

Moving Creation:
A Dance/Movement and Drama Therapy-Based Program
For Preadolescent Identity Repair

Thesis

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ABSTRACT

This literature-based study has been designed to create a service program grounded in developmental, socio-cultural and creative arts therapy theory for adolescent identity repair and development for emotionally disturbed, socio-economically deprived preadolescents. The service program is based upon a synthetic theory matrix that emerged out of the process of literature analysis and consolidation. The domains that emerged within the literature analysis concentrated on the socio-cultural and developmental influences upon identity formation at preadolescence and adolescence and the effectiveness of creative transformational artistic processes to assist preadolescent identity repair.

The study has identified socio-cultural paradigms and processes that lead to systemic imbalance. This systemic imbalance has in turn been identified as a causal factor in the development of adolescent behavioral pathology. Principles have been identified within community psychology, feminist psychology, cultural anthropology, object relations theory, as well as within clinical dance/movement and drama therapy processes and techniques that effectively address the complex developmental needs for the targeted population. The synthetic matrix combines and distills these principles and techniques into an integrated whole for the purposes of program construction.

This study presents a dance/movement and drama therapy-based, after-school service program for identity repair that is specially designed for socially marginalized, disturbed preadolescents. This service program has been designed to run in tandem with the school year and is described in detail using a 5-part framework.

DEDICATION

I wish to dedicate this study to the children at F.L.E.C.S. whose resilience and courage in the face of overwhelming odds I am deeply humbled by, and who taught me so much about the healing powers of love, play and creativity.

I wish also to dedicate this study to the spirit of indigenous ritual that is alive within us all and that has lasted over centuries helping communities and individuals to celebrate their interdependence, and to foster a community spirit. I wish to honor all creative community healing structures from all traditions that continue to provide vital links to collective ancestor wisdom and life affirming ceremonies in our modern times; ceremonies and rituals that help us to adapt and find meaning and purpose in our constantly changing world, while serving to help strengthen our relationship with ourselves, each other, and our planet.

Finally, I would like to thank and honor the Coast Salish people for the beauty and healing power of their spirit dancing ceremonial, and for their successful efforts in keeping their culture's healing traditions alive and well despite tremendous external challenges. Their ceremonies teach us much about the effectiveness of indigenous cultural traditions, and the power of a supportive community in the healing of individual pathology, and in the healthy development of youth.

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Chapter 1

Introduction

The purpose of this literature-based study is to develop a theoretical framework from which to design an effective long-term psycho-educational dance/movement and drama therapy after-school program that will have a significantly positive and potentially lasting impact on the impaired identity formation processes of clinically disturbed, socio-economically disadvantaged preadolescent children. Literature has shown that these children who have been exposed and/or subjected to abuse and neglect are at risk of violence, self-harm, early pregnancies, delinquency, and drug and alcohol addiction (Count Van Manen, 1984; Fergusson & Horwood, 1998, Gable, 1998; Kilpatrick & Williams, 1998; Lefcourt, 1976; Green, 1992). Literature has further shown higher incidents of abuse, neglect, and violence, self-harm and delinquency, and other indicators of pathological identity formation among children in environments of socio-economic deprivation and socio-cultural disintegration (Count Van Manen, 1983; Fergusson & Horwood, 1998; Gable, 1998; Green, 1992; Sampson, 1997; Reid et al., 1999; Gest et al., 1999; and Conger et al., 1999). More alarmingly, the rise in neglect is continuing on a national scale (Gable, 1998).

Authorities indicate that the above-mentioned risks are associated with problems of identity formation during the preadolescent, adolescent, and preadult years (Fergusson and Horwood, 1998; Erikson, 1956; Blos, 1962; Frankel, 1998; Kestenberg, 1975; Piaget,

1948; and Jilek, 1974). Many claim that preadolescence is an ideal time for intervention (Blos, 1962; Erickson, 1956; and Frankel, 1998) in that the identity is the most diffuse since early childhood, and thus the greatest potential for therapeutic change is present at this time as well as the greatest risk of harm. These authorities have identified a need for effective, large-scale, long-term therapeutic programs for socio-economically deprived, abused, and neglected preadolescents (Dequine & Pearson-Davis, 1983; Count Van Manen, 1984; Walsh- Bowers, 1992; Rakoff, 1995; Jilek, 1974). However, because few long-term models are available, this thesis advances the formation/development of a program that can actively initiate identity reparation processes at the preadolescent stage of development. Such is accomplished by means of the following: (1) a comparative review of the literature on identity formation processes throughout childhood and adolescence with two subsections (a) an overview of object relations theory and (b) an phasic review of identity formation processes that occur preadolescence and adolescence; (2) a comparative review of impact of culture upon identity formation; (3) a comparative review of essential healing processes within creative transformation; (4) a comparative review of the clinical dance/movement and drama therapy techniques that would be effective with clinically disturbed socio-economically deprived preadolescents.

The thesis results first in the development of a theory matrix that offers a consolidation of theory from psychodynamic, Jungian psychology, feminist psychology, community psychology, sociology, anthropology, and creative arts-based therapy domains and presents a database of multi-modal creative-arts-based therapeutic techniques designed to meet the clinical developmental needs of the targeted population. From within this framework, a dance/movement and drama therapy-based service

program for preadolescent and adolescent identity repair is built and presented.

Studies published since the mid seventies have shown that delinquency and violent behavior patterns among disturbed, abused, and neglected preadolescents can be reduced by therapists' use of a variety of creative arts therapeutic and educational approaches. These approaches originated from psychodynamic, community-based, and relational theoretical healing frameworks, as well as from indigenous healing rituals and ceremonies (Community Education Team, 1999; Dequine & Pearson - Davis, 1983; Count Van Manen, 1984; Frankel, 1998; Walsh- Bowers, 1992; Emunah, 1985; Johnson, 1987; Johnson, 1998; Jilek, 1974; Rakoff, 1995; Duggan, 1995; Farr, 1997; Turner, 1982). However, no program has been developed from a theoretical matrix that combines these frameworks together for the purposes of preadolescent identity development and repair. Moreover, there is a noted absence of studies measuring the impact of experientially based transformation process programs upon identity development and repair for socio-economically deprived preadolescent and adolescent populations.

The overall goals of the program will be to assist the disturbed preadolescent child in the development of an identity that views itself as creative, transformative, and separate from a possibly chaotic and harmful home environment, over the course of one school year. The 7th grade school year, which covers roughly the ages of 11 – 13, would be the best year for the program's implementation, since the largest number of children would be at the preadolescent stage at the same time. Moreover, because 7th grade is a year of transition from grade school to junior high school and because preadolescence is itself a transitional phase (transitional phases often pose the most difficult developmental

hurdles for normal children not to mention clinically, disturbed children), effective therapeutic support at this time would be extremely beneficial for the targeted population (Kestenberg, 1975). Preadolescents are typically the most resistant to therapy, the most wary of adults, and the most inclined to create their own exclusive, peer-based communities (Kestenberg, 1975); therefore, the creative theater process, with its emphasis on peer-based creative decision-making and unique ability to activate and channel adolescent resistance, would help to engage potentially resistant, emotionally disturbed preadolescents (Emunah, 1985).

The phases of the therapeutic process and techniques utilized in the program are a direct reflection of the theory matrix and conclusions drawn from the programming review. One of the most important goals of the program is the formation of a long-term healing sub-community in which identity-formation reparative processes can occur. The nature, qualities, and qualifications necessary to be a facilitator of this program are made explicit.

The thesis offers a database for dance movement therapists who are interested in integrating creative and therapeutic theater techniques into their work with this population, and provides for clinically disturbed, socio-economically deprived preadolescents an integrated intervention program that can subsequently be used in research and/or implementation in educational, clinical and community settings.

The assumptions that underlie the matrix of this thesis have been informed by readings in object relations-based developmental theory; psychodynamic theory; group dynamics; feminist relational theory; Jungian theory; creative arts therapy theory; community psychology; anthropology; sociology; performance studies; cognitive

developmental theory; and the author's personal and professional experience as an actor, dancer, theater educator, director, and dance movement/therapist and environmental/social activist.

The objective of this study is to design a program to operate in tandem with the specific school year. School systems attempting to educate the targeted population do not have long-term therapeutic structures in place to match the level of intensity and chaos in which these children live (Aponte, 1994; Green, 1992; Sampson, 1997; Reid et al., 1999; Gest et al., 1999; Conger et al., 1999; and Rakoff et al., 1995). It is the hypothesis of this study that the literature will support the design of a therapeutically structured, peer group-based, kinesthetically active performance creation process. The goals of such a program are to provide the energetic intensity and opportunity for safe, cathartic expression of pent up destructive emotions and ideations, while providing an organizing structure that will enable these children to access, channel, and transform that intensity through symbolic artistic processes in a therapeutic community. The therapeutic processes within this dance/movement and drama therapy-based performance group model are designed to assist identity development and repair by providing the participants the opportunity to develop healthy peer and adult relationships, as well as positive identifications and interactional skills, new internal and external coping mechanisms, and the experience of increased capability within an ideal social microcosm.

This study, by being limited to the targeted population, does not specifically address the potential needs of similarly disturbed, preadolescent children from other socio-economic environments as well as the potential needs of "normal" preadolescents. Also, since children reach puberty at different times and the environment of the targeted

population is so unstable, the program might need to be extended to cover 8th & 9th grades. Participation in a continuing dance/movement and drama therapy program during these years would allow these children a psycho-educational and hygienic enrichment program within which they could develop any number of self expressive and explorative, creative theater projects, while the children would continue to experience the unique therapeutic benefits of a creative arts-based, healing sub-community. Although, the program suggests avenues of research, there is no test of the program in this study. However, the program has been designed to provide a working framework for research. Another consideration is the difference in developmental process and concerns for boys and girls. Perhaps there need to be three different programs: one for girls, one for boys, and one that combines both boys and girls. To explore the question of gender related programming is beyond the scope of this study.

Chapter 2

II. Literature Review

This literature review will begin with a comparative review of developmental theories on identity-formation processes throughout childhood and adolescence and will be followed by a review of the impact of culture and society upon identity formation. The third section of the literature review will examine the transformative nature of creativity, and the final section will review clinical processes of therapeutic action within dance/movement and drama therapy.

A. A comparative review of developmental theories on identity formation processes throughout childhood and adolescence

What is the fundamental nature of the self? How does one define and conceive of identity? There are many schools of theory on this subject, covering the realms of psychology, theology, sociology, philosophy, anthropology, and science, to name but a few. Erickson, (1956), a psychoanalyst, suggested that the self is an “evolving configuration” and that identity formation is a “life long development that is largely unconscious to the individual and to his society.” He suggests that identity could be defined as a “persistent sameness within oneself” that is inextricably combined with “a persistent sharing of some kind of essential character with others” (p. 57). Object relationists conceive of the self as understood via internalized representations within the

psyche, internal representations that were developed from the interaction of the self with care-taking others (objects). These internal representations serve to demarcate the self from others and the world (Schafer, 1968).

Edinger (1972), a Jungian analyst and theorist, writes that Jungians consider the self to be the “ordering and unifying center of the total psyche (conscious or unconscious)” while the ego is considered to be “the center of the conscious personality” (p. 3). He suggests that the fullest experience of identity occurs during the individuation process when the self and the ego unite in a wholesome balance without merging into one another and the “dichotomy between inner and outer reality is replaced by a sense of unitary reality” (p. 96).

The Stone Center theorists, Jordan, Kaplan, Miller, Stiver, and Surrey (1991), conceive that self is developed primarily in the process of relationship with others, and that the development of identity requires the development of all psycho-social, cognitive, spiritual, physical and sexual capacities in the context of supportive and “life enhancing” relationships (p. 21). Winnicott (1971) suggests that the self is only truly experienced when it is in the process of creative play. Community psychology theorist van Uchelen (2000) contrasts the notion of an “independent” self, (fostered by the individualist paradigm within European and American psychological traditions), in which identity is seen as something quite separate from a person’s social and cultural context; with the “interdependent” view of the self, in which the experience of self and the conception of identity are developed within the context of one’s “relationships with others (e.g., family or collective), geographic settings (e.g., home or lands), or transpersonal realms (spiritual force or ancestry)” (p.67).

While there is a great debate as to the nature of the self, most theorists have concluded that identity formation is a life long process that is significantly influenced by inter-personal relationships, and by the socio-cultural environment in which the self exists.

This section of the literature review will begin with an overview of psychodynamic developmental theorists and will consist of two parts: (A) an overview of identity formation processes from the viewpoint of object relationists: Fairbairn, Schafer, Sandler and Rosenblatt, Kernberg and Winnicott; and (B) a phasic review of identity formation processes that occur at preadolescence and adolescence: Kestenberg, Blos, Erickson, Winnicott, and Jung. I have selected a seminal work from each contributor and have often supplemented that primary material with secondary authors. These secondary authors were chosen because their interpretations have furthered the scope of the primary contributors' theories in ways that are pertinent to the topics of investigation within this study, while crystallizing the essence of the primary contributors' ideas.

1. Object Relations Theory

When considering identity formation processes from the viewpoint of the object relationists, it is necessary to begin with Fairbairn, one of the theory's main founders. Fairbairn's ideas about infantile dependence, the process of primary identification, the importance of the maternal environment (and the implications of this theory for victims of child abuse), and his concept of a transitional stage of development with a state of mature interdependence as the ultimate human developmental goal together attest to the tremendous importance of the relational context upon a child's developing identity.

Fairbairn believed that the psyche of a developing infant is formed primarily as a result of her relationship to her external caretakers whom she initially perceives as “objects.” The word “object” refers to anything external - outside of the child’s body – people, things, etc. – with which that child develops a relationship. Over time, through experiences in relationship, these objects become internalized, often pathologically, inside the child’s psyche (Grotstein & Rinsley, 1994, p. 6-7). Identity, in Fairbairn’s view, thus begins to form in relationship to others and is quite dependent on its environment.

The centerpiece of his theory is his concept of dependence, which begins with the stage of infantile dependence. He believes that the infant is in a necessary state of dependent receptivity – in which she takes in what it is given without the capacity to discriminate whether the substance is bad or good (Fairbairn, 1954). In the beginning the infant has no differentiated awareness that “objects” around her are separate from her (Rubens, 1994, p.170). Through a process of primary infant identification, the child internalizes what she is given, whether it be milk or emotional attunement, into her developing psyche and transforms the substance of what was given into a part of herself (Fairbairn, 1954).

Fairbairn believed that in a truly healthy infant environment, there would be no frustrating and traumatic experiences of separation between mother and infant, until the infant was ready to separate itself naturally. He asserts, however, that the demands of modern civilization do not allow for such a process to occur in a natural manner and as a result all children suffer, although the degree of their suffering varies depending on their particular environmental and genetic contexts (Fairbairn, 1954, p.109-110). He claims

that the experience of prolonged periods of separation or frustrating experiences at the hands of maternal caretakers constitutes deprivation, and that if depriving experiences continue the child will internalize a message that it is not worthy of being loved and will develop a “failure in the capacity to love” and to view himself as “a person in his own right”(Grotstein and Rinsley, 1994, p.12). Fairbairn (1954) posits that the “greatest trauma a child can experience” is “to feel that his objects neither love him as a person nor accept his love” (p.41). He asserts that repeated experiences of this kind of trauma will cause a child to develop an identification with deprivation and in turn this distorted internalization process will cause pathological structures to develop in his psyche.

As the infant moves out of the stage of infantile dependence, it enters into a transitional stage between infantile dependence and mature dependence, called the stage of “quasi-independence” (Fairbairn, 1954, p.144). In this stage the developing child is in the process of separating objects from its self and learning what constitutes it as a self. Relationships with others continue to be the way to develop the child’s growing awareness of its self and the selves of others (Rubens, 1994, p.170). However, this stage of transition is often marked by struggle (Rubens, 1994, p.171) as the child tries to assert his independence from his infantile objects but is still strongly identified with them. Fairbairn asserts that the only way children can “renounce infantile dependence without misgiving” is if they utterly believe that they can depend on the unconditional safety of their parents love for them (Fairbairn, 1954, p.). **(page number! – I think its 41 & 42)** Without this “assurance,” Fairbairn posits that children will develop pathological defensive symptoms and their identity formation process will become distorted and impaired. Fairbairn asserts that the reason why some children cannot renounce infantile

dependence is that they experience “too much anxiety over separation” from their objects due to repeated early experiences of deprivation and that “such a renunciation would be equivalent...to forfeiting all hope of ever obtaining the satisfaction” of their “unsatisfied emotional needs” (Fairbairn, 1954, p.). **Page number!** His conclusions have “enormous implications” for victims of child abuse (Grotstein and Rinsley, 1994, p.11).

Those who have been able to make it through the challenging stage of quasi-independence, achieve the stage of “mature dependence” in which, theoretically, two people can become “differentiated from one another as mutual objects” (Fairbairn, 1954, p. 42). Rubens (1994) believes that one of the most identifying factors of this stage is the “recognition and acceptance of individual responsibility” in relationship to others. He writes:

The state of mature dependence implies recognition of the separateness of individuals, even while they are involved in the most intimate and interdependent of relationships. Separateness thus in no way implies isolation or even disconnection. Rather, [...] it involves the acknowledgement of the unique individuality of the other in a way that is in no way diminished by the existence of the relationship between the self and that other. (p. 171)

Several subsequent theorists in the school of object relations have taken the concepts of internalization and identification further and combined them with externalization and for the purposes of this thesis their definitions are important to

mention. Johnson (1998) has organized them together in his article, *On the therapeutic action of the creative arts therapies: the psychodynamic model*. These theorists are Sandler and Rosenblatt, Schafer and Kernberg.

Johnson (1998) writes that Sandler and Rosenblatt (1962) conceive of the internalization process as a representational process, in which, as the awareness of having a self develops, there is an awareness of others (as objects) and these awarenesses are internal and have internal representations. The process of internalization and externalization are the result of psychological defenses, set in motion, which actively change the organization and psychic charge of these internal representations. These processes affect the definitions and borders between self and others and thus how self and other are differentiated in the psyche. Johnson (1998) draws on Sandler and Rosenblatt's definitions of internalization and externalization in his delineation of the difference between externalization and behavior. He writes:

Externalization can be defined as the process by which the location of a lived experience shifts from the representation-as-self within the person, to a representation as other. What goes between one person and another is behavior, which presumably is shaped by- but not identical with – these internal representations. (p. 88)

Schafer (1968) considers the general process of internalization as a process of internal transformation. He defines internalization as “all those processes by which the subject transforms real or imagined regulatory interactions with his environment, and real

or imagined characteristics of his environment, into inner regulations and characteristics” (p.9). Johnson (1998), citing Kernberg (1976), suggests that the process of internalization develops progressively from incorporation (representative of the earliest developmental stage), to introjection (occurring later in development), to identification (which he sees as the latest development). He demonstrates how Kernberg differentiates between internalization, introjection and identification: describing internalization as a process in which the self is “taking in the other whole, becoming merged (in fantasy) with the object;” introjection as a process in which “aspects of the external environment are joined with the self, but maintain a degree of autonomy;” and identification as a “mature alteration of the ego in line with the loved object” which can only happen when the self has “differentiated itself from the environment” (p.87).

Schafer (1968) writes that the difference between identification and introjection is that identification involves, “modifying the subjective self or behavior, or both, in order to increase one’s resemblance to an object taken as a model;” whereas introjection relates to “carrying on certain purely internal relations with an object represented as such (the introject)” (p.16). Schafer further clarifies the definition of incorporation in this way, “incorporation usually expresses either the wish to continue one’s relations with the other person within oneself (to introject it) or the wish to assimilate one or more aspects of the person into oneself and thus to acquire it for oneself (to identify with it)” (p.21).

The major object relations theorist necessary for the purposes of this thesis is Winnicott. Winnicott’s (1971) unique contribution was his belief in the primary creativity of the infant, the concept of the “good enough” mother (p.10), the necessity of

a healthy process of illusion and disillusionment in order to form a psyche that has the capacity to mediate between inner and outer reality, and the importance of transitional phenomena, play and creativity in developing a healthy identity and a healthy culture. He, like Fairbairn, felt that the formation of a self occurs in the context of relationships and the integrity of that self is utterly dependent on the quality of environment in which relating occurs.

In Winnicott's view, infant primary creativity is a healthy developmental process facilitated by a mother who can be counted on to be psychologically reliable. The good enough mother's job is to promote in the infant, in the earliest stages of infancy, the illusion of omnipotence. The infant's omnipotent illusion is that she is creating the breast and thus the world every time she has the need for it (Winnicott, 1971). The good enough mother's ability to adaptively meet the infant's immediate needs so that this illusion will grow in strength enables a child to develop a positive sense of its self in relationship to life (Winnicott, 1946). Winnicott (1946) writes:

Each child must be enabled to create the world [...] else the world will have no meaning. [...] It is out of not being creative, out of being isolated that the creation of objects and the world comes to have meaning. There is no enjoyment of company except as a development from essential isolation, the isolation that reappears as the individual dies. (p.111)

Winnicott is implying that the creation of meaning is psychologically inextricable from the instinctive biological urges for survival; that the development of creativity and the experience of the self as having magical power are essential ingredients for meaningful

living experience; and that these qualities can only be found and developed in the context of positive relationship with the good enough mother in the earliest stages of life.

Over time, the good enough mother gradually and sensitively adjusts her availability to meet the infant's needs with the infant's ability to tolerate frustration. In so doing, she develops in the child a necessary process of disillusionment and stimulates the use of transitional phenomena (Winnicott, 1971). Somewhere between four and twelve months of age, the child begins to substitute an object like a blanket or a soft stuffed animal or a word or series of sounds, etc. to represent the real mother as a "defense against anxiety" over separation from her (Winnicott, 1971, p 4). To Winnicott (1971) separation that allows for growth of self is a part of continuing to be in "union" with the nourishing source (p. 96-98). He infers that what enables the child to separate healthily is the knowledge that reunion with the good enough mother will take place. Winnicott (1971) believes that a child who is able to trust in the possibility of reunion with the source of nourishment after separation is able to trust in the world and in itself, and that children who have had unreliable mothering experiences will have difficulty trusting. Their capacity to develop an integrated, reliable and meaningful sense of self will be compromised (p. 101-103).

At around two years of age, the child makes a shift from believing that she created the mother and the world, to beginning to explore through symbolic representation a sense of herself in relationship with other objects in external reality. In so doing the child begins to "play" (p.96). The place where play occurs Winnicott has called a "transitional" space (p. 2-3). He states that this space is neither subjective nor objective, but rather an "intermediate area of experiencing" (p.2) where a child in a "near

withdrawal state” (p. 51) can act out his or her shifting internal relationship with the external world in a way that can resolve existing frustration or tension within that paradoxical relationship through the activity of play itself (p.41-51). In so doing, the properly nurtured child retains the ability to access the magic and the power of her earlier experience of union with the source of nourishment, while undergoing the experience of separation from that source. Winnicott (1963) believes that because play “frees” the experience of “instinctual life” (p.104), it facilitates, in the proper nurturing environments, the development of healthy guilt, constructive behavior and concern and contributes to the development of a healthy sense of self (p. 104 - 109).

Winnicott (1971) writes that there is a “direct development...from playing to shared playing and from this to cultural experiences” (p.51). He asserts that the “intense experiencing” that is found in play also “belongs to the arts and to religion and to imaginative living, and to creative scientific work” (p. 14). He writes that the “opportunity for formless experience” and for expression and release of “creative impulses, motor and sensory,” that is the “the stuff of playing” is also the “basis” of “the whole of man’s experiential existence” (p. 64). He writes:

We experience life in the area of transitional phenomena, in the exciting interweave of subjectivity and objective observation, and in an area that is intermediate between the inner reality of the individual and the shared reality of the world that is external to individuals. (p.64)

2. Phasic review of identity formation processes that occur during preadolescence and adolescence

This section of the literature review will begin with researcher and theorist Judith Kestenberg and concentrate mainly on the stage of preadolescence. **Kestenberg (1975)** observed that children pass through eight psychophysical developmental stages on their way to puberty and that each stage has its own body attitudes, movement characteristics, psychosexual motor rhythms and psycho- social tasks. These stages are neonatal (0-1 mo.) – which is a time of working to organize the body in order to stay alive; oral (0-1-1 ½ years) – a time of working to develop communication and attachment; anal (1 ½ – 2 ½ years) – a time of separating out self from environment; urethral (2 ½ -3 ½ years) – a time of discovery of gender identity and the development of memory; inner genital (3-4 years) – a transitional time of physical and emotional regression and focus on internal and external control; outer-genital (3 ½ -5 ½ years) – a time of increasing physical mastery and modulation of the whole body; early latency (5 ½ - 6 ½ years) – a time of resolution of gender identity and establishment of sexual identification; latency (7-11 years) – a time of developing social and cognitive skills in widening social sphere; and finally prepuberty (approximately 11- 13 years) – a transitional time of identity diffusion, regression to earlier stages and reintegration of psycho-physical self before the advent of puberty (Kestenberg, 1975).

Kestenberg defines preadolescence as a transitional stage of development marked by psychophysical identity diffusion similar to the identity diffusion that occurs between the pregenital and outer genital phases of early child hood (ages 2 ½ - 4). Like the early

childhood transitional stage, preadolescence is marked by an initial regression and culminating reintegration process. The regression is initiated by “an influx of inner genital sensations” from inner genital organs that “evoke regressive discharge through pregenital channels at the same time that changing sensation in outer genitals call for another form of genital discharge” (Kestenberg, 1975, p. 347-348). She writes that the intensity of these inner genital sensations “increase the need for externalization” which in turn helps “body image formation” to “regain a focus” and assists the child’s eventual process of reintegration (Kestenberg, 1975, p. 347). She writes that prepuberty’s “onset” is marked by “the appearance of secondary sex characteristics” (Kestenberg, 1975, p. 346), (such as hair growth, rapid body growth, breast, penis and testicular growth, hormonal changes, vaginal discharge, ejaculatory excretions, changes in body odor, etc.). Physical characteristics of this stage are a mismatching of postural and gestural movements, due to these rapid physical and hormonal changes, with a corresponding tendency to be intensely preoccupied with the body and a tendency to exaggerate or conceal body parts. She writes that patterns of “vague, disjointed,” and “profuse communication” with similar kinds of “movement, actions,” and “approaches to problem solving” (Kestenberg, 1975, p. 297) as well as “frequent eating jags,” “unaccountable giggling, laughing and crying fits and unexpected coarseness in behavior” are all characteristic of prepuberty and “contrast sharply with the composure of latency” (Kestenberg, 1975, p. 349). Emotionally, the prepubertal child is in a state of identity disintegration out of which ungovernable and rapidly changing feelings often prompt “inappropriate affective outbursts” (Kestenberg, 1975, p. 349) leading to intolerable shame. She writes that the “defensive use of aggression disrupts the cohesiveness of the

ego” and “once more” parents find themselves caught in the middle of a child’s struggle “between independence and dependence, between activity and passivity, and between sadistic attacks and masochistic suffering” (Kestenberg, 1975, p. 348). In reaction to all this internal and external upheaval, pubertal children tend to withdraw from their parents, exaggerate friendships with their peers and idealize adults other than their parents (Kestenberg, 1975, p. 349).

