Dramatherapy

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/rdrt20

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Published online: 14 Sep 2011.

To cite this article: Anita Gorst (2007) AWAKENING FROM THE DREAM OF THOUGHT: RESEARCH INTO DRAMATHERAPY AND DEMENTIA, Dramatherapy, 29:2, 10-16, DOI: 10.1080/02630672.2007.9689720

To link to this article: http://dx.doi.org/10.1080/02630672.2007.9689720

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AWAKENING FROM THE DREAM OF THOUGHT: RESEARCH INTO DRAMATHERAPY AND DEMENTIA

By Anita Gorst

..."The self that is shattered in dementia will not naturally coalesce; the Other is needed to hold the fragments together. As subjectivity breaks apart, so inter-subjectivity must take over if personhood is to be maintained."

(Kitwood & Bredin, 1992: 285)

Introduction

This article is based on a qualitative, phenomenological research study carried out for a Dramatherapy MA (upgrade) in 2005. The study examines how immersion in the inter-subjective space is the means by which both the client with dementia and therapist can re-define their sense of self-identity by momentarily healing the unconscious gap between self and other inherent in the relative duality of thought. The study focuses on the phenomena of the clients with dementia seeming to unconsciously read and reflect back the present life process of eight dramatherapists, who were interviewed to obtain in-depth descriptions and depictions of the experience.

The dramatherapy literature on dementia (Bateson 1998; Casson 1994; Knocker 2001) concentrates on others trying to attune themselves to the unconscious communications of the client, yet what does not seem to be acknowledged is that the client with dementia is also attuned to the therapist's unconscious and so reflects this back to him/her as part of the inter-subjective process.

Research Approach

A heuristic methodology, as outlined by Moustakas (1990), was used interviewing a sample of eight dramatherapists working privately with older adults with dementia. Heuristics is a form of inquiry that brings to the fore the personal experience and insights of the researcher. The researcher must have had direct, personal encounter with the phenomenon being investigated, so that personal significance imbues the search to know, yet there is also a social/universal significance to the question. Exhaustive, systematic observation and self-search is deepened and extended through the shared self-inquiry of other co-researchers.

The sample was sourced from a list of therapists known to work with this client group. The initial approach was to contact them in random order, and involved a dialogue by telephone/in person explaining the research topic and participation criteria. The dialogue enabled the researcher to ascertain if the potential co-researcher had experienced the phenomenon at all, and with sufficient intensity to be able to provide data. Information sheets and consent forms were sent to potential participants and those that decided to consent did so with the understanding that they could change their mind at any point without prejudice. Of those that consented, four participants worked in different Day Centres, while four worked in different private residential/nursing homes. While the study recorded a different specific frame of reference for each participant, in general terms their orientations (Karkou, V & Sanderson P. 2006) fell into: five humanistic, two integrative/eclectic and one psychodynamic.

Initial Engagement

The phenomenon in question was something that I had noticed and wondered about while trying to communicate and work therapeutically, once a week, with clients who have dementia in a private, twenty-nine bed nursing home. Namely, that clients seemed to choose to bring up in some way a topic that was uppermost in my, or a co-worker's, mind. What seemed like a senseless, random communication, out of context with what was apparently going on, could be meaningful if I took note of my own present process and reflected how the client could be both similar and different to me.

While aware of transference and counter-transference responses (Bollas1987; Casement 1997), and the way that clients use metaphor to both describe and comment on their experience (Casson 1994; Cheston 1996; Knocker 2001), this phenomenon seemed to be about more than this, particularly with the more verbal clients where my own projections had less room to assume meanings/associations to the metaphor. To cite just two examples; a client in an individual session began to talk about needing to "make a map to find the way". While feeling lost is a common theme amongst clients, this client had not spoken of maps before. However, I had been looking at a map at home earlier, worrying about finding a new location.

Another time, a client began to speak about his first car as if he were young again and excited about taking it for a spin. This was a new topic for him. The student nurse, newly on placement with me, smiled and admitted that she was taking her driving test soon and was excited about getting her first car.
Initial inquiries indicated that other dramatherapists working with clients who have dementia had noticed the phenomenon in various ways, and sometimes as if the client was answering a question only thought about by the other.

