Johnson, David Read, editor.
Title: Trauma-informed drama therapy : transforming clinics, classrooms,
and communities / edited by Nisha Sajnani, PH.D., RDT/BCT and David Read
Johnson, PH.D., RDT/BCT.
Description: Second edition. | Springfield, Illinois, U.S.A. : Charles C
Thomas, Publisher, Ltd., [2024]. | Includes bibliographical references
and index.
Identifiers: LCCN 2023043489 (print) | LCCN 2023043490 (ebook) | ISBN
9780398094348 (paper) | ISBN 9780398094355 (ebook)
Subjects: LCSH: Drama--Therapeutic use. | Psychic trauma--Treatment. |
MESH: Psychodrama. | Stress Disorders, Post-Traumatic--therapy.
Classification: LCC RC489.P7 T73 2024 (print) | LCC RC489.P7 (ebook) |
DDC 616.85/21--dc23/eng/20231213
LC record available at <https://lcn.loc.gov/2023043489>
LC ebook record available at <https://lcn.loc.gov/2023043490>

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Margie Pankhurst is passionate about the transformative healing that stems from embodied creativity, acceptance and curiosity with a deep belief in people's innate ability to find relief when the right environment is available to them. She qualified as a drama therapist through the MA programme at Drama for Life, University of Witwatersrand. She works with children and adults in formal mental health facilities, women who live on the street, non-government organisations and in private practice. Most of her clients have been influenced by trauma. She is based in Cape Town, South Africa.

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PREFACE

This second edition was born in the middle of a dual pandemic: a lockdown due to COVID-19, and an uprising following the murder of George Floyd, by Derek Chauvin, which lead to mass public protests and renewed calls for racial and other forms of social justice. As COVID-19 related hospitalizations and deaths intensified, statistics revealed a disproportionate impact on Black, Indigenous, and People of Color, who experienced greater vulnerability as a result of systemic bigotry and neglect. For some, the retreat from the demands of social life at work and school was a welcome relief from chronic racism, sexism, homophobia, and transphobia. For others, the eerie quiet of the outside world only served to magnify the turmoil inside. Paradoxically as the world discussed a shared global threat, there was little room for children and adults to express their fears about domestic violence in their homes, for youth and older adults to report on the anxiety of social isolation, or for food delivery and healthcare workers to feel that someone understood the absurdity of being essential yet somehow disposable.

The restrictions imposed by the pandemic certainly impeded the ordinary process of drama therapy; we were thrown into a virtual, disembodied form of communication and forced to adapt. At the same time, the field of drama therapy was going through a critical self-assessment and a deep rearrangement of its primary principles, with more drama therapists becoming aware of and intolerant of systemic, institutionalized, and historically entrenched forms of oppression, ableism, and white supremacy that provided fertile ground for the specific acts of harm, assault, abuse, and control that our clients experienced. Indeed, trauma and social justice were increasingly understood within our broader community as inextricably linked (Sajjani, 2020).

Trauma, as an event, occurs at the intersection of history, culture, desire, and the body. It is the negation of existence and yet can define a life almost forever. Trauma creates victim and perpetrator and then binds them together in ways that distort intimacy and relationship. Over time it collects inside and is passed on, in ever greater concentration, forming vast landscapes and environments of fear, hate, oppression, alienation, and suffering. At the center of traumatic experience is the admonition of silence, of avoidance,

of denial, of disguise, which is why nearly all treatments for trauma-related disorders involve the telling of the story, that painful revelation of a truth – for it is a truth – that should not be. Racism, misogyny, and neglect should not be.

To live fully and truthfully is to be exposed to what should not be, but is. If we can stand it. This involves somatic (co)regulation, testimony, and witnessing, which are at the heart of almost every approach to trauma-informed drama therapy. Embodied expression and dramatic metaphors give greater room for this monumental confrontation to occur: for there is only one reality, but many possibilities in the imagination. Theatre has, from its beginnings, been a profound way that humans have attempted to process trauma, each story cascading down from some original act of horror, some tragic moment that reverberates deep inside our skin.

This second edition of *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities* offers a broad range of explorations in engaging with traumatic experience, across settings (clinical, educational, performance) and geographies (North America, Germany, Sri Lanka, South Africa, India, Belgium), and methodologies (Sesame, DvT, ethnography, performance, CANY, Self Rev). Each effort runs into obstacles, resistances, biases, and random events that highlight the authors' passion and courage. No solutions are to be had. No grand schemes are proposed. Just hard work in the face of impenetrable truth: we are still at the beginning of understanding how to achieve an equitable, moral, accountable, healthy collective being-with. Confronting trauma, listening to victim testimonies, sitting with unsettling uncertainty, understanding the enormity of the problem, are difficult tasks, and over time wear people down. The chapters in this book belie this trend as they illustrate how the passion, creativity, faith, and perseverance of drama therapists the world over, each in their own limited way, can help. In each of these chapters you will read about people who have been pushed to the margins of existence, and then, how drama therapists have worked to remind them of their immutable, unique value that can transcend and transform those margins into spaces of care, power, and possibility.