Because the prepubescent identity is in a natural state of dissolution and regression, Kestenberg asserts that preadolescence is an ideal time for therapeutic intervention. She writes that “maladjustment” during latency is a direct result of “a failure to resolve pregenital problems in early childhood,” which then leads to a “distortion” in the resolution of the Oedipus complex resulting in a “deviant integration” in the superego (Kestenberg, 1975, p. 348). She asserts that it is “important to treat children who suffer from poor integration of psychic structure before puberty sets in” and states that the time of prepuberty diffusion affords a child a “a second chance to create a new organization which may lead to a more wholesome redistribution of psychic forces.” (Kestenberg, 1975, p. 348).

Kestenberg (1975) writes that therapy at this stage is “difficult” however, partly because of the preadolescent child’s tendency to withdraw from adults and align with peers, but mostly because he is “so busy trying to put together the pieces of things falling apart that he cannot bear to look at undesirable parts of himself for any length of time” (p. 348). She writes that while therapeutic effectiveness is hard to assess due to the regressive nature of the stage, therapy will be more successful if a therapeutic alliance has been “firmly established” before prepuberty diffusion begins (p. 348).

She claims that is important to initiate identity reparation at this stage because the superego will soon reconsolidate itself in the last phase of adolescence. If the child's relationship to its internal objects has not been successfully healed and the superego enters into puberty with deficient identity reorganization, the damage will be much harder to undue (Kestenberg, 1975, p. 449).

Psychoanalyst Peter Blos (1962) considers adolescence to be a time that is extremely favorable for therapeutic intervention. He writes that puberty is a time of transition and transformation that “allows” for “infinite elaborations” (1962, p. 218) within the psyche as it moves through the maturational processes of the stage and states that “because of its emotional turmoil,” adolescence “often affords spontaneous recovery from debilitating childhood influences and offers the individual an opportunity to modify or rectify childhood exigencies which threatened to impede his progressive development” (Blos, 1962, p.10).

Blos (1962) states that adolescence is the time of the “second individuation” process in which a child re-experiences and reworks the processes of distinguishing her self from external objects, parental, social and cultural, that first occurred around the age of two and ½. He writes that in adolescence this differentiation process is “far more complex” than in early childhood in that it is leading to a “final [...] sense of identity” (1962, p.12) and states that at the end of this stage the adolescent will either have become “characterologically stabilized” or will have developed “permanently debilitating symptoms or character disorders” (1962, p. 11). He writes that the process of individuation brings with it feelings of “isolation,” “fear,” and sadness because there is a

concrete and often overwhelming “realization of the finality of the end of childhood, of the binding nature of commitments, of the definite limitation to individual existence itself” (1962, p. 12).

Blos writes that the development of “social competence,” “new physical and mental capabilities,” an increased capacity to tolerate tension, concentrate, learn and achieve a greater mastery of tasks and the environment, that are important achievements of a successful latency period help to prepare the way for adolescence (1962, p. 15). Psychological achievements of latency include the widening of “the conflict-free sphere of the ego” (1962, p.15), the stabilization of object relations, and the development of “reliable methods” for “maintenance of self esteem” (1962, p. 16), all of which will be tested strongly at the beginning of adolescence. Like Kestenberg, Blos (1962) also asserts that pre-latency experiences significantly affect the progress and nature of adolescence, and sums up the factors which affect adolescence in this way:

The adolescent process which molds the personality in decisive and final ways can only be understood in terms of its antecedent history, the innate maturational push, and goal-oriented strivings, because these factors, in mutual interaction, effect the final personality formation. However, the uniqueness and the specificity of adolescent development is determined by preceding psychological organizations and by individual experiences during the pre-latency years (p. 16).

Blos states that preadolescence is the time when the pre-latency experiences are closest to the surface. He writes that during preadolescence there is a “qualitative

increase of instinctual pressure” which “leads to an indiscriminate cathexis of all those libidinal and aggressive modes of gratification which have served the child well during the early years of his life” (1962, p. 57). He states that the preadolescent regression to “pregenitality” effectively signals the end of the latency era’s “instinct control” and “social conformity” as the child becomes “more difficult to reach, to teach and to control” (1962, p. 58).

Blos states that because the preadolescent child has a superego of its own to meet its renewed intense desire for “instinct gratification” it develops many defenses at this time which cause the child to “develop skills and interests” that win “peer approval and peer prestige” as well as “to indulge in ...over compensatory actions,” and “in compulsive behavior and obsessional thoughts to bind anxiety” (1962, p.59). One of these defenses is the “socialization of guilt” (1962, p.59) in which individual guilt is displaced onto a group in general or more specifically onto a group leader. He writes that “the phenomena of shared or projected guilt feelings is one reason for the increasing significance of group or gang affiliation during this stage”(1962, p. 60).

Blos asserts that because pregenital impulses manifest themselves so strongly at the onset of puberty there is a need within the psyche to organize these drives in a way that is reality based and conflict free. He claims that adolescent reorganization process is not just drive oriented but directly involves the ego functions and that at the time of preadolescence a great deal of magical thinking from the time of pregenitality needs to be worked through. He suggests that activities that promote the development and expression of creativity are an important way to facilitate the differentiation of fantasy from reality, while affording magical thinking an arena to exist on its own terms. He suggests that

creative development throughout adolescence will not only develop reality testing, but will also widen the conflict free sphere of the adolescent's ego and promote ego strength and flexibility. This ego strength will in turn promote successful drive reorganization and self-control, which will result in maturity (1962, p. 222 - 223).

Erickson's (1963) popular view of identity formation encompasses eight progressive stages, each with its own developmental conflict and/or task to overcome and master. In the first stage (birth – 1 yr), “Trust versus Mistrust” (1963, p. 247) the child's identity forms in relationship to the reliability and quality of the maternal environment. In the second stage (1 – 3 yrs), “Autonomy versus Shame and Doubt” (1963, p. 251), the child's identity struggles with its separateness and developing sense of will while working to assimilate the “principles of law and order” (1963, p. 254) from the parental environment. In the third stage (3-6 yrs), “Initiative versus Guilt” (1963, p. 255), the child, in a struggle between the moral codes and relational boundaries within the family environment, role opportunities in the outside world and his own omnipotent possession fantasies aroused by developing genitality, is awakening to an understanding of conscience. In the fourth stage (6 – 10 yrs.), “Industry and Inferiority” (1963, p. 258), the child is establishing self worth through developing skills within a widening social network of school and community (p. 247 - 261).

The fifth stage, “Identity versus Role Confusion” (p. 261), occurs at adolescence, and spans the ages of 11-18 in progressive sub stages. The clarification and establishment of a “final” (p. 261; 1956, p. 72) sense of identity, sexual, occupational, relational and personal, as well as the establishment of fidelity in friendship, love and

family are the stage's developmental tasks (Erickson, 1956 & 1963). During this time adolescents are searching for the sense of "continuity and sameness" (1956, p. 67) that they had in childhood amidst rapid psychosocial and physiological changes, and in order to achieve this inner continuity they undergo a review and reintegration of earlier developmental battles and childhood identifications. As a result of this process, the adolescent "is apt to suffer more deeply than he ever did before (or ever will again) from a diffusion of roles" and that for many, "previously latent disturbances" will erupt in full force" (1956, p. 72). In order to fend off identity confusion and regression, adolescents turn to peer group affiliations and adult "idols" and "heroes" who function as "guardians of a final identity" for them (1963, p. 261). To Erickson, the adolescent mind becomes an "ideological mind" (1963, p. 263) searching, through active experimentation, for an enduring framework of social values on which its final identity can stand upon firmly.

Erickson defines adolescence as a "normal phase of increased conflict" and anxiety in which the ego seems to be losing its integration but in reality is in a healthy reorganization process (1956, p. 72). For Erickson, the "playful" and often "daring experimentation in fantasy and introspection" (1956, p. 72) that typifies adolescent behavior is a necessary part of adolescent ego development. He writes that cliques provide a relational arena of joint support, similar to Winnicott's transitional play space, in which adolescents together can playfully work through "inner and outer dangers (including those emanating from the adult world)" (1956, p. 73). He writes that the extent of adolescent regression depends upon "the quality of opportunities and rewards available" from peers and "the more formal ways in which society at large invites a transition from social play to work experimentation, and from rituals of transit to final

commitments”(1956, p.73). Erickson states that while there is a “great variation in the duration, intensity and ritualization” of adolescence amongst different societies, all societies have a “joint task” with their adolescents that is “formidable” (1956, p.66) and that community acceptance and recognition is essential for adolescent developmental health:

It is of great relevance to a young individual’s identity formation that he be responded to, and be given function and status as a person whose gradual growth and transformation make sense to those who begin to make sense to him. (p.67)

This social recognition will help the adolescent experience a returning sense of “inner continuity” that will help him to “bridge what he *was* as a child and what he is *about to become*,” (1956, p.67). The importance of the relational context, i.e. community, family, friends, upon the adolescent identity formation process cannot be overstated here.

Erikson (1956) writes about the powerful influence of relationships on the growth of and awareness of what it is to be a self:

The young individual must learn to be most himself where he means most to others – those others, to be sure, who have come to mean most to him. The term identity expresses such a mutual relation in that it connotes both a persistent sameness within oneself (self-sameness) and a persistent sharing of some kind of essential character with others. (p.57)

He concludes by stating that the “sense of identity” once achieved, is “like a “good conscience,” “constantly lost and regained” throughout life, but states that “more lasting and more economical methods of maintenance and restoration” of identity “are evolved and fortified” by adolescence’s end. (1956, p. 74)

Winnicott (1971), in addressing specifically developmental struggles that occur at adolescence, writes that the phenomenon of the death and murder is a significant element of the adolescent unconscious. He writes that “death and personal triumph” (1971, p. 145) is a part of this phase because “growing up means taking the parent’s place” (1971, p. 144). The unconscious desire to murder the parent is a necessary aggressive energetic motivation to push out of childhood and become an adult. Death in this instance thus can be dually conceived as death of the child self. The childhood game “I’m the King of the Castle” becomes in adolescence “a life-situation” (1971, p.144). He writes:

‘I’m the king of the castle’ is a statement of personal being. It is an achievement of individual emotional growth. It is a position that implies the death of all rivals or the establishment of dominance. The expected attack is shown in the next words: ‘And you’re the dirty rascal’ (or ‘Get down you dirty rascal’). Name your rival and you know where you are. (p.144)

Winnicott (1971) writes that parents need to facilitate this process by taking a stand against the adolescent challenge to adult authority by asserting “the right to have a personal point of view that may have the backing of other adult people” (p. 147) in

confrontation, and holding the reins of responsibility firmly, while supporting the adolescent's passionate and exciting search for meaning and identity within himself. He writes that "society needs to be shaken by the aspiration of those who are not responsible" (1971, p. 146) but insists that adolescent immaturity is necessary for successful adolescent growth to adulthood and adults must hold their positions as authorities in order for this growth to healthfully occur. Winnicott (1971) concludes, "Triumph belongs to this attainment of maturity by growth process. Triumph does not belong to the false maturity based on a facile impersonation by an adult" (p. 147).

Jung views the psychological processes that occur at adolescence as a very significant phase of awakening the lifelong experience of individuation within the self. He views individuation as a process of differentiation in which the "psychological individual" perceives him or herself as "distinct from the general collective psychology" (1971, CW 6, para 757, p. 448). Jung writes that prior to adolescence, the child's psyche is "enclosed in the psychic atmosphere of its parents," and that its consciousness of its self as a unique psychic entity is "not yet born." At adolescence he writes, there is a "psychic birth," in which a "conscious differentiation from the parents" naturally occurs spurred on by the "eruption of sexuality" at puberty (1969, CW 8, para 756, p.391).

Fordham (1957), a Jungian developmental theorist, writes that the developmental process from childhood to maturity involves a constant de-integration and reintegration of self conception which in turn cyclically pushes the psyche into growth (p. 116 - 118). Fordham (1957) posits that there is a primary or original self present at birth that is porous and open to the influences of parents and the environment, and quite distinct from

the later developing child identity that is the result of identifications with one or both parents, and emotional and cognitive maturation. Out of this primary self, the child develops from a state of unconsciousness, to pre-consciousness, to consciousness. (1957, p. 104 – 116). He believes that the child's growing conscious awareness of what it is to be an 'I' and the development of the child's ego above the interests of the self must be the focus of childhood, while the focus of adulthood is the sublimation of the ego to the greater more holistic, demands of the self (1957, p. 116).

Jung's view of the self focuses on the process of transformations that are occurring in the self over the life span, rather than tracking the development of defenses. According to Jung adverse life conditions are opportunities for the growth of the psyche and serve to continually facilitate the connection with the archetypal self (1969, CW para 143, p. 73). Frankel (1998), a Jungian analyst, describes the self's manifestation at adolescence as, "[...]the force that holds together the adolescent's inner world during the upheavals of adolescence; it has its own set of defenses in contradistinction to the defenses of the ego" (p. 37).

Like Jung, Frankel (1998) views the crisis like nature of the adolescent period as naturally initiative of an individuation process. He considers adolescent pathological behavior as "expressing the struggle of wrestling with problems that involve the psyche in extremis" (p.115 -117). From an archetypal perspective, Frankel like other archetypal Jungian theorists, sees a unifying connection between the individual psyche and the world, and considers that the individuation process occurs within the context of a larger "world reality" or collective consciousness – suggesting that the adolescent search for identity needs to be connected to finding meaning in the world as a whole (1998,

p.116). Guggenbuhl-Craig (1971) suggests that adolescence is a time of grappling with existential issues of life and death, which stimulates an active search for meaning in the self.

Frankel (1998) suggests that adolescence is a time of becoming – of looking to the future. He asks that adolescent behaviors and symptoms be observed through the lens of unconscious archetypal motivation (1998, p. 44). He writes, “From an archetypal perspective we might ask: how do the songs, poems, dances and stories resonate with pre-existing patterns in the adolescent psyche that actively demand expression?” (p. 50)

Cultural and community recognition is extremely important to the adolescent process of becoming and Frankel asks the question “what kind of world does the spirit awaken to in adolescence?” (1998, p. 50) He asks that contemporary adolescent therapists consider the effect of the community on the adolescent, suggesting that the “emerging spirit in youth” needs to be “received by the culture” in a positive and meaningful way, because the quality or lack of community recognition and support for the adolescent will have an “impact” that will have “lasting consequences” upon the formation of his or her future identity (1998, p. 50).

Hillman (1990), a progressive Jungian theorist, considers adolescence as a time of the “call” of “the spirit” (p. 184), a time when a new spirit “of becoming, of self correcting growth, of being beyond itself (ideals)” is in a state of “emergence within the psyche” (p. 189-190). Frankel (1998) concurs stating that adolescence is a time of “unique and originary” experience as well as intensity and writes:

Following Hillman, I am intimating that something is born or awakened in adolescence that was not generated in childhood. Hillman refers to it as a kind of a spirit. This spirit in adolescence is hungry for experience and seeks extreme states of being, whether they are emotional, bodily or ideational. (p.49)

He warns adults to be wary of their own transference during adolescence and supportive of the nascent idealism of the adolescent, warning that the “political apathy and despairing nihilism” of our current time may be a direct result of adult discomfort with and subsequent discounting and repression of the passionate ideas of youth, due to painful memories of “shattered ideals” during their own adolescence (1998, p.49). He asserts that it is important not to “fix or transform” the adolescent in his or her “unformed” state, but to be “nurturing of,” “moved by,” or able to “truly” witness the adolescent’s state of being as it moves through the process of transformation (1998. p. 49). The adolescent psyche “can be relied upon to guide the therapeutic process,” Frankel asserts, and suggests that adults need to act as responsible containers, and that life in its ever changing aspect will bring difficulties and opportunities that will be the real agents of growth (1998, p. 46).

B. Comparative Review of the Effect of Culture upon Identity Formation

The literature review will now be expanded to examine the macrocosmic effect of culture upon identity formation. The effect of culture upon identity formation from feminist and community psychology as well as anthropological domains will be

undertaken; culminating in a review of the effect of socio-cultural disintegration upon the development of psychopathology during adolescence.

Jordan, Kaplan, Miller, Stiver, and Surrey (1991), and Miller (1976)

founders of the feminist relational model, offer a novel envisionment of culture, power and interaction. Miller (1991), critiquing explicitly, as Fairbairn did implicitly, the traditional assumption that separation from dependence upon others is a sign of psychological well being, offers a reanalysis of Erickson's developmental stages from a feminist point of view. She writes that Erickson, while emphasizing the importance of increasing autonomy through his stages, does not emphasize explicitly the "development of greater capacity for emotional connection to others; or for playing a part in the growth of others as well as one's self" (Jordan et al., 1991, p. 12). She writes, "[...]when the individual arrives at the stage called "intimacy," he is supposed to be able to be intimate with another person- having spent all of his prior development striving for something very different" (p. 12).

Miller (1991; 1976) suggests that the lack of emphasis in the psychodynamic tradition on the importance from birth of developing an ability to successfully interact with others was developed primarily by a dominant group of socially comfortable white men living in a cultural context when their basic needs were supported socially and culturally mostly by women and men considered subordinate to them. These men and women were considered subordinate either by sex, race, culture and/or socio-economic status and were for the most part culturally denied the opportunity to achieve the state of autonomy which the dominant group enjoyed and which the subgroup labored to enable

them to experience (Jordan et al., 1991, p. 12; 1976, p. 21-24). This social imbalance, in which power over others was concentrated into the hands of a homogenous few, has resulted in a socio-economic and cultural dynamic that is centuries old, in which power has been defined by the capacity to control others and possess things and land. Surrey (1991) writes that current psychological theories which emphasize the development of autonomy and mastery over the development of responsible interactional skills are incomplete and carry with them an implicit acceptance of a pathological system that measures itself primarily in terms of “size, strength and power of dominion ” (Jordan et al., 1991, p.165).

Miller (1976) posits that the value our cultural tradition places upon the “power of dominion” arose when “the perceived physical hazards of the physical environment” seemed most frightening and suggested that “tendencies” that might interfere with mastery of the environment, such as strong feelings, emotional attachment and bodily weakness would be devalued in that context by those who were establishing control (p. 23). According to Miller (1976), the dominant group’s unresolved problems (arising from their own stunted, avoided, and displaced emotional development in pursuit of dominance) have caused them to project what they will not look at in themselves upon the others whom they have subordinated and the result is systemically pathological (p. 46-47). She concludes:

I do see that our dominant society is a very imperfect one. It is a low-level, primitive organization built on an exceedingly restricted conception of the total

human potential. It holds up narrow and ultimately destructive goals for the dominant group and attempts to deny vast areas of life. (1976, p. 47).

To assist this process of reestablishment of societal balance, the theorists at the Stone Center have envisioned a new model of development based on the idea of “power emerging from interaction” and Surrey (1991) writes that this model is a “synergistic and non hierarchical model of growth through the development of mutually empowering relationships” (Jordan et al., 1991, p. 165). Surrey (1991) considers this model to be primarily applicable to women but strongly implies that it has powerful and positive cultural implications for both sexes. In this model, conflict is seen as an opportunity for further growth in relationship and the principles of mutuality, empathy, empowerment, and interdependent growth thru experiences of connection and disconnection in relationship are considered the most developmentally significant.

The centerpiece to the creation of mutual empowerment is empathy. From the beginning, empathy develops within the context of an intimate relationship. The developing child’s self learns to be responsive to others directly from the quality of how he or she is being attended to by others. Miller (1991) describes this process as “feeling the other's emotions and acting on them as they are in interplay with one's own emotions” (Jordan et al., 1991, p.14).

Surrey (1991) writes that the development of empathy in relationship leads to the development of “response/ability,” an interactional process in which a child can “ ‘hold’ the psychological reality of the other” within him or herself, with an “ongoing, continuous awareness” (Jordan et al., 1991, p. 167). This “ongoing” awareness of the

reality of others leads to the development of the “capacity to act in relationship,” a process that requires an ability to “consider one’s actions in light of other people’s needs, feelings and perceptions” (1991, p. 167) and is reminiscent of Fairbairn’s developmental goal of interdependence.

Surrey (1991) defines empowerment as, “the motivation, freedom, and capacity to act purposefully, with the mobilization of the energies, resources, strengths or powers of each person through a mutual, relational process” (Jordan et al., 1991, p. 164). Growth occurs through differentiation within the context of relationships. This interdependent view of growth is similar to Winnicott’s (1971) belief that separation that allows for growth of the self is part of continuing to be in a state of union with the relational source of nourishment. Surrey (1991) writes that mutual empowerment is defined as a “life-enhancing interactional process” that has its roots in “healthy parent child development” and “can be applied to all growth producing relationships” in that it suggests a quality of interactional participation that “simultaneously enhances the power of the other and one’s own power” (Jordan et al., 1991, p.164). Surrey (1991) defines disempowerment as “[...]the difficulty in creating or sustaining a healthy relational context” and as the result that arises when the people are “[...]alienated from their own relational needs” (Jordan et al., 1991, p. 166). In contrast, Surrey asserts, empowerment comes from being able to be “responsibly interactive” and establish a “relational context where mutual power is encouraged and facilitated” (Jordan et al., 1991, p. 166). Kaplan and Klein (1991) state that conflicts that occur within the relational context are healthy as long as they facilitate “changes that must be made so that the relationship and each person in it can change and grow” and as long as they are not violating and hurtful (Jordan et al., 1991, p. 125).

Miller's (1991) goal of "agency in community" as the adolescent developmental task promotes the "active" use of "all of one's resources" in a healthy interactional process "without the connotations of aggression" (Jordan et al., 1991, p. 17).

The Stone Center theorists believe that this model can help to rectify the current pathological social structure that favors the few at the expense of many and exploits natural resources for personal gain. They also claim that these qualities will promote psychologically holistic human expansion.

Van Uchelen (2000), a researcher from the school of community psychology, makes the claim that modern research needs to examine its assumption that individualism is the ultimate goal of mental health. Like Fairbairn and the relational model theorists, he offers a view of the self that is neither purely individualistic nor collectivist, but interdependent.

Van Uchelen writes that individualistic societies (such as the United States) are "associated with independence, autonomy, agency, emotional detachment from others, and competition" and that collectivistic societies (such as the People's Republic of China) are associated with "cooperation, emotional attachment to others, concern with other's opinions, and attention to their families or relatives" (2000, p. 66). He writes that in much of psychology the self is conceived of in terms of "rigid self/nonself boundaries that clearly delineate the individual from the surrounding social field" (2000, p. 66). He states, that this is an "independent" perspective of a person, stressing "individuation and autonomy" that conceives of the "boundaries of the individual" to be "at the skin" (2000, p.67). Citing a significant body of research over the last three decades, He points out that

this view is “not universal” and “across and within cultures” there are variations that embrace a more “interdependent” view of a person (2000, p.67). Citing Triandis (1989), he describes the “interdependent view of a person” as a perspective that is “based on relatedness, social embeddedness, and interdependence” (2000, p.67). He writes:

In this view, the boundaries of the self are permeable and fluid. One’s identity is inextricably linked to, and constituted in terms of, one’s relationships with others (e.g., family or collective), geographic settings (e.g., home or land), or transpersonal realms (spiritual force or ancestry). The interdependent conception of the person is applicable in collectivistic cultures in which the collective is seen as part of the self, and the self as part of the collective. (2000, p. 67)

Van Uchelen (2000) writes that while “the relationship between powerlessness and human distress” (p. 68) is of concern for the field of community psychology and explains that out of this concern the “concept of empowerment” (p. 68) has become a centerpiece for the field, within the “Euro-American context” (p.69) empowerment is conceptualized in a way that still “reflects individualistic... views of power and control” (p.69) rather than collectivist. He writes that if the self were viewed in an interdependent and collective context, that “conceptualizations of control may need to be revised to accommodate a more encompassing view of the person” rather than simply viewing the “autonomous individual as the unit to which the experience of power and control remain” (p. 69).

He offers the point of view of feminist revisionists who suggest that the self can find power without dominating others in order to do so (2000, p. 70), and presents the concept of synergistic community as defined by Katz and colleagues in their bodies of field research of collectivist African cultures and Fiji Islanders in the 1980s, as more positive alternatives. Following Katz (1984), van Uchelen defines a synergistic community as:

[...]a state in which a community becomes highly cohesive and members freely contribute psychological resources to the collective. This creates an expanding or synergistic phenomenon in which members experience a connection with the energy of the entire community – a resource that is greater than the sum of its parts. (2000, p. 72)

Van Uchelen (2000) writes that in synergistic communities the notion of the self is one of “self-embedded-in-community” which “invokes the power of the collective in the context of shared activity, resources and identity” (p. 72). He cites Katz’s (1984) delineation of the contrast between the scarcity paradigm that exists within individualistically oriented cultures, in which “resources” be they material or psychological, are considered “finite and limited” and only obtainable through competition; with the synergy paradigm that exists within synergistic communities, in which “resources are seen as renewable, expanding and accessible to all” and are obtained and distributed through “collaboration, cooperation, and equality” (2000, p. 72). He reports from his own 1997 study of aboriginal concepts of health and wellness found

that it was “through relating the stories of others in their community that participants revealed their own views of wellness and strength” suggesting that the lens of research could be refined to address collectivist perspectives (2000, p. 74). This same study found that First Nations cultures conceive of health and wellness in terms of the “balance and harmony between interconnected aspects of individual, family, community and tribal life,” rather than in terms of the individual experience, as is the standardized method of the American Psychiatric Association (van Uchelen, Davidson, Quressette, Brasfield, & Demerais, 1997, p. 39). He writes that in this “holistic view, mental health is inseparable from the other facets of individual and collective well-being” (van Uchelen, et al., 1997, p. 39).