Thus, the aim of the inquiry became to discover and understand the answer to the question:

**How do dramatherapists perceive and describe the experience of having their own present life process reflected back to them by clients with dementia?**

The results showed that despite their different frames of reference, all the participants (therapists) went through three phases of experience which I have termed: Stuck/control phase, Shift/movement phase and Balancing/holding the space phase.

**Stuck/Control Phase: Identity, Unintegration and Containment**

Winnicott (1952, 1965) with his ‘facilitating or holding environment’, compares the therapist/client relationship with the mother/infant relationship in that, at first, the infant is in an unintegrated state and needs the mother to facilitate him coming together by containing him. This is achieved by the mother recognising the ‘gesture’ made by the infant and responding appropriately. The client with dementia is undergoing a process of disintegration, their ego/sense of self is returning to an unintegrated state and thus, they need others to recognise and respond appropriately to what they are experiencing in order to contain them. Experiencing fear – “nameless dread” (Bion 1957) – is one of the effects of this sense of ‘falling apart’, along with the other negative affects (Tomkins 1963) of anger, sadness and shame/disgust. Trying to contain these difficult feelings can result in the other taking on and acting them out, or in ‘seeing themselves’ in the person with dementia and so trying to make them do as they would do. The whole process… “may become noxious” (Waller,2002:7) What is required is:

> “Intelligent and flexible action from a ‘reflective practitioner’. The essence of what is required might be described as a freedom from ego…” (Kitwood 1997:131)

The result would mean being able to identify and differentiate from the client; to be very aware of your own process.

Initially, the participants were caught up in projective/intrusive identifications (Meltzer 1986; Waller 2002) with the clients. This resulted in the therapists either becoming over-identified with the clients, or trying to keep from feeling overwhelmed, submerged by the emotions evoked and thus being over-distanced, separate and in control.

The therapist has to tolerate this stage and offer the client a chance to experience containment. Initially, this is experienced concretely as a ‘skin’ holding them together passively as a boundary (Bick 1968), or where identification (adhesive) is carried on the surface of objects (Meltzer 1975) or through imitation. This sensory surface can take many forms including temperature, smells, sounds, touching surfaces, edges, pattern, texture movement, rhythm (Tustin 1987). The dramatherapy model of embodiment/projection/role (EPR, Jennings 1993) uses embodiment in this way as a sensory floor to experience the world.

**Adhesive Identification**

A male client instigated and spent much of an individual session moulding play-dough onto the researcher’s palm, paying particular attention to stretch and press it to fit the edges of the hand. He commented that the hand was “warm”. He then moved to the sand tray and made an even surface inside the tray, and a pattern around the edges. The moulded hand was then placed on a lid and put inside the sand tray by the client at the end of the session.

Before the client feels contained any linking communications (the unbearable meaning of experiences) are felt as an assault; that the therapist is trying to force the evacuated feelings back at them. This is where the creative therapies can feel non-threatening as they make use of the non-invasive, linking quality of metaphor to “touch the depths before it stirs the surface” (Cox & Theilgaard 1987); an important aspect when a client is held together within a fragile boundary.

**Shift/Movement Phase: Metaphor as Inter-Subjective Bridge**

Siegelman (1990) describes metaphor in terms of primary process in that it is fluid in its energy disposition, timeless and contradiction-less, permitting opposites to be maintained simultaneously. The tension of opposites is facilitated by a psychological area of illusion, a ‘transitional space’ (Winnicott,1999), or ‘the space between’ (Bannister, 2003) that allows an overlap, an experiencing of both/and, subject/object unity. The symbol or metaphor can be used in this space to bridge/link the domains of affect and cognition due to its paradoxical nature to both separate and to join, to be known and not known. The creation or use of metaphor in dramatherapy involves the bringing together of two separate entities which have a common connection into a “composite dramatic” form or image (Jones 1999: 242). The dramatic metaphor can thus permit access and expression of material that otherwise would remain obscured and meaningless. Forms of dramatic expression containing metaphor might be story and myth, play activity and role and body work. Also, within the context of dramatherapy the EPR model can be used to experience one thing in terms of another by moving in and out of each mode, allowing a connection of both/and to be made so that the metaphor can be used. The client with dementia is mainly...
functioning within what Winnicott (1999), discussing infant development, calls a process of object-relating (identifications/projections) rather than object-usage — (object is part of external reality/differentiated). It is therefore up to the therapist to make the connection of meaning from what the client does/says, to make use of the client's metaphors. This is aided by him/her attending to the common connection within this area of overlap, realising that he/she is one of the entities involved in the process.