Nisha Sajnani and David Read Johnson
New Haven, Connecticut

WHAT OTHERS ARE SAYING ABOUT THIS BOOK

“This second edition is an informative and culturally resonant contribution to not only drama therapy, but also to literature on social justice and intersectionality. It underscores the role of embodied expression as a source of wisdom and how this wisdom can be both expressed and witnessed through the theater of imagination and restoration. *Trauma-Informed Drama Therapy* is a “must read” as well as seminal contribution that expands the scope of action-oriented and expressive approaches through a trauma-informed lens.”

Cathy Malchiodi, PhD, author, *Trauma and Expressive Arts Therapy: Brain, Body, and Imagination in the Healing Process*, and editor, *Handbook of Expressive Arts Therapy*.

“If the first edition of *Trauma-Informed Drama Therapy* quickly became a compelling reference for the creative arts therapies, this second edition is set to become another classic by offering a range of new and original contributions that not only convincingly illustrate the unique contribution of drama therapy to the field of trauma, but also importantly relocate trauma at the intersection of sociocultural, historical, systemic and institutional dynamics. By doing so, this book provides the reader with powerful examples of culturally and socially responsive practices embedded in the aesthetics of drama therapy, to also inspire strategies of resistance for the creation of fair and just societies.”

Jean-François Jacques PhD, editor of Trauma and Embodied Healing in Dramatherapy, Theatre and Performance

“This timely second edition heralds an essential shift in drama therapy and in mental health at large. The authors recognize our complicity in systems of harm, and our shared imperative to interrogate it. Rather than offering binaries of “good” treatment versus “bad” – an easy trap for a vicariously traumatized field – editors incorporate a multiplicity of perspectives and

approaches, acknowledging the complex gray area inherent in trauma work. These reckonings instill hope in me for our field's future, one that does not avoid our roles as perpetrators, but that contributes to the larger dismantling of the concept of neutrality in psychotherapy.”

Kat C.S. Lee, MA, RDT-BCT, LCAT, Kint Institute

“Sajnani and Johnson offer an invaluable resource for understanding and engaging complexities in the treatment of trauma. The authors and editors remind us that trauma is multifarious and can be enacted with/in multiple, relational, contexts. This is essential reading for drama therapy students, clinicians, and allied professionals.”

Britton Williams, PhD, California Institute of Integral Studies and New York University

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**TRAUMA-INFORMED
DRAMA THERAPY**

Chapter 1

ISSUES IN TRAUMA-INFORMED DRAMA THERAPY

DAVID READ JOHNSON AND NISHA SAJNANI

In this book, drama therapists confront an emerging foundational issue in the field of trauma treatment: the contradictions between the mental health model that has defined our field, and the pressing need to address the social conditions that give rise to distress and social injustice. Trauma is a term used to describe what happens when the extreme stress of an event or circumstances overwhelms one's ability to cope. Those circumstances may vary but all include threats to one's physical or emotional health (SAMHSA, 2014). A trauma-informed approach shifts the focus from symptoms of distress to the root causes: from *what's the matter with you?* to *what happened to you?* In recent years, there has been a growing awareness that 'what happened to you?' must include experiences of chronic racism, sexism, homophobia, ableism, ageism, and other intersecting forms of oppression. The opposite of trauma is justice, not only in interpersonal traumas but also impersonal traumas such as natural disasters or accidents. Indeed, it has become a social justice imperative to recognize how our relationship to traumatic experiences is filtered through the lens of identity and power (Dokter & Sajnani, 2023).

Despite efforts in recent years to medicalize trauma as a psychiatric disease (posttraumatic stress disorder) and link it to the chemistry or anatomy of the brain, trauma remains at its core a violation of a covenant between society and the individual. Individual acts of violence occur within and are supported by a social context, or background field, that permits prejudice within familial, institutional, and societal cultures. The model of an interaction within psychotherapy, between a supposedly neutral and trained therapist and a supposedly ill and receptive patient, can no longer be supported. Every psychotherapy session risks repeating, overtly or covertly, the dynamics of privilege, bias, marginalization, and white supremacy that cause the suffering

in the first place. No longer can the place of the therapist be considered neutral. No longer can the act of therapy be framed as a quasi-romantic story of one charitable person reaching out to help another rise up from the depths of their disorder. Increasingly, the focus of inquiry has turned to the behavior of the therapist, and the nature of the relationship between two people involved in the co-production of care (National Collaborating Centre for Mental Health, 2019). Even the word ‘client’ has been called into question (Sajani, 2018). This work is uncomfortable because it removes the conditions of opacity from the traditional role of the therapist and breaks open the illusion of privacy in the consulting room by forcing the psychotherapeutic relationship into the public debate over social justice. Therapy cannot be a reenactment of oppression.