Aponte (1994), a family therapist specializing in work with poor families, writes that Americas “new poor” are “more distressed by want of spirit than about the want of bread.” He suggests that they may be the “richest” poor in comparison to other countries in that the system does provide them with the basic necessities of life. Still, they suffer from the “poverty of despair” which “robs” them of “meaning, purpose and hope” (1994, p.1). Aponte suggests that this despair is a result of loss of culture and connection to collective ancestor traditions that generated personal and communal meaning. He writes:

The poorest in America, either through slavery (African Americans), conquest, (native Americans), or colonization (Puerto Ricans) have lost much of their original cultures. [...] With these cultures there also came purpose, whether in

mythology or religion. They had reasons for living and loving that were independent of economic achievement. (p. 2)

Aponte suggests that white Americans also suffer from this collective loss of culture and meaning, as industries that sustained generational communities of European immigrants close, and unemployment sets off a wave of domestic violence, child abuse, family breakups, suicidal behavior and alcoholism. He writes that there is not much difference in terms of the experience of poverty of meaning between these “new poor” and the rest of America, i.e. its’ middle and upper classes. He writes that America is a society that “lacks identity, values, and structure to provide directions, safety, and a foundation for esteeming self and others” and as a result “stress, isolation, and distrust” are on the rise, as is violence (1994, p. 3). Using 1990 statistics, he writes that America “leads the world in every category of violence, including murder, rape and robbery.” He points to the destructive role of technology in minimizing human contact (i.e. the overuse of television, telephone, computer, in place of human contact) and to the inability of schools to accurately “reflect local ethnic, religious and neighborhood values” as contributing factors to the diminishment of community vitality and identity. He writes that the very diversity that makes the American experience so unique is also confusing, and proposes that conflicts over whose values to honor and whose to oppose have caused a “cultural paralysis” where “no one’s value systems are supported” (1994, p.5) which in turn leads to more loss of meaningful community experience. Aponte (1994) states that Americans “lack a national consensus that could also nourish cultural diversity” (p.5) and asserts that the communities which “have the weakest grip on their cultures” (p.5) and

cannot depend on community strength to “support, guide and protect them” (p.5) suffer the most.

Aponte writes that “chronic deprivation of socioeconomic resources and cultural supports to an ethnic group undermines the infrastructure of its communities, families, and personal psychology” (1994, p. 10). Citing statistics from the National Commission on Children (1990) and the National Commission on America’s Urban Families (1993), he reports that “children of single parents are five times as likely to be poor as children born to married couples;” that “children from fragmented families are more likely to suffer emotional and behavioral problems, than those who live with their own parents;” that “one third of all children today live apart from their fathers;” and that “father absence” is a significant “predictor [...] of juvenile crime, poor school performance, and adolescent pregnancy” (1994, p. 6).

He states that because these communities “do not have positive and well defined identities,[...]they have difficulty choosing leadership and organizing behind it,” and writes that these communities “need help organizing among themselves” (1994, p.10).

Kestenberg (1975), in her description of the final developmental task for adolescents, writes that they must become capable of “enduring intimate relationships with love objects within the framework of [...] an adult community spirit” (p. 446). She asserts that “without the maintenance of such a spirit” there can be no “safety” in the familial environment (1975, p. 446). Relating personal communication with anthropologist W. Torry (1972) she quotes him as stating that community spirit is a “visible” result, “based on special forms of group belonging that are subject to ritualization of customs,” within a group of people drawn together by “common interests

and involvement in a set of activities or ideas, which relate to the welfare of every one in the group” (1975, p.451). Considering Torry’s and Kestenberg’s view of community spirit, together with Aponte’s depiction of the state of socio-cultural deprivation of the new poor, new questions arise. For example, if “community spirit” has not been present in the community in which the adolescent was raised, nor experienced within the context of his or her family environment, how can he or she be capable of cultivating “safety” and health within the family unit and larger community as an adult?

Aponte (1994) believes that goals of therapy with the new poor needs to be supportive of their strengths in order to help them to reestablish a “personal identity and a sense of self worth” (p. 10) through the establishment of purpose and meaning in their life. He suggests that “cultural traditions, rituals and beliefs” and religion can help them to “have a vision beyond themselves to face life” and give them a strong foundation on which to build personal moral and social values (1994, p. 10).

Jilek (1974), a medical psychiatrist, working with socio-economically deprived Coast Salish Indian tribes of the Upper Stalo area in Washington State, draws on the theories of Durkheim (1897, 1915) , Merton (1938) and Aberle (1966) to put forward the concept of anomic depression as a socio-cultural symptom formation. Specifically Jilek works with Durkheim’s principles of cultural “anomie” or breakdown and the Leighton (1963) investigation into the impact of socio-cultural disintegration upon the development of psychopathology. Jilek proposes that culture confusion or “anomie” is a result of a “weakening of norms derived from membership in a particular cultural group when the members of this group are brought into close contact with the contrasting norms

of a different cultural group and are unable to integrate the two sets” (1974a, p. 52). Citing Merton (1938), Jilek emphasizes that the breakdown of social norms arises from a “dissociation” within a cultural community “between culturally defined aspirations and socially structured means” (1974a, p. 50). He observed that this dissociation causes psychological distress in lower-socio-economic populations, because it is based on an illusion of equal access to wealth and subsequent social status. In reality when drawing from the existing means within this population, access to wealth and status is quite difficult, if not impossible to obtain (1974a, p. 51). Consequently the psychological reaction to the experience of relative deprivation is quite profound. He cites Merton (1938) directly, to elaborate this point:

Frustration and thwarted aspiration lead to the search for avenues of escape from a culturally induced intolerable situation; or unrelieved ambition may eventuate in illicit attempts to acquire the dominant values. The American stress on pecuniary success and ambitiousness for all thus invites exaggerated anxieties, hostilities, neuroses and antisocial behavior. (Jilek, 1974a, p.51)

To further this point, Jilek turns to Aberle’s (1966) study of the peyote religion among the Navaho, who proposes the term “relative deprivation” as the experience of the “negative discrepancy between legitimate expectation and actuality” and/or “anticipated actuality” which in turn is a causal factor for social and psychological distress in minority communities, and again to the Leighton studies (1963) who

documented the effect of “socio-cultural disintegration” upon psychiatric symptom formation (Jilek, 1974a, p. 52).

Drawing from the concepts of cultural anomie, socio-cultural disintegration and relative deprivation, Jilek advances the concept of “anomic depression,” which he defines as a “chronic dysphoric state characterized by feelings of existential frustration, discouragement, defeat, lowered self-esteem and sometimes moral disorientation” which he believes to be the psychological result of relative deprivation and cultural confusion (1974a, p.52). He asserts that out of this overarching state of anomic depression “specific psychic and psycho physiologic” symptoms manifest that are either “intrapunitive” with “depressive,” “neurotic,” and “psychosomatic” features or behaviorally “aggressive” and externalizing with “antisocial” manifestations (1974a, p. 97). He notes that in his work with the Coast Salish, all of these symptoms, whether internalizing or externalizing or both, are combined with alcohol and/or drug abuse (1974a, p. 97). He cites Bleuler’s concept of reactive depression as similar to this “cluster of symptoms” that were manifest in many of the Indians in the Upper Stalo region at the time of this study (1974a, p. 61). He relates a Salish woman’s description of this depression,

‘The main reason for depression among Indians is loneliness, no more togetherness. And bitterness that they took away our land and our culture...The people should have a better life for what they have had to sacrifice in this country, this is one of the biggest reasons of why people are so bitter... Most young people have no idea of their background and language, they go home to their little old

shacks and half the time they're intoxicated, so they lose all their pride.' (Jilek, 1974a, p. 54).

Jilek writes that the “syndrome of anomic depression is seen as a specific pattern of individual reactions to systemic and inter-systemic events” (1974a, p. 62) and that the specific pathological symptoms that develop from these reactions are “closely related to the individual’s subjective experience of relative deprivation and cultural confusion (1974b, p. 62). He writes that tribal elder ritualists have likewise combined this specific cluster of symptoms into a term that suggests an overall pathology. They call it “spirit illness” (1974a, p. 61) and believe that the only cure for it is a re-identification with the traditional culture through “spirit dance initiation” in the tribal winter ceremonials (Jilek, 1974a, p. 80).

Although Jilek makes the claim that he conceived of anomic depression solely in the context of the Coast Salish Native American culture, there is reason to see and make a connection with his findings with the Coast Salish and Aponte’s depiction of the “poverty of despair” effecting the new poor all across America. This “despair” as Aponte suggested, is most strongly experienced in those communities whose cultures have been historically dominated by the larger culture. Greene (1992) cites extensive research attesting to the difficulties African American children face when they attempt to “imitate the dominant culture whether they accept its values or not” in order to achieve mastery at school and in their working future, how the effect of economic difficulty combined with “racial discrimination[...]intensifies the effect of impoverishment,” and how this combined effect has “historically hurt African families” (p. 65-66).

One of the best indicators of the extent of socio-cultural pathology within any given community is the mental health status of its children and adolescents.

Sampson (1997), citing results from a 1996 study undertaken by the research network on successful adolescent development, writes that “declining poor neighborhoods displayed less ability to maintain social control and in turn suffered higher delinquency rates” (1997-p. 231). He reviews a body of research attesting to the fact that “unsupervised adolescent peer groups and attenuated control of public space” create an “increased risk” for adolescent delinquency (1997, p. 231), and highlights a 1963 study by Thrasher, which found that “the origins of many gangs are unsupervised spontaneous play groups among children” (1997, p.229). He concludes by stating that “residents of stable cohesive communities are better able to control the adolescent dynamics that form the setting of group related crime” (1997, p. 229- 232).

Reid, Eddy, Fetrow, and Stoolmiller (1999), citing two 1997 studies by Patterson & Capaldi, and Patterson and Yoerger, write that “the best predictor of violent behavior is frequent criminal behavior of all types” and the “best predictor of frequent criminal behavior is delinquency that begins prior to or during early adolescence” (p. 484). Citing a 1994 study by Kazdin, Reid et al. (1999), write that the “prevalence of youth” (children and adolescents) “who exhibit clinically extreme antisocial behaviors”... is by “conservative population estimates...between one million and 4 million...at any given time” (p. 485).

Farr (1997), citing studies by Franklin (1989), Gibbs (1989), Meyers (1989) and Staggers (1989), reports that “homicide rates are highest in large urban areas where poverty, poor housing conditions and unemployment prevail;” that suicide rates are

reflective of chronic patterns of “unemployment, decreased access to education and the stresses of peer competition;” and that substance abuse has been linked to a “cross-generational pattern of chronic welfare dependency” (1997, p. 183).

Research by Gest, Mahoney, and Cairns (1999), combined with Patterson et al.’s 1992 study (cited in Reid et al., 1999), have found that a combination of socio-economic deprivation, antisocial behavior, poor middle school performance and problems with peers increases the risk for early parenthood and antisocial behavior patterns in adolescence and adulthood. Reid et al. (1999), also write that while socio-economic deprivation is a contributing factor to the development of delinquency, “consistent and constructive” parenting has been found to be a mediating factor (Reid et al., 1999, p. 485; Gest, et al., 1999, p. 543).

In their 18 year longitudinal study, Fergusson and Horwood (1998) found that young people who had reported “high levels of exposure to interparental violence” had an increased amount of “adjustment problems” i.e., “mental health problems, substance abuse behaviors and criminal offending” by the age of 18 (p. 339). The report found that these same children were also “exposed to a range of other adversities that included social and economic disadvantage, parental separation, impaired family functioning, parental alcoholism, criminality, childhood physical and sexual abuse” (1998, p. 352-353). This report also found that “exposure to father initiated violence was associated with increased risks of anxiety, conduct disorder and property crime” while “exposure to mother initiated violence was associated only with increased risks of later alcohol abuse/dependence” (1998, p. 339).

A current three year study of rural low income families suffering the effects of economic pressure by Conger, Conger, Mathews and Elder, Jr. (1999), examined how perceptions of economic pressure impacted early adolescents' confidence in their "ability to influence future outcomes in life," a frame of mind which was defined as having a sense of "mastery" (p. 524). This research found that these adolescents experienced a decline in confidence in their future, which in turn affected their overall cognitive competence and self esteem. The study also found that perceptions and experiences of family economic pressure contributes to internalizing symptoms of anxiety and depression and suggests that the reduced mastery within their school and home environments is a result of these unhealthy psychological symptoms (Conger et al., 1999, p.519 - 541). In addition, Rakoff (1995) notes the rise in "self-inflicted trauma" in adolescents and young adults since World War II, such as suicide and anorexia (p. 120). Hawkins, Lovins and Lovins (1999) suggest that all this behavior combined is a symptom of a society that is functioning pathologically. Citing 1994 statistics from the International Labor organization in Geneva, and National statistics compiled by Meadows (1996), they write:

In a world where a billion workers cannot find a decent job or any employment at all, it bears stating the obvious: We cannot by any means – monetarily, governmentally, or charitably – create a sense of value and dignity in people's lives when we are simultaneously creating a society that clearly has no need for them. If people do not feel valuable, they will act out society's dismissal of them in ways that are manifest and sometimes shocking. Robert Strickland, a pioneer

in working with inner city children, once said, “You can’t teach algebra to someone who doesn’t want to be here.” By this he meant that his kids didn’t want to be “here” at all, alive, anywhere on earth. They try to speak, and when we don’t hear them, they raise the level of risk in their behavior – turning to unprotected sex, drugs, or violence – until we notice. (Hawken et al., 1999, p.55)

The statistical evidence gleaned from theoretical investigations into the causes and contexts of adolescent clinically antisocial and intrapunitive behavior indicate a strong connection between socio-economic deprivation within the context of socio-cultural disintegration, and the development of specific types of adolescent psychopathological behavior which further contribute to socio-cultural disintegration. An individual and collective “poverty of despair” seems to be rising from collective experiences of relative deprivation among countless numbers of youth. The dangerous behavioral patterns amongst youth from communities that are falling apart, and that have no support systems to hold them in place, can be seen as symptoms of this much larger poverty of despair; symptoms that when combined constitute a terrifying and collective cry for help.

C. Comparative Review of Therapeutic Processes of Creative Transformation

What is creativity and how is it therapeutically transformative? This review will draw from a wide range of theorists and focus upon identifying the transformational and therapeutic processes inherent within creativity in an attempt to answer these questions.

1) General Definitions and Therapeutic Processes

Winnicott (1971) has written that without creativity our lives have no meaning and has discussed how important the creative process of play is to the healthy development of a child and adult. **Blos (1962)** has written that creative activity during adolescence promotes the development of a conflict free sphere within the ego thus promoting ego strength and flexibility. **Erickson (1956)** suggests that clique behavior is a playful and creative process of working through fear of adulthood that occurs within a mutually defined group holding space. **Moreno (1947)** believed that “the locus of the self,” beyond the biological, environmental, familial and cultural influences that affect its definition, is “spontaneity” and he believes this spontaneity to be the “matrix of creativity” (p. 8). He writes that the potential for self-growth “expands” or “shrinks” with the self’s ability or lack of ability to access its spontaneity and creativity (1947, p. 8). **Jungian theory** purports that the self exists in a world of inexhaustible creative and destructive potentialities that surrounds the ego and its more limited view of reality (Whitehouse, 1979, p.78). **Maslow (1971)** similarly has written that creativity arises out of a spontaneous and very present state of openness to experience in which adherence to the strictures of the ego and of real time and space dissolve. In his view easy access to childlike imagination and fantasy nourishes the self. He believes that the world in which creativity exists is pre-moral and unitary, and that within it opposing qualities co-exist paradoxically. **Bettleheim (1989)** writes that the timeless, animistic and fantastical qualities that Maslow assigns to the realm of creativity permeate the realm in which fairy tales occur.

Arieti (1977) writes that creativity is a bridging mechanism between the primary more volatile realm of the unconscious and the more conscious secondary realm of the monitoring ego. He conceives of creativity as an active transformative process, that he labels the “tertiary process,” in which the creative mind, rather than dismissing the primary as regressive or defending against its frightening aspects instead, “blends the rational with the irrational” to produce a “magic synthesis” that is the creative product or process (1977, p. 4). He writes, “It is from appropriate matching with secondary process mechanisms that these primitive forms of cognition, generally confined to abnormal conditions or to unconscious processes, become innovating powers” (Arieti, 1977, p.4).

Arieti’s view of the tertiary action within the creative process is similar to Winnicott’s (1971) view of the transitional function of creativity in bridging the internal psyche and the external world. Arieti’s view of the tertiary process of creativity is not unlike the Jungian process of active imagination. **Chodorow (1978)** writes that in active imagination an opening to primary symbolism occurs, through attuning to the “stream” of bodily sensations and impulses, and the memories and fantasies that accompany them (p.242). Once the symbolic imagery is accessed, there occurs a process of creative, symbolic enactment of that symbolism (such as drawing it, moving it, or singing it) which gives the symbolism form. Once a primary symbol is given form through symbolic enactment, the enacting participant can, using secondary process, become consciously aware of and then personally transformed by the psychic personal and archetypal meaning discovered within that symbol (Chodorow, 1978, p. 240 – 247).

Similarly, **Gorelick (1989)** writes that metaphors have a transformative and energizing function. He recalls the Greek origin of the word “to carry across” and writes

that metaphors carry meanings that help to “carry us across our transitions” in life from birth to death, and that they appear in the psyche as masks for powerful emotions (p.151). Quoting Oscar Wilde, he states that “ ‘A man is least himself when he speaks as himself. Give him a mask and he will speak the truth’ ” (1989, p.152) and writes that therapeutically working with metaphor can assist people whose psychic pain and fear makes directness difficult. He writes that metaphor “releases new energies and stimulates new experiences” and that it can “change perception of events and interpretation of experience” (1989, p.152). Similarly to Maslow, Bettelheim and Jung, Gorelick writes that metaphor, “operates at the depth where deep, but opposite, truths are, paradoxically valid, and are reconciled, producing a transcendent experience” (Gorelick, 1989, p. 152).

Concerning creative symbolism, emotional expression and transformation, dance/movement therapy pioneer, **Marian Chace (1961)**, writes that “basic dance is the externalization of those inner feelings which cannot be expressed in rational speech but can only be shared in rhythmic, symbolic action” (Sandel, Chaiklin & Lohn, 1993, p. 256). Dance/movement therapists, **Chaiklin and Schmais (1979)**, write that the non verbal symbols present in dance movement have a “universality” that “can cut across barriers due to illness, age and culture” (Sandel et al., 1993, p. 78). Similarly to Gorelick, Chaiklin and Schmais (1979) write that “symbolism in dance therapy provides a medium by which a patient can recall, reenact and re-experience” psychologically charged material without becoming overwhelmed through direct confrontation of the issues (Sandel et al., 1993, p. 78). They suggest that some psychological problems can only be accessed symbolically and that dance/movement therapists working to facilitate “symbolic interactions” (1993, p.79) with patients in a playful group holding

environment help healing to occur through the transformative process of symbolic expression (Sandel et al., 1993, p.78-79).

Likewise, **Richard Courtney's (1968)** discussion of the transformational process that occurs within children's dramatic play, describes how primary process material is revealed within the symbolic expression:

Dramatic play in children, like dreams with adults, is an expression of the unconscious. But the overt behavior of play conceals its true meaning. The deep unconscious drives are the latent meanings of play which are turned into symbols and result in symbolic thought. [...] In this sense play is a projection of the child's inner world, [...] and is the child's way of turning passivity into activity. (p.93-94)

Johnson (1998) has developed a creative arts based psychodynamic model in which he details how creative arts media function therapeutically and assist the psychotherapeutic transformation of pathological object relations. He writes that this process of transformation involves three basic therapeutic and creative processes: projection, transformation and internalization. Projection is defined as a process in which "aspects of the self are expressed in artistic products and processes (i.e., play)" (1998, p.85). Transformation is defined as the process in which "personal material, in the form of artistic expression, is then altered, worked through or mediated," and internalization is defined as the process "whereby the transformed personal material is reintegrated into the client's psychological state" (1998, p. 85).

Johnson posits that in object relations terms externalization occurs when the “location of a lived experience shifts from the representation-as-self within the person, to a representation as other” (1998, p. 88). A negative example of this would be when a boy who had been beaten by his father begins to beat others. Johnson states that “what goes between one person and another is behavior, which presumably is shaped by - but not identical with - these internal representations” (1998, p. 88) “Expression” through the arts media is, in his view, not the same thing as “behavior” such as “acting out” (1998, p.88). He writes that expression in general is a “behavioral manifestation of an internal state, either in verbal or non verbal form” and that imitation is a “behavioral manifestation of an external state” and in regards to the symbolic and transformative processes that occur during play, play behavior can express “either an internalized or an externalized representation, or both at the same time” (1998, p.88). He cites as an example of both representations the child who “plays out a scene between a monster puppet and scared little animal puppet” (1998, p. 88.). In further consideration of the role of symbolic externalization in creative therapeutic transformation, Johnson takes a passage from McNiff (1981):

In all forms of psychotherapy and Shamanism, there is an externalization, or symbolic acting out, of the inner feelings and changes that the person is experiencing. The healing relationship thus appears to be a dramatization that not only gives tangible form and clarification to private feelings but which also precipitates insight and emotional adjustment. (Johnson, 1998, p.86)

2) The Space of Creative Transformation

A central and defining aspect of creative transformation is the space in which the transformation occurs. Winnicott (1971) defined the intermediary space of play between the mother and the baby as a transitional imaginal space and stated that it existed outside of time and space and was neither internal nor external, but something quite apart. He conceived of therapy as recreating this primary holding environment in order to facilitate healing of internalized objects. Johnson (1998) has taken this idea further and defined the transitional holding space between the creative arts therapist and the patient “where arts media are employed” as the “arts play space” and writes that the creative transformation process of internal object relations using arts media occurs within the specialized nature of this space (Johnson, 1998, p. 89). Penny Lewis (1993) in considering the transitional space writes that in earlier times “rituals, community celebrations, and rites of passage” served as a transitional space for society, in that these rites served as cultural “vessels for the experience of the imaginal realm” (p.3).

Anthropologist Victor Turner (1982) has conceptualized that the transitional and transformational processes that occur within certain cultural rituals are “liminal” (p.24) processes (processes that occur within the margins of things) and conceived the idea of the “liminal” space (p. 24). Citing van Gennep’s (1909) three processual stages within a ritual of passage and initiation: “*separation, transition and incorporation,*” he notes that in the stage of separation a “sacred space and time” is clearly delineated which is considered to be “out of time, i.e., beyond the time and space which measures secular processes and routines” (Turner, 1982, p. 24).

He writes that in the first stage of separation the “initiates” are removed from their “previous social statuses” through “symbolic behavior” (1982, p.24). In the second stage of transition, which he citing van Gennep he refers to as “ ‘limen’ (meaning ‘threshold’ in Latin),” is a stage of “ambiguity” (1982, p.24). During this stage “ritual subjects pass through [...] a sort of a social limbo” in which the “attributes” of previous life experience are stripped from them (1982, p.24). In the third stage, incorporation, “symbolic phenomena and actions” occur “which represent the return of the subjects to their new, relatively stable, well-defined position in the total society”(1982, p. 24). This usually results in an elevation in social status. He writes that the process inherent in initiations “humbles people before permanently elevating them” (1982, p. 25). He defines the liminal space and phase as,

[...] a time and place lodged between all times and spaces defined and governed in any specific biocultural ecosystem [...] by the rules of law, politics, religion and by economic necessity. Here the cognitive schemata that give sense and order to everyday life are suspended (Turner, 1982, p.84).

In early tribal initiation rites, there was an “extended liminal phase” that was “marked by physical separation of the ritual subjects from the rest of society” (1982, p.26). During that time they were treated as if they had died and were “often stripped of names and clothing and smeared with the common earth” (1982, p.26). They were considered by their tribe to be like shadows, caught “between the phases of the moon,” and to be avoided (1982, p. 26). However, during this stage of inbetweenness initiates

learned, through active engagement in ritual activity in “various non –verbal symbolic genres such as dancing, painting, clay-molding, wood-carving, masking, etc,,” about the “structure of the cosmos and their culture as a part and product of it” (Turner, 1982, p. 27). Thus the liminal space allowed for a special time of intense, focused meditation on one’s meaning in relationship to life as a whole.

3) Liminality and Ritual Initiation – Creative Transformation Processes and Effects: Individual and Collective

Turner has suggested that the liminal phase of ritual has an “abyss like quality to it” (1982, p.82) and states that ritual presents a “transformative self-immolation of order as presently constituted, even sometimes a voluntary [...] self-dismemberment of order, in the subjunctive depths of liminality” (1982, p. 83). He recalls Eliade’s (1958) depiction of the “shaman’s journey” (Turner, 1982, p.83) where the shaman in training is “broken into pieces then put together again as a being bridging visible and invisible worlds” (1982, p. 84). He writes that this process of “transformation” results in an “authentic reordering” that occurs “only [...] through destruction and reconstruction” in the liminal space (1982, p. 84).

The three phases of ritual action in the liminal space that involve deconstruction and reordering of the initiate are quite similar to the three stages of therapeutic action within Johnson’s (1998) conception of the arts play space which also functions as a liminal space. The order in which creative transformation occurs in the arts play space is:

[...] first, through projection or externalization of unwanted or unknown parts of the self onto play objects and behaviors; second, through the client's rearrangement or transformation of these parts during the play in the imaginal space and in the presence of the therapist; and finally, through an acceptance or re-internalization of these parts back into the self. Implicit in this model is a movement outward (externalization) of the unknown (unconscious), followed by their transformation in the therapeutic play space, and finally a movement inward (internalization) of the known (conscious). (Johnson, 1998, p. 86)

While Turner suggests that there is an abyss-like nature to the liminal phase, he also points out that there is a "flowing" quality within the experience of liminality that feels "holistic" and unitary for the initiate (1982, p.55). He quotes Csikszentmihalyi's (1974) research on flow directly:

Flow [...] is a state in which action follows action according to an internal logic which seems to need no conscious intervention on our part...we experience it as a unified flowing from one moment to the next, in which we feel in control of our actions, and in which there is little distinction between self and environment; between stimulus and response; or between past, present and future. (Turner, 1982, p. 55-56)

Mahdi, Foster and Little (1987) write that ceremonies of initiation into new stages of life were a "a means of culturally guaranteeing that each person who passed from one

stage to the next was ready to do so and that everyone understood and consented to the step being taken (p. 84). Stevens (1982), citing Whitmont's (1969) "law of psychic inertia" which "manifests itself as resistance to change," believes that this innate resistance to change is the underlying cultural motivation for the creation and establishment of "initiation ceremonies" (Stevens, 1982, p.147). He suggests that the symbolism and the "group impetus" of these ceremonies assist and encourage the process of community change and growth (1982, p. 147). Citing Jung, Stevens writes that "fear of taking the next step along the path of individuation" accounts for a great deal of pathology and asserts that initiation ceremonies assisted individuals in overcoming this fear (1982, p. 148). Following van Gennep (1960), he writes that initiation ceremonies:

Linked the individual to the group and the group to the individual; they ensured group recognition of, and group participation in, the great events of the individual's life; they heightened his consciousness of the transformation he was undergoing; and they made the transformation more inevitable, more likely to be accomplished, by giving the individual the courage to move on to the next stage ordained for him, and to overcome the 'regressive' tendencies which might otherwise turn him back towards immature patterns and dependencies instead of progressing towards greater maturity. (Stevens, 1982, p. 152)

Stevens (1982) suggests that the conventional medical model of health care needs to "take into account the meaning of symptoms in terms of the archetypal needs" (p.152) pertaining to the stage of life that a patient is currently in and could be well guided by van

Gennep's progressive view of the life cycle and of the uses of initiatory ritual action within it.