This phase was described by all participants as experiencing a change or movement to another "place" or "level" of consciousness. The direction depended on the participants' current mode of being either over-identified or over-distanced from the clients.

In the former cases: the shift occurred when participant therapists (P/T) seemed to recognise how their own process was, or could be, different from the clients' process and that they were acting out and mirroring the clients' process rather than the other way round:

(P/T): "We are very together completely ... I need to do the opposite of how they are." "I realise I need some more love, play, lightness ... it doesn't have to be the dark thing."

That awareness also shifted the clients' process:

(P/T): "Spontaneously, as if they sensed it."

They instantly became lighter and more playful.

(P/T): "There has to be a cut off point from comparing myself to them, otherwise you take on their role of inadequacy."

Clients were then experienced differently:

(P/T): "They weren't bathed in grey and depressing darkness, but in a glow of light."

In the latter cases the shift occurs because a connection is made that makes the therapist aware of how their process is similar to the clients' process. Sometimes this is a gradual insight:

(P/T): "Working with these people it actually related to me as a person too..."

Or sometimes a sudden insight, an instant parallel:

(P/T): "Out of the blue (she) captured something I was very specifically wondering about, feeling at the time about my own personal life."

Being told, explicitly, information about yourself when it wasn't obvious was described as: "uncanny and synchronistic" and of feeling "transparent".

There was repeated reference to:

(P/T): "What is real and what is happening in the here and now"; "the recognition of what really was".

And clients ability to:

"See/sense beyond people's facades and defences to the truth".

The experience of feeling like this allowed for: "removing of masks and fronts"; allowing one to be vulnerable.

"The client looked at me with a quality of total knowledge, total instinctive, intuitive understanding and empathy."

This resulted in...

"incredibly profound moments of lucid eloquence from clients when they seemed to ... peek through from another level and pick up and connect directly to the real, true feelings present rather than the logic ... in a simple and straight forward way."

It was described as being: "natural, intuitive thought" on their part. It was likened to a feeling of spirituality and a feeling of "total understanding."

This feeling extended to a sense of togetherness; sharing: "a real bond" — unity that was the opposite of the division/separation experienced beforehand:

(P/T): "It felt like a door had opened."

This seemed a very important part of the experience for the participants:

(P/T): "We were sharing something together, which before I didn't feel was possible ... sharing, learning, doing at the same time, and that just felt special."

The shift in either direction appears to have moved participants, and thus their clients' to experience more positive affects (Tomkins 1962), as evidenced by remarks such as:

(P/T): Great fun, so playful, fantastic, joyful, amazing, wonderful, wow, yes, charming, lovely, childhood brought back, young again, comfortable, nice, carefree, no embarrassment, celebratory, magical, exciting, incredible, thrilling, clearing, elated, warm glow, heart warming, responsive, wanting to be there, encouraging, achievement, interesting, enlightening, it made me feel good.

There was also a marked shift of images from darkness into light and from down, heavy feelings into a sense of buoyancy, joyfulness and "being in the air."

Balancing/Holding the Space Phase

Once the participants "moved" or shifted consciousness and so contained the process for themselves and clients:

(P/T): "I went to another place, so they were able to go to another place": a place that was relaxed, creative and absorbing. The difficult feelings ceased and a feeling of being safe was paramount.

Trust in themselves and in the process was repeatedly referred to and a sense of being "held" so that they could let go of control:

(P/T): "Becoming more open, and letting defences down ..."; "Trusting and feeling safe, of being held and kept afloat, of having the time to take a breath and think things through... I let go, TRUST arrived ..."; "... an image of a great, big hand holding me ... curled up in that foetal position..."; "... a wonderful, held silence... ."

Projection was then onto a third object rather than the therapist or client:

(P/T): "The focus came off me ... onto an object and that is the time all the creative stuff started".

Here the image 'holds' the projection allowing safety. The containment of affect is possible because client and
therapist are in the present moment, not in the past or future.

This was possible because participants, having shifted, were able to keep both places/levels in consciousness:

PT: "A mixture of trying to be totally objective (for clients) and subjective (I had an incredible sense of satisfaction) both at the same time"; "I felt very INSIDE the group as well as a sense of being outside and observing."