Trauma is the result of the illegitimate exercise of power, often supported by the background field’s historical and systemic preservation of privilege. Too often Perpetrators remain in the shadows because revealing them risks uncovering those embedded systems of supremacy. The spotlight is instead turned on the victim, who is suffering, who has been diagnosed, whose brain functioning is of interest, who will receive our help. As a result, the perpetrator holds on to power. Ethical trauma treatment entails revealing and acknowledging these obscured power dynamics, not just in the client’s family/culture of origin, but in the therapeutic interaction itself. Yet, many people – perhaps all of us – have a stake in keeping these dynamics hidden.

The twelve chapters in this book cover examples of trauma-informed drama therapy in clinical, educational, and performance settings across the globe. Six chapters are updated versions of related work from the first edition, and six are new. All chapters deal to some degree with the intersection of mental health and social justice. Within each, the reader will see the field’s struggle with this tension writ large: differences in privilege between the therapist and the client; the therapist as an outsider to the clients’ culture, and racial dynamics. What is evident is an increasing commitment to attend to these issues, acknowledge the complexity of these issues, and address the potential harm to the client that can befall a well-intentioned intervention methodology. As editors, we are encouraged by the discoveries and advances that will surely come as a result of this courageous self-examination.

CLINICAL SETTINGS

In *Trauma-Centered Developmental Transformations: Dismantling the Hold of Illegitimate Power*, Johnson and Davis update the Trauma-Centered Developmental Transformations approach by emphasizing the importance of addressing illegitimate exercises of power in the treatment of trauma

and its sequelae. They formulate notions of the Background Field, which contains historical and systemic oppression, that expresses itself within the Present Circumstances of each person, overwhelming and disrupting the person's Adaptive Shield. The work of DvT is to loosen the grip of these powerfully held structures inside the victim, allowing the disclosure of the sources of illegitimate power, and then aiding the client to *clear the forest* of the dead, rotting narratives that are preventing new growth and access to light. DvT's exuberant embodied play re-dimensionalizes the flatland of the trauma landscape, illustrated here in detailed session transcripts with an 8-year-old child. The authors detail their suggestions for handling the sensitive topic of racialized play when the therapist and client have different racial identities. They emphasize disparities in the effect of play for white therapists in comparison to clients of color, who, unlike the white therapist, exit the playspace only to face the same racist social fabric. While the white therapist feels uplifted and relieved by racialized play that seems to certify their innocence and liberalism, the client of color's position is unchanged, possibly causing feelings of exhaustion and a lingering suspicion that they have aided the therapist. Johnson and Davis conclude by highlighting the need for continued attention to the dynamics of power within the therapeutic relationship and reminding us of the significant limitations of any therapeutic encounter that occurs within a broader supremacist system.

Bockstael and van der Straeten's chapter, *A Developmental Approach to Complex Trauma: Trauma-Sensitive Dramatherapy*, proposes a trauma-sensitive drama therapy that emphasizes a less direct and more supportive approach to the treatment of trauma than TC-DvT, especially with clients suffering from complex trauma. They base their method on Porges' polyvagal theory, Levine's somatic experience theory, Fisher's trauma informative stabilization treatment, Schwartz's Internal Family Systems, and Ogden and Fisher's Sensorimotor Psychotherapy. From neuroscience, they note the exquisite balance in the body between the sympathetic and parasympathetic nervous systems, and the role of the vagus nerve in regulating affect, and how these systems are unbalanced by trauma. They emphasize the need for the body to apply the vagal brake at times to maintain balance, as well as having the therapist *pendulate* and *titrate* the level of dosage of exposure to the traumatic material, similar to the concept of *varielation* within DvT. The authors link these concepts to Ogden and Fisher's concept of building resources and resilience, and Schwartz's notion of innate Self.

Bockstael and van der Straeten then integrate these ideas with DvT to form a trauma-sensitive DvT approach with five phases: 1) installing safe ground, 2) expanding the window of tolerance through discovery of resources, 3) building the playspace, 4) working through traumatic material, and 5) integrating new experiences and moving forward. The model is elegant,

integrates many well-established trauma theories, and is firmly based in embodiment and play. A case example is used throughout the chapter to bring these concepts to life.