4) Fairy Tales as Vehicles of Psychic Initiation and Creative Transformation

The creative transforming process inherent in initiatory ritual action, with its qualities of liminality and “deconstruction and reconstruction” are very similar to the psychic process of transformation that occurs within the context of a fairy tale. Fairy tales exist in liminal time and within them strange and fantastical things happen. Bettelheim (1989) believes that within fairy tales a blending of primary and unconscious material, which has evolved within the cultural unconscious for millennia, provides a vehicle for children to resolve their Oedipal conflicts through the disguise of metaphor (1989, p.50).

Eliade (1958) suggests that the “ordeals and adventures of the heroes and heroines of fairy tales are almost always translated into initiatory terms” and that the pleasure over the centuries in the repeated telling of these fairy tales is because they are “the expression of a psychodrama that answers a deep need in the human being” (p.126). He writes:

Every man wants to experience certain perilous situations, to confront exceptional ordeals, to make his way into the Other world – and he experiences all of this, on the level of his imaginative life, by hearing or reading fairy tales. (1958, p. 126)

Behrens (1999), drawing from the work of Jung and Corbin, believes that within all fairy tales archetypal patterns exist that correspond to different psychic woundings,

and that a fairy tale can act as “a symbolic container for an inner dynamic or condition that is ready for attention” (p.1). She asserts that within every fairy tale there is some fundamental problem that usually affects the whole kingdom (which is representative of the psyche as a whole). She writes that the archetypal dynamics within the psyche that these fairy tale problems represent can range from “an imbalance of masculine or feminine energies,” “an imprisonment or enslavement,” or “starvation or sickness” (1999, p.2). Usually in the fairy tale, the problem, whatever it is, must be solved or the whole kingdom will suffer. This problem may require a hero or heroine to embark upon a quest, undergo a series of tests, undertake a long journey, or figure out how to solve some pressing urgent problem or destruction and/or death will ensue or injustice will prevail. Within the journey or the quest, one encounters magical helpers or guides, often in the form of animals, trees, stones or other inanimate objects which normally could not speak, who show the way, help resolve some problem and offer encouragement (Bettleheim, 1989). Behrens (1999) writes that fairy tale’s point the way to the restoration of meaning in the psyche on the level of soul, through the enactment of the sacred quest to restore the kingdom and heal the particular psychic wound (p.1-2).

5) The Vision Quest as Vehicle of Psycho-physical Initiation, Creative Transformation and Community Empowerment

Mahdi and Little’s (1987) article in a collection of essays titled, *Betwixt and Between: Patterns of Masculine and Feminine Initiation*, refer to the vision quest pubertal rite of passage that has occurred over the millennia within indigenous collectivist

societies, as similar to the archetypal process of healing within the psyche that is indicated within many fairy tales. They write:

On a mythical level, the vision quest is a story about a hero or heroine (in other words, you), who leaves everything behind, including the childhood home, and goes off alone to seek vision, insight or meaning. Alone, fasting, in a state of expanded awareness, the hero/ine endures through a long, dark night, facing the monsters of childhood. At the darkest time of the night, supernatural power confers a gift, or a boon, on the seeker. This gift is of great use to the hero/ine and to the people. The hero/ine returns to the community and “performs the vision on earth for the people to see. (Mahdi, Foster and Little, 1987, p.87-88)

This description reveals the importance of time alone in liminal space and how the initiate is received and acknowledged by the community he or she was separated from. Implicit in the journey of the initiate is the nourishing of the community. This brings to mind the emphasis the Stone Center theorists and van Uchelen have placed upon on the holistic effect of interdependence on growth, health and empowerment of individuals within community. Surrey (1991) writes that this process recreates the healthy dynamic between the mother and child. Winnicott (1971) likewise referred to this dynamic in his theory of the transitional space. This emphasis on healthy group holding environments as vehicles for individual transformation and healing is also the foundation on which group therapy is based (Schmais, 1985; Yalom, 1995).

Rakoff (1995) writes that rites of passage during adolescence are part of the history of most societies. She suggests that within some societies aspects of certain ritual ceremonies would be “considered traumatic and abusive” (p. 119) yet asserts that these rituals assist the initiate in making the necessary transformation to becoming an acknowledged adult member of a particular society. She writes,

[...] being welcomed into the community at the end of the traumatic component of the ritual is an integral part of the rite; the pain is followed by a celebratory recognition of a change in status. Membership then is achieved both into the contemporary context of the peer group and the whole contemporary community and also in to the continuing historical identity of the community. (Rakoff, 1995, p. 119)

6) Modern Adolescent Attempts at Self Initiation: The Creative Impulse Gone Awry

Rakoff (1995) suggests that the adolescent need to initiate is universal and that this need has not been addressed in the developed world of America in a powerful and community supported way to the detriment both of adolescents and society as a whole. Marin (1974), in concurrence with Rakoff’s view, suggests that adolescents taking drugs are attempting a kind of self initiation by seeking to “provide for themselves what we deny them: a confrontation with some kind of power within an unfamiliar landscape involving sensation and risk” (p. 45). He writes, “It is there, I suppose, that they hope to find by some hurried magic, a new way of seeing, a new relation to things, to discard one

identity and assume another” (1974, p.45). Rakoff (1995) states that the most violent attempts at self-initiation occur within socially marginalized communities (p. 121). Citing Durkheim's theory of the development of anomie, she argues that because socially marginalized youth do not feel that they “belong” (p. 199) in the majority society, this lack of belonging to the larger cultural whole can be considered a cause of gang membership, risky sexual behavior, drug and alcohol use, cult membership and behaviors such as cutting, starving, self mutilation and suicide. Rakoff states that owing to the lack of meaning-filled, community-supported ritual processes for socially marginalized adolescents:

[...] the inescapable imperative toward peer group bonding and trial is unformed and decontextualized, a kind of postmodern deconstruction of ancient need.... although they may express an explicit or implicit yearning for belonging, because these ceremonies are not integrally associate with social acceptance and the establishment of meaningful social communion, they leave the individual without a realized membership in a supporting society. They are the resorts of the vulnerable. (Rakoff, 1995, p. 121)

Rakoff writes that to make up for this lack of belonging, gang membership offers socially marginalized adolescents a powerful community experience in which the “sense of shared danger, the serious hurt, and the bonding through costume and language” (1995, p. 119) unites them and identifies them. She suggests self-attempted initiatory action

through gang rituals “is more evident in the behavior of these marginal youth than in those who clearly ‘belong’ in the majority society (Rakoff, 1995, p. 119).

As to the importance of community containment for the adolescent initiatory impulse, Frankel (1998) writes:

One of the essential differences between formalized initiation in traditional societies and modern youth’s attempt at self initiation in the absence of those rituals, is the presence of tribal elders who were on hand to guarantee containment for the powerful energies unleashed through the ritual process. (p.60)

Frankel suggests that while the “extremity of behavior leads an adolescent to the threshold of an initiatory door, [...] without the proper structures in place” such as careful preparation, containing elders and community support “he cannot pass through it” (1998, p. 61). Frankel proposes that addiction is the result of “failed attempts at initiation” (1998, p.61). He suggests that in the addictive process there is born a “need” in the psyche to “constantly repeat an experience because there is an unconscious wish to be transformed by it” (1998, p.61). He suggests that drug abuse or pathological risk taking, is an attempt for a “deliverance that never seems to quite manifest itself (1998, p. 61).” He writes that in a Native American vision quest at puberty, in contrast to unsupervised modern adolescent drug experimentation at parties or alone, a drug may be given by the shamans as a “one time event” to assist the visionary process, and the initiate would then spend the rest of his or her life “integrating” that whole visionary

ritual experience of which the drug was simply one aspect into his or her developing sense of identity (1998, p.61).

In support of this conception of vision questing, Frankel (1998) has emphasized the creative transformational process that occurs when adolescents encounter and work through their relationship to their shadow. Marie-Louise von Franz (1995), a Jungian scholar and analyst, writes that the shadow is “a ‘mythological’ name” for the unconscious, unknown, unlived and/or repressed aspects of the self (p. 3). She writes that the unconscious parts of the self are also affected by the unconscious, and/or repressed aspects of the collective social system of which the individual self is a part. Thus a person’s shadow would contain both collective and personal unconscious and/or repressed material. She writes that the danger of not knowing one’s shadow can cause a person to act in dangerous and destructive ways, but that even when a person learns to identify his or her shadow material, it can be difficult to figure out how to integrate it and express it in ways that are not dangerous and destructive (von Franz, 1995, p. 3-5). She states however that it is equally dangerous to ignore or attempt to deny the shadow’s existence, for then it “functions behind one’s back” and creates many problems (1995, p. 5).

Frankel (1998) writes that during adolescence, when shadow images of horror and terror and violence are experienced “on the level of story” (p.145) the internalization and reworking process during the story itself can minimize the need to directly experience situations in which horror and terror and violence occur. He views “story, symbol and image” as “vehicles for containing shadow material” so that instead of acting it out in real

life with tragic consequence, they can work through it on the level of imagination (1998, p. 145).

Zoja (1989) writes that the “power of the shadow can be integrated and controlled through initiatory rites.” He sees the symbol of death and rebirth within initiation rites as an “activator of unconscious forces” which are meant to be encountered liminally and not actualized (1989, p. 43). He writes that “an initiatory truth is absolute and cannot manifest itself externally unless it is relativized and de-sacralized” (1989, p. 43). Citing the example of the Native American ghost dance initiation movement, he writes that the power of the dance was in its symbolic meaning – the promise that “Federal army weapons would be useless” against the dancers’ vision of the Indian returning back to power – was meant to be understood “metaphorically” (1989, p.43). He suggests that “the ghost dancers would perhaps really have been invincible had they continued to perceive their invincibility in strictly symbolic and initiatory terms” (1989, p.43), but when Native American groups literalized the message of the vision and used military action against the federal army, the movement lost its power because the meaning of the symbolic image was de-sacralized. Zoja writes that psychic “regeneration” rather than literal change is the goal of visionary rituals such as the ghost dance and cannot occur if the symbol has lost its liminal, imaginal power and its “sense of sacredness” (1989, p. 43).

Like Frankel (1998), Zoja (1989) writes that drug addiction is an attempt at psychic transformation gone amuck as a result of a “de-sacralization” of the symbolic process that the initiate must undergo in order for transformation to occur:

When the initiatory process is not satisfying and complete enough an experience, one can be tempted to persist in it with increasing fury.[...]This can be observed in those drug cases where the archetypal experience remains unreachable and the user pursues it with ever-larger doses. Our hypothesis is that each attempt at initiation which is neither adequately conscious, nor protected by rituals, nor part of a coherent whole, above all activates the 'death' element in the archetypal model – both because this is the first and simplest stage, and because, unlike regeneration, it can occur literally as organic death. A need which is not expressed symbolically always tends to become literalized. (44)

Devastatingly, Meade (1974), mythology & ritual scholar and founder of the MOSAIC Multicultural Foundation, describes how the results of the modern adolescents' unmet need for contained and community supported symbolic confrontation with and transformation of the shadow through a meaning filled ritual initiation leads to literal and tragic enactments. He writes,

Without a ritual to contain and inform the wounds of life, pain and suffering increase, yet meaningful change doesn't occur. Where drops of blood once symbolized life trying to change, pools of blood stain street after street without renewing the spirit of life. Instead of ritual descent and emotional resurrection, complete death occurs; actual corpses pile up. [...] Instead of participating in a prepared rite for leaving childhood games through ordeals of emotional struggle and spiritual alertness, gangs of blindly wounded youth hurl their woundedness at

the darkness and spit angry bullets at groups that are their mirror image, attacking masks of themselves. [...] An unconscious amassing of death gathers where the terms of passage instead required some honest suffering, a scar to mark the event, and a community to accept and acknowledge the change. Denying that each individual must struggle at the thresholds of spiritual and emotional self-discovery eventually destroys any shared awareness of the sanctity of life. (p. 30)

7) The Spirit Dance Ceremonial: Community Container of Fundamental Creative Transformational Processes and Successful Example of Therapeutic Creativity in Action

Rakoff (1995), Marin (1974), Frankel (1998), Zoja (1989), and Meade (1974) have all pointed to the need for new and effective ritual structures for modern day adolescents that occur within the supportive context of the larger community. A seasonal rite of passage ritual that functions as a vehicle of initiation and creative transformation for the Coast Salish adolescent and young adult Indians who suffer from the effects anomic depression, embodies most of the principles of creative transformation previously stated and is one culture's apt example of just such a ritual. It is called spirit dancing and takes place during the tribe's winter ceremonial season (Jilek, 1974a and 1974b). What follows is drawn from Jilek's (1974) research and description, which is based in his psychiatric, anthropologic perspective.

Salish healers call the emotional or social malady that presents itself as anomic depression "spirit illness" and view the illness archetypally - as an opportunity for a psychologically weakened Salish person to "make re-identification with his culture through initiation into spirit dancing" (1974b, p.17). The goal of initiation into spirit

dancing is to undergo the death of the old unhealthy identity, and be reborn into a new identity, through the receiving of a new name and a valued place in the tribe and the traditional guardian spirit culture. This is done through a “private and public indoctrination” ritual into what is called Spirit Power over a long period of time (1974b, p.20). First the initiate goes on a spirit quest to find his guardian spirit and receive a healing song from that spirit. Initiation through spirit questing occurs through a process of “rhythmic, sensory stimulation from intense drumming, chanting, and kinetic, tactile and pain stimulation, alternating with periods of restricted mobility and sensory and sleep deprivation” (1974b, p. 17), and “dips into ice cold rivers” (1974b, p 20). This intense process is designed to help the initiate enter into the liminal space where altered states of consciousness enable him or her to gain access to a spirit helper and find his or her particular healing song. Initiation can occur between four days to six weeks, depending on the unconscious or conscious resistance of the initiate.

Jilek (1974a) writes that “the quest for, and acquisition of spirit helpers had to be completed in adolescence or young adulthood” in order to “achieve a sense of sexual and socio-cultural identity from which feelings of emotional security and social belonging can be derived (1974a, p.101).” Spirit questing amongst the Coast Salish traditionally could occur between the ages of 10 and 14 (1974a, p.29 and p.101-103), and spirit dancing, among certain tribes, could occur in an even larger span of time. Jilek writes that among the Lummi “all persons who acquired spirit songs from their tutelaries between puberty and middle age, became possessed and sang during the winter season” (1974a, p. 27). Jilek (1974a) cites Erickson’s case histories as to the danger of “role confusion” and psychopathology if this stabilization of identity within a stable social context is not

completed at this stage (p 102). After the initiation ordeal, when the unhealthy part of the identity dies, the initiate is reborn and renamed after the guardian spirit they connected with during their quest. Jilek (drawing directly from Erickson's writings on the developmental stage of adolescence), views the initiates' symbolic and cathartic connection with the ancestor spirits as a cosmological cultural structure that enables these spirits to function liminally as guardians of a final identity for the initiate (1974b, p.17).

Jilek writes:

This was precisely the tutelary spirit's role in Salish culture; namely, to act as guardian of the young Indian's final identity and thus to ward off the frustration and depression which accompanies role confusion. The altered state of consciousness of the vision experience was striven after only as means to attain a spirit helper; it was not an end in itself. The Indian youth's quest for a guardian spirit, therefore, was a quest for his identity and meaning in life. (1974a, p.102)

The guardian spirit is later publicly displayed in the communal spirit dances, which celebrate the community's connection to the guardian spirit complex. The dances last throughout the long winter months from November to April. The entire community, who actively participate in it, supports this ritual.

This spiritually based dance theater ritual sets up a supportive, community based, liminal space for initiates to struggle through to transform their sickness, rebuild their identity and develop Spirit Power through the long winter months (1974b, p.17). Spirit Power is defined as an achievement that comes from asking and seeking and struggling

for a vision and a song to dance out and is “manifested in the spirit ceremonial through specific song, dance, face painting, and other attributes displayed during the winter ceremonial season. Spirit Power “refers to the spiritual essence of the whole ceremonial and comprises more than the individual dancers song” (1974a, p. 41).

The initiates’ efforts to heal themselves with the support of their guardian spirits and the community in turn benefits the entire community, who as motivated audience witnesses support the individuals in their sacrifice and ordeal and thus directly experience the transforming effect of spirit power – which according to the relational model, could also be called the power of growth in relation. The community, in a synergistic process, actively and consistently participates in the ceremony as fire-keepers, ceremonial workers, drummers, singers and speechmakers, food preparers, etc. The community provides ego support, acceptance, validation and encouragement to the dancers, as the dancers go through public "cathartic abreactions" that simultaneously “express emotionally charged experiences in a recognized symbolic manner” (Jilek, 1974b, p.20).

Scheff (1979) has written that catharsis is a necessary condition for therapeutic change and an important component in a ritual process if its transforming intention is to be achieved. He writes that:

[...] The formula for a successful ritual is also the formula for a for successful drama: the social form must reawaken collectively held distress which is unresolved in every day life. The reawakening must occur in a context which is sufficiently safe so that the distress is not experienced as overwhelming. Under these conditions, catharsis occurs. (Scheff, 1979, p. 13-14)

In the Salish ritual, as the dancers struggle to enact the ancestor spirit with dignity and power, the “ritual drama of the Salish winter ceremonial becomes therapeutic psychodrama” (Jilek, 1974b, p. 21), in which the initiates, the audience, and the ritualists become both healer and healed in a mutually cathartic process. Schechner (1985) in his extensive review of cross cultural performance processes and structures, notes that performance, whether for the purposes of ritual or social drama can be transformative for audiences and performers alike when there is a collective synergy between them (p. 130).

While the psycho-therapeutic benefits of six months of nightly dancing offer the initiate a comprehensive “treatment plan,” the scope of which does not exist in western medicine, the physical benefits of the nightly dancing are “unparalleled by any amateur sport in western society” (Jilek, 1974b, p. 20 - 21). For the community, the dancing ceremonial revivifies their pride in their heritage and ethnic group connection by immersing them into the enduring, positive aspects of their ancestors and traditions through an archetypal and kinesthetically embodied ritual process. The ceremony also creates a positive communal structure for social activity during the winter months when the temptation to abuse drugs and alcohol is particularly strong due to low employment rates due to the seasonal nature of the job market in that region (1974b, p. 20).

A follow up study a year later by Jilek of the “modern spirit dancers” who continued to dance in the ceremonial after initial diagnosis of sickness and initiation, showed beneficial results. Of the 11 spirit dance initiates to manifest depressive internalizing and somatic symptomology in combination with alcohol and/or drug abuse prior to initiation, 3 were “symptom free” and 7 showed “improvement” while only one

showed “no change” (Jilek, 1974a, p.96). Of the 13 spirit dance initiates to manifest antisocial and aggressive behavioral problems in combination with alcohol and/or drug abuse prior to initiation, y were found to be “behaviorally rehabilitated,” 4 showed “improvement,” 1 showed “no change,” and 1 “deteriorated” (1974a, p. 96). It is interesting to note that of the four fully rehabilitated dancers, 2 were “considered serious correctional problems by law enforcement agencies, one of them with a long record of confinements because of multi-delinquency and narcotic addiction” and 2 had been given up by hospitals due to the severity of their psychosomatic symptoms (Jilek, 1974, p.96–97). Jilek says while the findings are still anecdotal and need to be buttressed with further longitudinal research; there is much of significance to be found in them when considering the immediate therapeutic effects of dance theater rituals of healing.

In summary, the spirit dance ceremonial contains most of the fundamental processes reviewed in the chapter on creative transformation and provides a tremendously effective therapeutic service for the Coast Salish community. It is designed to promote community spirit, interdependence, synergist community processes as well as personal and collective transformation and empowerment. There are 10 creative transformative processes within the ceremonial that have been underlined for emphasis and will be featured in the program model. These processes are as follows: (1) The quest for vision (meaning and purpose) that involves (2) a liminal period of separation from the demands of daily life, in which (3) a psycho-physical symbolic cathartic psychological deconstruction of the sick aspects of the identity and reconstruction of a new identity can occur; (4) A cathartic symbolic reenactment of the meaning and purpose that individual found in his or her struggle with him or herself for a supportive community audience,

which furthers the incorporation process of the healthy identity; (5) The symbolic dramatic enactment of individual struggle provides the initiates a chance to make a reconnection with the community, fostering collective empowerment as the community witnesses receive the power and meaning of the initiates vision and struggle within the liminal collective holding space of the ceremonial; (6) It involves the tertiary process and the active imagination process; (7) it exists in the liminal symbolic primary world within all fairy tales, and thus promotes archetypal healing processes; (8) it requires the active seeking for guardians of identity, both liminally and internally within the ancestor complex and externally in the community; and (8) it requires synergistic community support and recognition; (9)The entire spirit dancing ceremonial is designed to create spirit power, and the result is the collective empowerment of the entire community as well as the initiates as all experience a (10) collective, symbolic confrontation with the shadow and the hero archetypes.

The ingredients within this ritual would be useful to consider when constructing new models for containing, healing, and transforming destructive adolescent energies of socially marginalized youth across all lines of culture, race and tradition and for promoting community based cultural interdependence. A model for creative therapeutic transformation and empowerment based in the ten themes above is graphically represented in the Appendix. The reader will note elements of indigenous ritual based on the Coast Salish processes as well as the premises underlying the model proposed in this thesis.

D. Comparative Review of Dance/movement and Drama Therapy Clinical Techniques

Dance/movement and drama therapy techniques contain within them all the previously listed ingredients necessary for creative transformation. There are specific features within the specific modalities that when combined together will help to provide a ritualized, cathartic, long term therapeutic structure for the kinesthetic, symbolic and playful reworking of the charged psychological material of socio-economically deprived, psychologically disturbed preadolescents. A review of dance and drama therapy theory, and specific dance and drama therapy techniques that will be most useful to facilitate identity repair and development for the targeted population, as well as specific adolescent dance and drama therapy programming will be reviewed for the purposes of program construction.

1. Dance Therapy Theory and Techniques

Dance/movement therapy as defined by the American Dance Therapy Association is “the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, social and physical integration of the individual” (American Dance Therapy Association, 2001, www.adta.org). Based on the premise that the body and mind are powerfully interconnected, it is considered to be the most “fundamental” and primary process based of all the creative arts therapies, in that the physical impact of the emotions is immediately present in movement. Dance/movement therapy is based upon the idea

pioneered by Chace that dance is a universal form of “communication” which satisfies a “basic human need” and therefore contains specifically therapeutic aspects (Chaiklin & Schmais, 1993, p. 77).

Group dance/movement therapy has been effectively used as a structuring device to promote group cohesion, release of tension, vitalization, access to symbolic material, self expression, socialization skills and psycho-physical integration for many diverse populations (Schmais, 1985). Non-verbal therapeutic group dance exploration helps facilitate symbolic content and expression and uncovers the latent affectual climate of the group as well as reveals the group’s stage of development (Levy, 1988; Chaiklin & Schmais, 1993; Schmais, 1985). With particular reference to children, dance/movement therapy not only encourages “the physical, emotional, and cognitive integration” of the mover, but is concerned with “psychomotor development and on enhancing the learning processes” (Goodill, 1987, p. 59).

Chaiklin and Schmais (1993) write that there are four “core concepts” within Chace’s body of therapeutic movement techniques in group dance therapy and they are: “body action,” “symbolism,” “therapeutic movement relationship,” and “rhythmic activity (1993, p. 77- 81).” They write that when “emotions become pathological, the body image gets distorted (Chaiklin and Schmais, 1993, p. 77).” The healthy and integrated action of the body becomes distorted as a result and can manifest in the physical tendency to “bind energy, limit use of space, disconnect body parts or hold “ the “breath to guard against feelings such as shame, guilt, aggression and sexuality” or to “become hyperactive, exploding in time and space in response to real or imagined fears (1993, p. 77).”

Dance/movement therapists are trained in a system of movement observation and analysis that incorporates an intimate awareness of movement qualities or efforts, developmental rhythms, shaping patterns, movement preferences in spatial planes, patterns of self touch, and patterns of movement interaction between individuals and within groups in order to determine the health or pathology of an individual and of a group in terms of body action. Central to this technique of movement assessment is the concept of Effort, in which there exist four basic motion factors: flow, weight, space and time, each with a “fighting” and “indulging” aspect (Bartenieff, & Lewis, 1980, p. 51). The progression of child and adult development can be measured in the ways in which children and adults use these effort qualities to integrate and stabilize their body images, which in turn reveals their degree of ego integration. The range of movement a child or adult exhibits is thought to reveal their emotional range and degree of integrative capacity (Kestenberg, 1975; Chaiklin & Schmais, 1993). Dance/movement therapists use their specialized skills in understanding the psychological dynamics of body action to promote expansion of the patients’ movement range and integration of the body image at the same time.

Central to their ability to do this, is the dance/movement therapist’s unique skill of kinesthetic empathy, which enables her or him to create a safe nonverbal group holding environment in which the flow of movement can be facilitated, allowing for affective states to manifest in a flowing way as well and for primary symbolic imagery to emerge. Kinesthetic empathy is the necessary ingredient for the establishment of Chace’s core idea of a therapeutic movement relationship. Using “visually and kinesthetically” intuitive perception, the dance/movement therapist’s goal is to “incorporate the emotional

content of the patients behavior” into her or his own movement responses (Schmais and Chaiklin, 1993, p. 79). Schmais and Chaiklin (1993) describe Chace’s method of establishing kinesthetic empathy and creating the therapeutic movement relationship in this way:

Chace entered a patient’s world by reenacting the essential constellation of movement characterizing his expression. As she recreated the patient’s behavior in her own body, she would sense what was possible and further the interaction by doing similar, broader or complementary movements. She would at various times reflect, expand or complete a patient’s tentative movement, thus letting him know that his behavior is understood. By reproducing the significant gesture at the right time and for only as long as the patient would accept it, Chace established trust, leading patients to communicate repressed ideas and feelings and risk new experiences and relationships. (p. 80)

Symbolism within the movement group functions to assist patients to “recall, reenact and re-experience” their emotionally charged issues without the nakedness and awkwardness of verbal expression, (as Gorelick (1989) has suggested) and serves to unite the group while at the same time trigger the continued flow of individual and group primary process material (Chaiklin and Schmais, 1993, p.78-79). Rhythmic group activity serves to unify a group and helps in “organizing” individual behavior. Chace, in a 1951 article, asserted that “a group of people moving together gained a feeling of more strength and security than any one individual can feel alone” (Sandel, Chaiklin, and

Lohn, 1993, p. 196), and, in a 1952 article, stated that it was no “accident that caused primitive man to make use of music and dance (or rhythmic action) for the purposes of both worship and solidifying group feeling in a community” nor was it an “accident that the ‘magic’ of the medicine man (or spiritual leader) was performed through rituals of chanting and body action” (Sandel et al., 1993, p. 347).