Staying balanced on this threshold of awareness, the space between, requires constant movement, an "oscillating back and forth between self and client" (Siegelman 1990). In dramatherapy, this movement also encompasses the development of the symbol/metaphor through connection to dramatic content and how the client is able to connect/differentiate their lives to and from the symbol/metaphor in order to assimilate the material.

Continuing the Process: Towards a Fluid Sense of Self
The data showed that the image of water was repeatedly used by clients to enable their passage to another place.

Story 1 – Release from Darkness (Group Story)
Co-Researcher’s Participant Clients (P/C):

...The monster. His heart was pickled inside him... The King drank from the river, and found his release from darkness that he'd been living a long, long, long time. Finally, he drank from the river and died — and it was SO celebratory, so joyful. He drank from the river and went up into heaven, met God, who was asleep, so he had to wake God up. And inspired God to fall in love!

And he fell in love with Venus. And the King, God and Venus healed the earth.

We could see this as the negative... "fires of affect, the emotionally hot issues..." (Tuby 1996:43) being cooled and contained within the story.

The paradox of “metaphorical motion” (Cox & Theilgaard 1987) means, in a sense, that we are both ‘in’ the water/affects and safely ‘floating’ on the surface (adhesion). Casson (2004:117), describes it as: “the whelm, boat, buoy, container, separates the person from the engulfing waters/emotions putting just sufficient distance/boundary between self and other to ensure survival...” This “modulation of distance” prevents the person becoming "overwhelmed"(ibid).

Experiencing safety in the transitional/inter-subjective space also allows us to experiment with our sense of personal identity and to risk letting go of what was the past in order to transform it and move towards the future.

Story 2 describes such a journey of a client we will call Cheryl, who at sixty years old was aware that she was much younger than most of the other residents.

Story 2 – Building a Safe Nest
(Researcher's participant client)

Cheryl usually alienated herself and spent much of her time in a corner of the cold, dark lobby waiting in vain for her husband to come and take her home. Initially, I sat with her in the dark, listening to her distress and rage at being abandoned and different, helping her make connections from her past reminiscences to her present situation, while holding and pressing her hand and head with my hands as she showed me to. In her third session she agreed to accompany her nurse and myself to the session room, a short walk across the lobby.

Here she used the dough to make a “seagull's nest”. She knew all about seagulls from her youth, when she lived by the sea with her parents and wasn't married, she explained. Initially, Cheryl held the nurse's hand with one hand, and used her other hand to mould the dough that she wanted me to hold for her. She wanted to make sure the nest was deep enough to sit in with sides that would stop any falling out. Gradually, she let go of the nurse's hand and used both her hands to make the nest “warm and comfy” by adding nature materials. By now I had placed the nest on a table and helped to ‘hold down’ with more dough any materials that threatened to spring apart as she instructed me, while I commented that it could be difficult to hold things in place. The nurse left. I encouraged Cheryl to realise that she had made a warm and comfy nest, that held together. She said that she was “no good” at this sort of thing. I replied that there was no right or wrong way to do it. Whatever she made was fine. "The seagull was flying around", she said. Cheryl took my hands and commented how "warm" they were. I said her hands felt cold. How about going somewhere more warm and comfy for her? She agreed, and we went and found her an armchair in the bright, warm lounge in the company of other residents and staff. Staff reported that Cheryl subsequently isolated herself less and chose to move between the lobby and lounge now.

Thus, Cheryl was able to make a movement from her stuck position in the past/lobby by the construction of a "seagull's nest" in the present transitional space of the session. The lobby could also be seen as a transitional space between home and nursing home. The nest represented both a time and place in her past when she was single, but lived under the wing of her parents, and a need to make such an adaptation now. The use of embodiment (touch. holding hands, moulding dough) to ground her in the sensory present, allowed her to go...

“beyond what is immediately given in order to make
contact with the other side of things that we do not sense directly..." (Abrams 1997:58)

Such a sensory projection connects the associated past with the present to allow a movement towards the future. Synchronistically, I had just read Jonathon Livingston Seagull (Bach & Munson 1994), supplied by a co-researcher as data, about a seagull banished because he is different, looking for a new flock to belong to. Perhaps, the phenomenon could be described as a “counter-transference resonance” (Casement 1997) in the therapist that clients can avail themselves of. Chirban (2000:1) writing about “Oneness Experience” describes it as a shift into: “an altered state of consciousness, transcending symbolic experience and subjectively vibrating between the boundaries of the other object...”