Haen, Hodermarska, and McLellan, in *Exquisite Corpse: On Dissociation and the Intersubjectivity of Racialized Trauma in Drama Therapy*, update their previous work in this clinical and theoretical chapter on racialized trauma and drama therapy. The authors note immediately that they are white and that the chapter is directed largely at white-identified therapists. Addressing the issue Johnson and Davis discuss, regarding the power dynamics when the therapist is white and the client is a person of color, the authors articulate the possibilities for an ethical, non-dissociated therapeutic encounter that can circumvent unhelpful and harmful racial enactments. They begin with a position statement that acknowledges the role of white supremacy, misogyny, and denial of the role of trauma in mental illness within Western psychological practice. They then discuss the importance of concepts such as intersubjectivity, mentalization, and imagination in pretend play and note the aspects of privilege that accompany them: for example, imagination is based on being in a place of safety, a state often not shared by Black, Indigenous and people of color in our current society.

The authors discuss the role of dissociation in white therapists' experience of racialization and prejudice, including the dissociative role system with its multiple parts. Linking dissociation to the theatrical moment of stage fright, the authors describe white therapists' encounters with racial consciousness as an unmooring, disorienting push out of their safe professional role. The encounter collapses the dimensionality of the interaction into forced choices of perpetrator and victim, which the therapist instinctively chooses to project into the client, repeating the original trauma. Using case examples demonstrating moments of intense discomfort on the part of therapists, the authors bring to the fore the challenges within a cross-racial therapeutic relationship. Racial enactments such as these are conceptualized as inevitable and necessary components of trauma treatment, indeed as early communication of traumatic experience prior to being accessed by words. Haen, Hodermarska, and McLellan describe how the multidimensionality of the drama therapy playspace allows for greater tolerance of contradictions and therefore more room to move for both client and therapist. This intersubjective space can be expanded from face-to-face interactions to side-by-side ones, which offer greater distance and sense of togetherness in witnessing the traumatic material.

The authors liken the process of trauma treatment to that surrealist project *exquisite corpse*, in which multiple artists layer disjointed, unrelated images within folds of a larger canvas, only to be revealed later as the whole is laid out. Engaging in trauma treatment is a similar agreement to proceed without knowing, tolerating the fragmentation that emerges as each element

is unfolded and witnessed. Making the commitment to sensory and narrative co-construction, to consciousness, to relationship in the journey through the dissociated, perilous landscape of racial trauma, therapists and clients can perhaps find their way toward each other.

Kshetrapal's chapter, *Devi: The Use of Myth in Dramatherapy with Women Survivors of Domestic Violence in India*, examines the topic of domestic violence within the cultural context of North India. Using the Sesame Method with a number of Hindu, cisgendered women, the author highlights the importance of both myth and family in the lifestream of Indian society. Integrating her own upbringing in this society, Kshetrapal offers a critical view of the impact of social pressures on women's freedom of expression and identity, such as the binary of being placed on a pedestal or treated as property. She discusses how women are idealized when they suffer in silence, sacrifice their interests for those of men, and submit to collective and family goals. She describes a misogynist cultural context that supports the emergence of domestic violence affecting one in three women in India. Linking themes of domestic violence to traditional myths in Hinduism, the author makes a forceful argument for the impact of society and culture on traumatic experience, and beautifully illustrates this using case material with four women in treatment. Themes of desire, anger, resilience, and home emerge. Kshetrapal describes her own subjective experience as a self-identified battered woman and a feminist therapist, seeking models of subversion and agency within the mythic canon. She finds the Narada Muni, the trickster archetype, as a source of strength, and concludes with a meditation on the tension between what Moreno has called the cultural conserve and spontaneity (freedom).

Ranasinha's chapter, *Faith Integrated Dramatherapy to Address Trauma from a Terrorist Attack*, reports on the horrific civil war in Sri Lanka to demonstrate the importance of a faith-based approach to drama therapy in helping people recover from a terrorist attack. The Easter Sunday suicide bombings in Colombo in April 2019 killed over 250 people within the Christian community. Many survivors expressed a crisis of faith after the attack, asking "How could God have allowed this." Anxiety, social isolation, and depression were common. Ranasinha conducted a dramatherapy group for 25 survivors, all Catholic, most of whom had lost a family member in the attack. Following a phased model of 1) establishing safety and trust, 2) focusing on the trauma, and 3) reintegration, the author utilized the members' connection to their faith as a pathway to recovery. Integrating Bible stories and Catholic rituals into the storytelling, music, role playing, and relaxation exercises was helpful. Scenework in which members dialogued with Mary, Jesus, or Job about their experience of the attack was revelatory due to the scaffolding provided by their shared religious tradition. In particular, framing Jesus and Mary as archetypes of compassion and empowerment and using the Way of