Chace’s group dance/movement therapy sessions are structured in three stages: (1) the warm up, (2) theme development, and (3) closure. The warm up stage begins in a circle formation designed to create a moving container to promote the feeling of safety and containment within the group. During the warm up the body is mobilized and the patients’ movements are reflected and developed by the therapist, promoting a gradual process of emotional and physical integration, in an inviting and fun, rhythmic manner, facilitating the release of tensions, the flow of affects and allowing unconscious symbolism to emerge. The therapist, at the same time, gradually and progressively promotes group interaction and connection. The theme development stage arises naturally from the feelings within the group that have emerged in the warm up, through the processes of kinesthetic and vocal empathic reflection of the therapist. The therapist also engages the patient through a “continuous patter” of verbal cues and suggestions for movement theme development, which keeps the flow of movement proceeding while promoting the patients the opportunity to “identify affect and further interaction” and experience “insight.” The closure stage of the group is the stage of comfortable and containing resolution of the work of the group and requires that the therapist “return to the circle formation, acknowledge each individual, and close with simple, repetitive

communal movements that fostered a sense of camaraderie and well-being” (Chaiklin and Schmais, 1993, p. 90).

Sandel (1993) writes that within a dance/movement therapy group there are stages of “empathic reflection” which she labels in progressive order starting with 1) “information gathering” – when the therapist empathically identifies the “moods, affects, relationships and issues of group;” 2) “engagement” – when the therapist works to establish a “movement relationship” with each patient and then promotes group interaction; and 3) “mutuality” – when the therapist works to establish a sense of mutual support within the group “which facilitates the communication and sharing of feelings” (p.100-103).

Schmais (1998) drawing from group developmental theory has identified four progressive stages of group development within the dance movement therapy group, and they are: affiliation, differentiation, intimacy and separation. The therapist’s task during the affiliation stage is to encourage “full-bodied action” in order to facilitate group “commitment” and encourage the authentic sharing of feelings” (Schmais, 1998, p. 28). The therapist’s task during the differentiation stage is to support patient attempts at independent exploration by offering “new [...] rhythms to stimulate new responses” and encouraging the group to explore different formations and individual differences, while containing member’s fears and ambivalence about being in the group and holding the anger that results from these emotions that naturally gets projected onto the therapist (1998, p. 28-29). The stage of intimacy begins when “patients can appreciate each other and begin to respect, understand, and create space for these differences.” The therapists task is to assist group members to “understand what it is they are sharing together” while

operating more in the background (1998, p 29). The stage of separation occurs at the close of each session when “members leave the group, when a member dies, or when a time limited group is ending” and brings up a powerful array of emotions. The therapist needs to take a more active leadership role at this time to help the patients complete the task of separation and encourage them “acknowledge each other, what they have learned, and how this learning can be carried forth outside the group.” The circle formation is returned to and the therapist facilitates a closing ritual where “ people can look at each other, reach out to each other and perform a dance of separation” (1998, p. 30).

Dance/movement therapists Cotter and Wadsworth (1992), drawing from the Relational Model of the Stone Center theorists, demonstrate the easy fit between the principles of dance movement therapy and the tenets within the Relational Model. Citing both Miller and Stiver’s (1991) descriptions of the five positive benefits that emerge from experiences in mutual empathy, engagement and empowerment in connection, they show how dance/movement therapy physically facilitates the “embodiment” of them (Cotter and Wadsworth, 1992, p. 3). These psychological benefits are “an increased sense of zest or well being, the motivation and ability to act right in the relationship as well as beyond it, an increased knowledge about oneself and the other person(s); an increased sense of self worth; and a desire for more connection beyond this particular one (1992, p. 2). Cotter and Wadsworth (1992) write that Chacian group dance therapy promotes mutual empathy, engagement and empowerment in connection and that as a natural result the “five good things” are experienced physically in the dance therapy session as “an increased awareness of sensation in the body, increased ability to initiate and lead movement, an increased ability to perceive and reflect another’s movement, and a

willingness or desire to move with another” or as a group in moving in synchronous rhythm together (p 3). Cotter and Wadsworth note that the use of props in the initial stages of a dance movement therapy group help to facilitate relationship in that the prop helps to make the relationship “visible” and less abstract, and helps to concretize the development of relationships and group empathy and cohesion (1992, p.3). Judith Jordan (1998) writes that therapist authenticity is the capacity to facilitate “movement in relationship,” and suggests that the therapist’s ability to allow herself to be moved enables the process of mutual therapeutic movement in interaction. (Miller, Jordan, Stiver, Walker, Surrey, & Eldridge, 1998, p.1). The embodied conscious enactment of therapeutic movement in relationship is the cornerstone on which dance/movement therapy is based.

2. Drama Therapy: Theory and Techniques

Drama therapy is the “systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth” (National Association of Drama Therapy, 2001, www.nadt.org). Drama therapy is a process of therapeutic group interaction that heightens the ability to engage in social interaction while it expands the known boundaries and conception of the self. Techniques utilized within drama therapy are spontaneous sensory explorations, improvisational symbolic enactments and role-play, and performance creation and enactment. Emunah writes that of all the creative arts modalities is it considered to be the most “collective and collaborative,” and writes that

drama therapy promotes “social interaction,” stimulates the “the release and control of emotions,” helps to transform “nonconstructive behavioral and role patterns,” facilitate the development of “spontaneity, imagination, and concentration” while actively assisting the development of “self-esteem and self confidence” (Emunah, 1983, p. 77).

Emunah and Johnson (1983) drawing from their work with several clinical adult populations write that the process of creating, developing and enacting a self revelatory group performance has been effective in transforming the self images of the patients. They write that the stages within the process of developing the performance, the rehearsal phase, and the performance phase, as well as the social context of the production, provide in a structured, focused and progressive manner, an opportunity for powerful therapeutic processes to occur within individual patients and within the overall group dynamic (1983, p. 233-234).

In the rehearsal phase, as the group develops its sense of cohesion through playful interactive improvisation with a variety of roles and dramatic contexts, “small achievements” are praised by therapists and confidence in the creative process is facilitated both individually and within the group as a whole (Emunah and Johnson, 1983, p.235). This confidence in the capacity to create facilitates (towards the middle of the rehearsal phase) the structure of the play to be enacted to form and gives the group a very powerful collective focus and goal. They write that this process of creation “from scratch” within a specialized “group” becomes “a model to the patients for the creation of an identity” (1983, p. 235).

Therapeutically the group replicates a “family” and a “work group” structure and presents an opportunity to work through the contrasting desires for “protection” and

oneness with the group with the need to “differentiate the self” from the group (Emunah & Johnson, 1983, p. 235-236). Fears and anxieties about the upcoming performance arise while each patient has to learn to “adapt” their “needs” and individual desires to the group’s process of creation of “an actual product” (Emunah & Johnson, 1983, p. 235-236). The therapist can help each patient work through their fears about how their “selves” will be received by the audience and fears of success and failure while facilitating the process of effective group interaction and the development of more sophisticated and flexible set of social skills. As the performance nears, heightened anxiety and attempts at “sabotage” are common (1983, p.236). While the group may be “furious at the saboteurs” they also most often “unconsciously identify with them” (1983, p. 236). However the interdependent need of the group is always more powerful than the efforts at sabotage and this in itself is a powerful therapeutic learning.

During the performance the performers experience a new feeling of power, as they change in role from “passive” victimized “spectator” to active actor (1983, p. 236). They see their effect upon the audience and receive “ a lot of attention through approved and constructive means” and the “response is far greater than they had envisioned” (1983, p.236). They have drawn the material from themselves and “the self is being applauded” (1983, p.236). The process of performance is initiatory, revealing new individual strengths that emerge from the collective support of the group. The writers state that the impact on self image is “extraordinarily powerful” as the participants feel “exhilaration, pride and affirmation” of a clear sense of “identity” (1983, p. 236).

Emunah and Johnson (1983) state that an effective device to ward off post performance depression is active group processing of the performance experience in

order to facilitate the participant's integration of the experience and their new sense of identity in "a supportive group framework" (p.237). They suggest that with a series of weekly sessions in which the group processes and incorporates their feelings about the performance experience and the journey of the group and is presented with continual "proof and reminders of achievement" (i.e., performance videotapes, photographs, newspaper articles) that any "symptomatic behavior gradually subsides and the new self image is assimilated" (Emunah & Johnson, 1983, p. 237).

Within the context of production the performance allows them to experience themselves as successful with the potential to not be a sick and "helpless" person (1983, p. 238). Audience recognition of the patients' self-revelatory performances as "everyman's struggle" helps to transform the way the patients identify themselves (1983, p. 238). Johnson and Emunah write that the process is cathartic for the group, while being witnessed and supported by the audience. In this way, these healing performance vehicles are reflective of the interdependent process of empowerment facilitated in the Coast Salish ritual and the effect of progressive therapeutic empathic reflection in group dance/movement therapy. The "kinship" established between audience and actors helps facilitate in the patients a sense of "belonging to the larger community" and a feeling of connection, instead of experiencing "exclusion" from it and thus experiencing the isolating feelings of disconnection (Emunah & Johnson, 1983, p. 238).

In conclusion Emunah and Johnson (1983) write that the performers "experience a greater access to the self when the content of the plays approximates their own experience, derived through improvisation rather than from an external source" (p.239).

They also stress the importance of the “processing sessions” in which links are made between character development and group “member’s self images” (1983, p. 239).

Similarly Johnson (1987) writes about the power of the ritualized structure and medium of performance when working with transformation of identity within traumatized populations, such as Vietnam War veterans. Because the revealing process of the traumatic material is initially overwhelming for the patient, normal therapeutic processes are not always helpful in establishing a steady transitional space for healing. In the first stages of therapy, working creatively with artistic media is “more safe than the abstract and personal” phenomena of “transference” because the intensity of the emotional conflict is externalized through metaphor and symbols (Johnson, 1987, p.11). This externalization helps the traumatized individual or population to continually rework and transform the material with less immediate threat.

In the initial stages of healing, when traumatized individuals experience the negative effects of feelings of isolation due to the traumatic experience, private group therapy with other people who have shared the trauma is extremely important in order to promote a feeling of empathic community and helps to safely facilitate healing of the original wound (Johnson, 1987, p.11). In the stages of healing when the trauma victim or population needs to be re-integrated back into society, the importance of a ritualized forum for expressing themselves and their story to the community, such as a public performance, is equally important. This will enable them to receive and internalize the needed personal validation and understanding that will help them to healthily return to society. In this case, as in the case with the Coast Salish Spirit Dancing Ceremonial, the transitional space is the performance and the audience is the holding environment for the

therapeutic process. According to the tenets of the Relational Model both the performers and the audience grow in strength and in relatedness as a result of the empowering ritualized event.

Johnson (1987) demonstrates the healing effect of such a two-phase performance healing process that culminated in a performance piece made by hospitalized Vietnam vets that was performed for the hospital, and then videotaped and shown at a public forum. He writes that for many it was the “first time that they had been accepted for who they were” and that “the play was a rite of passage for these veterans, a ‘coming out’ as victims of a tragedy that simultaneously signified their transcendence of it” (Johnson, 1987, p.12). The community validation allowed these veterans to reconnect themselves to the larger culture and to see themselves as whole and connected to life again. As with the Coast Salish ceremonial population, the whole community of audience-witnesses became stronger from witnessing and supporting the pain and heroism of the veterans’ struggle to return to health. They were inspired and transformed by the universal power of the human spirit that they witnessed within the each of the performances, through the process of re-connecting to these individuals across the lines of traumatic pain.

Scheff (1979) writes that performance provides a vehicle for a healing catharsis provided by aesthetic distance. He defines “aesthetic distance” as “the simultaneous and equal experience of being both participant and observer.” He writes that aesthetic distance is optimal distance from the repressed emotion, not too far away from it and not too near to it. He writes, “Part of the person’s attention is in the past, absorbed in reliving a distressful experience that has been re-stimulated by the present context; however, part of the person’s attention is also in the present, realizing there is no threat” (1979, p. 60).

He writes that emotions are “repressed when they seem so overwhelming as to be unbearable” and when the distress that “seemed unbearable” is “relived in a context in which the person knows the pain can be escaped should it become overwhelming” a person experiences a “lifting” of the “repression” and “catharsis can occur” (1979, p. 60). Because the “re-stimulation is not overwhelming” the person can slowly and gradually rework the charged reaction to the distress and eventually transform it (Scheff, 1979, p. 60). He writes that this process is similar to the effect of drama enactments upon audiences: the dramas are over distanced if the audience feels no involvement whatsoever; and under distanced if the audience feels so much emotion that “they forget where they are.” At aesthetic distance, the audience is “emotionally involved” but aware that they are “observers,” and the particular tertiary quality of this distance allows them to experience true catharsis (Scheff, 1979, p.59-60). Scheff writes that the emotions stimulated by aesthetic distance, whether “grief,” “fear,” “anger,” or “embarrassment,” are not “draining or tiring” rather “the person feels refreshed when they are over” (Scheff, 1979, p. 64). Johnson (1987) writes that the most “probable” origin of art was to obtain “expression of, and relief from, traumatic experience” (p. 13):

Art, song, drama, and dance in primitive times were motivated by a need for catharsis and for gaining control over threats to the community or to the individual. The arts abound at times of nightfall, death, birth, war, and natural disaster, for they help to encapsulate terror. If psychological trauma is the origin of art, is it any wonder that the creative arts therapies hold so much promise as a reparative force? (p.13)

Like Chace (1951; 1952), Schmais (1985), Cotter and Wadsworth (1992) and the writers from the Stone Center (1991), Johnson (1998), conceives of the therapeutic stages within the arts play space in terms of “movements” (p. 92). Describing clinical drama

therapy work with late latency aged disturbed boys, Johnson charts their psychological movement in the process of group therapy, from identification with aggressor to portraying the aggressor and victim, to the development of the awareness of a separation between themselves and the painful lived experience of aggression.

He states that the movement from identification with the aggressor or the “powerful Other” that is demonstrated in their aggressive and defiant behaviors, (i.e. “being the Other”) to “portraying the Other” in the arts play space (as they pretend to attack and kill a therapist who pretended to be a monster, and saved the other therapist who pretended to be a victim) is therapeutically significant (Johnson, 1998, p. 94-95). He asserts that in this shift “the contentious struggle between them and the leaders had transformed into a collaboration in which real harm would not be done” (1998, p.95). During this stage, gleeful portrayals of the “powerful Other” predominated in the arts play space, providing release for the pent up aggression, but transforming the experience and effect of the aggressive impulses (1998, p. 95).

Johnson (1998) observed a second shift in the arts play space that occurred “several months later” (p.95). In this movement the boys changed from actively playing out the “Powerful Other” to a “portrayal of the self, which was weakened” when they “accommodated” to the “painful experience” of abuse, neglect or vicarious trauma (1998, p.95). During this stage the boys looked “forward to playing the characters who are hurt, tortured, or killed” (1998, p. 95). They all wanted to have a chance to act out being “lost babies[...]swung in a blanket by the two leaders” and being fed by the other boys in the group who searched through the forest for food to give them (1998, p. 95). He wrote that as the boys changed “from being strong men who attack monsters to being lost children

in need of food and protection,” there was a corresponding “reduction in their acting out behavior, interpersonal violence and distress outside the session” (Johnson, 1998, p. 95). He writes that as this transformation continued, the level of involvement in the play space increased and he likened the boys’ “moments of transformation” to “moments of catharsis in psychotherapy, where previously repressed feelings were released” (1998, p. 95). He considered this a therapeutic process of transformation of the “self-other boundaries” while allowing the “expelled” Other to be revealed to the self (Johnson, 1998, p. 95).

The final stage in Johnson’s model is a “movement from portraying the self to being the self” when the boys were able to leave the play space transformed; a process that involved both “mourning and reparation” through the acknowledgement of one’s lived experience of pain (1998, p.96). He writes that the work of this movement is to “place the identification with the victimized self in perspective by marking the boundaries of time and space separating the original harm from the current burden.” Johnson asserts that when a child perceives that what she is doing is “a portrayal,” then she will be free of being controlled by the Other, for she will now perceive the other as coming from outside of her, rather than from within her. Johnson describes this new psychic awakening process as “ a differentiation between the remembered experience and the play space” that “propels the recognition of the boundary between past and present” which in turn helps the self to experience “a sense of being freed from the chains of a previous reality” (Johnson, 1998, p. 97).

Through transformations in the arts play space the experience of trauma can be reworked and differentiated from the self in such a way that the self learns that it can

“remember” the harm done without the “compulsion to re-enact the original harm” (1998, p. 98). He states that the therapeutic goal of the psychodynamic model for children of any age is that of “truth and responsibility – rather than mastery - through which suffering can be transformed into resilience” (Johnson, 1998. p. 98).

Levy (1988) and Johnson (1993) suggest that a combination of dance/movement therapy and drama therapy are mutually enhancing in terms of facilitating primary unconscious expression and therapeutic secondary working through of conflicted material. Using the transforming medium of symbolic imagery within the context of the two modalities, both Levy and Johnson, citing Chace’s influence, see a developmental progression from nonverbal image to dramatic movement in interaction, to the development of role (Levy, 1988, p.192; Johnson, 1993, 179 – 182).

Johnson (1993) in his developmental method of drama therapy specifically credits Chace’s influence on his model. He writes that Chace’s circle structure with its emphasis on unison movement as a vehicle for developing symbolic imagery through movement, leads naturally to the development of “articulated roles, story, and dramatic role plays, both structured and unstructured (Johnson, 1993, p.180). He writes that the goal of the work is to promote greater flexibility and complex interactional abilities and defines six possible stages of session: greeting, unison movement and sound, defining (through the “development of imagery and feelings”), personification (which he describes as “the temporary crystallization of these images into differentiated roles or characters, linked together in an emerging scene”), structured role playing (which he describes as “personifications is explored in greater depth, usually through an organized role play”), unstructured role playing, (in which the group plays “freely with the issues evoked by

the session, often focusing on their relationship to the therapist”), and closing (a “ritualized structure for ending the session and briefly processing the feelings and perceptions of group members”) (Johnson, 1993, p.180).

He states that the first three stages are “indistinguishable” to Chace’s sessions “except for the absence of music.” He also writes that Chace's principles of body action, (i.e. continued physicalization in order to allow for “deeply held [...] kinesthetic associations” to emerge), the circle (as the primary structure for the promotion of “interaction, reflection and imagery”), flow (that connects all the activities in the play space and allows for underlying themes to be dealt with through the “ongoing physicalization of images and representations of underlying feelings”), empathic reflection, (through picking up on feelings and identifying roles and images and sounds), the specific role of the therapist as an active group participant functioning as a “knowledgeable guide into the imaginative realm” were foundational cornerstones of the developmental drama method that he created (Johnson, 1993, p.182).

He writes that while there are differences in respect to how symbolism is used further and the concept of the play space, he writes that Chace’s discovery of how “the free flow of movement and imagery “ can be a “method of accessing and realizing the self,” and her discovery of how the “power of empathic connection through movement” changed “performance into an interpersonal experience” has tremendous implications for the field of drama therapy (Johnson, 1993, p.188).

3. Dance/movement and Drama Therapy Adolescent Remedial Programming

Duggan (1995) describes her work with learning disabled adolescents, ages 14 – 21, suffering from self esteem issues surrounding their poor school performance. She found that the while the game format of dance/movement groups with children was “too infantilizing,” the Chacean circle format of dance/movement work was too revealing; the adolescents preferred to arrange themselves in a line in opposition to her. She noted the adolescents’ resistance to entering into a circle with an adult was symbolic of their need to identify with their peers and differentiate themselves from adults and was indicative also of characteristic adolescent ambivalence “toward self display” (1995, p. 227). As she recognized the groups non-verbal direction for her to take control as an adult, she was able to find a specific Haitian rhythmic dance step which she titled the “4s” that served to unify the group while facilitating release and expression of their unfolding sexuality and aggressive impulses (1995, p.228). Group cohesion developed through structured improvisations using the step, and eventually increased levels of mastery and group cohesion resulted as the improvisations were structured into performance. Her findings with learning-disabled adolescents suffering from low self esteem are important in that she learned that in specific instances rhythmicity itself can provide the necessary organizing structure to establish group cohesion (Duggan, 1995, p.225-238). This cohesion in turn increases the level of trust in the group, which enables the therapeutic process to occur. The work of Schmais (1985) and Farr (1997) support the validity of this anecdotal report (Schmais, 1985, p. 30-34; Farr, 1997, p. 188-189).

Similarly, Emunah (1985), conducting drama therapy with emotionally disturbed adolescents, ages 13- 17, from “severely dysfunctional” family situations in environments of socio-economic deprivation, found a “high level of resistance to treatment” (p.71). She noted that adolescent rebelliousness was a “necessary aspect” of their “dramatically changing identity,” and found that by not suppressing the source of that resistance but by “activating it” in the drama therapy session, she was able to gain the group’s interest, assist the development of group cohesion, assuage anxiety and facilitate the release of group tension (Emunah, 1985, 71-74). She asserts that because “drama affords natural boundaries within which enacted behaviors and attitudes can be self-observed and contained, a great deal of permission can be safely granted” and this may enable the adolescents to “eventually feel free to experiment with alternate behaviors” (Emunah, 1985, p. 73).

She developed a three staged approach to working with the resistance of these adolescent patients in which the therapist: (1) goes with the resistance; (2) accepts the adolescent’s choice of material but facilitates the greatest amount of dramatic insight through structuring the adolescents’ enactment of the material, and (3) uses the dramatic material as a vehicle to help them develop their capacity for seeing alternative perspectives and possibilities and creating alternative solutions to conflicting or dangerous dramatic situations. In essence, Emunah is using the dramatic material to facilitate growth of insight, self awareness and the internalization of therapeutic experiences of dramatic enactment (1985, p. 73-77). She writes:

During periods of instability and uncertain identity, in which the adolescent is constricted by norm and image imposed by the peer group, drama enables the safe experimentation with new identities. Various aspects of the adolescents' evolving sense of self can be played out and gradually integrated. (Emunah, 1985, p. 78)

Emunah concludes by stating that the "sense of confinement and hopelessness" that the experience of the home environment or the hospital brings to the disturbed adolescent is lifted "through dramatic play," which offers instead infinite "possibilities" and the refreshing experience of "perspective" (1987, p. 79).

Dequine & Pearson-Davis (1983) conducted a study on the effects of videotaped improvisational drama on the ability of emotionally disturbed adolescents, ages 12 – 17, to maintain a "locus of control" and improve social interactional patterns (p.15). They found that the teachers, caseworkers and the subjects all "reported increased prosocial behaviors and attitudes among subjects" (1983, p. 15). The researchers utilized a 6 part program structure in which participants (1) "brainstormed possible themes for the drama, then selected one through discussion and voting;" (2) "selected a setting and discussed and selected characters to portray;" (3) "set up the first scene: where it took place, which characters were involved, and a general scenario of what would happen. The room was arranged as a set;" (4) "the first scene was improvised and videotaped;" (5) "the videotaped scene was played back, discussed, and the scene redone if the group chose to make changes;" and (6) "A second scene was selected and steps 1 through 5 were repeated until the drama was complete. At the end of the course the videotaped plays were edited and presented to an audience by subjects" (1983, p. 17). Initially their work

was playfully childlike and fanciful, involving animals. It then changed to become more realistic life dramas as group involvement increased and dramatic possibilities were glimpsed. The process emphasized peer decision-making and promoted increasing development of self-confidence and social skills in the context of creative and engaging playful environment. The authors write that a majority of the participants “reported that they felt more sure of their own ideas and more able to talk on their feet” than they did prior to the videodrama experience (1983, p.20).

A study by Walsh Bowers (1992) of 103 six graders in a rural junior high school evaluated a 21 week creative drama program that met one hour weekly during the school day. Program objectives included developing problem solving, listening skills, and developing creative expression in preadolescents. Data showed that the program helped to ease their adjustment from grade school to high school, a particularly traumatic process for preadolescents. In addition, the study found that by developing problem solving and relationships skills through the medium of theater, peer relationships and individual self-esteem were strengthened (1992, p.131-147).

In conclusion, dance/movement therapy and drama therapy, with their ability to access primary experience and repressed emotional material in an active playful manner, are significant clinical tools. Each modality has specific mechanisms to promote an effective restructuring of psychic material while strengthen self-esteem and interpersonal skills. Reports have shown the efficacy of these modalities with adolescent and preadolescent populations. Developmental, sociological, and cultural theorists have stressed that active and dramatic modes of primary creativity are particularly to be recommended for these populations. The next chapter, on Methodology, will distill all

the psychological theory and clinical dance and drama therapy literature reviewed into a synthetic matrix. The synthesis will then be used to create a service program model for preadolescent and adolescent identity repair.

Chapter 3

III. METHODOLOGY

A. Design

There are many diverse theories about the processes that support or harm adolescent identity formation. The objective of this study was to explore identity within developmental and socio-cultural domains, in order to (a) identify paradigms within developmental and cultural processes that have been found to be associated with problems with identity formation during preadolescence and adolescence, specifically within socio-economic and culturally deprived populations, and (b) to identify specific ingredients for identity transformation and repair that have been found to be effective during adolescence for this population. A consolidated theoretical matrix will emerge from this exploration that will be used as the foundation for the creation of an effective multi-modal creative arts therapy service program for adolescent identity repair and empowerment.

This thesis is a literature-based study that (a) provides an analysis and synthesis of existing research on the nature of identity formation during adolescence; (b) proposes the effectiveness of creative arts based therapeutic techniques for clinically disturbed, socio-economically deprived preadolescents and adolescents, (c) provides a database for effective dance and drama therapy based techniques with this targeted population; and (d) provides a multi-modal dance and drama therapy service program design for adolescent

identity repair for this targeted population. The program model may be used for research and implementation in educational, clinical and community settings in the future.

Creswell (1998) defines qualitative research as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem” (Creswell, 1998, p.15). This thesis has been the result of an ongoing comparative process of investigation into the nature of pathological psychiatric symptomology occurring within the context of socio-economic disintegration and is thus a qualitative study. It was inspired from the author’s years of professional experience in collective movement theater creation within socially economically deprived neighborhoods, from extensive professional work in dance and drama therapy and dance and theater education with children in shelters, psychiatric out patient wrap around facilities, and economically disadvantaged schools, as well as the writer’s personal experience of transformation through the medium of artistic expression and the creative arts therapy process.