Because this happens within a vibrating, present yet timeless moment, the symbol/projection (incubation of affect) is energised and transformed. The polarity of identification/differentiation is reconciled into a sense of the imageless entity of time and... “moments as stretching meaning far more than limitations in time and space might warrant” (ibid.) In other words, paradoxically experiencing a sense of expansiveness-infinity, and the finite moment at the same time, expanding and contracting the spatial view of self, what Epstein (1997) describes as the ‘elasticity’ of a fluid sense of self. This paradox also brought into focus, for some participants, the fear of NOT EXISTING beyond our physical form. If you really look at the centre of the moment, at the centre of your mind there is a realisation of the emptiness. Davis (1989) in the account of his personal experience of dementia, describes his terror at falling into this “black hole”. This emptiness or gap at the unconscious centre means that only interaction with the Other allows ourselves to consciously manifest in the duality of language, image and thought so that we gain a sense of personal identity. Broks (2003:56) contends that minds emerge from process and interaction, not brain substance (form):

“In a sense we inhabit the spaces between things, we subsist in emptiness”.

Thus, for a client with dementia meeting the therapist in a moment of unity, then separating, is a way to continually reorganise their sense of personal identity.

Story 3 – Reorganising a Sense of Self
(Researcher’s Participant Client)

A client in his tenth month of individual sessions, metaphorically spoke about plastering over the “gaps” in the walls of his room all night, so he was very tired. The theme of the session became - “keeping things together so they didn’t fall out”. He made a frog from two pieces of clay. He said he didn’t think it was the “original frog”, but a “put back together of the pieces of the frog”. This was all right, he said, because it meant he could rest now, the punishment was over.

The idea of a “narrative self” built from language, memory, and experience is what reminiscence group therapy uses in order to provide the person with dementia with a shared sense of social identity and a personal continuity to their lives. Broks (ibid.) talks about the self being an abstract “centre of narrative gravity”, while Ignatief (1993), discussing the roots of self and memory, suggests that the person with dementia is forgetting themselves first, and that then the memories go. Listening with our full attention, in the moment, requires the therapist to “forget” themselves in the gap in order to meet with the person with dementia. Ogden (1999), discussing inter-subjectivity, puts it well when he uses the poetry of Ammons (1989):

Not so much looking for the shape
As being available
To any shape that may be
Summoning itself
Through me
From the self not mine but ours

Helping the client to find a shape and pattern (narrative boundary) to hold themselves together is important when much of the distress from the effects of the progression of dementia comes from the attachment to their past story and not being able to accept and cope in the present because they have difficulties in continuing a coherent story. The therapist needs to use his/her own intact thinking ability to attach meaning to feelings for clients, but to be aware that we tend to identify with the thinking process, defining ourselves by our thoughts about the roles we play in our story. Tolle (2003:106) explains that what lies behind our identification and attachment to our story is an “emptiness that initially feels uncomfortable (but can) turn into a sense of inner spaciousness that is deeply peaceful...and eternal...”

This happens when we go beyond thinking to timeless awareness and realise we are not what we are thinking: “your thoughts belong to your name, your role...” (Chopra,1996:39).

Conclusion: Implications for Practice
This study affirmed the previous literature’s emphasis on the need to listen in an intuitive, non-rational way to the metaphorical communications of the clients with dementia. It showed that an awareness and understanding of the phenomenon in question – the experience of having your present life process reflected back to you by the client – offers a way of being and communicating with such clients. This is achieved by a process of identification with and differentiation from the client, a reflective capacity. There is also a need for the therapist to use the
communication in the best way to contain the clients’ anxieties held within the metaphor, so as to allow a potential movement within the real life problem. This is accomplished through embodiment/sensory work to balance/ground the person in the present. The data seemed accomplished through embodiment/kensory work to process magnified and thus more difficult to move on from during group work rather than individual work, and that other care staff working within the environments were also caught up in the process and so had to be taken into consideration when reflecting on your own process.

However, it is the existential aspect of the study that departs from previous research in this area. The study highlighted the ‘unconscious gap’, the fear of annihilation within both clients and participants and showed that the therapeutic process can be a (PIT): “two way street” where within both clients and participants and showed that the study also caught up in the process and so had to be taken into consideration when reflecting on your own process. ‘Self’, ultimately, is the metaphor by which we attach meaning to the process of reflection. The emptiness of not existing loses its fear.

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