B. Procedures

Data supporting this study were collected from the electronic database of PsychINFO, several specific internet websites, a NPR radio interview, bibliographic references from books and articles, and from discussions with professionals in the fields of cross cultural and community psychology, Jungian psychology, feminist psychology, and dance movement therapy. The scope of the study was defined from questions asked about causal factors in child and adolescent psychopathology, followed by an analysis of

comparisons made between and information drawn from the disciplines of object relations theory, Jungian theory, humanistic psychology, creative arts therapy theory, dance therapy theory, drama therapy theory, cultural anthropology, sociology, current trends in sociological research, performance studies, and alternate models of psychological research such as feminist and community psychology in an attempt to answer these questions. The domains covered are the specific developmental and socio-cultural processes that facilitate identity formation during preadolescence (with special attention to those processes that contribute to pathological identity formation), and the specific therapeutic ingredients necessary for the creative transformation of pathological identity formation processes during preadolescence and adolescence. These research domains were consolidated and synthesized into a theory matrix.

Creswell writes that the researcher attempts to address this inquiry by first engaging in “data collection” in the form of either “interviews, observations, documents and/or audiovisual materials,” then “reducing” the “broad based philosophical assumptions; possible frameworks, problems and questions” that the data collection process stimulated into “small categories or themes,” and then “storing them and representing them” to the reader in the form of a “narrative” (Creswell, 1998, p.24). This narrative provides a “holistic picture” for the reader, presenting “multiple dimensions of a problem or issue and displays it in all of its complexity” (Creswell, 1998, p.15).

Tashakkori and Teddlie (1998) write that qualitative researchers in the social and behavioral sciences often find that systems of coding themes “emerge” within the process of research (p.121) and such is the case within this thesis. Miles and Huberman (1994) write that the “aim” of qualitative studies is to “describe and explain [...] a pattern of

relationships, which can be done only with a set of conceptually specified analytical categories. Starting with them (deductively) or getting gradually to them (inductively) are both legitimate and useful paths (Miles and Huberman, 1994, p. 431).

The scope of the study has emerged through a method of content analysis called “constant comparative analysis” which involves “breaking down the text into units of information that will serve as a basis for defining category properties” and “bringing together into provisional categories those units that relate to the same content” (Tashakkori and Teddlie, 1998, p. 123). Constant comparative analysis involves the use of similarities and contrasts between theoretical domains through a process of “looking for units of information with similar domains,” as well as through a “search for mutual exclusivity between the categories that emerge” (Tashakkori and Teddlie, 1998, p. 124).

Conclusions drawn from this matrix were be used to create the service model for preadolescent and adolescent identity repair. The outcome of this study is a theory matrix and the result or product is the service model, both presented in the following chapter.

C. Operational Definitions of Key Concepts:

All the concepts below were covered in Chapter II, the literature review. Where a definition is derived from a single authority, the literature is put down verbatim and referenced. For others, the author has derived the definition for the purposes present in the study, using a number of important contributors on the concept.

(1) Preadolescence: A transitional stage of development that occurs roughly between the ages of 11 and 13, and involves rapid psycho-physiological changes and an identity diffusion similar to the identity diffusion that occurs between the pre-genital and latency stages. With the onset of puberty, a reintegration of identity occurs as the psychosexual and social experience of maturation becomes more understandable and manageable.

(2) Identity Formation: An evolving crystallization process of a coherent sense of self that cyclically experiences regression and reintegration over the course of a lifespan, and is constantly influenced by genetic, familial, community, cultural, geographic, imaginal, and transpersonal experiential domains.

(3) Guardians of Identity: Supportive guides, (who can appear either in liminal, imaginal realms or in real life), whose function to help those suffering from identity diffusion or disintegration to find wisdom, spiritual power, and meaning for themselves. The liminal guardians of identity can be derived from ancestor traditions and/or imaginal processes in transpersonal realms; while real life guardians of identity can take the form of therapists, elder ritualists, supportive family, friends, and community members.

(4) Anomic Depression: A “chronic dysphoric state characterized by feelings of existential frustration, discouragement, defeat, lowered self-esteem and sometimes moral disorientation” that manifests itself in clinical symptoms which fall into 2 categories (1) pathological internalization, i.e. “intra-punitive” and “psychosomatic” behavior; and (2) pathological externalization, i.e. aggressively “antisocial” and “deviant” behavior.

Anomic depression is viewed as the result of individual reactions to the experience of relative deprivation within the context of socio-cultural disintegration (Jilek, 1974a).

(5) Relative Deprivation: The disturbing awareness of the incongruity between the reality of the severely limited means that a subordinated culture has to access and achieve the dominant culture's socio-economic and cultural benefits; and the illusion provided by the dominant culture that the subordinated culture has equal access to those benefits.

(6) Socio-cultural Disintegration: A breakdown of existing social norms within a subordinated culture, produced by the inability of that culture to effectively assimilate its socio-cultural norms into the dominant cultures set of contrasting norms. As a result of this breakdown of inter-cultural norms, a subordinated cultural community can undergo a chronic process of disintegration, in which a progressive diminishment of socio-economic vitality, loss of community controls, symptoms of socio-cultural confusion, and collective and individual despair result.

(7) Empowerment: "A way of being in relationship that simultaneously enhances the power of the other and one's own power," and develops within each person (or community group), "the motivation, freedom, and capacity to act purposefully, with the mobilization of the energies, resources, strengths or powers of each person through a mutual relational process." The ability to be "responsibly interactive" and establish a "relational context where mutual power is encouraged and facilitated" (Surrey, 1991, p. 164-166).

(8) Disempowerment: The result that arises when individuals (and/or a community group) are “alienated from their own relational needs” and experience “difficulty in creating a healthy relational context” (Surrey, 1991, p. 166).

(9) Collectivist Paradigm: The collectivist paradigm forwards the idea of the self as an inextricable part of the community fabric, and that the health, power and success of a community is determined by the combination of the health, power and success of the familial and inter-personal relationships of the individuals within that community. This paradigm emphasizes the importance of individuals working together interdependently to achieve their goals, and operates according to the principles of mutual empowerment, under the assumption that resources are equally available to all and inexhaustible.

(10) Individualistic Paradigm: The individualistic paradigm assumes that resources are scarce and must be competed for and functions within a hierarchical system of socio-economic control, in which power is conceived of in terms of dominance. This paradigm fosters the subsequent need to compete against and control others in order to possess the resources that are conceived of as scarce, and emphasizes the importance of independence from others and emotional self sufficiency.

(11) Dance/movement Therapy: “The psychotherapeutic use of movement as a process which furthers the emotional, cognitive, social and physical integration of the individual” (American Dance Therapy Association, 2001, www.adta.org).

(13) Drama Therapy: “The systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth” (National Association of Drama Therapy, 2001, www.nadt.org).

(14) Kinesthetic Empathy: The ability to accurately perceive, both on an intuitive and physiological level, a person’s present emotional state, and to accurately reflect and empathically communicate to that person’s total psycho-physical experience using emotionally supportive expressive and interactive physical movement. Kinesthetic empathy is a non-verbal state of emotional connection that is often achieved by a group that is moving in synchronous rhythm with each other.

(15) Transitional Space: The transitional space is the intermediary psychic space that is neither internal nor external, in which an individual processes and resynthesizes, using creativity, the tensions between the desires and subjective reality of his or her internal world and the restraints and more objective reality of external world. This space mimics the primary holding environment that is established by a mother for her baby, as well as the intermediate space of play between them, and is the foundational space in which therapeutic activity can occur. (as per Winnicott, 1971)

(16) Creative Transformation: Creative transformation is an alchemical process that occurs in children in play, in the Jungian process of active imagination, in the tertiary

process of artistic creation, during the experience of aesthetic distance and catharsis, in the process of therapy within the transitional space, and within the structure of ritual; wherein a quality or state of being changes its form and becomes something new; wherein old ways of perceiving and experiencing undergo an energetic, psycho-physical shift and new awarenesses, insights and energies spring forth.

(17) Liminality: A special psychic space/time dynamic characterized by a quality of in-betweenness, wherein the identity of a person is diffuse and unclear, and the old sense of self becomes progressively broken down and rebuilt, resulting in complete restructuring of the self. The liminal state is characterized by its unique quality of flowingness and its unique quality of isolation and separation from the demands and relational activities of daily life.

(18) Initiation: An archetypal process aimed at reparation of the psyche through the undergoing of psychic and often physical tests of endurance and spiritual strength, through which initiates seek to achieve identity change.

Chapter 4

IV. RESULTS

A. Emergent Themes in regards to Identity Formation from the Domains of Developmental Psychology, Sociology, and Cultural Anthropology

Children, preadolescents and adolescents living in environments characterized by chronic socio-cultural disintegration, tend to exhibit a range of psychopathology, either in intrapunative (internalizing and psycho-somatic) or aggressive and antisocial (externalizing) ways. They live in cultural environments that could be labeled dis-empowered from feminist and community psychology perspectives, and that form the bottom level of the hierarchical socio-economic structure that comprises American society. The individualistic paradigm as per van Uchelen (2000) that emphasizes power as dominion as per the Stone Center theorists (1991) governs the American social experience. Within this paradigm, success is measured primarily by monetary achievement that occurs through competition, and developmental goals emphasize independence, autonomy and emotional detachment. The scarcity paradigm as per van Uchelen (2000) that also governs the American social experience emphasizes that resources are in short supply and to be competed for, and thus power and control resides in the hands of the few at the expense of the many. When marginalized ethnic community experience becomes devitalized as a result of the experience of relative deprivation within the context of these two social paradigms, community social control disintegrates. The collective and chronic phenomenon of anomic depression results,

which manifests itself in acute levels of individual psychopathology. This reactive depressive process continues the cycle of socio-cultural disintegration into successive generations.

Within this chronic cycle of deprivation and socio-cultural disintegration, safe family environments, which could foster healthy processes of development, and healthy community organization which could provide transitional developmental arenas for educational enrichment, play and creativity, do not exist. This, in turn, destabilizes preadolescent and adolescent identity formation processes. In the absence of community-supported structures to contain adolescent identity formation processes and assist in the adolescent search for meaning and identity, the groundwork is laid for gang development, risky sexual behavior, drug and alcohol abuse and dangerous attempts at self-initiation and self-destruction.

Sociologists would call this behavior reactive depression; Jungian archetypal theorists would view this behavior the result of a collective hunger for meaning; object relationists would view this behavior as a result of pathological object internalizations arising from early experiences of maternal and familial deprivation searching for the strongest holding environment they can find; psychodynamic theorists would call this behavior extreme regression unconsciously seeking an extreme psychological re-working; indigenous ritualists would see it as evidence of a psychic need for ritual initiation and re-identification with their collective ancestor traditions and spiritual culture; feminist relationists would view this behavior as evidence of disempowerment arising from the loss of networks of meaningful and supportive intercommunity relationships; an anthropologically and sociologically oriented medical psychiatrist (Jilek,

1974) has labeled this behavior as symptomatic of anomic depression, a term that he has defined as a collective response to the cross cultural experience of relative deprivation and socio-cultural identity diffusion and breakdown; and cross cultural community psychology theorists would suggest that this behavior is a symptom of an imbalance within entire social system that affects every level of that system. The combined analysis of theory suggests that while the socially marginalized populations suffer the most acutely, all of society is suffering from the inequity and isolationism inherent within the individualist paradigm and evidence of this collective suffering is reflected in the psychopathologic behavior of children and adolescents from all societal levels.

B. Emergent Themes from the Domain of Creative Transformation and Clinical Therapies

Drawing from the principles of mutual empowerment through interaction within the relational model; the collectivist paradigm within the fields of community psychology and anthropology with its examples of synergistic, interdependent, healthful, and meaningful community interaction; and from principles within the field of creative arts therapy theory, object relations theory, and Jungian theory; specific processes and healing structures necessary for healthy preadolescent and adolescent development and the transformation of pathological identity formation for the targeted population were extracted and condensed. These condensed transformational ingredients are categorized in the following order:

(1). A safe community based holding environment that functions as a transitional liminal arts play space needs to be developed for these populations using methods of kinesthetic empathy, empathic reflection, and rhythmic body action. This will assist the development of group cohesion, which will in turn create an atmosphere of trust, which is essential in order for therapeutic processes to occur.

(2). Creative expression and playfulness should be encouraged within the group arts play space so that repressed psychic material can emerge symbolically, in order that it can be creatively reworked within the group context. Experiences within the arts play space of group synchrony, creativity dramatic improvisation, and preparation for performance, will (a) develop a group supported context in which to repair pathological identifications and internalizations through the creative arts therapy processes of projection, externalization and transformation via creative arts media; and (b) will begin to develop a healing relational context in which mutual empowerment can occur.

(3). The constant use of the tertiary process and active imagination, with its emphasis on symbolic enactment, during the process of development of narrative story line and/or characters, allows for a gradual reworking of shadow material and intense, disturbing feelings and experiences through aesthetic distancing. The opportunity to enter into the imaginal realm of fairy tale within (filled with its unique constellation of specific psychic woundings and archetypal potentialities) as a seeker of visions of healing for the that psychic kingdom; and the opportunity to literally enact and recreate any visions that are found for the audience to see; is akin to the transformative stages within a rite of passage ritual, the goal of which is the creation of a new identity

(4). The therapeutic performance group as a model and a container for identity transformation in which the participants can act as “guardians of a final identity” (Erickson, 1963; Jilek, 1974) for each other. This model operates under the principle that “If I can create the story, I can create myself. If we can create this story, we can create ourselves together;” while the therapists guide the creative process of the group and hold the group play space as a safe and therapeutic vessel of transformation, acting as guardians of identity for the entire group. Through ongoing and modulated processes of catharsis through rehearsal and performance, within a safe and mutually supportive group holding environment, an eventual transformation of the lived experience of pain can occur and with it a transformation of the experience of the self.

C. Theory Consolidation – Synthetic Theory Matrix

(1) Identification of adolescent symptoms of identity diffusion and anomic depression.

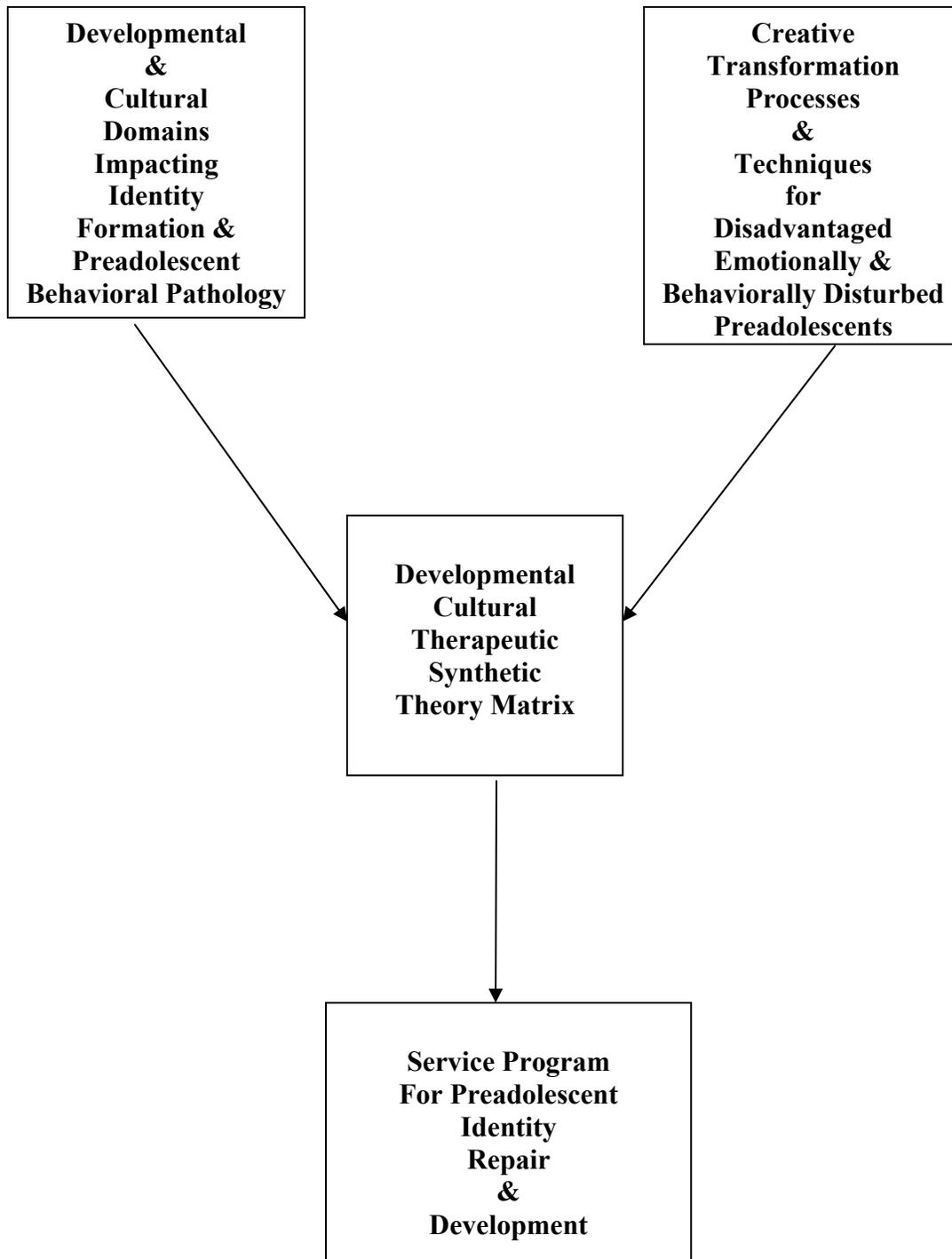
Psychiatric Symptoms, such as acute intra-punitive and/or psychosomatic, or aggressive, deviant and/or antisocial behavior, are identified as disconnection from meaningful relationship to self, peers and community and meaningful cultural traditions.

(2) Identification of specific creative transformational processes and dance/movement and drama therapy based techniques designed to promote preadolescent identity repair and development.

While the program has been designed specifically for disturbed, preadolescents from socio-economically deprived and culturally disintegrating environments, the literature reviewed attests to the program’s applicability for

preadolescents and adolescents from every socio-economic level. These processes are represented in figure 1. below.

Figure 1: Synthetic Theory Matrix



D. From Theory to Action: The Moving Creation © Program Model.

1. Phases of the Program: Creative Transformational Processes

The initiation process is activated as targeted individuals slowly form into a therapeutic group under the guidance of the therapists within the therapeutic arts play space. The initiatory task of the group is to create an original group dance and theater performance. A liminal process of healing begins as a safe transitional space is established and the imaginal work of the group is collectively embarked upon. This process is broken up into 4 sub-phases: (1) The Sourcing and Emerging Phase, (2) The Preparation Phase, (3) The Performance Phase, and (4) The Closing and Integrating Phase. Within these sub-phases, gradual and progressive therapeutic and educative movements occur in the group transitional space. Those movements are: (1) Opening, (2) Sourcing, (3) Choosing, (4) Shaping, (5) Refining, (6) Performing, (7) Integrating, and (8) Closing. These are elaborated below and presented in a table format on page 145.

Phase (1). The Sourcing and Emerging Phase

This phase marks the beginning of the development of the therapeutic group. The most important task for the therapists during this phase is to create a safe and therapeutic transitional holding space for the group, facilitate group cohesion, and facilitate the developmental stage of affiliation. The therapists need to facilitate active involvement in the group through non-verbal rhythmic, and playful moving activities using the skill of

kinesthetic empathy. This technique successfully employed results in group experiences of synchrony and enables trust to develop within the group members. The establishment of confidentiality and interpersonal safety guidelines assists in the process of cohesion and trust. The therapists need to engage in a great deal of information gathering at this stage, specifically in regards to ethnicity, degrees and qualities of socio-cultural and familial depriving experiences, and individual symptoms of pathology.

During the moving process of **Opening**, the cohesion, trust and expressive spontaneity that arises out of experiences in creative, non verbal group synchronous play will support the activation and emergence of repressed primary process material in the form of symbolic and artistic expression, and shadow processes and archetypes can then be identified in the arts media.

As group trust and cohesion continues to grow, the moving processes of opening to the shadow and primary repressed material via symbolism will progress to the moving process of **Sourcing**. The Sourcing process involves exploring identified shadow material actively via symbolic and creative improvisational dance and dramatic processes within the group holding space. During the Sourcing movement, the processes of group empowerment will be further developed as the group explores emerging ideas for story line together and explores each other's imaginal worlds. It would be useful, during this process, for the therapists to have an archive of fairy tale literature on hand and a thorough knowledge of the archetypal dynamics and healing processes within these stories. This would enable them to deepen the therapeutic imaginal investigation during the sourcing process. The therapists' task at this time is to begin to assist the process of differentiation within the group.

After much group improvisational exploration of symbolic shadow material, each individual will then be encouraged to embark upon a series of individual movement based imaginal explorations in the arts play space to create a character which they will later share with the group. This individually created character, like any hero or heroine in a fairy tale, must go on a personal quest for vision to solve specific problems, problems specific to the character and problems within the imaginal character's community. During this quest the character is actively seeking to connect with imaginal and liminal guardians of identity who can give the character advice, magic power, or emotional support in order to find a way to solve those problems, while undergoing trials and being tested. The participants will create their character's imaginal world, problems, trials and tribulations and any visions and imaginal guardians they might find on their journey within. This process will continue till it is felt to be complete by the group.

Special attention will be placed on the issues pertaining to culture and ethnicity that emerge in the symbolic content of group member's creations. Communication about and further research of any ancestor traditions, ceremonies and collective beliefs will be encouraged at this point as a way of assisting members to identify sources of meaning and purpose within their particular culture, and as a way of continuing to support the process of differentiation while continuing to empower the group.

Out of each individual's journey, material for the group story line will emerge and the group sourcing process will shift to the moving process of **Choosing**. The group now will collectively embark upon the creation of a dramatic story line that includes everyone's imaginal creations and requires collective decision making as to the sequence of events, overall conflicts and definition of the overarching imaginal dramatic setting

and context. The therapists' task during this movement will be to continue to facilitate the differentiation process of the group while at the same time promoting the growth and empowerment of the group, by encouraging individual self expression, flexibility, patience, group compromise, and the understanding of how to engage in positive conflict without aggression. This is a time of great potential interpersonal skill development, which would facilitate greater group interdependence during this time of differentiation.

How the process of choosing is facilitated is extremely important. It needs to feel like an open ended exploration which is mostly verbal, but sometimes actively improvised, drawing from the resources within the entire group, encouraging everyone's self expression, and exploring all possible scenarios verbally before deciding as a group upon the final structure. Again, the therapists need to encourage a continued emphasis on the search for individual cultural sources of meaning and purpose beyond the concept of socio-economic status and economic and materialistic achievement; and lay the groundwork for the discovery of positive elements within the collective ancestor traditions of each of the ethnic groups represented in the performance group in order to generate a positive and more meaningful connection with each group member's culture of origin. This can be a time of supplemental research for these children at home and in the classroom and with the guidance of teachers into their ethnic group's collective ancestor traditions and family stories.

The continued use of dance/movement unison warm up activities as a kinesthetic base for activating dramatic exploration will continue to facilitate kinesthetic empathy and group trust, empowerment and mutuality in the therapeutic space, during this time of increased differentiation and individual expression. The result of the sourcing phase will

be the group creation of an imaginal narrative outline that will act as the framework and container for individual and collective cathartic reworking of shadow material. This aesthetic reworking process will occur throughout the long process of story development and rehearsal that defines the preparation phase.

Phase (2). The Preparation Phase

This phase will involve the moving processes of **Shaping** and **Refining** of the group created, symbolic, imaginal story framework and character material in solo work and group interaction. The dance/movement therapy warm up processes will continue throughout this phase, deepened with effort, shape and vocal imaginal explorations. The therapeutic task of this stage is to facilitate the stage of intimacy within the group. The experience of empowerment individually and collectively will be increasingly facilitated -- as creative ideas are shaped into narrative text material and incorporated into the group structure and as the self is seen as a unique, creative, important, contributing and needed member of the group.

During the latter part of this phase, the questions of what connections they wish to make with their peers, families and communities via the performance making process, who they would like to have help them design and obtain the set, scenery, and costumes pieces for the performance, who they would like to have come to the performance, and who they would like to celebrate with can be answered. The therapists, based on the group's responses, can develop a dialogue with parents to help in the preparations for

production and the organization of the collective celebration of the group's achievement. In this way a larger community holding environment can be prepared.

Phase (3). The Performance Phase

During this phase the moving process of **Performing** occurs, helping group members to develop a greater sense of self through the cathartic and aesthetically distanced process of re-enactment of transformed shadow material for an audience. This audience also serves as a larger collective group of witnesses who can receive the transformed material and experience transformation from receiving it and holding it. The performing group acts as a group holding container that empowers the individuals within it to perform their creative work through their fears. The audience empowers the performers to move beyond their known sense of self and is in turn empowered by the performers, as they witness the collective creative effort – and view these children in a new light, as performers and creators – possessors of new skills and accomplishments.

Having passed through the initiatory threshold of performance, the children have experienced a new sense of power and meaning within themselves that they can internalize. From the internalization of this positive experience of self, a transformation in self-image can occur and identity repair can be facilitated. Through viewing themselves as creators who function within an interdependent network of healthy relationships, and through a new and/or deeper understanding as to the value of their particular collective ancestor traditions, they can reconnect themselves back to their culture, community, family and self.

Phase (4). The Phase of Integration and Group Closure – Integrating and Closing

Movements

During this phase the moving process of **Integrating** occurs, in which the group processes the performance experience and reflects on how they have grown and changed in their view of themselves and each other as a result of it. The therapists' task at this phase is to assist the healthy process of group closure by focusing the group's attention upon the strengths and skills they have developed over the course of their journey together as a group. They need to help the group to get through post performance depression by exploring the discoveries made during, and feelings about, the performance process itself and about long process of group connection, and self and group empowerment that comprised the performance making experience.

During the moving process of **Closing**, the therapist will help the group to reflect upon, comment about and journal their own growth, each other's growth and the growth of the group over the year and perform a ritual of separation, that acts as the final step in the integration process. This ritual of separation serves to facilitate a sense of completion about of the entire initiatory dance and drama therapy based experience. This will be the time for group members to self-report on their experience and for teacher post-test assessments (This occurs outside of the group context and without the child's awareness).

As the group processes its ending, each member will also be receiving a certificate, a videotape, a group photograph, a news bulletin, etc. that can serve as transitional objects symbolizing, recognizing and celebrating their individual and group

created achievement; and facilitating a continued integration of the positive experience of self. Possible community links with outside service organizations at this time will be explored for children who are interested, as well as the identification of specific adults within school and community contexts who can help serve as continued “guardians of identity” to assist the children’s reconnection process to self, peers, family, culture, and community at this time. If family environments are too chaotic, suggestions for therapeutic intervention within the family environment will be made as well as for identification of helping adults, peers and community organizations outside the environment to help stabilize the children’s identities during this time.

It is hoped that from this year long collective therapeutic experience in group empowerment, interdependence and self growth, psychic processes may have been initiated within each of the participants to help them to understand that what is healthy within themselves is greater and of more value than their state of material and familial deprivation. It is hoped that the process of their year long moving creation journey will help them to understand what is of value within their culture that is beyond what they have yet consistently experienced and can see and can measure with their eyes. It is hoped that they will be able to internalize their experience of themselves as creative and powerful interdependent human beings, and that this experiential understanding will help them to continue to develop positive and stabilized sense of identity over the course of adolescence, despite their experience of relative deprivation. If they have learned to identify health as coming from within them from an inexhaustible creative and collective well, and from without them in the form of healthy relational networks, they can become

helpful repairers of community as they mature into adults dedicated to the fostering of community spirit and self healing.

2. Program Requirements

- a). The program will take place during the 7th grade year and run from late September through early May.

- b). The program must be run by two facilitators: one who is a dance therapist with an extensive knowledge of drama performance creation processes and ritual, and one who is either a dance therapist, a drama therapist, or a drama educator. The importance of dance therapy training to facilitate kinesthetic empathy, group cohesion and primary creative interaction within the group is crucial to the therapeutic success of the entire process. Both therapists must have great sensitivity to ethnic issues and contexts, an awareness of the syndrome of anomic depression that occurs within socio-economic deprivation, and must be prepared to educate themselves thoroughly about the cultural contexts of each group member.

- c). Each group should consist of between 8 – 10 members

- d). The program will be run after school three times a week for one and half hours in a specially designated space within the school or close to the school

e). Program selection will occur in the first weeks of school, and will be made on the basis of referrals from teachers and guidance counselors with particular attention to the degree of antisocial or intra-punitive behavior of the students and their degree of socio-economic deprivation. Participants with Mild MR to high levels of intelligence can participate in this kind of process effectively. Participants exhibiting more severe MR and developmental delay would need to be screened out. Gathering of knowledge as to the culture and personal history of the selected group members is extremely important during this time.

f). Consistent contact and feedback with the teachers and guidance counselors, flexibility and sensitivity to school culture, and willingness to work in a team relationship with school staff are crucial to the success of the program.

g) If a child were already in therapy before entering into this program, a discussion with therapist and with child about personal confidentiality issues would be important.

h). Confidentiality and interpersonal safety guidelines will be set up in the beginning of the group process, and the integrity of the group encouraged through the development of kinesthetic empathy and mutual empowerment within the overall long-range context of collective performance creation.

Items i. – l. comprise the assessment and evaluation component(s) of the program.

- i). A pre and a post-test will be distributed to the teachers, and the child will self report in the beginning, middle and end of the process. Journaling will be a consistent part of the group process throughout the year, and those journals will be kept during the year by the therapist and used for purpose of ongoing assessments. The student will receive their journals at the conclusion of the program.
- j). Therapists' assessment notes will be based on observation of individual movement dynamics and movement dynamics in interaction; overall group and individual behavior patterns; symbolic written or drawn arts material within the creative process journal; dramatic material that arises out of group process; dramatic material they chose to make into character and setting; observation in changes of movement qualities as they explored and became more comfortable with the enactment of the material; the physical, emotional, and social dynamics during the performance phase; and how they handled themselves during the post performance reconsolidation phase.
- k). Movement therapy assessment parameters (as per Bartenieff & Lewis, 1980; and Kestenberg & Sossin, 1979) require developmental knowledge of effort dynamics, rhythm, and body attitude (specifically how did the body adapt to a new role and how vitalizing was the movement when in character, or when experiencing positive effects of group cohesion).
- l). Also necessary for the purposes of assessment is a general understanding of art therapy theory, and some identified sources and experts to consult with if the need arises;

familiarization with drama therapy theory; and intimate knowledge of the ingredients within the theory matrix in order to assess the level of imaginal process and growth, interpersonal development and degree of transformation of self image.

m). During the performance development stage, if permission is granted from the child participant, an invitation for parental involvement in the form of set creation, lighting, musical accompaniment, costume creation, face painting, celebration planning, etc. is encouraged as a way to develop a community holding environment and to strengthen the community base.

n). The children will decide who they want to have as their audience, and as the performance develops, the opportunity for several performance options will be discussed.

o). During the closure stage, members of the group will process what they have achieved together and be encouraged to integrate the experience and solidify their positive peer relational networks. They will receive a certificate of their achievement and other symbols of achievement and will have a closing ceremony together and closing interview with the therapists.

3. Phasic Program Structure: Basic Tasks & Techniques

This section will map out basic activities, tasks and techniques necessary to use in order to achieve the creative transformational goals of each phase. It is important to note

that the specific choice of activities to be used in each group session will be dependent on the flow of the group process, and thus the information below is meant to function as a guide.

a). The group building and information gathering phase

During this phase, the structure of the flow of the group sessions needs to be set up, as it will be used throughout the entire year in all subsequent phases. Each group must begin with a rhythmic warm up with or without props/music, develop into a theme based dance and theater activity with or without props, and come to closure with a closing activity or ritual. While the focus of this phase is on creating group cohesion, setting up the group goals for the course of the year, and assessing comfort level with creative movement and dramatic expression, it is also important to use the theme/activity section of the group to find out the nature of the participants: specifically who they are, what their family and friendship networks are, what they like to do, what they perceive as problems for themselves and within their community, and what they want to be in a kinesthetically active and expressive context. As cohesion builds, the group will be introduced to Laban dance and theater vocabulary through games exploring the body, voice and imagination as creation tools. One key movement exercise that acts as a group container, will be used during all the subsequent phases, and can at times be used as a warm up activity, is the Moving in the Space © game. During this game, all sorts of creative movement activities are interrupted with freezes, and the goal is to aim to fill up the empty spaces in the room while following the changing directions exactly, without

any child bumping into each other or falling down. This game should be introduced here as a way to develop mental alertness, impulse control, physical coordination and awareness, and used as a structure through which children will experience different movement qualities and imaginal states. The connection of all the different arts forms will be explored at this point and props, such as cushion balls and parachutes, as well as music, visual art and creative writing can assist and enhance all the above activities.

In terms of assessment and planning, special note of verbal and non-verbal interactional and movement dynamics of each group member need to be taken, looking at the pathological behaviors as symptoms of reactive or anomic depression. The particular ethnic heritage and community and familial traditions of each group member is important to determine at this point, as well as the quality of family and relational resources of each group member. Therapists need to use this time to begin to gather resources to further cultural exploration during the later stages, such as stories that celebrate the traditions and empowerment of a particular cultural mix. Journaling and drawing is encouraged at this stage as a way of closure and integration of the creative kinesthetic expressive process and can be used as a closing activity for each session, depending on the flow of the group process.

b). The sourcing and emerging phase – opening, sourcing & choosing movements

1. Opening movement:

As the group becomes more cohesive and symbolic primary material begins to emerge in the group play space, the task of this stage is to express, identify and enact any imaginal characters, settings and themes that emerge within the kinesthetic group activity. Therapists are to especially encourage dramatic enactment of characters (with the assistance of props) such as monsters, victims, witches, heroes or heroines, etc that emerge for each group member within the group play space. Therapists need to be aware of the archetypal content of the group imagery, whether it be wounded, shadow or healthy in content – in order to facilitate healthy dramatic group improvisational explorations of this content and deepen the therapeutic process of opening. Journaling and drawing as a way of closure and integration of the archetypal symbolic content is encouraged.

2. Sourcing movement:

During the moving process of sourcing, a deeper process of kinesthetic imaginal investigation is facilitated that fosters the transformation process of primary shadow material and that occurs in 4 basic stages:

(a) Improvised group enactment of symbolic material.

Each member has the chance to become the focus of the group, while directing the group to help enact, and starring in a personalized group improvisation of imaginal material accessed during the opening phase that he or she especially wants to explore or enrich. The group as a whole will take turns directing the group, starring in their own

imaginal explorations, and in turn supporting each members improvised dramatic enactment of symbolic material. (Props, costume basics, and paintings can be used to facilitate and stimulate this imaginal investigation, and journaling, drawing, and even sculpting can be a way of closing this investigation);

(b) Group discussion of emerging story themes and character material.

A discussion of character themes and types that have emerged from the group improvisations (emotional attributes, movement qualities, desires, problems, personality traits), and story themes (dramatic events, conflicts, the effect of weather and landscape upon dramatic situations, choices of settings, types of character interactions, etc.) that have emerged from the group improvisations will occur. A participant or therapist will record the essential contents of the group discussion on a large poster board;

(c) Moving group exploration of group identified imaginal material

The group as a whole, in the group play space, will kinesthetically and improvisationally explore imaginal landscapes, character types, themes and conflicts that were identified in the group discussion. The Moving in the Space © game, using the Laban movement and vocal creation tools to help each child flesh out character, emotions, landscape, etc will provide the imaginal/physical activity container for the group exploration at this time. This process involves dance and drama education as a therapeutic process aimed at expanding the emotional and physical range and integration of each group member, while facilitating group connection to all group members' symbolic material, and developing preparatory performance skills;

(d). Moving character creation process

The group will probably need to be broken up into two temporary sub groups for the purposes of guided personal exploration in a group context. The goal of this process is to create a character that has a need to solve a problem for him or herself and for his or her community, and must go on a quest for a vision or for magical help from imaginal allies to find the strength, courage and power to solve these problems. The character details, such as movement qualities, personality traits, occupation, home environment, and personal and community problems will first be created, kinesthetically explored, drawn and/or journalled by each group member; then the nature of that character's quest for vision to solve those problems will be created: the landscapes passed through, the trials and benefits from the journey, the description of the magical allies and the source of help and support that they provided, any magical gifts they were given by these allies, and the problem solving vision itself that they found themselves, will be kinesthetically explored, drawn and/or journalled. (The structure of these explorations can be quite flexible according to group receptivity and engagement in the process).

This moving character creation process can culminate in the making of a character mask and/or shield that carries the symbols of strength and vision and power accessed on the journey within and a character interview in front of group members. Special attention to cultural images, and specific cultural traditions that emerge within the moving character creation journey and over the course of the group sessions up to this point will be made and the emergent positive cultural identifications encouraged and supported. Character interviews at this time will not only help to build performance skills but give

each child the opportunity to share his or her character with the group; show what problems each character is concerned about solving, and what special solutions each character found on their imaginal quest. The entire process is designed to promote an awareness of the self's ability to create and to be perceived as a creator. All interviews will be recorded by a therapist and then condensed onto a poster board.

3. The choosing movement

During this movement, the group will embark upon a collective story creation process, based upon the material within all group members' character journeys. The group will then decide upon the ingredients and outline of a larger group story. This structure will be made up of each individual's ideas and characters and will be inclusive. The group could choose, for example, to engage in a choreographed full group enactment of each individual journey as a series of vignettes; or could after conducting a review of the whole character interview content, (i.e., all the characters, settings, problems, conflicts, journeys, trials, monsters, villains, allies, magic gifts and visions), create a story together that contains the central themes within all of these character journeys, and brings together all the characters, in a progressive sequence of events to enact those dramatic scenes.

If this latter creative story making process is chosen, then the group has to collectively decide upon, by voting, the central problem that covers the community problems identified by each group member. The group has to decide how to connect each character and their quest to solve their character's personal and/or community's problems to somehow being part of helping to solve the big problem that confronts the universe,

kingdom, etc in which all the individuals live. Participants can play several characters in the story.

This choosing process will involve discussion and group free associative story diagramming and involve physical improvisational enactment of ideas for key scenes or characterizations, in a back and forth process. A title for the emerging narrative will be solicited from group free association and voting. The therapists will guide, encourage and stabilize every aspect of the group decision making process, making sure that all participants' ideas are collectively and playfully encouraged, explored and included in a way that satisfies the entire group. The goal of this phase is to facilitate the individual experience of agency within community and group interdependence and empowerment through successful interaction that does not necessarily exclude conflict, but does exclude any kind of victimization. One therapist will also record this process of group decision making. A group created story outline will be the result of this movement, which will also be recorded and a copy given to each member of the group to be placed in their journals.

(c) The Preparation Phase – Shaping and Refining Movements

The goal of this phase is for there to be an aesthetic reworking and continued transformation of primary material in solo work and group interaction, with a continued emphasis on the development of group relational skills and interdependent problem solving.

1. The shaping movement:

The task of this movement is that of shaping the collective creative content of the group into the decided upon narrative structure, through a sequential, improvisational process of creating and blocking out the character(s) movements and dialogue in the theater space. This rehearsal process requires more subtle processes of choosing and improvisational sourcing for each individual, for sub groups, and for the group as a whole, in order to facilitate the coherent and progressive flow of dramatic action within the story. It may be necessary for the therapists to split the group into two sections at this time, in order for all participants to have some activity to involve them as different scenes are being created. Group ideas for scenery, set design and costuming can be solicited at this point if they have not already emerged. During or towards the end of the shaping movement, the therapists can ask the group who they wish to be their audience and who from their families and peer groups they might like to invite to assist in the scenery, set, and costume design as well as other performance preparation activities.

2. The refining movement:

The task of the refining movement requires that the degree of physical imaginal character involvement deepen for each child, while each members overall understanding of the story sequence expands and the timing of their individual entrances and exists becomes clearer and easier for them to enact. Group decisions as to how the performance space will be constructed; how the audience will be brought in; how and where the

audience will be seated; and if the performance will be interactive with the audience, or if they wish the audience to simply watch what they have created will be encouraged. Ideas for set structures and scenery design can continue to be generated, then voted upon and carried out at this point.

(d) The Performance Phase – Performing Movement

The task of the performing movement is that of initiation through the experience of performing their individually derived characterizations in a group created story for an audience of family, relatives, school staff and peers, with video cameras, and perhaps for reporters from newspaper organizations. There may be only one opportunity to perform this work, or there may be several. The goal of this stage is to facilitate a group and individual experience of empowerment, during which each individual can experience themselves as successful, creative and powerful, while consolidating and completing the transformational process of their own particular primary shadow material.

The performance group, in front of a supportive and appreciative audience, who are impressed by the group's creative and expressive artistic performance, can immediately experience these goals. A question and answer session as to the making of the production can often further this experience of audience recognition and appreciation. After the performance, before partaking in the post performance celebration, a quick questionnaire will be circulated amongst the performers to elicit their perceptions of themselves and the group as a result of the entire dance and therapy based performance creation process.

(e). The Phase of Integration and Group Closure – Integrating and Closing Movements

1. The integrating movement

The task of this movement is of integrating the performance experience and the year long group creative process. The therapists facilitate integration by soliciting individual and group reactions to the performance experience, and seek to determine if any individuals had learned and/or experienced something new about themselves, their community, or the world in general as a result of the process. Feelings of post performance depression may surface amongst group members and this is the time to process those feelings.

A viewing of the performance videotape would be continue the process of healthy internalization and validation of the group experience as well as the archival storage of the video in school library, as well as the receipt of other transitional objects such as copies of the video, a special certificate of achievement, news bulletins, their year long journals, etc. Future creative ideas can be discussed and assessed at this time. The potential for making the script into an illustrated children's story, for example, or for the videotape to be turned into cable show, can be discussed among the group, if there is a desire, as a means of further preserving and celebrating the experience and thus furthering the integration and internalization process. Any desires for the development of new theater and dance projects can be discussed among the group, along with identification of school based and/or community organizations which can help them continue to express themselves through artistic mediums, and/or individuals within those

organizations who can help them make the transition from therapy based process to purely arts-educative experiences.

2. The closing movement

This final movement will focus on closing the journey of the group. The Dance/movement circle format facilitating kinesthetic empathy will be emphasized at this time as the therapists solicit the group's perceptions of what makes their group special and unique, and focus the group members' attention on the journey of the group over the course of the year and the individual and collective growth that occurred within the group and within each individual member during that journey. The therapists will offer their observations of individual and group growth, and what they have learned from the group.. The therapists will have the children prepare for and dance out a ceremony of separation from each other as a group, which will seal the closure of the group and act as the final stage in the initiatory process. See table 1., p. 145.

Figure 2: Moving Creation © Program for Preadolescent Identity Repair

Phase	Themes/ “Movements”	Goals/ Objectives	Activities/ Tasks	Therapist Resources	Assessment/ Evaluation
Group Building & information Gathering	<ol style="list-style-type: none"> 1. Creating group context 2. Setting up group goals for year 3. Learning about participants –re: their perception of themselves, family and friendship networks, likes, dislikes, special talents/abilities, perceived problems for themselves & for their community, their perception of their future, & what they want to become in the future 	<ol style="list-style-type: none"> 1. Create safe group holding space, group cohesion, and facilitate group affiliation – through development of kinesthetic empathy 2. Gather personal & culturally specific information about each group member- pay attention to ethnicity, degrees & qualities of socio-cultural & familial depriving experiences, and individual symptoms of pathology 3. Develop positive sense of community and seeds of community spirit 	<ol style="list-style-type: none"> 1. Set up DMT group structure – warm up activity, kinesthetic theme based development/activity using movement and theater games, & closure. -Use of props, such as cushion balls, parachute, -Use of music -Journaling & drawing 2. Introduction to Laban dance and theater vocabulary – through many games exploring body, voice and imagination as creative tool. 	<p>Begin to gather stories that celebrate and support community spirit – via the specific cultural lenses of each of the group members’ cultural backgrounds</p>	<ol style="list-style-type: none"> 1. Assess movement dynamics - alone and in group interaction. 2. Assess overall group dynamic 3. Assess all above in relation to the concept of anomic depression 4. Read journals and view drawings for additional data 5. Administer pre-tests to teachers prior to first session 6. Taped interview with the child 7. Develop relationship with children’s teachers and school staff
Emerging & Sourcing	<p>I. OPENING & SOURCING</p> <ol style="list-style-type: none"> 1. Accessing imaginal material in group dance and drama therapy based activity 2. Group exploration of each other’s spontaneous imaginal creations 3. Verbal identification and visual documentation of spontaneous group imagery 4. Exploring the previously identified themes, characters, environments & dramatic situations or conflicts in movement based improvised format – introducing dance and drama creation tools/skills 5. Individual Creation of highly specific original character – using a movement based format 	<ol style="list-style-type: none"> 1. Activate repressed primary process material in spontaneous, rhythmic symbolic play. 2. Identify shadow processes & archetypes and concretize and document archetypal investigation through drawing & journaling. 3. Facilitate group cohesion, kinesthetic empathy, and a shared imaginal context – through dramatic involvement in each member’s symbolic material 4. Facilitate relational task of group empowerment 5. Facilitate group task of differentiation 6. Facilitate creative self expression in group context 	<ol style="list-style-type: none"> 1. Within DMT structure, express, identify & enact, imaginary characters, settings & themes that emerge. Journal/ draw. 2. Improvised group enactment of each members’ preferred characters and themes, directed by each individual with therapist assistance – use of props, costume basics, paintings and music. 3. Discussing & documenting the favorite dramatic themes, settings, emotions & character types that emerged 4. Moving in the Space game – incorporating identified themes, characters, settings, emotions, & dramatic situations-journal/draw 5. Moving character creation -Character shield or mask creation -Character interview 	<ol style="list-style-type: none"> 1. Have on hand an archive of fairy tale literature. 2. Develop knowledge of archetypal dynamics & healing processes within these stories & use these stories as springboards to assist and deepen the imaginal investigation of each child 3. Emphasize emergent cultural material. Use cultural stories gathered during group building as additional springboards. 4. Suggest research into family traditions to support positive identification with culture of origin. Work this into character creation. 	<p>Movement and interactional dynamics in relationship to material and to group</p> <p>Read journals and view drawings for additional data</p> <p>Check in with teachers and pertinent school staff</p>

<p>Emerging & Sourcing</p>	<p>II. CHOOSING</p> <ul style="list-style-type: none"> Group creation of story outline 	<p>Problem solving skills, self expression, and creative decision making</p> <p>Develop AGENCY IN COMMUNITY: Continue to facilitate differentiation while developing positive and effective group interpersonal skills – in order to nurture both individual and group empowerment</p> <p>Make therapeutic use of any conflicts that arise – so that the group continues to grow in cohesiveness while differentiating.</p> <p>Story outline will act as container for group transformation of shadow material.</p>	<p>Collective Creative writing- within DMT group activity structure.</p> <p>Using each group members character information – group develops together an original story outline that incorporates the settings, problems, conflicts, quest, trials and visions of each character</p> <p>–Could be series of vignettes</p> <p>–Could be a more flexible amalgamation and integration of the group members individual themes and journeys...</p> <p>in either case, there needs to be a creative group identification of an overriding problem which affects all the characters, and which they together must solve.</p>	<p>Have on hand story mapping materials, Prepare for this session with several possible story outlines in your head, and on paper and let self be guided by fairy tales that represent archetypes existing in group’s characterizations. Encourage archetypal content into story outline</p> <p>Continue to emphasize emergent group cultural material -- encourage inclusion of positive and life enhancing family stories & traditions into story outline</p> <p>Therapist guides and shapes process using: -free associative story diagramming -physical improvised enactment of some ideas</p>	<p>Same as above</p>
<p>Preparation</p>	<p>Rehearsal – Developing the story and making it ready for performance.</p>	<p>Aesthetic reworking & continued transformation of primary material</p> <p>Development of interdependent problem solving skills and group empowerment</p> <p>Facilitate task of intimacy - Development of self expression in tandem with effective group relational skills.</p> <p>Develop relationship with children’s school and community networks to create a supportive holding environment during this time, that will be established by the time of performance</p>	<p>Within DMT group activity structure - Create and set down the dialogue & choreograph the sequence of events on the stage</p> <p>Solo & group character and scene development</p> <p>Elicit ideas for props, set design, music, and scenery, where to perform it, who should be audience, how many times they would like to perform it. Convey to them what is possible.</p> <p>Elicit information about friends and relatives they would like to help them design and obtain the set, scenery, costumes, and coordinate the performance celebration.</p>	<p>Develop dialogue with school and parents around information gathered from group in regards to performance preparation details</p> <p>Deepen imaginal & kinesthetic involvement in characterization & Overall story</p>	<p>Movement and interactional dynamics in relationship to material, group and upcoming performance</p> <p>Check in with teachers and school staff</p>

Performing	Performance of Story in front of live audience	Provide for each child an: -Experience of vitalizing, cathartic initiation in a safe holding environment - Experience of self empowerment within an empowered achieving group. - Experience of being recognized, witnessed and appreciated by community	-Group members will perform their story in front of audience, made up of family, peers, community members, video cameras, perhaps a reporter. -Certificate presentation, question & answer session, & celebration	Hold the group together and offer encouragement and support during time of increased stress, fear, and excitement	- Movement and interactional dynamics in relationship to audience, each other, and themselves: - Self report after performance. - Check in with teachers & staff
Closing & Integration	Actively process the performance Review the journey of the group over the course of year Close the group	1. Integrate the performance & group creation journey: a) Process performance experience and community feedback b) Support internalization of positive creative achieving self, in order to continue to facilitate transformation of self image. c) Support internalization of power of positive group interaction in feeling positive, creative and able to achieve. d) Facilitate group empowerment within the context of individual empowerment & vice versa. e) Support expression & internalization of positive aspects of culture, community, family and self. f) Identify sources of support for self & group in community g) Identify ways to continue to develop positive sense of community spirit. h) Facilitate task of separation – seal closure of group and act as final stage in initiatory process.	Still using DMT group structure: 1. Group will reflect upon, comment about and journal experience of performance and what differences they feel in themselves - Group viewing of performance videotape, receipt of certificates of achievement, news bulletins, positive feedback of audiences, etc will help integration process. -Discuss group desires to further develop group’s work or to continue in after school arts based activities Group will brainstorm for solutions 2. Group will reflect upon, comment about and journal their own growth, the growth of the group during the year and their feelings in relationship to the ending of the group -Moving circle format will facilitate kinesthetic empathy, as children prepare to dance out and enact a ritual of separation from each other as a group	Identify school and community members who can continue to function as resources for the group Find out how to match what they want to do next creatively with adults in school and any existing community resources. If there are no community programs, help them to brainstorm how to find a sponsoring adult and create one for themselves in the school community Facilitate transition form therapy based process to continuance of arts based after school activities, or other after school resources for self development. Find for those in need, other group therapy based after-school structures.	Movement and interactional dynamics in integrating effects of performance into process of closing the group, and consolidating the individual and collective psychological growth during the year Review notes on each child, and journals. Prepare year long assessment Teachers need to complete post test Children self report about the year experience in a taped interview

Chapter 5

V. DISCUSSION

This service program for adolescent identity repair was created in response to a need identified in the literature for effective therapeutic after-school services for socio-economically and culturally marginalized preadolescents developing or having developed symptoms of intrapunative or socially aggressive psychopathology.

As Sampson (1997) and Aponte (1994) have noted, neighborhoods suffering the effects of socio-economic and cultural disintegration, lack strong community-based and family-based structures necessary for social control and lack opportunities for productive engagement and effective supervision of children. Unsupervised children living within these contexts, with nothing to engage, contain, or direct them, tend to get into trouble. As Sampson (1999), Fergusson and Horwood (1998), and Reid et al (1999) have noted, gang formation, delinquent and/or criminal behavior develop within the unsupervised play activities of children and preadolescents appear in their most concentrated, dramatic and violent manifestations within these kinds of communities.

Literature has likewise pointed to a connection between the types of adolescent pathology that arises within these contexts, as well as the lack of vitalizing community and familial cultural contexts resulting from socio-economic and cultural disintegration. Jilek (1974) has suggested that antisocial and intra-punitive acts among teenage and young adult Coast Salish Indians are indicative of the experiences of relative deprivation in which the norms of the subordinated Salish culture do not fit in with the norms of the

dominant American culture. These experiences trigger a kind of reactive depression Jilek terms anomic depression. Aponte (1994), Greene (1992), Sampson (1997), Reid et al. (1999), Fergusson and Horwood (1998), Gest et al. (1999), Conger et al. (1999), and Hawken et al. (1999) contribute among socially marginalized youth statistically based evidence of patterns of destructive pathological adolescent behavior that appear to be reactive in nature. This evidence, when combined, creates a collective picture of multi-ethnic reactive or anomic depression, or what Aponte (1994) calls the “poverty of despair” (Aponte, 1994, p. 1) that is concentrated in many socially marginalized ethnic communities and appears to arise from the lived experience of relative deprivation amid the context of socio-cultural breakdown. The literature is suggesting a need for a powerful form of socio-cultural therapeutic intervention to stem this chronic process of disintegration and despair, which manifests itself in interpersonal violence, self-abuse or both.

A review of object relation’s theory has demonstrated a connection between pathological early familial and environmental experience and the development of pathological internalizations, both of which result in aggressive or intrapunative pathological behavior toward self or others. Within the context of socio-cultural disintegration, the familial environment tends to suffer in reaction to socio-economic stress and socio-cultural identity diffusion. The pathological external community environment only worsens the pathological internalizations that may have occurred within the family environment. In short, there are no holding structures for healthy and safe identity development within this context of socio-cultural and familial deprivation.

Because the effects of socio-economic stress, socio-cultural disintegration, and relative deprivation have been shown to affect the level of mental health among children, adolescents, and pre-adults, it is safe to assume that preadolescents living in these environments, in their time of most acute diffusion of identity, would be extremely susceptible to the negative influences within these contexts and, therefore, most at risk for destructive antisocial or intra-punitive pathological behavior. Also, as preadolescence is typically a time of school transition, the additional stress of adjustment can increase feelings of low self-esteem and adversely affect peer relationships, which in turn can catalyze the development of pathological behavior.

Erickson (1956), Blos (1962), Winnicott (1971) and Frankel (1998) have stated that the use of creative activities with preadolescents and adolescents is developmentally beneficial and an effective interventative and preventative therapeutic strategy. Kestenberg (1975) has noted particularly that, at preadolescence, externalization is used as a method of working out the diffusion that is occurring within and that there is thus a proclivity to externalization, as well as an increase in experiences of shame. Group dance movement therapy activities organize the externalization process by providing a rhythmic context for synchronous group interaction, promoting group cohesion and the development of therapeutic experiences of trust and intimacy in a group context. The playful, rhythmic and expressive therapeutic container of a dance/movement therapy group can, therefore, assist the natural creative external reworking process of this stage by mitigating the causes of shame and self-consciousness for pre-adolescent. Group drama therapy with its emphasis on role and inter-group collaboration would capitalize on the preadolescent need for externalization while at the same time mitigate resistance to

adult therapeutic assistance, by emphasizing peer decision making and peer support. The goal oriented structure of group performance creation would help to provide an organizing container for preadolescent identity reformation.

Peer groups, as noted by Erikson (1956, 1963) and Blos (1962), function as a transitional space for tensions between the childish world and the adult world to be played out and worked through. Blos (1962) particularly has suggested that creative activity during adolescence can greatly strengthen the ego's flexibility and integrative capacity, while expanding its conflict free sphere. A peer-based performance creation model would greatly assist these particular developmental needs by providing an imaginal container for reworking and expanding the ego's breadth and depth.

Jung (CW), Eliade (1958), Behrens (1999), Bettelheim (1975), Zoja (1989) and Mahdi (1987) have all pointed to the universal need within the psyche for initiation within a liminal and imaginal container that promotes an archetypal confrontation with the self and thus healthy self-growth. Mahdi (1987), Rakoff (1995), and Malin (1974) point to the need for initiating structures that provide for adolescents enacted, symbolic, psychophysical experiences of power and meaning from exactly such liminal processes of confrontation.

Literature has shown that many adolescents within devitalized and disempowered community contexts attempt to self-initiate during preadolescence and adolescence and that self-initiation is one of the functions of gang formation. Rakoff (1995), Frankel (1998) and Zoja (1989) have written that dangerous attempts at self initiation by boys, such as robbery, getting a girl pregnant, engaging in gun fights, and drug and alcohol use, at this time is simply an attempt to address the void of meaningful and supportive

relational networks within marginalized communities. Hawken et al (1999) have written about the destructive reactions of youth to a society that has no need for them. Meade (1974) has written about the devastating effects of the absence of community supportive rituals upon the identity formation processes of youth within socially marginalized community contexts.

This lack of community presence and controls tends to promote the illusion for adolescents that adolescents can act as adults do because there is no one person or no group of people who is truly able to be responsible for them. In this context, socially marginalized adolescents may feel entitled to adult privileges, yet as Winnicott (1971) points out, they are not adults and society has failed them. In Winnicott's view, society has effectively sent socially marginalized, and emotionally disturbed youth in for self-destruction by allowing them to take responsibility for themselves when they are not mature and have not truly learned how to be effectively responsible, and by not providing them more protective and powerful holding environments, community supported enrichment and activity structures, as well as rituals of transition in the face of their collective experience of identity diffusion and relative deprivation. In environments of socio-economic and cultural disintegration, there exists a communal void that is unable to provide effective support for the children within the community, nor able to foster any kind of positive model of community spirit. A peer-based program providing creative therapeutic support, enrichment, and structure during after-school hours would provide an alternative to this potentiality for the participants.

Frankel (1998) has suggested that working imaginally with adolescent shadow material can reduce the adolescent need to literally enact the shadow material in real life

either via the development of pathological defense systems, or through severely abusive acts to the self or violent and/or unsafe acts to others. Providing an initiatory structure, such as a collectively created performance that provides the opportunity for community validation and support (as suggested by Turner (1982), Rakoff (1995), Jilek (1974), Frankel (1998), and Meade (1974)), the latent and universal adolescent need for powerful lived experiences of confrontation with and transformation of the shadow archetype within themselves could be satisfied, as well as their desire to express their deepest dreams, visions and ideals in a forceful and dramatic way and be effectively heard and acknowledged. In this way, dangerous adolescent attempts at self-initiation will be rendered unnecessary. This collective structure will also promote in each adolescent the experience of synergist and positive community interaction, and the experience of interdependence, the essential ingredient for identity repair and community repair. The opportunity to explore cultural roots and ancestor traditions within a group therapy context as part of a process of performance creation promotes intercultural appreciation and contributes to the group experience of collective empowerment, which in turn strengthens both individuals and their communities.

Blos (1962), Erickson (1956) and Kestenberg (1975), have suggested that intervention during preadolescence is especially important, because in the specific kind of regressive nature of preadolescent identity diffusion, there is a tremendous potential for the reparation of early childhood pathological internalizations. These authorities also concur that if reparation at this stage does not occur before the identity and character structures become fixed by the end of adolescence, then therapeutic intervention will be much more difficult and pathological processes may become fixed. For centuries

collectivist indigenous cultures have created powerful rites of passage rituals to assist the development of identity at this early adolescent stage, as if in awareness of the psychic malleability of the age and the potential for danger if identity formation is not carefully and powerfully supported. Erickson (1956, 1963) and Schafer (1968) point to the need in the psyche for healthy models of identification, which Erikson (1963) suggests can act as guardians of identity during the active identity formation process that occurs during preadolescence and adolescence.

Winnicott (1971) has written that the world needs to be “shaken by those who are not responsible” (Winnicott, 1971, p. 146) and that we as adults need to validate and truly take in the adolescent message in its passionate, idealistic or nihilistic intensity, while allowing them a liminal container to search for who they are, rather than force them to be part of the adult world without the opportunity to have truly experienced that deeply imaginal, confrontational and exciting search. He writes that “triumph” can only occur for adolescents if they have not been handed a false adulthood by adults who have abdicated their responsibility to contain and hold these adolescents, while the adolescents fight against the adults to discover who they are as they undergo their passage into adulthood. This program provides a container that will hold the adolescent struggle and rebelliousness, and at the same time provides a channel for all that intense feeling to be directed into creative and constructive paths, providing each adolescent an opportunity for full expression and exploration of self, and for experiences of personal triumph and achievement.

Emunah (1985) has noted that rebelliousness in adolescents is a sign of health and has demonstrated how drama can be used as a technique to harness that rebellious energy

and channel it into constructive and enlightening paths. The process of aesthetic distancing and symbolic reworking of traumatic or disturbing primary material that symbolic playful sourcing, character and performance creation and rehearsal affords will help to strengthen each child's process of self transformation and identity repair. And the potential for community validation and recognition will greatly support experiences of triumph in the adolescent search for self and give the adolescent an experience of empowerment, a vitalizing experience of the self through the appreciative support of others.

This model provides a therapeutic structure that addresses the calls in the literature and aims to directly address the social void that arises within the context of socio-cultural community breakdown. It has been designed to provide (1) an opportunity for initiation within a strong and supportive therapeutic container;(2) an opportunity for the development of an after school therapeutic sub-community, whose task is to develop interdependent social skills and collective empowerment over the course of a school year; (3) an opportunity for a long, slow, and symbolically cathartic reworking of individual pathological psychic material; and (4) an opportunity to find models within the culture that are: a) positive, meaningful and empowering, and b) that transcend the current picture of deprivation and diffusion that identifies the marginalized context in which each participant lives; while (5) providing a performative rite of passage ceremonial structure, designed to facilitate community reconnection and empowerment.

It is interesting to note that there are neither longitudinal studies nor any studies at all for that matter, which specifically measure the impact of group kinesthetic, imaginally and experientially based psychodynamic reparative programs on the identity formation

within the context of both cultural and familial identification processes. In fact, there is no program that I have yet found that has combined psychodynamic object relations based processes with cultural empowerment and interpersonal relational development using dance/movement and drama therapy. There have also been no longitudinal studies measuring the impact of dance and drama therapy programs upon identity reparation and development for populations suffering from the combined effect of socio-cultural disintegration, chronic impoverishment and relative deprivation.

As noted in the literature review, there are many effective reparative processes and techniques within dance/movement therapy and drama therapy that can assist the reworking and transformation of pathological internalizations and negative identifications within the context of a collective and tightly structured therapeutic holding environment. These clinical processes and techniques have been found to effectively develop a therapeutic group dynamic that builds relational skills and facilitates a long-term group experience of empowerment. These techniques and processes can also provide a medium for exploration of and for symbolic reconnection with the more positive and enduring aspects of individual ancestor and cultural traditions, which in turn promotes the development of positive community spirit.

Kestenberg (1975) has stated that without the understanding and active nurturing of community spirit, no family is safe, and thus no community is safe. The Stone Center theorists have defined disempowerment as a lack of an ability to create meaningful and sustaining community networks. Community psychology theorists have demonstrated the inadequacy of the individualist paradigm with its emphasis on scarcity and competition, and the statistics previously noted in the review point to the devastating consequences of

this paradigm for countless numbers of children in American today, who will, if they are lucky, grow into adults, who have not been prepared or developed the internal mechanisms nor effective skills to lift themselves out of the cycle of chronic poverty, violence and abuse.

Winnicott (1946) has suggested that delinquency itself is the result of an active seeking of strong external holding on the outside, as there is a lack of an internalized ability to contain and control impulses on the inside. Drama and dance/movement therapy processes in the context of performance creation serve a dual function: 1) they promote the development of discipline and impulse control while 2) while affording an externalized, active reworking and catharsis of pent up, repressed aggressive and impulsive energies through expressive and kinesthetic creativity. The therapeutic and collective peer decision-making process that performance creation requires further promotes this combination of self-containment and active self-expression.

The specific dance movement and dance therapy techniques used to form the structure of the service model provide a means for the safe, creative and playful deconstruction of unhealthy aspects of identity and the initiatory reconstruction of a healthier more positively integrated identity while providing the opportunity for social, emotional, physical, and cognitive skills enrichment within a therapeutic group container.

The literature clearly points to a need for programming for this population, and premises within the collectivist paradigm suggest that there is no need to have a chronic underclass; rather that resources can be accessible to all and constantly renewable, if we change our way of relating to each other and our conception of what true power is. There is no programming model that I have found that addresses the need to develop the skill of

synergistic community, and individual and cultural empowerment, in the process of repairing pathological identity formation processes. The literature clearly shows that there is a need for just such a model and this author has attempted to create this model within the context of this study.

On the way to developing this model this author has had many formative experiences in artistic interventions with children in environments of socio-economic impoverishment and socio-cultural breakdown. Volunteering as an arts educator for children in a Chinatown family shelter in Manhattan, this author witnessed the vitalizing and organizing effect of creative dance and theater activities upon groups of latency aged children.

During a year long dance/movement therapy internship in a psychiatric after-school wrap around program in an ethnically concentrated impoverished section of Norristown, PA, this author discovered the power of rhythmicity in creating group cohesion within a group of extremely disturbed and antisocial preadolescent girls. From within the context of that rhythmic cohesion, imaginal explorations with a parachute and stretch band, provided an opportunity for the girls to satisfy their need to be carried, covered, and the center of attention, over and over again. The process demonstrated the difficulty of sustaining group connection if the flow of the activity were to stop or the cohesion were to be interrupted by attention to any one member of the group for too long a period of time, during the initial stages of group therapeutic interaction.

During a month long trial run of this model in a Pennsylvania school, working with two core groups of severely at risk latency aged children, this author found that an African American theme based residency focusing on cultural and personal

empowerment through the creative use of the imagination, stimulated notable behavioral change within a short time.

Specific observations and vignette by this author/therapist follow as illustrations of the concepts and phases put forth in chapter 4. I had initially begun the group without using a dance/movement based group structure, instead I focused on the teaching of theater skills. However, I quickly lost control of the group, as they began to test me and each other and I had not yet developed a strong enough organizing structures to withstand the testing process. A dance/movement therapy game titled “pass the leader,” where each group member took turns creating their own movements, while the rest of the group mirrored the leader’s movements exactly, was effective in creating moving group synchrony within this fractious group. In order for the activity to achieve the larger therapeutic goal of kinesthetic empathy and group cohesion, I chose music that had a rhythmic and steady bass toned drumbeat, and no vocals. The deep and steady rhythm served both to soothe the fears of intimacy within the group, and as a catalyst to organize and encourage the group to towards more involvement and commitment to the activity. The music gave the group a focus which helped them to organize themselves together and complete the task. Using this game with the at-risk children in the school residency immediately created a sense of group synchrony, and the beginnings of kinesthetic empathy began to emerge amongst the children, which the initial drama skills activities had not promoted. Once cohesion had been established, the group became more able to focus on the tasks of creating theater.

Drawing from the success of that intervention, I changed the activity structure of the residency, to embrace the three part Chace inspired dance movement therapy group

structure: movement based warm up, theme based primary process based expressive activity involving theater and dance skill development, and closure, in order to maintain and continue to strengthen the sense of cohesion within the group. Combining dance and drama skills development into the dance/movement therapy based structure helped to further psycho-physical integration and range of movement and emotional repertoire, as well as group cohesion. Combining dance/movement and drama therapeutic and educational processes with an initiatory process of collective performance creation, (not one of them had ever created their own story before nor been the focus of sustained positive attention for the purposes of enrichment, rather than correction), powerful processes of group cohesion, therapeutic interaction, and social, cognitive, physical and emotional growth were stimulated to some degree within each participant. Children who were timid in self expression and physical movement, created characters who either reflected themselves or were the opposite, and had the chance to explore deeply their movement preferences and/or differences and expand their movement and emotional repertoire in the process. The therapeutic group structure assisted group support of each other's creations and best efforts. At the end of the performance, a number of the children reported that they discovered that they did not have to be afraid of performing in front of others, that they found that they could get along in a group, that they enjoyed being part of a group, that they loved being a character, that they were funny, and that they were good actors.

According to pre and post tests, the teachers reported a significant increase in positive classroom behaviors and work habits for the participants of the program during that time, and students in self reports after the performance reported varying degrees of

transformation of self images and increasing levels of self esteem. The group, while struggling against this author in the beginning, through a collective immersion into and containment by the combined creative and therapeutic processes set in motion during the course of the residency, came to identify itself as a group and commit to the successful completion of the group created performance against overwhelming external odds within the school environment itself.

This study has several limitations. When considering how to help children suffering from identity confusion and pathology within a culture that is suffering from identity diffusion and pathology, it is necessary to consider individual healing within the context of community and this model is separating the children from their community for the purposes of identity repair. This model views the separation process from community and family as a temporary liminal process necessary to facilitate the development of a therapeutic sub community that can both assist participants liminal and imaginal process of identity repair, which needs to occur in a specially demarcated and protected space, and promote each participants ability to become more positive members within their own families and communities. However, the social void within environments marked by poverty and socio-cultural disintegration and the familial stress and disorganization that occurs within these community contexts within cannot be dismissed. This model has chosen not to directly intervene on the familial level. Without containing structure in place after the program is complete, and without assisting the development of a positive community spirit within the family, and assisting other family members in developing the skills of collective empowerment and synergistic community, the gains made during the time in the program could be threatened. Perhaps there should be an adult version of this

model running at the same time as the preadolescent version, and then both groups would have developed more positive coping and interactional skills.

The model has attempted to address these concerns by 1) involving the parents of the participants in performance related activities such as set, scene and costume design, and getting parents to alert other family members and public the event within the community. In this way synergistic community can be promoted and a positive community spirit can be developed. 2) support an interfamily search for cultural ancestor traditions that have spiritual value for the family via the children's search. 3) Provide an opportunity for parents and friends to come together as a community to support and experience the empowerment of their children and thus their own empowerment. and 4) During the process of closure to identify the degree of growth and skills development, assess what arenas the group wants to continue to develop in, and seek to provide after school community links, or identify service organizations, volunteers, or helping individuals who can assist the children in their goals.

The gender difference has not been addressed in this study and is a limitation. However the concentration of data within this study can provide a solid springboard for the development of two further models, which explore more deeply the particular developmental issues for girls and for boys, within the context of the domains within this study. This could serve as an effective springboard for the development of gender-based models.

The benefits of this kind of model for other preadolescent populations have not been explored, but preliminary data suggests it. Many communities that do not experience extensive socio-economic deprivation and socio-cultural marginalization still

lack the experience of a vitalizing community spirit and lack adequate structure for successful adolescent initiation and identity development. While not as deeply disempowered, they may suffer from isolation due to a lack of connection to each other and to a collective sense of meaning, and need to participate in this kind of program just as much as those who are more severely materially deprived. Again this program can be adapted and used as a springboard for the development of models of adolescent identity repair to fit many diverse populations.

Another limitation of this study is the choice to center the basic therapeutic direction of the process in the hands of one dance therapist who has extensive knowledge of drama processes and familiarity with ritual. The co-therapist can either be a dance therapist with or without a basic knowledge of theater, a drama therapist or a drama educator; but the main therapist must be thoroughly trained in and intimately familiar with the Chacian group therapy process, having gone through it herself. She must carry within her the constant capacity to assess on a movement level the direction of the flow of the group; be able to facilitate the group empowerment process through the constant use of kinesthetic empathy; and stimulate the imaginal and archetypal flow of primary material through moving therapeutic processes within a kinesthetically empathic holding space. This moving process based on the circle, rhythmic body action and flow is the therapeutic and symbolic underpinning of this model, in that it facilitates liminal consciousness and the expansion of the known boundaries of the self; it assists in developing community and generating imaginal content; and is a powerful non verbal unitary process. While later character and performance creation processes promote differentiation, and positive interpersonal interaction, as well as self exploration and

expression, and early dance/movement activities stimulate the primary imaginal consciousness and the exploration of the self as a mover, the dance movement therapy processes that create kinesthetic empathy and group cohesion provide the foundational substance for group empowerment. With these factors in mind, it is thus essential for a dance movement therapist with a strong knowledge of theater creation processes to run this program.

Chapter 6

VI. Summary & Conclusions

The objective of this study was to develop and to present a long term model of dance/movement and drama therapy to be used for the purposes of identity repair and empowerment for socio-economically deprived preadolescents who exhibit symptoms of intrapunative or antisocial behavioral pathology.

A review of the literature has suggested that the main issue impacting this population at this stage of development is identity diffusion within the context of socio-cultural experience of relative deprivation that produced a depressive syndrome that manifested itself in symptoms of pathological intrapunitive and antisocial behavior. This experience of identity diffusion within environments of chronic poverty, low social control, lack of parental and community supervision, support and enrichment, and disorganized often violent family systems, places these children at risk for adjustment disorders, poor school performance, antisocial tendencies, cutting behaviors, eating disorders, symptoms of psychosomatic distress, an inability to develop positive peer relationships, delinquency, substance abuse and gang membership, early pregnancy, and violence.

A service program formed from a combination of dance and drama therapy techniques and processes that emphasize the creation of a flowing therapeutic container for the emergence of imaginal primary material and provides an opportunity for an initiatory imaginal transformation of that material through performance development and creation in a playful group therapy peer-based context would indeed meet many of the

clinical and developmental needs of behaviorally disturbed socio-economically deprived preadolescents. Such a program would fill a socio-cultural void, and answer a call in the literature addressing this void in an object-relations-based, archetypally directed, and interculturally and interpersonally empowering synthetic context. In addition this program has the potential to develop within the participants and their relational support systems an experiential understanding of the concepts of mutual empowerment and the synergy paradigm. In the future this model could be implemented and researched in schools, in community centers, and in clinical settings and could be expanded to address the needs of older adolescents as well.

Peer-based group dance/movement therapy has many benefits for children of this age group because of its strengths in developing group cohesion through kinesthetic empathy while stimulating the release of tension, body-image integration, and the release of repressed primary process material through symbolic expression in a stabilizing integrating way. Preadolescent identity diffusion manifests powerfully in the body experience and body image, and it is in this arena where preadolescents are most vulnerable to peer influence, whether the influence is healthy or unhealthy. The focus of the group would be the development of a safe sub community of peers in an after-school setting for a period of the 7th grade school year. The therapist would need to bring a strong, containing, kinesthetically empathic and creatively stimulating presence to facilitate the health and empowerment of this community. The use of props, such as a parachute or stretch band or bean bags, within dance/movement therapy sessions can also be beneficial for this population, depending on the group dynamic, in that such props can provide some initial distancing foci for group members, while enhancing the process of

symbolic playful associations in the structured moving rhythmic context and thus encouraging group experimentation and individual self-expression.

Over time, as the dance/movement therapy group continues to move and play together – the stuff of drama and fairy tale can emerge from within the imaginal collective unconscious of the group. Specific techniques from drama therapy can be employed then, such as the improvisational enactments of dramatic content and the slow emergence of material for the development of a group story. Special emphasis will be placed upon the development, containment, and symbolic enactment and reworking of adolescent shadow material. These drama-therapy-story development techniques capitalize on peer group decision-making and have processes built in for working with adolescent resistance for the adult therapists to facilitate the group collaborative spirit and process necessary for this population to create their performance. Throughout the process, the flow of kinesthetic body action is emphasized, and the dance therapy group activity structure will help the therapists to continue to foster and develop an environment of mutual interdependent support and empowerment.

Of specific importance to this population is that the power of the performance creation arises from each group member's creative material, which is stimulated, guided, encouraged, shaped and/or expanded by the adult therapists who help to contain the moving creation process. This process as stated by Emunah and Johnson (1983) creates a model, as well as a container, for the creation of a new identity. The other important device is the use of story creation and performance as a ritualized forum for initiation, in which the performance is considered to be a final threshold to be passed through. For the experience of transformation in self-image to concretize and for facilitating a more

powerful integration of positive identity, a liminal space and time is needed. A long-term rehearsal process of self-created material, would allow the group to rework, over time, their relationship to themselves through the medium of the arts. The holding space of the dance/movement therapy group becomes the transitional arts play space wherein this transformation can occur. As the group's collective primary symbolic material transforms into story form and then into a performance ritual, each member has the opportunity to experience therapeutic movement in relationship. Within this therapeutic moving process, pathological identifications and negative self images can be reworked and transformed within the holding support of the group, and through the aesthetic distancing device of rehearsal and the initiation process of performance. Though the power of a long-term and experiential process of creative interdependence, individual identity repair, development and transformation can be achieved.

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APPENDIX A: Identity Healing & Transformation Models Diagram:

PROBLEM

ANOMIC DEPRESSION (SPIRIT ILLNESS)

(As exhibited in preadolescents and adolescents from socio-economically marginalized minority communities)

(Disconnection from culture, community, family, self)

Symptomology: Severe anti-social behavior and/or intra-punative behavior

Nussdorfer Model

I. Group selection & group building movement/drama therapy processes with therapeutic guidance.

I. PROJECTION

Activate/explore primary process source material in safe group holding environment.

Establishment of Liminal Space

II. TRANSFORMATION

Initiate personal imaginal quest for help from liminal guardians of identity through the sourcing and creation of original character from primary symbolic material using culturally specific dance and poetic/ expressive dramatic techniques.

Initiate dance and drama therapy based performance group as container for identity transformation through creation of story.

Draw on found internal guardians imaginably in the archetypal story creation process where obstacles are confronted and conquered in the group holding environment.

Begin external search to make personal and cultural identity re-connection through family stories of positive traditions, dances, poetry and songs; while identifying and mourning multi-generational family trauma and losses.

Rehearsal of Story:

Cathartic tertiary reworking of primary material, and visionary, therapeutic information in group rehearsals through dance and theater.

Performance of Story:

Initiatory rite of passage thru medium of group created dance/theater performance of their characters' positive archetypal transformations.

III. Internalization:

Reconnection to self through integration of positive performance experience & Internalization of therapeutic group support

Immediate experience of recognition, approval, and support by community audience: school staff, family, peers, etc.

Internalization of positive external and internal guardians of identity, & positive sense of self.

Coast Salish Model

I. Individual separation & psychological stimulation to promote trance state with guardianship of ritual elders.

I. SEPARATION

Access primary source material in extreme physical states with support of ritual elders.

Establishment of Liminal Space

II. TRANSITION

Initiate personal imaginal quest for vision, a new name, a personal song, a connection with an ancestor spirit and spirit power –i.e. liminal guardians of identity - through ritualistic actions such as ice cold dips in rivers, exposure to loud rhythmic drumming, fasting, intense kinesthetic exertion.

Finding internal guardians and their song and movement qualities with help from external guardians (ritual elders) and cultural meaning systems and traditions. Expressing this connection in their own unique way through singing, chanting and dance.

Cathartic Reenactments (4-5 days a week) of connection with ancestor spirit and spirit power for audience witnesses – over 6 months.

Initiatory Rite of Passage - during weekly performances the liminal relationship to ancestor guardians of identity are cathartically embodied, danced and sung for the audience to witness and support.

III. Incorporation

Ability to hold Spirit Power within & integrate new identity into daily life.

New Sense of being a valued member of the greater community, and of being psychologically supported by that community.

Easy and greater access to internal and external guardians, stronger sense of integrated self.

Initiation

DECONSTRUCTION

of pathological identity formation

Psychological regeneration through death/transformation of unhealthy aspects of personality.

Quest for Vision & Help
From liminal guardians of identity begins.

RECONSTRUCTION

Catharsis & Psychological Reworking

Greater Cathartic Reworking within larger audience holding environment.

Public enactment of connection with internal guardians and of successful archetypal confrontation with shadow material.

Synergistic community support

SOLUTION

Identity repair and development

Connection to self, family, community & culture

Personal & collective empowerment

SPIRIT POWER